

Michael E. DeBakey VA Medical Center Houston, Texas

Psychology Postdoctoral Residency Program 2024 - 2025



VA



U.S. Department of Veterans Affairs

Veterans Health Administration
Michael E. DeBakey VA Medical Center

Table of Contents

- Psychology Postdoctoral Residency..... 3
- Accreditation Status..... 3
- APPIC Member Status 3
- Training Setting 4
- Residency Program Tables 7
- Didactic Experiences and Mentoring Program 16
- Administrative Opportunities 16
- Health Professions Trainee 17
- Drug Screening 18
- Summary of Postdoctoral Training at MEDVAMC 18
- Eligibility 19
- Selection Process 19
- Interview Process..... 19
- Stipend and Benefits 20
- APPLICATION PROCEDURES 21
- Serious Mental Illness Focus Area 22
- Trauma/Anxiety Focus Area..... 28
- Anxiety & Stress Focus Area 31
- General Mental Health Focus Area..... 35
- LGBT Interprofessional Care Focus Area..... 39
- Primary Care Mental Health Integration Focus Area..... 42
- Psychology Training Program..... 45
- Residency Rotations..... 45
- Psychology Training Program Staff 67

Psychology Postdoctoral Residency

Department of Veterans Affairs



Michael E. DeBakey VA Medical Center (MEDVAMC)

Ellen J. Teng, Ph.D.

Senior Psychologist (Service Chief)
Director, Psychology Training
(713) 578-5513
Ellen.Teng@va.gov

Ashley Clinton, Ph.D.

Assistant Training Director
(713) 578-4602
Ashley.Clinton@va.gov

Jennifer Bogwu, Ph.D.

Assistant Training Director
(281) 467-7520
Jennifer.Bogwu@va.gov

[Training Website](#)

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One-Year Residency in Clinical Psychology

APPLICATIONS DUE: DECEMBER 11, 2023 11:59 (CST)

Accreditation Status

The psychology postdoctoral program at the Michael E. DeBakey VA Medical Center (MEDVAMC) is fully accredited by the Commission on Accreditation (CoA) of the American Psychological Association (APA). The MEDVAMC Psychology Training Program subscribes fully to the guidelines and principles set forth by the APA. The APA Code of Ethics provides another important guiding structure for our professional conduct.

Questions related to the program's accredited status should be directed to the Commission on Accreditation:

Office of Program Consultation and Accreditation

American Psychological Association
750 1st Street, NE, Washington, DC 20002
Phone (202) 336-5979/ E-mail: apaaccred@apa.org
Web: www.apa.org/ed/accreditation

APPIC Member Status

The clinical psychology residency at MEDVAMC is an APPIC member program. Questions related to the membership status of the program should be directed to APPIC Central Office:

APPIC Central Office

17225 El Camino Real, Suite #170
Houston, TX 77058
E-mail: appic@appic.org
Phone: (832) 284-4080; Fax: (832) 284-4079

Psychology Residency Overview

Training Setting

The Michael E. DeBakey Veterans Affairs Medical Center (MEDVAMC) is a federally funded teaching hospital dedicated to clinical care, education, research. As a member institution of the Texas Medical Center, the world's largest integrated health care system, MEDVAMC provides comprehensive outpatient and inpatient services, including acute and residential treatment programs, to Veterans in southeast Texas. Including its outpatient clinics located in the neighboring areas of Beaumont, Conroe, Galveston, Katy, Kingwood, Lake Jackson, Lufkin, Richmond, Sugarland, Tomball and Texas City, MEDVAMC logged more than 1.1 million outpatient visits during the 2021 fiscal year. The MEDVAMC serves a predominately Caucasian and African American, male population. Approximately 11% of the Veterans served are women and 65% are returning Veterans from Operation Iraqi Freedom, Operation Enduring Freedom, and Operation New Dawn.

Located on a 118-acre campus and built in 1991, MEDVAMC is a state-of-the-art facility with 357 acute care beds, a 40-bed Spinal Cord Injury Center, and a 141-bed Community Living Center. Veterans from around the country are referred to the MEDVAMC for specialized diagnostic care, radiation therapy, surgery, and medical treatment including cardiovascular surgery, gastrointestinal endoscopy, nuclear medicine, ophthalmology, and treatment of spinal cord injury and diseases. The MEDVAMC is home to many nationally recognized programs including, a Spinal Cord Injuries and Disorders System of Care Hub site for the south Central VA Health Care Network; Network Polytrauma Center; an award-winning Cardiac and General Surgery Program; VA Epilepsy and Cancer Centers of Excellence; Health Services Research & Development Center of Innovation; Mental Illness Research, Education and Clinical Center; and one of the VA's six Parkinson's Disease Research, Education, and Clinical Centers. The MEDVAMC also has several mental health specialty care programs, including a Substance Use Treatment Program; PTSD Specialty Clinic; and the Women's Center in Primary Care. The Center for Innovative Treatment of Anxiety and Stress (CITRAS) is a clinical research program within the Mental Health Care Line dedicated to the development and evaluation of cutting-edge evidence-based treatments for Veterans with anxiety and stress-related disorders.

Over 4,500 health care professionals provide high quality care to our Veterans. For more than 50 years, the MEDVAMC has provided clinical training for health care professionals through our major affiliate, Baylor College of Medicine (BCM). MEDVAMC operates one of the largest VA residency programs in the country with over 270 positions across 40 sub-specialties. Each academic year, almost 2,000 students are trained through 144 affiliation agreements with institutions of higher learning in 19 states. Students from allied health professions such as psychology, nursing, dietetics, pharmacy, social work, occupational therapy, physician assistants, and a wide variety of medical specialties receive training here each year.

The MEDVAMC has received national awards and honors including accreditation from Joint Commission for hospital, long-term care, behavioral health care, home care, and substance abuse. In early 2019, the MEDVAMC was awarded re-designation for Magnet Recognition for Excellence in Nursing Services by the American Nurses Credentialing Center. In 2011, the medical center's Pathology and Laboratory Medicine was awarded accreditation by the Accreditation Committee of the College of American Pathologists and its Psychosocial Rehabilitation and Recovery Center was awarded a 3-year accreditation by Rehabilitation Accreditation Commission (CARF). The MEDVAMC earned the Gold Seal of Approval in 2011 from the Joint Commission as an Advanced Primary Stroke Center. The MEDVAMC is the first VA medical center with this designation. The Psychology Internship, Residency in Clinical Psychology and Specialty Residency in Clinical Neuropsychology at MEDVAMC are each fully accredited by the American Psychological Association (APA) Commission on Accreditation. The MEDVAMC's Health Care for Homeless Veterans, and Vocational Rehabilitation Programs; Comprehensive Integrated Inpatient Rehabilitation Program; and Inpatient and Outpatient Amputee System of Care Program were all awarded 3-year accreditations by CARF.

Research conducted by MEDVAMC staff ensures Veterans' access to cutting-edge medical and health care technology. With hundreds of active research projects, the MEDVAMC Research & Development (R&D) Program is an integral part of the medical center's mission and plays an important role in the health care Veterans receive. The production of new knowledge, techniques, and products has led to improved prevention, diagnosis, treatment, and control of disease. In 2012, the Center for Health Services Research and Development (HSR&D) was selected by VA as one of six sites for a Collaborative Research to Enhance and Advance Transformation and Excellence initiative, which is a collaborative effort with a wide variety of VA system partners to address high-priority, VA system-wide issues. VA is a leader in many areas of research and participates in national research initiatives such as The Million Veteran Program (MVP) and the Network of Dedicated Enrollment Sites (NODES), one of ten NODES Centers funded throughout the country to increase the efficiency of local coordination of the VA Cooperative Study Program (CSP) studies at MEDVAMC.

Psychology residents have opportunities to complete rotations across a number of care lines at MEDVAMC, including, Mental Health, Neurology, Rehabilitation, Extended Care, and Spinal Cord Injury. The Mental Health Care Line (MHCL) includes programs such as: General Mental Health Outpatient Clinic, PTSD Specialty Clinic, Anxiety Specialty Clinic, Substance Dependence Treatment Program, Psychosocial Rehabilitation and Recovery Center, Behavioral Medicine, and Health Care for Homeless Veterans. Inpatient programs consist of an acute care unit and inpatient care for older adults. The MHCL offers comprehensive mental health services to eligible Veterans in a variety of inpatient and outpatient settings.

The MEDVAMC sponsors hospital-wide programs to increase awareness and understanding of culturally diverse populations. The Multicultural Diversity Subcommittee (MDSC) of the Psychology Training Program develops stimulating didactic/experiential training opportunities that are informed by the empirical literature for psychology trainees and staff. Professional development seminars and workshops (e.g., preparing for licensure, applying for post-docs and

jobs) are timed throughout the year in accordance with the developmental milestones expected during the training year. The MDSC also sponsors a Mentoring Program in which students may choose a staff or post-doc to provide mentoring for a broad range of issues throughout the year. The MEDVAMC has an active EEO Program and sponsors hospital-wide programs such as: Houston Hispanic Career Day Forum, Black and Hispanic Mentoring Programs, Cultural Diversity Training, and various celebrations and ethnic heritage programs.

The MEDVAMC has a small library with computerized links to a network of virtual library resources including the Jesse Jones Library located within the Texas Medical Center, which is equipped with reference books and current journals in the medical sciences, psychology, and other related disciplines. The MEDVAMC is near other hospitals within the Texas Medical Center and several teaching institutions, including Rice University and University of Houston.

Our Medical Center is conveniently located near several residential areas, and an excellent choice of affordable rental apartments or houses is available. Houston is often listed as one of the nation's most affordable cities to live in, with many urban attractions, museums, parks, zoo, and a vibrant and diverse restaurant scene. For sports aficionados, Houston hosts the Texans, Astros, Rockets, and Dynamo sports teams. Houston is also the home of the Johnson Space Center, NASA's mission control center of many space missions, including the Orion mission to Mars.

Residency Program Tables

Postdoctoral Residency Admissions, Support, and Initial Placement Data

Date Program Tables are Updated: 9/1/22

Program Disclosures

<p>Does the program or institution require students, trainees, and/or staff (faculty) to comply with specific policies or practices related to the institution's affiliation or purpose? Such policies or practices may include, but are not limited to, admissions, hiring, retention policies, and/or requirements for completion that express mission and values?</p>	<p>No</p>
<p>If yes, provide website link (or content from brochure) where this specific information is presented:</p>	
<p> </p>	

Program Admissions

<p>Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program's policies on intern selection and practicum and academic preparation requirements:</p>
<p>We use a "goodness of fit" model in selecting Residents and look for applicants whose training backgrounds and interests are consistent with the scientist-practitioner model. Applicants are pre-screened based on the quality and strength of their previous training and how well their stated interests fit the goals and objectives of our residency program. Specifically, we seek applicants who have a solid breadth of intervention and assessment experience, and appropriate depth and cultural sensitivity in these skills as it relates to their chosen emphasis area; a solid background in research with evidence of scholarly productivity; experience with empirically supported interventions; and prior experience working in VA settings.</p> <p>The MEDVAMC is an Equal Opportunity Employer, and the Psychology Training Program is committed to ensuring a range of diversity among our trainees. We select candidates representing different ethnic/racial backgrounds, sexual orientations, disabilities, geographic locations, and life experiences.</p>

<p>Describe any other required minimum criteria used to screen applicants:</p>
<p>Qualifications for the postdoctoral residency include: U.S. citizenship, as per nation-wide VA guidelines; successful completion of an APA or CPA accredited internship and academic program; earned a Ph.D. or Psy.D. in clinical or counseling psychology; and applicants' dissertation must be completed, or expected to be completed, before the beginning of the postdoctoral training year.</p> <p>Appointment is also contingent upon successfully passing standard federal employment screening (e.g., security background check, passing employment physical, electronic fingerprinting, etc.). Prior to starting, Residents are required to have immunizations (or proof of immunity) for measles, mumps, rubella, and varicella. The Federal Government requires that male applicants to VA positions who were born after 12/31/59 must sign a Pre-appointment Certification Statement for Selective Service Registration before they are employed.</p>

Financial and Other Benefit Support for Upcoming Training Year

Annual Stipend/Salary for Full-time Residents	\$59,954
Annual Stipend/Salary for Half-time Residents	N/A
Program provides access to medical insurance for Resident?	Yes
If access to medical insurance is provided:	
Trainee contribution to cost required?	Yes
Coverage of family member(s) available?	Yes
Coverage of legally married partner available?	Yes
Coverage of domestic partner available?	Yes
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*
Other Benefits (please describe): *Determined on a case by case basis	

Initial Post-Residency Positions

(Provide an Aggregate Tally for the Preceding 3 Cohorts)

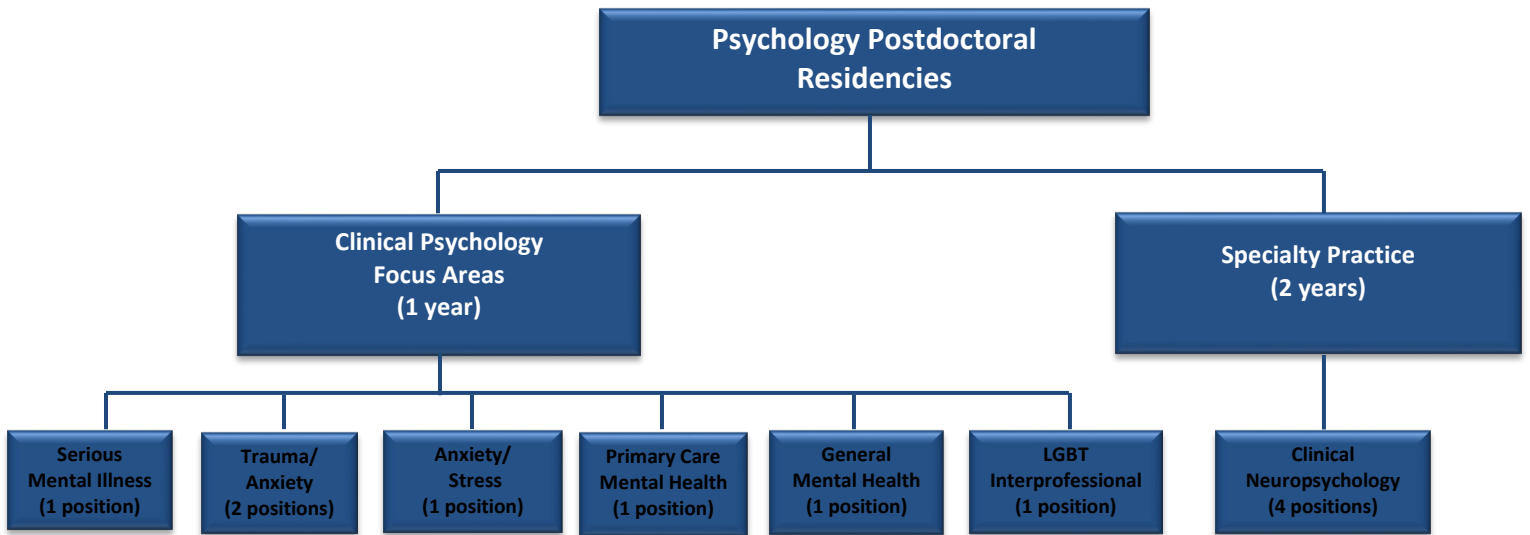
	2019-2022	
Total # of residents who were in the 3 cohorts	20	
Total # of residents who remain in training in the residency program	0	
	PD	EP
Academic teaching	NA	NA
Community mental health center	NA	NA
Consortium	NA	NA
University Counseling Center	NA	NA
Hospital/Medical Center	NA	2
Veterans Affairs Health Care System	NA	16
Psychiatric facility	NA	NA
Correctional facility	NA	NA
Health maintenance organization	NA	NA
School district/system	NA	NA
Independent practice setting	NA	2
Other	NA	NA

Note: "PD" = Post-doctoral residency position; "EP" = Employed position

Introduction

The Postdoctoral Residency Program in Clinical Psychology is administered by the Psychology Training Program which is part of the Psychology Practice at the MEDVAMC. There are currently seven clinical residency positions distributed across the clinical focus areas of Trauma/Anxiety Disorders (Preceptors: Kathleen Szydowski, Ph.D., Jill Wanner, Ph.D.), Anxiety & Stress (Preceptor: Ashley Clinton, Ph.D.), Serious Mental Illness (Preceptors: Amy Cuellar, Ph.D., ABSMIP Jared Bernard, Ph.D., ABSMIP), Primary Care Mental Health Integration (Preceptor: Octavia Jackson, Ph.D.), General Mental Health (Preceptor: Jennifer Bogwu, Ph.D.), and LGBT (Preceptor: Sarah Beckwith, Ph.D.). The Trauma/Anxiety, Anxiety & Stress, SMI, Primary Care, GMH, LGBT Residency emphasis areas have a one-year training term. The Postdoctoral Residency in Clinical Psychology is APA accredited.

We also have a two-year Neuropsychology Specialty Residency Program which offers four positions. This program is directed by Nicholas Pastorek, PhD, ABPP-CN. The Neuropsychology Residency is separately accredited by APA as a neuropsychology specialty. For specific information about the Clinical Neuropsychology Residency, please refer to the Clinical Neuropsychology brochure, which can be accessed through a link provided on the home page for psychology training.



Training Model and Program Philosophy

The Psychology Residency Program is based on a scientist-practitioner model of training. Residents are expected to engage in clinical and didactic training 80% of their time and be actively involved in research 20% of the time. We view research and scholarly activities as informing and directing clinical practice, and clinical practice, in turn, guiding research questions and activities. We view the vital inter-dependence of science and practice in clinical psychology as a core principle upon which the training system is structured. Whereas our internship program is designed to provide a broad range of clinical experiences, the Residency program aims to prepare Residents for an advanced level of competency through focused training experiences in the clinical applications of psychology. This model of training fully supports the mission of the Department of Veteran’s Affairs by providing training and research opportunities that further the quality of clinical care provided to Veterans.

Goals and Objectives

The primary goal of the MEDVAMC Psychology Residency Program is to provide a foundation in advanced clinical service delivery (and other relevant professional skill areas) in preparing our Residents to become licensed psychologists qualified to work in public sector medical settings. This is accomplished by providing a systematic and sequenced program for developing advanced skills that expand and build upon the existing knowledge bases developed during graduate and internship training. By the completion of their training term, Residents will have the preparation necessary to function as autonomous professional psychologists in a variety of settings, including VA medical centers and other public sector environments. The eight competencies of the Residency include advanced skills in: (1) Research/Scholarly Work;

(2) Ethical and Legal Standards; (3) Individual and Cultural Diversity; (4) Professional Values, Attitudes, and Behaviors; (5) Communication and Interpersonal Skills; (6) Assessment; (7) Intervention; and (8) Consultation and Interprofessional/Interdisciplinary Skills.

Individualized Training Plan (ITP)

During the first week of training, preceptors meet with Residents to discuss potential rotation options based on the Resident's interests and needs. Over the next two weeks, Residents, in consultation with their preceptors, will create an individualized training plan (ITP) and subsequently present the ITP to the Postdoctoral Steering Committee (consisting of the Training Director, select members of the Psychology Training Committee, including focus area Preceptors) for approval. In addition to determining the arrangement of rotations across the training term, Residents must allow for time to engage in research activity (up to 8 hours per week) and regularly scheduled didactics. As per APA guidelines, Residents will receive a minimum of 2 hours of individual supervision per week provided by psychologists. In this manner we view the ITP as a negotiated document that outlines the primary means by which 1) Residents will meet the goals of the training program as well as 2) ensuring that the training experiences will meet the needs of the Resident.

The initial training plan outlined on the ITP is not necessarily final, and Residents can petition for changes later in the training term in accordance with their interests and training needs. The Postdoctoral Steering Committee will review the ITP at regularly scheduled intervals to ensure training is proceeding in accordance with Residency guidelines. In addition, the Steering Committee may, at any time, require changes in a Resident's schedule to address deficits in core competency areas that are identified through the evaluation process.

The ITP outlines the eight training competencies across all focus areas (in addition to two competencies from the Guidelines & Principles of Accreditation) and includes methods for attaining advanced knowledge and skills in these areas.

Successful performance across competency areas is assessed by supervisory ratings on Resident evaluation instruments. Residents are also required to present a competency demonstration toward the end of their training year. The specific objectives for each clinical focus and specialty area are listed in the following sections.

Resident Evaluations and Program Feedback

Residents are expected to evaluate the quality of their supervisory and preceptor experience at the end of each rotation by completing evaluation forms. These forms should be submitted to the Training Director, who will then review the ratings and to monitor the quality of the supervisory experience. Situations in which supervisors/preceptors receive a consistent pattern of low ratings (i.e., below "3") will be addressed by the Training Director.

Residents are also expected to provide program feedback during their Residency and during their exit interview with the Training Director. Residents are also asked to complete hospital-wide surveys monitoring the quality of education and training.

Competencies for Clinical Psychology Residency

1. Research/Scholarly Work - Residents are expected to engage in ongoing scholarly inquiry as it relates to their clinical work. This includes consulting the literature and integrating relevant theories and practices generated from empirically derived data into the psychological services they provide to patients. It is expected that residents will be actively and productively involved in research and program evaluation related to mental illness and health.

2. Ethical and Legal Standards - Residents are expected to respond professionally in increasingly complex situations with a greater degree of independence across levels of training including knowledge and in accordance with the APA Code and relevant laws, regulations, rules, policies, standards, and guidelines.

3. Individual and Cultural Diversity - Residents are expected to develop depth and breadth in the understanding and knowledge of issues pertaining to diversity across the training year. Appreciation of the broad issues of diversity is an important competency that is required for adequate professional conduct in every aspect of psychological endeavor. Residents should demonstrate understanding of how self and others are shaped by cultural diversity and context and effectively apply this knowledge in professional interactions including assessment, treatment, and consultation.

4. Professional Values, Attitudes, and Behaviors - Residents should demonstrate continued professional growth, which includes movement toward licensure, production of scholarly material, participation in professional activities (e.g., attendance at regional and national conferences), and progress toward securing a position subsequent to completion of residency training. Residents are expected to exhibit professionalism in all endeavors and across settings.

5. Communication and Interpersonal Skills - Residents should demonstrate effective communication skills and the ability to develop and maintain successful professional relationships.

6. Assessment - Residents are expected to assess patient's needs and assets accurately and develop advanced diagnostic formulations relevant to offering the most effective treatment. Greater depth of assessment skill is expected within the resident's focus area. Residents are expected to develop more refined abilities to respond to referrals for assessment by selecting, administering and interpreting a set of assessment instruments that are pertinent to answering complex referral questions from members of the interdisciplinary team. Evaluations will provide a diagnostic opinion, discuss both assets and limitations in the person's overall functioning and offer recommendations relevant to intervention planning, as appropriate.

Assessment should reflect a sensitivity to cultural and diversity issues. Residents should communicate findings in a manner appropriate to an interdisciplinary setting.

7. Intervention - Residents are expected to demonstrate a capacity to work effectively with a broad range of patients with diverse treatment needs and concerns. This includes gaining knowledge and experience in providing evidence-based treatments to specific populations, particularly in the resident's focus area. Therapeutic modalities may include individual and group therapy. The resident is expected to be aware of diversity issues as they impact on the selection and implementation of therapeutic interventions.

8. Consultation and Interprofessional/Interdisciplinary Skills - Residents are expected to reflect the intentional collaboration of professionals in health service psychology with other individuals or groups to address a problem, seek or share knowledge, or promote effectiveness in professional activities. These skills may be demonstrated through direct or simulated consultation opportunities.

Minimum Levels of Achievement

The program has several "exit criteria" or requirements for successful residency completion. Acceptable competency and performance levels must be demonstrated in the multiple areas which supervisors rate at the end of each quarter.

In order for Residents to maintain good standing in the program they must:

- At the conclusion of the first quarter, a resident must achieve a minimum rating of "2" [full competency, typical of residents at the beginning of the training year; sound critical thinking and judgment is evidenced; consultation needed only on complicated or specialized areas] or higher on all items in each competency area. Any ratings of "1" [basic-to-intermediate levels of competency, typical of interns in the early part of the training year; further growth is needed; regular supervision required on challenging cases and in new skills areas] will trigger a remediation plan.
- At the conclusion of the second quarter, a resident must achieve a minimum rating of "3" [full-to-advanced levels of competency typical of residents in the middle of the training year; sound critical thinking and judgment is evidenced overall; some consultation needed only on complicated or specialized areas] or higher on the majority of items in each competency area. Any competency areas in which the majority of ratings are "2" or any item ratings of "1" will trigger a remediation plan.
- At the conclusion of the third quarter, a resident must achieve a minimum rating of "3" or higher on all items in each competency area. Any ratings of "1" or "2" will trigger a remediation plan.
- To complete the residency program successfully, a resident must achieve a minimum rating of "4" [advanced levels of competency typical of residents at the end of the training year; sound critical thinking and judgment consistently evidenced; little consultation need only on very complicated or specialized areas] or higher on all items

in each competency area. Ratings of “4” or higher indicate advanced levels of competency.

- Not be found to have engaged in any significant unethical behavior.

In order for Residents to complete the program successfully, they must:

- Complete the one-year training term in no less than 12 months.
- By the end of the last training quarter, obtain ratings of at least a “4” [advanced levels of competency typical of residents at the end of the training year; sound critical thinking and judgment consistently evidenced; little consultation need only on very complicated or specialized areas] for all competencies on the Resident Quarterly Evaluation Form.
- Successfully pass the Competency Demonstration in Intervention by obtaining ratings of at least a “4” on the Intervention Competency Demonstration Evaluation Form.
- Not be found to have engaged in any significant unethical behavior.

Failure to demonstrate minimal competency across quarterly evaluations as defined above, will require successful remediation with supervision assistance and training committee monitoring (see relevant training standard in the Appendix). Other completion requirements include a separate competency demonstration in intervention conducted toward the end of the year. Residents select a work sample of a therapy case within their focus areas to present to staff and peers and are rated in articulated competencies. Ratings on any item below a “4” [advanced levels of competency typical of residents at the end of the training year; sound critical thinking and judgment consistently evidenced; little consultation need only on very complicated or specialized areas] will require successful remedial action and one opportunity to repeat the competency demonstration (see competency demonstration rating standards in the Appendix). The evaluation of Residents, staff, and the program is a continuous and reciprocal process promoting positive development. Residents are asked to offer verbal feedback on ideas for program refinement throughout the year. Supervisors are evaluated formally at 3-month intervals (see supervisor evaluation form in the Appendix) and the program is evaluated at year’s end (see relevant rating in the Appendix).

Formal problem identification and resolution guidelines are in place as are grievance procedures and due process provisions (see Appendix). APA ethical principles of mutual respect and courtesy are key aspects of problem resolution along with an environment supporting open communication and early approach versus avoidance of areas of disagreement. Training leadership at all levels sincerely and strongly encourages an “open door policy in the entire problem arena whether it be a personal difficulty or a perceived problem with the program. To date, we have an excellent track record of rapidly resolving problems at the most proximal levels. Through rarely required in our experience, formal grievance procedures, student sanction guidelines and due process provisions are included in the Appendix.

Program Overview

In order to meet the goals of the program, Residents are required to spend a minimum of 50% (20 hours/week) time throughout the training year in their focus areas. Focus areas often encompass several different training rotations, which will provide Residents depth of training across different settings and allow them to work different supervisors. For most focus areas, the duration of the major rotation will typically span 6 months (e.g., PTSD Clinical Team, PCMHI, Psychosocial Rehabilitation and Recovery Center; General Mental Health Clinic, CITRAS) whereas some major rotations within each focus area will span 3 months (e.g. PTSD/SUDS). Residents may also elect minor rotations, which are typically areas outside of their focus areas, for a maximum of 20% time throughout the training year. The duration of minor rotations is 3-months (8 hours/week) and may be extended for an additional 3-months, based on availability. Below are sample configurations for each Resident focus area:

Month	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
SMI	ARTE - 20 hrs						CLIMBS - 20 hrs					
	SCI - 8 hrs Ames			PRRC - 8 hrs			PRRC - 8 hrs			HBPC - 8 hrs		
TRAUMA	PCT - 20 hrs						CITRAS - 20 hrs			PTSD/SUDS - 20 hrs		
	C&P - 8 hrs			WISER - 8 hrs			PCT - 8 hrs			PCMHI - 8 hrs		
ANXIETY	CITRAS - 20 hrs						GMHC - 20 hrs			PCT - 20 hrs		
	PCMHI - 8 hrs			ADMIN - 8 hrs			ROVER - 8 hrs			SDTP - 8hrs		
PCMHI	PCMHI - 20 hrs						ONCOGY - 20 hrs			PRESURGICAL EVAL- 20 hrs		
	PAIN - 8hrs			PAIN - 8hrs			NEURO - 8 hrs			GMHC - 8 hrs		
LGBT	ID CLINIC - 16 hrs / CSH Eval - 4 hrs						GMHC - 16 hrs / CSH Eval - 4 hrs					
	C&P - 8 hrs			Womens Health - 8 hrs			PCMHI - 8hrs			SDTP - 8hrs		
GMHC	GMHC - 20 hrs						CITRAS - 20 hrs					
	SDTP - 8 hrs			PCMHI - 8 hrs			CLIMBS - 8 hrs			C&L - 8 hrs		

The Training Director, who works closely with the Assistant Training Directors, Senior Psychology Leader, and other training committee members, leads the Psychology Training Program. A Postdoctoral Steering Committee is established under the Training Committee, and Steering Committee meetings are held once per month, with additional meetings scheduled as needed. Although the Training Director supervises the day-to-day workings of the Residency, the Training Committee, with input from the Postdoctoral Steering Committee, makes all major program decisions including Resident selection and ranking, evaluation, and monitoring of progress (in consultation with the Senior Psychology leader as appropriate). All Residents meet monthly with the training directors to provide feedback and suggestions as well as being updated on any program and/or service information. Residents also complete formal evaluations of each rotation supervisor's role in their training. Training leadership and other supervisors have an "open door policy" regarding disagreements, problems and opportunities for improvement at any time during the training year. We would like to encourage you to take

advantage of this “open door” policy at any time. It is particularly encouraged that this be done as early as possible when a problem is identified as satisfactory resolutions are typically more likely at the earlier stages in the process.

Didactic Experiences and Mentoring Program

All Residents participate in regular training and didactic opportunities including weekly Resident seminars addressing advanced psychotherapy, assessment, professional development, and other related training topics, Baylor College of Medicine Psychiatry Grand Rounds and multicultural/diversity training activities. A strength of our program is in multicultural and diversity training. Our Multicultural and Diversity Sub-Committee (MDSC), fosters increased multicultural competence through Resident-led diversity journal clubs, participation in the National VA Diversity video/teleconferencing series, staff heritage-exploration meals, a yearly Diversity conference, and regular cultural immersion outings. The MDSC also sponsors a mentorship match program, in which Residents can be paired with staff psychologist mentors to facilitate personal and professional growth throughout the year. Residents with interest in diversity issues may apply to participate as a committee member on the MDSC. Additional administrative opportunities include serving as a Resident-Representative on the Post-doctoral Steering Committee and other major and minor rotations that can be developed with the Resident’s training plan.

Administrative Opportunities

For residents interested in pursuing administrative and leadership positions in the future, the MEDVAMC residency includes built-in administrative experiences and additional opportunities to prepare for these types of positions. All residents will rotate in serving as a Resident-Representative on the Postdoctoral Steering Committee. In this role, residents attend Postdoctoral Steering Committee meetings and facilitate discussion of the cohort’s training needs throughout the year. Residents may also become involved in administrative experiences within their clinical rotations based on their interests and training goals. Minor rotations focused primarily on administration are also available. See below for a list of recent administrative experiences and projects completed by MEDVAMC residents.

<u>Administrative Interest Area</u>	<u>Experience</u>	<u>Staff Supervisor</u>
Leadership Involvement	Attend weekly Mental Health Leadership Advisory Committee (MHLAC) meetings	Karin Thompson, PhD, ABPP
	Serve as Resident member of Disruptive Behavior Committee (DBC)	Justin Springer, PhD
	Serve as Resident-Representative on Postdoc Steering Committee	Ellen Teng, Ph.D.
	Attend PTSD Mentoring Program National Calls with PCT Clinic Directors	Karin Thompson, Ph.D., ABPP

	Attend LGBT Advisory Committee meetings	Michael Kauth, Ph.D.
	Serve as postdoctoral liaison at Houston Neuropsychology Society	Jane Booth, Ph.D.
Program Development/ Evaluation	Analyze data from Primary Care Same Day Mental Health Access program	Candy Smith, Ph.D.
	Update and expand group material for psychoeducational groups	Elizabeth Conti, Ph.D.
	Help develop and co-facilitate a new group intervention for moral injury	Ellen Teng, Ph.D.
	Conduct LGBT Veterans Needs Assessment and present to hospital leadership	Michael Kauth, Ph.D.
Clinic Management	Restructure mental health screening process for new patients in Hematology/Oncology clinic	Elizabeth Conti, Ph.D.
	Complete risk assessments for DBC	Justin Springer, PhD
	Develop service-specific Behavioral Medicine CPRS consults	Candy Smith, Ph.D.
	Develop protocols for documentation of measurement-based care in PTSD Clinic	Karin Thompson, Ph.D., ABPP
	Serve on workgroup to disseminate information about new suicide risk evaluation	Karin Thompson, Ph.D., ABPP
In-Service and Outreach	Baylor Grand Rounds: "Evidence-Based Practice in the Treatment of Schizophrenia: Promoting Recovery with Psychosocial Interventions"	Justin Springer, Ph.D.
	MEDVAMC staff in-service presentations: <ul style="list-style-type: none"> - preventing burnout among nurses - implementation of measurement-based care in PCT - suicide risk assessment procedures 	Various supervisors
	CITRAS representative at MHCL – All Care Line Meeting	Ellen Teng, Ph.D.

Health Professions Trainee

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

Drug Screening

The MEDVAMC is a drug-free workplace. As a HPT, you are subject to random drug testing. Please access this link for more information.

[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.va.gov%2FOAA%2Fonboarding%2FVHA_HPTsDrug-FreeWorkplaceOAA_HRA.pdf&data=04%7C01%7C%7Cc5f28f636b43476d5c6808d952a174cb%7Ce95f1b23abaf45ee821db7ab251ab3bf%7C0%7C0%7C637631676412745848%7CUnknown%7CTWFpbGZsb3d8eyJWljoImC4wLjAwMDAiLCJQIjoiV2luMzliLCJBTiI6Ikk1haWwiLCJXVCi6Mn0%3D%7C1000&sdata=NEIz2LHw1hgxthLj7Xx4OPhuPz%2FV%2BUqLbJOB5jgpK%2Fg%3D&reserved=0\)](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.va.gov%2FOAA%2Fonboarding%2FVHA_HPTsDrug-FreeWorkplaceOAA_HRA.pdf&data=04%7C01%7C%7Cc5f28f636b43476d5c6808d952a174cb%7Ce95f1b23abaf45ee821db7ab251ab3bf%7C0%7C0%7C637631676412745848%7CUnknown%7CTWFpbGZsb3d8eyJWljoImC4wLjAwMDAiLCJQIjoiV2luMzliLCJBTiI6Ikk1haWwiLCJXVCi6Mn0%3D%7C1000&sdata=NEIz2LHw1hgxthLj7Xx4OPhuPz%2FV%2BUqLbJOB5jgpK%2Fg%3D&reserved=0)

Summary of Postdoctoral Training at MEDVAMC

The patient population at the MEDVAMC is quite diverse and is reflective of the rich diversity of the city of Houston. Patients come from various cultural, ethnic, and socioeconomic backgrounds, range from young to older adults, and have varied psychiatric and physical disabilities. Thus, one goal of the Residency program is to help Residents enhance their awareness, appreciation, and understanding of diversity issues related to patient care and allow Residents ample opportunities to work with patients from various backgrounds. A wide selection of rotations, opportunities to work in outpatient and inpatient units and to conduct individual and group psychotherapy, weekly training seminars, close supervision, case conferences and unit staff meetings, and regularly scheduled mental health and hospital-wide conferences provide opportunities for Residents to gain the skills necessary to work effectively with diverse patient populations.

Application & Selection Procedures

Eligibility

Qualifications for the postdoctoral residency include: U.S. citizenship, as per nation-wide VA guidelines; successful completion of an APA or CPA accredited internship and academic program; earned a Ph.D. or Psy.D. in clinical or counseling psychology; and applicants' dissertation must be completed, or expected to be completed, before the beginning of the postdoctoral training year (the week of August 12, 2024). Candidates who do not meet all degree requirements, which includes successfully defending their dissertations, will not be permitted to begin the residency training program and may result in their offer being withdrawn.

Appointment is also contingent upon successfully passing standard federal employment screening (e.g., security background check, passing employment physical, electronic fingerprinting, etc.). Prior to starting, Residents are required to have immunizations (or proof of immunity) for measles, mumps, rubella, and varicella. The Federal Government requires that male applicants to VA positions who were born after 12/31/59 must sign a Pre-appointment Certification Statement for Selective Service Registration before they are employed. It is not necessary to submit this form with the application, but if you are selected for this Residency and fit the above criteria, you will have to sign it.

Selection Process

All complete applications received by the deadline will be reviewed by members of the Postdoctoral Steering Committee, including preceptors. We use a "goodness of fit" model in selecting Residents and look for applicants whose training backgrounds and interests are consistent with the scientist-practitioner model. Applicants are pre-screened based on the quality and strength of their previous training and how well their stated interests fit the goals and objectives of our residency program. Specifically, we seek applicants who have a solid breadth of intervention and assessment experience, and appropriate depth and cultural sensitivity in these skills as it relates to their chosen emphasis area; a solid background in research with evidence of scholarly productivity; experience with empirically supported interventions; and prior experience working in VA settings.

Qualified applicants who appear to be a "good fit" with our training program will be invited to interview with our selection committee consisting of training leadership, residency preceptors, and current Residents. The MEDVAMC is an Equal Opportunity Employer, and the Psychology Training Program is committed to ensuring a range of diversity among our trainees. We select candidates representing different ethnic/racial backgrounds, sexual orientations, disabilities, geographic locations, and life experiences.

Interview Process

Interviews will be conducted virtually. All applicants will be notified of selection results no later than the Common Hold Date of February 26, 2024. Half-day interviews will be conducted on the

following dates: **Jan. 18 and 19, 2024**. They will include a meeting and orientation with training leadership and interviews with different psychology staff members, including preceptors and current Residents. Applicants with a disability who require accommodations for the application process or interview are encouraged to contact the Training Director to discuss their needs. We will make reasonable accommodations upon request. General questions regarding the residency should be directed to the Training Director or Assistant Training Directors.

Stipend and Benefits

Stipend and benefits are competitive with similar training programs nationally and consistent with VA personnel policies. The salary for all Residents is set at \$59,954 by VA Central Office. Residents are expected to work full-time, accruing 2080 hours per year. Benefits include 11 federal holidays, plus sick and annual leave accrual totaling 26 days for the year and reasonably priced medical insurance. Residents are granted up to seven days of authorized absence for professional conferences and approved educational activities.

APPLICATION PROCEDURES

Click on the following link to access the [APPA CAS](#) (APPIC Psychology Postdoctoral Application), a service of the Association of Psychology Postdoctoral and Internship Centers (APPIC). Complete the basic demographic, education, clinical training information and transcripts required of all applicants for all APPA CAS programs. Then select the appropriate programs (focus area) within the MEDVAMC residency program. APPA CAS allows you to request letters of recommendation electronically, which are then uploaded by the letter writer. Note: APA CAS refers to letters of recommendation as “Evaluations.” More instructions can be found within the APPA CAS website.

Please submit (upload to APPA CAS) the following application materials. Applications are due by December 11, 2023 11:59 PM (CST).

1. An official graduate transcript.
2. A complete, up-to-date curriculum vitae.
3. A cover letter describing your career goals, clinical, and research interests. Be sure to include information pertaining to your experience with interventions, psychological assessment, and your research experience. If you are applying to more than one clinical focus area, please address your interest in these focus areas in one cover letter.
4. Three letters of recommendation from professionals familiar with your clinical training and background (at least one letter must be from an internship supervisor).
5. If not included as one of your three recommendation letters, please submit a separate letter from your dissertation chair regarding dissertation status and anticipated completion date.

The Michael E. DeBakey VAMC Psychology Training Faculty appreciates your interest in our programs and wishes you the best in your professional development in psychology. For general inquiries, please e-mail VHAHOUMHCLPsychologyTraining@va.gov. If you have further questions or comments, please do not hesitate to contact the following individuals:

Ellen J. Teng, Ph.D.

Director, Psychology Training
(713) 578-5513
Ellen.Teng@va.gov

Ashley Clinton, Ph.D.

Assistant Director, Psychology Training
(713) 578-4602
Ashley.Clinton@va.gov

Jennifer Bogwu, Ph.D.

Assistant Director, Psychology Training
(281) 467-7520
Jennifer.Bogwu@va.gov

Jonniece Scott

Program Specialist
(713) 794-7557
Jonniece.Scott@va.gov

CLINICAL FOCUS AREA: *Serious Mental Illness*

Overview

The Serious Mental Illness (SMI) focus area provides training opportunities to Residents in developing advanced knowledge of theoretical models and empirical studies related to the etiology, epidemiology, and evidence-based interventions for Veterans with major mood disorders, severe schizophrenia spectrum disorders and other chronic psychotic disorders. Residents learn through direct clinical service delivery and educational seminars to assess, diagnose, and treat Veterans with serious mental illness, and develop knowledge of family systems, comorbidities and support groups relevant to this patient population. There are also opportunities to engage in program evaluation, research, and administrative experiences.

The Resident in the serious mental illness area works with the preceptor throughout the year and typically has rotations of varying lengths with other emphasis supervisors. The Resident must commit a minimum of 50% time throughout the training year to this emphasis area. Additional rotations outside of the emphasis area are encouraged and may be arranged as mutually acceptable with any psychology staff member approved to serve as a supervisor. These additional rotations may not exceed 20% (i.e., 8 hours) of a regular work week.

***Please note that our program is preparing to seek APA specialty accreditation in SMI. In planning for this transition, we will be providing additional training opportunities that align with requirements for specialty accreditation.**

Residents in the SMI emphasis area will gain:

- Knowledge of theoretical models and empirical studies related to the etiology, epidemiology, usual course, and efficacious treatment interventions with respect to serious mental illness (i.e., major mood disorders, severe schizophrenia spectrum disorders and other chronic psychotic disorders).
- Ability to correctly assess, diagnose, and treat Veterans with serious mental illness.
- Knowledge of family systems issues relevant to fuller understanding of persons with serious mental illness and modes of intervening systemically in a way that is helpful to family members and the identified patient.
- Knowledge of important co-morbidities (e.g. substance use disorders, personality disorders) of serious mental illness, and effective treatment planning and intervention skills with these multiply diagnosed Veterans.
- Knowledge of program evaluation skills with this population translated into performance improvement activities.

- General knowledge of pharmacotherapeutic aspects of treatment.
- Knowledge of and ability to collaborate with relevant support groups (e.g., National Alliance on Mental Illness, relevant 12-step groups) that provide patient/family support and advocacy.
- Awareness of current trends in efficacy research and the latest research findings with respect to best intervention approaches with this population and its various subsets.
- Knowledge of program management and administrative aspects of effective psychological practice.
- Awareness and understanding of relevant recovery-oriented programs for those with SMI within VA healthcare system.

Sites/Resources

The primary training sites for the SMI focus area include:

- Psychosocial Rehabilitation & Recovery Center
- Bipolar and Schizophrenia Treatment (BeST) Clinic
- Acute Recovery Treatment Environment (ARTE) Inpatient Unit
- Mental Health Intensive Case Management (MHICM)
- Psychosocial Rehabilitation & Recovery Center (PRRC)/Early Psychosis Intervention Coordination (EPIC) – Community-Based Outpatient Clinic (CBOC)
- GMHC Psychological Testing Clinic
- Community Resources and Referral Center (CRRC)
- Gero-Psychiatry Inpatient Unit 6F

Psychosocial Rehabilitation & Recovery Center (PRRC) – Main Campus

Residents on this rotation in the PRRC will have the opportunity to learn how to deliver recovery-oriented psychiatric rehabilitation services to a population with serious mental illness on an interdisciplinary team. Residents will learn and become adept with the principles and application of psychiatric rehabilitation that focus on helping Veterans achieve self-identified goals for recovery, better psychosocial functioning, and greater integration in their communities. Residents will conduct screening assessments that focus on helping Veterans identify recovery goals, individual recovery coaching sessions to help them problem solve around goal achievement, and psychoeducational and skills-based groups, such as Social Skills Training for Schizophrenia, Illness Management & Recovery, and compensatory cognitive training. There are also be opportunities to engage in program evaluation and performance improvement activities.

Bipolar and Schizophrenia Treatment (BEST) Clinic

The Bipolar and Schizophrenia Treatment (BeST) Clinic is a specialty clinic within the General Mental Health Clinic (GMHC) that provides evidence-based outpatient services to Veterans with serious mental illness (SMI). Residents will have the opportunity to provide individual and group psychotherapy to Veterans with psychotic disorders and bipolar disorder. Examples of available therapeutic approaches include Cognitive Behavioral Therapy for Psychosis (CBTp), Acceptance and Commitment Therapy (ACT), Social Skills Training for Schizophrenia (SST), Life Goals for

Bipolar disorder, and Illness Management and Recovery (IMR). Residents will have the opportunity to work closely with interdisciplinary treatment team members conducting initial assessment and treatment planning, as well as to provide consultation and liaison services to other programs for coordination of care. There may also be opportunities for comprehensive psychological assessment to provide diagnostic clarification and treatment recommendations to Veterans, observation of psychopharmacotherapy interventions with psychiatry, as well as research and program development.

Acute Recovery Unit (6A)

The Acute Recovery Unit (6A) Inpatient rotation provides Residents with exciting opportunities to develop professional skills on the MEDVAMC's primary, 32-bed acute mental health unit. During Veteran hospitalization, the primary aims of the unit are to foster and support recovery journeys and to assist Veterans with successful, safe transitions to outpatient services. The 6A inpatient rotation offers Residents opportunities to engage in a variety of ongoing treatment and administrative activities related to delivery of evidence- and recovery-based services to Veterans on the unit. Clinical responsibilities include involvement in a multi-disciplinary team, treatment planning, development of recovery-based case conceptualization, best practice staff-Veteran interactions, and evidence-based group psychotherapy [e.g., SAMHSA toolkit implementation, CBT for psychosis (CBTp), DBT Skills, Motivational Interviewing, , and Cognitive Rehabilitation]. Clinical opportunities include behavioral assessment, team feedback, as well as individual and group psychotherapy consistent with the Veterans' individualized treatment plans and recovery objectives.

Mental Health Intensive Case Management (MHICM)

Mental Health Intensive Case Management (MHICM) serves Veterans with a diagnosis of SMI in community settings outside of the medical center or clinic setting. Residents in MHICM will gain experience with assessment, clinical intervention, case management, and case consultation, within an interdisciplinary team including MDs, RNs, SWrs, LMFTs, VRS, and peer support specialists. MHICM provides Veteran-centric and recovery-oriented care. Interventions, support, and guidance are delivered using a collaborative and flexible approach to help Veterans progress towards their goals. The MHICM service is holistic in scope and addresses not only mental and physical health challenges, but also provides assistance with progress towards a self-chosen purposeful life. Residents on this rotation will participate in activities including recovery goal planning, evidence based interventions, psychoeducation to Veterans and their families/significant-others, clinical diagnostic assessment and case management, measurement based care, and suicide prevention safety planning tasks. Consideration of how cultural diversity and stigma may impact an individual Veteran's recovery and the adaptation of clinical services in response to these issues will also be highlighted on this rotation.

Psychosocial Rehabilitation & Recovery Center (PRRC)/Early Psychosis Intervention Coordination (EPIC) – Community-Based Outpatient Clinic

Residents on this rotation will provide recovery-oriented services to Veterans with serious mental illness in the PRRC program located at the Katy Outpatient Clinic (KOPC). Residents will learn the fundamentals of psychiatric rehabilitation, with a focus on helping Veterans achieve

self-identified goals for recovery, better psychosocial functioning, and greater integration in their communities. Trainees will have the opportunity to provide initial screening assessments that focus on helping Veterans identify recovery goals, individual recovery coaching sessions to facilitate goal achievement, and evidence-based psychotherapy groups such as Social Skills Training (SST) and Illness Management and Recovery (IMR). Additionally, residents will have the opportunity to assist with outreach and coordination of mental health services for younger Veterans with psychosis as part of the Early Psychosis Intervention Coordination (EPIC) program. Trainees will gain experience conducting outreach calls with Veterans to review their treatment needs, provide psychoeducation on the availability of different evidence-based treatment options for psychosis, and connect them to desired clinical resources.

Community Resources and Referral Center (CRRC)

The CRRC rotation provides post-doctoral residents the opportunity to develop skills in providing an array of clinical, administrative, and outreach services to Veterans in the Healthcare for Homeless Veterans Program (HCHV) housed within the Veterans Care and Service Line. The CRRC supports the HCHV program by offering a “one-stop” environment for Veterans who are homeless or are at risk of homelessness. CRRCs are established in collaboration with local community, state, and other federal partners who provide services to the homeless. The CRRCs are designed to facilitate access to participating services, such as outreach/case management, VA and non-VA benefits, vocational services, treatment, shelter, residential care, and housing. The CRRC rotation will involve opportunities to conduct intake assessments and treatment planning, administer diagnostic and psychological assessment services, conduct risk assessments and crisis interventions, and provide individual, family, couples and/or group therapy for Veterans, which includes the use of Evidence Based Psychotherapies. Treatment includes flexible approaches to Motivational Interviewing, Problem-Solving Therapy, Prolonged Exposure, Cognitive Processing Therapy, Brief Cognitive Behavioral Therapy, Social Skills Training and Dialectical Behavioral Therapy as well as other research-supported, integrative approaches. The CRRC rotation is stationed at a community-based site outside of the medical facility therefore providing exposure to a non-traditional therapy site. The CRRC resident would hone their ability to work with a multidisciplinary team, coordinate with non-VA community partners, and quickly adapt treatment to meet the dynamic needs of homeless Veterans. In addition to clinical services, the CRRC rotation will provide opportunities to assist with program development and evaluation tasks, conduct staff training, and participate in outreach activities.

Gero-Psychiatry Inpatient Unit 6F

This rotation involves working with veterans in a 21-bed inpatient psychiatric setting. The majority of Veterans on this unit are older adults and older adults with dementia. Unit 6F is a mental health unit providing care to Veterans with COVID who need inpatient mental health care, regardless of age. Treatment teams on 6F are comprised of psychiatrists, social workers, physician assistants, and nursing staff. Residents on this rotation conduct and develop groups, follow Veterans for individual therapy, and attend multidisciplinary treatment team meetings. Other opportunities for this rotation may include participating in family meetings, providing dementia education to family members and hospital staff, dementia problematic

behavior planning, and administering cognitive screening assessments. The dominant treatment modality on this rotation is Cognitive Behavioral Therapy with a focus on adapting CBT to fit the needs of older adults and adults with cognitive impairment.

Administrative & Program Evaluation Opportunities

- Commission on Accreditation of Rehabilitation Facilities Accreditation (CARF) Program Evaluation and Program Improvement Projects
 - Annual Performance Analysis
 - Program Satisfaction
 - Measurement-Based Care

Research Opportunities

Bipolar and Schizophrenia Treatment (BeST) Clinic

Mentors: Olaoluwa Okusaga, M.D., and Jared Bernard, Ph.D., ABSMIP

Research opportunities through BeST Clinic include clinical trials of new investigational agents in patients with schizophrenia spectrum disorders and observational studies based on electronic health records. Trainees have the opportunity to co-author manuscripts ranging from case reports, review papers and original research papers.

Selected Products from Recent Graduates*

Bourassa, K.A.,* Postolache, T.T., Dagdag, Al., Fuchs, D., & Okusaga, O.O. (2020). Plasma Soluble P-selectin correlates with triglycerides and nitrite in overweight patients with Schizophrenia. *Pteridines*, 31(1), 61-67. doi: 10.1515/pteridines-2020-0012

Monem, R.,* & Okusaga, O. (2021). Repetitive transcranial magnetic stimulation: A potential treatment for obesity in patients with Schizophrenia. *Behavioral Sciences*, 11(6), 86.

Zhang, X., Tan, Y., Chen, D., Tan, S., Malouta, M., Bernard, J., Combs, J.,* Bhatti, S., Davis, M., Kosten, T., & Soares, J. (2016). Serum IL-18 level, clinical symptoms and IL-18-607A/C polymorphism among chronic patients with schizophrenia in a Chinese Han population. *Psychoneuroendocrinology*, 68(1), 140-147.

Performance Improvement Projects (Dr. Amy Cuellar)

2020 *Examining Psychosocial Rehabilitation and Recovery Center (PRRC) Service Access to Telehealth During the COVID-19 Pandemic*
Commission on Accreditation of Rehabilitation Facilities Accreditation (CARF)
Program Evaluation
Michael E. DeBakey VA Medical Center - Houston, Texas
**Received distinct recognition from CARF evaluators as best practice.

- 2019 *Improving Population Coverage and Maintaining Continuity of Care in the PRRC
Commission on Accreditation of Rehabilitation Facilities Accreditation (CARF)
Program Evaluation
Michael E. DeBakey VA Medical Center - Houston, Texas*
- 2018 *Increasing Community Engagement of Veterans Enrolled in the PRRC
Michael E. DeBakey VA Medical Center - Houston, Texas*
- 2017 *Expanding Enrollment of Veterans with Serious Mental Illness in the PRRC
Michael E. DeBakey VA Medical Center - Houston, Texas*
- 2016 *Increasing Autonomy Related to Organizing and Participating in Community-
Based, Group Social Activities Among PRRC Members
Michael E. DeBakey VA Medical Center - Houston, Texas*

CLINICAL FOCUS AREA: *TRAUMA/ANXIETY DISORDERS*

Overview

The Trauma/Anxiety Disorders focus area provides training opportunities to Residents in developing advanced knowledge of theoretical models and empirical studies related to the etiology, epidemiology, and treatments for Veterans with PTSD and related problems. Residents learn through direct clinical service delivery and educational seminars to assess, diagnose, and treat these patient populations. Residents also will advance their understanding of how PTSD can be treated in the context of severe and complex psychiatric and medical comorbidities, how to tailor treatments to the individual, and how to work with Veterans in the context of their family systems incorporating recovery and Whole Health approaches. There are also opportunities to engage in program evaluation, research, and administrative experiences.

Residents in the Trauma/Anxiety Disorders focus area work with their preceptor throughout the year. Residents must commit a minimum of 50% time throughout the training year to this emphasis area. Rotations offered in this focus area include: PTSD Clinical Team (PCT) and PTSD/SUDS dual diagnosis. The PCT rotation is required for a 6-month duration and will be staggered across Residents to maximize the training experience. PTSD/SUDS dual diagnosis is a 3-month rotation, and Residents have the option of choosing which of these rotations they wish to complete as part of their training in the trauma emphasis area. Additional rotations outside of the focus area are encouraged and may be arranged as mutually acceptable with any psychology staff member approved to serve as a supervisor. These additional rotations may not exceed 20% (i.e., 8 hours) of a regular work week. Residents in the trauma focus area will work with Veteran populations from the Gulf, Vietnam, and Korean wars, and returning Veterans from Operation Iraqi Freedom/Operation Enduring Freedom/Operation New Dawn (OEF/OIF/OND) on issues related to combat trauma and Military Sexual Trauma as well as other trauma types including childhood trauma, accidents, natural disasters, race-based trauma, and interpersonal violence.

Residents in the Trauma/Anxiety Disorders focus area will gain:

- Knowledge of theoretical models and empirical studies related to the etiology, epidemiology, usual course and efficacious treatment interventions with respect to PTSD and related disorders.
- Abilities to correctly assess, diagnose, and treat persons with PTSD and related disorders.
- Knowledge of family systems issues relevant to fuller understanding of persons with PTSD and related disorders and modes of intervening systemically in a way that is helpful to family members and the identified patient.

- Knowledge of important co-morbidities (e.g. substance abuse, personality disorders) of PTSD and related anxiety disorders, and effective treatment planning and intervention skills with these multiply diagnosed and complex patients.
- Knowledge of program evaluation skills with this population translated into program evaluation activities.
- Awareness of current trends in efficacy research and the latest research findings with respect to best intervention approaches with this population and its various subsets.
- Knowledge and skills related to team-based approaches to care.
- Knowledge of program management and administrative aspects of effective psychological practice.

Site/Resources

PTSD Clinical Team (PCT)

Primary opportunities for this focus area are provided through the PTSD Clinical Team (PCT). The PCT is a specialty program that provides evidence-based psychotherapy to Veterans with PTSD. Prolonged exposure, cognitive processing and EMDR therapy are the primary individual treatments offered to Veterans in this clinic; however, additional types of therapy are available to Veterans (e.g., Concurrent Treatment of PTSD and Substance Use Disorders (COPE), Written Exposure Therapy, Skills Training in Affective and Interpersonal Regulation (STAIR), Cognitive Behavioral Conjoint Therapy for PTSD, Imagery Rehearsal Therapy, meditation group). Residents may have the opportunity to co-facilitate the Race-Based Stress/Trauma and Empowerment Group to address racial trauma experienced by Veterans of color or Courage group to address reactions after MST. Residents may also have the opportunity to develop a new group that fulfills a clinical need for Veterans served in the PCT. Residents interested in doing this are encouraged to talk with their preceptors and clinical supervisors. Treatment is offered in person, via telehealth or in accelerated combined individual and group format (APT intensive outpatient program). The goal of all treatments is to reduce the intensity of symptoms and to maximize social and vocational functioning. Psychiatric comorbidity is common in this patient population and includes anxiety, substance use disorders, mood disorders, personality disorders. Residents are encouraged to participate as members of the treatment team including in clinical case consultation meetings by presenting cases and consulting with others with the goals of facilitating treatment of complex presentations and comorbidities utilizing an evidence-based yet tailored approach.

Posttraumatic Stress Disorder/Substance Use Disorder treatment

This rotation, under the supervision of Dr. Hammond, focuses on concurrent and integrated dual diagnosis treatment of substance use problems and PTSD. Residents will have the opportunity to participate in group and individual therapy in outpatient settings, working with clients in a variety of age groups, combat eras, and stages of change regarding substance use. Patients seen will be primarily be part of the PTSD clinical team and Substance Dependence Treatment Program. Clinical experiences include Seeking Safety treatment, Motivational Interviewing, Cognitive Behavioral Therapy for Substance Use Disorders, emotion regulation skills, and trauma-focused treatments including Prolonged Exposure, Cognitive Processing

Therapy, COPE, and Written Exposure Therapy. Residents can also be involved in case consultations and assessments.

Evidenced-Based Practice Certification Training

- Trauma/Anxiety Residents have the opportunity to participate in national VA rollout training for Prolonged Exposure and Cognitive Processing Therapy (as available).

Examples of Administrative & Program Evaluation Opportunities

- *Administrative*: Update intake assessment procedure in the PCT (*Supervisor*: Karin West, Ph.D., ABPP)
- *Program Evaluation*: Evaluation of the feasibility, acceptability, clinical effectiveness, and process outcomes of The Courage Group, a 12-week group for female Veterans who have experienced military sexual trauma. (*Supervisor*: Karin West, Ph.D., ABPP)
- *Quality Improvement*: Evaluation of Veterans' level of satisfaction with receiving trauma-focused psychotherapy via telehealth. (*Supervisor*: Karin West, Ph.D., ABPP)

Teaching Opportunities

- Presented results of a quality improvement project to the Mental Health Leadership Advisory Council (MHLAC) at MEDVAMC.
- Participated in a trauma lecture series for third-year psychiatry residents at Baylor College of Medicine
- Participated in the seminar series for predoctoral interns.

Selected Examples of Products from Recent Graduates*

Krauss, A., Begovic, E*, Harper, K., & Teng, E. (in press). Advances in psychotherapy for PTSD. *Advances in Psychiatry and Behavioral Health*

Sciarrino NA,* Warnecke AJ,* & Teng EJ. (2020). A systematic review of intensive empirically-supported treatments for PTSD. *Journal of Traumatic Stress*, 33, 443-454.

Mastin TM* & Bautista C,* & Teng EJ. (2020). Nonsuicidal self-injury in Veterans with PTSD: Current understandings and directions for further study. *Professional Psychology: Research and Practice*, 51(4), 335-340.

Phillips MA,* Chase TC, Bautista CL,* Tang AY,* & Teng EJ. (2020). Using acceptance and commitment therapy techniques to enhance treatment engagement in Veterans with posttraumatic stress disorder. *The Bulletin of the Menninger Clinic*, 84(3), 264-277.

Warnecke, AJ* & Teng EJ. (2020). Measurement-based care in the veteran's health administration: A critique and recommendations for future use in mental health practice. *Journal of Clinical Psychology in Medical Settings*, 27, 795-804.

CLINICAL FOCUS AREA: *Anxiety & Stress*

Overview

The Resident in the Anxiety & Stress focus area will dedicate a minimum of 50% time throughout the year in rotations that are clinically focused in treating anxiety and stress-related disorders. Training in this emphasis area is designed to prepare Residents interested in pursuing clinical or applied clinical research careers specializing in the assessment and treatment of anxiety and stress-related disorders. Training can take place through The Center for Innovative Treatment of Anxiety and Stress (CITRAS), anxiety-focused rotations in General Mental Health Care (GMHC), and the PTSD Specialty Team (PCT). Consistent with the overall Residency structure, the Resident may elect to complete external rotations in other specialty areas such as the GMH Testing Clinic and Substance Use Disorders Clinic. Additional rotations outside of the focus area are encouraged and may be arranged as mutually acceptable with any psychology staff member approved to serve as a training supervisor. These additional rotations may not exceed 20% (i.e., 8 hours) of a regular work week.

Primary Rotation Sites/Resources

The Center for Innovative Treatment of Anxiety and Stress (CITRAS)

CITRAS is a unique program within the Mental Health Care Line that offers innovative evidence-based treatments for Veterans with anxiety and stress-related disorders through grant-funded research. The patient population in CITRAS is often diagnostically complex, with a high rate of psychiatric and medical comorbidity. Thus, treatments designed to target comorbidity are offered, such as Multiple Channel Exposure Therapy for Panic Disorder and PTSD and Transdiagnostic Cognitive Behavioral Therapy for Anxiety Disorders. Protocols that involve family members in the Veterans recovery process such as Adjunctive Family Cognitive Behavioral Therapy are also offered. This rotation offers Residents experiences in diagnostic clinical interviewing using standardized assessments such as the Structured Clinical Interview for DSM (SCID), Anxiety Disorders Interview Schedule for DSM (ADIS), and Clinician Administered PTSD Scale (CAPS). Additionally, Residents have opportunities to participate in the delivery of novel formats of evidence-based interventions such as intensive weekend treatments, 2-week massed individual treatment protocols, and transdiagnostic cognitive behavioral approaches. While most clinical experience is within the context of applied research, Residents may have additional opportunities to provide time-limited individual and group psychotherapy to Veterans with anxiety and stress-related disorders (e.g., comorbid panic disorder and PTSD). Residents will have opportunities to supervise psychology interns or practicum students. Residents also participate in weekly research team meetings that include clinical case staffing and structured time to support Residents in manuscript development (e.g., Writing Team). The CITRAS rotation facilitates growth in clinical and assessment skills, and

provides preparation for those who are interested in pursuing clinical, academic, or clinical research careers. The CITRAS rotation requires a minimum of a 6-month duration as a major rotation.

PTSD Clinical Team (PCT)

The PCT provides opportunities to develop advanced skills in the assessment and treatment of PTSD. A wide range of evidence-based treatments such as Prolonged Exposure, Cognitive Processing, and Written Exposure Therapy are among the treatments provided. There are additional opportunities to participate in group-based treatments such as meditation, race-based stress and trauma, and PTSD recovery. When electing the PCT rotation, consideration should be given to developing a training plan that allows enough time for completion of evidence-based treatment protocols.

General Mental Health Clinic

Rotations in the GMHC are provided within an interdisciplinary team-based model. The GMHC incorporates the Behavioral Health Integrated Program (BHIP). BHIP teams promote coordinated and comprehensive mental health services consistent with patients' goals through a wide range of services including: psychological assessment, medication management, case management, and individual, group, and family therapy. Through GMHC rotations, Residents have the opportunity to work with supervisors who provide individual therapy for a broad range of anxiety-related disorders, including: social anxiety, panic disorder, generalized anxiety, specific phobias, OCD, and co-occurring disorders. Residents may also co-facilitate CBT or ACT based groups for anxiety. Residents will develop advanced skills in evidenced-based treatments for anxiety with an emphasis on effective exposure skills and adapting evidence-based principles in a flexible manner.

Training Methods and Goals

Residents in the Anxiety & Stress focus area learn from a combination of modeling of staff psychologists, applied clinical practice, and learning through didactic seminars. Residents participate in the delivery of direct patient care in the form of advanced evidence-based interventions and psychological assessments. The Resident will also participate in regularly scheduled didactics, seminars, and research opportunities that promote the scientist-practitioner model and which are consistent with the overall goals of the Residency program.

Residents in the Anxiety & Stress focus area will gain:

- Knowledge of theoretical models and empirical studies related to the etiology, epidemiology, usual course, and efficacious treatment interventions with respect to anxiety and stress-related disorders.
- Abilities to correctly assess, engage in differential diagnosis, and treat persons with anxiety disorders, with an emphasis on Evidenced Based Practices, including advanced cognitive and exposure skills and innovative treatment delivery.

- Knowledge of common co-morbidities associated with anxiety and stress-related disorders, and effective treatment planning and intervention skills with these multiply diagnosed patients.
- Knowledge of program evaluation skills with this population translated into program evaluation activities.
- Awareness of current trends in efficacy and effectiveness research and the latest research findings with respect to best intervention approaches with this population and its various subsets.
- Knowledge of program management and administrative aspects of effective psychological practice.
- Knowledge and experience in providing clinical supervision to psychology interns and/or externs.
- Engage in team-based science and participate in collaborative opportunities to develop papers, chapters, presentations.

Research Opportunities

Residents have a wide range of opportunities to participate in applied clinical research on several projects funded through VA and DOD through CITRAS. Residents may also participate in the research writing team, directed by Dr. Ellen Teng, and meets bi-monthly to provide support and feedback in the development of research products. Team members work individually and collaboratively on manuscripts, treatment protocols, grant writing, and presentations.

Selected Examples of Products from Recent Graduates*

Krauss A,* Begovic E,* Harper K* & Teng EJ. (2021). Advances in psychotherapy for PTSD. In D. Prabhakar (Ed.), *Advances in Psychiatry*, 1(1), pp.1-12. Elsevier Publishers.

Hunt C,* Krauss AK,* Hiatt E & Teng EJ (2022). Predictors of symptom reduction following intensive weekend treatment for panic disorder: An exploratory study of Veterans. *Journal of Affective Disorders*, 308, 298-304.

Bautista C,* Chase T,* & Teng EJ. (2021). A pilot study of transdiagnostic group cognitive behavior therapy for anxiety: An intensive weekend intervention. *Journal of Psychiatric Practice*, 27(1), 65-74.

Neilson EC,* Singh RS,* Harper KL* & Teng EJ. (2020). Traditional masculine ideology, PTSD symptoms severity, and treatment in service members and veterans: A systematic review. *Psychology of Men and Masculinities*, 21(4), 578-592.

Warnecke AJ,* Bautista CL,* Rojas SL,* & Teng EJ. (2020). Mechanisms underlying panic disorder comorbidity. In A. Columbus (Ed.), *Advances in Psychology Research*. Nova Publishers.

Harper KL,* Stanley MA, Exline JJ, Pargament, KI, Fletcher TL & Teng EJ. (2020). The impact of social support and morally injurious events on PTSD symptoms in veterans. *Military Psychology*, 352-362.

Boykin DM* & Teng EJ. (2019). A proposal for augmenting the measurement of index events in PTSD assessment using event centrality. *Anxiety, Stress & Coping*, 9, 559-567.

Breuninger MM,* Wilt JA, Bautista C,* Barrera TL, Stanley MA, Pargament KI, Exline JJ, & Teng EJ. (2019). The invisible battle: A descriptive study of religious/spiritual struggles in veterans. *Military Psychology*, 31(6), 433-449.

Broussard JD* & Teng EJ. (2019). Models for enhancing the development of experiential learning approaches within mobile health technologies. *Professional Psychology: Research and Practice*, 50(3), 195-203.

CLINICAL FOCUS AREA: *General Mental Health*

Overview

The Resident in the General Mental Health focus area will dedicate a minimum of 50% time in the GMH Clinic throughout the training year. Consistent with the overall Residency structure, the Resident may elect to complete external rotations in other areas including specialty clinics such as the PTSD Clinic, CITRAS, Substance Use Disorders Clinic, and the Infectious Disease Clinic. Other outpatient rotations through the Behavioral Health program complement this Residency position. In addition to experiential learning opportunities, the Resident will participate in advanced didactics.

The General Mental Health Clinic at the Houston VA is a large specialty mental health outpatient clinic. Veterans seen in this clinic have a wide range of diagnoses and presenting problems including: psychotic spectrum disorders, bipolar disorder, major depressive disorder, generalized anxiety disorder, PTSD, readjustment issues, and family or couple relational problems. Many have comorbid substance use and chronic health problems. Staff in this program represent a variety of disciplines including, psychology, psychiatry, nursing, physician's assistants, social work, marriage and family therapy, addictions therapists, and peer support. The psychologists in this clinic offer rotations that teach evidence-based treatment approaches, including cognitive behavioral therapy, dialectical behavior therapy, interpersonal therapy for depression, and acceptance and commitment therapy.

Services in the General Mental Health Clinic are provided within an interdisciplinary team-based model known as the Behavioral Health Integrated Program (BHIP). BHIP teams are patient-centric and recovery oriented. These teams aim to promote coordinated and comprehensive mental health services consistent with patients' values and goals pertaining to their care and best practices in mental health treatment. BHIP teams offer a wide range of services including: psychological assessment, medication management, case management, & individual, group, couples and family therapy. Therapy referrals however are directed through a clinic wide process focusing on matching the veteran with a therapist that can offer them the area of expertise or evidenced based therapy best suited for their needs.

Residents in this focus area learn from a combination of modeling of staff psychologists and applied clinical practice. Residents participate in the delivery of direct patient care in the form of advanced evidence-based interventions and psychological assessments. Training in this focus area is designed to prepare Residents for future employment in a general mental health outpatient program, especially those that employ interdisciplinary team models such as BHIP. Residents within this focus area may have opportunities to supervise psychology interns or practicum students. Additionally, the resident may be able to attend VA rollout trainings for empirically-supported interventions, and train under supervisors who serve as National

Consultants for VA EBP trainings. The Resident will also participate in regularly scheduled didactics, seminars and research opportunities that promote the scientist practitioner model and which are consistent with the overall goals of the Residency program.

Residents in the GMH focus area will gain:

- Knowledge of theoretical models and empirical studies related to the etiology, epidemiology, usual course and efficacious treatment interventions with respect to mood, anxiety, and psychotic-spectrum disorders.
- Abilities to correctly assess, diagnose, and treat persons with affective disorders, with an emphasis on Evidenced Based Practices.
- Knowledge of common comorbid psychiatric and medical conditions and effective treatment planning and intervention skills with these multiply diagnosed patients.
- Knowledge of program evaluation skills with this population translated into program evaluation activities.
- Awareness of current trends in efficacy research and the latest research findings with respect to best intervention approaches with this population and its various subsets. Knowledge of program management and administrative aspects of effective psychological practice.

Selected examples of potential additional training opportunities:

Administrative & Program Evaluation Opportunities

- Clinic Operations with Program Directors: GMHC provides interdisciplinary, team-based care using the collaborative chronic-care model to at least 19,000 unique Veterans per year at the MEDVAMC and across 9 CBOCs. Trainees on these administrative rotations will gain both administrative and program development/improvement experience to build structures related to new patient intakes, same-day access/services, and psychotherapy programming. Trainees will have the opportunity to identify areas for improvement, engage in process improvement and program development, and monitor ongoing change efforts. Potential topics include psychotherapy program development/improvement, creating new group protocols, working on technological solutions for clinic operational needs, developing educational materials for veterans, therapists, and referring providers, and many more possibilities. (Supervisors: Drs. Chloe Hoang and Caryn Glosch)
- Theracore: a team of GMHC psychologists responsible for developing and improving processes related to Veterans' participation in evidence-based psychotherapy. Theracore members are involved in processing psychotherapy consults, refining procedures related to psychotherapy treatment planning, and problem-solving barriers to evidence-based psychotherapy access. Examples of administrative opportunities and supervisors within this committee are as follows:
 - Consult processing and contributing to refining processes related to treatment planning, therapy enrollment, etc. (Supervisor: Dr. Caitlin Clark)

Therapy Treatment Planning (TTP) is a shared decision-making process designed to help orient veterans to the Evidence-Based Psychotherapy options available in GMHC and the guidelines for participating in therapy. With the high rate of referrals for psychotherapy, the TTP team looks for more efficient ways to provide TTP and get veterans engaged in the appropriate therapies. In addition, the team looks for ways to improve the fidelity of the facilitators providing TTP. Some example program evaluation projects might include: developing strategies to decrease barriers to care, improve shared decision-making processes, or reduce wait times for TTP. (Supervisor: Dr. Caryn Glosch)

- Therapist EBP Consultation meetings: Monthly interdisciplinary meetings to discuss improving the effectiveness of the provision of EBPs to patients (various supervisors)
- Clinical Application and Practice: Committee focused on developing training opportunities for GMHC therapy staff related to clinical practice. The Resident can coordinate a presentation for the series and also engage in program evaluation. (Supervisor: Dr. Jennifer Bogwu)

Program Evaluation & Research Opportunities

- Research related to Schizophrenia and psychopharmacology interventions with this population with Ola Okusaga through Bipolar and Schizophrenia Treatment (BeST) Clinic in GMHC (Supervisor: Dr. Jared Bernard).
- Program evaluation projects such as “Telehealth vs In-Person Care: Characteristics of Treatment for Veterans with Substance Use Disorders.” This involved a chart review of Veterans enrolled into treatment for substance use disorders through the SDTP New Patient Orientation Workshop and compared treatment characteristics for patients enrolled in-person prior to the COVID-19 pandemic to those enrolled remotely during the pandemic (Supervisor: Dr. Paige Morrison).
- Participation in research related to the mechanisms underlying anxiety and stress-related disorders, including the development of innovative treatment approaches such as intensive transdiagnostic treatment of anxiety in CITRAS (Supervisor: Dr. Ellen Teng).

Program Development

- Development of groups for Veterans in GMHC facilitated or co-facilitated by GMHC resident. Examples of previously developed groups:
 - o CBT for Impulsivity
 - o ACT for trauma exposed substance users
 - o SMI focused groups

Selected Examples of Products from Recent Graduates*

Ecker, A. H., Amspoker, A. B., Johnston, W.* , Walder, A., Lindsay, J. A., & Hogan, J. B. (2023). The role of depression and anxiety symptom severity in remotely delivered mental health care. *Psychological Services*.
<https://doiorg.va.proxy.liblynxgateway.com/10.1037/ser0000775>

Bogwu, J. O., Cooks, J.* (2020, August). Understanding and Overcoming Imposter Syndrome. Invited talk. Center of Excellence in Health Equity, Training and Research Transformed Post-baccalaureate Premedical (TPP) Scholars Program. Houston, TX.

Bautista, CL* & Teng EJ. (2020). Optimizing inhibitory learning in treatment of panic disorder. In A. Columbus (Ed.), *Advances in Psychology Research*. Nova Publishers.

Smith, A*., Hogan, J*., Hoang, C., & Teng, EJ. (2016). *Acceptance and commitment therapy (ACT) for trauma-exposed substance users: A local application to expand programming among Veterans*. Poster presented at the 32nd annual meeting of the International Society for Traumatic Stress Studies, Dallas, TX.

Sweeney, A., Leopoulos, W., Eitel, S., O'Neil, J., El-Serag, R., & Hentschel, E.* (2017, October). *Expanding integrated services: Implications for partnerships and practice within VHA*. Symposium presented at the Collaborative Family Healthcare Association Annual Conference in Houston, TX.

CLINICAL FOCUS AREA: *Interprofessional Lesbian, Gay, Bisexual, Transgender Health Care*

Overview

The Veterans Health Administration uses “LGBTQ+” as a term inclusive of those identifying as lesbian, gay, bisexual, transgender, queer, and those with identities beyond LGBTQ (e.g., questioning, nonbinary). The Resident in the LGBTQ+ focus area will develop advanced skills in psychological assessment and interventions specific to the LGBTQ+ Veteran population and have a range of additional training opportunities including scholarly inquiry, program evaluation, consultation, supervision, and teaching. The LGBTQ+ primary rotations include the LGBTQ+ specialty care rotation within the General Mental Health Clinic (GMHC) and the Infectious Disease (HIV/HCV) Clinic in Primary Care. The GMHC rotation consists of providing LGBTQ+ clinical care and participating in administrative and advocacy work under the supervision of Dr. Hiram Rivera-Mercado, psychologist and MEDVAMC’s Lead LGBTQ+ Veteran Care Coordinator (VCC). The Resident may supplement their LGBTQ+-focused training with minor elective rotations that further enhance or complement skills beneficial in working with members of the LGBTQ+ community such as rotations in Primary Care Mental Health Integration (PCMHI), the Women’s Health Clinic, the PTSD Clinical Team (PCT), and the Substance Dependence Treatment Program (SDTP).

Through their primary rotations, the Resident will conduct gender-affirming hormone therapy and pre-exposure prophylaxis (PrEP) evaluations, provide individual psychotherapy, and facilitate group psychoeducation, psychotherapy, and support groups. GMHC offers a “Pride and Courage” group which is a drop-in process-oriented support group for LGBTQ+ Veterans and “Bravely Becoming Real” which is a cohort-based group for transgender and gender diverse Veterans that focuses on psychoeducation, skills acquisition, and support.

The Resident in the LGBTQ+ focus area will gain and enhance skills primarily through experiential learning. They will provide direct clinical service delivery and participate in administrative and advocacy work to enhance accessible and affirming care throughout MEDVAMC. Trainees may further learn about LGBTQ+-informed care through didactic seminars and empirical readings from the literature integrated into their rotations and supervision. The Resident will participate in monthly national calls with LGBTQ+ residents from other VA medical centers. The Resident will also have opportunities for teaching or facilitating trainings might include presenting to psychologists and psychology trainees in the National VA Diversity video/teleconference series, MEDVAMC Psychology Interns, medical students or residents, or MEDVAMC interdisciplinary departments or teams.

The MEDVAMC Psychology Training Program has a number of other established rotations that provide excellent interprofessional training opportunities. Clinical training within most of these rotations involves providing care in a collaborative environment in which a Psychology Resident might coordinate care with social workers, nurses, psychiatrists, other physicians, and/or members of other healthcare disciplines. The Resident may also work with medical students and residents, social work interns, and trainees from other disciplines.

Residents in the LGBTQ+ focus area will gain:

- Knowledge of theoretical models and empirical studies related to the etiology, epidemiology, usual course and efficacious treatment interventions with respect to LGBTQ+ individuals.
- Abilities to correctly assess, diagnose, and treat persons with concerns stemming from LGBTQ+-related issues.
- Knowledge of important medical and psychiatric co-morbidities in LGBTQ+ Veterans, and effective treatment planning and intervention skills with these multiply diagnosed patients.
- Knowledge of program evaluation skills with this population translated into program evaluation activities.
- Awareness of current trends in efficacy research and the latest research findings with respect to best intervention approaches with this population and its various subsets.
- Knowledge of program management and administrative aspects of effective psychological practice.

Residents in the LGBTQ+ focus area will have the opportunity to participate in other administrative, program development and evaluation, and research activities. These opportunities can vary depending on availability and the resident's interest and tailored to meet their goals. In the past, the resident in the LGBTQ+ focus area has helped with developing the LGBTQ+ annual strategic plan, the Human Rights Campaign Healthcare Equality Index yearly certification, MEDVAMC LGBTQ+ trainings and seminars, HIV reduction campaigns, and the Psychology Resident Peer Consultation group.

Selected Examples of Products and Presentations from Recent Graduates*

Fritz, S.,* Steinberg, T., De La Cruz, A., Dike, D., & Le, B. (2018). Posttraumatic Stress Disorder (PTSD) and Trauma Informed HIV Care. <https://www.hiv.va.gov/provider/manual-primary-care/>

Fritz, S.* & Steinberg, T. (2018). Lesbian, Gay, Bisexual, and Transgender (LGBTQ+) Health. <https://www.hiv.va.gov/provider/manual-primary-care/>

Fritz, S.*, Menefee, D., Holmberg, N.,* Holliday, R., Monteith, L., & Kauth, M. (2018, August). *Understanding sexual/gender minority Veterans: Risk, resiliency, and psychosocial functioning*. Symposium presented at the American Psychological Association Annual Convention, San Francisco, CA.

Holmberg, N. J.,* Fritz, S.,* Kauth, M. R., Latini, D. M., & Barrera, T. (2018, May). *Getting acquainted with the Bs in LGBTQ+: Descriptive data from bisexual veterans*. Poster presentation presented at the 21st Annual Association of VA Psychologist Leaders (AVAPL) Conference, San Antonio, TX.

Smith, D.* and Rivera-Mercado, H. (2023). *Intervening against stigma and shame in LGBTQ+ populations*. Presentation to General Mental Health Clinic staff at MEDVAMC.

CLINICAL FOCUS AREA: *Primary Care Mental Health Integration*

Overview

The primary training site for the Primary Care Mental Health Integration (PCMHI) focus area is in the Behavioral Health Program. The Resident spends a minimum of 20 hours per week throughout the year involved in behavioral health treatment. Potential rotation supervisors for this focus area include several psychologists. Each psychologist provides expertise in a specific area that offers specialized training experiences in addition to the provision of behavioral medicine services for mood, anxiety, and adjustment disorders. The PCMHI team includes psychiatrists, registered nurses, licensed clinical social workers, physician assistants, nurse practitioners, and supports three medical residency/Residency positions. This diversity provides psychology trainees with an interdisciplinary work environment.

The PCMHI focus area provides training opportunities to Residents in developing advanced knowledge of theoretical models and empirical research related to the bio-behavioral etiology and epidemiology of co-morbid medical and psychiatric disorders, as well as, evidence-based interventions for Veterans with these conditions. Residents will receive training in the PCMHI model, in accordance with SAMSHA guidelines. Residents learn through direct clinical service delivery and educational seminars to assess, diagnose, and treat individuals with co-morbid medical and psychiatric illnesses in an interdisciplinary team setting. Trainees have many opportunities to plan and coordinate activities with primary care providers, nursing, psychiatry, social work, and psychology. There are also opportunities to engage in research, program evaluation, and administrative activities consistent with the trainee's interest and past experience.

Residents in the PCMHI focus area will gain:

- Knowledge of theoretical models and empirical research on bio-behavioral etiology and epidemiology of co-morbid medical and psychiatric disorders (i.e., depression and anxiety in the context of cardiovascular disease, diabetes and chronic pain) and evidence-based interventions for these conditions.
- Opportunities to correctly assess, diagnose, and treat persons with comorbid medical and psychiatric illness in individual and group settings, as well as within the context of a family or community.
- Ability to competently function as a mental health provider in a PCMHI setting, with adherence to the model, including the 5As approach to assessments and intervention sessions.
- Opportunities to provide same-day access to MEDVAMC primary care patients in collaboration with the PCMHI triage team and PACT providers.

- Abilities to conduct evaluations and provide interventions to support surgical candidacy and other specialty medical procedures, including multiple transplant/implant procedures and bariatric surgery.
- Advanced training in Motivational Interviewing skills, Mindfulness Based interventions, Acceptance and Commitment Therapy, and Cognitive Behavioral Therapy Techniques, with an emphasis on brief intervention modalities.
- General knowledge of pharmacotherapeutic aspects of treatment.
- Skills related to the delivery of recovery-oriented services with a focus on helping Veterans achieve self-identified goals for recovery, better psychosocial functioning, and greater integration in their communities.
- Interdisciplinary communication by participating on treatment teams within PCMHI and throughout the hospital.
- Knowledge of program evaluation skills with this population and to ability to disseminate information learned in these evaluation activities.
- Analytical and research skills through the development and dissemination of performance improvement projects and research on interventions to enhance treatment outcomes in medical patient populations and implementation of evidence-based practices.
- Participation in ongoing projects or design his/ her own project with the expectation of presenting results in an appropriate venue.
- Advanced training and certification in integrated healthcare (required for VA PCMHI positions)

Selected examples of potential additional training opportunities:

Administrative & Program Evaluation

- Participate in the Center for Integrated Healthcare (CIH) PCMHI Competency Training for VISN 16 (typically takes place in September) with D. Octavia Jackson, Ph.D.
- Analyze various PCMHI metrics for quality improvement and program development with Candy Smith, Ph.D.
- Assist with processing and improving Sleep Medicine Consults with Earl (Chuck) Crew, Ph.D.
- Program evaluation and development opportunities with Women’s Mental Health Champions, Bethan Aiena, Ph.D. and Alison Sweeney, Psy.D.
- Attend the Behavioral Health Program (BHP) weekly administrative meetings
- Attend the weekly PCMHI clinical team consultation huddle
- Provide in-service presentations and informal trainings to peers in the Behavioral Health Program and PACT
- Provide outreach and disseminating information to service care providers within the Mental Health Care Line
- Opportunity to revise and update patient-facing materials for Urology Cancer Patients with Elizabeth Conti, Ph.D.

Research Opportunities

- Research with infectious diseases and liver outcomes with Tara Steinberg, Ph.D.
- Research in chronic pain with Paul Sloan, Ph.D.
- Research in spinal cord injury and rehabilitation with Herb Ames, Ph.D.

Products from Recent Graduates*

O'Leary, K.* & Sloan, P.A. (April, 2020). "The Balm of Hurt Minds": An Examination of the Effect of Sleep on Chronic Pain. Poster presentation the Society of Behavioral Medicine's 41st Annual Meeting & Scientific Sessions. San Francisco, CA.

Russell, M.,* Ames, H., Dunn, C., Beckwith, S., & Holmes, S.A. (2020). Appraisals of Disability and Psychological Adjustment in Veterans with Spinal Cord Injuries. *Journal of Spinal Cord Medicine*. May 14;1-8. doi: 10.1080/10790268.2020.1754650

Poritz, J.,* Mignogna, J., Christie, A.,* Holmes, S., Ames, H. (2018). The Patient Health Questionnaire Depression Screener in Spinal Cord Injury. *Journal of Spinal Cord Medicine*, 41, 238-244.

Deavers, F.,* Awosogba, O.,* & Sloan, P. (April, 2018). *Reducing distress in patients with chronic pain: Is the pain tolerance index a useful measure?* Poster presented at the Annual Society for Behavioral Medicine Annual Meeting & Scientific Sessions, New Orleans, LA.

Awosogba, O. O. R.,* Deavers, F.,* & Sloan, P. A. (August 2017) Opiate Use and Catastrophizing in relation to Perceived Pain Relief in Veterans with Chronic Pain. Poster presented at the annual convention of the American Psychological Association, Washington, D.C.

Deavers, F.,* De La Cruz, A., & Steinberg, T. (2017). Serious Mental Illness and HIV. Book Chapter in HIV Primary Care Handbook for Veterans Healthcare Administration.

Marcelli, M., Fritz, S.,* De La Cruz, A. & Steinberg, T. (2017). LGBT Health and HIV. Book Chapter in HIV Primary Care Handbook for Veterans Health Administration.

Gonzalez, R.,* Watson, E., Denton, N., Steinberg, T. & Hua, W. (2015). A VA Perspective: The Evolution of Mental Health Treatment in Hepatitis C and Advanced Liver Disease. *Journal of Infectious Diseases*.

Chartier, M., Blais, R., Steinberg, T.,* Catella, S., Dehon, E., Ross, D. & Zeiss, R. (2013). A Psychology Postdoctoral Fellowship Program in Integrated HIV and Hepatitis C Clinical Care: Rationale, Progress, and Future Directions. *Training and Education in Professional Psychology*. DOI: [10.1037/tep0000038](https://doi.org/10.1037/tep0000038)

Psychology Training Program Residency Rotations

PRIMARY CARE MENTAL HEALTH INTEGRATION

Primary Care-Mental Health Integration (PC-MHI)

Angelic Chaison, Ph.D.

The goal of this rotation is to provide trainees with opportunities to increase proficiency in the Primary Care – Mental Health Integration model of providing brief mental and behavioral health services to Veterans in Primary Care. Trainees will be presented with a variety of cases with an emphasis on mild-to-moderate depression, anxiety, PTSD, insomnia, alcohol/substance misuse, and adjustment to major life and/or health changes. Opportunities exist for trainees to conduct 1) same-day, functional assessments, 2) brief, short-term psychotherapy with the aim of transferring Veterans' care back to their Primary Care Providers as appropriate, and 3) psychotherapy groups ("classes") including CBT for Anxiety and Problem-Solving Therapy for Stress Management. As part of a multidisciplinary team, trainees will have opportunities to work with mental health and primary care staff in providing more holistic care to Veterans while co-located in Primary Care. Opportunities may also be available to participate in ongoing PC-MHI education and program evaluation efforts in Primary Care.

Primary Care Mental Health Integration—Health Psychology Focus

Dorothy Octavia Jackson, Ph.D.

This rotation is designed to provide interested trainees with clinical training opportunities in the area of primary care mental health, with an emphasis on health psychology cases. The Primary Care Mental Health Integration (PCMHI) program supports primary care providers in identifying and treating patients with a variety of mental health diagnoses. This rotation will offer opportunities, where available, to focus on cases of mild-to-moderate mood and anxiety disorders with co-morbid health-related problems such as cardiovascular disease, pulmonary diseases, diabetes, and/or obesity. Trainees will have the opportunity to conduct brief, functional assessments using the Center for Integrated Healthcare's 5As model, to engage in same day access, and provide evidence-based, time-limited individual therapy sessions in a fast-paced primary care setting. Opportunities may also exist for trainees to co-facilitate the virtual Acceptance and Commitment Therapy for Depression Class for PCMHI patients as well as develop additional group services with a health psychology emphasis.

Home Based Primary Care (HBPC)-Health Psychology Focus

Xuan V. Habrock, Ph.D.

HBPC is an interdisciplinary program which provides opportunities for collaboration with other disciplines such as primary care providers, nursing, social work, dietician, psychiatry, occupational therapy, and pharmacy. Trainees are offered opportunities to develop skills in geriatric care by delivering mental health services in patients' homes. Trainees work with mental health concerns such as neurocognitive disorders, mood disorders, and substance use disorders that are co-morbid with health-related problems such as diabetes, chronic pain, sleep, cardiovascular disease, and terminal illnesses. This rotation offers experiences in initial mental health evaluations, brief individual therapy, family psychotherapy, caregiver support, crisis intervention, safety planning, psychoeducation, and participation in interdisciplinary treatment team meetings. In addition to conducting in-person home visits, trainees who are interested, will have the opportunity to conduct Clinical Video Telehealth (CVT)

psychotherapy sessions, where providers conduct telehealth sessions directly into veterans' homes. Trainees with an interest in mindfulness practices will have the opportunity to develop skills in delivering mindfulness interventions as well as participate in Healthy Staff, Healthy Vet, a bimonthly mindfulness practice for hospital staff. This training rotation allows for development of skills in cognitive behavioral approaches, motivational interviewing, and integrated elements of acceptance commitment therapy.

Primary Care Mental Health Integration – Women's Health Focus

Laura Haney, Ph.D.

This rotation is aimed at providing interested trainees with opportunities for clinical experiences in Primary Care Mental Health, with the option of an emphasis in Women's Health. Training in Primary Care Mental Health Integration (PCMHI) will include brief assessment and the provision of clinical services to a variety of Veterans across the primary care clinics at MEDVAMC. Specifically, trainees will be exposed to a variety of cases and presentations, including mild- to- moderate anxiety, depression, and/or substance use, often times in the context of other health related conditions (e.g., chronic pain, diabetes). Further, Trainees will also have the option to focus on working with Women Veterans in the Women's Health Center (WHC), which is a specialty primary care clinic at the Michael E. DeBakey VA Medical Center. The Women's Health Center is dedicated to providing a full range of high-quality health care services to women Veterans in a comfortable environment. Across experiences, trainees would be offered opportunities to learn and engage in gender-sensitive and trauma-informed care in an integrated and collaborative model. Trainees will have the opportunity to develop assessment, intervention, and consultation competencies through: 1) conducting brief functional assessments, 2) Walk-in/Same day and scheduled assessments, 3) providing brief individual interventions from a cognitive-behavioral framework, 4) co-facilitating group therapy interventions and, 5) engaging in multi-disciplinary consultation with primary care teams and psychiatry in PCMHI and Women's Health Center.

Home-Based Primary Care (HBPC)

Kevin Jacques Siffert, Ph.D.

The rotation in Home Based Primary Care (HBPC) provides trainees with the opportunity to work closely within a Patient Aligned Care Team (PACT) model. PACT is the cornerstone of the New Models of Care transformation initiative intended to transform the way Veterans receive their care. Trainees on this rotation will learn how to provide patient-driven, proactive, personalized, team-based care oriented toward wellness and disease prevention. Common problems presented during individual psychotherapy center on the Veteran's struggle to adaptively manage anxious and affective symptoms. In addition, Veterans in this program are often seeking to achieve and/or maintain an optimal level of functioning and quality of life, in the wake of biopsychosocial losses associated with aging, increased dependency, and fear of disease process. Trainees will have the opportunity to conduct and provide: initial mental health evaluations, brief individual therapy, family psychotherapy, crisis intervention, safety planning, psychoeducation, and caregiver support. There are also, some opportunities to help Veterans with serious mental illness (e.g., major affective and severe schizophrenic spectrum disorders). It is anticipated that trainees will actively plan for and participate in weekly PACT meetings. The HBPC psychologist will accompany the trainee off site, as mental health services are conducted in the Veteran's own home, medical foster home, personal care home, and assisted living facility. Taken together, this rotation offers great flexibility and will be tailored to the trainees interests and stage of professional development.

Women's Health Center

Alison C. Sweeney, Psy.D.

The Women's Health Center is a specialty primary care clinic at the Michael E. DeBakey VA Medical Center dedicated to providing a full range of high-quality, compassionate health care services to women Veterans in a comfortable and inviting environment. This rotation focuses on the delivery of gender-sensitive, trauma-informed mental health care in a co-located, integrated and collaborative model with primary care providers. Common mental health concerns addressed in the Women's Health Center include depression, anxiety, sexual trauma, combat trauma, intimate partner violence, sleep disruption, disordered eating, chronic pain, and difficulties with chronic disease management. Trainees will have the opportunity to develop assessment, intervention, and consultation competencies through (1) conducting brief functional assessments (2) providing brief individual interventions within an evidence-based framework (3) co-facilitating group therapy interventions and (4) engaging in consultation with primary care teams and psychiatry in the Women's Health Center.

Primary Care – Mental Health Integration (PC-MHI)

Vincent Tran, Ph.D.

This rotation is a minor rotation and entails assessment and the provision of brief clinical services to a variety of Veterans based out of the primary care clinics. Trainees will be presented with a variety of cases including mild- to- moderate depression, anxiety, PTSD and/or alcohol/substance misuse, which are potentially co-morbid with health problems such as diabetes, chronic pain, and obesity. Opportunities exist for trainees to conduct focused diagnostic assessments and provide treatment recommendations referred by their primary care providers; conduct short-term, brief individual therapy; co-facilitate psychotherapy groups (specifically a 4-week, virtual Men's Group aimed to help our male patients improve their psychological or relationship functioning); collaborate with other professionals within primary care including mental health and general practice providers; and facilitate smooth linkages with specialty services as needed.

BEHAVIORAL MEDICINE

Spinal Cord Injury Care Line Psychological Services

Herb Ames, Ph.D., ABPP, ABN; Sarah Beckwith, Ph.D.

This rotation occurs within the Spinal Cord Injury Care Line and emphasizes assessment, treatment planning, intervention, and consultative services in the care of a very heterogeneous mix of inpatient and outpatient Veterans with spinal cord injuries or dysfunction (SCI/D) of varied anatomical levels and completeness. The rotation occurs within a rehabilitation context but also has elements of health psychology, geropsychology, and generalist psychological practice. Assessment experiences include interview-based assessment, Whole Health assessment, clinical syndrome testing, and neuropsychological screening. Intervention experiences may include individual, relationship/family, and group contexts. Occasional crisis-related assessments and interventions are a typical component of the rotation. System competency development (i.e., knowledge related to accessing needed general and specialty services) is an important training objective. SCI Care Line service delivery focuses on reducing obstacles to recovery, mobilizing assets, health promotion (& prevention of secondary conditions), and fostering optimal adaptation/adjustment. Improving adaptivity of appraisals and coping skills, as well as identifying and mitigating the negative effects of co-morbid cognitive/psychological limitations, are major psychological roles. Improving motivation and treatment adherence is a common theme when psychological assistance is sought. Since all care occurs within the context of an interdisciplinary team, psychology is often consulted to assist in optimizing patient-provider interaction patterns should these

become strained. An overview of medical and pharmacological aspects of rehabilitative medicine will be gained through supervision and interactions with a range of other professionals on the SCI care team. Supervisors have a strong commitment to the MEDVAMC Psychology Training program. Both have pragmatic and integrative orientations, an appreciation of empirical and conceptual bases of practice, and a focus on individualized training. Dr. Ames is ABPP board certified in Rehabilitation Psychology & Geropsychology, as well as a Diplomate in Professional Neuropsychology through the ABN (American Board of Professional Neuropsychology). Dr. Beckwith's background is in clinical health psychology and behavioral medicine and she takes an integrative approach using CBT, ACT, Motivational Interviewing, mindfulness and relaxation training. Dr. Beckwith is also interested in multicultural and diversity-related issues and serves on the Multicultural Diversity Subcommittee for the Psychology Training Program. Dr. Ames and Dr. Beckwith also have experience with evidence-based CBT for chronic pain (CBT-CP), ACT for Depression (ACT-D), and Motivational Interviewing (MI). Depending on the trainee's interests and time availability of trainee and supervisor, there may be opportunities to be involved in research-related products (e.g., posters; presentations; journal submissions) regarding psychological processes and outcomes in our Spinal Cord Injury Center.

Pre-Surgical Assessment Rotation

Shiquina Andrews, Ph.D., ABPP

The MEDVAMC is a VA-approved Transplant Center (VATC) for liver, kidney recipients, kidney donors, and heart transplant/LVAD patients, which means that MEDVAMC services patients from other VAs. Moreover, like all other VAs, there is a duty to perform preliminary evaluations for local bone marrow/stem cell and lung transplant candidates before referral to another VATC. A small team of BHP Psychologists and Psychiatrists share responsibility for completing mental health evaluation and health-focused consultation at various points along the transplant referral trajectory. Given Dr. Andrews's part-time schedule, trainees on this rotation can expect to gain the most experience in psychological evaluation with local kidney, liver, and bone marrow/stem cell transplant candidates, consisting of psychodiagnostic interview, cognitive testing, and a flexible battery of other relevant psychological measures. Other opportunities (e.g., health-focused consultation with remote kidney transplant candidates and wait-listed kidney transplant patients) are available depending on the rotation schedule. If trainees are looking for specific experience in performing donor evaluations, working with heart patients, health-focused consultation for remote liver patients, or providing consultation via attendance at Medical Review Board (MRB) meetings, please consider other Psychology staff who may provide these opportunities. Also of note, *this is a minor only rotation*. Given time limitations, interested trainees with some experience in health assessment, cognitive assessment, and/or personality assessment, including report-writing, will likely make the best fit.

Oncology/Hematology

Elizabeth Conti, Ph.D.

This rotation provides opportunities to learn about different types of cancers and hematological conditions, treatments, side effects of treatments, palliative care approaches, and typical psychological reactions to cancer. Trainees will have the opportunity to provide assessment, individual therapy, and group therapy to Veterans with cancer and hematological conditions, as well as consultation to their physicians, nursing staff, dietitian, social worker, and other team members. Most activities occur in the Cancer Center, a multidisciplinary specialty medical clinic. Inpatient experiences are likely to be available. Trainees will participate in responding to psycho-social distress screening, walk-in/same day and scheduled assessment, as well as a broad range of individual therapies (e.g., CBT, ACT and mindfulness training, Meaning-Centered Psychotherapy, supportive, therapy for end-of-life concerns). Issues typically addressed during therapy are depression, anxiety, adjustment, managing fatigue and

other side effects, smoking cessation/substance use, pain, insomnia, death and suicidal ideation, loss of meaning/purpose/functioning, and caregiving relationships. Therapy is flexible and provided with attention to treatment burden and the Veteran's individual needs (i.e., may be short term or longer-term, weekly or monthly). This rotation is hybrid based on trainee/supervisor availability and preference (Monday-Wed are on site; Thurs-Fri are remote). Group therapies include monthly support groups (Tuesdays) and bimonthly interdisciplinary Whole Health group for individuals with urologic cancers (Wednesdays). Opportunities to be involved in quality improvement projects may also be available.

Palliative Care Psychology

L. Alexis Correll, Psy.D.

This rotation is designed to provide psychology externs, interns, and fellows an opportunity to learn about different types of medical conditions, their treatments, and typical reactions of patients to these concerns from a health psychology perspective. Trainees will be able to provide direct clinical care to Veterans and families, as well as to consult with other members of interdisciplinary care teams, in inpatient medicine, Community Living Center (CLC), and outpatient medical settings. Patients include Veterans experiencing a range of medical concerns, from acute illness/injury to chronic, life-limiting or life-threatening illness up to and including end-of-life. Common medical concerns include cancer, ALS, COPD/pulmonary disease, heart failure, Multiple Sclerosis, renal failure, and liver failure. Veterans often have a wide range of pre-existing mental health concerns that are exacerbated by their medical illness, symptoms, and/or hospitalization; these often include mood disorders, anxiety disorders and PTSD. Psychology services are focused on providing empathic support, coping skills training, and other psychotherapeutic interventions to support these Veterans and their families depending on the presenting concerns and/or symptoms. Treatment approaches commonly include CBT, CBT for Insomnia, CBT for Chronic Pain, ACT, mindfulness, Dignity Therapy, and meaning-centered psychotherapy, as well as other existential/humanistic approaches. Services are provided in individual, family, and group formats, offered bedside in a dynamic medical environment, as well as via more traditional outpatient services in-person and/or via VVC. Psychology plays an important role on the interdisciplinary teams for these patients; trainees will have the opportunity to serve as a consultant on these teams to further support patient care. Trainees on this rotation will also have the opportunity to work closely with trainees of other disciplines. Opportunities are also available for trainees to participate in program development and intradisciplinary educational opportunities.

Behavioral Sleep Medicine

Earl Charles Crew, Ph.D., DBSM

This rotation is designed to provide immersive training in the management of clinical sleep disorders within the framework of behavioral sleep medicine (BSM). All activities occur within outpatient clinics through the Behavioral Health Program (BHP) or integrated within the MEDVAMC Sleep Center. Initial experiences will emphasize learning about different sleep disorders (insomnia, obstructive sleep apnea, nightmare disorder, circadian rhythm disorders, narcolepsy, REM-sleep behavior disorder) and the treatments recommended for management of these conditions. Trainees will conduct comprehensive BSM intake evaluations and facilitate interventions to include individual and group-based cognitive behavioral therapy for insomnia (CBT-I), imagery rehearsal therapy (IRT) for nightmares, and motivational enhancement therapy (MET) for positive airway pressure (PAP) adherence. Many patients seen through the BSM service have multiple comorbidities which also affect their sleep. For this reason, treatment plans often incorporate strategies such as motivational interviewing to address substance use, stress management, activity pacing for chronic pain, behavioral activation for depression, grounding techniques, or mindfulness meditation. Trainees may also provide Same Day Access (SDA) coverage in the Sleep Center when psychology is consulted by the medical team. This is an opportunity to deliver

brief consultation services for patients who present with behavioral sleep needs while attending their routine sleep medicine appointments. Examples of interventions provided during brief consultation may include sleep hygiene education or exposure-based interventions to improve tolerance of device therapies for sleep apnea. Depending on availability and trainees' interests/schedules, opportunities to shadow outpatient appointments with other members of the sleep medicine team (sleep/pulmonary physicians, respiratory therapists, sleep psychiatry), inclusion in local sleep medicine didactics, or involvement in quality improvement projects may be available as part of the BSM rotation.

Transplant Mental Health

Frances Deavers, PhD.

Trainees will gain experience conducting pre-transplant evaluations for candidates seeking kidney, liver, heart, bone marrow, or lung transplant candidacy, at different phases of the process. Additionally, trainees will perform evaluations for prospective kidney donors. Trainees also may have the opportunity to participate in medical review board (MRB) meetings and present cases to the interdisciplinary transplant team. Of note, this is a minor rotation only, due to the supervisor's limited tour of duty (T/Th 8:00-16:30). This rotation focuses on honing diagnostic skills; increasing skills in health-focused behavioral interviews; refinement of cognitive screening skills; increasing familiarity with the overlap of physical and mental health conditions and symptoms (e.g., cognitive impairment secondary to hepatic encephalopathy); and exploring ethical issues related to transplant.

The Pain Evaluation Center

Paul A. Sloan, Ph.D.

The Pain Evaluation center is a combined Step One/Step Two Pain evaluation and management clinic which specializes in Psychological, Medical, and Psychiatric evaluation of a variety of chronic pain conditions and the Psychological management of chronic pain conditions. Interns participating in this rotation will have the opportunity to participate in clinical interviews and psychological assessments focused on the impact of pain on Quality of Life. From a therapeutic perspectives, interns will have the opportunity to participate in both individual and group interventions with primarily a CBT or ACT framework. They will be participating in multidisciplinary treatment team meetings with Psychology, Psychiatry, Internal Medicine, and Nursing and there may be an opportunity to meet with other disciplines in Rehabilitation Medicine and Anesthesiology. By the end of the rotation, interns will have a good understanding of the biopsychosocial aspects of chronic pain, with exposure to a variety of medical conditions which create chronic pain and various treatment strategies for addressing these issues.

The Pain Evaluation Center

Matt Russell, Ph.D.

The Pain Evaluation center is a combined VA Step One/Step Two pain evaluation and management clinic, which specializes in Psychological and Medical evaluations for a variety of chronic pain conditions. Assessment experience will focus on completion of clinical interviews with varied symptom screeners focused on co-morbid psychiatric concerns. Trainees on the rotation will gain experience with providing evidence-based psychotherapies (EBPs) like Cognitive Behavioral Therapy for Chronic Pain (CBT-CP) and Acceptance and Commitment Therapy for Chronic Pain (ACT-CP). Situation specific opportunities may arise for the flexible tailoring of EBPs with additional interventions to meet a Veteran's specific clinical presentation (e.g. use of Motivational Interviewing (MI), CBT-I, etc.). Additional opportunities include engagement in group psychotherapy, brief Motivational Interviewing related to substance use disorders (SUDs) within the context of chronic pain, multidisciplinary treatment team meetings, and biofeedback treatments. The rotation aims to help trainees develop an improved understanding of how to apply the biopsychosocial model to case conceptualization and Veteran care. Consistent with the VA's efforts to

improve access to care, each of the clinical opportunities may be provided either face-to-face or through telehealth modalities (e.g. telephone or video).

Infectious Diseases and Consult & Liaison Psychiatry

Tara Steinberg, Ph.D., ABPP

The HIV, Hepatitis C, HIV/STD prevention (Pre-Exposure Prophylaxis Treatment) rotation is a minor rotation for 8-16 hours that provides training in Clinical Health Psychology using innovative models of care, including the Medical Home Model and Patient Aligned Care Team system. Trainees develop advanced skills in the Specialty Medical Clinics within Primary Care Mental Health Integration (PCMH). Trainees will gain knowledge of theoretical models and empirical research related to the bio-behavioral etiology and epidemiology of co-morbid medical and psychiatric disorders, as well as evidence-based interventions for Veterans with these conditions. A special focus is on the application of these skills to infectious disease populations. Trainees will function in an interdisciplinary team setting and have opportunities to plan and coordinate activities with infectious disease providers, nurses, psychiatrists, social workers, and psychologists from other clinics. Trainees will gain knowledge in the assessment, diagnosis, and treatment of Veterans living with comorbid medical and psychiatric illnesses, in both individual and group settings, as well as within the context of a family or community. Trainees will have the opportunity to conduct treatment evaluations and psychological assessments, and gain specialty training in therapeutic techniques such as Motivational Interviewing, Mindfulness, and Cognitive-Behavioral Therapy, with an emphasis on brief intervention modalities for health populations.

Women's Health Center- Reproductive Psychology

Kristina Harper, Psy.D.

This rotation is housed within the Women's Health Center and offers services for our Women Veterans across MEDVAMC and the local CBOCS. Trainees on this rotation will gain focused experience providing evidenced-based practices for individual and group therapy for Women Veterans experiencing new onset or exacerbation of symptoms secondary to pregnancy, postpartum, traumatic delivery, infertility, menopause, or other endocrine and gynecologic concerns. Trainees will increase skills for psychosocial assessment and case conceptualization around key components of reproductive needs across the lifespan. Trainees will flexibly tailor interventions for immediate, and often changing, reproductive concerns. Opportunities for group facilitation may include ROSES or the prevention of postpartum depression, RIPPLES for perinatal loss, Mom2Mom for postpartum support, and a Women's only CBT for anxiety group. Services are primarily delivered via VVC platform with potential for some in-person appointments.

NEUROPSYCHOLOGY

Neurology Care Line (NCL)

Tabina Choudhury, Ph.D. – Spinal Cord & Peripheral Nervous System Emphasis

The primary clinical activities of trainees working in NCL Rotation 2 will include both outpatient and inpatient neuropsychological assessments. There are a wide range of neurology outpatient clinics; trainees in NCL Rotation 2 will primarily see patients referred from the ALS, Multiple Sclerosis, Cognitive Disorders, and other specialty clinics. Trainees will also see patients referred from the Spinal Cord Injury Care Line (SCICL) for outpatient/inpatient evaluations. Among outpatient consultations, approximately 25% primarily have Alzheimer's Dementia, 25% Vascular Dementia, 10% Lewy Body Dementia, 15%

other diagnoses of a neurological nature, and 5% other psychiatric disorders. Trainees will have the opportunity to present findings during multidisciplinary team meetings and consult with providers from other disciplines within NCL and SCICL. The majority of inpatient consultations are in support of SCICL, including evaluations to inform treatment planning, monitor cognition serially, and assess decision-making capacity. Tiered supervision opportunities may be available, as there are often residents, interns, and externs simultaneously rotating on NCL. There may be opportunities to engage in brief psychoeducational, supportive, and/or skills-based interventions with patients from the general NCL referral pool. There are also ample research and program development opportunities with Dr. Choudhury and/or other NCL staff available during this rotation.

Neurology Care Line (NCL)

Brian Miller, Ph.D. - Cerebral Localization & Lateralization Emphasis

The primary clinical activities of trainees working in NCL Rotation 1 will include both outpatient and inpatient neuropsychological assessments. There are a wide range of neurology outpatient clinics; trainees in NCL Rotation 1 will primarily see patients referred from the Stroke, Epilepsy, Cognitive Disorders, and other specialty clinics. Among outpatient consultations, approximately 25% primarily have Alzheimer's Dementia, 25% Vascular Dementia, 10% Lewy Body Dementia, 15% other diagnoses of a neurological nature, and 5% other psychiatric disorders. Trainees will have the opportunity to present findings during multidisciplinary team meetings. The majority of inpatient consultations are in support of the Epilepsy Center of Excellence (approximately 150 per year), where patients admitted for inpatient continuous video EEG monitoring (2-4 per week) undergo either a brief cognitive/emotional screening or a comprehensive presurgical neuropsychological assessment. Advanced trainees may also assist with pre- and post-surgical evaluations of epilepsy patients, Wada evaluations in an interdisciplinary setting, and presentation of epilepsy cases at surgery planning meetings. Tiered supervision opportunities may be available, as there are often residents, interns, and externs simultaneously rotating on NCL. There may be opportunities to engage in brief psychoeducational, supportive, and/or skills-based interventions with patients on the LTM unit or from the general NCL referral pool. There are also ample research and program development opportunities with Dr. Miller and/or other NCL staff available during this rotation.

General Neuropsychology

Adam Christensen, Ph.D., Jonathan M. Grabyan, Ph.D.; Emily Kellogg, Ph.D. & Troy Webber, Ph.D., ABPP

The Neuropsychology Clinic receives inpatient and outpatient referrals from all the Care Lines within MEDVAMC and satellite clinics, excluding Rehabilitation and Neurology, to include Mental Health, Primary Care, Spinal Cord Injury, General Medicine, and Long Term Care. Populations served include dementias (e.g., Alzheimer's, Vascular, Lewy Body, Frontotemporal Lobar Dementia), psychopathology, cerebrovascular disease, parkinsonism, substance abuse, ADHD, HIV, demyelinating diseases, toxic-metabolic, and brain tumor. In addition, capacity evaluations are routinely requested from various providers. Evaluations are tailored to individual patient needs and referral questions, using a flexible battery approach. The trainee will have the opportunity to learn techniques of neuropsychological investigation and principles of interpretation and specific recommendations with regard to the functional and diagnostic significance of findings. It is understood that trainees have varying degrees of assessment experience/exposure to neurological populations and every effort will be made to address each trainee's individual needs or interests. Additional didactic opportunities are available including the MEDVAMC Neuropsychological Seminar Series, Houston Neuropsychological Society meetings and other relevant educational meetings. There may be opportunities to participate in ongoing research projects with the goal of generating a product.

Rehabilitation and Extended Care Line

Nicholas Pastorek, Ph.D., ABPP-CN

The neuropsychology service in the Rehabilitation and Extended Care Line primarily provides outpatient assessment and treatment to Veterans with polytrauma from the wars in Iraq and Afghanistan. These service members and Veterans are typically in the post-acute stage of recovery from brain injury and are also seeking treatment for other physical and psychiatric conditions. Assessment and treatment of the polytrauma survivors entails monitoring cognitive and emotional functioning through neuropsychological assessment, improving cognitive functioning and maximizing independence through tailored feedback and individual therapies, and facilitating psychological adjustment of the clients and caregivers through psycho-educational sessions. Consults are also routinely received from general outpatient and inpatient rehabilitation clinics. Neuropsychological evaluations in these contexts are typically requested to assess competency and to make recommendations regarding assistance and supervision for older adult Veterans recovering from stroke or other acquired brain injuries. This is a rotation where the emphasis is on teaching the basics of neuropsychological assessment (including interviewing, test selection, test administration, interpretation of data, etc.) and exposure to different neurologic/psychiatric populations. Test selection is hypothesis driven and findings are compared to normative data and interpreted within an information processing framework. It is understood that trainees have varying degrees of assessment experience and exposure to neurological populations and every effort will be made to individually tailor each training experience. The experiences of trainees on this rotation may vary considerably depending on their familiarity with neuropsychological testing, availability, and goals. In general, it is expected that trainees will become reasonably proficient in administering, scoring, and interpreting test results within a neuropsychological framework by the end of the rotation. Trainees will also learn about the cognitive sequelae following brain damage, especially traumatic brain injury and stroke, and will become adept at using this knowledge to make functional recommendations and to educate the clients and their families. Trainees will also be expected to attend and to actively participate in neuropsychology seminars. Trainees may have the opportunity to work with externs and to work under the guidance of the neuropsychology residents.

GENERAL MENTAL HEALTH

General Mental Health Clinic

Jennifer Bogwu, Ph.D.

The General Mental Health Clinic (GMHC) is an outpatient clinic that provides services to Veterans with affective, psychotic, anxiety, and cognitive disorders. A major goal of the programs in GMHC is to provide recovery-oriented care that helps Veterans achieve the highest possible level of functioning, productivity, independence, interpersonal effectiveness, and overall satisfaction with life. Trainees will have the opportunity to participate in evidence-based, time-limited, group and individual therapy and psychosocial and psychological assessments with a diverse population. Trainees have the opportunity to co-facilitate a 10 week Cognitive Behavioral Therapy for Depression group and participate in multidisciplinary treatment team activities and case consultations. If desired, the trainee can tailor the rotation around the assessment and treatment of mood disorders with a special focus on learning evidence-based treatments such as Cognitive Behavioral Therapy and Interpersonal Therapy for Depression. Supervision is generally provided in a mentoring atmosphere with more independence coming later in the rotation.

General Mental Health Clinic

Lauren Bowersox, Ph.D.

Trainees on this rotation will have the opportunity to conduct individual evidence-based therapy in GMHC. Veterans often present with depression, anxiety, PTSD or trauma-related disorders, suicidal ideation, substance use, personality disorders, and a variety of psycho-social stressors. A focus of this rotation will be on utilizing Interpersonal Therapy for Depression, Brief Psychodynamic Therapy, and mentalization-based interventions. Trainees will also be challenged to further develop their case conceptualization and treatment planning skills, as well as attend multidisciplinary team meetings and case consultation. If interested, interns will have the opportunity to conceptualize cases utilizing psychodynamic and attachment theory to deepen their use evidence-based interventions.

Center for Innovative Treatment of Anxiety and Stress

Caitlin Clark, Ph.D.

The Center for Innovative Treatment of Anxiety and Stress (CITRAS) is an outpatient clinical research program focused on innovative approaches to evidence-based treatment for Veterans with co-occurring anxiety and stress-related disorders. Although CITRAS offers treatment in the context of clinical research trials, trainees on this rotation will only work with patients presenting for standard clinical care. Typical clinical presentations within CITRAS include social anxiety, generalized anxiety, panic disorder and agoraphobia, health anxiety, phobias, PTSD, OCD, and/or related issues (e.g., perfectionism, moral injury, depression). Emphases of this rotation include differential diagnosis, integrative and transdiagnostic case conceptualization, and flexible implementation of evidence-based interventions based on individual patient needs. Trainees may opt to focus their rotation on a particular type of clinical presentation (e.g., generalized anxiety disorder, subthreshold PTSD, panic disorder, moral injury), or on a particular type of intervention (e.g., exposure). Clinical activities include patient screening and consult processing, case consultation with referring providers and members of Veterans' treatment teams as needed, diagnostic assessments and treatment planning, and individual psychotherapy. Other opportunities might include cofacilitation of weekly Transdiagnostic CBT for Anxiety groups, supervised supervision of more junior trainees rotating through CITRAS, and development/implementation of a group consistent with trainee interests and patient needs.

General Mental Health Clinic – Posttraumatic Stress Disorder and Readjustment Issues

Ashley Clinton, Ph.D.

This rotation focuses on treating Veterans with PTSD and related comorbidities, including readjustment issues. Interns may have opportunities to conduct mental health intake screenings and will follow several Veterans for short term individual therapy. A main focus of the rotation will be on diagnostic assessment and treatment planning skills, case conceptualization, as well as short-term integrative therapeutic interventions. Interns may also be able to participate in multidisciplinary treatment team activities.

General Mental Health Clinic - Cognitive Behavioral Therapy and Multicultural interventions

Chantel Frazier, Ph.D.

The rotation is within the GMHC. Trainees will encounter a diverse veteran population in this program, varied in age, sex, race/ethnicity, sexual orientation, SES, medical history, religion, and a multitude of other factors. Trainees will be encouraged to be thoughtful about the way in which multicultural factors influence the patient's presentation and engagement in both individual and group treatment. Trainees will also have a model of ethical behavior and help develop their own understanding of mental health ethics and law. Trainees will have the opportunity to carry an individual and couples therapy caseload.

Opportunities for training and supervision in CBT (anxiety, depression, insomnia, chronic pain), IPT, and integrative and multicultural approaches are all available. Trainees may also co-lead psychoeducational groups and therapeutic groups (e.g., CBT-Insomnia, Race Based Stress and Resiliency group, etc.). In addition, trainees may also have the opportunity to develop and/or co-lead group therapies and participate in multidisciplinary treatment team activities.

General Mental Health Clinic –Anxiety

Jessica Freshour, Ph.D.

This rotation is a minor rotation in the General Mental Health Clinic and offers opportunities to work with veterans with different anxiety disorders, including social anxiety, panic, generalized anxiety, specific phobias and co-occurring disorders. A focus on late life anxiety is available. Trainees also have the opportunities to co-facilitate a CBT for Anxiety group.

General Mental Health Clinic –Cognitive Behavioral and Interpersonal Psychotherapy Interventions Samoan C. Johnson, Ph.D.

Trainees on this GMHC rotation will have the opportunity to conduct time-limited individual evidence-based psychotherapy with Veterans. The purpose of time-limited therapy is to help Veteran's change repetitive patterns of relating to others, learn coping skills, and to improve life and functioning. Veteran's typically present with a variety of mental health disorders including Depression, Anxiety, and Trauma and Stressors Disorders. Veteran's ages range from 20 – 75 years old and are from a variety of ethnic and cultural backgrounds. Trainees will have to opportunity to develop their skills implementing Interpersonal Therapy for Depression (IPT-D) and Cognitive Behavioral Therapy for Depression/ Anxiety (CBT-D/A) interventions to treat mental health conditions. Trainees will further develop their skills in case conceptualization, diagnosis, treatment planning, and consultation. Lastly, Trainees will have the opportunity to develop their clinical skills providing telehealth care.

GMHC Psychological Testing Clinic

Joanna Lamkin, Ph.D. and Lauren Bowersox, PhD.

The Psychological Testing Clinic receives referrals for diagnostic clarification for Veterans currently receiving treatment in the General Mental Health Clinic (GMHC). The clinic addresses a range of referral questions, including broad differential diagnosis using DSM-5-TR criteria, personality assessment, evaluation of difficulties with attention and concentration, evaluation of difficulties in academic domains, and assistance with treatment planning for complex presentations. Trainees will have the opportunity to strengthen skills in assessment, including: (1) selection of empirically supported test batteries to address the unique referral question, (2) structured administration of test materials and diagnostic clinical interviews, (3) scoring and interpretation of test results, (4) report writing, (5) developing treatment recommendations, and (6) providing feedback to Veterans, their support persons, and treatment teams. Trainees can expect exposure to a wide variety of presenting concerns and the opportunity to strengthen general diagnostic competency in addition to the domains outlined above.

General Mental Health Clinic – Couples Therapy

Melissa Riggs, Ph.D.

This rotation would provide trainees an opportunity to provide couples therapy. Couples seek couples therapy for multiple reasons. One reason could be to strengthen or improve their relationship. Another may be to separate or divorce and to talk about how best to dissolve their relationship. A third reason maybe they want to make an important decision- perhaps to have a child or move across the country. The most common reason people seek help for is communication challenges. However, there are often more complex issues hiding behind communication problems. Couples therapy seeks to

increase individuals' understanding of their relationship, increase acceptance and intimacy, improve relationship satisfaction, and promote more loving, positive behaviors. Goals for the rotation include exposing trainees to different types of couples therapy (IBCT, EFT, Gottman, Developmental). Trainees would learn how to develop case conceptualizations for couples, collaboratively develop a treatment plan and customize interventions tailored to their specific needs. The goal would be for trainees to become more proficient, confident, and hopefully passionate about providing couples therapy.

**General Mental Health Clinic – Lesbian, Gay, Bisexual, and Trans Identities Related Concerns
Hiram Rivera-Mercado, Psy.D. & Mallorie Carroll, Ph.D.**

The goal of this rotation is to train future psychologists in being sensitive, innovative, and knowledgeable in working with issues related to LGBTQ+ identified Veterans (e.g. mood disorders, trauma, coming out experience, impact of internalized stigma, minority stress, identity development, among others). Trainees will learn ways to help LGBTQ+ Veterans navigate the VA system and help advocate for appropriately affirmative care. Trainees will have opportunities to provide individual treatment using affirming and evidence-based practices through multicultural, intersectional, and feminist lens (e.g. CBT, IPT, ACT, ESTEEM), as well as the opportunity to participate in an LGBTQ+ focused group. Specifically, Dr. Rivera-Mercado facilitates the Pride & Courage LGBTQ+ support group and Dr. Carroll facilitates a group for trans and gender diverse Veterans. These groups include processing and psychoeducation regarding LGBTQ+ issues. Trainees may also have the opportunity to complete hormone therapy and/or gender affirming surgical evaluations. Trainees will work in interdisciplinary teams and develop consultation skills in regards to LGBTQ+ identities. Program development opportunities and outreach participation may be available depending on interest and training committee approval.

**General Mental Health Clinic
Joshua Knox, Ph.D.**

Trainees on this rotation will have the opportunity to conduct individual evidence-based therapy in the General Mental Health Clinic with Veterans presenting with a wide-range of psychiatric diagnoses and psychosocial stressors. This rotation will focus on the use of psychodynamic approaches (including mentalization-based and transference-focused) to time-limited psychotherapy and will allow trainees to develop related case conceptualization and treatment planning skills. Trainees will also learn ways in which psychodynamic and relational theory/principles can be integrated with cognitive or behaviorally-based interventions, and will regularly participate in multidisciplinary team meetings and case consultation meetings within GMHC.

TRAUMA & POSTTRAUMATIC STRESS DISORDER

**Posttraumatic Stress Disorder Clinical Team (PCT)
Brandon Hoeflein, Ph.D.**

On this PTSD Clinical Team (PCT) rotation, the primary focus will be the implementation of individual Cognitive Processing Therapy (CPT), Prolonged Exposure Therapy (PE), Concurrent Treatment of PTSD and Substance Use Disorders Using PE (COPE), and/or Written Exposure Therapy (WET) for Veterans with a range of trauma histories. My training emphasis has been on contextual behavioral sciences (e.g., ACT), and I approach psychotherapy with an emphasis on behaviors as drivers of psychopathology. I am a firm believer in trainees observing me complete clinical work, as well as me directly observing trainees complete clinical work. Trainees on this rotation may have the opportunity to participate in the PCT's

cutting-edge PTSD intensive outpatient program (which we named “APT” for Accelerated PTSD Treatment), which involves 3 EBP appointments per week as well as EBP support groups. In terms of assessment experiences, trainees will participate in differential diagnosis such as administering the Clinician-Administered PTSD Scale for DSM-5 (CAPS-5). There will be a strong emphasis on cultural considerations in treatment and assessment, including cultural adaptations to evidence-based protocols. Trainees will likely conduct a mix of in-person and telehealth appointments, as well as attend PTSD team meetings (if scheduling permits).

Posttraumatic Stress Disorder Clinical Team (PCT)

Tiren Parker, Ph.D.

This PTSD Clinical Team (PCT) rotation provides trainees the opportunity to conduct assessments of trauma-related symptoms and to provide frontline, evidence-based psychotherapies to Veterans with PTSD. In terms of assessment experiences, trainees will have the opportunity to participate in clinical activities that involve making differential diagnoses, administering the Clinician-Administered PTSD Scale for DSM-5 (CAPS-5), and utilizing measurement-based care to inform treatment planning. In terms of therapy, trainees can gain experience providing Cognitive Processing Therapy (CPT), Prolonged Exposure Therapy (PE/COPE), Cognitive-Behavioral Conjoint Therapy (CBCT) for PTSD, Multiple Channel Exposure Therapy (MCET) for co-morbid PTSD and panic, and Written Exposure Therapy for Veterans with a range of trauma histories. Trainees on this rotation may have the opportunity to co-lead the Women’s Race-Based Stress/Trauma and Empowerment (RSBTE) group and participate in RSBTE consultation (if scheduling permits). There will be an emphasis on cultural considerations in treatment and assessment, including cultural adaptations to evidence-based protocols. Trainees will likely conduct a mix of in-person and telehealth appointments, as well as PTSD team meetings (if scheduling permits).

Posttraumatic Stress Disorder Clinical Team (PCT)

Stephanie L. Rojas, Ph.D.

This PTSD Clinical Team (PCT) rotation provides trainees the opportunity to conduct assessments of trauma-related symptoms and to provide frontline, evidence-based psychotherapies to Veterans with PTSD. In terms of assessment experiences, trainees will have the opportunity to participate in clinical activities that involve making differential diagnosis, administering the Clinician-Administered PTSD Scale for DSM-5 (CAPS-5), and utilizing measurement-based care to inform treatment planning. Trainees on this rotation will gain focused experience providing Cognitive Processing Therapy (CPT), Prolonged Exposure Therapy (PE), and/or Skills Training in Affective and Interpersonal Regulation (STAIR) individually to Veterans with a range of military- and non-military-related trauma histories. Consistent with the VA’s commitment to enhance access to care for Veterans, trainees on this rotation have the option of learning to provide these services via telehealth. Other experiences include the opportunity to attend weekly multidisciplinary team meetings and engage in case consultation.

Posttraumatic Stress Disorder Clinical Team (PCT)

Kathleen Szydlowski, Ph.D.

This PTSD Clinical Team (PCT) rotation provides trainees the opportunity to conduct assessments of trauma-related symptoms and to provide frontline, evidence-based psychotherapies to Veterans with PTSD. In terms of assessment experiences, trainees can advance their competency in making differential diagnosis, administering the Clinician-Administered PTSD Scale for DSM-5 (CAPS-5), and utilizing measurement-based care to inform treatment planning. Trainees on this rotation will gain focused experience providing Prolonged Exposure Therapy (PE) and/or Cognitive Processing Therapy (CPT) individually to Veterans with a range of military- and non-military-related trauma histories. Consistent with the VA’s commitment to enhance access to care for Veterans, trainees on this rotation

have the option of learning to provide these services via telehealth. Other experiences include the opportunity to attend weekly multidisciplinary team meetings and engage in case consultation.

Posttraumatic Stress Disorder Clinical Team (PCT)

Leslie S. Taylor, Ph.D.

This PTSD Clinical Team (PCT) rotation provides trainees the opportunity to conduct assessments of trauma-related symptoms and to provide frontline, evidence-based psychotherapies to Veterans with PTSD. In terms of assessment experiences, trainees will have the opportunity to participate in clinical activities that involve making differential diagnosis, administering the Clinician-Administered PTSD Scale for DSM-5 (CAPS-5), and utilizing measurement-based care to inform treatment planning. Trainees on this rotation will gain focused experience providing Prolonged Exposure Therapy (PE), Cognitive Processing Therapy (CPT), and Written Exposure Therapy (WET) individually to Veterans with a range of military- and non-military-related trauma histories. Trainees will have the opportunity to work with complex cases, including comorbid PTSD and substance use disorders. Advanced trainees have the opportunity for administrative exposure within the PTSD Clinic (i.e., consult management) if desired. This rotation will also offer exposure to the Accelerated PTSD Treatment (APT) program for interested trainees. Trainees will have the opportunity to complete massed protocols of PTSD EBPs (three individual sessions per week) with Veterans in a team-based environment. There will be opportunity to co-facilitate group psychotherapy focused on providing PTSD EBP support (e.g., troubleshooting ABC worksheets from CPT, designing and testing in vivo exposures for PE). Participation in this experience would require availability on Tuesday, Thursday, and Friday mornings. Consistent with the VA's commitment to enhance access to care for Veterans, trainees on this rotation have the option of learning to provide these services via telehealth and face-to-face. Other experiences include the opportunity to attend weekly multidisciplinary team meetings and engage in case consultation.

Posttraumatic Stress Disorder Clinical Team (PCT)

Karin West, Ph.D., ABPP

This rotation affords the opportunity to work in a specialized assessment, consultation, and treatment program designed to address PTSD or subthreshold PTSD in veterans of all eras in an outpatient setting. Common traumatic experiences include combat trauma, sexual trauma, childhood trauma, natural disasters, and accidents. The rotation offers a focus on evidence-based psychotherapy, including prolonged exposure therapy (PE), cognitive processing therapy, written exposure therapy, and concurrent treatment of PTSD and SUD using PE. Trainees will gain experience tailoring trauma-focused EBPs to Veterans with complex presentations. The Accelerated PTSD Treatment Program provides the opportunity to deliver treatment in an intensive outpatient program. Other opportunities may include assessment, shared decision making, and treatment planning; team-based care; program development and evaluation; community outreach; and mental health administrative experiences. A specialized opportunity for a subset of trainees involves engagement in the Prolonged Exposure Intern Seminar. This involves completion of a 4-day workshop combined with opportunities to deliver PE during the rotation.

Posttraumatic Stress Disorder Clinical Team (PCT)

Jill Wanner, Ph.D.

This PTSD Clinical Team (PCT) rotation provides trainees the opportunity to conduct assessments of trauma-related symptoms and to provide frontline, evidence-based psychotherapies to Veterans with PTSD. In terms of assessment experiences, trainees can advance their competency in making differential diagnosis, administering the Clinician-Administered PTSD Scale for DSM-5 (CAPS-5), and utilizing measurement-based care to inform treatment planning. Trainees on this rotation will gain focused

experience delivering Cognitive Processing Therapy (CPT), Prolonged Exposure (PE) or Written Exposure Therapy (WET) individually to Veterans with a range of military- and non-military-related trauma histories. In addition, MST group with male Veterans (Courage group). Consistent with the VA's commitment to enhance access to care for Veterans, trainees on this rotation have the option of learning to provide these services via telehealth

SUBSTANCE DEPENDENCE

Posttraumatic Stress Disorder/Substance Use Disorder treatment

Charity Hammond, Ph.D.

This rotation focuses on providing treatment for Veterans with PTSD and co-occurring substance use problems. Trainees will have the opportunity to complete intake assessments for the PTSD clinic using a clinical interview and the CAPS. Options for interventions can include trauma focused treatments (CPT, PE, COPE, WET, CBCT) or other treatment approaches to addressing motivation (MI/MET), emotion regulation skills (STAIR, DBT, Seeking Safety), or substance use (CBT-SUD). There is also the opportunity to co-facilitate a Seeking Safety group. The cases seen on this rotation tend to be more complex so there is additional focus on patient engagement, case conceptualization, addressing therapy interfering behaviors, adapting evidence based treatment approaches, and consultation with other providers.

Substance Disorders Treatment Program

Paige Morrison, PsyD

This rotation is within a specialty outpatient clinic, Substance Disorders Treatment Program (SDTP), designed to help Veterans recover from addiction. Trainees will have the opportunity to develop an understanding of the complexities with which many of the Veterans in this clinic often present, such as homelessness, unemployment, relational strain and interpersonal difficulties, medical and legal concerns, and other mental health related illnesses. Training experiences will include individual therapy using CBT-SUD, MI/MET, ACT and other EBPs. Trainees on this rotation will be required to attend evening groups from 6-8pm with a CBT focus. This rotation can also have a focus on incorporating or using a variety of EBPs to treat co-occurring disorders.

Substance Disorders Treatment Program

Jessica Spofford, Ph.D.

This rotation is within a specialty outpatient clinic, Substance Disorders Treatment Program (SDTP), designed to help Veterans recover from addiction. Trainees will have the opportunity to develop an understanding of the complexities with which many of the Veterans in this clinic often present, such as homelessness, unemployment, relational strain and interpersonal difficulties, medical and legal concerns, and other mental health related illnesses. Training experience includes gaining experience in diagnostic interviewing, with a focus on substance use history, upon the initial referral of a Veteran to SDTP. This rotation also encompasses learning how to assess a Veteran's recovery progress using the Brief Addictions Monitor – Revised (BAM-R). This rotation offers the possibility of gaining experience with group, with the possibility of either co-facilitating or leading Transcending Self-Therapy (TST) evidenced-based treatment groups for substance use disorders on Tuesday evenings. There is also the opportunity for trainees to learn evidenced-based treatment such as motivational enhancement therapy (MET) and cognitive behavioral therapy for substance use disorders (CBT SUD) through individual therapy. Other experiences on this rotation may encompass psychological assessment, treatment and discharge planning, reading urine drug screen labs, and engage in interdisciplinary SDTP treatment team

meetings. The primary goal of this rotation is for trainees to develop basic understanding of assessment and treatment, etiology, and case conceptualization of substance use disorders.

Substance Disorders Treatment Program

Casey Strickland, Ph.D.

On this rotation, trainees will have the opportunity to assess and treat alcohol and substance use disorders. The Substance Disorders Treatment Program (SDTP) is an outpatient specialty clinic where Veterans receive treatment ranging in intensity from brief psychoeducation to intensive outpatient treatment. The primary purpose of this rotation is to allow trainees to learn skills in assessment, case conceptualization, and treatment of substance use disorders. Intervention opportunities include cognitive behavioral therapy for substance use disorder (CBT-SUD), and motivational interviewing. Trainees will have the opportunity to facilitate Contingency Management, a rewards-based treatment approach for stimulant use disorders. Management of comorbid mental health and medical considerations is an important part of substance use treatment, so trainees can expect to work at the intersection of substance use disorders with mood disorders, anxiety and trauma disorders, impulsive behaviors, interpersonal problems, chronic pain, and/or chronic health problems. Trainees will function as members of the interdisciplinary team within SDTP including social workers, psychiatrists and PAs, addictions therapists, and peer support specialists.

SERIOUS MENTAL ILLNESS

Bipolar and Schizophrenia Treatment (BeST) Clinic

Jared Bernard, Ph.D., ABSMIP

The Bipolar and Schizophrenia Treatment (BeST) Clinic, under the leadership of Dr. Jared Bernard, is a specialty clinic within the General Mental Health Clinic (GMHC) that provides evidence-based outpatient services to Veterans with serious mental illness (SMI). Trainees working with Dr. Bernard will have the opportunity to provide individual and group psychotherapy to Veterans with psychotic disorders and bipolar disorders. Examples of available therapeutic approaches include Cognitive Behavioral Therapy for Psychosis (CBTp), Acceptance and Commitment Therapy (ACT), Social Skills Training for Schizophrenia (SST), Life Goals for Bipolar disorder, and Illness Management and Recovery (IMR). Trainees will have the opportunity to work closely with interdisciplinary treatment team members conducting initial assessments and treatment planning, as well as to provide consultation and liaison services to other specialty programs for coordination of care. Trainees will also have the opportunity to observe and learn about common psychopharmacological interventions for the treatment of SMI in collaboration with psychiatry attendings and residents. There may also be opportunities for comprehensive psychological assessment to provide diagnostic clarification and treatment recommendations to Veterans, as well as research and program development.

Psychosocial Rehabilitation and Recovery Center (PRRC)

Amy Cuellar, Ph.D., ABSMIP

Trainees on this rotation will have the opportunity to learn how to deliver recovery-oriented services to a population with serious mental illness. Interns will learn the basics of psychiatric rehabilitation that focuses on helping Veterans achieve self-identified goals for recovery, better psychosocial functioning, and greater integration in their communities. Trainees will conduct screening assessments that focus on helping Veterans identify recovery goals, individual recovery coaching sessions to help them problem solve around goal achievement, and psychoeducational and skills-based groups, such as Social Skills Training for Schizophrenia, Illness Management & Recovery, and cognitive compensatory strategies.

Psychosocial Rehabilitation and Recovery Center (PRRC)/ EPIC Rotation Description

Randy Whittles, Ph.D.

Trainees on this rotation will provide recovery-oriented services to Veterans with serious mental illness in the PRRC program located at the Katy Outpatient Clinic (KOPC). Interns will learn the fundamentals of psychiatric rehabilitation, with a focus on helping Veterans achieve self-identified goals for recovery, better psychosocial functioning, and greater integration in their communities. Trainees will have the opportunity to provide initial screening assessments that focus on helping Veterans identify recovery goals, individual recovery coaching sessions to facilitate goal achievement, and evidence-based psychotherapy groups such as Social Skills Training (SST) and Illness Management and Recovery (IMR). Additionally, trainees will have the opportunity to assist with outreach and coordination of mental health services for younger Veterans with psychosis as part of the Early Psychosis Intervention Coordination (EPIC) program. Trainees will gain experience conducting outreach calls with Veterans to review their treatment needs, provide psychoeducation on the availability of different evidence-based treatment options for psychosis, and connect them to desired clinical resources.

Mental Health Intensive Case Management (MHICM)

David Ramstad, PsyD; Julia Hadden, PsyD

Mental Health Intensive Case Management (MHICM) serves Veterans with a diagnosis of SMI in a wide range of settings, most often in community settings such as their home. Trainees on this rotation will gain experience with assessment, clinical intervention, case management, and case consultation, within an interdisciplinary team. Veteran-centered care is provided within a recovery-oriented context, and trainees will deliver interventions, support, and guidance, through a collaborative and flexible approach, to help Veterans progress towards their goals. The MHICM service is holistic in scope, which addresses not only mental and physical health challenges, but also provides assistance with progress towards a self-chosen purposeful life. Specific aspects of this rotation include: recovery goal plan generation/review/updates, measurement based care tasks, clinical diagnostic assessments, program specific assessments, program screening evaluations, suicide risk assessments, delivery of evidence based intervention, psychoeducation to Veterans and their families/significant-others, clinical case management, and suicide prevention safety planning tasks, as well as appropriate documentation of clinical encounters. This rotation also focuses on how cultural diversity and stigma may impact an individual Veteran's recovery and clinical care.

Community Resource and Referral Center (CRRC)

Bianca Jones, Ph.D.

The eight-hour CRRC minor rotation provides interested trainees the opportunity to develop skills in providing an array of clinical, administrative, and outreach services to Veterans in the Healthcare for Homeless Veterans Program (HCHV) housed within the Veterans Care and Service Line. The CRRC supports the HCHV program by offering a "one-stop" environment for Veterans who are homeless or are at risk of homelessness. CRRCs are established in collaboration with local community, state, and other federal partners who provide services to the homeless. The CRRCs are designed to facilitate access to participating services, such as outreach/case management, VA and non-VA benefits, vocational services, treatment, shelter, residential care, and housing. The CRRC rotation will involve opportunities to conduct intake assessments and treatment planning, administer diagnostic and psychological assessment services, conduct risk assessments and crisis interventions, and provide individual, family, couples and/or group therapy for Veterans, which includes the use of Evidence Based Psychotherapies. Treatment includes flexible approaches to Motivational Interviewing, Problem-Solving Therapy, Prolonged Exposure, Cognitive Processing Therapy, Brief Cognitive Behavioral Therapy, Social Skills

Training and Dialectical Behavioral Therapy as well as other research-supported, integrative approaches. The CRRC rotation is stationed at a community-based site outside of the medical facility therefore providing exposure to a non-traditional therapy site. The CRRC trainee would hone their ability to work with a multidisciplinary team, coordinate with non-VA community partners, and quickly adapt treatment to meet the dynamic needs of homeless Veterans. In addition to clinical services, the CRRC rotation will provide opportunities to assist with program development and evaluation tasks, conduct staff training, and participate in outreach activities.

INPATIENT & RESIDENTIAL TREATMENT

Geropsychology Inpatient Mental Health Unit, Unit 6F

Cynthia Kraus-Schuman, Ph.D.

Trainees on this rotation will work with older adults and adults with cognitive difficulties as part of the Mental Health Inpatient Program. A primary goal for this rotation is to gain experience tailoring evidence-based psychotherapy to the needs of older Veterans, Veterans in crises and Veterans with cognitive difficulties. Clinical duties include individual and group psychotherapy, attending multidisciplinary treatment team meetings, and cognitive screens. Trainees can also utilize a Snoezelen room that is being built to serve both Veterans and staff. The dominant treatment modality on this rotation is Cognitive Behavioral Therapy with a focus on flexibility, creativity, and dementia care. Dr. Kraus-Schuman is also active in advocating for dementia friendly and age friendly environments and interventions on the mental health units. No prior experience working with older adults or adults with cognitive difficulties required.

Inpatient Program, 6A Rotation

Elaine Savoy, Ph.D.

The 6A Inpatient rotation under Dr. Savoy provides trainees with exciting opportunities to develop professional skills on the MEDVAMC's primary, 32-bed acute psychiatric specialty unit. During Veteran hospitalization, the primary aims of the unit are to foster and support recovery journeys and to assist Veterans with successful, safe transition to outpatient services. The 6A inpatient rotation offers trainees opportunities to engage in a variety of ongoing treatment and administrative activities related to delivery of evidence- and recovery-based services to Veterans on the 6A unit. Clinical responsibilities include involvement in a multi-disciplinary team, treatment planning, development of recovery-based case conceptualization, best practice staff-Veteran interactions, and solution-focused, evidence-based group psychotherapy [e.g., SAMHSA toolkit implementation, DBT Skills, Acceptance and Commitment Therapy]. Clinical opportunities include behavioral assessment, aggression prevention, team feedback, as well as individual and group psychotherapy consistent with the Veterans' individualized treatment plans and recovery objectives. Additional opportunities include assessment to support decision-making/track Veteran progress as well as participating in interdisciplinary team rounds. The main treatment modality on this rotation is recovery-oriented services.

ADMINISTRATIVE

CBOC General Mental Health Clinic Administrative Rotation

Caryn Glosch, Ph.D.

The General Mental Health Clinic (GMHC) provides interdisciplinary, team-based care using the collaborative chronic-care model to at least 14,000 unique Veterans per year at the MEDVAMC and across 9 Community-Based Outpatient Clinics (CBOCs). GMHC has recently restructured to unify mental health service provision across all locations. This restructuring provides a number of opportunities for administrative projects. Trainees on this rotation will have the opportunity to identify areas for improvement, engage in process improvement and program development, and monitor ongoing change efforts. Potential topics include psychotherapy program development/improvement, creating new group protocols, working on technological solutions for clinic operational needs, developing educational materials for veterans, therapists, and referring providers, and many more possibilities.

General Mental Health Clinic Operations Rotation

Chloe Hoang, Ph.D.

The General Mental Health Clinic (GMHC) provides interdisciplinary, team-based care using the collaborative chronic-care model to at least 19,000 unique Veterans per year at the MEDVAMC and across 9 CBOCs. Trainees on the administrative rotation will gain both administrative and program development/improvement experience to build structures related to new patient intakes, same-day access/services, and psychotherapy programming. Trainees will have the opportunity to develop or improve processes related to advanced clinic access, patient flow, and workload in order to improve access to care and increase its value/quality for psychotherapy, medication management, new patient intake, and care coordination/management services. The overall goal of the rotation is to introduce trainees to healthcare analytics using performance improvement tools and techniques and learn the principles and strategies of healthcare operations.

Substance Disorders Treatment Program – Administrative Rotation

Jill McGavin, Ph.D.

This rotation is a primarily administrative rotation with the Program Director of the Substance Disorders Treatment Program (SDTP). Dr. McGavin has served as a Program Director at the MEDVAMC for almost 20 years and spent time as the Acting Associate Director Substance Disorders Treatment VHA-wide. She has extensive experience and understanding of how and why the VHA works the way it does. This rotation gives trainees the opportunity to develop an understanding of the complexities, VA policies, procedures and processes, and resources related to leading a VA mental health specialty program and one focused on addictions in particular. This will include developing an understanding of standards of the hospital accreditation body known as the “Joint Commission”, the VHA Strategic Analytics to Improve Learning (“SAIL”) metrics, change management for performance improvement, and the implementation of new initiatives (e.g., telehealth, measurement-based care, RVU targets). The trainee will learn how to navigate a variety of different administrative systems which are essential to understand in a leadership role in the VHA.

Women’s Health Administrative Rotation

Deleene Menefee, Ph.D.

The Women’s Health Center (WHC) is a specialty comprehensive care clinic at the Michael E. DeBakey VA Medical Center dedicated to providing a full range of high-quality, compassionate health care services to women Veterans in a comfortable and inviting environment. Trainees will gain administrative

and program development experience with the facilities designated Women Veteran's Program Manager. Opportunities exist to polish interprofessional/interdisciplinary skills interacting with facility-wide committees and national VA initiatives. The overall goal of the rotation is to expose the trainee to women Veterans as an underserved, minority population with unique mental and physical healthcare needs. This rotation is designed so that trainees will: 1) be exposed to extant literature on the needs of women Veterans; 2) gain knowledge VHA directives at a national, VISN, and facility level; 3) participate in the ongoing development, implementation, and evaluation of these directives, including reproductive health across the life span, maternity care coordination, infertility, breast health imaging, and gender-specific primary care teams; and, 4) gain exposure to SAIL/HEDIS performance measures that guide program development. Although this rotation is not focused on the assessment or provision of mental health services, the trainee will have brief, interventional opportunities to manage patients in distress, mediate relationships between patients and providers, interact with the patient experience office to balance the expectations of providers with patient requests. Trainee will have the opportunity to develop a short-term women's mental health focused project for evaluation and dissemination. Research opportunities are available, but largely dependent on the trainee's interest.

Workplace Violence Prevention Program (WVPP) Rotation Description

Justin Springer, Ph.D

The WVPP rotation is designed to provide Psychology Trainees with an opportunity to develop proficiencies in violence risk assessment and mitigation throughout the MEDVAMC and CBOCs. Trainees on this rotation will have the opportunity to be a part of the Disruptive Behavior Committee (DBC), a clinical consultation team that reports to the Chief of Staff and the Clinical Executive Board. Trainees on this rotation will have the opportunity to conduct risk assessments and present results directly to the multidisciplinary DBC for review and mitigation discussion. Though the WVPP's Employee Threat Assessment Team (ETAT) is currently unavailable to trainees, there are opportunities to develop an understanding of issues surrounding detection and mitigation of employee-generated threats. Finally, trainees will be able to engage in numerous performance improvement opportunities using Disruptive Behavior Reporting System (DBRS) and Workplace Behavioral Risk Assessment (WBRA) data. In sum, this rotation seeks to provide trainees with a foundational understanding of the Workplace Violence Prevention Program Model, of the components and committees that work in concert to maintain safety at work, and of risk assessment and mitigation.

CLINICAL RESEARCH

Special Underserved Populations/Health Services Research

Derrecka Boykin, Ph.D.

In this rotation, trainees can participate in health services research aimed at improving mental health care for underserved Veteran populations. Specifically, Dr. Boykin's research focuses on enhancing mental health care equity for Veterans living in rural communities, those identifying as women and/or a persons of color as well as survivors of sexual trauma (including military sexual trauma, childhood sexual abuse). Trainees will participate in ongoing federally funded research and quality improvement projects with the opportunity to choose a study that aligns with their research interests and professional development needs. Specific training experiences will vary but may include assisting with mental health program development and evaluation, engaging in partner-oriented research with VA and community

organizations, using existing research data and large administrative datasets to evaluate mental health service utilization and patient outcomes, qualitative interviewing, and providing clinical services in the form of structured clinical interviews (MINI, SCID) and group therapy based on CBT or Acceptance and Commitment Therapy (ACT). Clinical hours will vary by project (average of 2-4 hours/week for intervention-based studies). Trainees will have the option to be involved in presentations and/or manuscripts but are not required to do so.

Evidence-Based Psychotherapies / Health Services Research

Jeffrey A. Cully, Ph.D.

This rotation will provide trainees with research, clinical, and administrative/policy experiences related to improving the delivery of evidence-based psychotherapies (EBP). Dr. Cully and his research team (research staff, interns/fellows, staff psychologists/co-investigators, and methodologists) conduct federally funded research and partner-oriented demonstration projects to develop, test, and implement EBPs within the VA and other clinical settings where Veterans receive care. Although this work involves the development of EBP content and practices, a major thrust of the work focuses on meeting provider needs by creating effective training and support strategies to improve EBP delivery in frontline care practices. Dr. Cully and his team interact with a wide variety of stakeholders and partners including national scientific leaders, providers, clinic directors, local and regional mental health leaders, as well as policy and operational leaders in VA Central Office. Currently, the EBP team is focused on the use of cognitive-behavioral interventions for primary care and community-based clinics (CBOCs; rural clinics).

Ultimately, this rotation will provide trainees with an opportunity to see firsthand how health services can be improved within a large healthcare organization and how psychologists can play a leadership role in these change efforts. Training experiences for this rotation will vary depending on the professional development needs and interests of the trainee but may include the following: 1) collaborating with the larger EBP team to design, evaluate, and refine EBP clinical and/or provider training programs 2) service as a consult/trainer (or observer as applicable) for providers engaged in various EBP programs 3) conducting/participating in qualitative interviews with providers and/or Veterans, 4) use of existing quantitative/program data to support a manuscript and/or presentation at a professional conference. Although optional, historically, all trainees who participate on this track have published a peer-reviewed manuscript.

Behavioral Medicine / Health Services Research

Lilian Dindo, Ph.D.

This rotation is designed to provide trainees with clinical research opportunities in the area of behavioral medicine (the application of psychological principles to medically ill patient populations) with an emphasis on the application and testing of Acceptance and Commitment Therapy (ACT). Trainees will participate in on-going federally funded grants and projects (e.g. clinical trials) and will have the opportunity to choose which project(s) to be involved in. Trainees will be trained extensively in ACT and will primarily serve in the capacity of a research clinician with experiences ranging from the provision of direct clinical service (e.g. group or individual psychotherapy, in-person and virtual) within the context of externally funded clinical research protocols. Patient populations include Veterans with polytrauma (e.g., TBI, chronic pain, and PTSD), Veterans with distress-based psychopathology, Veterans undergoing major surgery, and distressed Veterans having marital difficulties. Trainees that are interested in working on manuscripts will be given the opportunity to do so but it is not required.

Anxiety and Substance Use Research

Anthony Ecker, Ph.D.

In this rotation, trainees will gain experiences in several aspects of research that largely focuses on improving our understanding and treatment of co-occurring anxiety disorders, anxiety-related disorders (OCD, PTSD), and substance use disorders. This program of research is translational and multi-method, affording trainees the possibility of experiencing multiple facets of the research process in an academic medical center. Experiences may vary depending on current projects and trainee interest. Trainee experiences available include working with large administrative datasets to evaluate mental health utilization and outcomes, evaluation of computer-assisted cognitive behavior therapy for co-occurring disorders, and transdiagnostic treatment development and evaluation. Roles could include serving as a research clinician in a clinical trial providing direct clinical services in the context of a funded clinical trial, conducting qualitative interviews, and preparation of scholarly products and scientific manuscripts. Interested trainees may also have the opportunity to lead manuscript preparation depending on their interests, goals, and experience, but such activities are not required.

Anxiety Health Services Research

Terri L. Fletcher, Ph.D.

This rotation provides trainees the opportunity to engage in research focused on increasing access to evidence-based care for Veterans with anxiety and obsessive-compulsive disorders. These VA-funded projects use mixed qualitative and quantitative methods to evaluate the effectiveness and implementation of innovations in the identification, assessment, and evidence-based treatment of anxiety and obsessive-compulsive disorders. Trainees will be exposed to a variety of research designs including randomized controlled trials, qualitative interviews, and program evaluation. The opportunity to participate in the grant submission process may also be available. Clinical tasks include conducting structured diagnostic interviews (SCID-5) and conducting and analyzing qualitative interviews with Veterans about their experiences in mental health treatment. Mentorship in pursuing VA research and opportunities for publications and presentations are also available.

Implementation Research

Natalie Hundt, Ph.D.

This rotation is designed to provide trainees with skills in implementation research, which focuses on implementing evidence-based practices into routine mental health care. Dr. Hundt is currently PI of a VA QUERI funded grant evaluating implementation of the FLOW program at nine different VA sites across the nation. Her work generally surrounds implementation success (e.g., reach of the program, provider adoption of the evidence-based practice) and understanding why certain facilities are better poised to adopt evidence-based mental health practices than others.

Trainees electing this rotation may participate in administering qualitative interviews to VA mental health patients involved in implementation trials to obtain their perspective on the program or qualitative coding of transcripts of these interviews. They may also participate in the mixed-methods analysis, called qualitative comparative analysis. The trainee would be expected to participate in weekly team meetings to discuss overall quantitative and qualitative data collection, project management, review of results, etc.

Depending on the trainee's level of experience with research, rotation goals and expectations will be based upon each student's individual interests and ongoing professional development. Trainees will have opportunities to be involved in manuscripts and/or presentations, but these are not required for successful completion of the rotation.

The Center for Innovative Treatment of Anxiety and Stress (CITRAS)

Ellen J. Teng, Ph.D.

This rotation offers trainees experiences in assessment and time-limited individual and group psychotherapy within the context of clinical research. The Center for Innovative Treatment of Anxiety and Stress (CITRAS) is a research program within the Mental Health Care Line focused on developing, evaluating, and enhancing measurement-based care for Veterans with anxiety and stress-related disorders. Trainees will engage in diagnostic clinical interviewing using standardized structured interviews such as the Structured Clinical Interview for DSM (SCID), Anxiety Disorders Interview Schedule for DSM (ADIS), and Clinician Administered PTSD Scale (CAPS). There are also opportunities to participate in treatment outcome research examining innovative methods of delivering evidence-based treatments for anxiety and stress-related disorders such as moral injury, using intensive weekend treatment formats massed individual therapy (2-weeks), and transdiagnostic cognitive behavioral approaches. Residents will also have opportunities to provide supervised clinical supervision to psychology interns and/or externs. As part of this rotation, trainees will participate in weekly research team meetings that focus on preparing for clinical, academic, and research careers. Research meetings also include a structured writing team to support trainees in developing a manuscript ready for submission by the end of the training year.

Psychology Training Program Staff

HERB AMES, Ph.D., ABPP: Spinal Cord Injury

Indiana State University, 1993. Texas licensure, 1994-present. Supervisor, Spinal Cord Injury Care Line services. Theoretical Orientation: Integrative—Cognitive-Behavioral emphasis. Clinical Interests: Rehabilitation, Older Adults, Cognitive Disorders. Research Interests: post-SCI psychological adjustment; screening for cognitive/psychological disorders. Academic Appointments: Assistant Professor, Department of Physical Medicine and Rehabilitation, Baylor College of Medicine; Assistant Professor, Menninger Department of Psychiatry and Behavioral Sciences, Baylor College of Medicine. Professional Memberships: American Board of Professional Psychology (ABPP; Rehabilitation Psychology & Geropsychology); Academy of Spinal Cord Injury Professionals (ASCIP), National Academy of Neuropsychology (NAN), American College of Professional Neuropsychology (ACPN; associated with the American Board of Professional Neuropsychology; ABN).

SHIQUINA ANDREWS, Ph.D. ABPP: Behavioral Health Program

University of Alabama at Birmingham, 2013. Texas Licensure. Transplant/Surgical Psychologist. Theoretical Orientation: Cognitive-Behavioral. Clinical and Research Interests: Health assessment, Chronic illness coping, Women's sexual/reproductive health, and Religion/Spirituality. Academic appointments: Assistant Professor, Menninger Department of Psychiatry, Baylor College of Medicine. Professional Memberships: Association of VA Psychologist Leaders.

SARAH BECKWITH, Ph.D.: Spinal Cord Injury

University of North Texas, 2017. Texas licensure, 2018-Present. Staff psychologist, Spinal Cord Injury Care Line. Theoretical Orientation: Integrative, Cognitive Behavioral. Clinical Interests: Health psychology, behavioral medicine, coping with chronic illness (SCI, HIV/AIDS), sexual/gender minority (LGBT) health, sexual health. Research Interests: post-SCI psychological adjustment, identity and stigma, multiculturalism and diversity, health disparities. Professional Memberships: American Psychological Association (Divisions 12, 22, 38), Association of VA Psychologist Leaders, Academy of Spinal Cord Injury Professionals.

JARED BERNARD, Ph.D., ABSMIP: Bipolar and Schizophrenia Treatment (BeST) Clinic, General Mental Health Clinic

Southern Illinois University, 2015. Texas and Kansas licensure. Board Certified in Serious Mental Illness Psychology, Supervisor and Program Coordinator, Bipolar and Schizophrenia Treatment Clinic. Theoretical orientation: Cognitive behavioral/Acceptance and Commitment/Integrative. Areas of specialization: Assessment and treatment of psychotic and bipolar disorders, recovery in serious mental illness. Academic appointments: Assistant Professor, Menninger Department of Psychiatry and Behavioral Sciences, Baylor College of Medicine, Adjunct Instructor, Department of Psychiatry and Behavioral Sciences, The University of Texas Health Science Center at Houston. Professional memberships: ABCT, APA.

JENNIFER BOGWU, Ph.D.: General Mental Health Clinic; Assistant Training Director

University of Virginia, 2011. Texas Licensure. General Mental Health Clinic. Theoretical orientation: Cognitive-behavioral. Clinical/research interests: Individual, couples, and group therapy; mood disorders; severe mental illness; ethnic minority mental health; evidence-based treatments. Academic appointments: Associate Professor, Menninger Department of Psychiatry, Baylor College of Medicine.

LAUREN BOWERSOX, Ph.D.: General Mental Health Clinic

Rosemead School of Psychology, 2017. Texas Licensure (#37965). General Mental Health. Theoretical orientation: Psychodynamic/Brief Psychodynamic, transference-based work, and integrative (behavioral techniques). Evidence-based Training: Dialectical Behavior Therapy, Interpersonal Therapy, Collaborative Assessment & Management of Suicidality (CAMS). Clinical/research interests: treatment of personality disorders, trauma-focused work, treatment of complex and co-occurring mental illness, mentalization-based therapy, personality assessment, collaborative/therapeutic assessment. Academic appointments: Assistant Professor, Menninger Department of Psychiatry, Baylor College of Medicine. Professional Memberships: American Psychological Association.

DERRECKA BOYKIN, Ph.D.: Center for Innovations in Quality, Effectiveness, and Safety

Northern Illinois University, 2018. Texas Licensure. Center for Innovations in Quality, Effectiveness, and Safety (IQuEST). Theoretical orientation: Cognitive-behavioral. Research/clinical interests: health services research related to improving mental health care access and equity; intervention development; program evaluation/quality improvement; implementation and dissemination of evidence-based practices; community- and stakeholder-engaged research; underserved populations (e.g., persons of color, rural residents, survivors of sexual trauma); women's health. Academic appointments: Assistant Professor, Menninger Department of Psychiatry, Baylor College of Medicine. Professional Memberships: American Psychological Association, Association for Cognitive and Behavioral Therapies, International Society for Traumatic Stress Studies.

MALLORIE CARROLL, Ph.D. (she/her/hers): General Mental Health Clinic; LGBTQ+ Veteran Care Coordinator University of Southern Mississippi, 2019. Alabama Licensure. General Mental Health. Theoretical orientation: Cognitive Behavioral. Evidence-based Training: Acceptance and Commitment Therapy, Cognitive Behavioral Therapy for Chronic Pain. Clinical interests: affirming, identity centered therapy with LGBTQ+ Veterans, mood disorders, and chronic pain. Academic appointments: Assistant Professor, Menninger Department of Psychiatry, Baylor College of Medicine; Clinical Instructor, Department of Psychiatry and Behavioral Sciences, The University of Texas Health Science Center at Houston; Adjunct Instructor, College of Professional Advancement, Mercer University.

ANGELIC CHAISON, Ph.D.: Primary Care Mental Health Integration

The University of Texas at Austin, 2006. Texas and Kansas Licensure. Supervisor, Primary Care-Mental Health Integration. Theoretical orientation: Cognitive behavioral. Clinical interests: Anxiety, stress management, and cultural responsive delivery of evidence-based psychotherapies. Academic appointments: Assistant Professor, Menninger Department of Psychiatry & Behavioral Sciences, Baylor College of Medicine. Professional memberships: American Psychological Association, National Register of Health Service Psychologists, and Association of VA Psychologist Leaders.

TABINA CHOUDHURY, Ph.D.: Neurology Care Line-Neuropsychology

Texas A&M University, 2020. VA North Texas Healthcare System predoctoral internship in neuropsychology, 2020. Michael E. DeBakey VA Medical Center postdoctoral fellowship in neuropsychology, 2022. Texas licensure. Supervisor, Neuropsychology Service, Neurology (primary) and Spinal Cord Injury (consultant) Care Lines. Theoretical orientation: Integrative/holistic. Clinical/research interests: Neuropsychological assessment of central nervous system dysfunction; adjustment to illness/injury; caregiver education/support; grief/bereavement. Academic appointments: Assistant professor, Department of Physical Medicine & Rehabilitation, Baylor College of Medicine; Lecturer, Department of Psychology and Philosophy, Sam Houston State University. Professional memberships: International Neuropsychological Society, Houston Neuropsychological Society.

ADAM CHRISTENSEN, Ph.D.: Neuropsychology

Northwestern University, 2016. Harvard Medical School, Beth Israel Deaconess, MMHC Postdoctoral Fellowship in Clinical Neuropsychology, 2018. Massachusetts licensure. Behavioral Health Program, General Neuropsychology. Theoretical orientation: Cognitive behavioral. Clinical/research interests: neuropsychological assessment, clinical supervision and training, dementias, mood disorders, process approach, test development. Academic appointments: Assistant Professor, Department of Psychiatry and Behavioral Sciences, Baylor College of Medicine. Professional Memberships: International Neuropsychological Society, Houston Neuropsychological Society, American Psychological Association.

CAITLIN CLARK, Ph.D.: Center for Innovative Treatment of Anxiety and Stress

University of Southern Mississippi, 2017. Texas Licensure. Center for Innovative Treatment of Anxiety and Stress (CITRAS). Theoretical orientation: Cognitive-behavioral. Clinical/research interests: PTSD, trauma-related anxiety, moral injury, anxiety disorders, exposure-based and experiential interventions, transdiagnostic treatments. Academic appointments: Assistant Professor, Menninger Department of Psychiatry, Baylor College of Medicine. Professional Memberships: American Psychological Association, International Society for Traumatic Stress Studies, Association for Behavioral and Cognitive Therapies.

ASHLEY CLINTON, Ph.D.: General Mental Health Clinic; Assistant Training Director

University of Tennessee, 2004. Texas licensure. Supervisor, General Mental Health Clinic Theoretical Orientation: Integrative/Eclectic, Psychodynamic. Clinical/Research interests: individual therapy, PTSD, personality assessment, treatment of OEF/OIF Veterans. Academic appointments: Assistant Professor, Menninger Department of Psychiatry, Baylor College of Medicine.

ELIZABETH CONTI, Ph.D.: Behavioral Health Program

West Virginia University, 2015. Texas Licensure. Supervisor, Oncology/Hematology. Theoretical Orientation: Behavioral, Cognitive-Behavioral, Person-Centered. Clinical and Research Interests: suicide prevention in late life, psycho-oncology, geropsychology, behavioral treatment for insomnia, relaxation and mindfulness training, end-of-life approaches. Academic Appointments: Assistant Professor, Menninger Department of Psychiatry and Behavioral Sciences, Baylor College of Medicine.

L. ALEXIS CORRELL, Psy.D.: Behavioral Health Program

La Salle University, 2017. California and Texas Licensure. Supervisor, Palliative Care Psychology. Theoretical orientation: Integrative – Person-Centered, Cognitive-Behavioral, Acceptance and Commitment emphasis. Clinical interests: Health psychology, Coping with chronic illness, Existential distress at end-of-life, Grief and loss, Caregiver support, Sexual functioning, PTSD in older adults and end-of-life. Academic appointment: Assistant Professor, Menninger Department of Psychiatry & Behavioral Sciences, Baylor College of Medicine.

EARL CHARLES “CHUCK” CREW, Ph.D., DBSM: Behavioral Health Program

University of Florida, 2018. Rhode Island Licensure. Supervisor, Behavioral Sleep Medicine. Theoretical Orientation: Cognitive Behavioral approach within a biopsychosocial framework. Clinical and research interests: Assessment and treatment of clinical sleep disorders, optimizing adherence to sleep/medical therapies with motivational enhancement, correlates and consequences of sleep disorders in comorbid medical populations, sleep health disparities, health psychology, dynamics of interprofessional healthcare teams, program development and evaluation. Academic Appointment: Assistant Professor, Baylor College of Medicine, Menninger Department of Psychiatry and Behavioral Sciences. Professional Memberships: Society of Behavioral Sleep Medicine (SBSM), American Academy of Sleep Medicine, Sleep Research Society.

AMY CUELLAR, Ph.D., ABSMIP: Psychosocial Rehabilitation and Recovery Center

University of Miami, 2005. Texas licensure and board certification in Serious Mental Illness Psychology. Supervisor, Psychosocial Rehabilitation and Recovery Center (PRRC). Theoretical orientation: Cognitive behavioral/behavioral. Areas of specialization: Psychiatric rehabilitation, recovery in serious mental illness. Academic appointments: Assistant Professor, Menninger Department of Psychiatry & Behavioral Sciences, Baylor College of Medicine. Professional memberships: APA Div. 18 SMI-SED Section Advocacy Chair, AVAPL.

JEFFREY CULLY, Ph.D.: Health Services Research, South Central MIRECC

Saint Louis University, 2002. Texas Licensure. Health Services Research, South Central MIRECC. Theoretical orientation: Cognitive-behavioral. Clinical/research interests: Primary care and mental health integration, evidence-based psychotherapy, clinical trials and implementation research. Academic appointments: Professor, Menninger Department of Psychiatry, Baylor College of Medicine.

FRANCES DEEVERS, Ph.D.: Behavioral Health Program

University of Central Florida, 2017. Texas Licensure. Supervisor, Cardiology Department. Theoretical Orientation: Cognitive Behavioral approach within a biopsychosocial framework. Clinical and research interests: medical and mental health comorbidities, integrated healthcare, chronic medical conditions, quality of life, brief evidence-based interventions, program development and evaluation. Academic Appointments: Assistant Professor, Baylor College of Medicine, Menninger Department of Psychiatry and Behavioral Sciences. Professional Memberships: Association for Contextual and Behavioral Sciences, American Psychological Association, Society for Behavioral Medicine.

LILIAN DINDO, Ph.D.: Mental Illness Research Education and Clinical Center (MIRECC)

University of Iowa, 2008. Texas Licensure. MIRECC. Theoretical orientation: Acceptance and Commitment Therapy. Research Health Scientist at the Houston Michael DeBakey VA Medical Center. Conducts pragmatic clinical trials of ACT in Veterans with mental health and chronic health problems, including those with chronic pain and TBI. She is funded by the NIH, VA, and Office of Rural Health. Lilian is also the site leader for the Houston Mental Illness Research Education and Clinical Center. Academic appointments: Associate professor in the Department of Medicine, Section of Health Services Research at Baylor College of Medicine. Professional Memberships: Association for Contextual and Behavioral Sciences.

ANTHONY ECKER, Ph.D.: Mental Illness Research Education and Clinical Center (MIRECC)/Center for Innovations in Quality Effectiveness and Safety (IQuEST)

Louisiana State University, 2016. Texas Licensure. Theoretical Orientation: Cognitive-behavioral. Clinical/research interests: Anxiety disorders, Substance Use Disorders, co-occurring disorders, transdiagnostic psychotherapy, motivational interviewing, implementation, quality improvement. Academic appointments: Assistant Professor, Menninger Department of Psychiatry, Baylor College of Medicine. Professional Memberships: Association for Behavioral and Cognitive Therapies.

TERRI FLETCHER, Ph.D.: South Central MIRECC

University of Houston, 2013. Texas Licensure. South Central MIRECC. Theoretical orientation: Cognitive-behavioral. Clinical/research interests: Anxiety disorders; obsessive-compulsive disorder; diagnosis; evidence-based treatments; access to care; mixed methods research. Academic appointments: Associate Professor, Menninger Department of Psychiatry, Baylor College of Medicine. Professional Memberships: American Psychological Association.

CHANTEL FRAZIER, PhD.: General Mental Health Clinic

Texas A&M University, 2017. Wisconsin licensure. General Mental Health Clinic. Theoretical Orientation: Cognitive-Behavioral with interpersonal process elements. Clinical/Research Interests: individual, group, and couples therapy; health psychology; mood disorders; health disparities; racial and ethnic identity development (multicultural issues); evidence-based treatments. Academic Appointment: Assistant Professor, Department of Psychiatry, Baylor College of Medicine. Professional Membership: Association of Black Psychologist and American Psychological Association.

JESSICA FRESHOUR, Ph.D.: General Mental Health Clinic

University of Houston, Clinical Psychology, 2008. Texas Licensure. Theoretical Orientation: Cognitive-Behavioral. Clinical and Research Interests: Geropsychology, Anxiety disorders (GAD, Social Anxiety, Panic). Academic appointments: Assistant Professor, Menninger Department of Psychiatry, Baylor College of Medicine. Professional Memberships: American Psychological Association, Division 12 Section II (Society of Clinical Geropsychology)

CARYN GLOSCH, Ph.D.: CBOC GMHC Psychotherapy Supervisor

University of Houston, Clinical Psychology (Neuropsychology emphasis), 2010. Puget Sound VA Healthcare System Post-Doctoral Fellowship in Neurocognitive Disorders Across the Lifespan, 2011. Louis Stokes Cleveland VA Medical Center Post-Doctoral Residency in Geropsychology, 2012. Texas Licensure. Theoretical Orientation: Cognitive-Behavioral, Third Wave. Clinical and Research Interests: Geropsychology, Caregiver Burden interventions, cognitive assessment and capacity evaluations, health psychology, health literacy. Administrative interests: utilizing technology to improve service delivery and communication, process improvement, and fostering a positive work environment. Professional Memberships: Association for Contextual Behavioral Science, Association of VA Psychologist Leaders.

JONATHAN M. GRABYAN, Ph.D.: Neuropsychology

University of Houston, 2016. Postdoctoral Residency Clinical Neuropsychology (MEDVAMC), 2018. Kansas licensure. Areas of clinical interest: dementia, cerebrovascular disease, and mental health comorbidities. Research interests: performance and symptom validity testing. Supervisor, Clinical Neuropsychology Postdoctoral Residency. Academic appointments: Assistant Professor, Baylor College of Medicine, Department of Psychiatry & Behavioral Sciences. Professional Memberships: International Neuropsychological Society, Houston Neuropsychological Society.

XUAN HABROCK, Ph.D.: Home Based Primary Care

New Mexico State University, 2014. Texas Licensure. Supervisor, Home Based Primary Care. Theoretical Orientation: Cognitive-Behavioral and Acceptance Commitment Therapy Approaches. Clinical and Research Interests: Integrated Health Care, Mindfulness-Based Practices, Multicultural Issues. Academic Appointments: Assistant Professor, Department of Physical Medicine and Rehabilitation and Menninger Department of Psychiatry and Behavioral Sciences, Baylor College of Medicine.

JULIA HADDEN, Psy.D.: Mental Health Intensive Case Management (MHICM)

William James College, 2020, Texas Licensure. Double concentrated: Health Psychology and Military and Veteran Psychology. Theoretical Orientation: Integrated, Patient-centered/recovery oriented. Clinical Interests: Serious Mental Illness: advocacy within this population, coping with chronic illness, trauma-centered approached care with those with SMI, grief/adjustment to chronic illness, Family/couple dynamics/education for those with SMI, treatment of co-occurring and complex patients. Military/veteran culture influence. Other interests: mentoring/ supervising students, teaching, Academic appointments: Assistant Professor, Department of Psychiatry and Behavioral Sciences, Baylor College of Medicine.

LAURA HANEY, PH.D.: Primary Care Mental Health Integration & Womens Health Center (PCMHI/WHC)

East Carolina University, 2021. Texas Licensure. Clinical Health Psychologist within PCMHI and WHC. Theoretical Orientation: Cognitive-Behavioral. Clinical/Research Interests: Individual and group therapies, the intersection of women's health and PTSD or other anxiety disorders, multiculturalism and diversity. Academic appointments: Associate Professor, Menninger Department of Psychiatry, Baylor College of Medicine. Professional Memberships: APA, ISTSS

KRISTINA HARPER, Psy.D.: Behavioral Health – Reproductive Psychology

University of Houston-Clear Lake, 2020. Texas Licensure. Theoretical Orientation: Cognitive-Behavioral, Acceptance and Mindfulness Based Approaches, IPT for reproductive mental health. Clinical Interests: Reproductive mental health, perinatal anxiety disorders, anxiety disorders, behavioral health motivation, transdiagnostic and process-based approaches to therapy. Professional Memberships: Postpartum Support International, Association for Behavioral and Cognitive Therapies, Association for Contextual and Behavioral Science.

CHARITY HAMMOND, Ph.D.: General Mental Health Clinic

University of Georgia, 2006. Texas Licensure. General Mental Health Clinic. Theoretical orientation: Cognitive-behavioral. Clinical/research interests: Individual, couples, and group therapy; motivational interviewing; dual diagnosis treatment (PTSD and substance use); evidence-based treatments. Academic appointments: Assistant Professor, Menninger Department of Psychiatry, Baylor College of Medicine. Professional Memberships: APA, ABCT, and Houston Psychological Association.

CHLOE HOANG, Ph.D.: Associate Program Director, General Mental Health Clinic (GMHC)

Texas Tech University, 2009. Texas licensure. Associate Program Director, General Mental Health Clinic; Acceptance and Commitment Therapy VA EBP National Consultant. Theoretical Orientation: Motivational Interviewing, Third-Wave Cognitive Behavioral Therapies (mainly ACT, DBT, and mindfulness-based interventions). Clinical interests: ACT, DBT, motivational enhancement, time-limited short-term therapy, first session in therapy, therapy termination, therapy processes and outcomes, mechanisms of change in therapy, feedback-informed treatment. Administrative interests: project management; change management; healthcare analytics; healthcare operations issues such as process improvement and patient flow, scheduling and capacity management, supply/service chain management, and financial performance/management. Academic appointments: Assistant Professor, Menninger Department of Psychiatry and Behavioral Science, Baylor College of Medicine.

BRANDON HOEFLEIN, Ph.D.: PTSD Clinical Team (PCT)

Palo Alto University, 2020. Virginia Licensure. PTSD Clinical Team (PCT). Theoretical orientation: functional contextualism; contextual behavioral sciences. Clinical/research interests: LGBTQ+ mental health; complex trauma presentations; personality traits/disorders; personality testing; severe mental illness; culturally-appropriate suicide assessment/management; ethnic minority mental health. Academic appointments: Assistant Professor, Menninger Department of Psychiatry, Baylor College of Medicine; Adjunct Professor, Palo Alto University. Professional Memberships: Association of Contextual Behavioral Sciences (ACBS); American Psychological Association.

NATALIE HUNDT, Ph.D.: Mental Illness Research Education and Clinical Center (MIRECC)

University of North Carolina at Greensboro, 2011. Texas Licensure. South Central Mental Illness Research Education and Clinical Center (MIRECC). Theoretical orientation: Cognitive-behavioral. Clinical interests: PTSD, anxiety, OCD, evidence-based psychotherapies. Research interests: implementation, direct to consumer marketing, peer support. Academic appointments: Associate Professor, Menninger Department of Psychiatry, Baylor College of Medicine. Professional Memberships: ISTSS, Society for Implementation Research Collaborative.

DOROTHY (OCTAVIA) JACKSON, Ph.D.: Primary Care Mental Health Integration

University of Alabama at Birmingham, 2011. Kansas licensure. Supervisor, Primary Care Mental Health Integration. Theoretical Orientation: Cognitive behavioral. Clinical Interests: Individual and group psychotherapies, clinical health psychology, behavioral management of chronic medical

conditions. Professional Memberships: American Psychological Association (APA), Houston Psychological Association (HPA), and Association of Black Psychologists. Research Interests: Quality improvement of the management of mental health disorders in primary care settings. Academic Appointment: Assistant Professor, Baylor College of Medicine. Leadership positions: VA VISN 16 lead trainer for the Center for Integrated Healthcare's PCMHI Competency Training.

SAMOAN C. JOHNSON, Ph.D.: General Mental Health Clinic

University of Houston, 2004. Texas Licensure. Licensed Clinical Psychologist & Licensed Specialist in School Psychology. Supervisor, General Mental Health Clinic. Theoretical Orientation: Cognitive-Behavioral. Clinical Research Interests: Diversity, Racial Identity Theory and Ethnic Identity Theory. Academic Appointments: Assistant Professor, Menninger Department of Psychiatry and Behavioral Sciences, Baylor College of Medicine. Professional Membership: Houston Psychological Association.

EMILY KELLOGG, Ph.D.: Neuropsychologist, Mental Health Care Line, Behavioral Health Program

University of South Florida, 2018. Texas Licensure. Neuropsychology Clinic within the Mental Health Careline. Theoretical orientation: Cognitive-behavioral. Clinical/research interests: Prospective memory, issues related to training/supervision in neuropsychology. Academic appointments: Assistant Professor, Menninger Department of Psychiatry, Baylor College of Medicine. Professional Memberships: American Psychological Association.

JOSHUA KNOX, Ph.D.: General Mental Health Clinic

State University of New York (SUNY) at Binghamton, 2007. Texas licensure. Supervisor, General Mental Health Clinic. Theoretical Orientation: Psychodynamic, Integrative. Areas of Specialization: individual therapy, personality disorders, Dialectical Behavior Therapy, young adults. Academic appointments: Assistant Professor, Menninger Department of Psychiatry, Baylor College of Medicine.

CYNTHIA KRAUS-SCHUMAN, Ph.D.: Geriatric Inpatient Psychologist (6F)

University of Nebraska-Lincoln, 2006. Texas Licensure. Theoretical Orientation: Cognitive Behavioral. Clinical and Research Interests: Anxiety in Adults and Older Adults, Treatment of Anxiety in Individuals with Dementia, Age Friendly Inpatient Mental Health Care. Academic Appointment: Associate Professor, Menninger Department of Psychiatry and Behavioral Sciences, Baylor College of Medicine.

JOANNA LAMKIN, Ph.D.: General Mental Health Clinic

University of Georgia, 2016. Texas Licensure. Supervisor, General Mental Health Clinic. Lead, Psychological Testing Clinic. Theoretical Orientation: Cognitive-Behavioral. Areas of Specialization: Personality Disorders, Personality Trait Theory, Assessment, ADHD, Learning Disorders. Academic appointments: Assistant Professor, Menninger Department of Psychiatry, Baylor College of Medicine.

JILL MCGAVIN, Ph.D.: Substance Disorders Treatment Program

University of Houston, 1988. Texas Licensure. Theoretical orientation: Eclectic including Interpersonal/Family systems and Cognitive-behavioral. Clinical/research interests: addiction; measurement based care; brief therapy; performance and process improvement. Academic appointments: Assistant Professor, Menninger Department of Psychiatry, Baylor College of Medicine. Professional Memberships: APA.

DELEENE MENELEE, Ph.D.: Women Veterans Program Manager

University of Houston, 2007. Texas Licensure. Clinical and Research Interests: Mental Health and well-being of women veterans deployed to combat theatres; PTSD and trauma-informed health care; Outcomes of violence against women. Academic Appointment: Assistant Professor, Department of Psychiatry, Baylor College of Medicine. Professional Membership: American Psychological Association and APA Divisions 18 (AVAPL) and 38 (Health Psychology).

BRIAN MILLER, Ph.D.: Neurology Care Line - Neuropsychology

Oklahoma State University, 2007. Indiana Licensure. Supervisor, Neuropsychology Service, Rehabilitation Care Line & Mental Health Care Line. Theoretical Orientation: Cognitive-behavioral and information processing. Clinical/Research interests: Neuropsychology, rehabilitation psychology, traumatic brain injury, outcome measurement. Academic appointments: Assistant Professor, Department of Psychiatry, Baylor College of Medicine. Professional Memberships: International Neuropsychological Society, Houston Neuropsychological Society.

PAIGE MORRISON, PsyD: SDTP

Indiana University of Pennsylvania, 2017. Texas Licensure. Mental Health Careline, SDTP, Evidence based psychotherapy coordinator . Theoretical orientation: Cognitive-behavioral. Clinical : Individual and group therapy; motivational interviewing; dual diagnosis treatment (SUD and other diagnosis), opioid use disorder; evidence-based treatments. Academic appointments: Assistant Professor, Menninger Department of Psychiatry, Baylor College of Medicine

TIREN PARKER, PH.D.: PTSD Clinical Team (PCT)

Virginia Consortium Program in Clinical Psychology, 2019. Virginia Licensure. PTSD Clinical Team (PCT). Theoretical orientation: Cognitive-Behavioral, Humanistic, Integrative. Clinical/research interests: individual and couples psychotherapies; trauma; anxiety; race-related stress/trauma; ethnic minority mental health. Academic appointments: Assistant Professor, Menninger Department of Psychiatry, Baylor College of Medicine.

NICHOLAS PASTOREK, Ph.D., ABPP-CN: Rehabilitation and Extended Care Line - Neuropsychology

University of Houston, 2004. University of Oklahoma Health Sciences Center Postdoctoral Fellowship in Clinical Neuropsychology, 2006. Kansas and Texas Licensure. Training Director, Clinical Neuropsychology Residency. Clinical/research interests: traumatic brain injury, symptom validity testing, impact of psychiatric co-morbidities on traumatic brain injury, and cognitive rehabilitation. Academic appointments: Assistant Professor, Baylor College of Medicine, Department of Physical Medicine and Rehabilitation. Professional memberships: International Neuropsychological Society; American Board of Professional Psychology; American Academy of Clinical Neuropsychology; American Board of Clinical Neuropsychology (elected 2019-2024)

DAVID RAMSTAD, Psy.D.: Mental Health Intensive Case Management (MHICM)

Illinois School of Professional Psychology 1988. Licensure in Arizona and Florida. Theoretical Orientation: Integrative and Cognitive-Behavioral. Expertise in Military Mental health with 9 years of experience in Germany and Korea with Department of the Army. Clinical experiences with medical and mental health populations. Use of evidenced based treatments for chronic mental illness. Multiple prior grants with Department of Veterans Affairs Public Education grants. Academic appointment: Assistant Professor, Menninger Department of Psychiatry, Baylor College of Medicine, previous appointments with University of Miami School of Medicine in Department of Psychiatry and Neurosurgery.

MELISSA RIGGS, Ph.D.: General Mental Health Clinic (GMHC)

California School of Professional Psychology, 1995. Texas licensure. Theoretical Orientation: Interpersonal, Developmental, Systems and Solution- Focused. Clinical interests: Differential Diagnosis, Mindfulness-based interventions and Couples Therapy in variety of formats: time- limited, long-term, intensives, workshops.

HIRAM RIVERA-MERCADO, Psy.D.: General Mental Health Clinic and LGBTQ+ Veteran Care Coordinator.

Carlos Albizu University 2017 (San Juan, PR Campus). New York Licensure. Supervisor, General Mental Health Clinic. Theoretical Orientation: Integrative and Feminist/Multicultural approaches. Clinical/Research Interests: Identity development of LGBTQ+ individuals, sexual orientation and gender identity concerns, hormone and surgical readiness evaluations for Transgender individuals, evidence-based practices with gender and sexual minorities. Academic appointments: Assistant Professor, Menninger Department of Psychiatry, Baylor College of Medicine.

STEPHANIE L. ROJAS, PH.D.: PTSD Clinical Team (PCT)

University of Kentucky, 2018. Texas Licensure. PTSD Clinical Team. Theoretical orientation: Cognitive-behavioral. Clinical/research interests: Individual therapy; telehealth; PTSD; evidence-based treatments. Academic appointments: Associate Professor, Menninger Department of Psychiatry, Baylor College of Medicine. Professional Memberships: American Psychological Association.

MATT RUSSELL, Ph.D.: Behavioral Health Program

University of Kentucky, 2018. Texas licensure, 2019-Present. Pain Evaluation Center (PEC) staff psychologist. Theoretical orientation: Integrative with Cognitive-behavioral emphasis. Clinical and research interests: Behavioral treatments of chronic pain, biofeedback, heart rate variability (HRV), and technology assisted treatment modalities and interventions. Professional memberships: American Psychological Association (APA) and APA Division 12: Society of Clinical Psychology. Academic appointments: Assistant professor, Menninger Department of Psychiatry, Baylor College of Medicine.

ELAINE SAVOY, Ph.D.: Acute Inpatient Program

University of Houston, 2016. Texas Licensure. Acute Inpatient Program (6A). Theoretical Orientation: Cognitive-Behavioral. Clinical/Academic Interests: Evidence-based psychotherapies for SMI, group psychotherapy, health disparities. Academic Appointment: Assistant Professor, Department of Psychiatry, Baylor College of Medicine. Professional Membership: American Psychological Association.

CASEY STRICKLAND, Ph.D.: Substance Disorders Treatment Program

Florida State University, 2019. Texas Licensure. Supervisor, Substance Disorders Treatment Program. Theoretical Orientation: Cognitive-Behavioral. Areas of Specialization: Evidence-based treatment, Impulsivity, Personality Disorders, Assessment. Academic appointments: Assistant Professor, Department of Psychiatry, Baylor College of Medicine. Professional Memberships: American Psychological Association.

KEVIN JACQUES SIFFERT, Ph.D.: Home Based Primary Care (HBPC)

University of Houston, Counseling Psychology, 2012. Kansas Licensure and Texas Provisional Licensure. Supervisor, Home Based Primary Care. Theoretical Orientation: Cognitive-Behavioral, Acceptance and Mindfulness, and Supportive-Expressive Based Approaches. Clinical and Research Interests: Suicide prevention with older and home care Veterans, Improving provider-patient communications. Professional Membership: American Psychological Association.

PAUL SLOAN, Ph.D.: Behavioral Health Program (BHP)

The University of Southern Mississippi, 2005. Kansas licensure. Supervisor, Primary Care-Mental Health (PC-MH). Theoretical orientation: Primarily, a blend of Cognitive and Humanistic Psychotherapies. Major interests: Chronic and Severe Mental Illness, Chronic Pain treatment, and Self-harm Behaviors. Professional Memberships: APA, Society of Clinical Psychology and Division of Health Psychology.

JESSICA SPOFFORD, Ph.D.: Substance Disorders Treatment Program

Jackson State University, 2015. Texas and Wyoming licensure. Theoretical orientation: Integrative with emphasis on Psychodynamic, Interpersonal Neurobiology, and Cognitive Behavioral. Clinical/Research Interests: Substance Use Disorders, Performance Improvement, Contingency Management, Motivational Interviewing, Interpersonal Psychotherapy, Personality Assessment. Academic Appointments: Assistant Professor, Department of Psychiatry, Baylor College of Medicine. Professional Memberships: Association of VA Psychologist Leaders (AVAPL), Houston Psychological Association (HPA), Houston Psychoanalytic Society, American Psychological Association (APA) Division 39 (Psychoanalysis), American Psychological Association (APA) Division 50 (Addiction Psychology).

JUSTIN R. SPRINGER, Ph.D.: Workplace Violence Prevention Program (WVPP) – Disruptive Behavior Committee (DBC) Chair.

University of Houston, Clinical, 2008. Kansas licensure. Serves as the MEDVAMC DBC Chair; oversees the day to day business of the DBC in accordance with VHA Directive 1160.08. Administrative interests: safety and threat assessment/mitigation.

TARA C. STEINBERG, Ph.D., ABPP: Infectious Diseases Clinic; Primary Care Mental Health Integration; Reproductive Mental Health

University of North Texas, 2012. Texas state licensure. Board certified in Clinical Health Psychology. Theoretical Orientation: cognitive-behavioral, motivational enhancement, interpersonal with the incorporation of elements from mindfulness and acceptance and commitment-based approaches. Clinical interests: brief therapies for health-related behaviors in Veterans living with chronic illnesses, particularly HIV and liver diseases; bedside psychotherapy for hospitalized Veterans with acute and chronic medical conditions; psychotherapy for reproductive health including perinatal and postpartum depression. Research interests: psychophysiological effects of stress on HIV and HCV; HIV-associated neurocognitive disorders. Academic appointments: assistant professor, Menninger Department of Psychiatry, Baylor College of Medicine. Professional Memberships: APA, APS, SB

ALISON SWEENEY, Psy.D.: Behavioral Health Program

La Salle University, 2011. Texas Licensure. Supervisor, Women's Health Center. Theoretical Orientation: Cognitive-Behavioral, Acceptance and Mindfulness Based Approaches. Clinical and Research Interests: Women's Health, Interpersonal Trauma, and Eating Disorders. Academic appointments: Assistant Professor, Menninger Department of Psychiatry, Baylor College of Medicine.

KATHLEEN SZYDLOWSKI, Ph.D.: PTSD Clinical Team (PCT)

University of Wisconsin – Milwaukee, 2016. Texas licensure. Clinical psychologist in the PCT which provides psychotherapy to Veterans with PTSD. Theoretical Orientation: Cognitive-Behavioral. Clinical interests: assessment, individual therapy, group therapy, with a primary focus on Posttraumatic Stress Disorder. Research Interests: Evidence-based treatments for PTSD; negative affect associated with PTSD including shame and guilt. Academic Appointment: Assistant Professor, Menninger Department of Psychiatry and Behavioral Sciences, Baylor College of Medicine. Professional Memberships: APA, ISTSS, ABCT.

LESLIE S. TAYLOR, Ph.D.: PTSD Clinical Team (PCT)

University of Missouri-Kansas City, 2021. Texas Licensure. PTSD Clinical Team. Theoretical orientation: Integrative Cognitive-behavioral. Clinical/research interests: PTSD, interpersonal trauma, massed/intensive protocols, evidence-based treatments, multicultural and flexible approaches to care, quality improvement. Academic appointments: Associate Professor, Menninger Department of Psychiatry, Baylor College of Medicine. Professional Memberships: American Psychological Association, AVAPL.

ELLEN J. TENG, Ph.D.: Chief of Psychology & Director of Training-Psychology Pre-Doctoral Internship and Clinical Post-Doctoral Fellowship

University of Wisconsin-Milwaukee, 2003. Illinois and Texas licensure. Supervisor, PTSD/Anxiety Disorder Research. Director of Psychology Training. Clinical and research interests: PTSD and comorbid anxiety disorders; treatment development and outcome research; multi-cultural mental health. Academic appointment: Associate Professor, Menninger Department of Psychiatry and Behavioral Sciences, Baylor College of Medicine. Professional Memberships: APA, ISTSS, ADA.

VINCENT TRAN, Ph.D.: Behavioral Health Program (BHP)

UT Southwestern Medical Center, 2010. Texas Licensure. Supervisor, Primary Care-Mental Health Integrated. Theoretical orientation: Primarily cognitive behavioral. Clinical interests: treatment of depression and anxiety disorders, substance use disorders, health psychology interventions most notably with chronic pain, men's mental health. Academic appointments: Assistant Professor, Baylor College of Medicine, Department of Psychiatry & Behavioral Sciences.

JILL WANNER, Ph.D.: PTSD Clinical Team (PCT)

University of Tulsa, 2009. Kansas licensure. Psychologist PCT program and member of the APT (Accelerate PTSD Treatment) Program. Theoretical Orientation: Integrated with strong emphasis on Cognitive Behavioral. Clinical interests: group and individual therapy, assessment and treatment of veterans with a complex clinical presentation, treatment of combat trauma, male MST. Research interests: returning OEF/OIF veterans, complex trauma, clinical outcomes of evidence based treatment and treatment of nightmares and male MST

TROY WEBBER, Ph.D., ABPP: General Neuropsychology

University of South Florida, 2018. Colorado Licensure. Board Certified in Clinical Neuropsychology (American Board of Professional Psychology/American Board of Clinician Neuropsychology). Behavioral Health Program, General Neuropsychology. Theoretical Orientation: Cognitive-Behavioral. Clinical/Research Interests: Neuropsychological Assessment, Neuropsychological Feedback Approaches, Psychometrics, Dementia, Mild Cognitive Impairment, Alzheimer's disease, Lewy Body disease, Frontotemporal Lobar Degeneration, Stroke/Cerebrovascular disease, Neuromedical Conditions (e.g., Hepatic Encephalopathy). Academic Appointments: Associate Professor, Menninger Department of Psychiatry, Baylor College of Medicine. Professional Memberships: Houston Neuropsychological Society, National Academy of Neuropsychology, American Association of Clinical Neuropsychology, American Psychological Association Division 40: Society for Clinical Neuropsychology.

KARIN WEST, Ph.D, ABPP.: Program Director, PTSD Clinical Team (PCT)

University of Southern Mississippi, 1989. Louisiana licensure. Program Director, PTSD Clinical Team; Prolonged Exposure Therapy National Consultant and Trainer; VISN 16 PTSD Mentor and Community of Practice Lead. Theoretical Orientation: Cognitive-behavioral. Clinical interests: assessment and treatment of PTSD, evidence-based psychotherapy, treatment of PTSD-related sleep disorders,

motivational enhancement. Research interests: treatment of aggression and emotion regulation in post-911 Veterans, cognitive-behavioral treatment of PTSD-related sleep disturbance, response style in PTSD assessment, and motivational enhancement. Academic appointment: Associate Professor, Menninger Department of Psychiatry and Behavioral Sciences, Baylor College of Medicine. Professional Memberships: APA, International Society for Traumatic Stress Studies, Southeastern Psychological Association.

RANDY WHITTLES, Ph.D.: Psychosocial Rehabilitation and Recovery Center (PRRC)

Early Psychosis Intervention Coordination (EPIC) facility coordinator; Southern Illinois University, 2016. Rhode Island licensure. Theoretical Orientation: Cognitive-Behavioral, Acceptance and Mindfulness Based Approaches. Clinical and Research Interests: Serious mental illness; Social Anxiety; Psychological Testing and Assessment. Academic Appointments: Assistant Professor, Menninger Department of Psychiatry, Baylor College of Medicine. Professional Memberships: APA, ACBS