



**Psychology  
Internship Training**

**VABoston**

**HEALTHCARE SYSTEM**

# HELLO!

VA Boston has a very long history of training predoctoral psychology interns – dating back to 1950 when the Jamaica Plain Campus first opened its doors. It is with great pride and excitement that today – some 70+ years and approximately 1300 interns later – we are accepting applications for our 2024 – 2025 Internship Training Class!

The purpose of this brochure is to provide applicants with an overview of the internship's training goals and objectives, resources, and policies and procedures for admission.

**WELCOME TO VA BOSTON!!**

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## *Welcome to the VA Boston Healthcare System Psychology Internship Training Program!*

The internship consists of a cooperative arrangement among our three major training facilities at the **VA Boston Healthcare System** - Jamaica Plain Campus, Brockton Campus, and West Roxbury Campus.

Our internship is a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC). The internship is accredited by the American Psychological Association (APA). Our next Site Visit is scheduled for 2024. In 1998, the internship became one of the first training programs admitted to membership by the Academy of Psychological Clinical Science (APCS).

The twelve-month, full time, internship year starts with Orientation beginning on:

**Monday August 12, 2024**

and ends on

**Friday August 8, 2025.**



AMERICAN  
PSYCHOLOGICAL  
ASSOCIATION



Association of Psychology Postdoctoral  
and Internship Centers



Academy of Psychological Clinical Science



Chobanian & Avedisian  
School of Medicine

Our Medical School Affiliates



## Brief Introduction

The VA Boston Healthcare System Psychology Internship Training Program is a yearlong training program located among the campuses of the VA Boston Healthcare System. The internship is [accredited](#) by the Commission on Accreditation of the American Psychological Association. The internship is a member of the Association of Psychology Postdoctoral and Internship Centers ([APPIC](#)) and is one of twelve (12) internship members of the Academy of Psychological Clinical Science ([APCS](#)).

The internship seeks candidates from APA accredited, Canadian Psychological Association (CPA) accredited programs in Clinical, Counseling, or Combined psychology or Psychological Clinical Science Accreditation System (PCSAS) accredited program in Clinical Science. Our training program provides a wide variety of opportunities to work with veterans in three different VA campuses.

### Rotation Structure

Interns will train in two areas of emphasis: a “Primary” (Match 8-month), as well as a “Secondary” (4-month), which is selected to assure a sufficient breadth of experience for our interns. Because each area of emphasis has a distinct APPIC match (program) number, the results of the Match assure interns their assignment to a specific 8-month area. Assignments to the four-month area, selection of research mentors, and the opportunities for adjunctive training experiences (ATE) and supervisors, are guided by our interns' other interests and training needs, which are discussed in detail after the Match results are known. All interns have complementary training experiences, including: ATE, which may involve work in a different clinic or with a different population than those found within the intern's two major clinical areas; scholarly inquiry / research activities; and a weekly seminar series. Depending upon their interests and qualifications, interns also may arrange to do a research externship, which would expand opportunities and available time for scholarly inquiry activities.

### Areas of Emphasis

For 2024 – 2025, intern training takes place within the following twelve (12) areas of emphasis, spread across three VA Medical Center campuses.

- Addictions and Co-Occurring Disorders at Jamaica Plain
- Behavioral Medicine at Jamaica Plain
- Center for Returning Veterans at Jamaica Plain
- General Mental Health at Jamaica Plain and Brockton
- Geropsychology at Brockton
- Neuropsychology at Jamaica Plain and West Roxbury
- Primary Care Behavioral Health - TBD
- PTSD Clinical Team at Jamaica Plain
- Rehabilitation Psychology at West Roxbury and Brockton
- Substance Use Disorders – Spectrum of Treatment at Brockton
- Trauma and Addictions Recovery at Brockton
- Women's Trauma Recovery Team at Jamaica Plain

### Application

- Minimum Number of AAPI Hours: 400 (combined Intervention and Assessment hours)
- 3 Letters of Reference
- Minimum Number of Years of Graduate Training Required: 3
- **Application Due Date: Wednesday, November 1, 2023, 11:59 PM**

Candidates should identify up to two (2) rotations in their cover letter as potential Primary, “Match” areas; in effect, this constitutes a request for their application to be reviewed by those two specific potential Primary, 8-month rotations.

### Commitment to Diversity and Inclusion

As a training program, we have a strong commitment to providing high-quality training in culturally responsive clinical care, to attracting interns from diverse backgrounds, and to creating an inclusive and welcoming training culture. Our patient population is diverse and interns will have opportunities to work with Veterans with diverse identities, including (but not limited to) Veterans of Color and LGBTQ+ Veterans. Applications are welcomed from candidates committed to culturally-responsive care. We also welcome applications from candidates from diverse backgrounds and lived experiences, including those historically underrepresented in psychology. We are very interested in learning more about your lived and/or professional experience related to diversity and culturally responsive care, and we encourage you to provide some brief information about this in your cover letter.

### Training Objective and Aim

In modern health care, the roles available to psychologists are broader than ever before. As such, internship training must continue to prepare interns for the important competencies of assessment, behavior change and psychotherapy but must also provide experience and training in an array of health service psychology competencies that include clinical research, consultation, supervision, administration and management, leadership, program development and outcome evaluation. Within our internship, trainees will find a milieu that it is suffused with attention to issues of diversity; to ethical and legal standards; to development of professional values, attitudes, and behaviors; to a focus on personal growth and development; and to the transformation of graduate student to psychologist.

By the end of the internship year, interns can expect to have developed and refined their skills in psychological assessment and evaluation, as well as in a variety of treatment modalities, including group and individual psychotherapy. Interns will learn to effectively communicate their observations and opinions in interprofessional settings, and polish interpersonal skills needed to work effectively with patients and other professionals. Interns will be able to generalize these skills to other settings, problems, and populations. Interns can also expect to further develop their knowledge of, and sensitivity to, the cultural, ethical and legal issues that impact on psychological practice. We expect interns to demonstrate a commitment to evidence-based practice that integrates the best available research with clinical expertise in the context of patient characteristics, culture, and preferences. Interns will thus be provided with opportunities to continue to develop their empirical skills, whether as a creator or a consumer of research and/or program evaluation data. Finally, interns can expect to develop a more accurate understanding of their own strengths and limitations, and to become more confident in deciding when to act independently, and when to seek consultation. The enhancement of general skills is emphasized in the VA Boston internship. However, in the context of these broad and general training experiences, the development of greater expertise and specialist skills also is permitted and encouraged.

The **primary aim** of the VA Boston Internship Program, then, is to prepare for successful admission to competitive postdoctoral or entry-level professional positions, particularly in VA Medical Centers, academic medical centers, or academic departments of psychology.



## Philosophy and Model of Training

A guiding principle in all aspects of service delivery and clinical research within the internship is respect and human dignity for our clients. We emphasize patients' rights, self-determination and the right to choose, including the patient's right to adequate medical, psychological, educational, recreational and other community services, the patient's right to family participation in treatment, and delivery of care with the utmost privacy in the least restrictive environment. We honor and affirm diversity as it relates to culture, ethnicity, race, sexual orientation, gender and gender identity, ability, and other dimensions of identity and experiences in our clients and deliver services accordingly.

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 interns 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, interns are provided access to appropriate mentorship relationships in their area(s) of interest, and they also participate in directing their own professional development. Graduating interns 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 interns 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 VA Boston Psychology Internship Training Program 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 interns 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 / EVIDENCE-BASED MODEL:** We employ and model a *scientist-practitioner / clinical scientist, evidence-based* 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 ensures that interns utilize critical thinking skills to develop their own clinical research ideas. 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.

The VA Boston Internship is a member in the Academy of Psychological Clinical Science (APCS). APCS is an alliance of leading, scientifically oriented, doctoral and internship training programs in clinical and health psychology. Our program is one of 12 internships in the United States and Canada judged to have met the membership criteria of demonstrating strong commitments to, and an established record of, successful clinical science training.

3. **EMBRACING INDIVIDUAL DIFFERENCES:** We work to identify, respect, and nurture the unique personal attributes that the intern brings. The training environment is supportive and guided through close collaboration with supervising faculty. Our training program is sensitive to and affirming of individual differences and diversity and values the enriched educational environment that occurs within 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.
4. **COLLABORATIVE:** We utilize a “**junior colleague**” model of training. Our commitment to the interns’ 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. Interns are challenged to think critically, and constructive criticism is offered in a non-threatening manner to encourage the intern’s full participation in all endeavors, scientific and clinical. We provide training in multidisciplinary and interdisciplinary care environments in which the intern develops confidence as a local mental health expert who collaborates effectively with a range of providers in the context of a large medical system. Interns 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.

### **DUE PROCESS/GRIEVANCE PROCEDURE POLICIES**

At the beginning of the training year, all interns are given a copy of our Due Process policy contained within the Orientation Manual.

This document provides interns and staff a definition of problematic behavior and impairment, a listing of possible sanctions and an explicit discussion of the due process procedures. Included are important considerations in the remediation of problems or impairment. Also, at the beginning of the training year, all interns are given a copy of our grievance procedures policy. This document provides guidelines to assist interns who wish to file complaints. It also explains the process if a supervisor has a concern regarding a student that does not fall under the inadequate performance (*i.e.*, Due Process). These policies are available, in advance, by request.

### **TRAINEE SELF-DISCLOSURE IN TRAINING AND SUPERVISION**

In the most recent version of the APA Code of Ethics (2017), APA described what a program can reasonably expect of students in training regarding personal disclosure. The VA Boston Psychology Internship Training Program does not require interns to disclose personal information in the context of their training, unless the supervisor feels that such personal information is needed in order to evaluate or obtain assistance for a trainee whose personal problems are preventing them from performing professional activities competently or whose problems are posing a threat to the trainee or others.

# Structure of the Training Program

## CORE COMPETENCIES / GOALS

The mission of the VA Boston Psychology Internship Program is to train psychologists who meet adequate practice competencies in psychology and who can function effectively as professional psychologists in a broad range of roles and settings, including clinical services, research, and education.

The structure of the VA Boston Psychology Internship Program fosters development across nine profession-wide competencies that are critical to the functioning of an independent professional psychologist. We expect that interns will gain both breadth in competency, as well as depth within their particular Match rotation. Below are the broad specific skills / competencies to be developed:

### 1. RESEARCH

While the primary focus of the internship training program is the development clinical skills, we provide an array of clinical research and other scholarly inquiry opportunities. All interns are expected to receive four (4) hours of protected time within their regular schedules, to be devoted to research / scholarly inquiry activities. These four hours are seen as a base, but interns can avail themselves of research opportunities beyond these dedicated hours. Interns will select a research mentor who will supervise these activities. Interns are exposed to various aspects of research and grant application procedures including coordination of data collection, analysis, and manuscript writing. Intern activities may include, but are not limited to, participation in research lab meetings and other team collaborations, becoming familiar with the research area through reading and literature searches, consulting on and participating in some of the daily tasks of data collection and coding, data entry and data analysis, program evaluation, developing posters or presentations, and manuscript preparation.

During their graduate training in psychology (prior to internship), doctoral interns should have already obtained a general background in research methodology, design and applied statistics, APA *Ethical Principles* pertaining to research on human subjects, as well as the fundamentals of evaluating and writing research reports. Thus, the internship's scholarly inquiry / clinical research competency, constitutes an opportunity to demonstrate the substantially independent ability to critically evaluate and disseminate research or other scholarly activities (e.g., case conference, presentation, publications) at the local institution, regional, or national level.

By the end of the training year, Interns are expected to:

- Demonstrate the substantially independent ability to critically evaluate research or other scholarly activities (e.g., case conference, presentation, publications); and,
- Disseminate research or other scholarly activities (e.g., case conference, presentation, publications) at the local (including the host institution), regional, or national level.

### 2. ETHICAL AND LEGAL STANDARDS

Almost all interns have had formal instruction in ethics as part of their graduate training and act in accordance with the APA *Ethical Principles of Psychologists* and *Code of Conduct*. They come to internship ready to see how ethical concerns and issues are addressed routinely by the practicing professional psychologist. In a large, active and complex healthcare delivery system, interns become aware of relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels. Actual ethical issues may arise in all phases of training. These may include a broad range of issues such as confidentiality, legal obligations to warn of danger or report abuse, competency assessments, the right to refuse treatment, assessments of dangerousness, informed consent, and publication credit. Interns receive supervision and didactic training related to these issues and learn to

recognize ethical dilemmas as they arise, apply ethical decision-making processes in order to resolve the dilemmas, and to conduct themselves in an ethical manner in all professional activities.

By the end of the training year, Interns are expected to:

- Be knowledgeable of and act in accordance with each of the following:
  - The current version of the APA Ethical Principles of Psychologists and Code of Conduct;
  - Relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels; and
  - Relevant professional standards and guidelines.
- Recognize ethical dilemmas as they arise and apply ethical decision-making processes in order to resolve the dilemmas.
- Conduct self in an ethical manner in all professional activities.

### **3. INDIVIDUAL AND CULTURAL DIVERSITY**

The Intern's development of sensitivity to Individual and Cultural Diversity is promoted through a combination of clinical training and supervisory experiences, required didactics and conferences, discussion in case conferences, case conceptualization meetings, seminar series, and multicultural workshops. Through individual and/or group supervision, supervisors are committed to discussing cultural and individual differences (at the patient, family, or team level) that may arise in the various treatment settings in supervision sessions or live supervision in the context of team meetings or consultation; these may involve discussion of conflicts/tensions that arise from diversity issues and/or direct interventions to enhance clinical care and/or team functioning. All supervisors have participated in multicultural supervision workshops at VA Boston. Supervisors can also participate in the national VA Psychology Training Council Multicultural discussion forum, in which multicultural-relevant readings are disseminated to a listserv, and discussion may ensue. There are several opportunities for both supervisors and interns to attend multicultural trainings and workshops offered through our medical school affiliates.

As a result, each intern is expected to demonstrate sensitivity and cultural responsiveness and humility in providing psychological services to individuals with diverse backgrounds, for example, ethnic and racial identities, religion or faith, country of birth, gender, gender identity, social class, age, sexual orientation, ability and health status, the unique experiences of veterans, as well as other individual differences. Interns are expected to demonstrate knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision / consultation, and service. Interns will demonstrate the ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, services, and other professional activities). This includes the ability apply a framework for working effectively with areas of individual and cultural diversity not previously encountered over the course of their careers. Also included is the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews may create conflict with their own. Interns will demonstrate a continued willingness to explore one's own cultural background and how these influences one's personal attitudes, beliefs, and biases.

By the end of the training year, Interns are expected to:

- Understand how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves;
- Demonstrate knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service;
- Be able to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles;
- Be able to apply a framework for working effectively with areas of individual and cultural diversity; and,
- Be able to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own.

#### 4. PROFESSIONAL VALUES AND ATTITUDES

The development of competence in Professional Values and Attitudes is promoted through a combination of clinical training and supervisory experiences, professional role modeling by program leadership, primary supervisors and other supervisors, required didactics and conferences, discussion in case conferences and seminar series, and team meetings. Internship is a **transformative** process. Interns are exposed to professional role models who embrace the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others. Interns are expected to demonstrate these values as they also engage in self-reflection regarding one's personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness. Interns are expected to actively seek and demonstrate openness and responsiveness to feedback and supervision. Interns will demonstrate an increasing ability to respond professionally in increasingly complex situations with a greater degree of independence and autonomy as they progress through the training year.

By the end of the training year, Interns are expected to:

- Behave in ways that reflect the values and attitudes of psychology, including cultural humility, integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others;
- Engage in self-reflection regarding one's personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness;
- Actively seek and demonstrate openness and responsiveness to feedback and supervision; and,
- Respond professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training.

#### 5. COMMUNICATION AND INTERPERSONAL SKILLS

The development of competence in Communication and Interpersonal Skills is promoted through a combination of clinical training and supervisory experiences, professional role modeling by program leadership, primary supervisors and other supervisors, didactics and conferences, discussion in case conferences and seminar series, and team meetings. The Communication and Interpersonal skills are foundations of education, training, and practice in health service psychology. Interns are expected to develop and maintain effective relationships, deal with conflict, negotiate differences, and understand and maintain appropriate professional boundaries with patients, colleagues, supervisors, and other health professionals. Interns will also be able to produce and comprehend oral, nonverbal, and written communications that are informative and well-integrated, timely, appropriately reflective of the needs of the anticipated audience; and demonstrate a thorough grasp of professional language and concepts.

By the end of the training year, Interns are expected to:

- Develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services;
- Demonstrate a thorough grasp of professional language and concepts; produce, comprehend, and engage in communications that are informative and well-integrated; and,
- Demonstrate effective interpersonal skills and the ability to manage difficult communication well.

#### 6. ASSESSMENT

The development of competence in Assessment is promoted through a combination of clinical training and supervisory experiences, required didactics and conferences, discussion in case conferences, and case conceptualization meetings. Functional skills in assessment, diagnosis, and intervention are critical to the professional practice of clinical psychology. Interns should be able to appropriately assess, evaluate, and conceptualize a broad range of patients, including those with complex presentations and/or comorbidities. Interns will receive training on the selection and application of assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics and will

collect relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient. Interns are expected to interpret assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, and to communicate orally and in written documents the findings and implications of the assessment in an accurate and effective manner. By the completion of the internship, each intern should have a working proficiency in basic assessment areas, a beginning proficiency in the area of specialization, and the ability to recognize when professional supervision or referral should be sought.

By the end of the training year, Interns are expected to:

- Demonstrate current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology;
- Demonstrate understanding of human behavior within its context (e.g., family, social, societal, and cultural);
- Demonstrate the ability to apply the knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process;
- Select and apply assessment methods that draw from the empirical literature and that reflect the science of measurement and psychometrics; collect relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient;
- Interpret assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective; and,
- Communicate the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.

## 7. INTERVENTION

The development of competence in Intervention is promoted through a combination of clinical training and supervisory experiences, required didactics and conferences, discussion in case conferences, and case conceptualization meetings. Psychologists perform a wide variety of therapies. Each intern is required to demonstrate competence with the types of therapies required for a given rotation. As with assessment, interns should demonstrate a working proficiency in basic areas of therapeutic intervention, a beginning proficiency in their area of specialization, and the ability to recognize when professional supervision or consultation should be sought or a referral should be made. Interns are expected to choose and implement interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables. Interns will demonstrate the ability to apply the relevant research literature to clinical decision making, develop appropriate evidence-based case conceptualizations and treatment plans, communicate effectively with patients, family members, and other care providers to implement and coordinate treatment, and demonstrate effective lethality assessment (e.g., suicide assessment, violence risk assessment) and know the appropriate actions to take for the safety of patients and others at risk of harm.

By the end of the training year, Interns are expected to:

- Establish and maintain effective relationships with the recipients of psychological services;
- Develop evidence-based intervention plans specific to the service delivery goals;
- Implement interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables;
- Demonstrate the ability to apply the relevant research literature to clinical decision making;
- Modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking; and,
- Evaluate intervention effectiveness and adapt intervention goals and methods consistent with ongoing evaluation.

## 8. SUPERVISION

The development of competence in Supervision is promoted through a combination of clinical training and supervisory experiences, professional role modeling by program leadership, primary supervisors and other supervisors, and required didactics and conferences. On selected rotations, direct experience providing “supervision-like” clinical consultation to practicum students while receiving supervision on this “supervision” from a licensed psychologist who has responsibility for the case. The specific involvement of each intern in consultation / supervision activities varies somewhat according to his/her/their rotation. The intern is expected to demonstrate understanding of basic supervision concepts and principles, and the developmental process of clinical supervision, and to begin to develop a philosophy or model of supervision. The intern is expected to also demonstrate understanding of the complexity of the supervisor role including ethical, legal, and contextual issues. And finally, if supervising, to demonstrate an awareness of the current needs of supervised trainees, and on how to provide developmentally appropriate feedback to them.

By the end of the training year, Interns are expected to:

- Apply this knowledge in direct or simulated practice with psychology trainees, or other health professionals. Examples of direct or simulated practice examples of supervision include, but are not limited to, role-played supervision with others, and peer supervision with other trainees;
- Apply the supervisory skill of observing in direct or simulated practice;
- Apply the supervisory skill of evaluating in direct or simulated practice; and
- Apply the supervisory skills of giving guidance and feedback in direct or simulated practice.

## 9. CONSULTATION AND INTERPROFESSIONAL / INTERDISCIPLINARY SKILLS

The development of competence in Consultation and Interprofessional/Interdisciplinary Skills is promoted through a combination of clinical training and supervisory experiences, professional role modeling by program leadership, primary supervisors and other supervisors, required didactics and conferences, discussion in case conferences and seminar series, and team meetings. The training program assumes that interns will have had little, if any, prior experience in the role of a professional consultant. Therefore, the training objectives here are directed toward grounding interns in the basic principles and “how to” aspects of consultation. Interns will demonstrate effective professional functioning in responding to consultation referrals from other providers or colleagues, understand the structure of treatment teams and the roles of providers from other disciplines, contribute to and collaborate effectively with treatment teams of which they are a member, provide constructive consultation to colleagues, and understand systems issues pertaining to clinical practice.

By the end of the training year, Interns are expected to:

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

Direct or simulated practice examples of consultation and interprofessional/interdisciplinary skills include but are not limited to:

- Role-played consultation with others, peer consultation, provision of consultation to other trainees.

## THE TRAINING PROGRAM

The Psychology Internship Training Program provides and emphasizes:

- **Supervised Service Delivery** - Interns receive supervised training in direct contact with service recipients. Interns will spend a minimum of 25% (10 hours) of their week engaged in direct, face-to-face clinical care. Clinical care is delivered both face-to-face and virtually (*i.e.*, telehealth). 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 patient encounters are but one component of service delivery. In addition, there are numerous activities that the intern 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 an intern’s training.

- **Supervision** - The clinical staff and consultants of the internship offer supervision primarily in adult psychotherapy directed toward both inpatients and outpatients. The range of areas in supervision is extensive and includes cognitive-behavior therapy, behavior therapy, cognitive therapy, mindfulness-based and other third-wave therapies (e.g., ACT and DBT), psychodynamic psychotherapy, and group psychotherapy. Experiences in behavioral and psychodiagnostic assessment are offered within the context of different rotations and through didactics. Our neuropsychology staff offers supervision in neuropsychological screening and assessment, as well as consultation on therapeutic interventions with the neurologically impaired patient.
  - All interns receive a minimum of four (4) hours of supervision per week with a minimum of two (2) hours being spent in individual, face-to-face supervision by a licensed psychologist. The additional two or more hours per week may involve individual or small group (i.e., 2 or 3 trainees) supervision. As was noted with direct service, supervision is currently conducted via either face-to-face meeting or via video.
  - The intern’s primary and other case supervisors are assigned as determined by a given rotation training site and may include additional case supervisors, a testing supervisor, a group psychotherapy supervisor, or others.
- **Adjunctive Training Experiences** - VA Boston interns are expected to pursue training with specific client populations or in particular treatment methods / evidence-based treatments through adjunctive training experiences (ATE). ATEs serve to broaden the experiences that interns receive on their 8- and 4-month rotations and thus, focus on a distinct area of clinical training.
- **Non-Evaluative Mentor** - Each intern also has the assistance of an Internship Advisor, a non-evaluative faculty mentor and resource, who may be selected by the intern based upon specific career interests or other factors (e.g., shared lived experiences; experiences in balancing career and family; past academic or other career experiences). The mentor provides guidance in areas of career development, postdoctoral and job applications, and navigating all aspects of the intern’s training experience throughout the internship year.
- **Research Mentor** - Scholarly inquiry / research mentors are selected by the intern and provide oversight for the intern’s scholarly inquiry competency activities, throughout the internship year.
- **Research Activity** - Interns receive 4 hours of protected time per week for scholarly inquiry activities (including empirical research and/or program development / evaluation). At times, interns may be able to negotiate for up to 8 hours of protected research time, or may choose to spend additional hours, on their own time. Interns may collaborate with faculty on ongoing research, collaborate with faculty on a program evaluation project, or design and implement an independent research project under the mentoring of a faculty member. Interns are encouraged to present their work in local, regional, and/or national educational settings, or submit work for publication as appropriate.

#### **INSTRUCTION – DIDACTICS**

All didactic offerings are required to include diversity, equity, and inclusion content. A wide range of educational offerings are provided via:



- **Core Curriculum** - The internship offers many opportunities for didactic educational activities. The core curriculum of the internship program consists of a large, multi-sectioned group of seminars that takes place every Wednesday afternoon from 2:30 to 4:30 pm, via a face-to-face or virtual format. Occasionally, seminars may be hosted at either the Brockton or Jamaica Plain Campuses. This is the primary shared training experience of the internship. All interns, irrespective of site or training rotation, attend these didactic educational activities, which are developed to cover a variety of topics that reflect areas of intern competency, needs for professional development, and that educate about key areas such as diversity.
- **Rotation-Specific Education** - In addition to the core curriculum, each rotation has developed training experiences that are intended to focus on gaining knowledge and skills in the area of emphasis. These training experiences include didactic seminars, colloquia, symposia, co-therapy, role modeling, observation, case conferences, rounds, group supervision, and journal clubs. Also, interns across the rotations have the opportunity to attend various seminars conducted in other specialty areas.
- **Diversity Equity, and Inclusion Seminar Series and Colloquia**- During a previous training year, Psychology hosted a six-part seminar series featuring presentations by local and national experts. Topics included: Identity/The Cultural Formulation Interview; Power and Privilege; Implicit Bias and Microaggressions; Culturally Responsive Supervision: Cultural Competency in Clinical Supervision: Addressing Issues of Diversity; Implementing Clinical Practice Guidelines in Evidence-Based Practice with Diverse Populations; and Developing an Anti-Racist Clinical Practice.

This series was offered on a quarterly basis for psychology staff and trainees as a forum for presentation of topics associated with aspects of diversity as applied to clinical and supervisory settings as well as clinical research in mental health. Speakers included both national and local experts on these topics. The primary aim was to increase attention to diversity factors across these domains, and the series has been providing education to attendees since 2020. Additionally, Psychology has offered Diversity Colloquia since 2012 to psychology faculty and trainees since 2012. Topics have included multicultural considerations in neuropsychology, microaggressions in clinical practice, race and PTSD, aging in the LGBTQ+ community, research methods to understand and reduce mental health care disparities, complexities of disability and challenge of inclusion, and CBT with culturally diverse populations. Annually, at least two of these talks are embedded within the Core Curriculum for interns.

- **Annual Psychology Education Day** - Annually, the Psychology Service sponsors a full-day training for all psychology faculty and psychology trainees, focused around a singular topic or theme. Speakers from outside of VABHS, as well as internal speakers, are invited to present on topics that flesh out the identified theme. Additionally, facilitators are invited to run “break-out” sessions. Recent themes for past Education Days included mindfulness, ethics, mentorship and supervision issues, and multicultural issues in clinical treatment.
- **Additional Educational Programs** - The educational offerings available to interns and faculty throughout the VA are extensive – indeed, it is not possible for an intern to attend all such opportunities. As with faculty and staff, professional judgment is required to balance the desire to expand one’s knowledge in interesting areas with availability of time to do so. These types of offerings are optional and enhance the training experience of interns interested in those topics.



# 2024 – 2025 Internship Rotations

The twelve-month, full-time, 2080-hour training year is divided into two rotations (one eight-month and one four-month) that are located within and among the three training sites. Each intern applicant is encouraged to apply to the rotations or areas of emerging specialization that best represent their training priorities, career focus, and/or interests. VA Boston interns train in the specific eight-month rotation to which they have matched and then in a four-month rotation in different area of clinical concentration. They also have a variety of other training experiences throughout the year.

The following rotations are available as both eight- and four-month experiences:

#### **JAMAICA PLAIN CAMPUS**

- Addictions and Co-Occurring Disorders
- Behavioral Medicine
- Center for Returning Veterans
- General Mental Health
- Neuropsychology
- Posttraumatic Stress Disorder Clinical Team
- Women’s Trauma Recovery Team

#### **BROCKTON CAMPUS / WEST ROXBURY CAMPUS:**

- Geropsychology
- Primary Care Behavioral Health
- Rehabilitation Psychology (mostly located on the West Roxbury Campus)
- Inpatient Psychology / Serious Mental Illness (anticipated as a four-month rotation only)
- Substance Use Disorder Spectrum of Treatment
- Trauma and Addictions Recovery

The majority of training experiences in your 8-month Match rotation will occur within the “home” campus. However, it is crucial to keep in mind that our internship program is multi-site and some travelling may be required. The amount of travelling required varies by rotation, and within rotations, varies depending upon program needs. The table on the next page shows the anticipated rotation travel requirement.

	Travel Required From	To Brockton	To Jamaica Plain	To West Roxbury
Geropsychology	Brockton		YES	NO
Primary Care Behavioral Health (Subject to change.)	Brockton		YES	NO
Substance Use Spectrum of Tx	Brockton		NO	NO
Trauma and Addiction Recovery	Brockton		NO	NO
Addiction/Co-Occurring Disorders	Jamaica Plain	NO		NO
Behavioral Medicine	Jamaica Plain	NO		NO
Center for Returning Veterans	Jamaica Plain	NO		NO
General Mental Health	Jamaica Plain	YES		NO
Neuropsychology	Jamaica Plain	YES		YES
PTSD Clinical Team	Jamaica Plain	NO		NO
Women's Trauma Recovery Team	Jamaica Plain	NO		NO
Rehabilitation Psychology	West Roxbury	YES	YES	

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**Number of Interns: 1**

## Overview

The Addictions and Co-Occurring Disorders rotation on the Jamaica Plain campus of the VA Boston Healthcare System offers a combination of experiences in both residential and outpatient treatment settings. We serve veterans with substance use disorders and a variety of co-occurring psychiatric disorders, including PTSD, mood disorders, anxiety disorders, and personality disorders. The primary goal of this rotation is to provide interns with a comprehensive training experience in evidence-based approaches in the assessment and treatment of veterans with substance use disorders and common co-occurring disorders.

- ❖ **Who Do We Serve?** The Jamaica Plain campus of the Boston VA is in an urban setting and serves a very diverse patient population. The veterans in our programs have a range of substance use problems (including but not limited to alcohol, opioids, cocaine, cannabis, and designer drugs), other behavioral problems (such as tobacco use disorders and gambling), co-occurring psychiatric disorders (such as PTSD, personality disorders, or depression), and significant social problems such as homelessness and unemployment. They range in age from early 20s to 80s. They present with an intersection of diversity characteristics in terms of cultural background, race/ethnicity, sexual orientation, gender identity, religious/spiritual backgrounds, and socio-economic status. Many have experienced trauma across the lifespan.
- ❖ **Who Are We?** Our staff includes a multidisciplinary team from psychology, psychiatry, social work, and nursing. Psychologists in our clinics serve integral roles on our teams and engage in a variety of activities, including clinical work, research, management, and supervision. This allows for mentorship with psychologists in a range of professional roles our trainees may wish to explore. The intern is part of the treatment team in both the residential and outpatient programs while on the rotation.

## Learning Objectives

The learning objectives of the Addictions and Co-Occurring Disorders rotation:

- Learn how to assess substance use and co-occurring disorders and develop a comprehensive treatment plan to address multiple concerns.
- Learn how to assess veterans at various stages of readiness to change and in treatment and make decisions about appropriate levels of care.
- Learn how to conduct evidence-based group therapy for substance use disorders.

- Learn how to conduct evidence-based individual psychotherapy for veterans with common co-occurring problems including PTSD, personality disorders, anxiety, mood disorders, or grief.
  - Learn how to work as part of a multidisciplinary team.
  - Learn how to include diversity issues in developing treatment plans for veterans.
  - Learn how to conduct research and program evaluation that reflects the current issues confronting veterans with substance use disorders.
- ▶ **Length of Rotation:** The opportunities described above are available for interns working in the Primary (eight-month Match) or secondary (four-month rotation). Eight-month interns will be exposed to a wider array of individual cases, many of which are appropriate for long-term intervention on an outpatient basis and will have more opportunities for program development.

Our rotation is ideal for interns who want to develop a career in the addiction field that may include clinical work, clinical program management, program evaluation/research, and/or clinical supervision of trainees. Many of our former trainees have gone on to clinical and research careers in the VA and tenure-track academic positions.

## Clinical Experience

The Addictions and Co-Occurring Disorders rotation functions within an academically oriented training environment and offers immersion in two treatment settings- our residential and outpatient substance use clinics. In these settings, interns have the opportunity to work with a range of professionals, including psychologists, psychiatrists, social workers, LPNs, rehab techs, and vocational rehabilitation specialists, as well as other trainees (practicum students, postdoctoral fellows, psychiatry residents). These experiences provide opportunities for significant professional development, as the intern learns to fulfil the role of a psychologist on these dynamic teams.

- ▶ **Residential Treatment:** The Substance Abuse Residential Rehabilitation Treatment Program (SARRTP) offers six weeks of treatment for up to 20 male veterans at a time. In the residential program, interns have the opportunity to strengthen their skills in therapy (individual and group), assessment, consultation, and case management. The intern spends approximately 80% of their time working in the residential program.
- **Group Therapy:** Interns on this rotation conduct three Relapse Prevention therapy groups per week, serving as a co-leader either with other staff or postdoctoral fellows. Other groups that have been run by the intern on this rotation include Seeking Safety or Dialectical Behavior Therapy skills.
  - **Individual Therapy:** The intern conducts individual therapy with veterans who may be treated in the SARRTP or through the outpatient clinic. Individual therapy may focus on the treatment of co-occurring conditions such as PTSD, depression, or personality disorder. Other areas of concern may include grief, sexual orientation or gender identity questions, sexual problems, medical concerns, relationship problems, or managing life stressors. Empirically-Based Psychotherapies that are delivered in individual psychotherapy by the intern often include Cognitive Behavioral Therapy, Motivational Interviewing, Motivational Enhancement Therapy, Cognitive Processing Therapy, Prolonged Exposure Therapy, Dialectical Behavior Therapy, and Acceptance and Commitment Therapy.
  - **Consultation:** The intern is an integral member of the SARRTP consultation team, which manages referrals to the program. This training component offers the opportunity to interact with inpatient psychiatry, medicine, other substance use treatment programs at VA Boston, or the legal system. Interns complete comprehensive screening assessments for admission to the program, and provide treatment recommendations based on these assessments, feedback to veterans and referring clinicians, and to the SARRTP team.
  - **Staff Meetings:** The intern is considered an integral part of the residential team and attends the SARRTP staff rounds, treatment planning meetings with veterans and other team members, and the

consultation team meeting. Interns have opportunities to present their work with veterans on a regular basis at the team meetings, to collaborate with other providers on the team, and learn about the roles of different disciplines in residential treatment.

- ▶ **Outpatient Treatment:** The outpatient Alcohol and Drug Treatment Program (ADTP) provides individual and group therapy for veterans of all genders who are motivated to work on making changes in their substance use or related experiences. The intern spends approximately 20% of their time working in the ADTP.
  - **Intakes, Assessments, and Staff Meetings:** The intern conducts psychodiagnostic testing and comprehensive biopsychosocial assessments with veterans in outpatient care, often to clarify comorbid diagnoses. Interns conduct approximately one outpatient intake assessment per month and present these cases in our outpatient staff meeting, participate in treatment planning for these cases, and provide case consultation to others. Interns receive training in risk assessment and mental status evaluations. They also learn to evaluate signs and symptoms of substance use intoxication, withdrawal, and overdose.
  - **Individual Therapy:** Interns will follow 3 individual therapy cases at any one time during the rotation. Cases may include veterans who are in various stages of motivation to change, and with a variety of co-morbidities. In the ADTP setting, interns learn both abstinence-based and harm reduction models of treatment.
  - **Motivational Enhancement Therapy:** Interns will carry 1-2 MET cases at a time during the rotation. Interns will learn to administer the Assessment and Feedback Tool, provide feedback in a MI-consistent manner, and use motivational interviewing strategies to support Veteran moving toward making changes to their substance use. With Veteran consent, interns audio record their MET sessions, so that Dr. Banducci can code the session with the MITI, supporting the intern in developing competency in MET.

## Diversity Experiences on the Rotation

We attend to diversity issues regularly in supervision and clinical care discussions. 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 ADTP (outpatient) substance use treatment programs. Patients are diverse in terms of race, ethnicity, religion, LGBTQ+, and (dis)ability status, and assessment of these factors is considered crucial to case conceptualization and treatment planning. 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 rotation's staff consists of an interdisciplinary team from diverse backgrounds. Supervisors on the team participate in the Psychology Diversity and Inclusion Committee and Multicultural Consultation Team monthly meetings.

## Instruction

Interns attend monthly Substance Use didactic seminars with staff and other trainees on the rotation. Topics of the seminars vary from year to year, and have included presentations about empirically supported treatments for PTSD in veterans with substance use disorders; medications used to treat craving and psychiatric conditions in substance use patients; lethality assessment and suicide prevention; diversity among substance-using veterans; neuropsychological correlates of substance use; designer drugs; DBT for substance use; managing medical issues in the context of substance use; military sexual trauma, and trainee and staff member research projects.

Our intern and other trainees participate in Relapse Prevention training, which provides a thorough introduction to the treatment modality, as well as orientation to the unique role Relapse Prevention group leaders play in our residential program. Formal didactics in motivational interviewing and motivational enhancement therapy (MET) are also provided as part of training for ADTP’s MET protocol. MET supervision also includes assignment of related readings and role playing.

Interns may also engage in supervised reading of book chapters, journal articles, and treatment manuals to add to their knowledge base and conceptual abilities in working with our patient population. These readings may be recommended in individual supervision or when attending the optional monthly Addictions Journal Club. Interns can develop teaching skills by presenting alone and/or co-presenting with staff and with other senior trainees in rotation didactic seminars.

## Supervision

Supervision for both group therapy and individual therapy is provided by licensed staff psychologists (please see “Supervision Team” section below for more information regarding rotation supervisors). In addition, interns receive supervision / oversight from senior co-facilitators, and in consultation team meetings, staff meetings, and treatment team meetings.

- ▶ **“Supervision of Supervision”:** A unique opportunity offered by this rotation for 8-month interns is its “supervision of supervision” component. Interns will provide clinical case consultation / “supervision” to a practicum level psychology trainee, under the supervision of a licensed psychologist. On a weekly basis, the intern meets with a licensed psychologist to receive supervision about their work as “supervisors” to the practicum students.
  
- ▶ **The Supervision Team:** Interns receive at least four hours of individual and group supervision per week. Though precise activities supervised by each faculty member vary from year to year, current supervisors in the JP SATP include:
  - **Anne Banducci, Ph.D.** – Staff Psychologist in ADTP, track coordinator for the rotation, and VA Boston Military Sexual Trauma (MST) Coordinator. Dr. Banducci conducts Motivational Enhancement Therapy (MET) training and provides MET supervision to interns. She has also served as a research mentor for interns.
  - **Monica Roy, Ph.D.** - Program Manager of SARRTP and Section Chief for Substance Use Services. Dr. Roy provides supervision for Relapse Prevention, individual psychotherapy cases, and SARRTP screenings. In addition, Dr. Roy serves as a member of the intern’s Relapse Prevention treatment team and provides in vivo supervision in weekly team meetings.
  - **Travis Slesinski, Ph.D.** – Program Manager for the ADTP. He provides supervision for ADTP assessment and psychotherapy cases and leads the supervision of supervision aspect of training.
  - **Simone Arent, Psy.D.** - Program Manager of the Women’s Transitional Residence Program and outpatient psychologist through the Alcohol and Drug Treatment Program. She provides supervision for individual psychotherapy cases to the intern.
  - **Deborah J. Brief, Ph.D.** - Director of Residential and Rehabilitation Services at VA Boston. Dr. Brief is available to provide mentorship and research supervision.
  - **Nicholas Livingston, Ph.D.** Research psychologist through the National Center for PTSD and outpatient psychologist through the ADTP. Dr. Livingston is available to provide research supervision.

## Secondary (4–Month) Rotation Description

Our 4-month interns fulfill roles very similar to those played by our 8-month interns. They also co-facilitate Relapse Prevention group, develop SUD assessment skills by conducting outpatient and residential screenings, and carry an outpatient SUD caseload delivering EBPs for SUD, including MET. The primary difference between our 8- and 4-month rotations is twofold. First, due to the shorter time on the rotation, our 4-month interns tend to conduct more focused motivational or change-oriented treatment for SUD. Second, as our practicum students often complete their rotations with us in the spring, the 4-month intern typically does not have a role in supervision of junior trainees. The supervision-of-supervision component of training on our rotation is not a usual part of the 4-month training experience.

## Research

Many psychologists affiliated with this rotation have strong research backgrounds and ongoing involvement in empirical research focused on individuals with substance use and co-occurring disorders. Interns are encouraged to integrate current research literature and knowledge into their clinical work, while also continuing to contribute to the empirical study of substance use disorders. While on the rotation, interns have the opportunity to conduct program evaluation and performance improvement research in our clinics, research a topic of interest, write an article for publication, and/or collaborate with researchers outside of our rotation. Interns who have remained at our site for postdoctoral fellowship often develop longer-term projects that require more time to complete. Several of our interns have gone on to further research training as part of our interprofessional addiction fellowship.

Rotation supervisors have research interests in the following areas: treatments for substance use disorders and co-occurring PTSD-SUD; application of unique technologies to deliver evidence-based treatment to veterans; intervention to facilitate entry into treatment after detoxification; personality variables including impulsivity, as they relate to substance use disorders and PTSD; and issues of diversity and inclusion. Drs. Banducci collaborates with Dr. Livingston’s team, examining the impact of the COVID-19 pandemic on Veterans with opioid use disorders. Dr. Banducci also is interested in developing more effective strategies for targeting PTSD and co-occurring disorders. Dr. Roy is part of an ongoing research team that has developed a web-based intervention and mobile application for Veterans with problem drinking and PTSD symptoms. Dr. Brief has been involved with a multi-site randomized controlled trial examining an intervention designed to boost treatment follow-through after detoxification.

► **Examples of Scholarly Inquiry Opportunities:** Examples of past or possible scholarly inquiry projects include:

- **Program Development and Evaluation:** Interns on the rotation can develop new materials for our psychoeducational groups, contribute to the creation and evaluation of new treatment groups, and get involved in ongoing evaluation activities of our treatment programming.
- **Secondary analysis** of existing datasets, including from grant-funded research projects and VA randomized controlled trials, for presentation and publication. Trainees have worked with faculty from the SARRTP, ADTP, and National Center for PTSD (Behavioral Sciences Division and Women’s Health Sciences Division).
- **Independent scholarship** including systematic review and publication.
- Involvement with the **Psychology Diversity and Inclusion Committee**, including independent project development, data collection, analysis, write up, and presentation (e.g., development of strategies to improve inclusive staff/trainee hiring practices, clinical services; satisfaction surveys for patients from diverse backgrounds; develop educational materials to promote diversity among specialty MH clinics)



- Other opportunities include contributing to clinical trial research, developing research protocols, conducting qualitative interviews, and implementing technology into care (Web, mobile interventions) with researchers within or outside our rotation.

Selected recent publications from our **staff (bolded)**:

\* Indicates includes trainee co-authors

- \*Sistad, R. E., **Livingston, N. A.**, Crowe, M. L., Newberger, N., Spitzer, E., **Brief, D.**, ... & Keane, T. M. (2023). Network analysis of reasons for and against changing alcohol use among veterans engaged in a web-based intervention for hazardous drinking and PTSD symptoms. *Addictive Behaviors*, *143*, 107689.
- \*Mahoney, C. T., Dixon, K. E., Daugherty, Y. T., Bindbeutel, K. M., Horne, S. D., Littleton, H., Dworkin, E. R., **Livingston N. A.**, & Galano, M. M. (2023). Structural Pathways Between PTSD Symptoms and Alcohol Use Consequences Among Women. *International Journal of Mental Health and Addiction*, 1-19.
- \*Sistad, R. E., Enggasser, J., **Livingston, N. A.**, & **Brief, D.** (2023). Comparing substance use treatment initiation and retention between telehealth delivered during COVID-19 and in-person treatment pre-COVID-19. *The American Journal on Addictions*, *32*(3), 301-308.
- 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.
- Banducci, A. N.**, \*Cooper, B. N., Betts, J. M., Serier, K. N. (2023). Exposure-based and behavioral theory. In F. Leong (Ed.), *APA Handbook of Psychotherapy. American Psychological Association Publishing.*
- Contractor, A. A., **Banducci, A. N.** (2023). Investigation of relationships between positive memory phenomenology and alcohol use among trauma-exposed individuals. *Substance Use and Misuse*.
- \***Banducci, A. N.**, Mahoney, C. T., & Street, A. E. (2023). Military sexual trauma. In C. H. Warner & C. Castro (Eds.), *Veteran and Military Mental Health: The Psychiatrist's Role*. Washington, DC: *American Psychiatric Association, Publishing.*
- Livingston, N. A.**, Davenport, M., Head, M., Henke, R., Smith LeBeau, L., Gibson, T.B., **Banducci, A. N.**, Sarpong, A., Jayanthi, S., Roth, C., Camacho-Cook, J., Meng, F., Hyde, J., Mulvaney-Day, N., White, M., Chen, D.C., Stein, M.D., & Weisberg, R. (2023). The impact of COVID-19 and rapid policy exemptions expanding on access to medication for opioid use disorder (MOUD): A nationwide Veterans Health Administration cohort study. *Drug and Alcohol Dependence*.
- \*Ameral, V., Hocking, E., Leviyah, X., Newberger, N. G., Timko, C., & **Livingston, N.** (2022). Innovating for real-world care: A systematic review of interventions to improve post-detoxification outcomes for opioid use disorder. *Drug and Alcohol Dependence*, *233*, 109379.
- Newberger, N. G., Yeager, S., **Livingston, N. A.**, Enggasser, J. L., **Brief, D. J.**, Litwack, S., **Roy, M.**, & Keane, T. M. (2022). Life satisfaction following treatment-related reductions in alcohol use and PTSD symptoms: Results from VetChange. *Psychological Trauma: Theory, Research, Practice, and Policy*.
- \***Livingston, N. A.**, Leviyah, X., Ameral, V., Hocking, E., & Timko, C. (2022). Scoping review of intervention studies to improve opioid and alcohol use outcomes and links to care following inpatient detoxification. *Addiction Research & Theory*, *30*(2), 134-148.
- Banducci, A. N.** (2021). Prolonged exposure therapy in the time of COVID19: Modifying PTSD treatment for a military sexual trauma survivor who contracted COVID19 mid-treatment. *Clinical Case Studies* *20*(4) 331-348.
- \***Livingston, N. A.**, Ameral, V., **Banducci, A. N.**, & Weisberg, R. B. (2021). Unprecedented need and recommendations for harnessing data to guide future policy and practice for opioid use disorder treatment following COVID-19. *Journal of Substance Abuse Treatment*, *122*, 108222.

- Schreiner, A. M., **Livingston, N. A.**, Heilman, M., Lynch, T., Vittorio, L., **Brief, D. J.**, **Roy, M.**, ... & Keane, T. M. (2021). Understanding motives for and against hazardous drinking and change among returning veterans. *Psychological Services*, 18(4), 523.
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- Timko, C., Below, M., Vittorio, L., Taylor, E., Chang, G., Lash, S., Festin, FED, & **Brief, D.** (2019). Randomized controlled trial of enhanced telephone monitoring with detoxification patients: 3- and 6-month outcomes. *Journal of Substance Abuse Treatment*, 99, 24-31.
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- Banducci, A. N.**, Bonn-Miller, M. O., Timko, C., Rosen, C. S. (2018). Associations between residential treatment length, PTSD, and outpatient healthcare utilization among veterans. *Psychological Services*, 15(4) 529-535.

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**Number of Interns: 2**

## Overview

The Behavioral Medicine rotation provides interns with experiences to develop competencies consistent with the professional practice of health psychology. Behavioral Medicine, as a primary (8-month) rotation, provides excellent preparation for those interns seeking a career in behavioral medicine. Interns will develop the necessary skills to work effectively with diverse medical populations and those seeking to change health behaviors. They will also learn evidence-based behavioral medicine interventions and assessments and develop consultation skills in interfacing with other disciplines, both in one-to-one and team contexts. Throughout the rotation, interns will refine their skills in case conceptualization, treatment planning, and administration. Interns develop these skills through their participation in an array of clinical settings (e.g., outpatient mental health, primary care, specialty medical clinics) that are described below and include both face-to-face and telehealth modalities. There is an overarching emphasis on providing patient-centered care that is sensitive and culturally responsive and promotes health for all populations. In addition to clinical training, interns will have the opportunity to develop skills in research, program development, program evaluation, and supervision. The training opportunities available in each of these domains are discussed below in detail.

Moreover, interns will develop a clear understanding of the role that psychologists can play in enhancing health outcomes and quality of life, and a sophisticated appreciation for the complex interrelationship between biopsychosocial factors and health. They will learn to work effectively in the context of an academic medical center setting with professionals from other disciplines. The Behavioral Medicine Program at VA Boston is 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.

The daily activities of the Behavioral Medicine interns are similar to that of a staff psychologist embedded in an outpatient mental health clinic with a health psychology focus. Thus, Behavioral Medicine interns will develop the skills necessary to function professionally as a Clinical Health Psychologist. The training objectives for this rotation include the following:

- ▶ **Assessment:** Interns will develop skills in conducting comprehensive, biopsychosocial, scientifically-informed assessments and intakes for different medical populations within the general Behavioral Medicine Clinic. They will also conduct evaluations for pre-surgical and pre-treatment candidates, chronic pain, and sexual dysfunction. Assessments and intakes will standardly include basic risk assessment, and occasionally may include training in more comprehensive risk assessment. As part of the assessment process, interns will learn to conduct a medical record review, choose measures that will assist in case

conceptualization, and turn to the literature to understand the specific issues that arise with specific disease processes. Interns will develop strong case conceptualization skills, integrating all data gleaned from the assessment process, and will formulate targeted treatment recommendations.

- ▶ **Intervention:** Interns will develop skills in conducting short-term, evidence-based, individual, couples, and group psychotherapy with Veterans with a broad range of medical conditions and those seeking to change health behaviors. The primary orientation is cognitive behavioral (CBT) with acceptance and commitment (ACT) approaches often utilized as well. The interns will learn to develop and carry out evidence-based behavioral medicine treatment plans focused on coping effectively with major medical illnesses and invasive treatments, assisting Veterans to change health compromising behaviors, encouraging treatment adherence, behaviorally managing chronic conditions, enhancing overall quality of life, and managing risk.
- ▶ **Interdisciplinary Collaboration:** Interns will develop proficiency in understanding the critical role of interdisciplinary consultation in an outpatient medical center and will develop consultation and liaison skills throughout the healthcare system. Interns will also develop expertise and confidence in presenting cases at team meetings.
- ▶ **Supervision Skills:** Interns will develop supervisory skills within a Behavioral Medicine context. Specifically, interns will have the opportunity to work alongside and co-lead groups with more junior psychology trainees. These experiences allow for opportunities in leadership, modeling, and mentorship of those trainees.
- ▶ **Professional Development:** Interns will enhance their competency in the area of professional development and growth, including understanding and appreciating ethical, legal, and cultural issues related to both clinical and scientific activities, particularly as they relate to patients with chronic medical conditions (e.g., ethical issues related to compliance and treatment decisions, appreciating the unique needs of patients with medical illness).
- ▶ **Research:** Interns will develop competency in conducting various aspects of Behavioral Medicine research through involvement in an array of clinical research programs and program evaluation opportunities. More information can be found in the research section below.

## Clinical Experience

Below is an overview of clinical programs in which our 8-Month Rotation Behavioral Medicine interns participate:

- ▶ **Assessment and Treatment Clinic:** Interns gain advanced skills in conducting comprehensive, biopsychosocial assessments and intakes, case conceptualization, formulation of treatment recommendations, and individual therapy within this clinic. Interns provide short-term, evidence-based treatment for patients referred to the Behavioral Medicine Program from across the hospital 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 varying in focus, common presenting issues include adjustment to, as well as prevention and management, of the following conditions: insomnia, cancer, neurological conditions, 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 interdisciplinary collaboration and consultation are a central focus in this clinic. Opportunities for providing instruction and modeling how to conduct intakes with practicum students may exist as well.
  - **SUPERVISORS: ALL BEHAVIORAL MEDICINE STAFF MEMBERS**
- ▶ **Behavioral Sleep Program:** The interns will have an opportunity to provide services for individuals who are coping with insomnia and other sleep difficulties, including sleep apnea and nightmares. Interns will learn how to conduct a focused sleep assessment, co-lead a sleep education group, provide cognitive-behavioral

therapy for insomnia, and address CPAP adherence. Interns have also taken advantage of opportunities to shadow sleep medicine doctors and technicians in the sleep lab.

- **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, etc.). The goal of both programs is to improve the patients' daily functioning through exercise, education and cognitive-behavioral interventions. Interns have an opportunity to co-lead groups that are part of a larger interdisciplinary rehabilitation program, including cardiologists/pulmonologists, nutritionists, physician's assistants, respiratory therapists, occupational therapists, and exercise physiologists. In addition to honing group co-leadership skills and delivering CBT interventions, Interns 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.

- **SUPERVISOR: PATTY BAMONTI, PH.D., ABPP**

- **Healthy Coping and Wellness Groups:** The Behavioral Medicine Program runs different cognitive-behavioral groups that are designed to promote adaptive coping in the context of chronic illness and/or stress. Interns may co-lead these groups with each other, practicum students, and/or staff. In each of these groups, co-leaders learn group management skills and best practices as it pertains to co-leadership. The following group is conducted regularly:

**Coping with Health Conditions Group:** The Coping with Health Conditions Group is a five-week manualized group for medical patients who also have symptoms of depression. 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: AMY SILBERBOGEN, PH.D., ABPP**

- ▶ **Psychology Pain Management Clinic:** This program is embedded in the VA Boston Pain Clinic, an interdisciplinary pain medicine clinic that includes interventional pain medicine physicians (and fellows), pain neurology, pain psychology, nursing staff, acupuncture, and related professionals. Interns will be involved in co-facilitating a Cognitive Behavioral Therapy for Chronic Pain (CBT-CP) group, based on the national Evidence-Based Psychotherapy (EBP) protocol. There are additional opportunities to become involved in experiences such as conducting comprehensive pain assessments for a variety of painful conditions, with a particular focus on musculoskeletal conditions and headache. Interns may also engage in short-term, individual, evidence-based cognitive-behavioral therapies for these painful conditions. Opportunities to participate in the Interdisciplinary Pain Clinic and/or the Opioid Reassessment Clinic may also be available.

- **SUPERVISOR: MICHELLE KOVACS, PH.D.**

- ▶ **Pre-Treatment Evaluations:**

Interns will conduct biopsychosocial pre-treatment assessments. Most of the assessments conducted are for the Transplant and Gender-Affirming Care Programs, but other types of pre-surgical or pre-treatment evaluations are sometimes conducted. 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 structure maximizes opportunities to gain experience with these more complex evaluations. In general, the goal of these evaluations is to determine appropriateness or readiness for a treatment or surgery and to make recommendations that are

designed to enhance outcomes. Please see descriptions below for more information specific to each type of evaluation.

- ***Transgender and Gender-Diverse Program:*** The Interns will 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 standards of care recommended by the World Professional Association for Transgender Health (WPATH). Considerable attention is given to the importance of providing culturally responsive and competent care to this population with well documented health and healthcare disparities. Interns 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 gender-affirming care (e.g., endocrinology, surgery), so interns learn how to write a mental health report that is helpful for other providers. There may also be opportunities to participate in Interdisciplinary Transgender Treatment Team meetings with providers from mental health, endocrinology, primary care, social work, and speech therapy.
  - **SUPERVISORS: MICHELLE KOVACS, PH.D. AND SARAH LEONE, PH.D., ABPP**
  
- ***Transplant Program:*** The interns will have the opportunity to evaluate patients who are being considered for solid-organ (kidney, liver, heart, lung) and stem-cell/bone marrow transplantation. The comprehensive evaluation includes psychometric testing, a semi-structured interview, communication with other providers, and a thorough chart review. The purpose of these evaluations is to determine psychological readiness for transplantation by evaluating motivation for transplantation, how well-informed they are about the process, their history of medical adherence and likelihood of being adherent with the transplant protocol, and their psychological stability to undergo a major medical intervention. There are also opportunities to evaluate family members who have been identified as transplant caregivers. Interns gain knowledge about the medical aspects and process of organ transplantation and become familiar with the National VA Guidelines for Transplantation. Interns learn how to write a comprehensive yet focused report that is used by medical providers to make treatment decisions. In this vein, interns learn how to distill the information they have obtained to make very clear and behavioral recommendations that are achievable for each patient. 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 interdisciplinary 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 trainees may have the unique opportunity to attend weekly interdisciplinary listing meetings in conjunction with this program. In addition, as neuropsychological testing is a component of these evaluations, Neuropsychology interns join the team-based evaluations in Behavioral Medicine. Behavioral Medicine interns will also have opportunities to collaborate directly with the Neuropsychology team.
  - **SUPERVISORS: ARIELLE HORENSTEIN, PH.D. AND MICHELLE KOVACS, PH.D.**
  
- ▶ ***Sexual Health Clinic:*** Interns 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. Interns 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 private area of life. Interns 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 providers, and/or primary care. Interns may also pick up

sex therapy cases (individual and/or couples) to provide cognitive-behavioral treatment to address the presenting difficulty.

- **SUPERVISOR: AMY SILBERBOGEN, PH.D., ABPP**

- ▶ **Tobacco Cessation Program:** Interns will have the opportunity to provide tobacco cessation services in a group format, working in collaboration with other psychology staff and 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. Interns may have opportunities to collaborate and interface with providers from Pharmacy and therefore trainees become well-versed in pharmacological interventions for tobacco cessation.

- **SUPERVISOR: KYLEE HAGLER, PH.D. AND MICHELLE KOVACS, PH.D.**

In addition to these core clinical programs, our 8-Month Rotation Behavioral Medicine interns may also have opportunities to participate in the following clinical activities:

- ▶ **Diabetes Shared Medical Appointment (SMA):** There may be opportunities for interns to participate in a Diabetes SMA during the course of the training rotation. SMAs are medical visits in which a group of Veterans meets in a group format with multiple providers from different disciplines (e.g., psychology, nutrition, pharmacy, medicine), 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 structured as a six-session group run by psychology, nutrition, and pharmacy, focused on improving patients' diabetes self-management. Interns 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.

- **SUPERVISORS: SARAH LEONE, PH.D., ABPP AND MORGAN MCGILICUDDY, PH.D.**

- ▶ **End Stage Renal Disease Program:** The interns may have the opportunity to see patients within the Renal Service and Hemodialysis Unit. Issues addressed with this 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 interns to learn how to deliver care alongside medical care providers. Interns may also have the opportunity to attend the monthly team meetings where they can directly contribute to the individualized treatment plans of dialysis patients.

- **SUPERVISOR: ARIELLE HORENSTEIN, 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 psychoeducation and self-management groups typically co-led by primary care dietitians and physical therapists. Interns can participate in the structured, evidence-based, 16-week weight management group. Interns 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. Interns 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 mentorship of junior colleagues in this clinic.

- **SUPERVISORS: REBECCA AMETRANO, PH.D., SARAH LEONE, PH.D., ABPP., AND MORGAN MCGILICUDDY, PH.D.**

## Diversity Opportunities on the Rotation

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, ability to work, relationships, quality of life, and many other factors. We take an intersectional approach to understanding how various social factors can impact health and access to medical care. 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 and gender-diverse 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. In addition, we acknowledge and encourage sensitivity to differences between trainees and supervisors. 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.

## Instruction

The Behavioral Medicine supervisors incorporate a developmental model of supervision when working with interns and collaboratively evaluate the interns' previous experience across content areas to inform instruction. Regardless of expertise level, all interns will have access to a multitude of evidence-based assessment materials, treatment manuals, and medically-focused educational information intended to further develop skills and competencies. Supervisors spend considerable time in supervision discussing the nuanced clinical considerations specific to working with various medical populations within the Veteran population with a focus on improving cultural competence and reducing health disparities. Relevant intervention and assessment strategies are reviewed using various instructional methods. For example, interns have the opportunity to observe staff psychologists conduct intakes and assessments, and are then, in turn, observed themselves. To address the shift towards providing Veterans with the option of receiving care using telehealth modalities, supervision and training is provided on how to use these approaches safely and effectively. Interns are provided with feedback that will assist in further skill development in a supportive and constructive manner. Staff psychologists may also co-lead groups with interns or observe groups, affording further opportunities for feedback.

Behavioral Medicine also maintains a weekly team meeting where didactics are presented on relevant topics, clinical case presentations are facilitated by staff and trainees, and research and other current issues in Behavioral Medicine are discussed. Diversity issues are routinely integrated into our Friday morning meeting, and we reserve at least one meeting each month to focus on diversity. Recent discussions and article reviews within our diversity series have included addressing microaggressions by patients in the context of treatment, sexism within the VA, and enhancing care for LGBTQ+ Veterans. We routinely invite content experts from across the healthcare system to facilitate discussions (e.g., suicide prevention coordinator, transgender treatment team, tinnitus program clinician). To enhance education and training, the Behavioral Medicine Team has developed a Seminar Series in which local and visiting experts will present their research and/or clinical expertise to faculty and trainees at VA Boston. In addition, Behavioral Medicine interns are invited to join monthly local and/or national educational calls within the areas of primary care, health promotion/disease prevention, tobacco cessation, whole health practice, and mental health. Finally, there are a variety of Behavioral Medicine seminars that are offered to all interns throughout the training program as a part of the weekly didactic series. Topic areas that have been presented in the past include:



motivational interviewing, whole health, pain management, sexual disorders, CBT for insomnia, cardiac rehabilitation, smoking cessation, weight-related disorders, etc.

## Supervision

Each Intern in Behavioral Medicine will meet for weekly, 60-minute, individual supervision sessions with a staff psychologist who serves as a primary advisor and supervisor. The Primary Supervisor offers supervision for patients seen through the Assessment and Treatment Clinic, offers professional development and mentorship, and has a birds-eye view on the intern's entire experience within Behavioral Medicine. Interns will also receive supervision for each additional clinic, group, or activity in which they participate (e.g., interns in the Smoking Cessation group will meet with the lead psychologist for that program for 30 minutes each week). As a result, interns are offered the opportunity to work closely with several supervisors in their particular areas of expertise, averaging approximately four to five supervision hours per week. The primary theoretical orientation of staff on the Behavioral Medicine team is Cognitive Behavioral, with Acceptance and Commitment Therapy (ACT) and Motivational Interviewing (MI) approaches often integrated as well. Moreover, evidence-based frameworks guide assessment, intervention, consultation, and provision of supervision. The Behavioral Medicine team utilizes a developmental, junior colleague model of supervision. In addition to weekly individualized supervision, a number of services on the Behavioral Medicine rotation include a live supervision component (e.g., conducting assessments as part of a team with staff present; co-leading groups and sessions with supervisors).

## Secondary (4–Month) Rotation Description

Interns with a secondary focus in Behavioral Medicine (those who complete a 4-month rotation) will also obtain significant experience with medical and health-related issues, and this training can serve as an excellent complement to other primary rotation experiences. This rotation addresses all the training objectives described above, with the possible exception of the research competency as interns will have established that experience earlier in their training year. All of the clinical training opportunities that are described above are offered, though interns will only be able to participate in about half of the activities over the course of four months. Previous experience in behavioral medicine is not required for the 4-month rotation, but a strong interest in learning to address health-related issues and behaviors in different patient populations/clinical settings is desirable.

## Research

Interns will have exposure to working in programs that follow a scientist/practitioner model. Interns will meet their research competency requirements through collaborating with staff on ongoing empirical research, and/or through program development and evaluation work. Trainees have opportunities to present their work from these collaborations at local, national and international conferences, as well as in peer-reviewed journals. Currently and recently funded projects include Novel Treatments for Veterans for Gulf War Illness, Tai Chi Mind-Body Exercise for Posttraumatic Stress Disorder in Military Populations, Telehealth Intervention to Promote Exercise for Diabetes, Promoting Physical Activity in Overweight and Obese Veterans, and Treatment of Posttraumatic Headache. In addition, there are several other research projects in various stages of development. There are opportunities to work with faculty outside of the Behavioral Medicine team, as well.

Selected recent publications from our **staff** (in bold). 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., Goodwin, C., **Silberbogen, A. K.**, Finer, E., Moy, M. L. (2021). The impact of depression and exercise self-efficacy on benefits of pulmonary rehabilitation in Veterans with COPD. *Behavioral Medicine*. Advanced online publication. DOI: [10.1080/08964289.2021.1983755](https://doi.org/10.1080/08964289.2021.1983755).
- Bamonti P. M., Boyle, J. T., Goodwin, C., Wan, E., **Silberbogen, A. K.**, Finer, E., and Moy, M. L. (in press). Predictors of Outpatient Pulmonary Rehabilitation Uptake, Adherence, Completion, and Treatment Response Among Male U.S. Veterans with COPD. *Archives of Physical Medicine and Rehabilitation*.
- 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 2<sup>nd</sup> 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., Laudermith, 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 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*.

Williston, S. K.\*, Grossman, D., **Mori, D. L.** & Niles, B. L. (2020). Mindfulness Interventions in the Treatment of Posttraumatic Stress Disorder. *Professional Psychology Research and Practice*. Advance online publication. [doi.org/10.1037/pro0000363](https://doi.org/10.1037/pro0000363)

Zuckerman, S.,\* Weisberg, R., **Silberbogen, AK,** & Topor, D. (2019). A national survey on didactic curricula in psychology internship training programs. *Training and Education in Professional Psychology*. <http://dx.doi.org/10.1037/tep00002>

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**Number of Interns: 1**

## Overview

The Center for Returning Veterans (CRV) is a mental health clinic within 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 deployment. This group of veterans often present with salient developmental, identity, and readjustment issues in addition to combat-related psychopathology. Other distinctive clinical considerations include working with ambivalence about engaging in mental health care, increasing mental health literacy about the therapy process, balancing complex life transitions/stages with therapeutic interventions, addressing challenges involved in working with veterans who have ongoing military commitments, and focusing on both combat and other military stressors (e.g., discrimination, military sexual trauma, interpersonal challenges with leadership and peers) that may impact the veteran.

The core of the intern's clinical training will involve the provision of mental health services within the CRV at the Jamaica Plain campus. Adjunctive individual and/or group therapy experiences in other clinics (e.g., PTSD Clinical Team) are often also part of the rotation. The CRV team includes licensed clinical psychologists and clinical social workers, psychiatrists, and trainees (e.g., practicum students, psychology and social work interns, psychology postdoctoral fellows, psychiatry residents/fellows). The CRV's mission is accomplished through assessment, provision of individual and group therapy, and referral to adjunctive services as indicated. The intern's training will focus on developing expertise in responding to the full range of post-9/11 veterans' post-deployment concerns, including the treatment of PTSD and sub-diagnostic PTSD symptomatology, as well as mood, anxiety, substance use, and adjustment disorders. CRV interns also develop competency in understanding military culture and addressing the unique developmental/identity considerations 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 intern will develop an expertise in working with post-9/11 veterans, while learning generalist assessment and treatment skills to address the wide range of presenting clinical concerns in this population.

## Clinical Experience

The CRV intern will receive extensive training in the assessment and individual/group treatment of post-9/11 veterans experiencing a broad range of deployment-related difficulties. As mentioned above, the presenting problems of the CRV patient population are highly varied and include, but are not limited to, adjustment disorders,

PTSD, anxiety disorders, depressive disorders, and substance use disorders, as well as interpersonal, anger, and cognitive difficulties. The core clinical training provided in this rotation places special emphasis on treatment of these disorders, given their prevalence in the CRV population.

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 more intense psychosocial sequelae that may occur as symptoms become more chronic (e.g., loss of relationships, long-term substance abuse). The aim of treatment is to help veterans move forward on a positive trajectory for readjustment. Clinical experiences in this rotation also focus on addressing identity and development within therapy. 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.

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, where indicated, as well as interdisciplinary collaboration/consultation with other hospital-based teams (e.g., Polytrauma, Military to VA case management program). Training will emphasize the flexible use of empirically supported treatments grounded in a strong evidence-based practice framework and take into account personal- and population-based characteristics, as well as identified barriers to care (e.g., stigma, marginalization). Interventions utilized are largely cognitive-behavioral and include psychoeducation, motivational interviewing, behavioral activation, cognitive therapy, mindfulness/acceptance-based interventions, and trauma-focused therapy (e.g., Cognitive Processing Therapy, Prolonged Exposure, Written Exposure Therapy). Group therapy experiences vary based on interns' interests and group availability. In recent years, interns have facilitated groups within the PTSD, General Mental Health, Substance Abuse, and Behavioral Medicine clinics.

Overall, training focuses on developing skills related to flexibly applying empirically supported treatments while accounting for patient preferences, diversity considerations, and clinician expertise. Clinical work will also emphasize the development and maintenance of the therapeutic relationship as well as non-specific therapeutic factors that are critical to treatment engagement with previously deployed veterans. Finally, assessment training activities will incorporate diagnostic evaluation and developmental/psychosocial and military 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.

Direct clinical training activities within the rotation 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 eight-ten veterans in total); and 3) group therapy (estimated one-three groups).

## Diversity Opportunities on the Rotation

CRV is often Veterans' first interaction with mental health; as such, the saliency of military-related diversity factors, more general, civilian diversity factors, and the intersectionality of these is central to this population. Military-related diversity factors attended to 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. General diversity factors attended to include race, ethnicity, identity, cultural values, religion, gender, sexual orientation, age, disability status, income, educational history, occupational status, etc. Although the majority of Veterans seen in the CRV are cisgender men, Veterans of all gender identities are also regularly seen. Veterans seen in CRV will vary on all of these factors: age

(ranging from early 20s to late 60s, though the majority are in their 20s and 30s), race, ethnicity, religion, economic background, sexual orientation, military branch, military rank, and current military status.

Central to our approach to diversity is considering aspects of privilege and oppression associated with these different identities and how this relates to readjustment, resilience, and psychopathology. Also highly relevant are key factors surrounding this transitional period that may present various challenges for Veterans. For example, Veterans seen in CRV vary in level of stable housing, social support, presenting problem, substance use, cognitive functioning, and employment status and opportunity. 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. Trainees are provided with training and supervision regarding formulating culturally informed conceptualizations and interventions based on the intersection of identity and diversity factors, as well as experiences of privilege and oppression, of each individual patient. Additionally, the impact of our clinicians' identity and related diversity factors on the process of assessment and therapy are regularly discussed in supervision, as well as in therapy with our patients. Factors such as perceived age, race, ethnicity, gender, and military status all can impact the interaction and rapport between therapists and Veterans, and trainees are encouraged to discuss this potential impact, as well as decisions about how to address them, directly with patients. Further, trainees are encouraged to discuss in supervision how their own identity and diversity related factors may relate to general professional development, as well as specific challenges and opportunities while training and setting professional goals. Further, within the CRV seminar series, one meeting per month is dedicated specifically to discussion of diversity-related topics, broadly defined. These topics are presenter-selected and have included areas such as allyship for mental health providers, microaggressions, racial trauma, and white supremacy culture. We aim to incorporate the discussion of diversity factors in all CRV case conference and didactic presentations, as well as more informal discussions during team meetings and consultations.

## Instruction

The CRV hosts a 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. The intern is a vital member of this team and will have the opportunity to both receive and provide feedback to other team members.

The CRV also holds a didactic and case conference series to allow for a more 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.

In addition to these formalized opportunities, the intern will be encouraged to interact frequently with other providers related to the veterans they serve. These interdisciplinary interactions are likely to occur with primary care physicians, social workers and nurse case managers, and other mental health providers.

## Supervision

The CRV intern will be assigned to two individual psychotherapy supervisors (one hour per week each), with one supervisor designated as primary (i.e., overseeing the trainee's overall internship experience while on the rotation). Each of these supervisors is a licensed independent psychologist. The primary supervisors within the CRV are Dr. Kevin Brailey, Dr. Erin Scott Daly, Dr. Jill Panuzio Scott, and Dr. Sarah Krill Williston. The intern may also receive adjunctive supervision from CRV's psychology postdoctoral fellow on one to two cases (with the fellow also receiving

supervision from a licensed independent psychologist). In addition, the intern will participate in weekly small group supervision (typically two trainees) focused on intake/diagnostic assessment. Finally, interns will receive weekly supervision for each of their group therapy experiences, the nature of which depends on the specific group.

The CRV rotation also offers training in the delivery of clinical supervision. This typically involves interns supervising graduate-level students (i.e., psychology practicum students) on one to two cases. Interns will receive supervision of these supervisory experiences during individual supervision meetings with one of the CRV staff psychologists.

## Secondary (4–Month) Rotation Description

For interns completing a four-month rotation in CRV, the experience is very similar to that of the eight-month intern. Given the shorter length of time in the rotation, case assignments are made that are cognizant on this limitation for therapy. Group experiences may vary slightly, depending on available opportunities. Further, depending on our practicum student's training timeline, the four-month intern may have the opportunity to provide direct clinical supervision of a psychology student.

## Research

The level of intern involvement in scholarly inquiry activities will vary based on interest and training needs. Interns may choose to participate in an ongoing clinical research study outside of CRV or assist with clinic program evaluation efforts. Engagement in scholarly inquiry will be facilitated by the intern's primary supervisor.

- ▶ **Research:** CRV staff work closely with psychology interns to identify the best mentor/trainee match to facilitate the intern's research training goals. In many cases, interns have chosen to pursue research mentorship with full-time clinical researchers within the National Center for PTSD (i.e., Behavioral Sciences Division and/or Women's Health Sciences Division). These opportunities are many and varied, and include several projects focused on previously deployed combat veterans (please see the PTSD Clinical Team and Women's Trauma Recovery Team rotation descriptions for further details).
- ▶ **Program Evaluation:** The Center for Returning Veterans currently performs program evaluation by assessing patients at their intake assessment using psychometrically-validated self-report assessments. The primary purpose of this information is to better understand the CRV patient population and identify areas for further quality improvement in clinical services. Based on interest, the interns have the opportunity to collaborate with staff psychologists in collecting, organizing, and analyzing program evaluation data. Trainees also have the opportunity to work with staff psychologists to suggest changes to current methods and measures of program evaluation within the CRV. Involvement in program evaluation within CRV facilitates the development of skills in using effectiveness data to inform clinical practice as well as program adaptation. As noted below, CRV staff and trainees have collaborated to present some of our program evaluation data at a conference.

Selected recent publications from our **staff** (highlighted)

**Williston, S. K., Zakarian, R., Shea, A., Scott, J. & Brailey, K.** (2023, March 1). *Implementing "Whole Health" with Returning Veterans seeking mental health care at VA*. Harvard Psychiatry Research Day, Boston, MA.

**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. & 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.,** 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*.
- 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.,** Bramande, E., Iverson, Katherine M., Vogt, Dawne, 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.,** 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.



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**Training Locations:**

Jamaica Plain Campus – 4 days  
Brockton Campus – 1 day

**Number of Interns: 2**

## Overview

The General Mental Health (GMH) rotation provides a balance of general and specialty training in multiple outpatient programs, including the GMH Clinics at Jamaica Plain and Brockton and the Primary Care Behavioral Health Clinic (PCBH) at Jamaica Plain. GMH interns provide assessment and individual and group psychotherapy to a diverse population of veterans, ranging in age from 18 to 90, representing a variety of races, ethnicities, sexual orientations, gender identities, family structures, religions, and socioeconomic backgrounds. GMH interns work with veterans with a variety of mental health conditions, ranging from bereavement and adjustment issues to severe and persistent mental illness. Interns learn to assess complex patients, flexibly deliver evidence-based treatments, and collaborate with other professions and disciplines. GMH interns engage in program evaluation or assist with ongoing research studies during their four hours per week of protected time for scholarly inquiry.

## Training Objectives

The activities of GMH interns are similar to those of a staff psychologist in GMH. Training objectives include developing competency in:

- In-depth **diagnostic** and **risk assessment** and report writing.
- **Case conceptualization** skills for patients with a variety of complex presentations and diverse backgrounds.
- Evidence-based **individual** and **group psychotherapy** for a wide range of presenting problems.
- **Interprofessional collaboration** with GMH's staff (psychiatrists, social workers, clinical nurse specialists, suicide prevention coordinators, case managers, and psychologists) and other trainees (psychology postdoctoral fellows, social work interns, and psychiatry residents). Exposure to diverse staff with a variety of training backgrounds and supervisory styles allows interns to hone their own professional identities.
- Consideration of **ethical and legal, issues** related to clinical and scientific activities.
- Consideration of individual **cultural** and **identity** factors in assessment, treatment planning, and provision of care.
- **Research** or program evaluation within GMH or in collaboration with researchers throughout the VA Boston system.
- **Supervisory skills**, through consultation with practicum students (when available), and with other trainees (social work interns and psychiatry residents) informally and in case conceptualization meetings.

## Clinical Experience

The General Mental Health rotation includes the training opportunities described below. Additional options may be available as programs evolve. **Note, one GMH intern will be trained in PCBH and the other trained in couples therapy.**

- ▶ **General Mental Health Clinics:** The 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. Treatment is geared toward reducing symptoms and distress, strengthening coping skills, and improving psychosocial functioning and quality of life. Theoretical approaches include cognitive-behavioral, behavioral, acceptance-based, interpersonal, psychodynamic, and systems, with a strong emphasis on evidence-based practice. Psychometrically validated assessments are used to evaluate treatment response. Interns carry a caseload of individual therapy patients at the Jamaica Plain and Brockton campuses, conduct one intake per week at Jamaica Plain, and co-lead several groups (CBT for Depression, Anger Management, Acceptance and Commitment Therapy) over the course of their rotation. Additional group leadership opportunities may be available, depending on intern interest and clinic offerings.

**SUPERVISORS – JAMAICA PLAIN:** WILLIAM BOWE, PH.D., DIANA FITEK, PH.D., STEPHEN LANCEY, PH.D., AMY LAWRENCE, PH.D., MEG MARTINEZ, PH.D.

**SUPERVISORS – BROCKTON:** CAROLINE ABBOTT, PH.D., CLAIRE BURGESS, PH.D., HANNAH KING, PH.D

- ▶ **Primary Care Behavioral Health:** The PCBH clinic offers co-located, collaborative behavioral health care within primary care. The intern will receive training in 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 regimen or suggested lifestyle modifications, substance use disorders). Evaluation and treatment in the PCBH is 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 intern will learn to develop and carry out brief, evidence-based behavioral treatment plans (e.g., cognitive behavioral treatment, motivational enhancement). The intern will develop proficiency in providing individual consultation to primary care staff on behavioral health issues and

management of risk. The intern may also have the opportunity to conduct joint visits with medical staff or residents.

**SUPERVISORS – JAMAICA PLAIN: NORA KEENAN, PH.D.**

**SUPERVISORS – BROCKTON: STEPHANIE GROSSMAN, PH.D.**

- ▶ **Couples Therapy:** The GMHCs provide a limited number of patients with Integrated Behavioral Couple Therapy (IBCT), an evidence-based couple therapy approach that integrates acceptance-based and behavioral strategies to promote improved dyadic satisfaction and adjustment. IBCT is comprised of an initial evaluation phase (three sessions of evaluation and a feedback session) and an active weekly intervention phase. Standardized initial questionnaire packets as well as weekly questionnaires inform the initial formulation and ongoing couple therapy. The intern will have the opportunity to carry a caseload of two active couples therapy cases, engage in weekly, half-hour supervision as well as a monthly IBCT consultation call.

**SUPERVISORS – JAMAICA PLAIN/BROCKTON: SAMANTHA CONNOLLY, PH.D. AND LAILA SWYDAN, LICSW**

- ▶ **Assessment:** Interns on the GMH rotation have multiple opportunities to strengthen their skill in diagnosis and assessment. Interns conduct intake assessments, with a focus on differential diagnosis, risk assessment, and case disposition. GMHC and MADC diagnostic assessments typically occur during a single session, but complex patient presentations may require additional meetings. Interns will conduct evaluations using semi-structured diagnostic interviews (e.g., Structured Clinical Interview for DSM-5 (SCID-5)), and appropriate questionnaires (e.g., PHQ-9, PCL-5), guided by the referral question and/or presenting complaint. GMHC assessments are typically broad in scope, including diagnostic assessment, initial treatment planning, and often consultation with the referring clinician. In contrast, PCBH assessments typically last 15 to 50 minutes, and focus on identifying key issues of concern for the primary care patient, with real-time liaison with primary care staff.
- ▶ **Intervention:** Interns provide individual and group psychotherapy, with a focus on short-term, problem-focused interventions. Individual therapy is typically conducted biweekly, and interns see approximately six to eight patients each week. Interns co-lead at least two psychotherapy groups with staff members and/or other trainees, using flexibly-administered, manual-based treatments. The following groups are offered through the clinics on a regular basis:
  - **Unified Protocol Group:** This 10-session group applies cognitive-behavioral principles and treatment components, including psychoeducation, cognitive reappraisal, and exposure, to a variety of presenting concerns.
  - **Depression Group:** This 10-session group uses a cognitive-behavioral approach to management of depression. The group is aimed at reducing depressive symptoms and improving psychosocial functioning and incorporates treatment components such as behavioral activation and cognitive restructuring.
  - **Anger Management Group:** This 10-session group provides treatment for veterans with anger management difficulties. Based on a cognitive-behavioral approach and incorporating mindfulness meditation, the group aims to improve patients' understanding and regulation of anger responses.
  - **Acceptance and Commitment Therapy (ACT):** This 10-session group aims to alleviate suffering and improve quality of life. ACT uses mindfulness, metaphors, and experiential exercises to help veterans relate to internal experiences with a stance of acceptance and willingness, identify their core values, and commit to values-consistent goals.
  - **Stress and Coping Group:** This ongoing skills-based group introduces cognitive-behavioral stress management skills and relaxation techniques to veterans with a range of presenting complaints and biopsychosocial stressors.

## Diversity Opportunities on the Rotation

GMH patients include men and women of varying ages, life experiences, and types of military service. They present with a range of psychological concerns and individual strengths, and vary in terms of race, class, culture, sexuality, ability, and medical comorbidity. 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. At intake, each veteran is asked about gender identity, sexual orientation, race, ethnicity, religion, and socioeconomic status (work status, sources of financial support). The semi-structured approach affords flexibility to assess and discuss idiographic differences in symptom presentations 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 the discussion of all of the aforementioned factors during supervision in the service of striving to provide culturally sensitive assessment and treatment planning. Issues of diversity are regularly addressed in supervision, and in interprofessional case conceptualization and team meetings.

## Intern Assignment

Interns participate in a weekly, one-hour interprofessional clinic team meeting and a twice-monthly, one-hour case conceptualization meeting in Jamaica Plain. The intern assigned to PCBH will also participate in a monthly, one-hour Primary Care meeting on the West Roxbury campus. In addition to these meetings, there are multiple opportunities for interns to engage in informal case consultation with staff members and other trainees.

## Instruction

Interns participate in a weekly, one-hour interprofessional clinic team meeting and a twice-monthly, one-hour case conceptualization meeting in Jamaica Plain. Interns participate in a monthly, one-hour interprofessional clinic team meeting and a monthly, one-hour case conceptualization meeting in Brockton. The intern assigned to PCBH will also participate in a monthly, one-hour Primary Care meeting on the West Roxbury campus. In addition to these meetings, there are multiple opportunities for interns to engage in informal case consultation with staff members and other trainees.

## Supervision

Interns will be assigned to a primary supervisory psychologist, as well as multiple additional supervisory psychologists across the clinics. The primary supervisor is responsible for supervision of intakes and some individual therapy cases, and available for consultation on professional and career development issues. Interns are assigned to supervisors in this manner to ensure that the number of individual (one-on-one) hours is met or exceeded, and to provide exposure to multiple theoretical orientations and clinical styles. In addition to individual supervision, interns may participate in group supervision (two-three trainees) that includes trainees at different levels of experience. Each intern will receive at least two hours of individual supervision per week in Jamaica Plain, one-half to one hour per week of individual supervision in Brockton, and one half-hour of group supervision for each group they co-lead. Interns will also receive case consultation from the postdoctoral psychology fellows training in the GMH fellowship program. Case consultation is provided under the direct supervision of a licensed psychologist who maintains clinical and legal responsibility for the case.

## Training in Supervision

The GMH rotation occasionally offers interns the opportunity to provide clinical consultation to practicum students on one to two cases during the eight-month rotation. Interns receive weekly supervision of this “supervision” from a licensed staff psychologist.

## Secondary (4–Month) Rotation Description

Interns completing their secondary rotations in GMH have most of the same training opportunities as our eight-month interns but will co-lead *either* the Anger Management Group or the ACT Group at Jamaica Plain. Couples therapy training is not currently offered to 4-month interns. The secondary rotation tends to be a good fit for interns who have completed a highly specialized primary rotation and are looking for more generalist training.

## Research

Interns have four protected hours for research/scholarly endeavors each week, during which they collaborate with VA Boston staff on research or program evaluation projects. Interns may have opportunities for involvement in professional presentations and preparation of empirical or review manuscripts. The scholarly inquiry requirement is broadly defined, and interns may choose to participate in an ongoing clinical research study, assist with program evaluation activities relevant to GMH, or independently propose and conduct a project under staff supervision. Interns are encouraged to identify scholarly activities that would expand their current skill set and allow them to develop new collaborations.

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

- Baranczuk, U., Zawadzki, B., **Kamholz, B.W.**, **Hayes, A.M.**, & **Lawrence, A.E.** (2017). Psychometric properties of a Polish version of the Inventory of Cognitive Affect Regulation Strategies (ICARUS). *Psychological Assessment, 29*, e1-e12.
- Burgess, C.**, Kauth, M., Klemm, C., Shanawani, H., & Shipherd, J. (2019). Evolving sex and gender in electronic health records. *Federal Practitioner, 36*(6), 271-277.
- Burgess, C.**, & Topor, D. (2018). Cognitive therapy. In S. Silva's (Ed.) *Promoting Psychological Science: A Compendium of Laboratory Exercises for Teachers of High School Psychology* [E-reader Version]. Retrieved from <https://teachpsych.org/ebooks/promotingpsychscience>
- Fonda, J. R., **Gregor, K. L.**, Fortier, C. B., Scioli-Salter, E. R., McGlinchey, R. E., & Rasmusson, A. M. (2019). Tobacco use increases the risk for clustering of PTSD, depression and pain among deployed Veterans: Implications for pathophysiology and targeted treatment. *Psychopharmacology*.
- Japuntich, S., Lee, L. O., Pineles, S. L., **Gregor, K.**, Joos, C., Patton, S. C., Krishnan-Sarin, S., & Rasmusson, A. M. (2019). Contingency management and cognitive behavioral therapy for trauma-exposed smokers with and without posttraumatic stress disorder. *Addictive Behaviors*.
- Kamholz, B. W.**, **Lawrence, A. E.**, Liverant, G. I., Black, S. K., & Hill, J. M. (2017). Results from the field: Development and evaluation of a psychiatry residency training rotation in cognitive-behavioral therapies. *Academic Psychiatry, 1*-5.
- Rasmusson, A.R., King, M.W., Valovski, I, **Gregor, K.**, Scioli-Salter, E., Pineles, S.L., Hamouda, M., Nillni, Y.I., Anderson, G.M., & Pinna, G. (2019). Relationships Between Cerebrospinal Fluid GABAergic Neurosteroid Levels and Symptom Severity in Men with PTSD. *Psychoneuroendocrinology, 102*, 95-104.

Tolin, D. F., Gilliam, C., Wootton, B. M., **Bowe, W.**, Bragdon, L. B., Davis, E., & Hallion, L. S. (2018). Psychometric properties of a structured diagnostic interview for DSM-5 anxiety, mood, and obsessive-compulsive and related disorders. *Assessment*, 25(1), 3-13.

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**Number of Interns: 2**

## Overview

The Geropsychology rotation provides interns with experiences to develop attitude, knowledge, and skill competencies for professional geropsychology practice, consistent with national standards. Geropsychology practice entails helping older persons and their care partners maintain well-being, overcome problems, and achieve maximum potential during later life. Goals of the rotation are for interns to develop skills in: (1) psychodiagnostic, cognitive, capacity, behavioral, and functional assessments with older adults; (2) psychological interventions with older adult patients with interacting psychiatric, medical, and psychosocial problems; and (3) consultation within complex systems (e.g., care partners, health care teams, community service networks). Training focuses on helping interns to appreciate the diversity of experience of older adults; the biopsychosocial and lifespan developmental perspectives that are critical for understanding older adult patients; the complex ethical dilemmas that can arise in geriatric care; the importance of interdisciplinary collaboration; and the growing research base that can inform geropsychology practice.

Geropsychology is a growing area of practice within professional psychology. Due to the growth of the aging population and need for mental health services for older adults and their families, the importance and opportunities for education and training in this field are increasing. Our training program is designed to be consistent with the American Psychological Association's Guidelines for Psychological Practice with Older Adults (APA, 2013) and the Pikes Peak Model for Training in Professional Geropsychology (Knight, Karel, Hinrichsen, Qualls, Duffy, 2009). It is also designed to help prepare trainees for Board Certification in 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.

The Geropsychology rotation emphasizes closely supervised clinical experiences in a combination of outpatient and inpatient geriatric settings (described below). We work closely with interns to assess their degree of prior training, experience, and competence in key geropsychology domains and tailor training experiences accordingly. We aim to support interns' development of an increased sense of confidence and autonomy in their varying geropsychology roles. Interns who complete an 8-month rotation should achieve advanced competencies for geropsychology practice, while interns who complete a 4-month rotation will gain exposure and experience in professional geropsychology. Training primarily occurs at the Brockton campus, though there are occasional opportunities for training at the Jamaica Plain campus.

The Geropsychology Training Track consists of two interns and two postdoctoral fellows. All trainees have access to office space, office computer, telephone, and pager (to be used during normal business hours only). In addition, trainees have access to printers, copiers, a fax machine, and training materials including books, psychotherapy protocols, and assessment kits/protocols/tests/stimuli.

The successful applicant will have had a minimum of one practicum experience with an older adult and/or medical population. Coursework and/or scholarly work in the areas of adult development and aging, clinical geropsychology, health psychology, integrated primary care, rehabilitation psychology, DEI, or neuropsychology or any similar demonstration of interest and commitment to the field of aging is beneficial. Previous exposure to cognitive or neuropsychological assessment of older adults is useful but not required.

## Clinical Experience

Geropsychology interns work in three distinct clinical settings over the course of the rotation, with a focus on three major competency areas: (1) psychotherapy, (2) cognitive and capacity assessment, and (3) consultation. Interns rotate in the Geriatric Mental Health Clinic (psychotherapy rotation) for 12 hours per week and in the Capacity Clinic/Assessment rotation (cognitive and capacity assessment rotation) for eight hours per week. The consultation rotations are the Community Living Center (CLC) and Home-Based Primary Care (HBPC). One intern will rotate in the CLC for 12 hours per week, and the other intern will rotate in HBPC for 12 hours per week. Assignment of the consultation rotation will be based on interns' training needs and interests.

Descriptions of the rotation settings:

- ▶ **Geriatric Mental Health Clinic [Psychotherapy] Rotation:** This busy clinic offers psychotherapy, psychopharmacology, and care coordination services to Veterans over the age of 65. The clinic team includes four psychologists (Drs. Patricia Bamonti, Jacqui Gurevitch, Tessa Lundquist, and Jennifer Moye (supervises only)), one clinical social worker, a social work intern, one psychiatrist, a psychiatric nurse, four to six psychiatric nurse practitioner residents, and some combination of the geropsychology trainees (fellows, interns, practicum student). The clinic receives referrals from primary care providers, inpatient psychiatry, the Geriatrics Clinic, and other specialty clinics. Veterans served in the clinic present with a range of mental health concerns, some long-term and others with onset in late life. Typical clinical issues include depression, grief, generalized anxiety, PTSD, dementia with behavioral concerns and/or caregiver distress, complex neuro-psychiatric presentations requiring assistance with differential diagnosis and treatment planning, adjustment issues (e.g., coping with disability, role changes).

Interns conduct psychodiagnostic intake evaluations, provide individual psychotherapy services, and co-lead evidence-based time-limited psychotherapy groups. The clinic has a variety of time-limited groups that are offered each season. Examples of time-limited groups that have been offered in the clinic are acceptance and commitment therapy, bereavement, aging and memory, sleep and aging, and trauma and aging. Interns also attend a weekly interdisciplinary clinic team meeting and coordinate closely with psychiatry, social work, primary care, and/or community-based providers as appropriate. Videotaping of individual therapy sessions is available when feasible.

- **CASE LOAD:** Interns carry a caseload of three to four patients for individual therapy, complete at least one psychodiagnostics evaluation per month, and co-lead one to two groups.
  - **SUPERVISORS:** PATRICIA BAMONTI, PH.D., ABPP, JACQUELINE GUREVITCH, PSY.D., TESSA LUNDQUIST, PH.D., AND JENNIFER MOYE, PH.D., ABPP
- ▶ **Community Living Center (CLC) [Consult/Liaison] Rotation:** The Brockton CLC offers subacute rehabilitation, long-term care, and hospice/palliative care services. One 36-bed neighborhood provides subacute rehabilitation, typically as a transition from inpatient acute medical/surgical care back to home, or to long-term care if needed, one ~30-bed neighborhood provides long-term, skilled nursing care, as well respite care, and a 15-bed neighborhood provides inpatient hospice/palliative care. Veterans receiving rehabilitation care tend to be age 60 and older, and frequently have complex co-morbid medical, psychiatric, substance abuse, and psychosocial concerns. Veterans receiving long-term care tend to be



older, medically frail, and with comorbid psychiatric conditions and/or cognitive impairment. Veterans receiving inpatient hospice/palliative care tend to be older and have life-limiting illnesses, as well as comorbid mental health conditions, and may experience a re-emergence or exacerbation of symptoms of PTSD as they approach end-of-life.

The geropsychology intern serves as a mental health consultant to a CLC neighborhood and has opportunities to consult to the other neighborhoods as needed to provide a broad training experience. The intern attends weekly interdisciplinary team meetings and provides psychological assessment, intervention, and consultation services as part of an interdisciplinary team that includes doctors, nurses, social workers, physical and occupational therapists, chaplains, pharmacists, dieticians, and recreational therapists. There are also opportunities to collaborate with other members of the mental health team, including a psychologist, two psychiatrists, geropsychology postdoctoral fellows, advanced fellows in geriatrics, psychiatry residents, and a rehabilitation psychology intern. Skills developed include: participation in interdisciplinary team discussions of treatment planning; cognitive and mood screenings; capacity evaluations; safety/risk assessment; differential diagnosis in complex patients; adapting psychotherapy interventions for frail patients; providing psychological services to patients and care partners at the end of life; and providing nursing staff education and support. Assessment issues include differential diagnosis, decision-making capacity, defining the impact of psychological issues on rehabilitation, and communicating assessment results to patients, care partners, and treatment teams.

- **CASE LOAD:** The intern has approximately four to five face-to-face hours per week, which will vary in regard to number of hours focused on treatment planning, behavior planning and intervention (including STAR-VA), delivering psychotherapy, screening cognitive functioning, mood, and risk, and conducting capacity assessments.
  - **SUPERVISOR: KELLY O'MALLEY, PHD.**
- ▶ **Home-Based Primary Care (HBPC) [Consult/Liaison] Rotation:** This interdisciplinary team provides whole person patient-centered assessment, consultation, and treatment to home-bound Veterans and their caregivers, consistent with an integrated primary care model. The goal of the program is to improve access to care and reduce health disparities for vulnerable Veterans with complex care needs. Under the supervision of the HBPC Psychologist, the intern gains skills in interdisciplinary consultation, capacity and cognitive assessment, and in-home interventions. The intern attends weekly interdisciplinary team meetings and actively collaborates with other team members. The intern will assess and treat Veterans in their everyday living environment and collaborate with interdisciplinary team members to inform recommendations for care. Interventions provided may include brief individual psychotherapy (e.g., Problem Solving Therapy, CBT, etc.), health behavior interventions (e.g., Motivational interviewing), and caregiver support.
- **CASE LOAD:** The intern has approximately three to five face-to-face hours per week, which will vary based on the number of hours focused on delivering psychotherapy, caregiver therapy, screening cognitive functioning, mood, and risk, and conducting capacity assessments.
  - **SUPERVISOR: TARA AFONSO, PSYD., HANNAH BASHIAN, PHD. , MICHELLE MLINAC, PSY.D, ABPP , AND KATIE MENDOZA, PSY.D.**
- ▶ **Capacity Clinic [Assessment] Rotation:** Assessment training occurs in the Capacity Clinic, which is housed in the Geriatric Mental Health Clinic. Referrals for cognitive and capacity assessments are received in-house (i.e., from providers in the Geriatric Mental Health Clinic), and additional referrals for capacity evaluations are received from Neuropsychology, primary care, Geriatrics Clinic, and other specialty clinics. Geropsychology interns will develop skills in cognitive and capacity assessments, with a focus on selecting an appropriate test battery for the referral question, conducting record reviews and clinical interviews, administering and scoring selected tests, interpreting results, writing reports, and providing feedback and recommendations to Veterans, families, the referring provider or treatment team. Interns are often exposed to cases in which functional or decision-making capacity is diminished and, thus, develop knowledge and skills in processes involving activating a health care agent and appointing a representative

payee, conservator, or guardian. Mandated reporting is a component of approximately half of all cases seen in the clinic.

- **CASE LOAD:** Interns will share cases and will complete three to four assessments per month.
- **SUPERVISORS:** PATRICIA BAMONTI, PH.D., ABPP, JACQUI GUREVITCH, PSY.D., TESSA LUNDQUIST, PH.D.

## Diversity Opportunities on the Rotation

In the Geropsychology rotation (including Outpatient Geriatric Mental Health Clinic, Capacity Clinic, Home-Based Primary Care, and Community Living Center), clinicians and trainees operate from a lifespan perspective in which the patients' range of life experiences are taken into consideration when conceptualizing presenting problems. A diversity category that is relevant to all patients seen on this track is age. 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, sexual and gender identities). 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), and work with interprofessional teams. 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 year-to-year (e.g., In past years: LGBT Aging, ageism, microaggressions and intersectional identities, 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). Considering and discussing intersectionality is an essential component to comprehensive Geropsychology training and is a highly valued aspect of the VA Boston Geropsychology training program.

## Instruction

The geropsychology interns participate in a weekly, hour-long Geriatric Mental Health Seminar series. This seminar is attended by the geropsychology trainees, and, as available, geropsychology supervisors, geriatric psychiatry providers, and social workers and their trainees. Seminar covers a range of topics, including core information related to geriatric mental health as well as topics of interest selected by faculty and students. All interns are expected to facilitate or co-facilitate seminars throughout the rotation (primary rotation interns present twice, and secondary rotation interns present once), and we welcome varied presentation styles. For example, past seminars have included case presentations, discussions of articles, and didactic lectures. Additional learning occurs through case presentations, journal club, and team meetings, in which geropsychology supervisors, interns, and fellows present. Additionally, interns are encouraged to view at least one recorded webinar (Decision Making Capacity and Ethical Issues in Aging archived webinar series) per month. Interns are welcome to attend other voluntary educational opportunities within aging offered through the GRECC, the Harvard hospitals, and the Jamaica Plain Neuropsychology service.

## Supervision

The geropsychology interns receive a total of four to five hours of supervision per week consisting of a combination of: (1) weekly individual and group supervision in the Geriatric Mental Health Clinic; (2) weekly group supervision in the Capacity Clinic/Assessment Rotation; (3) and weekly individual supervision in HBPC or weekly individual and group supervision in the CLC. The geropsychology fellows often provide clinical vertical supervision to the geropsychology interns, under the supervision of a licensed provider.

## Secondary (4–Month) Rotation Description

Interns who participate in the 4-month Geropsychology rotation will obtain experience providing assessment, intervention, and consultation/liaison skills to Veterans across outpatient and inpatient medical or home settings. Interns will complete an abbreviated experience similar to the 8-month experience and rotate through Outpatient Geriatric Mental Health, the Community Living Center or Home-Based Primary Care, and the Capacity Clinic. In addition to their clinical practice, interns will receive peer supervision by an 8-month Geropsychology fellow along with weekly individual and group supervision with Geropsychology staff. Interns attend our weekly Geriatric Mental Health Seminar series and are asked to give one seminar on a topic of their choice in the field of aging and mental health broadly. Interns who select this secondary rotation most often come from 8-month rotations in related rotations, such as Neuropsychology and Rehabilitation; however, we welcome and can accommodate interns from all major rotation areas who are enthusiastic about working with older adult Veterans.

## Research

In the geropsychology rotation, our goal is to provide each intern with a research/program evaluation training experience that supports their individual goals. It is crucial to us that you align your projects with your interests and with what is feasible. 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. This activity may take many forms including but not limited to: collaborating on an existing research project via preparation of a poster, a manuscript, or a grant; developing and evaluating a therapy protocol or a clinical program; evaluating and redesigning clinic procedures; developing and evaluating educational programs for staff; collaborating with faculty on a book chapter; writing up a case for publication; and engaging in quality improvement projects. Examples of past projects are: developing, implementing, and evaluating an education workshop for nurses in the CLC; developing, implementing, and evaluating a suicide prevention toolkit in HBPC; developing, implementing, and evaluating group therapy protocols in various settings (Geriatric Mental Health Clinic, HBPC, and CLC); and conducting a literature of ACT measures that have been validated with older adults. See reference list below for a sample of publications that resulted from trainees’ projects.

Interns are encouraged to collaborate on scholarly projects and other professional activities (e.g., committee service) with the geropsychology training faculty. The geropsychology training faculty collaborate actively with each other across various projects and interests. We recognize interns enter with varying levels of knowledge/interest/experience with scholarly projects and our aim is to support and build on areas of interest in line with professional development goals within the context of geropsychology.

### **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.

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

**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>.
- Moye, J.**, Cohen, A. B., Stolzmann, K., Auguste, E. J., Catlin, C. C.\*, Sager, Z. S., Weiskittle, R. E.\*, Woolverton, C. B.\*, Connors, H. L., & Sullivan, J. L. (2022). Guardianship Before and Following Hospitalization. *HEC forum : an interdisciplinary journal on hospitals' ethical and legal issues*, 10.1007/s10730-022-09469-9. Advance online publication. <https://doi.org/10.1007/s10730-022-09469-9>
- 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.)

Jacobs, M. L., & Mlinac, M. E. (2021). Healthcare quality improvement competency: A clinical and training imperative for geropsychology. *Journal of Clinical Psychology in Medical Settings*, 28(6), 897-908.

McDarby, M., Heintz, H., Carpenter, B. D., & Moyer, 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., **Moyer, 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

### **Long-term care, rehabilitation, and palliative care:**

**Moyer, J.**, Cohen, A. B., Stolzmann, K., Auguste, E. J., Catlin, C. C.\* , Sager, Z. S., Weiskittle, R. E.\* , Woolverton, C. B.\* , Connors, H. L., & Sullivan, J. L. (2022). Guardianship Before and Following Hospitalization. *HEC forum : an interdisciplinary journal on hospitals' ethical and legal issues*, 10.1007/s10730-022-09469-9. Advance online publication. <https://doi.org/10.1007/s10730-022-09469-9>

**Bamonti, P. M., Moyer, J.**, Harris, R., Kallmi, S., Kelly, C. A., Middleton, A., & Bean, J. F. (2022). Development of a Coaching Protocol to Enhance Self-efficacy Within Outpatient Physical Therapy. *Archives of rehabilitation research and clinical translation*, 4(2), 100198. <https://doi.org/10.1016/j.arrct.2022.100198>

**Hinrichs KLM**, Hiroto KE, Rodriguez RL. Notes from the field: Unmasking Our Grief. *Federal Practitioner*. 2021; 38(11). Published online Nov 13, 2021. [Epub ahead of print]. doi: 10.12788/fp0196

**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., **Moyer, 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

\*Strong JV, \*Plys E, Hartmann C, **Hinrichs, KLM**, McCullough M. Strategies for implementing group mental health interventions in a VA community living center. *Clinical Gerontologist*. 2020. [Epub ahead of print]. doi: 10.1080/07317115.2020.1756550

#### **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.

**Bamonti PM**, Weiskittle, RE\*, Naik, AD, Bean, JF, **Moye, JA**. Depression moderates physical functioning over time in cancer survivors. *Rehabil Oncol*. 2021 Oct; 39(4): E98-E105. doi:10.1097/O1.REO.0000000000000275

**Moye J**, Driver JA, Owsiany MT, Chen LQ, Cruz Whitley J, August EJ, Paik JM. Assessing What Matters Most in Older Adults with Multi-Complexity. *Gerontologist*. 2021 May 27;gnab071. doi:10.1093/geront/gnab071

#### **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.

Schwabenbauer, A. K., Knight, C. M., Downing, N., Morreale-Karl, M., & **Mlinac, M. E.** (2021). Adapting a whole health model to home-based primary care: Bridging person-driven priorities with veteran and family-centered geriatric care. *Families, Systems, & Health*, 39(2), 374.

**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,

**O'Malley KA**, Vinson L, Pless Kaiser A, Sager ZS, & **Hinrichs K**. Mental health and aging Veterans: How the Veterans Health Administration meets the needs of aging Veterans. *The Gerontologist Public Policy and Aging Report*. 2020 Jan;30(1):19-23.

#### **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*.

**Bamonti, P.M., & Jacobs, M.L.** (2020). Cognitive behavior therapy in late life. In R.R. Tampi, B.C. Yarns, K.F., Zdanys, & D.J. Tampi (Eds), *Psychotherapy in Later Life*. Cambridge University Press.

## INPATIENT MENTAL HEALTH / SERIOUS MENTAL ILLNESS

**Please Note:** We are offering this rotation as a 4-Month secondary training program only!

Rotation Coordinator: **KELLY M. KLEIN, PH.D.**

VA Boston Healthcare System  
940 Belmont Street, Building 2, C-404  
Brockton, MA 02301

Telephone: (774) 826-4884

Email: [kelly.klein2@va.gov](mailto:kelly.klein2@va.gov)

Training Location: Brockton Campus

**Number of Interns: 1**

### Overview

The Inpatient Mental Health rotation is located on the Brockton Campus of the VA Boston Healthcare System and is affiliated with the Harvard South Shore Psychiatry Residency Training Program. This rotation offers an opportunity for training within an interdisciplinary, recovery-oriented Inpatient Mental Health program, with an emphasis on treating Veterans with serious mental illness (SMI). Veterans served represent diverse age, racial, ethnic, socioeconomic, sexual orientation, and gender identity backgrounds. Although the majority of the Veterans are male, there are ample opportunities for the intern to work with female and gender diverse Veterans.

This rotation is particularly appropriate for an intern interested in enhancing their assessment and psychotherapeutic skills in working with Veterans with acute and chronic mental illness within an interdisciplinary model of care. The intern develops skills in diagnostic interviewing, psychological assessment, risk assessment and management, treatment planning, individual and group psychotherapy, and consultation with other disciplines. Psychotherapy training is around the application of treatment paradigms to the unique needs of Veterans with serious mental illness, co-morbid substance abuse, and other forms of mental illness (PTSD, mood disorders, personality disorders). Psychotherapy training includes opportunities to implement evidence-based approaches (CBT, DBT, IMR, Seeking Safety, ACT, etc.) within the context of non-traditional psychotherapy settings and an overall recovery-informed model of care. The intern assumes a significant role in the treatment process as a member of interdisciplinary treatment teams in multiple clinical settings and confronts complex interdisciplinary system dynamics and ethical and medical-legal dilemmas. Intensive supervision is provided to help interns develop competence in assessment, psychiatric diagnosis, case conceptualization, and treatment of patients with severe psychopathology, establish a differentiated understanding of psychological intervention for the severely mentally ill in acute, long stay, and outpatient treatment phases, and to help foster the intern's sense of professional identity in the high acuity setting of inpatient treatment.

Please note that this rotation involves working with Veterans who may present with significant histories of violence, legal involvement, high risk substance abuse, and numerous psychosocial challenges. We believe this is a rich learning opportunity to work with marginalized and underserved populations and help combat stigma while instilling hope of recovery. We will support interns in learning to balance self-care in this setting while navigating how this rotation can challenge personal growth edges and biases.

## Clinical Experience

The clinical experience on this rotation provides the intern with the opportunity for work in interdisciplinary settings which involves interactions with Psychiatrists, Resident Psychiatrists in training, Nurse Practitioners, Occupational Therapists, Peer Support Specialists, Social Workers, and Nursing Staff, among other disciplines. This provides the intern the opportunity to define their unique professional identity as a psychologist vis-à-vis other disciplines while functioning in their major roles providing individual and group therapy interventions. The intern is expected to assume an individual therapy caseload of approximately 5-6 Veterans, lead or co-lead a total of 3-4 groups per week, and complete 1 psychological assessment per month. Ample supervision is provided (approximately 4 hours per week). There may be opportunities for a small number of individual or group psychotherapy hours in outpatient SMI clinics as well, depending upon intern interest and supervisor availability.

The training model for this rotation has been developed to provide the intern an opportunity to be involved in assessment and treatment of Veterans in the acute and long-term inpatient settings. Within this structure, the intern develops comprehensive, individualized case conceptualizations and diagnostic formulations of the Veterans they work with and develops the skills appropriate for these different levels of inpatient care.

Overall, the intern spends three-four days working in Inpatient Mental Health programs, with the possibility for a half day a week spent in an outpatient SMI setting. A single day of the week is devoted to other internship training requirements, including the intern's adjunctive training experience (ATE) and related supervision, activities devoted to scholarly inquiry / research, travel time to the Jamaica Plain campus, and Wednesday afternoon didactics.

- ▶ **Inpatient Mental Health:** The Inpatient Mental Health Service includes four inpatient units with a total of 28 beds on each unit; two of the inpatient units are devoted to acute care, while the other two units are devoted to longer-term transitional psychiatric care. One acute unit is a dual-diagnosis unit, serving Veterans with substance abuse and comorbid diagnoses. The other acute unit has a primary emphasis on treatment of severe mental illness and suicidal crises. Across all four units, the intern gains experience working with Veterans with serious mental illness who represent the full spectrum of psychopathology and functional impairment, including Schizophrenia, Major Depression, Bipolar Disorder, Anxiety Disorders, PTSD, Substance Abuse, personality disorders, co-morbid neurological disorders, and military-related polytrauma. Veterans in this setting may also experience significant problems associated with social, neuropsychological, and medical functioning. Suicidal behavior and violence risk are also characteristic problems the intern addresses in this setting.

The Inpatient Mental Health component of this internship track is flexible, and training can be tailored to address the specific needs and interests of the intern. For example, interns who want additional assessment experience or training in specific techniques, such as suicide risk assessment, generally can be accommodated. The intern will attend daily morning rounds on Mondays and Fridays and participate in one interdisciplinary treatment team meeting weekly, where the intern contributes to ongoing team evaluations and treatment planning.

Interns provide evidence-based individual and group therapy interventions during their training year. Individual therapy cases range from brief interventions to longer therapeutic relationships that could last throughout the training year. An intern's caseload generally consists of five to six individual therapy clients a week, and three-four weekly group therapy sessions. General evidence-based practices include CBT, DBT, ACT, Motivational Interviewing, and Seeking Safety. Evidence-based practices for targeted interventions include CBT for psychosis, CBT for substance use disorder, Social Skills Training for Schizophrenia, Illness



Management and Recovery, and Suicide Prevention Safety Planning. The intern has two clinical supervisors for psychotherapy to ensure breadth of training in treatment modalities and therapeutic orientations.

The internship also includes training in psycho-diagnostic interviewing, risk and safety assessments, and clinical consultation. The intern is expected to complete one comprehensive assessment each month within the Inpatient Mental Health Service. These evaluations are provided following consultative requests by interdisciplinary treatment teams to assist with recommendations and treatment planning and determinations of discharge readiness. Objective tests of personality, psychosis, affective disorder, diagnosis, risk, and validity include, but are not limited to: Minnesota Multiphasic Personality Inventory (MMPI-2), Beck Depression Scale-2 (BDI-II), Beck Hopelessness Scale (BHS), Beck Anxiety Inventory (BAI), PHQ-9 Quick Depression Assessment (PHQ-9), and PTSD Checklist for DSM-5 (PCL-5). For assessment of suicide and homicide risk, in addition to a clinical interview, the Beck Depression Inventory II (BDI-II), Beck Hopelessness Scale (BHS), Beck Scale for Suicide Ideation (BSS), and MMPI-2, will be utilized by the intern to assist in conceptualizing and estimating level of risk. Interns will also have the opportunity to train in use of the VA comprehensive suicide risk assessment tool and could substitute suicide risk assessment for a psychodiagnostic or personality evaluation at the discretion of their rotation supervisor. Development and implement of a comprehensive behavioral intervention plan for Veterans who exhibit disruptive or treatment interfering behaviors on the unit could also be considered for meeting the above monthly requirement.

## Rotation Supervisors

Approximately 4 hours of supervision per week are provided on this rotation, with about two hours per week with Dr. Kelly Klein, and at 1-2 hours of supervision per week with other rotation supervisors. The training model includes the opportunity for co-leading groups and joint clinical interviewing of patients as part of the assessment training experience.

► **Kelly Klein, PhD** (rotation coordinator & inpatient staff psychologist)

Dr. Klein obtained her PhD from Florida State University in 2018. Dr. Klein completed her clinical internship at the Edward Hines Jr., VA Hospital in Chicago, IL, training in inpatient mental health, PRRC, intake center, and TBI-polytrauma settings. She completed a postdoctoral fellowship in psychosocial rehabilitation and recovery for severe mental illness at the Bedford VA. Upon completed of fellowship, Dr. Klein began working in her current position at the Brockton VA inpatient mental health unit. She holds an Instructor appointment in the Department of Psychiatry at Harvard Medical School. Dr. Klein will provide supervision in DBT interventions, CBT for psychosis, and suicide risk assessment and management. Her supervision style is focused on biopsychosocial case conceptualization, in which maintaining factors for problem behaviors and symptoms are identified and targeted through research-informed interventions. Dr. Klein also serves as the co-chair of the disruptive behavior committee for the Brockton campus and thus, can also provide supervision around violence/disruptive behavior risk assessment and management, if the trainee has interest in this area. Dr. Klein has the following goals for interns who complete this rotation:

- Learning to implement evidence-based interventions for substance use and severe mental health conditions, while adapting to the unique demands of an inpatient environment
- Enhancing skill in engaging in interdisciplinary communication across providers with diverse professional backgrounds
- Increasing understanding of how criminal justice involvement, homelessness, race and class inequality, and other psychosocial factors influence case conceptualization and treatment planning.
- Learning to implement trauma-informed, recovery-oriented care within the traditionally medical-model setting of inpatient psychiatry.

► **Holloway Marston, PsyD** (inpatient staff psychologist)

Dr. Holloway Marston is a staff psychologist who works primarily on an acute inpatient unit at the Brockton campus. She earned her PsyD from Adler University in Chicago. While in graduate school she completed two therapy externships and one assessment externship within inpatient psychiatric hospitals in the Chicago area. Dr. Marston completed her pre-doctoral internship training at Appalachian Regional Healthcare, an inpatient psychiatric hospital in a very rural area of Kentucky. Her post-doctoral training was completed in a PTSD-RRTP at the Battle Creek VAMC in Michigan. Dr. Marston has worked within the VA system for over 10 years. She is passionate about training within the inpatient setting and values providing trainees with the opportunity to gain experience treating the diverse concerns that present to an inpatient setting. She will provide supervision in psycho-diagnostic assessment, facilitating group therapy interventions and providing individual therapy from a CBT orientation within the context of the complex inpatient mental health environment.

► **Justine Swanson, PsyD** (inpatient staff psychologist)

Dr. Swanson predominately works on an acute inpatient unit serving Veterans with substance abuse and comorbid diagnoses. She further serves as a member on the Interdisciplinary Transgender Treatment Team and the Integrated Residential Screening Committee. Dr. Swanson earned her PsyD from Florida Institute of Technology in 2019. She completed her clinical predoctoral internship and postdoctoral fellowship training at the VA Boston Healthcare System, specializing in both outpatient and residential substance use treatment. Dr. Swanson is a VA certified CPT (Cognitive Processing Therapy) and BCT-SUD (Behavioral Couples Therapy for Substance Use Disorders) provider. Dr. Swanson will provide supervision for both individual and group therapy evidence-based interventions for substance use and comorbid diagnoses. She also has special interest in providing Veteran centered care from an ACT lens and will offer supervision in ACT interventions.

## Instruction

In addition to supervision, training on this rotation is facilitated by the intern's participation in interdisciplinary treatment team rounds on the acute unit for a minimum of 1 ½ hours per week. Opportunities for interdisciplinary consultation also occur on both the acute and long-stay units. Selected readings are provided to assist the intern in consolidation of their knowledge and skills in both assessment and individual and group therapy. Consultation of the clinical literature is also encouraged to provide individualized evidence-based assessments and treatments.

To enhance the intern's training, there are also several rotation-specific didactic components offered in conjunction with this rotation. First, the psychology supervisors provide a monthly clinical case conference, which engages the intern and current faculty in a discussion of complex clinical assessments, individual and group therapy cases, and consulting practices. Topics can also include review of the literature related to psychological tests, evidence-based practices of psychotherapy, and continuity of care that are relevant on an inpatient setting. Second, the intern also has the opportunity to attend the Brockton VAMC Psychiatry Grand Rounds, which occurs on a regular basis throughout the year.

The equivalent of one day per week is devoted to other internship training activities, including the intern's adjunctive training experiences and supervision and activities devoted to scholarly inquiry.

## Selection Criteria

Candidates with a strong interest in assessment and treatment of Veterans with severe and persistent mental illnesses should apply. We also welcome candidates who have interest in psychosocial rehabilitation and recovery-model informed treatment. The successful applicant will have a broad range of psychotherapeutic experience. Some prior experience in psychodiagnostic testing and integrated test report writing is desirable, as is experience working

with populations who are at high risk for suicidal behavior. It is not necessary to have had previous inpatient experience or a specific theoretical orientation, however, candidates who have a background in evidence-based psychotherapy approaches will likely be a better fit for this position. We also seek candidates who are interested in learning more about how severe mental illness intersects with cultural factors and psychosocial needs (e.g., homelessness, medical conditions, criminal justice involvement).

## Research

Interns on this rotation have the opportunity to work on program development and evaluation research focused on recovery-oriented practices. Opportunities also exist for data analysis, manuscript preparation, and redesign/implementation of the next iteration of the project. Previous interns have also engaged in individualized case-study and feasibility research projects during their training experience within this rotation.

Interns inside or outside of the Inpatient Mental Health rotation are more than welcome to join these efforts.

### Selected recent publications from our staff:

- Repaire E, Shirk S, **Klein KM**, Masheb R, Potenza M, Park CL, Keeler K, Kraus S. (2022) Examining the clinical correlates of overeating and binge-eating behaviors among US Veterans. *Military Medicine*, 187(3-4), 297-303.
- Forney KJ, Crosby R, Brown TA, **Klein KM**, Keel PK. (2022) Evaluating the predictive validity of purging disorder by comparison to bulimia nervosa at long-term follow-up. *International Journal of Eating Disorders*, 55(6), 810-819.
- Klein KM**, Fitzgerald EH, Forney KJ, Kennedy GA, Keel PK. (2022) Evaluating the role of negative affect and negative interpretation biases in emotional eating behavior. *International Journal of Eating Disorders*, 55(7), 914-922.
- Forney, K.J., Crosby, R., Brown, T.A., **Klein, K.M.**, & Keel, P.K. (2021) A naturalistic, long-term follow-up of purging disorder. *Psychological Medicine*, 51(6), 1020-1027.
- Gallyer, A., Chu, C., **Klein, K.M.**, Quintana, J., Carlton, C., Rogers, M.L., Dougherty, S., & Joiner, T.E. (2020) Routinized categorization of suicide risk into actionable strata: Establishing the validity of an existing suicide risk assessment framework in an outpatient sample. *Journal of Clinical Psychology*, 76, 2264-2282.
- Brown, T.A., Forney, K.J., **Klein, K.M.**, Grillo, C.L., & Keel, P.K. (2020) A 30-year longitudinal study of body weight, dieting, and eating pathology across women and men from late adolescence to later midlife. *Journal of Abnormal Psychology*, 129(4), 376-386.
- Klein, K.M.**, Brown, T.A., Kennedy, G.A., & Keel, P.K. (2017). Examination of parental dieting and comments as risk factors for increased drive for thinness in men and women at 20-year follow-up. *International Journal of Eating Disorders*, 50(5), 490-497.
- Klein, K.M.**, Forney, K.J., & Keel, P.K. (2016). A preliminary evaluation of the validity of Binge Eating Disorder defining features in a community-based sample. *International Journal of Eating Disorders*, 49(5), 524-528.
- Chu, C., **Klein, K.M.**, Buchman-Schmidt, J., Hom, M.A., Hagan, C.R., & Joiner, T. (2015). Routinized assessment of suicide risk in clinical practice: An empirically-informed update. *Journal of Clinical Psychology*, 71(12), 1186-1200.

Rotation Coordinator: **LAURA GRANDE, PH.D., ABPP/cn**  
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**Number of Interns: 3**

## Overview

The Neuropsychology rotation provides clinical, didactic, and academic training to develop advanced knowledge of brain-behavior relationships and skills needed for neuropsychological assessment and treatment of the cognitive, behavioral, and emotional impact of brain dysfunction and pathology. Interns will demonstrate a highly developed level of competence in clinical neuropsychology (NP) as well as the education and training necessary for postdoctoral fellowship. The program adheres to the Houston Conference standards (Archives of Clinical Neuropsychology, 1998, 13, 160-166) for specialty training in clinical neuropsychology and aims to prepare trainees for board certification in clinical neuropsychology.

Our approach to assessment integrates contemporary research and theory from cognitive neuroscience and psychometrics, with classic methods of clinical observation, and thorough medical record review in the service of making rational and empirical clinical predictions about the impact of brain dysfunction on cognition and adaptive behavior. In keeping with the “Boston Process Approach,” in addition to the strong emphasis placed on the development of assessment skills through the use of standardized measures of cognition, interns also gain an understanding and appreciation for empirically demonstrated qualitative aspects of test performance (e.g., error types), and the unique insights these observations offer in understanding brain-behavior relationships. Our training also places a strong emphasis on the importance of providing detailed recommendations for referral sources, patients and the family/caregivers. We aim to translate findings of objective cognitive measures into tailored recommendations focused on compensation for deficits and accentuation of strengths. Interns learn to integrate research literature and psychometric theory to make logical, empirically derived clinical predictions. Additionally, we assist patients and providers in implementing these recommendations, providing evidence-based psychoeducational interventions, as appropriate.

Interns on the Neuropsychology rotation typically spend the majority of their time at the Jamaica Plain campus although travel to the Brockton and West Roxbury campuses are required one day a week for a portion of the rotation.

## Clinical Experience

This rotation provides experience in a number of clinical settings, allowing the intern to obtain a unique array of training experiences. While the specific clinical settings vary, the underlying goal and training emphasis remains consistent. In each setting, interns will be involved in the clinical interview, administration, data scoring, report writing, patient feedback, and multidisciplinary team consultation / collaboration. Interns will provide clinical services within most of the settings described below, though duration of time dedicated to each service is not equal. Interns typically complete three neuropsychological assessments per week and also participate in shadowing experiences in outpatient clinics within Neurology. There may also be opportunity to gain exposure to the Neurological exam and provide consultative services to Neurologists within the VA Boston Epilepsy Division and/or Memory Disorders Clinic. Interns are primarily at the Jamaica Plain Campus, although frequently spend one or occasionally two days per week at the West Roxbury campus. Additionally, interns will obtain experience providing care (assessment or therapy) virtually using VA Video Connect.

Veterans evaluated and treated by Neuropsychology range in age from 20 to 95+ and are referred for a variety of issues including dementia, TBI, seizure, movement disorder, learning disorder, ADHD, and stroke. In addition to the 3 predoctoral interns, our service also includes 1-2 practicum students, 4 postdoctoral fellows completing a two-year fellowship in Clinical Neuropsychology (2 first year and 2 second year fellows). Advanced Neurology, Psychiatry and Geriatrics fellows also train in our service and often work closely with interns.

- ▶ **Neuropsychology Consult Service (NCS):** Interns serve as consultants and provide assessments as part of the Neuropsychology Consult Service at VA Boston Healthcare System. Patients are referred to this service from a variety of sources; referrals typically include cognitive dysfunction secondary to a medical or psychiatric condition, epilepsy, ADHD, LD, stroke, traumatic brain injury and dementia. Neuropsychology consults involve a clinical interview, test administration, scoring of test data, test interpretation, written report, and in-person feedback to patients. Most evaluations are completed at the Jamaica Plain Campus. Neuropsychological evaluations may also be completed through Neurology (e.g., Long-Term Monitoring on the Epilepsy unit) at West Roxbury.

In addition to the therapy experience required by the internship, interns will be required to lead or co-lead a psychoeducational/cognitive rehabilitation group. The intern selects one or two groups to co-lead during this eight-month rotation. Current groups include Memory and Aging, Stroke Support Group, and Seizure Support Group.

**Location** - Jamaica Plain and Brockton Campuses

- ▶ **Transplant Surgery Evaluations:** Veterans under consideration for both solid organ and stem cell transplant surgery. Veterans complete a comprehensive evaluation with the Behavioral Medicine Team followed by a brief neuropsychological assessment. The objective of testing is to provide the Veteran and transplant team with information about cognitive functioning that may impact the Veteran's ability to successfully manage a complex medical regimen and self-care during and following the transplant surgery. Recommendations are offered to assist Veteran and family care providers in optimizing cognitive functioning and ensuring medical compliance during the transplant process. Veterans evaluated are considered for many different transplants including kidney, liver, lung, heart, and bone-marrow. Interns join the evaluation with the Behavioral Medicine Team and complete the neuropsychological assessment at a separate appointment scheduled within Neuropsychology. The intern is responsible for the clinical interview within Neuropsychology, test administration, scoring of test data, test interpretation, written report, and feedback to patients and treatment team.  
**Location** - Jamaica Plain Campus
- ▶ **Geriatric Medicine (previously the Geriatric Research Education and Clinical Center (GRECC) Clinic):** The intern functions as part of a multidisciplinary team that includes a geriatrician, nurse practitioner, social

worker, pharmacist, and geriatric medicine fellows. The neuropsychological assessment of elderly patients, who are often frail as well as physically and cognitively compromised, requires an alternative to the time consuming, multiple hour test batteries often used in clinical assessments. Most Geriatric assessments involve one to two hours of testing. The trainee is responsible for the clinical interview, testing, scoring of test data, test interpretation, and written report of the neuropsychological evaluation, as well as feedback to the patient and the team.

**Locations** - Jamaica Plain and West Roxbury Campuses

## Diversity Opportunities on the Rotation

Clinical Neuropsychology considers various racial, cultural, and sociodemographic factors in the clinical assessment of cognitive functions in our Veteran patients. Many of these are essential factors when considering the Veteran's cognitive abilities and environment in which he/she functions. Neuropsychology strives to utilize racially and ethnically appropriate test measures and, whenever possible, conduct clinical assessments in Veterans' native language. Additionally, we utilize normative data that is appropriate to the Veteran's age, education, race, language, and gender. When necessary, modifications are made to the standardized administration of test measures (e.g., veterans with hemiplegia or sensory/perceptual deficits). An approach utilizing both quantitative and qualitative data is employed to best capture the Veteran's cognitive functioning. Consideration is also given both to trainee and Veteran cultural and ethnic factors and how these impact examiner/patient interactions, data interpretation and case conceptualization. These issues also play a significant role when discussing how feedback is provided to Veterans and their families/caregivers. Our service also provides weekly Neuropsychology-specific didactics throughout the training year. This series includes trainee presentations of cases and research, and trainees are encouraged to include issues of diversity in terms of case selection and information presented. We also hold a monthly Diversity in Neuropsychology Seminar that includes topics of interest identified by the trainees. Papers recorded presentations and discussions are included during this didactic and interns are expected to take an active role.

## Instruction

The intern works with the supervisor to translate referral questions into testable hypotheses that can be addressed on the basis of objective data and information gathered from the interview. Interns are involved in all aspects of the neuropsychological evaluation and utilize a flexible battery approach that matches assessment measures to the identified referral question and patient characteristics. Tests drawn from a wide variety of neuropsychology measures are selected based on their psychometric properties, demonstrated validity, and appropriateness of available normative data. Each evaluation simulates application of the scientific method applied at the individual level; hypotheses are identified and tested with objective measures and related to findings based in the empirical literature, integrating research with clinical practice. Our evaluations place significant emphasis on the generation of clinically meaningful, explicit, and individualized recommendations. Additionally, strong communication skills are viewed as essential when providing feedback with patients, family members and referral sources and serve as a critical part of training within Neuropsychology.

## Didactics

In addition to the clinical rotations described above, the intern is involved in several experiences intended to further knowledge regarding brain and behavior relationships, increase exposure to professional neuropsychologists and contribute to the intern's professional development. Neuropsychology offers several specialty specific didactics. Well-known national and international scholars present at the virtual neuropsychology and neuroimaging lecture series. This series is comprised of experts in cognitive neuroscience, clinical neuropsychology, and neuroimaging. Trainees also attend and present at the Neuropsychology Seminar series (weekly) that includes a combination of presentations from in-house faculty, student presentations, and journal club. Trainees are also encouraged to

present at our monthly Neurobehavioral Rounds, which includes a case presentation and in-person patient interview by a senior discussant.

▶ **Required:**

- Neuropsychology Seminar Series: One to two hours per week.
- Neuropsychology and Neuroimaging Lecture Series: Two hours per month.
- Diversity in Neuropsychology Seminar: One hour per month
- Neurology Memory Disorders Case Conference: One hour per week for two-months.
- Epilepsy Conference: One hour per week for two-months.

▶ **Optional:**

- Capacity Rounds: One hour per month.
- Brigham and Women’s Epilepsy Surgery Conference: weekly
- Brain Cuttings: monthly

## Supervision

Neuropsychology interns will have the opportunity to work with multiple neuropsychology supervisors during the 8-month rotation. Each intern is assigned one primary supervisor who is responsible for completing formal evaluations and providing general mentorship to the intern throughout the rotation. Although one primary supervisor is assigned, interns will also work closely with other primary supervisors, and may receive supervision from secondary supervisors as well. Interns will also gain exposure to supervision of practicum students.

▶ **Primary Neuropsychology Supervisors:**

- Laura Grande, Ph.D., ABPP/cn, Neuropsychology Training Director; Director of Neuropsychology Consult Service
- David Marra, Ph.D.
- Elizabeth Leritz, Ph.D., ABPP/cn
- Deepa Acharya, Ph.D., ABPP/cn
- Charles Gaudet, Ph.D.

▶ **Secondary Neuropsychology Supervisors:**

- William Milberg, Ph.D., ABPP/cn
- Jennifer Vasterling, Ph.D.

## Selection Criteria

Internship training for Neuropsychology may take place within a primary “Match” rotation (eight-month) or as part of the intern’s secondary (four-month) rotation. Three interns will Match with the Neuropsychology rotation, and another three interns will have the briefer (four-month) secondary-rotation training opportunity. Although not guaranteed, additional hours of neuropsychology training may be available for those interns who train in the Neuropsychology four-month rotation, typically through primary Geropsychology and Rehabilitation rotations.

Applicants interested in Neuropsychology as a primary “Match” rotation should have experience administering, scoring, and interpreting neuropsychological tests and have typically completed dedicated graduate coursework focused on brain behavior relationships. Applicants who seek academic careers and have a clear commitment to neuropsychology are strongly encouraged to apply for the 8-month rotation. Students who have developed a recent interest in neuropsychology, or those desiring less intensive training, can receive it through the internship’s four-month neuropsychology rotation. Interns participating in the secondary, four-month rotation participate in a subset of the clinical and didactic activities described above.

## Secondary (4–Month) Rotation Description

Similar to those completing an 8-month rotation, interns completing a 4-month rotation in Neuropsychology will be involved in all aspects of the neuropsychological evaluation (e.g., chart review, interview, test administration, scoring, report preparation and feedback). Similar emphasis is placed on the generation and communication of recommendations based on objective tests and clinical observation and clinical interviews. Interns on the 4-month rotation will complete, either individually or with staff/postdoctoral fellow, two assessments weekly. The clinical experiences are similar to those described above. The 4-month intern will work with Neuropsychology staff prior to the start of the minor rotation to discuss the clinical experiences and what will fit best with the intern's training goals and needs. Of note, this minor rotation is appropriate for interns who have had assessment experience and wish to better understand brain and behavior relationships. Our approach to neuropsychological assessment which emphasizes the relationship between cognitive abilities and daily functioning, is usually a good match for individuals completing any of the 8-month rotations offered in our internship program. Interns completing a 4-month rotation on Neuropsychology typically do not plan to function as independent neuropsychologists following completion of training.

## Research

Neuropsychology strongly encourages the scientist-practitioner model and research opportunities reflect this training priority. Neuropsychology trainees have an abundance of funded projects to choose from that represent diverse aspects of neuropsychology, including the neuropsychology of aging and cerebrovascular risk factors, PTSD, TBI, MCI, memory disorders and test development / validation.

We have a strong group of 15+ research mentors, many of whom have nationally and internationally visible research programs. Available settings include several laboratories and major multi-project research centers (see below). These ongoing research programs provide interns with a variety of research opportunities including manuscript preparation, invited chapters and literature reviews, attendance at weekly lab meetings/research discussions, one-on-one research mentoring, journal peer reviews, archival data analysis, development of new studies, and grant preparation.

Neuropsychology interns with strong research interests may consider requesting a research externship, which can be up to 8 hours of protected time under the mentorship of one of the 15+ neuropsychology faculty. Requirements for a research externship include defense of the dissertation and demonstrated efficiency in clinical work. The minimum direct service requirements for the general internship still apply, which may require some adaptation of the activities described above. The mentoring supervisor meets weekly with the intern to provide guidance and supervision, and to monitor progress. For interns interested in pursuing this opportunity, a tailored research plan is developed in collaboration with the faculty supervisor. This plan outlines the specifics of the externship including the training goals and expectations.

- ▶ **Geriatric Neuropsychology Laboratory (GNL):** The Geriatric Neuropsychology Laboratory which was founded in 1981 has been to home to a number of internationally known research efforts. The research laboratory includes multiple principal investigators. A variety of interests are represented within the laboratory and currently funded projects include investigation of cardiovascular disease and cognitive dysfunction in middle and older aged adults; relating cortical functions to cerebrovascular disease and dementia risk; neuroanatomical changes associated with cardiovascular disease, dementia risk and MCI; and development of screening measures to identify cognitive impairment in the primary care setting. The GNL works closely with the VA Research Neuroimaging Center under the direction of David Salat, Ph.D. A number of ongoing research projects provide the intern with a variety of research opportunities.

**FACULTY: CO-DIRECTORS: WILLIAM MILBERG, PH.D., ABPP/CN**

**INVESTIGATORS: BETSY LERITZ, PH.D., ABPP/CN; DAVID SALAT, PH.D.; CATHERINE FORTIER, PH.D.; LAURA GRANDE, PH.D., ABPP/CN**



Rashid B, Dev SI\*, Esterman M, Schwarz NF, Ferland T, Fortenbaugh FC, Milberg WP, McGlinchey RE, Salat DH, Leritz EC. Aberrant patterns of default-mode network functional connectivity associated with metabolic syndrome: A resting-state study. *Brain Behav.* 2019 Dec;9(12): e01333. doi: 10.1002/brb3.1333. Epub 2019 Sep 30. PubMed PMID: 31568716; PubMed Central PMCID: PMC6908882.

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Foley, J., Salat, D.H., Stricker, N.H., Zink, T.A.\* , Grande, L.J., McGlinchey, R.E., Milberg, W.P. & Leritz, E.C. (2014). Interactive effects of Apo lipoprotein e4 and diabetes risk on later myelinating white matter regions in neurologically healthy older aged adults. *American Journal of Alzheimer's Disease and Other Dementias*, 29(3), 222-35. doi: 10.1177/1533317513517045.

\*trainees/former trainees

- **Neuropsychology of PTSD:** Interests include neuropsychological, psychological, and health outcomes of war-zone deployment and other military health risks (e.g., traumatic brain injury). Studies employ longitudinal methodology and have been conducted within an epidemiological framework. There are opportunities to participate in: preparation of empirical publications, preparation of invited chapters and literature reviews, development of new studies, one-on-one research mentoring, data analysis of existing data bases, assistance in preparing grants, journal peer reviews.

**FACULTY:** JENNIFER VASTERLING, PH.D.; KEVIN BRAILEY, PH.D., BRIAN MARX, PH.D.; MIKE ESTERMAN, PH.D., LAURA GRANDE, PH.D. ABPP/CN; LEWINA LEE, PH.D., ANICA PLESS-KAISER, PH.D, AND MIEKE VERFAELLIE, PH.D.

Shaked, D.\* , & Vasterling, J. J. (in press). Anxiety and trauma-related disorders. In M. Parsons & M. Braun (eds), *Clinical Neuropsychology: A Pocket Handbook for Assessment* 4th Edition Michael Parsons & Michelle Braun. American Psychological Association Press.

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Chiu, C., Gnall, K., Pless Kaiser, A., Taft, C., Franz, M., Lee, L., & Vasterling, J. J. (2022). Neurocognitive performance predicts future partner violence among U.S. Iraq- and Afghanistan-deployed Army soldiers and veterans. *Psychology of Violence*, 12 (3), 160-169

\*trainees/former trainees

- ▶ **Memory Disorders Research Center (MDRC):** The MDRC studies memory using both neuropsychological and cognitive neuroscience approaches, with the goal of elucidating the cognitive and neural underpinnings of different forms of memory. The Center conducts cognitive neuropsychological studies of patients with MTL and frontal lobe lesions and studies examining the impact of memory impairment on decision making in amnesic patients and individuals with PTSD. There are opportunities to be involved in any of these approaches through active participation in ongoing studies, data analysis of existing data bases, and development of new studies. Interns are encouraged to attend weekly lab meetings and monthly research discussions.

**FACULTY:** MIEKE VERFAELLIE, PH.D., MARGARET KEANE, PH.D., GINETTE LAFLECHE, PH.D.,

Patt, V., Palombo, D., Esterman, M. and Verfaellie, M. Hippocampal Contribution to Probabilistic Feedback Learning: Modeling Observation- and Reinforcement-based Processes. *Journal of Cognitive Neuroscience*, 2022, May 17;1-18.

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- ▶ **Translational Research Center for TBI and Stress Disorders (TRACTS):** TRACTS is a National Network Research Center hosted by the VA Boston Healthcare System and funded by the VA Rehabilitation Research and Development Service (VARRDS). The mission of TRACTS is to promote multidisciplinary research that will lead to innovations in the diagnosis and treatment of the complex issues presented by the growing population of Veterans who suffer the consequences of mTBI occurring in the context of stress-related emotional disorders. TRACTS provides a unique infrastructure to create synergy between investigators working in a number of scientific disciplines (including clinical neuropsychology; clinical psychology / psychiatry; translational basic science; and brain imaging). The TRACTS data repository which may be accessed for selected research project contains over 2000 behavioral, medical and demographic variables for almost 900 prospectively enrolled participants, 500 with longitudinal data). In addition, the repository contains extensive quantitative neuroimaging information and data on over 500,000 genetic SNPs and an increasing database of blood based molecular biomarkers. We have numerous opportunities for interns to develop research interests and skills related to the investigation of the joint effects of TBI and PTSD. TRACTS works closely with the VA Research Neuroimaging Center under the direction of David Salat, Ph.D., which will provide interns with the opportunity to learn about advanced structural and functional neuroimaging. methods.

**FACULTY: DIRECTOR:** WILLIAM MILBERG, PH.D., ABPP/CN; **CO-DIRECTOR:** CATE FORTIER, PH.D.

Please see our website for up-to-date references demonstrating the breadth of work  
Lab website: <http://heartbrain.hms.harvard.edu>

- ▶ **VA Boston Healthcare System Neuroimaging Center (Jamaica Plain):** The VABHS Neuroimaging Center (or as it is known locally "The Neuroimaging for Veterans Center" or NERV) aims to elucidate the neural consequences of conditions affecting veterans from every cohort and generation served by the VA. Current research includes traumatic brain injury, posttraumatic stress disorder, aging, and mild cognitive impairment. The Center is equipped with a Siemens 3 Tesla MRI scanner with 32 Channel Head Coil capable of advanced structural and functional brain imaging. NERV is supported by an advanced computer infrastructure that is used for the quantitative analysis and storage of large neuroimaging datasets as well as a range of hardware and software for physiological monitoring and the presentation of auditory and visual stimuli for cognitive and sensorimotor studies of brain function. Center investigators are active across a diverse assortment of research projects including studies of anatomy, neurodegeneration, cognition, and emotion regulation in conditions affecting veterans. The center also supports an integrated Transcranial Magnetic Stimulation laboratory.

**FACULTY:** DAVID SALAT, PH.D., ELIZABETH LERITZ, PH.D. ABPP/CN, MIKE ESTERMAN, PH.D.

**\*THE VARIOUS MANUSCRIPTS WITH COMPONENTS OF NEUROIMAGING WERE LARGELY COMPLETED IN THE NERV CENTER.**

- ▶ **Boston Attention and Learning Laboratory (Jamaica Plain):** In the BALLAB, we study the cognitive and neural mechanisms of attention, executive functioning, and face processing in both healthy population as well as those with impairments (e.g., PTSD, traumatic brain injury, prosopagnosia, age-related cognitive decline). We also develop tools to enhancing cognitive functioning such as cognitive training and brain stimulation. To gain insights from multiple perspectives, we perform behavioral, neuroimaging (functional MRI, EEG), neurostimulation (TMS, tDCS), and cognitive training experiments in healthy subjects and disordered populations. The BALLAB works closely with the National Center for PTSD, VA Research Neuroimaging Center, as well as the Translational Research Center for TBI and Stress Disorders (TRACTS). The lab has multiple research assistants and post-docs, and there are numerous opportunities for interns to develop their research interests in cognitive neuroscience and neurorehabilitation across a range of clinical populations with cognitive impairments.

**FACULTY:** MIKE ESTERMAN, PH.D., JOSEPH DEGUTIS, PH.D.

Riley E, Mitko A, Stumps A, Robinson M, Milberg W, McGlinchey R, Esterman M, DeGutis J. Clinically significant cognitive dysfunction in OEF/OIF/OND veterans: Prevalence and clinical associations. *Neuropsychology*. 2019 May;33(4):534-546. doi: 10.1037/neu0000529. Epub 2019 Apr 4. PMID: 30945914.

Esterman M, Fortenbaugh FC, Pierce ME, Fonda JR, DeGutis J, Milberg W, McGlinchey R. Trauma-related psychiatric and behavioral conditions are uniquely associated with sustained attention dysfunction. *Neuropsychology*. 2019 Jul;33(5):711-724. doi: 10.1037/neu0000525. Epub 2019 May 30. PMID: 31144830.

Esterman M, Rothlein D. Models of sustained attention. *Current Opin Psychol*. 2019 Oct;29: 174-180. doi: 10.1016/j.copsyc.2019.03.005. Epub 2019 Mar 13. PMID: 30986621 Review.

Esterman, M., Noonan, S. K., Rosenberg, M., & DeGutis, J. (2013). In the zone or zoning out? Tracking behavioral and neural fluctuations during sustained attention. *Cerebral cortex*, 23(11), 2712-2723.

Fortenbaugh, F. C., DeGutis, J., Germine, L., Wilmer, J. B., Grosso, M., Russo, K., & Esterman, M. (2015). Sustained attention across the life span in a sample of 10,000: Dissociating ability and strategy. *Psychological science*, 26(9), 1497-1510.

DeGutis, J., Esterman, M., McCulloch, B., Rosenblatt, A., Milberg, W., & McGlinchey, R. (2015). Posttraumatic psychological symptoms are associated with reduced inhibitory control, not general executive dysfunction. *Journal of the International Neuropsychological Society*, 21(5), 342-352.

Esterman, M., Thai, M., Okabe, H., DeGutis, J., Saad, E., Laganieri, S. E., & Halko, M. A. (2017). Network-targeted cerebellar transcranial magnetic stimulation improves attentional control. *Neuroimage*, 156, 190-198.

Mishra, M. V., Fry, R. M., Saad, E., Arizpe, J. M., Ohashi, Y. G. B., & DeGutis, J. M. (2021). Comparing the sensitivity of face matching assessments to detect face perception impairments. *Neuropsychologia*, 163, 108067.

DeGutis, J., Yosef, B., Lee, E. A., Saad, E., Arizpe, J., Song, J. S., Esterman, M. (2022). The rise and fall of face recognition awareness across the lifespan. <https://doi.org/10.31234/osf.io/rqkvx>

- **Center for Translational Cognitive Neuroscience (Jamaica Plain):** Center for Translational Cognitive Neuroscience (Jamaica Plain): The CTCN lab studies memory with the goals of using cognitive neuroscience research to improve the lives of individuals with cognitive brain disorders. We also endeavor to build bridges between cognitive neuroscience research and investigators using other research techniques and educate clinicians and scientists in cognitive neuroscience and how it can be applied to brain disorders. Our research uses the techniques of experimental psychology and cognitive neuroscience to understand memory and memory deficits in patients with Alzheimer's disease, mild cognitive impairment, and traumatic brain injury. Current projects include using strategies to enhance memory and reduce false memories, using ERPs (event-related potentials) as a biomarker to detect and track disease progression in veterans with Alzheimer's disease and head injuries, evaluating the effect of social isolation during the pandemic on cognition in older veterans with and without cognitive impairment, exploring the impact of sleep on memory in Alzheimer's disease, examining familiarity and recollection in veterans with mild TBI, evaluating the amyloid PET practices in clinical management, using questionnaires to evaluate veteran's level of misinformation vs. correct understanding of Alzheimer's disease and other diagnoses, examining the neural correlates of consciousness. Lab members are all encouraged to attend weekly lab meetings on Wednesday afternoons, and to assist with ongoing studies. Opportunities exist for the motivated and/or experienced intern or fellow to lead a small research project or write a review paper.

**FACULTY:** ANDREW BUDSON, M.D, AND KATHERINE TURK, M.D.

Consciousness as a memory system: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9708083/>  
ERPs and imaging markers in TBI population: <https://pubmed.ncbi.nlm.nih.gov/34194379/>

Biomarkers in CTE and AD: <https://alzres.biomedcentral.com/articles/10.1186/s13195-022-00976-y>

False memories: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7319895/>

Amyloid PET practices: <https://pubmed.ncbi.nlm.nih.gov/35992217/>

Correcting health misconceptions in Alzheimer's disease: <https://alz-journals.onlinelibrary.wiley.com/doi/abs/10.1002/alz.066185>

Evaluating the feasibility of cognitive training strategies: <https://formative.jmir.org/2022/9/e34450/>

Social isolation and misinformation: <https://alz-journals.onlinelibrary.wiley.com/doi/abs/10.1002/alz.054468>

Rotation Coordinator: **NORA KEENAN, PH.D.**

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**Number of Interns: 1**

## Overview

The intern will have the opportunity for focused and specialized training in an integrated primary care setting through Primary Care Behavioral Health (PCBH), as well as training with Specialty Mental Health Clinics, including the General Mental Health clinic and the Behavioral Medicine clinic. In PCBH, training will include learning how to provide brief, evidence-based treatments addressing a wide range of behavioral health issues in a co-located and collaborative healthcare model. Clinical opportunities will include working with patients through both individual and group modalities, providing scheduled as well as same-day access appointments, and offering consultation and treatment planning recommendations within a multidisciplinary treatment team (e.g., within primary care, women's health, pain clinic, etc.).

## Clinical Experience

Below is an overview of clinical programs that our Major Rotation Primary Care Behavioral Health Intern will participate in.

- ▶ **Primary Care Behavioral Health Clinic (PCBH):** The intern will work for three days in PCBH, with half to one of those days focused on Women's Health. The PCBH clinic offers co-located, collaborative behavioral healthcare within primary care. Veterans may be seen through a scheduled appointment or via a same day "warm handoff," in which the patient is introduced to the PCBH intern by the primary care clinician. The intern will gain experience in the full range of behavioral health services in PCBH, including brief psychosocial assessment; consultation and liaison with primary care providers; triage and brief treatment of Veterans with a broad range of clinical conditions who present to primary care. Common clinical presentations include depression, anxiety, adjustment to civilian life post military, trauma, chronic pain, insomnia, adjustment to chronic illness, poor control of chronic disease, poor adherence to treatment regimen or suggested lifestyle modifications, and/or substance use disorders. The intern will gain proficiency in conducting brief functional evaluation in PCBH, with a focus on both identifying key issues of concern to the primary care patient and improving functioning. Standardized brief self-report assessments (PHQ-9, GAD-7, PCL-5, ASRS, ISI, MOCA) inform the clinical assessment and use of measurement-based care is encouraged to monitor treatment progress and guide treatment planning. The intern will learn to develop and carry out brief, evidence-based behavioral treatment approaches commonly utilized in PCBH such as Motivational Interviewing, Brief CBT for Chronic Pain, Brief CBT for Insomnia, Problem-Solving Therapy in Primary Care, and other brief CBT and ACT based primary care interventions (e.g., brief sex

therapy, CBT/ACT for depression and anxiety, stress management, and CBT to facilitate health behavior change).

Communication and liaison with the Primary Care team is essential. Interns will develop proficiency in individual consultation to primary care staff on behavioral health issues and management of risk. Interns will learn to effectively collaborate with the primary care team to triage Veterans to a variety of treatments, including specialty MH, pain management, social work, pharmacy, and others as appropriate. There are also opportunities to be involved in the primary care delivery system, including attending daily team huddles, weekly or monthly panel management/pre-planning meetings, and/or participating in primary care team meetings. Remote technologies allow for continued integration and collaboration with primary care teams when necessary.

- ▶ **Behavioral Medicine:** The intern will spend a half day per week in Behavioral Medicine. Participation in the Psychology Pain Management Clinic on Thursday afternoons will be central to the Behavioral Medicine training experience for the PCBH intern. Their role will likely also include assisting with consult management, comprehensive assessment, and intervention for Veterans with chronic pain (group and individual treatment). Interventions in the Pain Clinic center around short-term Cognitive Behavioral Therapy for Chronic Pain (CBT-CP), based on the national Evidence Based Practice (EBP) for Chronic Pain. In addition, the intern may have the opportunity to develop skills in conducting comprehensive, biopsychosocial, and scientifically-informed evaluations for different medical populations within the general Behavioral Medicine Clinic. The intern may also learn to develop and carry out evidence-based behavioral medicine treatment plans focused on coping effectively with major 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.
- ▶ **General Mental Health Clinic (GMH):** The intern will work in the GMH Clinic a half day per week, focusing on the provision of individual psychotherapy and psychodiagnostics assessment. Based on interests and patient needs, the intern will have the opportunity to learn and implement a number of evidence-based, time-limited treatments (examples include CBT-Depression, ACT) and conduct diagnostic intake assessments. One goal of psychology training in GMH is the development of strong case conceptualization skills to inform treatment planning. Patients in GMH present with a wide range of mental health problems, from those with bereavement and/or adjustment issues to severely impaired, multiply-diagnosed individuals. Interns will develop and implement treatment plans for patients with a variety of complex presentations and may use psychometrically-validated assessment instruments to evaluate treatment outcome. Further, there will be opportunities for training in thorough risk assessment. The GMHC treatment model emphasizes Veteran-centered interprofessional collaborative practice to enhance quality of care, treatment outcomes, and patient safety. The GMH component of the intern's clinical training will take place within the context of a large multidisciplinary team of staff and trainees from psychology, psychiatry, social work, and nursing.

## Diversity Opportunities on the Rotation

The Primary Care Behavioral Health team provides care to a diverse population of Veterans who represent diversity on all dimensions: race, ethnicity, country of origin, first language, age, ability, religion, sexual orientation, gender identity/gender expression. Veterans also have varying levels of medical and mental health conditions, education, economic resources, rural/urban living, etc. One of the hallmarks of the PCBH service is reducing stigma of mental and behavioral health services, and increasing access to care, particularly for Veterans with identities in underserved populations. We are often a first point of contact people have with mental health services, not just at VA Boston, but ever. We aim to meet people where they are, truly listen, and provide a positive welcoming first experience — or a fresh hopeful start for those who have had less than positive earlier experiences with MH services. We tend to see a higher proportion of racially/ethnically diverse individuals. Understanding and addressing barriers to care is a key part of our work. This includes a strong emphasis on conceptualizing individual symptoms within their biopsychosocial lived experience and considering social determinants of health.

Our services are present-focused on functional assessment and brief treatment to improve quality of life. We also do preparatory work to offer warm transitions and liaisons, aiming to increase the likelihood people connect and engage with the services. Diversity considerations are routinely discussed in supervision, and we are active advocates in addressing any experiences of discrimination or harassment (for patients, trainees, and staff in various clinics we serve).

Our PCBH Didactics series and the monthly VISN1 Primary Care Mental Health Integration (PCMHI) Journal Club integrate diversity and cultural considerations throughout, as well as offering topics including cultural considerations in brief assessment/measurement-based care and utilization of elements of the Cultural Formulation Interview (CFI) in PCBH.

In addition to other aspects of culturally responsive care, our team is embedded in multiple Primary Care locations, including the Women's Health Clinics (WHC). We work closely and collaboratively with the WHC team to increase equitable care for women across the hospital. Several PCBH psychologists are also active in the Psychology Diversity Committee, with interests and expertise in areas including health equity, women's health, LGBTQ health, culturally-responsive supervision, and increasing culturally responsive care in interdisciplinary medical teams.

## Didactics

The intern will have the opportunity to attend monthly PCBH Didactics series, PCBH all-staff meetings, regional PCMHI team meetings and journal club, monthly Primary Care staff meetings, as well as weekly Behavioral Medicine and General Mental Health staff meetings. Within these opportunities there are often case discussions and special speakers that are brought in to address topics of relevance to each particular program. Additional opportunities exist within Behavioral Medicine and General Mental Health for participation in program-specific assessment and treatment-focused trainings (e.g., training in diagnostic intake procedures), and for participation in the interprofessional GMH case conceptualization seminar. There are also opportunities for national trainings through Primary Care Mental Health Initiatives. In addition, there are interprofessional education opportunities, including Medicine Forum and other special topic speakers.

## Interdisciplinary Interactions

The Intern will develop proficiency in understanding the critical role of interdisciplinary consultation in an outpatient medical center. The intern will be considered a critical member of the Patient Aligned Care Team within Primary Care, working closely with medical doctors, nurses, and other extended care team members (dietitians, pharmacists, and social workers), as well as collaborating within the PCBH team (psychology, psychiatry, nursing, and peer specialists). There are also opportunities for joint medical visits in which the intern and primary care clinician will meet with Veterans together to address their behavioral health concerns., and shadowing with primary care providers. Within the Behavioral Medicine Pain Clinic, interns will 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-Chronic Pain Group. As outlined above, the intern's experience in GMH will be characterized by consistent involvement in interprofessional collaborative practice.

## Supervision

The intern's primary supervisor for their training rotation will be either Dr. Nora Keenan or Dr. Stephanie Grossman, both PCBH psychologists. Other PCBH psychologists may be involved as secondary supervisors, including Dr. Kristin Gregor, Dr. Sarah Weintraub., or other PCBH psychologists. Within Behavioral Medicine, the intern will be supervised by Dr. Michelle Kovacs for their work in pain clinic and with outpatients and will be supervised by the Behavioral

Medicine fellow in a group supervision. For GMH, the intern will be supervised by Dr. Claire Burgess or Dr. Hannah King for their outpatient individual cases.

## Research Opportunities

Opportunities are available through PCBH, Behavioral Medicine or GMH. Trainees are able to select a research or program evaluation or quality improvement mentor/training experience from within the VA Boston Healthcare System, which includes several centers of excellence for research. Some specific potential research / scholarly inquiry opportunities may include:

- PCBH program evaluation, including examination of utilization of the PCBH services, disposition after services (e.g., assessment only, brief treatment, or referral to specialty mental health setting), etc.  
**SUPERVISORS: KRISTIN GREGOR, PH.D. AND NORA KEENAN, PH.D.**
- PCBH program evaluation / Quality Improvement program, to develop a Jamaica Plain Primary Care or Women's Health specific needs assessment, as well as examination of possible interventions to overcome stated challenges.  
**SUPERVISORS: NORA KEENAN, PH.D. AND KRISTIN GREGOR, PH.D.**
- Program evaluation of interprofessional education with medical and allied health professional trainees  
**SUPERVISOR: NORA KEENAN, PH.D.**
- Quality improvement project for interprofessional literacy and education on health disparities and health equity.  
**SUPERVISOR: NORA KEENAN, PH.D.**
- Research study on barriers to CPAP use in older Veterans with comorbid PTSD and OSA  
**SUPERVISOR: STEPHANIE GROSSMAN, PH.D.**
- Program evaluation on eating disorder screenings and treatment.  
**SUPERVISOR: STEPHANIE GROSSMAN, PH.D.**
- Various program development and manuscript preparation opportunities within education and training at the postdoctoral level  
**SUPERVISOR: AMY SILBERBOGEN, PH.D., ABPP**



Rotation Coordinator: **SCOTT LITWACK, PH.D.**

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**Number of Interns: 2**

## Overview

The PTSD clinic is located at the Jamaica Plain campus of VA Boston Healthcare System. The PTSD Clinical Team (PCT) is an outpatient mental health program specializing in the treatment and assessment of PTSD and co-occurring disorders in veteran's identifying as men (e.g., cisgender men, transgender men), and it is affiliated with the Behavioral Science Division of the National Center for PTSD. Interns in the PTSD rotation receive extensive training and experience with evidence-based treatment for PTSD and co-occurring problems (e.g., mood disorders, substance use disorders, anxiety disorders, personality disorders), and have the opportunity to participate in research with Behavioral Science Division investigators. At the beginning of rotation, interns are presented a series of training didactics on the treatment and assessment of PTSD and trauma-related difficulties. The didactics include presentations on:

- Use of the Clinician Administered PTSD Scale (CAPS-5)
- Cognitive-behavioral methods of treating a range of problems in traumatized veterans, such as Cognitive Processing Therapy (CPT), Prolonged Exposure Therapy (PE), and Written Exposure Therapy (WET)
- Psychometric evaluation
- PTSD and Substance Abuse
- Phenomenology of Military Sexual Trauma (MST) and VA's response
- Intimate Partner Violence (IPV)
- Effectively engaging patients in trauma-focused therapy
- Phenomenology of war-zone trauma
- Diverse identities/stigma in therapy

## Clinical Experience

Interns will have the opportunity to gain supervised training in the following:

- ▶ **Treatment:** Treatment requires considerable sensitivity to the complexity of clinical presentations in the context of the intersection of individuals' cultural and identity factors. The PTSD Clinic serves veterans who represent diversity across all dimensions, including race, ethnicity, country of origin, first language, age, ability, era of service, religion, sexual identity, and gender identity/gender expression. Issues related to diversity and cultural background are attended to at all levels of clinical services, including supervision, assessment, treatment planning, and provision of clinical intervention. The PTSD clinic employs a flexible,

cognitive-behavioral, evidence-based treatment approach that emphasizes multicultural responsive care. To target a range of clinical presentations, we also integrate a client's level of functioning, personal values and resources, as well as both immediate and long-term goals and needs. Interns can expect to provide individual and group psychotherapy services (co-led with staff or another trainee), and can expect to learn to flexibly apply skills to target various needs of veterans with PTSD, including, but not limited to:

- Individual evidence-based therapies for PTSD (e.g., Prolonged Exposure, Cognitive Processing Therapy, Written Exposure Therapy)
    - EBPs may be administered on a weekly or intensive format (2-3x/week) pending veteran interest and clinician interest and experience level.
  - Psychoeducation
  - Individual and group-based skills training (e.g., stress management, anger management, sleep hygiene)
  - Group therapy (e.g., CBT for PTSD-SUD, STAIR)
  - Stabilization (e.g., crisis intervention, risk modification)
- ▶ **Assessment:** All veterans referred to the PCT undergo a clinic intake prior to being assigned to treatment; this consists of clinical interview, history taking, several psychometric screeners (e.g., PCL-5, PHQ-9), and a PTSD symptom evaluation. Many are assigned to individual and/or group treatment in PCT upon conclusion of the intake. Veterans who present with more complex symptomatology may be referred for a comprehensive psychodiagnostic evaluation, which may include additional structured interviewing (e.g., SCID), and objective measures (e.g., MMPI-2, PAI). We strive to be responsive to cultural and contextual factors that impact reporting of symptoms, descriptions of subjective distress, and manifestation of symptoms. The clinic conducts assessment using a case conceptualization approach. Thus, assessment focuses on differential diagnostic formulation, treatment target identification, and prioritization of targets for intervention.
- ▶ **Clinical Meetings:** In addition to supervision, the PCT meeting takes place every week. This is an interdisciplinary meeting in which trainees and staff are encouraged to seek clinical consultation regarding assessment, treatment planning, and ongoing treatment coordination, as well as to discuss and receive support around common challenges in working with trauma survivors, such as compassion fatigue and secondary traumatization.
- ▶ **Consultation to the Medical Center:** Interns provide ad hoc clinical consultation and liaison to psychiatry. The primary mode of consultation occurs in the context of intake assessments in the clinic. Intakes require consultation with the referral source as well as consulting to clinics that might be more appropriate for veterans given their presentation at the intake. Referrals may come from Primary Care, Addiction Treatment, Behavioral Medicine, Psychiatry, among others. In addition, consultation can occur with inpatient services for either current cases in the clinic who need inpatient services or veterans currently in inpatient settings (psychiatric or medical) who will need follow-up outpatient services upon their discharge from the inpatient unit.
- ▶ **Supervision Experience:** Interns are exposed to supervision experience when practicable through the provision of clinical case consultation to practicum trainees in the clinic. These experiences are overseen by one of the licensed providers in the clinic. Although this is a valuable experience that we strive to provide, it is not something that we can guarantee as the ratio of various trainees changes from year to year.

## Multiculturally Responsive Care

The PTSD Clinical Team (PCT) serves a diverse client population across multiple identity domains, including, but not limited to, ethnicity, race, sexual identity, era of service, mental and physical health diagnoses, disability, religion/spirituality and socioeconomic status. We incorporate multiculturalism in the following ways:

- ▶ **PCT Didactics/Meetings:** As part of a Trauma Section Training Series at the beginning of the year, trainees attend a training that focuses on the intersection of identity, power, and privilege in trauma recovery. Conversations devoted to the impact of lived experience on the rendering of clinical services are welcomed and encouraged throughout the rotation in consultation, supervision, and PCT meetings as well as thoughtfully considered in generating hypotheses, analyzing results, and discussing research implications in scholarly pursuits. Through these open conversations, trainees in the PCT are supported and encouraged to explore and capture aspects of diversity most salient for veterans and to incorporate these into intake, assessment, and therapeutic processes.
- ▶ **Assessment:** During intake, veterans complete a comprehensive demographic questionnaire, and PCT members are encouraged to explore the ways in which identity intersects with mental health and trauma recovery. Trainees and staff are encouraged to adopt a cultural formulation approach to shape treatment goals and to communicate to veterans that their culture is not only important to care, but the therapist/clinic values these experiences. Members of the PCT are also encouraged to integrate culturally relevant measures into their services, such as by using the DSM-5 Cultural Formulation Interview (CFI) and/or other relevant measures during early stages of assessment and case conceptualization. For example, exploration of identity factors during intakes and treatment allows for incorporation of this information into symptom conceptualization and subsequent treatment planning (e.g., consideration of 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).
- ▶ **Clinical Intervention:** Throughout rendering of all clinical services, trainees are supported in acknowledging and troubleshooting barriers to engagement in clinical services (e.g., financial, childcare, homelessness) in order to best meet veterans' needs. Similarly, treatment planning sessions are viewed as collaborative and not prescriptive; veterans are given multiple treatment options to discuss with providers, which allows for consideration of the impact and intersection of multiple identity-based factors on the decision. The broader clinic encourages trainees to foster an environment of transparency and mutual respect, acknowledging veterans as the foremost expert on themselves and welcoming ongoing conversation about veterans' perceptions of the impact and relevance identity has on the various clinic processes. The varied identities of team members and the impact they may have on clinical interactions is also attended to and regularly discussed in supervision, as well as, when indicated, directly with patients. The power and privilege that we hold as clinicians and the ways this intersects with other personal diversity factors is also regularly considered.

While the PCT has made several efforts to incorporate and acknowledge diversity, its members acknowledge competence in this domain as an ongoing endeavor.

## Supervision

Each intern is assigned a primary supervisor and a secondary supervisor. Primary supervisors are responsible for directly collaborating with interns to design their plan of training and tend to be primary clinical staff. The primary supervisor is responsible for collaborating with an intern's other supervisors to provide formalized feedback during evaluation periods. Interns meet weekly with their secondary supervisors who provide additional clinical training and supervision in the PCT. Interns are also assigned supervisors for group psychotherapy. Supervision for individual assessment and/or treatment cases is also available from other staff on an as-needed basis. Additionally, depending

upon interns' goals, they may have the opportunity to engage in consultation meetings led by treatment experts of CPT, PE, and WET. Individual supervision styles will vary among PCT staff, though a developmental approach is often employed. We seek to assist trainees in meeting their clinical training and professional development goals in a safe and affirming space. Our clinic is committed to issues of diversity, equity, and inclusion, and supervisors strive to adopt a culturally humble framework in supervision settings.

## Secondary (4–Month) Rotation Description

For interns completing a four-month rotation in PCT, the experience is similar to that of the eight-month intern. Given the shorter length of time in the rotation, case assignments are made with the maximum length of therapy in mind. Group experiences may vary slightly, depending on available opportunities. All rotation experiences occur at the Jamaica Plain campus.

## Research

Interns have the opportunity to become involved in ongoing clinical research activities. The intern's level of involvement can vary from the internship standard of four hours per week, to a full day per week if an intern requests the higher level and meets requirements necessary for that commitment. Current projects in the two National Center for PTSD divisions are supported by a range of intramural and extramural grants representing medical, psychological, and health sciences research. Research topics span a large gamut including phenomenological studies, risk and resilience research, randomized controlled trials, the study of emotion and cognition in trauma, health correlates of trauma, and factors affecting health services utilization. Decisions about the extent of research involvement are based on an intern's interest, available time, and training needs. These decisions are made in consultation with the intern's primary supervisor and other staff.

Selected recent publications from our staff and recent trainees (bolded):

- Litwack, S. D.**, Beck, J. G., & **Sloan, D. M.** (2022). Group treatment for trauma-related psychological disorders. In *Evidence based treatments for trauma-related psychological disorders* (pp. 499-516). Springer, Cham.
- Livingston, N.A.**, Lynch, K.E., Hinds, Z., Gatsby, E., DuVall, S.L., & Shipherd, J. (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.
- Marx, B. P.**, Lee, D. J., Norman, S. B., **Bovin, M. J.**, **Sloan, D. M.**, **Weathers, F. W.**, **Keane, T. M.**, & Schnurr, P. P. (2022). Reliable and clinically significant change in the Clinician-Administered PTSD Scale for DSM-5 and PTSD Checklist for DSM-5 among male veterans. *Psychological Assessment, 34*(2), 197-203.
- Logue, M.W.**, **Miller, M.W.**, Sherva, R., Zang, R., Harrington, K., Fonda, J.R., Merritt, V., Panizzon, M., Hauger, R., **Wolf, E.**, **Neale, Z.**, Gaziano, J.M., & the Million Veteran Program (2023). Alzheimer's Disease and related dementias among aging veterans: Examining gene-by-environment interactions with posttraumatic stress disorder and traumatic brain injury. *Alzheimer's & Dementia, 19*, 2549-2559.
- Sistad, R.E.**, **Livingston, N.A.**, **Crowe, M.**, Newberger, N.G., **Spitzer, E.**, Brief, D.J., **Litwack, S.**, Helmuth, E., Roy, M., Solhan, M., Rosenbloom, D., & **Keane, T.M.** (2023). Network analysis of reasons for and against changing alcohol use among veterans engaged in a web-based intervention for hazardous drinking and PTSD symptoms. *Addictive Behaviors, 143*, 107689. <https://doi.org/10.1016/j.addbeh.2023.107689>
- Sloan, C. A., **Litwack, S. D.**, **Sloan, D. M.** (2021). PTSD Treatment with Adults: Making Modifications while Maintaining Fidelity. In P. Kendall (Ed), *Flexibility Within Fidelity* (pp 91-29). Oxford University Press.

- Sloan, D. M., Marx, B. P.,** Remick, P. A., Young-McCaughan, S., Dondaville, K. A., Straud, C. L., Mintz, J., Litz, B., Peterson, A. L., and for the STRONG STAR Consortium (2022). Effect of Written Exposure Therapy versus Cognitive Processing Therapy on Increasing Treatment Efficiency Among Military Service Members: A Randomized Noninferiority Trial. *JAMA Network Open*, 5(1), e2140911.
- Taft, C.T., Franz, M.R.,** Cole, H.E., D'Avanzato, C., & Rothman, E.F. (2022). Strength at Home for preventing intimate partner violence in civilians. *Psychological Trauma: Theory, Research, Practice, and Policy*, 14, 431-436.
- Thompson-Hollands, J.,** Rando, A. A., **Stoycos, S. A.,** Meis, L. A., & Iverson, K. M. (2022). Family involvement in PTSD treatment: Perspectives from a nationwide sample of Veterans Health Administration clinicians. *Administration and Policy in Mental Health and Mental Health Services Research*, 49, 1019-1030. <https://doi.org/10.1007/s10488-022-01214-1>
- Williston S. K., Kruepke M.,** Grossman D., **Litwack S., Niles B. L.** (2022). 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 Behavioral Practice*.17 (4), 874-882. doi: 10.1016/j.cbpra.2021.06.002

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Training Locations:

West Roxbury Campus – 3 days

Brockton Campus – 1 day

Inter-Campus – 1 day

**Number of Interns: 1**

## Overview

This is an ideal rotation for applicants interested in health psychology, specifically coping with acute or chronic illness. You will be embedded within several multidisciplinary teams, work in inpatient and outpatient medical settings, and care for patients and families coping with life-changing injuries and illnesses. The entire continuum of care is covered from acute injury to chronic disability to palliative and end of life care.

Rehabilitation Psychology focuses on helping individuals with disabilities (congenital or acquired) achieve optimal psychological, physical, and social functioning. Psychotherapy and neuropsychological assessment are provided as part of a multidisciplinary team, specifically:

- Inpatient acute rehabilitation for spinal cord injury and inpatient stroke and amputation rehabilitation (West Roxbury campus);
- Sub-acute rehabilitation/transitional care (Brockton campus), typically as a transition from inpatient acute medical/surgical care back to home, or to long-term care;
- Outpatient psychotherapy and assessment (West Roxbury campus, Jamaica Plain campus).

All training is designed to develop foundational and functional competencies for professional rehabilitation psychology practice consistent with Division 22 standards of American Psychological Association and the American Board of Rehabilitation Psychology (*i.e.*, ABPP specialty certification in Rehabilitation Psychology).

## Clinical Experience

The primary training site is West Roxbury (two to three days/week), with one to two days/week at Brockton, and the fifth day reserved for other training needs. The veterans we care for have a range of chronic medical conditions, most commonly spinal cord injury/disorders (SCI/D), multiple sclerosis, stroke, or amputation. Spinal cord injuries/disorders are a specialty area for the VA Boston Healthcare System. VA Boston is the regional spinal cord

center as a part of the “hub and spokes” model of care for VISN 1 (all VAs in New England). Comprehensive care is provided to patients to improve their health and functional abilities and maintain quality of life from onset of injury throughout their life.

The Rehabilitation Psychology intern will spend time in three distinct clinical settings over the course of the rotation: inpatient acute and subacute medical units, outpatient clinic, and long-term residential care.

- ▶ **Inpatient Acute Rehabilitation:** Interns will work on acute rehabilitation floors in a hospital setting with individuals with SCI/D, amputation and stroke. Treatment is guided by the biopsychosocial model and includes a CARF-accredited SCI inpatient program with intensive involvement from medicine, nursing, occupational therapy, physical therapy, kinesiology, speech and language pathology services, recreational therapy, social work, and psychology.

Interns will be trained in psychological principles and techniques assessment and psychotherapy for mental health issues including depression, grief, anxiety, dementia, behavioral concerns; rehabilitation issues such as adaptation to disability, acute and chronic pain, motivation for therapy, neuropsychological assessment as it pertains to treatment and discharge planning and complex neuropsychiatric presentations which require a full "team intervention" to optimize care. This rotation will be exciting for interns with interests in acute adjustment issues relating to new and pre-existing disability and illness, family roles, re-integration into the community, neuropsychology, capacity evaluations, acute and chronic pain, crisis intervention, and effects of long-term hospitalization. Our Rehab Psychology intern is embedded within our multidisciplinary team including medicine, social work, nursing, case management, physical and occupational therapy, and speech language pathology ensuring rich exposure to coordinated team-based care.

**LOCATION: WEST ROXBURY CAMPUS.**

**SUPERVISOR: MELISSA AMICK, PH.D**

- ▶ **Sub-Acute Rehabilitation:** The VA Brockton Community Living Center includes two ~30 bed units for sub-acute rehabilitation/transitional care, typically as a transition from inpatient acute medical/surgical care back to home, or to long-term care if needed. Veterans receiving rehabilitation care tend to be middle-aged or older, and frequently have complex, co-morbid medical, psychiatric, substance abuse, and social problems. The intern will attend weekly team meetings, and provide psychological assessment, psychotherapy, and consultation services as part of a consult liaison team that includes a psychologist, psychiatrists, and some combination of the geropsychology postdoctoral fellows, geropsychology interns, and a practicum student at times. Skills developed include: participation in interdisciplinary team discussions of treatment planning; cognitive and mood screenings; capacity evaluations; differential diagnosis in complex patient presentations; adapting psychotherapy interventions for ill or frail elders; and providing nursing staff education and support. Assessment issues include differential diagnosis, decision making capacity, defining the impact of psychological issues on rehabilitation, and communicating assessment results to patients, families, and treatment teams.

**LOCATION: BROCKTON CAMPUS.**

**SUPERVISOR: KELLY O’MALLEY, PH.D.**

- ▶ **Long-Term Care:** The VA Brockton campus offers long-term residential care for 30 veterans with SCI/D. The emphasis of the Rehab intern’s training at the Brockton SCI long-term care (LTC) is on hospital team support and development.

Excellent teams yield excellent care for our veterans. This optional experience entails working with an interdisciplinary team and providing education and support using your expertise as a clinical psychologist. Each academic semester the intern and partner (another trainee or staff) will collaboratively design and write a curriculum tailored to the current needs of the hospital unit. Along with the partner, interns will conduct weekly sessions for one hour with voluntary attendance from the team. Previous topics included Self-Care Series (stress management; self-assessment; creativity; mindfulness; mindful eating; benefits of exercise); Understanding why and how to work with patients with advancing dementia; Ethics of social

media 101; Boundaries in complicated work settings; Late onset PTSD with SCI onset; Working with challenging people; Managing disruptive behaviors; and Behavioral analysis and intervention. Content of each talk is tailored to be unit-centered with practical information that improves overall “health” of an active interdisciplinary team.

**LOCATION:** BROCKTON CAMPUS.

**SUPERVISOR:** MAGGI BUDD, PH.D., ABPP/RP

- ▶ **Outpatient Psychotherapy and Assessment:** Interns provide outpatient psychotherapy and neuropsychological assessment to individuals living in the community. Individual psychotherapy cases typically have comorbid physical and mental health diagnoses (e.g., SCI/D and depression/ anxiety/chronic pain). Opportunities for couples/family therapy may also be available. Neuropsychological assessment referrals typically include cognitive dysfunction secondary to a medical or psychiatric condition, ADHD, LD, traumatic brain injury and dementia. Neuropsychology assessments involve a clinical interview, test administration, scoring of test data, test interpretation, written report, and in-person feedback to patients.

Interns are also involved in the SCI/D outpatient clinic, specifically the veteran’s annual evaluation appointment. As part of this yearly check-up, the intern conducts psychosocial and cognitive screenings. Screenings focus on adjustment to life changes and stressors, cognitive functioning, sleep, pain management, health promotion and psychoeducation.

Finally, group therapy is conducted in partnership with the Neuropsychology service and includes psychoeducational/cognitive rehabilitation interventions (individual and group co-leadership). The intern will select one or two groups to co-lead. Current groups include Memory and Aging and Memory, ADHD, Epilepsy support group.

**LOCATION:** WEST ROXBURY CAMPUS, JAMAICA PLAIN CAMPUS.

**SUPERVISORS:** MELISSA AMICK, PH.D., JOHN OTIS, PH.D., LAURA GRANDE, PH.D., ABPP/CN

## Diversity Opportunities on the Rotation

Interns in Rehabilitation Psychology explore themes of identity and relationships with our veterans, particularly as these factors relate to coping with a medical diagnosis or challenges, e.g., new onset of paraplegia. Assessments and psychotherapy are often adapted for physical and/or medical needs, such as inability to use one’s hands, or tolerate extended assessment batteries or interviews due to fatigue. In addition, because the veterans we see in the hospital are participating in acute physical rehabilitation, psychotherapy interventions are typically drawn from EBTs (e.g., CBT, coping effectiveness, MI) rather than following a traditional schedule that might be used in an outpatient setting (e.g., 50-minute session for 12 weeks). Key themes in our rotation are redefining one’s life after sudden onset of disability and strengthening ways to cope with loss, shame, and stigma of having a visible disability. Incorporated into this rotation are didactics focused on diversity topics, such as disability models (e.g., moral model, medical model) and patient-specific discussions in which diversity factors are considered for how to best individualize treatment occur regularly during individual and group supervision.

## Instruction

The Rehabilitation Psychology rotation includes didactics in psychotherapies that are particularly relevant to chronic illness and disability (e.g., coping effectiveness, motivational interviewing, chronic pain management, ACT). The Rehab interns also attends the weekly Geropsychology seminar and are encouraged to attend the weekly SCI/D physician lecture series and journal club. There are also monthly lectures and educational opportunities including Schwartz Rounds and Mental Health Ground Rounds. It is the expectation that the rehab psychology intern will



present at least once in either of these two didactics settings. Interns have opportunities to attend other educational opportunities through VA Boston, Boston University School of Medicine, and Harvard Medical School.

## Supervision

The rehabilitation psychology intern receives at least four hours of weekly supervision, at least two hours of which are individual with the primary supervisor.

## Secondary (4–Month) Rotation Description

The 4-month Rehabilitation Psychology rotation provides the trainee with the opportunity to working within our inpatient Acute Rehabilitation services and provide Outpatient psychotherapy and Assessments (as described above). Due to the shorter time frame the 4-month rotation does not provide exposure to Long-term care or Subacute Rehabilitation. For interns completing a four-month rotation in Rehabilitation, the experience is very similar to that of the eight-month intern. Given the shorter length of time in the rotation, case assignments are made with the maximum length of therapy in mind.

## Research

Interns have the opportunity to collaborate on a number of clinical research projects that are at various stages of development. Opportunities exist for assisting with and coordination of data collection and analysis, manuscript writing, and conference presentations. Additional experiences are often available to help with peer review/editing for professional journals. Scholarly inquiry, program evaluation, dissemination and literature reviews relating to clinical cases are a regular part of this rotation.

► **Current active areas of research include:**

- Post traumatic headache, pain and PTSD.
- Understanding post-traumatic stress disorder (PTSD) in late life and at the end of life
- Assessing unmet family caregiver need. The experiences of older male Veterans caring for a loved one, and family members caring for older Veterans with PTSD
- Creating a model for interest in living versus desire to die in populations with severe disabilities;
- Ethical dilemmas within clinical practice.

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

Alschuler, K\*, & **Otis, J.D.** (2014). An examination of the impact of posttraumatic stress disorder on the classification of pain as mild, moderate, or severe in a sample of veterans with chronic pain. *Psychological Services*. 11(3), 273-80.

**Amick M.M.**, Meterko M., Fortier C.B., Fonda J.R., Milberg W.P., McGlinchey R.E. (2018). The deployment trauma phenotype and employment status in veterans of the wars in Iraq and Afghanistan. *J Head Trauma Rehabil*. 33(2), E30-E40.

Beaudette-Zlatanova B, Lew RA, **Otis JD**, Branch-Elliman W, Bacorro E, Dubreuil M, Eyvazzadeh C, Kaur M, Lazzari AA, Libbey C, Monach PA. (2023). Pilot Study of Low-dose Naltrexone for the Treatment of Chronic Pain Due to Arthritis: A Randomized, Double-blind, Placebo-controlled, Crossover Clinical Trial. *Clin Ther*. 45(5):468-477.

**Budd MA**, Haque OS, Stein MA. (2020). Biases in the evaluation of self-harm in patients with disability due to spinal cord injury. *Spinal Cord Ser Cases*. 27;6(1):43.

- Budd, M.A.**, Hough, S., Stiers, W., & Wegener, S. (2016). *Practical Psychology in Medical Rehabilitation*. New York: Springer Publication (978-3-319-34032-6)
- Foley, J., Salat, D.H., Stricker, N.H., Zink, T.A., **Grande, L.J.**, McGlinchey, R.E., Milberg, W.P. & Leritz, E.C. (2014). Interactive effects of Apo lipoprotein e4 and diabetes risk on later myelinating white matter regions in neurologically healthy older aged adults. *American Journal of Alzheimer's Disease and Other Dementias*, 29(3), 222-35.
- Fortenbaugh FC, Fonda JR, Fortier CB, **Amick MM**, Milberg WP, McGlinchey RE. T(2020) the Impact of Common Psychiatric and Behavioral Comorbidities on Functional Disability Across Time and Individuals in Post-9/11 Veterans. *J Trauma Stress*.33(5):750-761.
- Mun CJ, **Otis JD**, Concato J, Reid MC, Burg MM, Czapinski R, Kerns RD. (2020) Further Examination of the Pain Stages of Change Questionnaires Among Chronic Low Back Pain Patients: Long-Term Predictive Validity of Pretreatment and Posttreatment Change Scores and Stability of Posttreatment Scores. *Clin J Pain*. 36(3):227.
- O'Malley KA & Qualls SH. Preliminary evidence for the validity and reliability of the Caregiver Reaction Scale. *Clinical Gerontologist*. 2016 Jun 14;40(4):281-294.
- O'Malley KA & Qualls SH. Development and preliminary examination of the psychometric properties of the Behavior Problem Checklist. *Clinical Gerontologist*, 2016 Feb 21;39(4):263-281
- O'Malley, KA & Qualls SH. Validation of a Comprehensive Measure of the Family Caregiver Experience: The Caregiver Reaction Scale. *Clinical Gerontologist*. 2020 June 23
- O'Malley, K., Echin, A., Auguste, Elizabeth, Moye, J. (2022). Advancing Trauma-informed care education for Hospice and Palliative Staff: Development and Evaluation of Educational Videos. *The Journal of Hospice and Palliative Nursing*; 24(1).
- Otis, J. D.**, Levine, A., & Higgins, D. M. (2014). Assessment of pain and pain-related disorders. Bush, S (Ed.). *Psychological Assessment of Veterans*, Oxford University Press
- Palfai TP, Saitz R, Kratzer MPL, Taylor JL, **Otis JD**, Bernstein JA. (2020). An integrated videoconferencing intervention for chronic pain and heavy drinking among patients in HIV-care: a proof-of-concept study. *AIDS Care*. 2020 Sep;32(9):1133-1140.
- Pless Kaiser, A., O'Malley, K., Moye, J., Echin, A., Korsun, L., Weiskittle, R., Bashian, H., Kemp, K., and Sager, Z. (under review). Hospice and Palliative Care Providers' Perceptions of Posttraumatic Stress Disorder at End-of-Life in Military Veterans.
- Stumps A, Jagger-Rickels A, Rothlein D, **Amick M**, Park H, Evans T, Fortenbaugh FC, Fortier CB, Fonda JR, Lee D, Milberg W, McGlinchey R, DeGutis J, Esterman M. (2021) Connectome-based functional connectivity markers of suicide attempt. *J Affect Disord*. 283:430-440.

\*Former intern

# Substance Use Disorders – Spectrum of Treatment Brockton Campus

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**Number of Interns: 1**

## ~ Overview ~

The Substance Use Disorders – Spectrum of Treatment rotation at the VA Boston Healthcare System prepares interns to work in a variety of settings and provides them with highly marketable skills in providing evidence-based care for substance use and co-occurring mental health disorders. The intern provides care across the spectrum of treatment to include both residential and outpatient settings as well as working with couples, receiving both breadth and depth of training experiences. The intern serves as an integral member of multi-disciplinary treatment teams and provides both face to face and virtual care. Travel to the Brockton campus is required and the intern should expect to work on site four days per week. The Brockton campus is not easily accessible via public transportation and therefore a vehicle is strongly recommended. The intern learns to:

- Conduct comprehensive intake evaluations, including state-of-the-art risk assessments.
- Work collaboratively with Veterans on either harm-reduction or abstinence goals in both individual and group settings.
- Deliver evidence-based psychotherapies, including Motivational Interviewing (MI), Motivational Enhancement Therapy (MET), Cognitive-Behavioral Therapy for Substance Use Disorders (CBT-SUD), Behavioral Couples Therapy (BCT), and Acceptance Commitment Therapy (ACT)
- Conduct Behavioral Couples Therapy with the opportunity to become a certified BCT-SUD provider.
- Co-facilitate and lead the Stage 1 and Relapse Prevention Groups
- Deliver Cognitive Processing Therapy (CPT) for PTSD with the opportunity to become a certified CPT provider.
- Deliver measurement-based care in both residential and outpatient levels of treatment.
- Develop proficiency in tele-behavioral health.
- Document in a timely, professional manner that accurately reflects patient care.
- Consult across disciplines as a member of multi-disciplinary treatment teams.
- Participate in clinical research and expand their program evaluation skills.

The Brockton Outpatient Alcohol and Drug Treatment Program (ADTP) and the Project for Counseling Alcoholics' Marriages (CALM) are located on the first floor of Building 5. The Center for Integrated Residential Care for Addictions (CIRCA) is a residential rehabilitation treatment program located on the first floor of Building 2. Our population of Veterans consists of male and female (majority male) adults with a wide range of ages (average 45 years), predominantly Caucasian, who often present with significant psychosocial stressors as a consequence of their SUD, including unemployment and homelessness. Common diagnostic co-morbidities include trauma- and stressor-related disorders, anxiety disorders, depressive disorders, bipolar and related disorders, and personality disorders.

## Clinical Experience

The Brockton Substance Use Disorder - Spectrum of Treatment rotation offers a comprehensive and integrated clinical training experience, across three levels of care (outpatient, residential, couples treatment). Interns are exposed to different modalities of care and serve veterans across stages of readiness and motivation for change and is exposed to both harm-reduction and abstinence-based models of care. The goal is to gain significant breadth and depth of experience treating Veterans whose substance use and/or co-occurring disorders interfere with reaching their full potential in life. There are no minimum requirements for previous experience in treating Veterans that present with substance use disorders for any of the rotation components. The three clinical settings are the:

- Center for Integrated Residential Care for Addictions (CIRCA)
- Outpatient Alcohol and Drug Treatment Program (ADTP)
- Project for Counseling Alcoholics' Marriages (CALM)

Professional psychologists in the above three programs have key leadership roles in program management, clinical care, supervision/training, program development, and evaluation/research. Interns complete comprehensive intake evaluations and risk assessments. Across the Spectrum of Training, interns collaborate with Veterans to develop mutually agreed upon, measurement-based treatment plans and provide evidence-based psychotherapies.

- ▶ In the **Center for Integrated Residential Care for Addictions (CIRCA)**, the intern conducts weekly screening assessments to determine appropriateness for program admission. The intern also serves as a treatment team leader for up to two patients and is responsible for providing individual therapy, treatment planning, discharge planning, and addressing any behavioral issues in the program for those Veterans. At the beginning of the year, the intern and Dr. Lisa Myers co-facilitate a manually-guided relapse prevention group. Once the intern reaches a level of competence, the intern assumes responsibility for leading the group. Group therapy experience will primarily be with cognitive-behavioral relapse prevention techniques, as well as DBT-oriented emotion-regulation skills training, and/or CBT for depression and anxiety based on the intern's interest and availability. The intern will work as a member of the multi-disciplinary team which includes psychology, psychiatry, social work, nursing, recreational therapy, and peer support staff. The time commitment in CIRCA is approximately 15 hours per week.
- ▶ In the **Outpatient Alcohol and Drug Treatment Program (ADTP)**, the intern and Dr. Daniel Rounsaville co-lead the Stage 1 group, a manually guided group designed to help clients move through the early stages of change and toward changing substance use. Given that the Veterans who attend the group are, by nature of their use, at high risk for problematic behavior, the intern remains a co-facilitator with their supervisor throughout the training year. The intern also manages a small caseload of up to four clients and learns to provide CBT-SUD, MI, MET, CPT, and ACT. The intern also is provided the opportunity to attend local training in CPT and may choose to attend additional supervision through the Adjunctive Treatment Experience (ATE) for the purpose of becoming a certified CPT provider. The time commitment in the ADTP Outpatient Clinic is approximately 15 hours per week.
- ▶ In the **Project for Counseling Alcoholics' Marriages (CALM)**, the intern attends didactics provided by Dr. Kevin Clancy and learns to effectively implement BCT for veterans or significant others with substance use disorders. The intern works with Veterans and their partners to support the Veteran's abstinence and improve relationship functioning. Under the supervision of Dr. Clancy, the intern assesses and treats one to two couples at any given time and may co-facilitate or facilitate sessions independently. The time commitment varies according to the intern's interest. The intern will have the opportunity to become a certified BCT provider. The time commitment in the CALM clinic is approximately 3 hours per week.

Throughout the rotation, the intern is provided a unique opportunity to work with patients across a continuum of care with patients who have substance use problems that differ in duration and severity. They work with Veterans to tailor treatment to the Veteran's needs. Interns learn to coordinate care with psychiatrists, psychiatry residents, psychologists, social workers, nurses, and health technicians. Additionally, they collaborate with other VA clinic staff

and programs (e.g., homelessness programs, suicide prevention programs, long-term residential programs, work therapy programs,) as well as community resources (e.g., 12-Step programs, SMART recovery, Veteran support groups) to provide additional support for patients. All of the substance use disorder treatment programs have a steady flow of patients that ensure access to a rich set of training experiences. The intern provides services for a patient population diverse in age, gender, sexual orientation, socioeconomic status, religion and spiritual beliefs, cultural identity, trauma history, era of military service, and combat experience. Working across settings provides the intern with an opportunity to learn evidence-based treatment approaches appropriate to the level of care (e.g., abstinence vs. controlled drinking), and to work with patients at varying stages of recovery and readiness to work on other life problems. Patients enrolled in these clinics often receive treatments that address co-occurring mental health problems (e.g., Mood and Anxiety Disorders, including PTSD), and the intern gains proficiency treating a range of mental health problems in the context of addiction. Staff works closely with interns to develop a balanced caseload that promotes maximum professional development as well as self-care. The total percent of intern time devoted to direct patient care is approximately 50% of the training week, with an additional 15% spent in supervision and clinic specific didactics.

## Diversity Opportunities on the Rotation

The Substance Use Disorders – Spectrum of Treatment rotation of the VA Boston Psychology Pre-doctoral Internship Program provides the trainee with experience in the outpatient Alcohol and Drug Treatment Program (ADTP), the Project for Counseling Alcoholics Marriages (CALM), and the Center for Integrated Residential Care for Addictions (CIRCA) In all three programs, 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. Veterans also present with diversity in 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 of these diverse factors are assessed during the initial screening and intake evaluation. 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 forming hypotheses about the origin of the Veteran’s presenting problems and what is maintaining them. 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 sensitivity and ways to accommodate the Veteran’s unique needs. They are provided with ample individual supervision. They also attend clinical staff meetings where the interdisciplinary team is available to engage in case discussion.

## Instruction

In addition to the weekly Internship seminar series attended by trainees across all rotations, there are additional venues to impart knowledge about the evaluation and treatment of substance use disorders and promote the intern’s professional development. The first venue, the Addiction Journal Club, is a monthly meeting of interdisciplinary faculty, interns, and fellows that focuses on maintaining the scientist-practitioner model by keeping current on empirical and theoretical advances that can inform clinical practice. The second venue is the PTSD/SUD Clinical Forum that is open to all psychology interns on Brockton rotations, as well as multidisciplinary staff from SUD and PTSD clinics in Brockton. 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 will include the opportunity for informal case presentation. Interns are welcome to attend the ADTP Opioid Use Disorder Case discussion, a weekly meeting to consult with the multi-disciplinary treatment team around veterans who may be at higher risk for adverse outcomes, most of whom are prescribed medication assisted therapies (MAT) such as Methadone or Suboxone. Interns also attend a 15 minute CIRCA staff huddle several days per week, as well as weekly CIRCA and ADTP treatment team meetings.

## Supervision

At the Brockton Substance Use Disorder - Spectrum of Treatment rotation, several psychologists provide training for the intern in their respective programs (see below). Interns receive at least four hours of supervision each week from licensed staff. Under the umbrella of a vertical supervision model, the postdoctoral fellow provides clinical supervision and assists the intern in professional development. The track supervisor plays a key role in assisting the intern in developing a schedule that meets the intern's training goals and ensures that the schedule remains manageable. All supervisors use a graduated levels of responsibility model to help the intern successfully progress in all competencies.

- ▶ **Lisa Myers, Psy.D.** Licensed Psychologist, Staff Psychologist at the Center for Integrated Residential Care for Addictions (CIRCA), and Instructor in Psychology in the Department of Psychiatry at Harvard Medical School. She is the Rotation Coordinator and primary supervisor for the rotation. She is certified in MI, CPT, and CBT-I and has expertise in CBT-D and CBT-SUD. Dr. Myers is the clinical supervisor for activities in CIRCA. She will provide the intern with two hours/week of individual supervision focused on clinical care, professional development, as well as overall experience on internship.
- ▶ **Kevin Clancy, Ph.D.** Licensed Psychologist, Program Manager of the CALM Project at VA Boston, and Instructor in Psychology in the Department of Psychiatry at Harvard Medical School. He is a Certified BCT trainer and provider and will meet with the intern for one hour/week of individual supervision.
- ▶ **Daniel Rounsaville, Ph.D.** Licensed Psychologist, Program Manager of the Outpatient ADTP Clinic at the Brockton campus. He is an Instructor in Psychology in the Department of Psychiatry at Harvard Medical School. He is a certified provider for CBT-SUD, and has expertise in MI, CBT, ACT, CPT and BCT. He will provide supervision for the intern's clients in the ADTP Outpatient Clinic. He also is involved in program evaluation/research of aspects of the ADTP clinic and welcomes the intern's participation. Currently, Dr. Rounsaville is conducting a study looking at factors predicting the clinical outcomes in the ADTP clinic with Veteran prescribed buprenorphine over the course of three years examining predictors including treatment participation, concurrent non-opioid use, and comorbid diagnoses. He will provide the intern with one hour/week of individual supervision.

## Secondary (4–Month) Rotation Description

The secondary rotation mirrors the primary (8-month) rotation, except it is shorter in duration. The intern may operate as a group co-facilitator more so than independent facilitator, depending on the intern's preferences, level of comfort, and prior training experiences. It may be more difficult to gain BCT certification given the shorter time period. There is no minimum requirement for previous experience to join the rotation. Travel to Brockton 3-4 days/week is required.

## Research

Much of the empirical support for BCT for SUD has come from projects conducted here at VA Boston. Opportunities are available for trainees to participate in program evaluation across any of the clinics involved in this rotation. Interns have the option to participate in ongoing Performance Improvement (PI) projects in ADTP directed by Dr. Daniel Rounsaville or in CIRCA under the direction of the program manager, Dr. Meredith Shaw. There are pre- and post-treatment measures for treatment outcome in ADTP and CIRCA. Interns who prefer to conduct their own group and implement pre- and post-treatment measures will be mentored through this process. Substance abuse treatment clinics compile program evaluation reports tracking consults and treatment retention, and the intern is encouraged to participate in these activities as well. Finally, ADTP and CIRCA have ongoing efforts to gather client satisfaction data in order to guide program development efforts, and the intern can gather, analyze, and synthesize data from these surveys.

Additionally, Dr. Rounsaville is conducting a study looking at factors predicting the clinical outcomes in the ADTP clinic with Veteran prescribed buprenorphine over the course of three years examining predictors including treatment participation, concurrent non-opioid use, and comorbid diagnoses.

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**Number of Interns: 1**

## Overview

The Trauma and Addiction Recovery rotation was developed to provide high quality training for treating co-occurring trauma and substance use related difficulties. Historically, the treatment of PTSD and SUD has been separated; in fact, patients frequently were denied treatment for one problem if the other was present. Clinically, the PTSD and SUD clinics are increasingly integrating their treatment whenever possible, which is often preferred by veterans and often leads to increased engagement and better treatment outcomes. Whenever indicated, veterans will receive treatment in more than one clinic (e.g., both the outpatient PTSD and SUD clinics, or the domiciliary and PTSD clinics), with clinicians working together to develop appropriate treatment plans. Or a veteran may receive integrated PTSD-SUD treatment within the PTSD clinic particularly when they have more moderate SUD. While the majority of the intern's caseload will be dually-diagnosed, there also will be opportunities to assess and/or treat patients with one primary diagnosis. Interns gain exposure to veterans across eras from those who served in Iraq and Afghanistan to those who served in Vietnam and Korea, as well as to veterans who report experiencing military sexual trauma, and other traumas. Interns work with veterans in different stages of recovery and with differing levels of symptom severity.

It should be noted that applicants to this rotation need **not** have a strong background in **both** PTSD and SUD to be considered. An applicant with experience in one area (e.g., PTSD) who is also interested in learning more about the other (e.g., SUD) would be strongly considered and a good fit, and vice versa. This is the case for most of our applicants. The most successful interns who match with the TAR rotation are those who are interested in providing integrated care for veterans struggling with both PTSD and SUD, and who wish to gain exposure and expertise in providing evidence-based care in both areas.

The intern receives training by providing mental health care within two outpatient clinics. The primary placement will be in the Brockton PTSD Clinic (about 55% of their clinical time) with the remaining time spent in the Intensive Alcohol and Drug Addiction Program of Treatment (I-ADAPT), an abstinence-based intensive outpatient program in the Alcohol and Drug Treatment Program (ADTP). There are options for interns to receive training in areas that are of particular interest to them (i.e., evidence-based trauma focused treatments, Cognitive Behavioral Therapy for Substance Use Disorder, Mindfulness Based Relapse Prevention, motivational interviewing, Acceptance and Commitment Therapy, Cognitive Behavioral Therapy for Insomnia, 12-step approaches, and flexible use of emotion regulation, distress tolerance, relapse prevention, and recovery skills). Supervision will continually explore what treatments are the most appropriate to address symptoms of PTSD and problematic substance use. Considering the many opportunities available in this rotation, supervisors will help the intern develop a training plan that ensures a



manageable and diverse caseload allowing for both depth and breadth of experiences. The intern will also receive guidance on professional development and balancing training goals with self-care.

The clinics within this rotation are optimal for trauma and addiction recovery work, since the outpatient clinics for PTSD, ADTP, General Mental Health, and the Center for Returning Veterans are all conveniently located on the same floor. Residential dual diagnosis treatment programs are also located on the Brockton campus, in different buildings (e.g., CIRCA, WITRP). All clinics have high volume and diverse referrals. Care will be taken to ensure that the intern receives a varied caseload including veterans from all eras, with all types of trauma and substance use histories, with diverse backgrounds. Although outpatient care is the primary focus of training, the intern will have the opportunity to interact with patients across the continuum of care, through consultation with patients and staff in residential and inpatient units, through treatment of long-term cases as they move through different levels of care, and through treatment experiences in I-ADAPT. Interns participate in a monthly Addictions Journal Club, SUD forum, and SUD-PTSD clinical forum with staff and trainees from the ADTP and PTSD clinics. Interdisciplinary opportunities for collaboration are widely available within the PTSD and ADTP teams that include professionals and trainees from other disciplines such as psychiatry, social work, and nursing. Additionally, interns often communicate with other VA and community programs (e.g., other outpatient clinics, psychiatric inpatient units, Suicide Prevention Coordinators, local Vet Centers) in order to facilitate referrals for individuals entering the PTSD and ADTP clinics through the intake process. Interns also have the opportunity to participate in the twice monthly Acceptance and Commitment Therapy consultation group, which is attended by a mix of staff and trainees at the internship and fellowship level.

## Clinical Experience

The Trauma and Addictions Recovery intern works primarily in an office in the main outpatient mental health building in Brockton, fluidly transitioning on a daily basis between clinical activities within the Brockton PTSD Clinic and Brockton Intensive Alcohol and Drug Addiction Program of Treatment.

- ▶ **Brockton PTSD Clinical Team (PCT):** 55% of time. The Brockton PCT provides comprehensive outpatient services to almost 1200 veterans per year with PTSD and comorbid diagnoses, and averages 25-30 new consults per month, about 50% of which are returning veterans. There is a high rate of comorbid SUDs, mood disorders, and other anxiety disorders. The clinic shares staff with the Center for Returning Veterans (CRV); roughly 50% of CRV referrals are diagnosed with PTSD, and interns may also carry cases from the CRV.
  - **Assessment:** Interns will receive training in weekly intake assessments along with more comprehensive assessments for particularly complex cases. Assessment training will include diagnostic interview methods (including informal and formal, such as the CAPS and the SCID when indicated).
  - **Treatment:** The focus of this experience will be on the provision of empirically based treatments for this dually diagnosed population. The PTSD Clinic provides comprehensive programming within a stage model of treatment that includes (1) stabilization and psychoeducation, (2) focused trauma work, and (3) relationship building and recovery maintenance.

There are ample opportunities to provide short-term focused treatments to veterans of all eras. The intern will have the opportunity to receive training and supervision in state-of-the-art treatments for PTSD, SUD, and co-occurring disorders, including Cognitive Processing Therapy, Prolonged Exposure, Relapse Prevention, Acceptance and Commitment Therapy, Cognitive Behavioral Therapy for Insomnia, Motivational Interviewing, and Dialectical Behavioral Therapy. There are many ongoing therapy groups in the clinic at a given time, ranging from a rolling admission PTSD educational introductory group, a STAIR group, a relaxation/stress management group, a follow-up group for Veterans who completed an episode of Cognitive Processing Therapy, support groups, and Vet-to-Vet groups. The eight-month intern will typically cofacilitate at least one group. The eight-month intern will also have the opportunity to provide more intensive, longer-term treatment for some veterans.

- ▶ **Brockton Intensive Alcohol and Drug Addiction Program of Treatment (I-ADAPT):** 45% of time. I-ADAPT is a part of the outpatient ADTP. It is an abstinence-based intensive outpatient program that provides an intermediate level of care between residential and standard outpatient addictions treatment. The program receives approximately 15-20 new consults per month.

New patients are admitted weekly on a rolling basis, and up to twelve veterans are enrolled concurrently. I-ADAPT patients attend group therapy each Monday, Wednesday, and Friday for approximately ten weeks. I-ADAPT is a group-based treatment program that utilizes evidence-based psychotherapies to address multiple domains of functioning impacted by addiction. It is based primarily in CBT and Acceptance and Commitment Therapy. Rates of trauma within our SUD programs are very high. Approximately 75% of patients in I-ADAPT are diagnosed with PTSD.

Interns are trained in multiple aspects of clinical care in an intensive outpatient treatment setting, with particular attention to the co-occurring diagnoses patients carry, and how these are addressed within an addictions treatment program. The intern will typically carry a caseload of two patients for I-ADAPT care coordination. They will also have the opportunity to co/lead a variety of groups including Check-In, Mindfulness-Based Relapse Prevention, Early Recovery Skills, Relapse Prevention, Coping Skills, Relationships in Recovery, and Acceptance and Commitment Therapy. They participate in aftercare planning for I-ADAPT members, and liaison with the PTSD clinic.

## Diversity Opportunities

The BR PTSD Clinical Team (PCT) and Alcohol Drug Treatment Program (ADTP) are interdisciplinary clinics serving a client population that is diverse across multiple, intersecting identity domains, including, but not limited to, ethnicity, race, sexual orientation, gender identity, era of service, mental and physical health diagnoses, religion/spirituality and socioeconomic status. Discussions related to these factors are incorporated regularly into care; considerations of the intersectionality of these factors and their impact on the functioning of patients struggling with PTSD and substance use disorders, both as protective factors and/or stressors, are integrated into conceptualization and intervention. On our teams, we aspire to learn about multiculturally competent care and embrace the attitudes and practices of cultural humility. We strive to regularly discuss and implement these interventions and practices at the personal, therapeutic, supervisory, and systemic levels. We engage in shared-decision making in an effort to allow the veteran an active voice and stake in their treatment plan, as well as to address the power differential that is inherent in seeking mental health care. We encourage open and non-judgmental conversations in supervision and team meetings about how various aspects of identity for clinicians, trainees, and veterans impact the treatment and supervisory relationships. We encourage trainees to consider areas of growth in terms of diversity experiences and attempt to find cases/learning experiences that would match those areas. We consider the internship year as a time when trainees can explore aspects of their own lives, their skills in navigating discussions about diversity, and reflect upon biases they may hold and how those impact their work. We strive to provide assessment, individual and group psychotherapy that is delivered through a multiculturally-responsive lens. We also recognize that this is an ongoing endeavor and one that requires continued reflection, learning, and conversation.

## Instruction

Throughout the rotation, the TAR intern will attend PTSD and I-ADAPT interdisciplinary clinical meetings; trainees of all disciplines participate as integral members of these teams. The TAR intern will be expected to present several cases across teams and will have the opportunity to participate in team meetings when treatment planning and clinical care is discussed by interdisciplinary team members. While conducting screening assessments for the clinics, the TAR intern will learn how to consult with referral sources from a variety of disciplines such as inpatient psychiatry and outpatient social work.

The TAR intern will participate in a seminar designed to foster both staff and trainee professional development across the PTSD and SUD diagnoses. The monthly Brockton SUD-PTSD Clinical Forum is open to all psychology interns on Brockton rotations, as well as multidisciplinary staff from substance abuse and PTSD clinics in Brockton. The primary focus of this semi-structured forum is on issues unique to the assessment and treatment of PTSD and/or SUDs. The forum includes the opportunity for informal case presentation as well as discussions related to clinician self-care, relevant research articles, and other topics initiated by the interdisciplinary staff and trainees who attend. Additionally, the monthly Brockton SUD Clinical Forum and Brockton Addictions Journal Club are open to all psychology interns on Brockton rotations and has a focus on discussing relevant issues in the treatment of SUDs. Additionally, the TAR intern will also participate in selected joint trainings with National Center for PTSD interns, including trainings in PTSD assessment and treatment (e.g., Prolonged Exposure Therapy, Written Exposure Therapy, and CAPS-5). More individualized training will be provided by supervisors in the specific clinics based on particular needs and goals. The TAR intern will also participate in a two-day training in Cognitive Processing Therapy (CPT) unless an intern has previously completed the requirements for CPT certification. If this is the case, the TAR intern can choose to focus on learning another evidence-based practice such as Prolonged Exposure, Cognitive Behavioral Therapy for Insomnia, Cognitive Behavioral Therapy for Substance Use Disorders, Acceptance and Commitment Therapy, or DBT Skills. Additional learning is encouraged through national VA programming such as the PTSD Consultation Program Lecture Series and OMHSP – Substance Use Disorders.

## Supervision

All supervisors are well versed in the treatment of dual (and multiple) diagnosis veterans and have experience sharing veterans' care and working across clinics, which will serve as models for the intern's experience. Primary supervisors typically include **Sebastian Bliss, Ph.D., Julie Klunk Gillis, Ph.D., and Brittany Mathes-Winnicki, Ph.D.** Additional supervision is often provided by **Karen Krinsley, Ph.D., Jillian Scott, Ph.D., Erin Daly, Ph.D., and Katherine Kelton, Ph.D.**

The TAR intern participates in weekly individual supervision regarding assessment and treatment cases, as well as one hour of weekly group consultation in Cognitive Processing Therapy. They also receive supervision of their group therapy work as well.

## Research

The TAR intern has the opportunity to participate in four hours/week of research or program evaluation and development. Primary supervisors will work with the TAR intern early in the year to design a program that best fits their needs.

Through Dr. Krinsley's appointment with the National Center for PTSD, she is able to coordinate research experience with National Center staff members. Dr. Krinsley serves as the Trauma and Recovery Section Co-Chief and is a great resource to facilitate research collaborations.

Alternatively, the TAR intern may design and conduct program evaluation of ongoing services. Both the PCT and ADTP clinics gather client satisfaction data and track consults and other information about Veteran engagement in care, in order to guide program development efforts. Information about depression, alcohol use, and PTSD symptoms is collected at intake in both the PCT and I-ADAPT clinics. As program evaluation efforts continue, the TAR intern would have the unique opportunity to be integrally involved in the collection, evaluation, and presentation of data. Interns will also have the option of learning more about PTSD clinic administration through work with Trauma and Recovery Section co-chief Dr. Krinsley.

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

- Evans, W. R., **Bliss, S.**, Rincon-Zahm, C. M., Johnston, S. L., & Balsam, K. F. (2019). Military service members' satisfaction with outness: Implications for mental health. *Armed Forces and Society*, 45(1), 140-15.
- Castro, F., AhnAllen, C. G., Stirman, S.W., Lester, K. M., **Klunk-Gillis, J.**, Dick, A., Resick, P. A. (2015). African American and European American Perspectives on Mental Health Care: Implications for Evidence Based Practice. *Psychological Services*, 2, 1541-1559.
- Kelton, K.** (In Press). Lost in translation: The role of whiteness in institutional betrayal and academic trauma. *ADVANCE Journal Academic Trauma and Institutional Betrayal Special Issue*.
- Kelton, K.**, Van Voorhees, E., Elbogen, E., & Dillon, K. (2022). Correlates of incarceration history among military veterans. *Military Psychology*.
- Mathes Winnicki, B.M.**, Hinds, Z., Newberger, N.G., & Livingston, N.A. (2022). Prospective associations between perceived social connection and alcohol use: a scoping review. *Addiction Research & Theory*, 1-10. doi: 10.1080/16066359.2022.2140799
- Mathes, B.M.**, Kennedy, G.A., Morabito, D.M., Martin, A., Bedford, C.E., & Schmidt, N.B. (2020). A longitudinal investigation of the association between rumination, hostility, and posttraumatic stress disorder symptoms among trauma-exposed individuals. *Journal of Affective Disorders*, 277, 322-328. doi: 10.1016/j.jad.2020.08.029
- Niles, B. L., **Klunk-Gillis, J.**, Ryngala, D. J., Silberbogen, A. K., Paysnick, A., & Wolf, E. J. (2012). Comparing mindfulness and psychoeducation treatments for combat-related PTSD using a telehealth approach. *Psychological Trauma: Theory, Research, Practice, and Policy*, 4, 538-547.
- Keen, S., Kutter, C., Niles, B.L., & **Krinsley, K.E.** (2008). Psychometric Properties of the PTSD Checklist in a Sample of Male Veterans. *Journal of Rehabilitation Research and Development*, 45, 465-474.
- Van Voorhees, E., Dillon, K., Crombach, A., Beaver, T., **Kelton, K.**, Wortmann, J., VISN-6 Mid-Atlantic MIRECC Workgroup, & Nieuwsma, J. (In Press). Enjoying the violence of war: Association with posttraumatic psychopathology in U.S. combat veterans. *Psychological Trauma: Theory, Research, Practice, and Policy*.

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**Number of Interns: 1**

## Overview

The Women's Trauma Recovery Team (WTRT) is located at the Jamaica Plain campus of VA Boston Healthcare System. WTRT is a recovery-oriented outpatient mental health program specializing in the assessment and treatment of PTSD and other trauma-related and comorbid disorders in women and gender-diverse Veterans, and it is affiliated with the Women's Health Sciences Division of the National Center for PTSD. WTRT serves Veterans from diverse backgrounds on all dimensions, including but not limited to race, ethnicity, sexual orientation, gender identity, gender expression, country of origin, first language, religion, age, and ability. We strive to provide culturally responsive care that respects the ways in which our Veterans' various identities influence their mental health and recovery. Interns in WTRT receive extensive training and experience with evidence-based assessment and psychotherapies for PTSD and other problems that can result from experiencing trauma. Additionally, interns receive training and experience with full-model Dialectical Behavior Therapy (DBT) within WTRT's DBT Track for Veterans presenting with borderline personality disorder and/or significant emotional and behavioral dysregulation. Interns may also participate in research with staff in the Women's Health Sciences Division.

Many of the Veterans seen in WTRT are served by multiple programs and providers and have complex treatment needs that benefit from close interdisciplinary care coordination. As a result, interdisciplinary teamwork is emphasized in our program. Interns on our rotation conduct their clinical work within WTRT but work closely with staff of VA Boston's other women's mental health programs, in particular TRUST House, a therapeutic transitional residence program in Jamaica Plain for women Veterans with trauma-related and substance use disorders. WTRT interns also collaborate with medical, social work, and Primary Care Behavioral Health staff of the Women Veterans Health Center, and with social work staff in VA Boston's large Homelessness Programs.

At the beginning of every rotation, WTRT interns – along with other WTRT trainees and trainees on Jamaica Plain's PTSD Clinical Team (PCT), Center for Returning Veterans (CRV), and Brockton's Trauma and Addiction Recovery rotations – attend a series of trainings and didactics through the National Center for PTSD:

- Use of the Clinician Administered PTSD Scale (CAPS-5)
- Cognitive Processing Therapy (CPT)
- Prolonged Exposure Therapy (PE)
- Written Exposure Therapy (WET)
- Dialectical Behavior Therapy (DBT)
- Clinical issues in PTSD assessment

- Diverse identities and the ADDRESSING framework
- Personality and personality disorder assessment
- Military Sexual Trauma (MST)
- PTSD-Substance Use Disorder comorbidity
- Intimate Partner Violence (IPV)

## Clinical Experience

Interns on the WTRT rotation will receive training in the following broad areas. The intern who completes their eight-month, major rotation with WTRT will have the opportunity for a training experience of both greater depth and greater diversity. For example, they might have the opportunity to co-lead different or additional groups from those they led during their first four months. Alternatively, they might become more expert in leading the same groups they co-led before. Matching with WTRT for their major rotation also affords interns the chance to work with a greater number of patients with complex presentations, some of whom benefit from longer-term work.

- ▶ **Treatment:** Interns participate in WTRT’s comprehensive psychotherapy program designed to address the complex trauma histories and clinical profiles with which our Veterans present. Interns learn skills in providing treatment to Veterans in evidence-based individual and group psychotherapies. Treatment in WTRT focuses on PTSD as well as on a broader range of clinical issues, such as: borderline personality disorder and difficulties with emotion regulation, distress tolerance, and interpersonal effectiveness; effects of military sexual trauma and of combat/warzone exposures; effects of developmental trauma such as childhood sexual abuse; sequelae of intimate partner violence; discrimination, marginalization, and minority stress that result in or interact with trauma symptoms other comorbid disorders common in trauma survivors such as substance use disorders, eating disorders, depressive and anxiety disorders, and serious mental illness; comorbid medical problems such as chronic pain syndromes.

WTRT interns learn Cognitive Processing Therapy (CPT) through a two-day workshop at the start of the training year and through weekly CPT consultation group participation, learn Prolonged Exposure Therapy (PE) through an eight-hour workshop, and learn Written Exposure Therapy (WET) through a didactic with the treatment developer. They receive ongoing training and supervision throughout the rotation in all these therapies. Our interns also receive foundational training in Dialectical Behavioral Therapy (DBT), provided through trainings at the beginning of the year as well as through weekly didactics provided in conjunction with participation on VA Boston’s DBT consultation team. Within WTRT’s DBT Track, interns provide individual DBT, co-lead DBT skills training groups, and provide telephone consultation (during regular workweek hours). Beyond CPT, PE, WET, and DBT, interns are exposed to a variety of approaches to treatment during their time here and may have the opportunity to learn and apply additional evidence-based psychotherapies, such as: the DBT-PE integrated protocol for comorbid BPD and PTSD; Skills Training in Affective and Interpersonal Regulation (STAIR); Narrative Exposure Therapy; Adaptive Disclosure; various mindfulness and acceptance-based approaches.

- ▶ **Assessment:** Veterans new to WTRT are sometimes provided comprehensive psychological assessments in order to more effectively clarify diagnoses, formulate case conceptualizations, and collaboratively plan for therapy. Multiple methods are used to gather information (e.g., chart review, structured diagnostic interviews, personality testing). In addition to the provision of these multi-session, comprehensive assessments, interns conduct brief, semi-structured one-session intake assessments during their time on this rotation.
- ▶ **Team Meetings:** Interns are an integral part of WTRT’s interdisciplinary treatment team meeting, which is held weekly and allows us to more closely coordinate care for our Veterans. Team meetings also afford our interns opportunities outside of supervision to discuss challenges in their clinical work, and to receive support and input from other team members. Our team meetings are attended by psychologists,

psychiatrists, and social workers, as well as by trainees from all three disciplines. WTRT interns also join VA Boston's weekly DBT consultation team, which is comprised of staff and trainees from several mental health programs in our medical center.

- ▶ **Consultation:** WTRT interns provide consultation and liaison to primary care and specialty medicine. WTRT works closely with – and shares the VA's Program of Excellence designation with – VA Boston's Comprehensive Women Veterans Health Center, one of the first women's preventive and primary care centers in the VA system. Interns work with the multidisciplinary medical staff of the Center to offer integrated care to our shared Veterans, and they attend the Center's monthly team consultation meetings. Supervision is provided to interns on effective methods of consultation within a medical center.

## Diversity Opportunities on the Rotation

As noted earlier, the Women's Trauma Recovery Team (WTRT) serves a clientele of veterans who represent diversity on all dimensions, including but not limited to race, ethnicity, sexual orientation, gender identity, gender expression, country of origin, first language, religion, age, and ability. Issues related to diversity and inclusion are attended to at all levels of training and clinical services. WTRT's program evaluation protocol includes an assessment of multiple aspects of patients' identity, such as racial and ethnic identities, self-identified gender identities, sexual orientation, and religion. Active discussion/dialogue takes place between clinicians and patients at intake and throughout the course of treatment in WTRT. Clinicians supplement structured diagnostic interviewing such as the SCID with interviews such as APA's Cultural Formulation Interview. More generally, WTRT is sensitive to cultural and contextual factors that impact reporting of symptoms, descriptions of subjective distress, and manifestation of symptoms, and we often utilize more flexible assessment approaches such as the Structured Interview for DSM-IV Personality (SIDP-IV). Diversity considerations are imbued throughout all case conceptualization and treatment planning discussions with patients and in supervision meetings (for example, during biosocial model assessment feedback discussions with potential DBT patients, feedback may be provided regarding how experiences of marginalization can be similar to the invalidation that can contribute to the development of emotional and behavioral dysregulation). WTRT patients are asked about anticipated barriers to treatment engagement. Clinicians in WTRT are sensitive to potential stigma around mental health diagnoses and mental health treatment. A discussion of the impact of cultural factors is incorporated into WTRT's trauma psychoeducational group manual. Frequent conversations regarding diversity issues and adaptation of therapeutic approaches take place during WTRT's weekly interdisciplinary team meetings. Conversations between supervisees and supervisors transpire in supervision meetings regarding differences between patients and therapists and between supervisees and supervisors. All WTRT patients are asked at intake about their treatment preferences and, when applicable, their past experiences in therapy: their preference regarding therapist gender, therapist-patient matches that have been more versus less effective in past courses of therapy, etc. Throughout the course of treatment, patients' experiences with discrimination and marginalization – and the ways these experiences may interact with trauma-related symptoms – are explored and addressed. During orientation to WTRT, the demographics of our program's clientele are discussed, and reading material on diverse populations is assigned (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; transgender veteran health; etc.). The NCPTSD also has multiple didactic offerings that incorporate discussion of diversity issues (for example, women in the military and women veterans, military sexual trauma, intimate partner violence).

## Supervision

Each WTRT intern is assigned a primary supervisor and at least two secondary clinical supervisors, and supervision teams are comprised of both WTRT staff and Women's Division clinical research psychologists. In addition, interns may receive supervision from their group co-therapists. The primary supervisor is responsible for collaboratively designing an individualized training plan that meets the specific needs and goals of each intern and is the formal

evaluator of the intern's progress on the rotation. Interns also receive consultation through their participation in weekly CPT group consultation and DBT consultation team.

## Secondary (4–Month) Rotation Description

For interns completing a four-month rotation in WTRT, the experience is very similar to that of the eight-month intern. Given the shorter length of time in the rotation, case assignments are made with the maximum length of therapy in mind.

## Selection Criteria

The successful applicant to WTRT will have demonstrated interest and/or experience in one or more of the following areas: PTSD/trauma-focused assessment and treatment; women's issues; DBT. Prior training in or exposure to evidence-based cognitive behavioral therapies is strongly desirable, as is appreciation and enjoyment of a collaborative, team-based approach to patient care. Given the diversity of our patient population, past clinical, research, and/or advocacy work in multicultural issues and culturally responsive care is extremely beneficial and pertinent to our rotation. We are especially interested in applicants from groups that are underrepresented in the field of psychology.

## Research

Interns have the opportunity to become involved in ongoing research activities in the Women's Health Sciences Division of the National Center for PTSD and/or within WTRT and are allotted four hours per week of protected research time. An intern's level of research involvement can vary from a limited role in an ongoing project, up to and including the design and implementation of their own small project. Current projects in the Women's Division are supported by a range of intramural and extramural grants. Decisions about extent of research involvement typically are based on an intern's interest and available time (e.g., phase of dissertation), as well as their individual training needs and goals. These decisions are made in consultation with the intern, the intern's primary supervisor, and other supervisors and staff.

Research involvement can take many forms on the WTRT rotation. Interns may, for example, choose to participate in an ongoing clinical research study; assist with program evaluation activities relevant to WTRT; collaborate on policy-oriented work; or independently propose and conduct a small study under staff supervision. Intern candidates are invited to contact staff who share similar research interests to learn of the most current opportunities.

### **Currently funded research in the Women's Division includes:**

- Circadian Influence on Fear Extinction Resulting from Prolonged Exposure Therapy for PTSD. PIs: Suzanne Pineles, Ph.D. and Ed Pace-Schott, Ph.D. National Institute of Mental Health R21 grant.
- Eating Disorders in Veterans: Prevalence, Comorbidity, Risk, and Healthcare Use. PI: Karen Mitchell, Ph.D. Department of Defense.
- An Electrophysiological Predictor of SSRI Response in Veterans with PTSD. PI: Suzanne Pineles, Ph.D. VA Clinical Sciences Research and Development.
- Enhancing Memory and Learning in Cognitive Processing Therapy for PTSD: PI Joseph Carpenter, PhD., NIMH K23 Career Development Award.



- A Non-Inferiority Trial Testing Delivery of Written Exposure Therapy by Community Health Workers For Treatment of PTSD During Pregnancy. PI: Yael Nillni, PhD. National Institute of Child Health and Human Development R01 grant.
- Addressing Intimate Partner Violence Among Women Veterans: Evaluating the Impact and Effectiveness of VHA's Response. PI: Katherine Iverson, Ph.D. VA Health Services Research and Development.
- Massed Cognitive Processing Therapy for Combat-related PTSD. PI: Jennifer Wachen, Ph.D. Department of Defense.
- The Veterans Metrics Initiative Study of Transition from Military Service to Civilian Life. PI: Dawne Vogt, Ph.D. Consortium of Public and Private Funding.
- Impact of Veterans' Mental Health on their Work and Family Functioning. PIs: Dawne Vogt, PhD & Brian Smith, PhD, HSR&D.
- WoVeN: A National Network of Trained Peer-Led Support Groups for Women Veterans. PIs: Tara Galovski, Ph.D., and Amy Street, Ph.D. Bob Woodruff Foundation.
- WoVeN: A National Network of Trained Peer-Led Support Groups for Women Veterans. PIs: Tara Galovski, Ph.D., and Amy Street, Ph.D. Oak Foundation.
- WoVeN: A National Network of Trained Peer-Led Support Groups for Women Veterans. PIs: Tara Galovski, Ph.D., and Amy Street, Ph.D. May & Stanley Smith Charitable Trust.
- Longitudinal Investigations into Gender, Health, and Trauma (LIGHT). PIs: Tara Galovski, Ph.D., and Yael Nillni, Ph.D. Congressional Funds.
- TBI and PTSD in Women Survivors of IPV. PIs: Tara Galovski, Ph.D., and Katherine Iverson, Ph.D. Congressional Funds.
- Building Re-Integration from Dreams and Goals to Execution and Success (BRIDGES). PIs: Tara Galovski, Ph.D., and Amy Street, Ph.D. Walmart Foundation.
- Personalizing Cognitive Processing Therapy with a Case Formulation Approach to Intentionally Target Impairment in Psychosocial Functioning Associated with PTSD. PIs: Tara Galovski, Ph.D., and Shannon Kehle-Forbes, Ph.D. Patient-Centered Outcomes Research Institute.
- Comparative Effectiveness of Trauma-Focused and Non-Trauma-Focused Treatment Strategies for PTSD Among Those with Co-Occurring SUD (COMPASS). PI: Shannon Kehle-Forbes, Ph.D. Patient-Centered Outcomes Research Institute.
- Long-Term Health Impact of Vietnam Era Service: Examining Gender Differences in Risk of Mortality and Chronic Disease. PI: Brian N. Smith, Ph.D. VA Clinical Sciences Research and Development Merit Award.
- Psychological Drivers of Self-Destructive Behaviors in PTSD. PI: Rachel Zerkowitz, Ph.D. VA CSR&D Career Development Award

**Selected recent publications from our staff (recent psychology interns and fellows marked with asterisk):**

- \*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., Davison, E. H., Galovski, T. E., Vasterling, J. J., & Pineles, S. L. (2019). Associations among trauma-related rumination and symptoms of posttraumatic stress and depression in treatment-seeking female Veterans. *Journal of Traumatic Stress, 32*, 260-268.

- \*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).
- \*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.
- Davison, E. H., Spiro, A. III, & Pless Kaiser, A. (2020). The reemergence of trauma in aging U.S. military veterans: Engaging with the past. *Trauma und Gewalt*, *14*(4), 304-319.
- Farmer, C.C., Mitchell, K. S., \*Parker-Guilbert, K., & Galovski, T. E. (2017). Fidelity to the cognitive processing therapy protocol: Evaluation of critical elements. *Behavior Therapy*, *48*(2), 195-206. doi: [10.1016/j.beth.2016.02.009](https://doi.org/10.1016/j.beth.2016.02.009)
- Galovski, T. E., Peterson, Z., & Fox-Galalis, A. (2018). Trajectories of posttraumatic stress and depression in police and community members following the violence during civil unrest in Ferguson, Missouri. *American Journal of Community Psychology*, *62*(3-4), 433-448.
- Galovski, T. E., Smith, B., \*Micol, R., & Resick, P. A. (2020). Interpersonal violence and traumatic brain injury: The effects on treatment for PTSD. *Psychological Trauma: Theory, Research, Practice, and Policy*, Advance online publication. <http://dx.doi.org/10/1037/tra0000976>
- Galovski, T.E., Werner, K. B., Iverson, K. M., \*Kaplan, S., Fortier, C.B., Fonda, J. R., Currao, A., Salat, D., McGlinchey, R. E. (2021). A multi-method approach to a comprehensive examination of the psychiatric and neurological consequences of intimate partner violence in women. *Frontiers in Psychiatry - Psychopathology*. <https://doi.org/10.3389/fpsy.2021.569335>
- Hopkins, C. M., Miller, H.N., \*Brooks, T. L., Mo-Hunter, L., Steinberg, D. M., & Bennett, G. G. (2021). *Designing Ruby: Protocol for a 2-Arm, Brief, Digital Randomized Controlled Trial for Internalized Weight Bias*. JMIR Research Protocols. DOI: 10.2196/31307
- \*Huston, J.C., Iverson, K.M., & Mitchell, K.S. (2018). Associations between healthcare use and disordered eating among female veterans. *International Journal of Eating Disorders*, *51*, 978-983.
- \*Huston, J. C., Grillo, A. R., Iverson, K. M., & Mitchell, K. S. (2019). Associations between disordered eating and intimate partner violence mediated by depression and posttraumatic stress disorder symptoms in a female veteran sample. *General Hospital Psychiatry*, *58*, 77-82.
- Iverson, K. M., \*Dardis, C. M., Grillo, A. R., Galovski, T. E., & Pogoda, T. K. (2019). Associations between traumatic brain injury from intimate partner violence and future health risks in women. *Comprehensive Psychiatry*, *92*, 13-21.

- Lawrence, K. A., Vogt, D., Dugan, A. J., Nigam, S., Slade, E., & Smith, B. N. (2022). Psychosocial functioning deficits impact and are impacted by suicidal ideation in post-9/11 women veterans. *Journal of Affective Disorders Reports, 9*, 100361.
- Lawrence, K. A., Vogt, D., Nigam, S., Dugan, A. J., Slade, E., & Smith, B. N. (2021). Temporal sequencing of mental health symptom severity and suicidal ideation in post-9/11 men and women veterans who recently separated from the military. *Chronic Stress, 5*, 1-11.
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## APPIC Internship Match Numbers

**Match Policies:** The VA Boston Psychology Internship Program is a member of the [Association of Psychology Postdoctoral and Internship Centers \(APPIC\)](#). Over the years, APPIC has developed guidelines for procedures used in student-internship matching, and these guidelines continue to evolve over time, as APPIC remains responsive to the varied concerns around this issue. The guidelines in effect for this application year are available from APPIC. Our internship site agrees to follow APPIC guidelines and to abide by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any intern applicant. VA Boston will participate in the APPIC Internship Matching Program administered by [National Matching Services Inc. \(NMS\)](#).

There are twelve match numbers for our internship program, corresponding to the twelve training rotations. The rotation match numbers are:

- 132515 .....Addictions and Co-Occurring Disorders
- 132514 .....Behavioral Medicine
- 132522 .....Center for Returning Veterans
- 132512 .....General Mental Health
- 132525 .....Geropsychology
- 132524 .....Neuropsychology
- 132520 .....Primary Care Behavioral Health
- 132513 .....PTSD Clinical Team
- 132516 .....Rehabilitation Psychology
- 132521 .....Substance Use Disorders Spectrum of Treatment
- 132528 .....Trauma and Addiction Recovery
- 132517 .....Women’s Trauma Recovery Team

## Eligibility

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Health Professions Trainees (HPTs) are appointed as temporary employees of the Department of Veterans Affairs. As such, HPTs are subject to laws, policies, and guidelines posted for VA staff members. There are infrequent times in which this guidance can change during a training year which may create new requirements or responsibilities for HPTs. If employment requirements change during the course of a training year, you will be notified of the change and impact as soon as possible and options provided. The VA Boston Internship 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](http://www.psychologytraining.va.gov/eligibility.asp)

### GRADUATE PROGRAM

- The internship **only** accepts doctoral students in good standing at an American Psychological Association (APA), or Canadian Psychological Association (CPA) accredited graduate program in Clinical, Counseling, or Combined Psychology, or Psychological Clinical Science Accreditation System (PCSAS) accredited program in Clinical Science. 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. The internship does not differentiate between clinical, counseling, and/or combined psychology students or respecialization students either in the application / selection process or in their applied training.

### PRACTICUM HOURS

- At a minimum, candidates for the VA Boston internship must have completed three years of graduate training by the start of internship and have completed at least 400 practicum hours of intervention and assessment experience (combined). These standards are set to accommodate the different priorities of the various internship training rotations. For example, an applicant with 250 intervention hours might be competitive for the neuropsychology rotation but probably would not be competitive for the more intervention-intensive rotations. Similarly, an applicant with 50 assessment hours would not be competitive for the neuropsychology rotation but might be competitive for a treatment focused rotation. In this domain, in addition to hours, we consider the number and types of practicum placements, practicum experience in large medical or academic health settings, and training in established Empirically Based Treatments.

### VA CRITERIA

- **U.S. citizenship.** VA is unable to consider applications from anyone who is not currently a U.S. citizen. Verification of citizenship is required following selection. All Interns and Fellows must complete a Certification of Citizenship in the United States prior to beginning VA training.
- A male applicant born after 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.

- Interns are subject to fingerprinting and background checks. Match result and selection decisions are contingent on passing these screens.
- VA conducts drug screening exams on randomly selected personnel as well as new employees. Interns 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 remains federally prohibited. 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](https://www.va.gov/OAA/onboarding/VHA_HPTsDrug-FreeWorkplaceOAA_HRA.pdf)

- *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.*

#### APPIC APPLICATION

- Adequate preparation for Internship as indicated by a statement from the applicant’s Program Director APPIC Application;
- Our selection process is weighted strongly toward applicants whose training, experience, and academic accomplishments indicate potential for both clinical and research excellence. In keeping with our program orientation and consistent with our APCS membership, we strongly prefer applicants from university based graduate programs that have a scientist-practitioner or clinical scientist orientation. In addition to careful examination of applicant’s clinical experience, we take into consideration research experience (research assistant experience, familiarity and experience with research assessments, etc.) and research productivity (presentations, publications, grant applications, etc.);
- Preference is given to candidates whose dissertation will be completed or well advanced prior to internship, at least through the data collection process;
- Relationship between clinical interests/experience of the applicant and their research interests;
- Thoroughness and thoughtfulness of answers to the application questions;
- The goodness of fit between the applicant’s stated objectives and the training program;
- The strength of letters of recommendation: We require **three (3)** letters, one from a faculty member familiar with your graduate school performance and at least one from a primary clinical supervisor during a practicum training experience. There is no need to submit a fourth letter.
- Presentation in internship application and interview of personal/professional characteristics such as maturity, self-awareness, collegiality, professionalism, open-mindedness, clear communication, critical thinking, awareness of multicultural and diversity issues, and openness to feedback and new learning.

#### COUPLES

- Our internship is happy to consider applications from couples. The APPIC computer match system is capable of accommodating couples who wish to intern in the same geographic area. There are over ten APA-accredited programs within commuting distance of our program including Mass General Hospital, The Children’s Hospital, McLean Hospital, Cambridge Health Alliance, the Center for Multicultural Training in Psychology, and Mass Mental Health Center among others.



## RESPECIALIZATION STUDENTS

- The internship welcomes applications from doctoral psychologists who are re-specializing in Clinical or Counseling Psychology, that is, psychologists who hold doctoral degrees in areas other than Clinical or Counseling Psychology.

## *Interviews*

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### KEY DATES AND PROCESS

Your APPI must be submitted to the [Admissions by Liaison](#) portal no later than 11:59PM EST on Wednesday **November 1, 2023!**

**Interviews are by Invitation ONLY.** Invitations for personal interviews will be announced on **Wednesday November 22, 2023.**

Invited applicants will be scheduled for a **virtual interview experience.** We anticipate that our virtual interview experiences will consist of:

- An introduction to our internship site and an overview of our interview, application, and ranking process, with Dr. Sloan and other training executives;
- One-on-one interviews with faculty from the clinical rotations of most interest to the applicant, as primary clinical rotations;
- Potential group interviews with faculty from clinical rotations in which the applicant has interest in exploring as possible secondary clinical rotations;
- Presentation from our Psychology Diversity and Inclusion Committee Members;
- Opportunities to meet with and ask questions to our current interns;
- Question and answer sessions with our internship training director and admissions director.

### INTERVIEW DATES

Invited applicants will be scheduled for interviews in December and January. To accommodate invitees that will be interviewing while located in Mountain or Pacific time zones, we are scheduling two "late" interview days. Currently, we anticipate the group, virtual interview meetings will occur on the following dates:

- **Thursday, December 7, 2023**
- **Tuesday, December 12, 2023 – Late Day**
- **Friday, December 15, 2023**
- **Thursday, January 4, 2024**
- **Monday, January 8, 2024 – Late Day**
- **Friday, January 12, 2024**

Invited applicants will receive an electronic invitation to rank-order their interview date preferences. This will be sent to their primary email address. To the extent possible, we will try to accommodate high ranked preferences.

## *Salary and Benefits*

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### SALARY

- ▶ VA Central Office (VACO), Office of Academic Affiliations (OAA) in Washington, provides funding for the program in the form of intern stipends. The taxable stipend for VA Boston Healthcare System interns is **\$ 37,470** per annum.

## BENEFITS

- ▶ **Federal Employees Health Benefits (FEHB)** - One frequently asked question concerns health insurance. VA-paid interns 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.)

- ▶ **Child Care** - If needed, childcare is available at **Small World** at the Jamaica Plain Division, and **Small World Too** at the West Roxbury division. The Jamaica Plain program is accredited by the National Association for the Education of Young Children (NAEYC). These are nondiscriminatory, nonprofit, licensed to serve infants and children through 6 years of age.



Interns are also eligible to apply for the [VA Child Care Subsidy Program](#). Click on the link for more information. The program is also review in Human Resources Orientation on the first day of internship.

- ▶ **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.



- ▶ **Training Appointments** - It is anticipated that interns will receive training appointments in psychiatry at Chobanian & Avedisian Boston University School of Medicine and at Harvard Medical School during the training year.
- ▶ **Compliance with the Americans with Disabilities Act (ADA):** The Internship 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

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The VA Boston Healthcare System Psychology Internship Training Program is accredited by APA. Our most recent Site Visit was conducted in 2016. 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

Web: [www.apa.org/ed/accreditation](http://www.apa.org/ed/accreditation)



## Statement of Nondiscrimination

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

## Post-Internship Placement

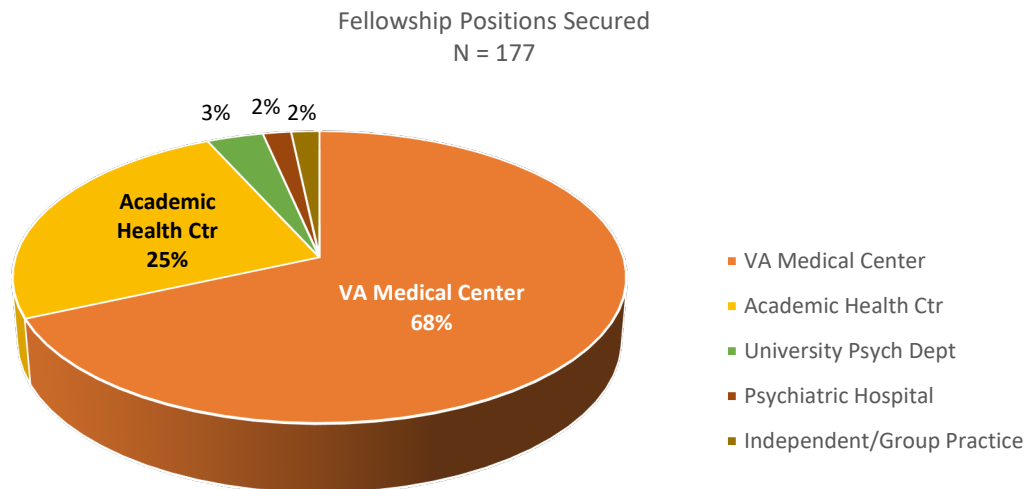
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2012–2013 through 2022–2023 Cohorts  
(N = 182)

In the past 10 Internship cohorts, there were 182 total graduates. Not surprisingly, 177 (97.2%) continued their training at the postdoctoral level. The remaining 5 former interns secured faculty or entry-level positions in the following sites: 3 were hired as Assistant Professors at universities, 1 was hired as Psychologists at VA Medical Centers, and 1 was hired at a national research institute.

The primary aim of the VA Boston Internship Program is “is to prepare [graduates] for successful admission to competitive postdoctoral or entry-level professional positions, particularly in VA Medical Centers, academic medical centers, or academic departments of psychology.” As you can see from the following chart, we believe we have consistently met that goal! We are particularly proud that the vast majority (68%) of graduates choose our or other VA health care systems for advanced specialty training at the fellowship level. Thus, we are contributing to meeting one of the Department of Veterans Affairs four missions, that being to prepare the next generation of health care providers.

Please consider joining us – submit your AAPI by November 1, 2023!



## Internship Admissions, Support, and Initial Placement Data

Date Program Tables are updated: June 30, 2023

<b>Program Disclosures</b>	
Does the program or institution require students, trainees, and/or staff (faculty) to comply with specific policies or practices related to the institution’s affiliation or purpose? Such policies or practices may include, but are not limited to, admissions, hiring, retention policies, and/or requirements for completion that express mission and values?	No
If yes, provide website link (or content from brochure) where this specific information is presented:	NA
<b>Internship Program Admissions</b>	
<b>Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program’s policies on intern selection and practicum and academic preparation requirements:</b>	
<p>The VA Boston Healthcare System Psychology Internship Training Program seeks applicants who have a sound clinical and scientific knowledge base from their APA/CPA/PCSAS-accredited academic program; strong professional skills across the core competencies of professional practice with emphasis upon assessment, intervention, and research techniques; and the personal characteristics necessary to function well as a predoctoral-level intern in an academic medical center environment. Our selection criteria focus on all aspects of the application materials, with particular emphases placed upon background training and experience and an applicant’s articulation of training goals and professional aspirations. We seek the best fit between applicants and our training program. 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, gender identities, different abilities/health status, and life experiences. All things being equal, consideration is given to applicants who identify themselves as veterans or as members of historically underrepresented groups on the basis of racial or ethnic status; as representing diversity on the basis of gender/gender identity, sexual orientation; or as representing diversity on the basis of ability/health status. These factors may be indicated on their application and/or cover letter.</p>	
<b>Does the program require that applicants have received a minimum number of hours of the following at time of application? If Yes, indicate how many:</b>	
Total Direct Contact Intervention Hours	Yes, 250-300 *
Total Direct Contact Assessment Hours	Yes, 50-100 *
<b>Describe any other required minimum criteria used to screen applicants:</b>	
<p><b>Applicants must meet the following prerequisites to be considered for our program:</b></p> <ol style="list-style-type: none"> <li>1. Doctoral student in good standing at an American Psychological Association (APA) or Canadian Psychological Association (CPA) accredited graduate program in Clinical, Counseling, or Combined Psychology or Psychological Clinical Science Accreditation System (PCSAS) accredited program in Clinical Science. Persons with a doctorate in another area of psychology who meet the APA or CPA criteria for</li> </ol>	

<p>respecialization training in Clinical, Counseling, or Combined Psychology are also eligible.</p> <ol style="list-style-type: none"> <li>Approval for internship status by graduate program training director.</li> <li>Completion of at least 3 years of graduate training by the start of internship.</li> <li>A minimum of 400 practicum hours of intervention and assessment experience (combined). There is a strong focus on quality of training experiences rather than total hours.</li> <li>Preference is given to candidates whose dissertation will be completed or well advanced prior to internship, at least through the data collection process.</li> <li>U.S. citizenship.</li> <li>Male applicants born after 12/31/1959 must have registered for the draft by age 26.</li> <li>Matched interns are subject to fingerprinting, background checks, and random urine drug screens. Match result and selection decisions are contingent on passing these screens. Please be advised: Although the recreational or medical use of marijuana is legal in Massachusetts and in other states, it is not legal at federal facilities. Thus, we cannot employ anyone who tests positive for marijuana.</li> <li>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.</li> </ol> <p><b>Note:</b> Our internship is a member of the Academy of Psychological Clinical Science and has a scientist-practitioner / clinical scientist perspective. As such, applicants with a similar perspective and those who were trained within scientist-practitioner or clinical scientist graduate programs are often a strong fit for our program. In addition to careful examination of applicants' clinical experience, we take into consideration research experience (research assistant experience, familiarity and experience with research assessments, etc.) and research productivity (presentations, publications, grant applications, etc.).</p> <p>* <b>Note:</b> Minimum number of hours varies by rotation. Please see website for full details.</p>	
<b>Financial and Other Benefit Support for Upcoming Training Year *</b>	
Annual Stipend/Salary for Full-time Interns	37,470
Annual Stipend/Salary for Half-time Interns	NA
Program provides access to medical insurance for intern?	Yes
<b>If access to medical insurance is provided:</b>	
Trainee contribution to cost required?	Yes
Coverage of family member(s) available?	Yes
Coverage of legally married partner available?	Yes
Coverage of domestic partner available?	No
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	104
Hours of Annual Paid Sick Leave	104
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	Yes
<b>Other Benefits (please describe):</b>	

<ol style="list-style-type: none"> <li>1. It is anticipated that Interns will receive trainee appointments at Chobanian &amp; Avedisian Boston University School of Medicine and at Harvard Medical School during the training year.</li> <li>2. Additional leave may be approved for attendance at conferences, workshops, and other educational activities (up to 64 hours).</li> </ol>	
*Note. Programs are not required by the Commission on Accreditation to provide all benefits listed in this table	
<b>Initial Post-Internship Positions</b>	
<b>Provide an Aggregated Tally for the Preceding 3 Cohorts)</b>	
Total # of interns who were in the 3 cohorts	53
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree	0
Academic teaching	PD=0, EP=1
Community mental health center	PD=0, EP=0
Consortium	PD=0, EP=0
University Counseling Center	PD=0, EP=0
Hospital/Medical Center	PD=8, EP=0
Veterans Affairs Health Care System	PD=39, EP=0
Psychiatric facility	PD=1, EP=0
Correctional facility	PD=0, EP=0
Health maintenance organization	PD=0, EP=0
School district/system	PD=0, EP=0
Independent practice setting	PD=2, EP=0
Other	PD=2, EP=0
Note: "PD" = Post-doctoral residency position; "EP" = Employed Position. Each individual represented in this table should be counted only one time. For former trainees working in more than one setting, select the setting that represents their primary position.	

2023–2024 Clinical Psychology Internship Class  
Major Rotation Assignments

**Dakota Egglefield**  
CUNY – Queens College  
Neuropsychology

**Haley Fitzgerald**  
Boston University  
General Mental Health

**Nora Kline**  
Clark University  
Women’s Trauma and Recovery Team

**Molly Maloney**  
Purdue University  
Substance Use Spectrum of Treatment

**Melissa Meynadasy**  
Florida State University  
Geropsychology

**Faith Nomaniukor**  
University of North Carolina at Greensboro  
PTSD Clinical Team

**Justin Shepherd**  
University of Houston  
General Mental Health

**Jordan Thomas**  
University of California – Los Angeles  
PTSD Clinical Team

**Melissa Van Veldhuizen**  
University of Kansas  
Primary Care Behavioral Health

**Fareshte Erani**  
Drexel University  
Neuropsychology

**Caitlin Kehoe**  
University of Houston  
Rehabilitation Psychology

**Annelise Madison**  
The Ohio State University  
Behavioral Medicine

**Lauren McClain**  
University of Washington  
Addictions and Co-Occurring Disorders

**Tessa Nalven O’Neil**  
University of Rhode Island  
Trauma and Addictions Recovery

**Molly Ream**  
University of Miami  
Behavioral Medicine

**Destin Shortell**  
University of Florida  
Neuropsychology

**Erin Timperlake**  
Gallaudet University  
Geropsychology

**Sarah Wieman**  
Suffolk University  
Center for Returning Veterans

## ***Professional Information Links***

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Click on the organization's name to access its website.

### [American Psychological Association](#)

750 First Street, NE  
Washington, DC 20002-4242  
Telephone: (202) 336-5500  
(202) 336-6123 TDD

### [Commission on Accreditation \(CoA\), American Psychological Association](#)

750 First Street, NE  
Washington, DC 20002-4242  
Telephone: 202-336-5979

### [APPIC – Association of Psychology Postdoctoral and Internship Centers](#)

733 15th Street NW Suite 719  
Washington, DC 20005  
Telephone: (202) 347-0022

### [National Matching Services Inc.](#)

595 Bay St., Suite 301, Box 29  
Toronto, Ontario Canada, M5G 2C2  
Telephone: (416) 977-3431  
Fax: (416) 977-5020

### [Massachusetts Board of Registration of Psychologists](#)

250 Washington Street  
Boston, MA 02108  
Telephone: (617) 624-6151  
Fax: (617) 617-2240

### [Massachusetts Psychological Association](#)

195 Worcester Street, Suite 203  
Wellesley Hills, MA 02481  
Telephone: (781) 263-0080  
Fax: (781) 263-0086