

**The North Florida/South Georgia Veterans Health System
Psychology Postdoctoral Residency
Department of Veterans Affairs**



**Malcom Randall VA Medical Center
1601 SW Archer Road
Gainesville, Florida 32608
(352) 376-1611**

[Psychology Training Program | VA North Florida/South Georgia Health Care | Veterans Affairs](#)

VA mission: *“To fulfill President Lincoln’s promise to care for those who have served in our nation’s military and for their families, caregivers, and survivors.”*



**Gainesville Mental Health Wellness Center
5465 SW 34th Street
Gainesville, Florida 32608
(352) 384-3560**

Application due date: January 1, 2024

The required and helpful information about our site is contained below and is important to consider for your residency year. Our service and training program frequently operate from a clear trauma-informed perspective. Many sites have rotations providing experiences working with individuals who have endured trauma, and what sets our training program apart is our trauma-informed and trauma-responsive approach is pervasive in our training program. Our goal is for this perspective to inform your thinking in general clinical work, and your continued development of theoretical and conceptual competencies.

There are also many training programs that stress the importance of measurement-based care and evidenced-based treatment. Our program embraces these concepts, and also recognizes there is a difference between empirically standardized treatment and evidenced-based treatment. We want our residents to learn specific, validated interventions, as well as how to utilize these practices to best apply them to the individual patients. To that end, we emphasize the content and process of psychotherapy, the interpersonal role of the individual providing the interventions, and the science behind and importance to case conceptualization. Our training opportunities are designed to provide the opportunity to integrate the “heart and head” of psychology practice; an integration we believe leads to improved clinical outcomes, better insight into psychological processes leading to change, and increased satisfaction with clinical work.

The postdoctoral residency year provides practitioners not only the opportunity to obtain the supervised hours needed for licensure, it also allows practitioners to specialize in a particular area and hone their skills. The postdoctoral year is a time to establish your professional identity and maximize opportunities to grow into that identity. We emphasize work-life balance in our program

because we believe being a psychologist is what you do and not who you are, although we do realize who you are does inform what you do. We encourage our residents to be at work on time and work hard, and at the end of the workday be with friends and family enjoying life.

More than anything else, we are committed, passionate, and excited about our program and about training future psychologists. The psychologists in our healthcare system are not required to supervise; rather, they volunteer because of their commitment to training. Our brochure does not describe the heart of our program or our staff, which we believe is what makes us special. To witness that, you will need to apply to us, and we hope to show you during interviews. We wish you the best in your application and thank you for considering our site.

Accreditation Status

The psychology postdoctoral residency at the **North Florida/South Georgia Veterans Health System** is accredited by the Commission on Accreditation of the American Psychological Association. We completed our most recent site visit during the Summer of **2023**.

Application & Selection Procedures

We will be accepting applications through the APPACAS system. To apply, candidates need to submit the following by January 1, 2024:

- A cover letter stating training, research, and career goals; as well as the emphasis area for which you are applying (Geropsychology, Trauma/PTSD & Substance Use Disorders, or Health Psychology);
- A current vita, including anticipated graduation date;
- A copy of your APPIC internship application, including essays;
- A letter of recommendation from your internship training director, describing progress and anticipated completion date;
- A letter of recommendation from the dissertation chair describing progress on your dissertation and specifying your defense date (if applicable);
- A letter of recommendation from someone knowledgeable about your work in the emphasis area for which you are applying;
- Transcripts of all graduate work; and
- An abstract of your dissertation and a copy of another scholarly work (can be a deidentified psychological evaluation/assessment).

Applications directed to:

Elizabeth P. Dizney, PsyD

Director of Psychology Training (116B)

Department of Veterans Affairs Medical Center

North Florida/South Georgia Veterans Health System

Mental Health Wellness Center

5465 SW 34th Street

Gainesville, Florida 32608

(352) 384-3560 ext. 181114

E-mail: elizabeth.dizney@va.gov



**Lake City VA Medical Center
619 S. Marion Avenue
Lake City, Florida 32025
(386) 755-3016**

Inquiries directed to:

Director of Psychology Training: Elizabeth P. Dizney, Psy.D.
Preceptor for Trauma/PTSD & Substance Use Emphasis: Jason Pickren, Psy.D.
Preceptor for Geropsychology Emphasis: Carrie Ambrose, Ph.D.
Preceptor for Health Psychology Emphasis: Valerie Shorter, Ph.D.

Dr. Pickren – jason.pickren@va.gov
Dr. Ambrose – carrie.ambrose@va.gov
Dr. Shorter – valerie.shorter@va.gov

As noted above, application materials **MUST** be received by **January 1, 2024**. After receipt of written materials, suitable applicants will be called to set up interviews. We are offering virtual interviews only. The COVID-19 crisis initially prompted the profession of health service psychology to pivot to virtual recruitment and selection, and we have strived to adjust to the new reality of gathering accurate information about each other that was often obtained in person.

The APPIC Board of Directors has identified principles that should be utilized as training programs develop their own recruitment practices, as well as a non-exhaustive list of virtual interviewing “Dos and Don’ts,” which can be accessed as follows:

<https://www.appic.org/Portals/0/Website%20docs/APPICs%20Virtual%20Interviewing%20Tip%20Sheet.pdf>

All applicants will be notified in a time frame consistent with APPIC guidelines ([Postdoctoral Selection Standards \[appic.org\]](https://www.appic.org/Portals/0/Website%20docs/APPICs%20Virtual%20Interviewing%20Tip%20Sheet.pdf)). We are adhering to APPIC’s recommendation to follow the APPIC Postdoctoral Selection Standards and Common Hold Date (CHD) for the 2024-2025 postdoctoral selection cycle. The CHD approach mirrors the widely practiced graduate school

admissions process. It allows postdoctoral programs to make offers at any time following the completion of interviews; applicants can then accept, decline, or hold an offer until the designated CHD of Monday, February 26, 2024. Consequently, as the offer and acceptance process naturally unfold, it is expected most offers and acceptances will occur prior to the CHD.

Eligibility Requirements

The North Florida/South Georgia Veterans Health System adheres to all Equal Employment Opportunity and Affirmative Action policies.

The Department of Veterans Affairs (VA) adheres to all Equal Employment Opportunity and Affirmative Action policies. As a Veterans Health Administration (VHA) Health Professions Trainee (HPT), you will receive a Federal appointment, and the following requirements will apply prior to that appointment. **(These forms noted below are not required to apply for our postdoctoral residency program but will be required for those residents with whom we match.)**

1. **U.S. Citizenship.** HPTs who receive a direct stipend (pay) must be U.S. citizens. Trainees who are not VA paid (without compensation-WOC) who are not U.S. citizens may be appointed and must provide current immigrant, non-immigrant, or exchange visitor documents.
2. **U.S. Social Security Number.** All VA appointees must have a U.S. social security number (SSN) prior to beginning the pre-employment, on-boarding process at the VA.
3. **Selective Service Registration.** Male applicants born after 12/31/1959 must have registered for the Selective Service by age 26 to be eligible for U.S. government employment, including selection as a paid or WOC VA trainee. For additional information about the Selective Service System, and to register or to check your registration status visit <https://www.sss.gov/>. Anyone who was required to register but did not register before the age of 26 will need to apply for a Status Information Letter (SIL) and request a waiver. Waiver requests are rare and will be reviewed on a case-by-case basis. Waiver determinates are made by the VA Office of Human Resources Management and can take six months for a verdict.

Federal law requires that most males living in the US between the ages of 18 and 26 register with the Selective Service System. *Male*, for this purpose, is any individual born male on their birth certificate regardless of current gender. Males required to register, but who failed to do so by their 26th birthday, are barred from any position in any Executive Agency. Visit <https://www.sss.gov> to register, print proof of registration or apply for a Status Information Letter.

Further, information is available on the VA Psychology Training website that notes the following: [Resources for Health Professions Trainees Coming to VA | Eligibility and Forms - Office of Academic Affiliations](#)

4. **Background Investigation.** All HPTs will be fingerprinted and undergo screenings and background investigations. Additional details about the required background checks can be found at the following website: [Frequently Asked Questions and their Answers - Personnel Security Adjudication Center \(PSAC\) \(va.gov\)](#).

5. **Drug Testing.** Per Executive Order 12564 the VA strives to be a Drug-Free Workplace. HPTs are not drug-tested prior to appointment; however, will be subject to random drug testing throughout the entire VA appointment period. This testing includes for cannabis, even if an HPT has a valid prescription or purchases Delta 8 legally. The federal government still tests for it, and that includes both Delta 8 and Delta 9. You will be asked to sign an acknowledgement form stating you are aware of this practice. See [Resources for Health Professions Trainees Coming to VA | Eligibility and Forms - Office of Academic Affiliations](#)
6. **TQCVL.** To streamline on-boarding of HPTs, VHA Office of Academic Affiliations requires completion of a Trainee Qualifications and Credentials Verification Letter (TQCVL). An Educational Official at the Affiliate must complete and sign this letter. For post-graduate programs where an affiliate is not the program sponsor, this process must be completed by the VA Training Director. Your VA appointment cannot happen until the TQCVL is submitted and signed by senior leadership from the VA facility. For more information about this document, please visit [2021TQCVLGuideFINALv4.pdf \(va.gov\)](#)
 - a. **Health Requirements.** Among other things, the TQCVL confirms that you, the trainee, are fit to perform the essential functions (physical and mental) of the training program and immunized following current Center for Disease Control (CDC) guidelines and VHA policy. This protects you, other employees and patients while working in a healthcare facility. Required are annual tuberculosis screening, Hepatitis B vaccine, annual influenza vaccine, and COVID vaccinations. Declinations are EXTREMELY rare. If you decline the COVID vaccine for medical or religious reasons, you will be required to provide your complete documentation to Occupational Health and submit the VA Form 10-263 by uploading it to LEAF System.

*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.
 - b. Primary source verification is required for all your prior education and training. Your training director will reach out to the appropriate institutions to complete.
7. **Additional Pre-employment Forms.**
 - a. Application for Health Professions Trainees (VA 10-2850D) and the Declaration for Federal Employment (OF 306). These documents and others are available online for review at [Resources for Health Professions Trainees Coming to VA | Eligibility and Forms - Office of Academic Affiliations](#). Falsifying any answer on these required Federal documents will result in the inability to appoint or immediate dismissal from the training program.

- b. Department of Veterans Affairs Psychology Postdoctoral Resident and Advanced Fellow Verification Agreement. The Office of Academic Affiliations (OAA) in collaboration with the Office of Mental Health and Suicide Prevention created a new psychology postdoctoral verification agreement distributed to the field on 2/11/2022.
- 8. VA identity proofing requires presentation of two source documents (IDs). Documents must be unexpired and names on both documents must match. For more information visit: [Resources for Health Professions Trainees Coming to VA | Eligibility and Forms - Office of Academic Affiliations](#)

Additional information regarding eligibility requirements for appointment as a psychology HPT can be found at the end of this brochure. Please following the included link for additional information about program eligibility for VA Psychology Training Programs ([Resources for Health Professions Trainees Coming to VA | Eligibility and Forms - Office of Academic Affiliations](#)). Falsifying these documents will result in the resident's immediate dismissal.

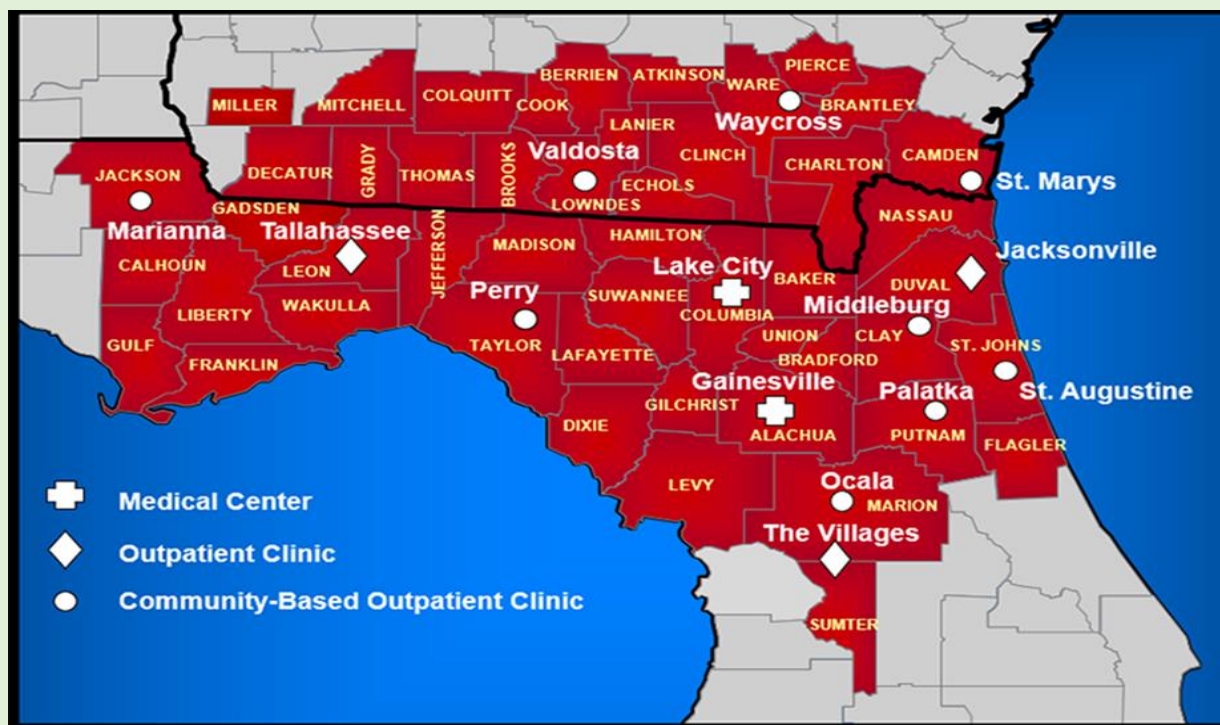
The internship and postdoctoral residency programs at the North Florida/South Georgia Veterans Health System are accredited by the Commission on Accreditation of the American Psychological Association. Questions about the accreditation status of our internship and/or postdoctoral residency program can be addressed to the American Psychological Association Office of Program Consultation and Accreditation (contact information below).

For information regarding APA accreditation of this internship or other accredited internships, please write or call:

Office of Program Consultation and Accreditation
American Psychological Association
750 First Street, NE
Washington, DC 20002-4242
Phone: (202) 336-5979
Fax: (202) 336-5978
E-mail: apaaccred@apa.org

Inquiries directed to:

Elizabeth P. Dizney, PsyD
Director of Psychology Training (116B)
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Psychology Setting

The Psychology Postdoctoral Residency in Clinical Psychology at the North Florida/South Georgia Veterans Health System began in 2004 and became APA accredited in 2006. We offer three distinct emphasis areas: Geropsychology, Trauma/PTSD & Substance Use, and Health Psychology. We have a variety of additional rotations from which to choose in order to round out and address resident's additional training needs and other areas of interest.

We also offer an APA accredited Internship in Health Services Psychology, which has been accredited since 1982. The internship offers five generalist positions and one additional position with an emphasis in Geropsychology. Characteristically, we also offer practicum level training and have had several graduate students from the University of Florida and Florida State University, as well as from other programs during any given year.

The NF/SG VHS was formed in 1998 through the integration of the Malcom Randall (Gainesville) VA Medical Center and the Lake City VA Medical Center. Currently we have approximately 85 psychologists on staff throughout our medical center's health care system. The integrated healthcare system consists of the two major medical centers in Gainesville and Lake City, three large multi-specialty outpatient clinics in Jacksonville, Tallahassee, and The Villages, and nine community-based outpatient clinics (CBOCs) throughout North Florida and South Georgia. In addition, the Integrated Virtual Access Network (IVAN) provides state of the art technology to Veterans in the region's most rural areas to keep them connected to mental health services without leaving their homes. The NF/SG VHS expansion is continuing in Gainesville, most recently adding the Mental Health Wellness Center (MHWC) to accommodate the Substance Abuse Treatment Team, the Post Traumatic Stress Disorder Clinical Team (PCT), the Mental Health Clinic for general mental health services, the Mental Health Intensive Case Management Program (MHICM), the Psychosocial

Rehabilitation and Recovery Center (PRRC), and the Neuropsychology Program. The MHWC is where the training program is now located. In addition to making more room for traditional mental health programs, the Gainesville expansion also includes a new Primary Care Building where primary care providers, nurse care managers, psychiatrists, psychologists, whole health coaches, and social workers all work together to ensure Veterans receive “whole person” care through our Primary Care-Mental Health Integration (PC-MHI) Program. Our staff are well represented in all major areas of healthcare provision, as well as serving on a variety of professional committees and boards; oftentimes in leadership positions. Our medical center is affiliated with the University of Florida and Shands Hospital and as such, offers clinical training to a variety of disciplines including medicine, psychiatry, nursing, pharmacy, and social work.

Training Goals

Our psychology postdoctoral residency goals are to provide training experiences that cultivate and integrate a broad set of generalist skills, while also focusing on one of the three specific emphases areas: Health Psychology, Trauma/PTSD & Substance Use Treatment, or Geropsychology. Through this progression of training experiences, we aim to produce ethical psychologists who have developed advanced competencies in clinical psychology broadly and advanced competencies within an emphasis area specifically needed to practice autonomously in an interprofessional healthcare setting. We also strive to produce psychologists who have developed advanced competencies in considering the broad and dynamic nature of diversity and who integrate the application of diversity concepts throughout practice. Finally, our aim is to produce ethical psychologists who are able to integrate science and practice in their work.

Consistent with our overall goals, training is expressed in the following broad competencies: The Level 1 Competencies for the residency are:

1. Ethical and Legal: Includes professional conduct, ethics and law, and professional standards for providers of psychological services relevant to advanced practice, as appropriate to the setting, the population served, and the focus or specialty area
2. Individual and Cultural Diversity: Includes issues of cultural and individual diversity relevant to advanced practice, as appropriate to the setting, the population served, and the focus or specialty area
3. Integration of Science and Practice: Includes the influence of science on practice and of practice on science

Competency evaluations are completed by supervisors in the Level 1 competencies and the Level 2 competencies relevant to their specific emphasis area. Formal, written rating periods are at 3, 6, 9, and 12 months. To successfully complete the postdoctoral program, residents must demonstrate proficiency in each of the objectives for their emphasis areas.

Our residency program integrates clinical, scientific, legal, and ethical knowledge in the development of attitudes and skills basic to clinical psychology. Therefore, the philosophy of training offered by the NF/SG VHS is best described as a practitioner-scholar model. At the core of our residency program is a developmental model largely based in professional mentorship with the resident’s preceptor. The preceptor provides close consultation with the resident throughout

the training year and serves as the primary supervisor. The preceptor and supervisors commit to delivering training in a manner respectful to the needs of the resident, while providing the combination of challenge and support necessary for competency development. Preceptors and supervisors use formative and summative evaluations to collaboratively make decisions regarding caseload, types of patients assigned, and proximity of supervision in a way that encourages clinical skill development at an appropriate, and progressive level of autonomy. Each rotation and training experience has identified specific objectives associated with the above listed competencies. The core competencies compose the clinical and professional skills we believe provide the foundation for a solid, effective, professional psychologist.

Program Structure

All three residents spend the entire year approximately half-time in their respective emphasis areas. The other time is split between two six-month elective minor rotations of their choice, the Research Project, individual and group supervision, case and didactic presentations, and preparing for the EPPP. Residents receive at least two hours of weekly individual supervision, one hour of group supervision (bimonthly at minimum), and two hours of structured training experiences weekly.

Teaching Method/Supervision

While postdoctoral residents are expected to accept as much professional responsibility as their current knowledge and skills allow, all clinical work is reviewed and supervised by licensed staff psychologists. Clinical responsibilities are assigned to residents with their learning goals in mind. While the service needs of the treatment units are important, they are a secondary criterion for assignment of clinical activities. Selection of training experiences and assignment of clinical responsibilities are made with the active participation of the resident. At the beginning of each rotation, the resident and rotation supervisor, in consultation with the Director of Psychology Training, identify the training goals and negotiate a contract specifying the rotation activities to maximize the achievement of these goals. Residents begin their training year and rotations as co-therapists/observers with the supervising psychologist. Once the resident has learned the relevant skills, they provide services independently, with at least two hours of weekly individual supervision. Supervisors may request recordings of therapy sessions in order to provide feedback on therapy skills and to contribute to case conceptualization. For assessments, supervisors review all aspects of the assessment process and co-sign the final reports. Residents are also involved in the decision-making processes affecting the administration of the training program and serve as members of the Psychology Training Committee; discussing matters of programmatic significance with, of course, the exception of discussions and/or decisions relating to specific residents.

Additional Learning Activities

Postdoctoral residents complete a project related to their area of emphasis. This project may take the form of a performance improvement project, research project, grant proposal, or a newly designed treatment/educational program. The primary emphasis of the postdoctoral resident project is on program development competency by assessing the emphasis area program needs and developing a project addressing an identified need. The postdoctoral residents present their

project toward the end of the training year to Psychology Service staff and trainees and to staff associated with their emphasis area. It is the expectation postdoctoral residents spend most of the training year working on this project, and we also understand it may take a couple of months to develop and refine a topic and that the project will be presented prior to the end of postdoctoral residency (the total length of the work on the project is about 8-9 months in total).

In addition, residents will present at least one didactic to the psychology doctoral interns (either in their area of emphasis or of their choice in an area of specialization or interest). Residents will also have two case presentations throughout the year: either in the preceptor meeting or to their respective supervisors and/or staff in their emphasis area. Residents will participate in rotation specific training opportunities (e.g., grand rounds) on a regular basis and in relevant Psychology Service continuing education programs.

Residents participate in several monthly meetings. These meetings serve to facilitate professional development. Residents are expected to attend the monthly Psychology Service Staff Meeting, quarterly Diversity Committee Meetings and In-services, and the monthly Psychology Service Training Committee Meetings.

Program Evaluation

The Psychology Training Program is committed to program assessment and quality improvement. Informal, continuous program evaluation is conducted in the monthly Training Committee Meetings attended by the training staff and residents. Residents are encouraged to discuss issues, concerns, and suggestions for improvement throughout the year with their supervisors and the Director of Psychology Training. Supervisors and residents complete formal evaluations of one another and the training experiences at 3, 6, 9, and 12 months. These evaluations focus on the attainment of each of the objectives as relevant to the particular rotation. The residents also complete a comprehensive year-end evaluation of the postdoctoral residency program. Graduates of the postdoctoral residency program are surveyed one year after completion to obtain feedback and suggestions for improvement. The training staff thoroughly review the resident's evaluations and ensure recommendations for improvement are seriously considered and implemented when appropriate. The Director of Psychology Training spearheads the quality improvement activities of the postdoctoral residency program and when possible, attends the APPIC training conferences and other relevant conferences to stay abreast of the cutting-edge issues in psychology training. Ideas for improvement obtained from the conferences are shared with the training staff and integrated into the training program. In addition to local program evaluation, the postdoctoral residency program is regularly evaluated by national professional and accrediting bodies such as APPIC and the Committee on Accreditation for APA.



Gainesville Primary Care Clinic
5469 SW 34th Street
Gainesville, Florida 32608
(352) 548-1900

VISN 8 Diversity, Equity, and Inclusion (DEI) Program

The VISN 8 Diversity, Equity, and Inclusion (DEI) program was developed to provide VISN 8 high quality core DEI training. VISN 8 is defined as the VA Medical Center and Health Care Systems located in Florida, South Georgia, and Puerto Rico. This program hopes to provide individuals at VISN 8 sites assistance with the development of yearly DEI training programs, and through a collaborative process, brings together the rich diverse training talent across VISN 8. This program is structured into two main components: a VISN-wide virtual DEI training; and a quality control measures to assure the program is effective and focused on DEI program improvement.

Each VISN 8 site takes the lead on one core diversity training topic per year, and these virtual presentations will be attended by all VISN 8 Psychology Health Profession Trainees (HPTs). Direct feedback from HPTs will provide data on the usefulness and effectiveness of the program. Utilizing data from these endeavors, the program will be recalibrated to respond to the dynamic changes and evolving DEI training needs of the sites and its HPTs.

NF/SG VHS Psychology Service Diversity Committee

Our training program celebrates diversity in all of its forms, which is illustrated by the inclusion of diversity in clinical experiences, didactic trainings, professional interactions, and community outreach activities throughout the training year. We have an active Psychology Service Diversity Committee, initially formed in 2008, committed to improving educational opportunities for staff and trainees on differences of race, ethnicity, gender identity, sexual orientation, religion, sex, national origin, age, disability, culture, and intellectual perspective; and how these differences impact mental and physical health issues and delivery of care. We believe *cultural humility* is vital to understanding mental illness and essential to provision of care. As such, VA psychologists are obligated to ensure culturally competent services continually evolve in order to better respond to the needs of our increasingly diverse Veteran population.

Throughout each training year we offer a variety of diversity-related educational opportunities:

- Formal Continuing Education for staff and trainees
- Quarterly Diversity In-services
- Didactic trainings for Postdoctoral Psychology Residents

Although the medical center serves a predominately adult male population, there is an increasing number of female Veterans in our healthcare system. In 1999, the Women's Health Clinic opened to address the unique medical and mental health needs of female Veterans. Our healthcare system has also seen increases in race/ethnic minority Veterans and LGBTQ+ Veterans using VA facilities. The Psychology Service in particular has developed several groups and outreach programs for minority Veterans, which include the Race-Based Stress and Trauma Empowerment Group, LGBTQ+ Support Group, and Transgender Support Group. For women, we also offer Cognitive Processing Therapy for MST, CBT for Chronic Pain, Dialectical Behavior Therapy, Skills Training in Affective and Interpersonal Regulation, Acceptance and Commitment Therapy, and Compassion-Focused Therapy.

Our committee members originate from a wide variety of cultural backgrounds, share a commitment that every Veteran receive equitable and clinically validated services in a culturally appropriate manner, and strive to examine minority disparities in physical and mental health care specific to the VA. As a part of the training experience, all trainees are considered members of the Diversity Committee and are expected to attend quarterly committee meetings to assist in evaluating and improving the current diversity program.

Psychology Service Diversity Committee Members

Andrea Aguilar, Psy.D., Co-Chair
Jason Burns McLavy, Ph.D.
Elizabeth P. Dizney, Psy.D.
To'Meisha Edwards, Psy.D.
Joseph S. Fineman, Ph.D.
Diane Hernandez, Psy.D.
Aixa L. Long, Psy.D.

Julian Health, Co-Chair
Timothy Ketterson, Ph.D.
Ivonne Rodriguez-Santiago, Ph.D.
Kimberly H. Shaw, Ph.D.
Amy H. Voltmer, Psy.D.
Kerry Wagner-Bellocchio, Psy.D.

TRAUMA/PTSD & SUBSTANCE USE DISORDERS EMPHASIS AREA:

Supervisory Preceptor: Jason Pickren, Psy.D.

The NF/SG VHS supports several levels of care in an interdisciplinary approach to the treatment of Veterans with trauma/PTSD and substance use. Available to Veterans in a 52-county rural and urban catchment area is an array of services including intensive hospital-based detoxification, ambulatory detoxification, residential care, transitional housing program, dual diagnosis residential care, and a full range of outpatient services including vocational rehabilitation. This continuum of care takes place in a variety of milieus in several different locations including the Malcom Randall VA Medical Center in Gainesville, the Lake City VA Medical Center, and the outpatient Substance Abuse Treatment Team (SATT) housed in the new outpatient Mental Health Wellness Center in the Gainesville community (just minutes away from the Malcom Randall VAMC). Postdoctoral residents are offered the opportunity to participate in activities in all the aforementioned locations. The structure for the year is to work in the emphasis area half-time for the entire training year. The other time can be divided into two six-month minor rotations in different treatment areas, such as Primary Care - Mental Health Integration, Inpatient Psychiatry, Medical Psychology, Geropsychology, Women's Clinic, etc. Please see the section on additional training rotations for more information.

The emphasis in trauma/PTSD and substance use provides an extensive training experience in the assessment and treatment of substance use disorders, trauma/PTSD, and other co-occurring diagnoses. It also provides the opportunity to function as part of interdisciplinary teams including (but not limited to) psychologists, psychiatrists, social workers, addiction therapists, and nurses. The teams provide continuity of care by following patients as they transition through various intensities of interventions in their recovery. This training is expected to prepare residents to assume clinical, academic, and/or administrative leadership positions wherever they may continue their clinical careers.

Postdoctoral residents will spend most of their time sharpening their skills in understanding addiction, assessment techniques, psychotherapy, and psychopharmacology. They will develop expertise with treatment interventions utilized in residential and outpatient programs including motivation enhancement therapy, group psychotherapy, family therapy, cognitive behavioral methods of relapse prevention, 12-step facilitation, social skills training, milieu therapy, and a variety of approaches to addressing trauma.

Two principles guide everything we do and how we train:

1. Trauma is an experience, not a diagnosis.
2. The opposite of addiction is connection, not abstinence.

Recovery from both trauma and SUD is about reconnecting to one's community, identity, memories, and meaning. We stopped trying to figure out what is "wrong" with the Veterans who come to our clinics, and instead focus on what has happened to them. In other words, we treat social injustice one person at a time. In order to accomplish our goal, we must first form a community amongst ourselves of invested providers and partners. Our training program, then, is more akin to a co-op. Our residents are an integral part of that bond, and crucial to providing exceptional care to our Veterans and their families, as well as guidance to our staff. This shared passion is a vital aspect of the training experience. Our heart influences our actions, including to

the resident who we want to be an integral part of our mission to help repair lives and heal deeply ingrained emotional damage.

Some of the empirically validated treatments we train in can include Motivational Interviewing, Prolonged Exposure, Cognitive Processing Therapy, EMDR, 12-step facilitation, CBT, ACT, DBT, Mentalization Based Therapy, Seeking Safety, STAIR, and COPE.

Additional modalities of treatment in which the postdoctoral resident may gain experience include Network Therapy, relapse prevention, process-oriented group psychotherapy, psycho-educational group treatment, addiction education, coping skills, communication skills, problem-solving skills, family and marital therapies, Mutual Help Therapies, therapeutic communities, pharmacotherapeutics, and vocational rehabilitation.

Below are the specific objectives for the Trauma/PTSD & Substance Use Emphasis Area:

Assessment and Diagnosis:

- Diagnosis and classification of substance disorders and substance-induced disorders, including an understanding of the American Society of Addiction Medicine (ASAM) placement criteria and the VA's new measure for substance use disorders, the Brief Addiction Monitor (BAM)
- Protocols for co-morbid psychiatric disorders, neuro-cognitive function/impairment, and personality disorders
- The physical, intellectual, behavioral, and emotional concomitants of acute alcohol/drug impairment
- Assessments of relapse potential, high-risk issues, substance use inventories, and readiness to change

Intervention:

- Specific modalities of treatment in which the resident may gain experience include Motivational Interviewing/Motivational Enhancement Therapy (MI/MET), Cognitive Behavior Therapy for Substance Use Disorder (CBT-SUD), Mindfulness Based Relapse Prevention (MBRP), Seeking Safety, Cognitive Processing Therapy (CPT), Prolonged Exposure (PE), Skills Training in Affective and Interpersonal Regulation (STAIR), Concurrent Treatment of PTSD and SUD, Network Therapy, Mentalization Based Therapy (MBT), relapse prevention, process-oriented group psychotherapy, psycho-educational group treatment, addiction education, coping skills, communication skills, problem solving skills, family and marital therapies, Mutual Help Therapies, therapeutic communities, pharmacotherapeutics, and vocational rehabilitation

Consultation and Communication:

- Learn roles of specific treatment team members and the knowledge and skills of specific disciplines as applied to substance abuse treatment
- Distinguish appropriate from inappropriate consults and educate referral sources
- Develop problem-solving strategies with referring staff
- Write reports in a clear, concise manner and communicate results to referring clinicians
- Learn when to refer for appropriate treatment

Professional and Ethical Behavior:

- Demonstrates understanding of the APA Ethical Principles and Code of Conduct and the Health Insurance Portability and Accountability Act (HIPAA)
- Interacts appropriately with all team members, colleagues, and supervisors
- Demonstrates ability to assume responsibility for key patient care tasks
- Begins the process of obtaining licensure for the independent practice of psychology

Human Diversity:

- Demonstrates understanding of the impact of individual differences and cultural diversity on substance abuse treatment
- Integrates the above knowledge into the development and implementation of a treatment plan for substance abusing Veterans

Practitioner-Scholar Model:

- Seeks out relevant sources of information related to substance abuse treatment and applies to assessments and interventions. Presents at least once staff on information learned from this endeavor
- Designs and conducts one project during the training year – Examples of successful projects include designing and conducting research, conducting a literature review and metaanalysis, or designing and implementing a new treatment group. Residents are encouraged to be creative and may submit other ideas for their project for approval by the Training Committee.

Supervision and Teaching Skills:

- Provides supervision on at least three cases throughout the year under the supervision of a staff psychologist
- Supervises at least one intern/graduate student working in substance abuse
- Attends monthly professional development meetings with postdoctoral subcommittee and completes readings as assigned
- Discusses supervision with their supervisors throughout the year (supervision of supervision)
- Makes at least two presentations to staff and peers during the year

Training sites include:

1. Gainesville Substance Abuse Treatment Team (SATT)

Supervisory Psychologists: Jason Pickren, Psy.D. & Michele Shriner, Ph.D.

We offer a variety of training experiences related to the assessment and treatment of *both* trauma/PTSD and substance use disorders. It is comprised of an Ambulatory Detoxification and Preparation for Treatment (ADAPT) program, a community-based Intensive Outpatient Treatment (IOP), and traditional outpatient care to facilitate transition to community recovery.

- About 60% of the US population will experience at least one traumatic event during their lifetime (Kessler, Sonnega, Bromet, Hughes, & Nelson, 1995). According to the National Center for PTSD, about 27% of all Veterans have been diagnosed with both PTSD and a co-occurring substance use disorder. Therefore, the G-SATT clinic is often tasked with treating substance use disorders through a trauma-focused lens. This makes training at the G-SATT a dynamic experience given the variety and complexity of the population we serve.

- Some SUD training experiences are fairly focused on specific modalities, populations, and/or supervisory experiences. The G-SATT experience is dynamic and growth-producing primarily due to the variety and complexity of the options and experiences available. The G-SATT experience can be tailored for each trainee with options from inpatient to community re-entry, dual-diagnosis, 12-Step Facilitation, SMART Recovery, intensive group therapy across months, and single session assessment. There are several opportunities to gain experience in empirically standardized treatments and evidenced based treatment.
- There are also a variety of training experiences, which include substance use disorder intake assessment, mental health evaluation, and psychological testing. In addition, the G-SATT offers both groups and individual treatment options: 12-Step Facilitation and addiction education, 12step programs, relapse prevention, coping and relaxation skills trainings, SMART Recovery, Women's group therapy, Medication-Assisted Treatment (MAT), CPT, PE, Eye Movement Desensitization and Reprocessing (EMDR), STAIR, Seeking Safety, Moral Injury, and Concurrent Treatment of PTSD and Substance Use Disorder Using Prolonged Exposure (COPE). Residents will have the opportunity to gain knowledge about the bi-directional relationship of Substance Use Disorder (SUD) and PTSD and navigate how these co-occurring disorders have the potential to compromise Veterans' recovery efforts. Residents will also gain experience working with Veterans across multiple levels of SUD treatment, from intensive outpatient treatment to community recovery, and across various demographics and systems of care, such as with homeless and/or justice-involved Veterans working toward community re-entry.
- One of the greatest strengths of training in G-SATT is the amount of support, supervision, and autonomy offered. Supervisors deeply appreciate an emphasis on SUD/trauma-focused treatment; all are trainee-centered and have a heart for training and supervision. This site emphasizes providing residents support, camaraderie, knowledge, supervision, and creativity, while developing a strong sense of autonomy. Ultimately, our investment in SUD residents is an investment in our passion for changing hearts and minds impacted by SUD.

2. Trauma/PTSD/ Substance Abuse Treatment Track (PSATT)

Supervisory Psychologists: Jason Pickren, Psy.D.; Erika Molina Vergara, Psy.D.; & Lauren M. Tidwell, Psy.D.

The PSATT is an outpatient integrated treatment track for Veterans who have a dual diagnosis of PTSD (secondary to combat, sexual assault, physical assault, POW captivity, or motor vehicle accident) and substance use/dependence. Residents receive training in psychological assessment and testing, addiction education, relapse prevention, coping skills training, 12-step programs, relaxation response training, and PTSD-trauma education with an emphasis on how the two disorders overlap, affect one another, and compromise recovery efforts.

3. Lake City: Substance Use Disorder Residential Rehabilitation and Outpatient Treatment Programs

Supervisory Psychologists: Erica Molina Vergara, Psy.D. & Justin Trapani, Psy.D.

The Lake City Substance Abuse Treatment Team (L-SATT) supports the following two levels of SUD treatment:

- 1) Traditional and Intensive Outpatient Programs, which are also interdisciplinary and recovery-oriented programs that include options for trauma-focused treatment such as Seeking Safety
- 2) Two SUD Residential Rehabilitation Treatment Programs (SUD RRTP)
 - a) The **Substance Abuse Residential Rehabilitation Treatment Program (SARRTP)** serves Veterans with a primary diagnosis of substance use disorders through an interdisciplinary treatment team of physicians, nurse practitioners, psychologists, social workers, occupational therapists, peer support specialists, vocational rehabilitation specialists, recreational therapists, dietitians, nurses and health techs, and program support assistants. The typical length of stay for Veterans admitted to SARRTP is 45-60 days but may be longer depending on the complexity of symptoms and risk factors. Veterans receive addiction, health and nutrition education classes, process-oriented group therapy, evidence-based and trauma focused treatments, relapse prevention, life-skills training, leisure skills education and recreational therapy, vocational rehabilitation, and exposure to self-help groups within the community to facilitate the transition to community recovery.
 - b) The **Psychosocial Residential Rehabilitation Treatment Program (PRRTP)** serves Veterans with dual diagnoses of substance use disorder (SUD) and serious mental illness (SMI), such as a mood/thought disorder or severe PTSD, which typically has resulted in multiple hospitalizations. Most Veterans admitted to PRRTP stay for a period of 8-12 weeks and are also served by an interdisciplinary team of providers promoting, in addition to the above, Dialectical Behavior Therapy (DBT), social skills training, Mentalization Based Therapy (MBT), and medication management training. Mindfulness-based approaches to emotion regulation, distress tolerance, and relapse prevention are emphasized, and treatments for PTSD (e.g., PE, CPT, and EMDR) are also available. Veterans discharging from PRRTP may be transitioned to the VA outpatient Psychosocial Rehabilitation Recovery Center (PRRC) or other outpatient mental health programs, as well as to self-help community-based recovery support programs.

Residents embedded in either SUD RRTP will develop expertise in the role of psychologist on an interdisciplinary treatment team; while providing individual therapy, process-oriented and behavior-oriented group therapies, psychological assessments and testing, relaxation and relapse prevention training, didactic psychoeducational classes, and more. Residents will be exposed to the role of medication-assisted treatment in SUD recovery, trauma-informed care, peer support specialists, and other discipline's approaches to provision of services to Veterans with SUD.

GEROPSYCHOLOGY EMPHASIS AREA:

Supervisory Preceptor: Carrie Ambrose, Ph.D.

The Gainesville division at the NF/SG VHS was designated in December 1983 as a Geriatric Research, Education, and Clinical Center (GRECC) site charged with focusing on state-of-the-art clinical care and innovative research to meet the needs of the aging Veteran. The GRECC funds two positions each year for gerontology-focused training: one predoctoral psychology intern and one postdoctoral psychology resident.

The emphasis in Geropsychology provides an invaluable opportunity to address the unique difficulties presented by an aging Veteran population. Residents will develop skills in assessing and treating dementia and other cognitive impairments, pain, maladaptive personality traits/disorders, reactive behavior, and caregiver stress. There will be exposure to multiple therapeutic interventions including meaning-centered therapy, dignity therapy, cognitive-behavioral therapy, motivational interviewing, behavioral management, and case management techniques. Residents will conduct their work in an interdisciplinary team setting that will allow them to interact with other trainees and preceptors from other disciplines. Residents will also engage in staff consultation with their team and with other groups of health professionals and administrators. The overall goal of this emphasis area is to train professional psychologists with specialized skills and knowledge pertinent to Geropsychology so that they may assume clinical, academic, and/or administrative leadership roles in geriatrics.

In addition, postdoctoral residents will work on a year long Geropsychology project, aimed at allowing the resident to have the experience of Geropsychology program development and/or Geropsychology program evaluation. The resident will present their project to the NF/SG VHS Psychology staff and GRECC. Residents will also be encouraged to have their intern didactic presentation in the area of Geropsychology and provide support to interns. Professional development is highlighted with resident participation in Training Committee meetings, Associated Health Committee training days, and psychology intern and resident interviews.

Please note, training sites can have varying degrees of overlap between Geropsychology and neuropsychology experiences. The Geropsychology emphasis area at NF/SG offers a comprehensive yet more intervention heavy Geropsychology experience. It is not best suited for applicants who are hoping to focus exclusively or predominantly on neuropsychology during their training year.

Objectives for this training experience:

Assessment and Diagnostic Competency: To broaden the resident's development of interviewing and assessment skills, utilizing the psychodiagnostic interview and neurocognitive screening to provide an initial assessment and treatment plan

- Observe clinical interviews conducted by the supervisor, prior to assuming the clinical responsibility for the intakes or consultations, and perform at least 5 intake interviews
- Integrate relevant information from rounds and interdisciplinary team consultation into case conceptualizations

- Learn how to evaluate consultations (i.e., identify what unstated problem may be underlying a consult) by discussing each consult with the supervisor and, if possible, with the referral source
- Select, administer, score, and accurately interpret tests appropriate for older adults
- Understand aging individuals in the context of social structures, as social contexts define and shape the lives of older people

Intervention Competency: To develop resident's competency in case conceptualization and then selecting from a wide variety of treatment modalities from behavioral management to traditional psychotherapy based on the needs and abilities of the individual Veteran

- Develop a treatment plan tailored to the Veteran's individual needs
- Plan at least one behavioral intervention
- Provide short-term psychotherapy for a range of presenting concerns
- Provide couples therapy or family counseling as needed
- Professionally and appropriately consult and communicate with an interdisciplinary team
- Attend weekly team meetings and rounds, providing succinct summaries of relevant assessments or conceptualizations and working with team to develop an overall plan
- Develop brief and effective writing skills for assessments and progress notes
- For consultations, give succinct and effective feedback to referral source

Professional and Ethical Behavior: To enhance resident's ability to consider ethical issues and to make professional and ethical decisions in their work

- Discuss ethical dilemmas faced by psychologists who work with older adults, including dying with dignity, DNR declarations, Advance Directives, infantilization, balancing safety and autonomy, capacity and surrogate decision-makers, the right to decline treatment, privacy limitations in the CLC setting, confidentiality, and the provision of palliative care
- Appropriately respond to ethical dilemmas, such as seeking supervision, consulting with the interdisciplinary team, mandatory reporting if indicated, following ethical principles, modeling respectful interactions, and mitigating risk

Human Diversity: To promote resident's knowledge of and sensitivity to issues of human diversity and cultural differences

- Discuss individual and cultural differences, ethnicity, and sexual diversity, as it relates to the conceptualization and treatment of Veterans
- Identify age-related diversity factors, such as cohort-based differences in experiences, norms, and values
- Work effectively with diverse Veterans and staff and discuss related issues in supervision

Practitioner-Scholar Model: To promote the residents' ability to seek out and to apply both new and previous knowledge about the lives of older adults and how that relates to their specialized care

- Read and discuss at least two recommended readings or scientific articles related to older adulthood and apply the knowledge to working with older adults
- Appreciate the effects common medications may have on older adults
- The GRECC resident will present or lead a journal article discussion at a GRECC Friday Noon Conference
- The GRECC resident will present at the annual GRECC Poster Day

Supervision and Teaching Skills: To develop resident’s competency in providing supervision and teaching others

- Provide supervision on at least three cases throughout the year under the supervision of a staff psychologist
- Supervise at least one intern/graduate student working in geriatrics
- Attend monthly professional development meetings with postdoctoral subcommittee and complete readings as assigned
- Discuss supervision of supervision with their supervisor
- Make at least two presentations to staff and/or peers during the year

Training Rotations – The Geropsychology resident has Geropsychology emphasis training throughout the training year separated into two 6-month periods. During each 6-month period, the resident divides their time between a Geropsychology rotation (Gainesville or Lake City) and another non-Geropsychology rotation. The order of the rotations, the opportunities within each rotation, and the non-Geropsychology rotations are chosen based on the resident’s interests and training plan. Adjunctive elective training opportunities are also available. For example:

First 6 months:	Gainesville Geropsychology Rotation + non-gero rotation
Second 6 months:	Lake City Geropsychology Rotation + non-gero rotation

Area of emphasis rotation training sites and opportunities:

1. Gainesville VA Medical Center Geropsychology

Supervisory Psychologist: Carly Ostrom, Ph.D., ABPP

Board Certified in Geropsychology

This rotation includes opportunities in the Gainesville Community Living Center (CLC) and the Palliative Care Consult Team. Residents on this rotation gain exposure to both CLC and palliative care, though training experiences can be tailored to focus more heavily in one area if the resident has a particular interest or training goal. This rotation involves working closely with interdisciplinary teams to provide primarily inpatient services to older adults.

The Gainesville CLC has 28 beds and provides comprehensive interdisciplinary assessment, treatment, preventive, and restorative/rehabilitative care to Veterans who have sustained a change in physical functioning or who need skilled nursing care (e.g., wound care, IV antibiotics). Length

of stay is typically 2 weeks to 90 days. Common presenting concerns in the CLC include adjustment (to medical conditions, change in functioning, hospitalization), depression, anxiety, insomnia, pain management, grief and anticipatory grief, cognitive deficits, substance use, PTSD, and challenging/responsive behaviors.

The Gainesville Palliative Care Consult Team is a multidisciplinary team that addresses consults for Veterans who have been diagnosed with a serious or life-limiting illness. The team meets daily to discuss Veterans in the hospital who are being actively followed by the palliative care team, and to identify need for interdisciplinary team support. During rounding, the team meets with Veterans and their loved ones to facilitate goals of care conversations, explore values and treatment goals, assess and manage symptoms, and facilitate next steps such as hospice care. Residents may provide individual therapy, caregiver/family support, symptom assessment, and team consultation.

2. Lake City VAMC CLC

Supervisory Psychologists: Carrie Ambrose, Ph.D. & Andrew Solow, Psy.D.

The Community Living Center at the **Lake City VAMC** is located approximately 45 miles north of Gainesville. It consists of five separate neighborhoods with a total of 230 beds. **Each neighborhood has a distinct specialty service**, and its own interdisciplinary team in which psychology is fully integrated. Postdoctoral residents are encouraged to select one specialty service of training emphasis with the opportunity for training experiences in other areas. Residents participate in mental health rounds, weekly IDT rounds, and weekly care plans for the neighborhood/specialty service of emphasis. The LKC CLC provides four distinct specialty services:

- **Memory Care** – Memory care is provided to Veterans for short-term or long-term on a secured neighborhood. This neighborhood focuses on continuing care and treatment of dementia related behaviors. Interventions provided include implement behavioral interventions (STAR-VA), and Montessori based interventions, family support, and staff education.
- **Long-term care** – Veterans are provided continuing care for physical, medical, and/or mental health conditions requiring nursing home level of care. Interventions provided including short-term and long-term psychotherapy, implement behavioral interventions (STAR-VA), behavior contracting, capacity evaluations, brief neuropsychological testing, facilitate psychoeducational or psychotherapeutic groups, and staff education.
- **Short-term rehab/skilled care** – Veterans are admitted to the CLC for approximately 30-90 days. Interventions include short-term psychotherapy, facilitate psychoeducational or psychotherapeutic groups, family support, capacity evaluations, brief neuropsychological testing, behavior contracting, and staff education.
- **Hospice care** – Veterans receive end-of-life care. Interventions include short-term psychotherapy, family support, bereavement counseling, and staff education.

Culture Transformation at the Lake City CLC: Resident-directed care that transforms the long-term care medical model to one that nurtures the human spirit, as well as meeting medical needs – Culture Change is not a finite destination, but a work in progress, always evolving to meet the needs of the residents. Our goal is creating a home rather than an institution and improving quality of life rather than just quantity of life.

Overall Goals of Culture Change are:

1. **Restore** control over daily living to residents, respecting the right of residents to make their own decisions
2. **Involve** all levels of staff in the care process, honoring those who work most closely with residents
3. **Include** families and friends in a comprehensive team building approach to care
4. **Provide** a familiar and hospitable environment, a supportive workplace and responsive, individualized care practices that focus on the needs and preferences of people

Psychology has an essential role in Culture Transformation within the CLC; including leading monthly Quality of Life meetings where culture-change ideas are brainstormed, specific goals are developed, and progress is discussed. Exciting culture-transformation successes include establishing a buffet-style lunch rather than serving Veterans trays in their rooms, initiating Montessori-inspired engagement, implementing Music & Memory programming for Veterans diagnosed with dementia, utilizing “Do you recall” videos, starting a quarterly CLC newsletter, modifying medical and nursing practices to reduce unnecessary blood draws and care tasks, and planning special meals, holiday celebrations, gatherings, and monthly CLC events.

Characteristics of Both Geropsychology Rotations

Interdisciplinary Teams: An integral part of both Geropsychology rotations is participation as a member of an interdisciplinary treatment team, which includes representatives from Nursing, Medicine, Social Work, Physical or Kinesio Therapy, Occupational Therapy, Recreational Therapy, Dietetics, Chaplain services, and Pharmacy. Residents will attend interdisciplinary didactic rounds and care plan meetings. Psychology frequently collaborates with multiple disciplines and provides consultation for referral sources with services ranging from evaluation to behavioral management or psychotherapy.

Veteran Diversity: Veterans in Geropsychology settings are heterogeneous in terms of their:

1. Ethnicity and Intersectionality
2. Age (increase in referrals for Veterans in their 50s and 60s)
3. Cognitive Abilities (cognitively intact, mild to major neurocognitive disorders)
4. Medical Conditions (heart conditions, respiratory conditions, strokes, cancers, diabetes, kidney disease, obesity, amputations, recent surgical procedures, wounds, infections)
5. Lifestyle (rural, unusual living arrangements, chronic substance abuse)
6. Presenting Problems (adjustment to medical conditions or functional changes, depression, anxiety, sleeping problems, grief, chronic pain, SMI, relational problems)

With our diverse population, postdoctoral residents can tailor the training experience to their interests and training goals.

Residents will have the opportunity to:

- Conduct initial assessments of new admissions
- Select, administer, score, and interpret tests appropriate for geriatric populations, such as symptom assessments, informant-based measures, cognitive screeners, and limited neuropsychological assessments
- Conduct medical decision-making capacity assessments and write reports
- Conduct behavioral analysis using STAR-VA and develop a behavior management plan
- Perform evaluations of dementia and age-related cognitive decline, becoming familiar with the prevailing diagnostic nomenclature and specific diagnostic criteria
- Provide variety of interventions, including individual therapy, group therapy, caregiver support, family therapy, behavioral intervention, behavioral health (e.g., smoking cessation, pain management), environmental modification, and interdisciplinary team interventions
- Gain factual and experiential information about certain life events that typically occur in later life
- Utilize specific techniques for working with older adults who experience emotional suffering and dysfunction secondary to dementia
- Learn about medical conditions and medications, and their effects on personality, emotion, cognitive functioning, and behavior
- Work with older adults who are diverse in terms of socioeconomic and demographic factors, culture, medical conditions, personal and spiritual values and beliefs, life experiences, cognitive abilities, communication needs (e.g., aphasia, hearing loss), and social context
- Understand and learn how to respond to ethical concerns; such as those related to suspected exploitation, balancing safety and autonomy, working with surrogate decision-makers, privacy limitations in the CLC setting, etc.
- Contribute to culture transformation and quality of life efforts
- On average, trainees spend at least 8 hours a week in direct contact on the rotation

HEALTH PSYCHOLOGY EMPHASIS AREA:

Supervisory Preceptor: Valerie Shorter, Ph.D.

The emphasis in health psychology provides an extensive training experience in the assessment and treatment of health psychology issues and provides the opportunity to function as part of an interdisciplinary team including (but not limited to) psychologists, physicians, physician assistants, psychiatrists, social workers, and nurses. Residents gain experience working on both inpatient medical units (ICU, surgery, oncology and general medicine) and in either outpatient primary care clinics or Geropsychology. Residents also have an opportunity to gain in-depth experience in pain management and/or healthy lifestyle promotion. In addition, residents work on a year-long health psychology project, aimed at allowing the resident to have the experience of health psychology program development and/or health psychology program evaluation. This training is intended to prepare residents to assume clinical, academic, and/or administrative leadership positions wherever they may continue their clinical careers. Professional development is highlighted with resident participation in Training Committee meetings and psychology intern and resident interviews.

Below are the specific objectives for this training experience:

Assessment and Diagnosis:

- Psychological consults on inpatient medical units taking into consideration medical, social, and psychological issues – Particular focus on answering the consult question in a useful manner, providing helpful recommendations to medical staff, determining need for short term and/or long-term mental health follow-up, and providing referrals when appropriate
- Identify medical issues which may impact mood/cognition
- Identify psychological conditions which may impact medical condition
- Assess lifestyle choices which may be having negative impact on an individual's physical and mental health

Intervention:

- Effective case conceptualization and development of appropriate treatment plans
- Brief interventions with patients (and families) if indicated while individual is receiving treatment on inpatient medical unit – Interventions can include stress management, relaxation training, addressing symptoms of depression/anxiety, adjusting to new medical diagnosis, coping with prolonged hospitalization, and motivational interviewing for healthy behavior change
- Facilitate at one or more health psychology focused group(s) (examples include smoking cessation, pain management, weight management, diabetes management, etc.)

Consultation and Communication:

- Develop consultation liaison skills with interdisciplinary treatment teams
- Distinguish appropriate from inappropriate consults and educate referral sources
- Develop knowledge of roles of treatment team members and understanding of their knowledge base and skills
- Develop problem-solving strategies with referring staff
- Develop proficiency in report writing that is clear, concise, and effectively communicates clinical data to referring clinicians
- Understand when to refer for appropriate treatment

Professional and Ethical Behavior:

- Demonstrate understanding of the APA Ethical Principles and Code of Conduct and HIPAA
- Interact appropriately with all team members, colleagues, supervisors, and patients
- Demonstrate ability to assume responsibility for key patient care tasks
- Begin process of obtaining licensure for the independent practice of psychology
- Address ethical problems that arise in clinical practice

Human Diversity:

- Demonstrate understanding of the impact of diversity issues such as: individual differences (sociocultural, ethnic, and socioeconomic), gender, sexuality, and physical/cognitive/psychological issues on patient's experience of hospitalization/medical problems
- Recognize the impact of cultural and/or individual differences in assessment and treatment

Practitioner-Scholar Model:

- Effectively use relevant sources of information related to the area and application of that knowledge to assessments and interventions
- Share relevant information learned through review of relevant sources in the health psychology emphasis area with staff at NF/SG VHS
- Design and conduct one health psychology focused project during the training year
 - ❖ Examples of successful projects include designing and conducting research, conducting a literature review and meta-analysis, or designing and implementing a new treatment group
 - ❖ Residents are encouraged to be creative and may submit other ideas for their project for approval by the Training Committee

Supervision and Teaching Skills:

- Provision of supervision to an intern or a practicum student on at least three cases throughout the year under the supervision of licensed psychologist
- Maintain ongoing discussion of supervision issues with the Preceptor throughout the year
- Participation in monthly professional development meetings with postdoctoral subcommittee and completion of readings as assigned

Health Psychology Rotations:

The resident's year is divided into two 6-month periods, each with one area of emphasis and one minor rotation. The order of the rotations, the opportunities within each rotation, and the minor rotations are chosen based on the resident's interests and training plan.

Area of Emphasis Training Rotations – Both rotations will be in health psychology: One rotation will be in Medical Psychology at the Gainesville VAMC. For the second rotation, the resident will have their choice of either Primary Care - Mental Health Integration, Malcom Randall VAMC Geropsychology (Gainesville), or Geropsychology Lake City VAMC CLC.

The area of emphasis rotation training sites and opportunities are described below:

1. Medical Psychology

Supervisory Psychologist: Valerie Shorter, Ph.D.

The Gainesville VA Medical Center (GVAMC) is a 240-bed acute care hospital that also provides an extensive array of specialty services. We are the primary hospital for a large catchment area which serves most of north Florida and parts of South Georgia. The Medical Psychology program offers psychological services to Medical and Surgical inpatients and outpatients and their families on a consultation-liaison basis. Currently, consultations are being done on medical inpatient wards, intensive care units (cardiothoracic, medical, and surgical), a chemotherapy clinic, and other medical/surgical specialty clinics.

Residents will have the opportunity to observe and participate in an interdisciplinary team approach to patient care. Particular learning experiences, in addition to psychological evaluation and treatment, will include interacting with patients and their families, filling the role of liaison between patient and caregiver or family member, assisting in end-of-life planning, and generally facilitating the patient's adjustment to the treatment regimen and adopting a more healthful lifestyle. Both short-term and extended interventions may be utilized with individuals, couples, or families. Residents will also have an opportunity to work with medical inpatients who have been identified as high risk for suicide, to provide support and ensure that their mental health needs are met while on medical unit. In addition, residents will also perform evaluations of candidates for organ transplantation (kidney, heart, lung, liver), bone marrow/stem cell transplantation, and other medical interventions.

Other aspects of the program include clinical health psychology journal/book discussions. Meetings with hospital or clinic staff groups are conducted upon request, either ad hoc to address matters of acute concern, or on a regular schedule in the interest of providing support, improving communication, and enhancing team identity and cohesion.

Residents who complete this rotation will be able to:

- Conceptualize a psychological consultation issue utilizing clinical interview and history, including information from the client's Computerized Patient Record System (CPRS) entries
- Demonstrate competence in consultation, in responding to referring professionals, and in intervention as indicated
- Conduct evaluations preceding medical/surgical procedures and convey results of these effectively both verbally and in written reports
- Demonstrate knowledge of medical record review, medical terminology, pharmacology, and pathology
- Participate in the interdisciplinary approach to health care, spanning the range from prophylaxis to assisting in end-of-life planning
- Acquire familiarity with science-based and other professional literature pertinent to health psychology topics, receiving materials from supervisor and researching relevant literature independently

2. Primary Care - Mental Health Integration (PC-MHI)

Supervisory Psychologist: Karin Martin, Ph.D.

The PC-MHI rotation is located at the new Primary Care building in Gainesville (just a few minutes from the VAMC) and has the largest primary care clinic of our catchment area. On this rotation, residents learn how to adapt traditional clinical and health psychology services for the primary care setting. Typical clinical activities include brief, functional assessments; short-term, skills-based intervention for emotional and behavioral health concerns; consultation and collaboration with primary care providers; and triage decision-making for stepped care. Residents on this rotation have the opportunity to respond to consults via “warm handoff” from the Primary Care Providers (physicians, medical residents, and APRNs). Residents hone their skills in brief functional assessments, triaging patients, concise report writing, and providing appropriate recommendations/referrals. Residents also have an opportunity to conduct brief (6-8 session) therapy with patients.

Common referral questions relate to both mental health (e.g., depression, anxiety, PTSD, somatoform, and substance use) concerns and physical health concerns (e.g., memory difficulties, tobacco cessation, weight management, insomnia, coping with chronic illnesses, and pain and medical compliance). Residents receive training in the brief assessment of patients with more chronic and severe mental illness, as PC-MHI is often the “Gateway” to the mental health continuum of care at the VA. Residents learn about the stepped care model of care, triaging patients who need a higher level of care to other services in the VA, and working with patients who can benefit from brief, short-term, skills-based interventions, either in a group or individual format.

3. Malcom Randall VA Medical Center Geropsychology (Gainesville)

Supervisory Psychologist: Carly Ostrom, Ph.D., ABPP

Board Certified in Geropsychology

This rotation includes opportunities in the Gainesville Community Living Center (CLC) and the Palliative Care Consult Team. Residents on this rotation work closely with interdisciplinary teams to provide primarily inpatient services to older adults.

The Gainesville CLC has 28 beds and provides comprehensive interdisciplinary assessment, treatment, preventive, and restorative/rehabilitative care to Veterans who have sustained a change in physical functioning or who need skilled nursing care (e.g., wound care, IV antibiotics). Length of stay is typically 2 weeks to 90 days. The CLC has a teaching service where medical students, medical residents, and trainees from other disciplines are part of the clinical team. Common presenting concerns in the CLC include Adjustment (to medical conditions, change in functioning, hospitalization), depression, anxiety, insomnia, PTSD, pain management, grief and anticipatory grief, cognitive deficits, substance use, and challenging/responsive behaviors.

The Gainesville Palliative Care Consult Team is a multidisciplinary team that addresses inpatient and outpatient consults for Veterans diagnosed with a life-limiting illness. The team meets and rounds daily. During rounding, the team meets with Veterans and their loved ones

to facilitate goals of care conversations, explore values and treatment goals, assess and manage symptoms, and facilitate next steps such as hospice care. Residents may provide team consultation, individual therapy, and caregiver/family support.

4. **Lake City VAMC Geropsychology – Community Living Center**

Supervisory Psychologists: Carrie Ambrose, Ph.D. & Andrew Solow, Psy.D.

The Community Living Center (CLC) at the **Lake City VAMC** is located approximately 45 miles north of Gainesville. It consists of five separate neighborhoods with a total of 230 beds. Each neighborhood has its own interdisciplinary team in which psychology is fully integrated. The neighborhoods' specialties include care for people with dementia and other cognitive challenges, rehabilitation and restorative care, intensive skilled nursing/medical management, long-term care, hospice/palliative care, and inpatient respite stay. Training opportunities include short-term and long-term psychotherapy, complete neuropsychological testing and capacity evaluations, implement behavioral interventions (STAR-VA) and behavioral contracts, facilitate psychoeducational or psychotherapeutic groups (e.g., Meaning-Centered Psychotherapy Group, Next Steps Amputee Group, Mindful Warrior), staff education, family therapy, and bereavement counseling.

Culture Transformation at the Lake City CLC: Resident-directed care that transforms the long-term care medical model to one that nurtures the human spirit, as well as meeting medical needs. Culture Change is not a finite destination, but a work in progress, always evolving to meet the needs of the residents. Our goal is creating a home rather than an institution and improving quality of life rather than just quantity of life.

Overall Goals of Culture Change are:

- **Restore** control over daily living to residents, respecting the right of residents to make their own decisions
- **Involve** all levels of staff in the care process, honoring those who work most closely with residents
- **Include** families and friends in a comprehensive team building approach to care
- **Provide** a familiar and hospitable environment, a supportive workplace and responsive, individualized care practices that focus on the needs and preferences of people

Psychology has an essential role in Culture Transformation within the CLC, including leading monthly Quality of Life meetings, in which culture-change ideas are brainstormed, specific goals are developed, and progress is discussed. Exciting culture-transformation successes include establishing a buffet-style lunch rather than serving Veterans trays in their rooms, initiating Montessori-inspired engagement, implementing Music & Memory programming for Veterans with dementia, utilizing “Do you recall” videos, starting a quarterly CLC newsletter, modifying medical and nursing practices to reduce unnecessary blood draws and care tasks, and planning special meals, holiday celebrations, gatherings, and monthly CLC events.

Additional information about Geropsychology rotations in Gainesville and Lake City can be found in the information provided about the Geropsychology emphasis area.

6-Month Minor Rotations for Health Psychology Area of Emphasis Only

The resident has an opportunity to participate in one or both of the following rotations:

a. **Healthy Living (Health Promotion and Disease Prevention)**

Supervisory Psychologist: Erica Hoffmann, Ph.D.

Residents who choose to participate in this minor rotation will have the opportunity to work with our Health Behavior Coordinator in a variety of areas, including evidence-based intervention and assessment, administration, outreach, training, and program improvement/development related to health behaviors (e.g., tobacco cessation, nutrition, exercise) and whole health. The resident will be able to facilitate/co-facilitate interdisciplinary wellness groups (e.g., mindful breathing and movement, weight management), as well as complete psychological assessment for bariatric surgery candidates. Opportunities are also available to co-facilitate a gender-affirming group. The resident has the opportunity to be involved with tobacco cessation group facilitation, administration, and outreach, as well as participate in motivational interviewing trainings. The resident works closely with interdisciplinary colleagues/teams. More training experiences are likely to be offered than those listed as this minor rotation is dynamic and evolving. This minor rotation can be tailored specifically to the individual's interests and training goals and includes both virtual and in clinic opportunities.

b. **Pain Psychology**

Supervisory Psychologist: Kevin Lancer, Ph.D.

Residents who choose to participate in the Pain Psychology rotation will have the opportunity to work with our Pain Psychologist in a variety of areas. Residents will have the opportunity to receive training in and implement Cognitive Behavioral Therapy for Chronic Pain (CBTCP), an 11-session manualized, empirically based and validated treatment for chronic pain created by the VA. Postdoctoral residents will also have an opportunity to co-facilitate a Pain Management and Coping Skills Group. In addition, residents will have the opportunity to conduct in-depth evaluations for individuals being considered for Spinal cord stimulators, Peripheral Nerve Stimulators, and Ketamine Infusion and present their findings and recommendations to the Neuromodulation Team (consisting of physicians, PA's, RN's, DPT's, Pharmacists, and Acupuncturist). Additionally, Veterans with complex pain and those that have been treatment refractory are a special focus of attention for the Neuromodulation Team, and the Resident will participate in those focused evaluations and treatment plan development.

Alternatively, the resident may choose to participate in any of the other available 6-month rotations (see below); including Geropsychology, neuropsychology, inpatient psychiatry, women's clinic, PRRC/Honor Center, substance use programs/clinics, etc. Supplemental elective training opportunities are also available.

ADDITIONAL 6-MONTH MINOR ROTATIONS FOR ALL AREAS OF EMPHASIS:

Residents have an opportunity to craft a personalized training plan for the year that meets their needs for continued and/or new training experiences in addition to those in their emphasis areas. Thus, while residents are engaged in rotations half-time all year in their emphasis areas, approximately another 12 hours per week is available for two rotations of the residents' choice.

Medical Psychology

Supervisory Psychologist: Valerie Shorter, Ph.D.

The Gainesville VA Medical Center (GVAMC) is a 240-bed acute care hospital that also provides an extensive array of specialty services. We are the primary hospital for a large catchment area which serves most of north Florida and parts of South Georgia. The Medical Psychology program offers psychological services to Medical and Surgical inpatients and outpatients and their families on a consultation-liaison basis. Currently, consultations are being done on medical inpatient wards, intensive care units (cardiothoracic, medical, and surgical), a chemotherapy clinic, and other medical/surgical specialty clinics.

Residents will have the opportunity to observe and participate in an interdisciplinary team approach to patient care. Particular learning experiences, in addition to psychological evaluation and treatment, will include interacting with patients and their families, filling the role of liaison between patient and caregiver or family member, assisting in end-of-life planning, and generally facilitating the patient's adjustment to the treatment regimen and adopting a more healthful lifestyle. Both short-term and extended interventions may be utilized with individuals, couples, or families. Residents will also have an opportunity to work with medical inpatients who have been identified as high risk for suicide, to provide support and ensure that their mental health needs are met while on medical unit. In addition, residents will also perform evaluations of candidates for organ transplantation (kidney, heart, lung, liver), bone marrow/stem cell transplantation, and other medical interventions.

Other aspects of the program include clinical health psychology journal/book discussions. Meetings with hospital or clinic staff groups are conducted upon request, either ad hoc to address matters of acute concern, or on a regular schedule in the interest of providing support, improving communication, and enhancing team identity and cohesion.

*Additional information about the Medical Psychology rotation in Gainesville can be found in the information provided about the Health Psychology emphasis area.

Primary Care - Mental Health Integration (PC-MHI)

Supervisory Psychologist: Karin Martin, Ph.D.

The PC-MHI rotation is located at the new Primary Care building in Gainesville (just a few minutes from the VAMC) and has the largest primary care clinic of our catchment area. On this rotation, residents learn how to adapt traditional clinical and health psychology services for the primary care setting. Typical clinical activities include brief, functional assessments; short-term,

skills-based intervention for emotional and behavioral health concerns; consultation and collaboration with primary care providers; and triage decision-making for stepped care. Residents on this rotation have the opportunity to respond to consults via “warm handoff” from the Primary Care Providers (physicians, medical residents, and APRNs). Residents hone their skills in brief functional assessments, triaging patients, concise report writing, and providing appropriate recommendations/referrals. Residents also have an opportunity to conduct brief (6-8 session) therapy with patients.

Common referral questions relate to both mental health (e.g., depression, anxiety, PTSD, somatoform, and substance use) concerns and physical health concerns (e.g., memory difficulties, tobacco cessation, weight management, insomnia, coping with chronic illnesses, and pain and medical compliance). Interns receive training in the brief assessment of patients with more chronic and severe mental illness, as PC-MHI is often the “Gateway” to the mental health continuum of care at the VA. Interns learn about the stepped care model of care, triaging patients who need a higher level of care to other services in the VA, and working with patients who can benefit from brief, short-term, skills-based interventions, either in a group or individual format.

Substance Use Rotations

Supervisory Psychologists: Jason Pickren, Psy.D.; Erica Molina Vergara, Psy.D.; Michele Shriner, Ph.D.; Lauren Tidwell, Psy.D.; & Justin Trapani, Psy.D.

There is a movement afoot. The racially motivated war on drugs has failed, and we are in need of a more nuanced approach to the resulting trauma. For too long we have misunderstood and mistreated those struggling with substance use disorders and trauma. We need all the help we can get to correct this social injustice. We can say with full confidence that there is no more rewarding work than to be on the right side of history.

We offer a well-rounded, challenging, and moving rotation centered around learning the true causes of and treatments for addiction and trauma. The opposite of addiction is not sobriety. The opposite of addiction is connection. Connection happens to also be the final step of trauma recovery. So, our training experiences highlight the importance of vets’ re-connecting to their emotions, their memories, their identities, and their communities while healing from complex trauma. In the process, we have seen repeatedly that trainees come to understand themselves in new and unexpected ways.

Experiences in group therapy, individual therapy, and psychological assessment are plentiful, rich, and guided by modalities proven to facilitate recovery including 12 step facilitation, CBT, Motivational Interviewing, CPT, PE, STAIR and many others. There are multiple SATT psychologists and trainees who work together in an outpatient setting as a built-in sub-team within the clinic to provide support, mentorship, and comradery. We will look back at these times as a breakthrough in the progression of our relationship with substances and trauma. It is an exciting and harrowing moment. Ask around if you like, because we know that past trainees will confirm our description, and we hope to count you among them in the future.

We are fortunate to have opportunities across the spectrum of care, including providing care in inpatient, residential, and outpatient settings. Psychological services offered in these settings

include assessment (cognitive and personality), therapy (group and individual), and consultation. Some of the specific modalities used in treatment include 12-Step Facilitation, Seeking Safety, SMART Recovery, CPT, DBT, PE, MI, COPE, CBT, Mindfulness Based Relapse Prevention, and Mentalization Based Therapy. We offer training experiences in many empirically supported treatments and emphasize evidenced based care for the treatment of Substance Use Disorders. Finally, and perhaps most importantly, each site in both Lake City and Gainesville also offers the opportunity to work with psychologists dedicated to connecting the treatment of both trauma related disorders and SUD.

One of the greatest strengths of training with Trauma/PTSD & SATT is the amount of support, supervision, and/or autonomy offered. Our supervisors are trainee centered. The supervisors place high value on working with trainees across the spectrum of previous SUD training, from no such experience to highly experienced. Considering the prevalence of co-morbid SUD in all populations, we think it necessary to offer a tailored rotation of depth and breadth of training to help develop the needed competencies to treat individuals who have a substance use disorder diagnosis. By the end of their training rotation, postdoctoral residents will refine their knowledge of substance use disorders, criteria, and course of recovery and will conduct a range of treatment service that includes individual and group treatment along with case management activities. Postdoctoral residents will also demonstrate knowledge of the rehabilitation process while working in an interdisciplinary team environment.

*Additional information about the Trauma/PTSD & SUD rotations in Gainesville and Lake City can be found in the information provided about the SUD emphasis area.

Malcom Randall VA Medical Center Geropsychology (Gainesville)

Supervisory Psychologist: Carly Ostrom, Ph.D., ABPP

Board Certified in Geropsychology

This rotation includes opportunities in the Gainesville Community Living Center (CLC) and the Palliative Care Consult Team. Residents on this rotation work closely with interdisciplinary teams to provide primarily inpatient services to older adults.

The Gainesville CLC has 28 beds and provides comprehensive interdisciplinary assessment, treatment, preventive, and restorative/rehabilitative care to Veterans who have sustained a change in physical functioning or who need skilled nursing care (e.g., wound care, IV antibiotics). Length of stay is typically 2 weeks to 90 days. The CLC has a teaching service where medical students, medical residents, and trainees from other disciplines are part of the clinical team. Common presenting concerns in the CLC include Adjustment (to medical conditions, change in functioning, hospitalization), depression, anxiety, insomnia, PTSD, pain management, grief and anticipatory grief, cognitive deficits, substance use, and challenging/responsive behaviors.

The Gainesville Palliative Care Consult Team is a multidisciplinary team that addresses inpatient and outpatient consults for Veterans diagnosed with a life-limiting illness. The team meets and rounds daily. During rounding, the team meets with Veterans and their loved ones to facilitate goals of care conversations, explore values and treatment goals, assess and manage symptoms, and facilitate next steps such as hospice care. Residents may provide team consultation, individual therapy, and caregiver/family support.

Geropsychology – Lake City VAMC – Community Living Center

Supervisory Psychologists: Carrie Ambrose, Ph.D. & Andrew Solow, Psy.D.

The Community Living Center (CLC) at the **Lake City VAMC** is located approximately 45 miles north of Gainesville. It consists of five separate neighborhoods with a total of 230 beds. Each neighborhood has its own interdisciplinary team in which psychology is fully integrated. The neighborhoods' specialties include care for people with dementia and other cognitive challenges, rehabilitation and restorative care, intensive skilled nursing/medical management, long-term care, hospice/palliative care, and inpatient respite stay. Training opportunities include short-term and long-term psychotherapy, complete neuropsychological testing and capacity evaluations, implement behavioral interventions (STAR-VA) and behavioral contracts, facilitate psychoeducational or psychotherapeutic groups (e.g., Meaning-Centered Psychotherapy Group, Next Steps Amputee Group, Mindful Warrior), staff education, family therapy, and bereavement counseling.

Culture Transformation at the Lake City CLC: Resident-directed care that transforms the long-term care medical model to one that nurtures the human spirit, as well as meeting medical needs. Culture Change is not a finite destination, but a work in progress, always evolving to meet the needs of the residents. Our goal is creating a home rather than an institution and improving quality of life rather than just quantity of life.

Overall Goals of Culture Change are:

- **Restore** control over daily living to residents, respecting the right of residents to make their own decisions
- **Involve** all levels of staff in the care process, honoring those who work most closely with residents
- **Include** families and friends in a comprehensive team building approach to care
- **Provide** a familiar and hospitable environment, a supportive workplace and responsive, individualized care practices that focus on the needs and preferences of people

Psychology has an essential role in Culture Transformation within the CLC, including leading monthly Quality of Life meetings, in which culture-change ideas are brainstormed, specific goals are developed, and progress is discussed. Exciting culture-transformation successes include establishing a buffet-style lunch rather than serving Veterans trays in their rooms, initiating Montessori-inspired engagement, implementing Music & Memory programming for Veterans with dementia, utilizing “Do you recall” videos, starting a quarterly CLC newsletter, modifying medical and nursing practices to reduce unnecessary blood draws and care tasks, and planning special meals, holiday celebrations, gatherings, and monthly events.

*Additional information about the Geropsychology rotations in Gainesville and Lake City can be found in the information provided about the Geropsychology emphasis area.

PRRC/HONOR Center Rotation

Supervisory Psychologists: Amy Voltmer, Psy.D. & Julius Gylys, Ph.D.

This rotation offers a range of clinical experiences in the Community Reintegration and Recovery Service Line, which serves homeless Veterans and Veterans with severe and chronic mental illness. Residents will have the opportunity to learn from and collaborate closely with multiple interdisciplinary teams to address a range of diagnoses, including schizophrenia, bipolar disorder, PTSD, MDD, and SUD. One day of the rotation will be spent at the HONOR Center, our residential treatment program for homeless Veterans, which serves 45 Veterans with a variety of medical, psychological and/or substance abuse problems. One day of the rotation will be spent at our Psychosocial Recovery and Rehabilitation Center (PRRC), which provides outpatient, Recovery oriented treatment focused on reintegration into the community. The third day will be dedicated to follow-up appointments and psychological assessments, depending on the residents' training needs.

There are several unique aspects to this rotation that are particularly important to emphasize. First, working in any hospital setting requires strong interdisciplinary skills, and this is especially true in working with our most vulnerable and disenfranchised Veterans. This rotation offers the invaluable opportunity to learn from providers from other disciplines, many of whom have been serving this population for years. Second, this rotation allows for a broad range of experiences that can be tailored to the residents' training goals. In addition to the HONOR Center and PRRC, residents would have the option to work with Veterans across levels of care, including the MHICM (Mental Health Intensive Case Management) and HudVash programs. Finally, this rotation provides a unique perspective on trauma treatment that may include, but often transcends, traditional trauma processing treatment. Our emphasis on community reintegration offers unique opportunities to augment coping skills, address avoidance, and build a supportive community.

Residents who complete this rotation will be able to:

- Demonstrate an ability to participate in interdisciplinary treatment planning for individuals struggling with homelessness in addition to severe and chronic mental illness
- Identify and utilize appropriate assessment tools to provide diagnostic clarification and aid in treatment planning – Assessment tools utilized at this rotation include self-report, personality assessment, and cognitive assessment
- Provide individual therapy with an emphasis on Recovery-oriented principles
- Develop a time-limited therapy group based on residents' strengths/interests and the needs of the community
- Demonstrate understanding of the community integration model by participating in at least 1 community integration outing with the supervising psychologist.

Gainesville Mental Health Clinic Rotation

Supervisory Psychologists: Cahryn Anderson, Ph.D. & Kerry Wagner-Bellocchio, Psy.D.

The Gainesville Mental Health clinic (MHC) is an outpatient multidisciplinary generalist program. Congruent with the generalist model, this rotation is meant to expose residents to the treatment of Veterans presenting with a variety of diagnoses, psychosocial backgrounds, and levels of acuity. In this rotation, residents provide mental health assessment, diagnosis, treatment, and crisis intervention services to Veterans referred from psychiatric and medical evaluation with a broad range of mental health needs. Given the variety in presentations and that not one theory can address the needs of all patients, this rotation is strong in preparing residents to learn and finesse skills related to theoretical integration. The theoretical underpinnings of the program integrate modern psychology theoretical frameworks and evidenced based practices such as dialectical, behavioral therapy, interpersonal neurobiology, multicultural psychology, narrative therapy, and cognitive behavioral modalities under the humanistic lens that people should have an opportunity to express their inherent human capability, live beyond their psychopathology, and thrive.

Residents are supported through supervision to conceptualize, intervene, and assess therapeutic progress by verbalizing in case presentations their rationale for the inclusion of a given theoretical perspective or intervention, and their assessment of the therapeutic outcome. In addition, students are supported forming healthy therapeutic relationships with the patients based on the guiding principle that connection is perhaps one of the strongest predictors of therapeutic success.

During this rotation, residents will have an opportunity demonstrate the necessary skills to function as a generalist psychologist upon graduation. Some of those skills are as follows:

- Evaluating and diagnosing mental and emotional disorders of individuals with an emphasis on obtaining a strong social history honoring aspects of human diversity and multiculturalism
- Conducting risk assessments, case conceptualizations treatment planning and treatment delivery
- Demonstrate multidisciplinary collaboration with the treatment team, including the psychiatrist, APRN, therapist, RN, medical doctor, and social services
- Assists treatment team on cases that require differential diagnosis assessment through the use of relevant psychological testing
- Observes patients in various situations; selects, administers, and interprets intelligence, personality, or other psychological tests to diagnose disorders and formulate plans of treatment, and provides consultation to other mental health professionals with regard to test results
- Treats psychological disorders to effect improved adjustments utilizing various psychological techniques; selects appropriate treatment approach and plans frequency, intensity, and duration of individual, group, and family therapies
- Assesses patient progress and modifies treatment programs accordingly; communicates with and counsels family members as appropriate

Women's Primary Care Clinic and Military Sexual Trauma

Supervisory Psychologist: To'Meisha Edwards, Psy.D.

This primary care clinic provides outpatient medical and mental health services to Women Veterans and eligible wives of Veterans. In addition to the supervisory psychologist, the team is composed of physicians, nurse practitioners, nurses (RNs and LPNs), a licensed clinical social worker, a full-time psychiatrist, and a clerical support team.

Residents will have the opportunity to participate in an interdisciplinary team approach to patient care (Primary Care - Mental Health Integration – PC-MHI) involving both a full range of behavioral health issues and treatment related to specialized areas, such as military sexual trauma, intimate partner violence, complex trauma, personality disorders, combat trauma, and transgender/gender dysphoria. Particular learning experiences include psychological evaluations and provision of evidenced-based psychotherapy approaches, both short- and long-term, including trauma-based approaches and Dialectical Behavior Therapy (DBT). The DBT program emphasizes Women's Mental Health to promote empirically based treatment for some of the most distressed female Veterans. Treatment interventions may be utilized with individuals, couples, families, and group. Opportunities to co-facilitate ongoing interpersonal process and cognitive-behavioral groups are available to the resident including and not limited to Cognitive Processing Therapy, Prolonged Exposure, Interpersonal Therapy for Depression, Dialectical Behavioral Therapy, Skills Training in Affective and Interpersonal Regulation, and CBT for Chronic Pain. A resident may initiate and develop short-term psychotherapy groups to address specific health-related concerns such as assertiveness, weight loss, coping with depression, and parenting. A resident will also have the opportunity to work with women across a wide age-range and cultural background. Finally, there are opportunities to provide tiered supervision to psychology doctoral interns or practicum students rotating in the clinic and receive supervision of supervision.

Residents who complete this rotation will be able to:

- Conduct comprehensive psychological assessments involving interviews and testing as appropriate
- Develop appropriate therapy treatment plans and referrals
- Conduct brief and long-term individual psychotherapy with female Veterans, including evidence-based trauma protocols (CPT and PE) and Dialectical Behavior Therapy
- Co-lead existing groups and/or organize new groups to meet the resident's areas of interest
- Gain an understanding of the social issues impacting female Veterans in their daily lives; especially the issues of sexual trauma, intimate partner violence, familial responsibilities, adjustment issues, race, gender, and financial constraints

Clinical Neuropsychology

Supervisory Psychologists: Christopher N. Sozda, Ph.D., ABPP-CN & Heather Tree, Ph.D.

The rotation offers postdoctoral residents the opportunity to participate in the evaluation and treatment of patients demonstrating diverse neurological disorders (e.g., dementia, epilepsy, TBI, cerebrovascular disease, movement disorders, MS, psychopathology, etc.). Postdoctoral residents will learn to administer a variety of standard neuropsychological assessment instruments within an ongoing clinical context. Traditional outpatient neuropsychological assessment as described above, as well as inpatient assessment experience for patients with SMI are available. Clinical practice will be supplemented with interdisciplinary didactic experiences. Opportunities for interdisciplinary collaboration through participation with the TBI and Epilepsy teams allow residents to collaborate with physicians and rehabilitation professionals. Postdoctoral residents can use this training experience to gain new skills in neuropsychological assessment or as an experience to polish, refine, and gain more autonomy if they have already had significant training in this area.

Residents who complete this rotation will be able to:

- Design and conduct neuropsychological interviews
- Develop a syndrome analysis, process approach to neuropsychological assessment
- Demonstrate familiarity with the administration and scoring of a wide variety of commonly employed neuropsychological assessment instruments
- Demonstrate knowledge of neuropsychological evaluation and treatment
- Write comprehensive neuropsychological reports addressed to diverse referral sources
- Provide feedback and psychoeducation to patients and caregivers

Inpatient Psychiatry

Supervisory Psychologists: Kerry Wagner-Bellocchio, Psy.D. & Michael Mannarino, Psy.D.

This rotation offers interns the opportunity to participate in the evaluation and treatment of patients with severe mental disorders on the inpatient psychiatric unit at the Gainesville VAMC. This setting provides training experiences with Veterans suffering from acute psychological disturbances and substance use concerns. Trainees will spend three days per week on the inpatient unit and will function as part of an interdisciplinary team. Interns will have the opportunity to participate in a variety of treatment modalities, including individual and group therapy. Interns may also have the opportunity to conduct brief psychological assessments which may include diagnostic interviews, psychopathology and personality testing. The inpatient unit is a vibrant interdisciplinary team setting, in which psychologists are highly valued team members. Specific training opportunities for this rotation are described below.

Inpatient Unit

On the inpatient unit, the intern works with patients in need of stabilization during a crisis or decompensation, with typical diagnoses including schizophrenia, bipolar disorder, major depression, and posttraumatic stress disorder (PTSD), and with typical clinical problems involving acute psychoses, suicidality, homicidality, an array of neurocognitive disorders, and comorbid substance use disorders. In this setting, the period for assessment and treatment of a patient is

almost always short term (i.e., approximately 1-2 weeks). In addition to diagnostic and assessment opportunities, the intern will have the opportunity to participate in brief, solution-focused individual interventions that include motivational, supportive, skills-based, or psychoeducational evidence-based treatments, such as Motivational Interviewing for substance use disorders and components of evidence-based group therapy interventions like Social Skills Training for severe mental illness, as well as Cognitive Behavioral Therapy, Acceptance and Commitment Therapy, and Dialectical Behavior Therapy Skills Training for mood and personality disorders. Finally, there are multiple opportunities to participate in program development and evaluation.

Residents who complete this rotation will be able to:

- Conduct brief and short-term individual psychotherapy for patients who have severe mental disorders and who manifest clinical challenges reflective of the range of clinical presentations associated with these conditions
- Develop clinical formulations indicating an understanding of the psychological factors and dynamics, as well as of the diagnostic issues involved in severe mental disorders and construct appropriate treatment plans for patients with such conditions
- Co-lead existing groups and develop new groups consistent with postdoctoral residents' areas of interest
- Possible opportunity to conduct family therapy or other therapeutic interventions in the families and support networks of patients with severe mental disorders
- Conduct comprehensive psychological assessments involving interviews – If needs arise, opportunity to administer cognitive tests, personality tests, and neuropsychological screenings as appropriate for patients with severe mental disorders
- Gain improved understanding of empirical literature relevant to severe mental illness and use this knowledge base to inform and guide clinical practice
- Increase understanding and appreciation for the complementary strengths and weaknesses of stabilization and recovery models in the treatment of patients with severe mental disorders
- Become familiar with the use of psychotropic medication in the treatment of severe mental disorders
- Function as a member of an interdisciplinary team
- Discuss ethical and professional issues as needed and develop a capacity for independent analysis and decision-making regarding such matters
- Discuss diversity issues pertaining to individual, cultural, and other group differences and become aware of how one's own background and life experiences affect one's work with patients who have severe mental illnesses and who also come from a wide range of backgrounds with regard to diversity factors

Requirements for Completion of Residency

To successfully complete a rotation, residents must obtain ratings of at least "3" in all areas of the evaluation forms at the three-month mark, ratings of at least "4" at the six-month mark, and ratings of at least "5" at the end of the twelve-month mark. These ratings indicate residents are performing in a manner consistent with their current level of training and expected competency levels. Residents are expected to abide by the APA ethical principles and relevant Florida Rules and Laws. Residents are expected to complete their project and have made a minimum of two professional presentations throughout the training year.

Facility and Training Resources

The North Florida/South Georgia Veterans Health System Psychology Postdoctoral Residency Program has a number of training resources available both intramurally and through the auspices of the University of Florida. Psychology Service has four full-time administrative positions to assist in providing clerical and technical support to Psychology Service and the postdoctoral residency program. All postdoctoral residents have their own private offices where they see patients. Each office has a telephone, digital recorder, testing materials, and an individual Windows-based personal computer for in-office use.

Both the NF/SG VHS Medical Centers maintain their own professional libraries, which are open to the postdoctoral residents, as is the 220,000-volume medical library at the J. Hillis Miller Health Center, which receives 2,000 periodicals. The University of Florida's libraries contain a total of 2.6 million bound volumes, which are available for reference. Literature searches and regional interlibrary loan services are also available through the VA medical library. Both audiotape and videotape capabilities are available through Psychology Service and the Medical Media Service. Most commonly used intelligence, personality, achievement, vocational, and neuropsychological tests are available. Windows-based computers with word processing, database, and statistical software are available. A computerized patient database permits patient scheduling, as well as retrieval of medical and biographic information.

Administrative Policies and Procedures

Stipend, Hours, and Leave

The postdoctoral residency is full-time for a year, ideally beginning in early July. However, we recognize internships have a variety of ending dates, which do not always coincide with ours and we are flexible about the postdoctoral residency start date to accommodate later internship end dates. Postdoctoral residents are expected to complete 2080 hours of supervised experience within the year (minus Federal holidays and accrued leave).

The stipend for the program is approximately \$52,005 for the year, paid biweekly. Benefits include 13 vacation days, 13 sick days, 11 federal holidays, up to 5 days of approved educational or professional leave, and health insurance. Malpractice coverage is provided under the Federal Tort Claims Act. Additionally, residents are able to utilize AA for workshops and presentations with advanced supervisory approval.

To ensure postdoctoral residents' rights of due process, Psychology Service has enacted Memoranda for Complaints, Grievance Procedures, Problematic Performance, Due Process, and Training Plan Amendments. This policy statement defines the actions that both postdoctoral residents and the Training Committee must take should problems be identified in the postdoctoral resident performance. This policy is provided to all postdoctoral residents during orientation week (or by request) and is discussed with them to ensure that they understand their rights. Postdoctoral resident complaints and/or difficulties with supervisors are subject to the same procedures. A copy of same is included in the Postdoctoral Residency Handbook residents receive at the outset of the training year.

Training in the Age of COVID-19

Remote Seminars: Seminars may be offered remotely, with presenters and participants at different locations during the seminar transmission. Remote seminars may be offered by Microsoft Teams, WebEx, Skype, Zoom, or other approved platforms, and information will be readily available to participants in advance of the seminar. The expectation is that any seminars offered remotely will be attended in their entirety, with Residents actively participating.

Telework: Residents who have completed initial orientation requirements and have demonstrated adequate clinical and administrative skills relative to their desired rotations may be eligible for telework during a public health crisis. Telework is a privilege, requiring adherence to a formal Telework Agreement and completion of all prerequisites for telework. The safety of our Veterans and Residents is always at the forefront of what we do, and while every effort is made to secure telework during any public health crisis, telework itself is not guaranteed and can be limited. It is important for Residents to maintain an online presence and complete clinical and/or administrative duties as effectively as they would in person when they are teleworking. In this way, we can know that our Veterans and our Residents are always safe during any public health crisis.

Unique Circumstances: Reasonable efforts will be made to maintain safety of all Residents throughout their participation in the program. Facility requirements related to face-to-face contact with Veterans and colleagues will be provided to each Resident, and adherence to these requirements is obligatory. Residents who require accommodations for a disability should seek these accommodations via the Human Resources department.

Psychology Training Staff

GEORGE SHORTER, PH.D.

Title: Associate Chief of Staff (ACOS), Mental Health Service Line (MHSL)

School: Auburn University (Graduate)

Internship: North Florida/South Georgia Veterans Health System, General Track

License: Florida – 2023 to present; Alabama – 2003 to present

Duties: Dr. Shorter earned his Ph.D. in Clinical Psychology from Auburn University in 2001. He was appointed as Associate Chief of Staff for Mental Health for North Florida/South Georgia Veterans Health System (NFSGVHS) in September of 2019, having previously served as Chief of Psychology Service. Dr. Shorter is responsible for all mental health programs and staff in this system, including two hospitals, three large multispecialty outpatient clinics, and nine community-based outpatient clinics. NFSGVHS system measures among the largest VA systems in the nation, serving approximately 140,000 Veterans per year with around 37,000 Veterans utilizing mental health services. Dr. Shorter is a member of the VA's National Psychology Professional Standards Board and the Planning Committee for the VA Psychology Leadership Conference; he has served as Chairperson of the State of Florida's DUI Programs Review Board, Acting National Director of Recovery Services and of Mental Health Intensive Case Management Programs, President of the Association of VA Psychologist Leaders, and Acting Director of North Florida/South Georgia Veterans Health System's Mental Health Service.

JENNIFER W. ADKINS, PH.D.

Title: Chief, Psychology Service / Associate Chief, Psychology Service

Schools: Auburn University (Doctorate and Masters); University of Florida (Undergraduate)

Internship: University of Florida Department of Public Health and Health Professions

Residency: University of Florida Department of Psychiatry

License: Florida – 2007 to present

Duties: Mental Health and Psychology Leadership, Clinical Psychologist, VACO Family Therapy National Trainer and Consultant

Professional Interests: Dr. Adkins' approach is best described as integrative. Her clinical work is most often influenced by behavioral, cognitive behavioral, family systems, and developmental theory. Her professional interests include couple and family therapy, parent training, and interventions for anxiety disorders. Dr. Adkins is a founding member of the VA Lived Experience workgroup: a group of VA healthcare professionals who have a lived experience with mental illness and who work to reduce stigma associated with mental illness through advocacy and education.

LINDSEY BOWMAN, PSY.D.

Title: Associate Chief of Psychology; Behavioral Health Program Manager

Schools: Florida School of Professional Psychology at Argosy University, Tampa (Graduate); University of Florida (Undergraduate)

Internship: Orlando VA Medical Center

Residency: University of Florida, Clinical Health Psychology

License: Florida – 2018 to present

Duties: Psychology Leadership, Clinical Psychologist

Professional Interests: Health psychology, LGBTQ+ population

ELIZABETH P. DIZNEY, PSY.D.

Title: Director of Psychology Training; Staff Psychologist – Women’s Clinic PC-MHI

Schools: Forest Institute of Professional Psychology (Graduate); Missouri State University (Undergraduate)

Internship: Houston Independent School District – Psychology Services

Residency: Harris County Psychiatric Center – Forensic Unit

Licenses: Florida – 2005 to present; Kentucky – 2003 to 2005

Duties: Psychology Training; Clinical Psychologist; Dialectical Behavior Therapy Program

Professional Interests: Psychology training and supervision; eating disorders, obesity, and food addiction; treatment of personality disorders, complex trauma, and PTSD (Military Sexual Trauma); PC-MHI, and chronic pain

ANDREA AGUILAR, PSY.D.

Title: Staff Psychologist

School: Regent University (Graduate); University of Florida (Undergraduate)

Internship: North Florida/South Georgia Veterans Health System, General Track

Residency: North Florida/South Georgia Veterans Health System, Health Psychology Emphasis

License: Florida – 2021 to present

Duties: Psychology Staff, Home-Based Primary Care

Professional Interests: Dr. Aguilar primarily practices from a cognitive behavioral approach and often incorporates values-based interventions with the Veteran’s she works with. Dr. Aguilar is passionate about how psychological, behavioral, and cultural factors contribute to physical health and illness. She focuses on promoting healthy living with Veterans with a variety of presenting concerns: chronic pain, insomnia, depression, anxiety, eating disorders, obesity, and serious mental illness. She has a strong clinical interest in social justice.

CARRIE AMBROSE, PH.D.

Title: Staff Psychologist

Schools: University of Mississippi (Graduate), Auburn University (Undergraduate)

Internship: Central Arkansas Veterans Healthcare System, Generalist Track

Residency: North Florida/South Georgia Veterans Health System, Geropsychology Emphasis

License: Florida – 2015 to present

Duties: Community Living Center Psychologist, Preceptor for Postdoctoral Residency Geropsychology Emphasis, Behavioral Recovery Outreach Psychologist, STAR-VA Behavior Coordinator

Professional Interests: Dr. Ambrose’s theoretical orientation is cognitive behavioral. She also utilizes meaning-centered and values-based interventions to serve Veterans residing in our Community Living Center for short-term rehab/skilled nursing care, long-term care, dementia care, and hospice/palliative care. She is also interested in behavioral planning to managing responsive behaviors in those with dementia and served as a STAR-VA training consultant for three years. Other professional interests include the promotion of quality of life for those residing in long-term care through culture transformation.

CAHRYN ANDERSON, PH.D.

Title: Mental Health Clinic Program Manager

School: University of Mississippi (Graduate & Undergraduate)

Internship: Captain James A. Lovell Federal Health Care Center

License: Illinois – 2014 to present

Duties: program management; assessment/consultation and psychotherapy services

Professional Interests: substance use disorders, treatment engagement, complex mental health issues

ENA BEGOVIC, PH.D.

Title: Staff Psychologist, Gainesville PTSD Clinical Team (PCT)

Schools: University of South Florida (Graduate), Eckerd College (Undergraduate)

Internship: Michael E. DeBakey VA Medical Center, Houston, Texas

Residency: Michael E. DeBakey VA Medical Center, Houston, Texas – Focus area: Trauma and Related Anxiety Disorders

License: Virginia – 2021 to present

Duties: Clinical Psychologist

Professional Interests: PTSD and trauma-related disorders; Military Sexual Trauma; evidence-based therapies for PTSD; research and program evaluation

TO'MEISHA EDWARDS, PSY.D.

Title: Staff Psychologist

Schools: Georgia Southern University (Undergraduate & Graduate)

Internship: North Florida/South Georgia Veterans Health System, General Track

Residency: Atlanta VA Medical Center – Women Veterans Focus Area

License: Florida – 2023 to present

Duties: Clinical Psychologist; PC-MHI; Psychology Training; Dialectical Behavior Therapy Program

Professional Interests: Women's Wellness, PC-MHI, complex trauma, treatment of personality disorders, race-based stress, cultural adaptations to EBP, psychology training and supervision

JULIUS GYLYS, PH.D.

Title: Staff Psychologist

Schools: Ohio University (Graduate), Syracuse University, University of Toledo

Internship: University of Florida, Department of Clinical and Health Psychology

License: Florida – 2000 to present

Duties: Honor Center Psychologist

Professional Interests: Primary Care Behavioral Health, Tobacco Cessation, Mindfulness, Contemplative Psychology, Student Operated Community Free Clinics

JULIE HIRSCH, PH.D.

Title: Staff Psychologist

Schools: University of Northern Colorado (Doctorate), University of Northern Colorado (Masters), Arizona State University (Undergraduate)

Internship: North Florida/South Georgia Veterans Health System, General Track

Residency: North Florida/South Georgia Veterans Health System, Geropsychology Emphasis

License: Florida – 2018 to present

Duties: Clinical Psychologist – Integrated Virtual Access Network (IVAN), PC-MHI

Professional Interests: PC-MHI, Geropsychology, Long-Term Care, Short-Term Rehab, Dementia Care and Dementia Related Neuropsychology, Ethics, Hospice and Palliative Care

ERICA HOFFMANN, PH.D.

Title: Health Behavior Coordinator/Staff Psychologist

Schools: Bowling Green State University (Graduate), University of Wisconsin – Madison (Undergraduate)

Internship: Pittsburgh VAMC, Generalist Track

Residency: North Florida/South Georgia Veterans Health System, Substance Use Emphasis

License: Florida – 2014 to Present

Duties: Clinical Psychologist with Health Promotion and Disease Prevention

Professional Interests: Dr. Hoffmann utilizes CBT, Motivational Interviewing, ACT and other mindfulness-based and Complementary and Integrated Health interventions to assist Veterans with health behavior change. She is part of the Healthy Living and Whole Health Teams, active in interdisciplinary care (e.g., MOVE! Weight Management, Physical Medicine & Rehabilitation, Bariatric Surgery), and serves as a Tobacco Cessation Lead Clinician and member of the LGBTQ+ Workgroup.

KEVIN M. LANCER, PH.D.

Title: Staff Psychologist; Pain Psychologist

Schools: University of Nevada, Las Vegas (Masters/Doctorate); Pepperdine University (Masters)

Internship: Counseling and Psychological Services Student Health and Medical Center, Lincoln, NE

Residency: Scott & White Medical Center, Temple Texas; VA Medical Center, Temple Texas. Focus on Chronic Illness, Stress in Dementia Caregivers, and PTSD

License: Florida – 2008 to present

Academic Affiliate: Assistant professor, UF Dept. of Anesthesiology.

Professional Interests: Psychotherapy; Pain Psychology, PTSD, and psychoneuroimmunological applications; primary care clinical and health psychology; geropsychology; performance enhancement

VALERIE LAROCCO, PSY.D.

Title: Staff Psychologist

Schools: University of Indianapolis (Graduate), Ohio Wesleyan (Undergraduate)

Internship: Cincinnati VAMC, PTSD Track

License(s): Florida – 2011 to present

Duties: Clinical Psychologist – PTSD Clinical Team (PCT)

Professional Interests: Dr. LaRocco practices from a primarily cognitive-behavioral orientation with emphasis on evidence-based psychotherapies for PTSD and associated conditions. Additional areas of interest include chronic pain, insomnia, and provider/Veteran resources.

JULIE M. LISZKA, PH.D.

Title: Staff Psychologist

School: New Mexico State University (Graduate)

Internship: Western New York Veterans Healthcare System, General Track

License: New York – 2006 to present

Duties: Dr. Liszka is the PTSD Program Manager for North Florida/South Georgia Veterans Health System. She has worked as a PTSD treatment provider in both residential and outpatient settings. She currently serves as a Cognitive Processing Therapy Regional Trainer and a VISN 08 PTSD Mentor.

Professional Interests: PTSD, Evidence Based Therapies for PTSD

AIXA LONG, PSY.D.

Title: Staff Psychologist

School: American School of Professional Psychology at Argosy University (graduate)

Internship: Florida Department of Corrections

Residency: VA Caribbean Healthcare System, Puerto Rico

License: Florida – 2016 to present

Duties: PTSD Clinical Team Coordinator, The Villages OPC; Staff Psychologist – Eating Disorder treatment team

Professional Interests: Implementation of the trauma-recovery approach from the biopsychosocial model, considering the impact of trauma on the mind, body, and social connection. Clinical interest include treatment of Complex trauma, Military Sexual Trauma, and transgenerational trauma. Dr. Long has worked in implementing trauma-informed care in correctional settings supporting integrated programming to ensure safety and recovery in women's correctional facilities. Other clinical interests include eating disorders, women's health psychology, and the active role of psychologists in the fight for social justice.

KARIN DODGE MARTIN, PH.D.

Title: Staff Psychologist, PC-MHI

Schools: University of Vermont (undergraduate), University of NC at Greensboro (graduate)

Internship: Newington Children's Hospital; Newington, CT

Residency: Brown University; Providence, RI

Licenses: Rhode Island – 1993-2017; Florida – 2017 to present

Duties: Primary Care Mental Health Integration, Competency Trainer, supervision of trainees and new staff

Professional Interests: Clinical consultation, organizational development, health psychology, nutrition and mental health

MERLE MILLER, PH.D.

Title: Staff Psychologist

Schools: University of Oklahoma (Doctorate); University of Memphis (Master's); Missouri State (Undergraduate)

Internship: North Florida/South Georgia Veterans Health System – Geropsychology Track

License: Florida – 2010 to present

Duties: Clinical Psychologist – Home-Based Primary Care (HBPC)

Professional Interests: Geropsychology, Behavioral Management related to dementia, End of Life Existential Issues

ERIKA J. MOLINA-VERGARA, PSY.D.

Title: Staff Psychologist

Schools: Carlos Albizu University, San Juan Campus (Doctorate)

Internship: First Hospital Panamericano (Inpatient/Outpatient Clinics)

License: Puerto Rico – 2008 to present; Florida – 2019 to present

Duties: Dr. Molina is the new SUD/ PTSD Clinical Psychologist at the VA Hospital in Lake City. She was previously a Licensed Independent Practitioner (LIP) for the Substance Abuse Rehabilitation Program (SARP) at the Naval Air Station in Pensacola. She also had two private practice locations in Puerto Rico.

Professional Interests: Substance Use Disorders, Recovery Model

CARLY OSTROM, PH.D., ABPP

Board Certified in Geropsychology

Title: Geropsychologist

Schools: Gallaudet University (Doctorate), Minnesota State University Mankato (Masters), St. Catherine's University (Undergraduate)

Internship: North Florida/South Georgia Veterans Health System, Geropsychology Track

Residency: North Florida/South Georgia Veterans Health System, Geropsychology Emphasis

License: Florida – 2016 to present

Duties: Clinical Psychologist – Gainesville Community Living Center and Palliative Care Consult Team

Professional Interests: Geropsychology, Dementia, Hospice and Palliative Care, Deafness, American Sign Language

JASON PICKREN, PSY.D.

Title: Staff Psychologist

School: Nova Southeastern University (Graduate)

Internship: North Florida/South Georgia Veterans Health System, General Track

Residency: North Florida/South Georgia Veterans Health System, SUD Emphasis

License: Florida – 2009 to present

Duties: Dr. Pickren is a primary SUD preceptor

Professional Interests: Substance Use Disorders, Recovery Model

KIMBERLY SHAW, PH.D.

Title: Clinical Health Psychologist

Graduate Program: University of Miami: Pediatric Health, Clinical Child and Applied Developmental Psychology (Graduate)

Internship: Rush-Presbyterian St. Luke's Medical Center

Fellowship: University of Miami, Adolescent Health

License: Florida – 1990 to present

Professional Interests: Dr. Shaw's foundational clinical model is the integration of Interpersonal Neurobiology and Neuro-cardiology/Polyvagal Theory, i.e., the application of the modern neuroscience of relationships to enhancing emotional and physical wellness. She has a strong passion for developmentally based clinical supervision from this comprehensive biopsychosocial, evidence-based model. The major focus of her clinical work is trauma-informed and trauma-responsive couples and family intervention including Cognitive-Behavioral Conjoint Therapy for PTSD and Parent-Infant psychotherapy. Other interests include Medical Traumatic Stress, Late-Onset Stress Symptomatology, Gero-Psychology and Palliative Care.

VALERIE SHORTER, PH.D.

Title: Medical Psychologist

Schools: Ohio University (Graduate); University of Delaware (Undergraduate)

Internship: University of Florida, Clinical and Health Psychology, Medical Psychology track

Residency: University of Florida, Clinical and Health Psychology, Transplant Psychology

License: Florida – 2000 to present

Duties: Clinical Psychologist, Medical Psychology Supervisor, Health Psychology Residency Preceptor

Professional Interests: Health Psychology; Transplant Psychology; Rehabilitation Psychology

MICHELE SHRINER, PH.D.

Title: Staff Psychologist

School: Florida State University (Graduate)

Internship: Southern Louisiana Internship Consortium (SLIC)

Residency: Psychological Services of St. Augustine

License: Florida – 2000 to present

Duties: SATT Psychologist

Professional Interests: Substance Use Disorders, Military Sexual Trauma

CHRISTOPHER N. SOZDA, PH.D., ABPP-CN

Title: Neuropsychologist

Schools: University of Florida (Graduate), University of Pittsburgh (Undergraduate)

Internship: VA Northern California Healthcare System (Clinical Psychology - Neuropsychology Track)

Residency: VA Northern California Healthcare System (Clinical Neuropsychology)

License: Florida – 2014 to present

Duties: Clinical Neuropsychologist, Mental Health Service Line

Professional Interests: Dr. Sozda has been designated as Board Certified in Clinical Neuropsychology by the American Board of Professional Psychology. His clinical interests include assessment of dementias, stroke/cerebrovascular disease, movement disorders, and traumatic brain injuries.

KENDRA L. THORNE, PH.D.

Title: PTSD Clinical Team (PCT) Staff Psychologist – Sergeant Ernest I. “Boots” Thomas VA Clinic, Tallahassee, Florida

Schools: Florida State University (Ph.D.), West Virginia University (Master’s and Undergraduate)

Internship: James H. Quillen VA Medical Center

Residency: James H. Quillen VA Medical Center

License: West Virginia – 2020 to present

Duties: Clinical duties within the PCT; neuropsychological testing/screening for the Tallahassee General Mental Health Clinic; didactic training staff for the James H. Quillen VAMC Psychology Internship Program; external liaison for the Tallahassee Vet Center

Professional Interests: Rural mental healthcare acceptability; PTSD among Appalachian Veterans; interactions between rurality, suicidality, and trauma; evidence-based therapies for PTSD

LAUREN TIDWELL, PSY.D.

Title: Staff Psychologist, PCT Clinical Coordinator

School: Nova Southeastern University (Graduate)

Internship: North Florida/South Georgia Veterans Health System, General Track

Residency: North Florida/South Georgia Veterans Health System, SUD Emphasis

License: Florida – 2020 to present

Duties: Clinical Psychologist; PCT Clinical Coordinator; Dialectical Behavior Therapy Program

Professional Interests: Substance Use Disorders, Long Term Mental Illness, Stigma, Suicide, Diversity, Cultural Humility, Multicultural Psychology, Therapeutic Assessment

JUSTIN TRAPANI, PSY.D.

Title: Clinical Psychologist; Psychosocial Residential Rehabilitation Treatment Program (PRRTP)
Schools: Nova Southeastern (Graduate), Adelphi University (Graduate), SUNY Oneonta (Undergraduate)
Internship: South Florida State Hospital – Wellpath Recovery Solutions
Residency: North Florida/South Georgia Veterans Health System, SUD Emphasis
License: Florida – 2022 to present
Duties: Psychology Training; Clinical Psychologist; Substance Abuse Treatment Team (SATT)
Professional Interests: Psychology training and supervision, substance use disorders, personality disorders, long-term mental illness (LTMI), PTSD, Attachment Therapy, Mentalization Based Therapy

HEATHER TREE, PH.D.

Title: Neuropsychologist
Schools: The University of Kansas (Doctorate), Central Missouri State University (Masters), Central Missouri State University (Undergraduate)
Internship: Dwight D. Eisenhower VA Medical Center – Generalist Track
Residency: The University of Michigan/Ann Arbor VA Medical Center - Neuropsychology
License: Kansas – 2013 to present
Duties: Clinical Psychologist – Neuropsychology Service
Professional Interests: Her clinical interests include traumatic brain injury, multiple sclerosis, cognitive rehabilitation in severe mental illness and neuropsychological assessment practices. Interests also include the role of hope, optimism, and social support in coping and recovery of various medical conditions. She also serves as a member on the interdisciplinary teams for caregiver support and traumatic brain injury.

AMY VOLTMER, PSY.D.

Title: Staff Psychologist
School: Regent University (Graduate)
Internship: North Florida/South Georgia Veterans Health System, General Track
Residency: North Florida/South Georgia Veterans Health System, SUD Emphasis
License: Florida – 2019 to present
Duties: Clinical Psychologist, PRRC & Honor Center; Dialectical Behavior Therapy Program
Professional Interests: Dr. Voltmer's theoretical orientation is an integration of attachment/interpersonal and third-wave cognitive-behavioral theories. She utilizes DBT, MI, ACT, and Time-Limited Psychodynamic Therapy modalities within a framework of cultural humility to address complex trauma, substance use disorders, severe mental illness, and personality disorders. She also has a strong clinical interest in providing comprehensive psychological assessment to Veterans with complex presentations. Research interests include implicit bias, intersectionality, and cross-cultural research. Dr. Voltmer serves as the committee chair of the Community Reintegration and Recovery Service Line's Education Committee, and also serves on the Psychology Diversity Committee.

KERRY WAGNER-BELLOCCHIO, PSY.D.

Title: Staff Psychologist

Schools: Immaculata University (Doctorate), The State University of New York at Buffalo (Masters, M.S.W.), The State University of New York College at Fredonia (Undergraduate, B.S.W.)

Internship: Miami VA Health Care System, Psychiatry-General Track

Residency: North Florida/South Georgia Veterans Health System, PTSD/TBI Emphasis

License: Florida – 2021 to present

Duties: Clinical Psychologist, Inpatient Psychiatric Unit; Dialectical Behavior Therapy Program; Psychology Training

Professional Interests: Dr. Wagner considers herself to be a third-wave Cognitive Behavioral practitioner, valuing holism, focusing on the context, process, and functions of how a person relates to one's own internal experiences and emphasizing acceptance within the context rather than placing judgment. She often conceptualizes from a humanistic perspective with an integration of relational, systems, and trauma-informed frameworks. On the inpatient unit, she often utilizes short-term evidence-based practices (ACT, CBT, DBT, MI) with individuals who have been diagnosed with a variety of psychological disorders including, but not limited to depression/other mood disorders, anxiety, substance use disorders, schizophrenia spectrum, PTSD, personality disorders, and chronic suicidality. She also has a strong clinical interest in working with Veterans with PTSD/complex trauma, co-occurring substance use, and personality disorders in an outpatient setting.

JOHN B WILLIAMSON, PH.D., ABPP-CN

Title: Research Psychologist

Schools: Virginia Polytechnic and State University (Doctorate, Masters); The Florida State University (Undergraduate)

Internship: University of Chicago, Department of Psychiatry, Neuropsychology Track

Residency: University of Illinois, Chicago, Neuropsychology, Autonomic Neuroscience

License: Florida – 2011 to present

Academic Affiliate: Assistant professor of Psychiatry, Neuroscience, and Clinical and Health Psychology

Duties: Principal investigator, research (various); lead, Cognitive Function Initiative Brain Rehabilitation Research Center

Professional Interests: Dr. Williamson has worked to both understand mechanism of brain dysfunction in disorders such as TBI, PTSD, and cerebrovascular disease; and to develop applied solutions to the problems that most impact quality of life in individuals that struggle with these issues. He is interested in the role of central and peripheral autonomic nervous system interactions in modifying or regulating brain states and behavioral output. He has VA and DOD funding to understand the mechanistic contribution of white matter injuries in key central autonomic inputs from traumatic brain injury and manifestation of symptoms of posttraumatic stress disorder, biomarkers (blood) of TBI subphenotypic outcomes; as well as NIH, McKnight Brain Foundation, and VA funding on intervention developments in cognitive dysfunction associated with healthy aging, Alzheimer's disease, sleep disruption, and PTSD.

RESIDENTS

2022-2023 Postdoctoral Residency Class

NFSG Veterans Health System, Nova Southeastern University VA
Gulf Coast Health Care, Nova Southeastern University

2021-2022 Postdoctoral Residency Class

NFSG Veterans Health System, Nova Southeastern University
Battle Creek VA Medical Center, Pacific University
South Florida State Hospital, Nova Southeastern University

2020-2021 Postdoctoral Residency Class

NFSG Veterans Health System, Regent University
Hershel “Woody” Williams VA Medical Center, Chicago School of Professional Psychology

2019-2020 Postdoctoral Residency Class

NFSG Veterans Health System, Nova Southeastern University
Orlando Veterans Health System, University of Colorado
Missouri Health Sciences Psychology Consortium, Harry S. Truman Veterans Health System,
University of South Alabama

2018-2019 Postdoctoral Residency Class

NFSG Veterans Health System, Regent University
Miami Veterans Health System, Immaculata University
Central Arkansas Veterans Health System, Eastern Michigan University

2017-2018 Postdoctoral Residency Class

NFSG Veterans Health System, University of Northern Colorado
West Palm Beach VAMC, Virginia Consortium Program in Clinical Psychology
University of Oklahoma Health Sciences Center, Florida Institute of Technology

2016-2017 Postdoctoral Residency Class

Vanderbilt University/Nashville VAMC Consortium, Nova Southeastern University
NFSG Veterans Health System, Georgia Southern University
William Jennings Bryan Dorm VAMC (Columbia, SC), Nova Southeastern University

2015-2016 Fellowship Class

NFSG Veterans Health System, Wichita State University
NFSG Veterans Health System, Regent University
Memphis VAMC, University of Memphis

2014-2015 Fellowship Class

James H. Quillen (Mountain Home) VA, Florida Institute of Technology
New Jersey Veterans Health System (Lyons VAMC), Rutgers University NFSG
Veterans Health System, Gallaudet University

2013 - 2014 Fellowship Class

Central Arkansas Veterans Healthcare System, University of Mississippi
Hunter Holmes McGuire VA Medical Center, Florida Institute of Technology Vanderbilt-VA
Internship Consortium, Baylor University

2012 – 2013 Fellowship Class

NFSG Veterans Health System, Nova Southeastern University
VA Pittsburgh Health System, Bowling Green State University

2011 – 2012 Fellowship Class

NFSG Veterans Health System, Tennessee State University
NFSG Veterans Health System, Florida Institute of Technology
Bradley Counseling Center, University of Iowa

2010 – 2011 Fellowship Class

NFSG Veterans Health System, Virginia Consortium Program in Clinical Psychology
Atlanta VA Medical Center, Pacific Graduate School/Stanford University Consortium
Houston VA Medical Center, University of Central Florida
University of Oklahoma, Nova Southeastern University

2009-2010 Fellowship Class

VA Central Iowa Healthcare System, Chicago School of Professional Psychology
Bay Pines VA Medical Center, University of Texas, Austin
John D. Dingell VA Medical Center, University at Albany, State University of New York

2008-2009 Fellowship Class

VA Los Angeles Ambulatory Care Center; Colorado State University
Louis Stokes Cleveland VA Medical Center; Nova Southeastern University
Miami VA Medical Center; Fuller Theological Seminary

2007-2008 Fellowship Class

NFSG Veterans Health System; West Virginia University
NFSG Veterans Health System; Nova Southeastern University

2006-2007 Fellowship Class

NFSG Veterans Health System; Florida Institute of Technology
Illiana Veterans Health System; Florida Institute of Technology

2005-2006 Fellowship Class

Cincinnati VA Medical Center; University of Kentucky
James H. Quillen VA Medical Center; University of Tennessee

2004-2005 Fellowship Class

NFSG Veterans Health System; Indiana State University
NFSG Veterans Health System; University of North Dakota

Postdoctoral Residency Admissions, Support, and Initial Placement Data

Date Program Tables are updated: August 31, 2023

Program Disclosures

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?	<input checked="checked" type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide website link (or content from brochure) where this specific information is presented:	
Psychology Training Program VA North Florida Health Care Veterans Affairs	

Postdoctoral 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>There are also many training programs that stress the importance of measurement-based care and evidenced-based treatment. Our program embraces these concepts, and also recognizes the difference between empirically standardized treatment and evidenced based treatment. We want our residents to learn specific, validated interventions, as well as how to utilize these practices to best apply them to the individual patients with whom they work. To that end, we emphasize the content and process of psychotherapy, the interpersonal role of the individual providing the interventions, and the science behind and importance to case conceptualization. Our training opportunities are designed to provide the opportunity to integrate the "heart and head" of psychology practice; an integration we believe leads to improved clinical outcomes, better insight into psychological processes leading to change, and increased satisfaction with clinical work.</p> <p>The postdoctoral residency year provides practitioners not only the opportunity to obtain the supervised hours needed for licensure, it also allows practitioners to specialize in a particular area and hone their skills. The postdoctoral year is a time to establish your professional identity and maximize opportunities to grow into that identity. We emphasize work-life balance in our program because we believe being a psychologist is what you do and not who you are, although we do realize who you are does inform what you do. We encourage our residents to be at work on time and work hard, and at the end of the workday be with friends and family enjoying life.</p> <p>More than anything else, we are committed, passionate, and excited about our program and about training psychologists. The psychologists in our healthcare system are not required to supervise; rather, they volunteer because of their commitment to training. Our brochure does not describe the heart of our program or our staff, which we believe is what makes us special. To witness that, you will need to apply to us, and we hope to show you during interviews. We wish you the best in your application and thank you for considering our site.</p>

Describe any other required minimum criteria used to screen applicants:

Applicants must be a US citizen and have completed all requirements of an APA-accredited doctoral program in clinical or counseling psychology, including an APA-accredited internship prior to the residency start date. Applicants are required to have a strong interest in geriatrics, trauma/PTSD and substance use issues and treatment, or health psychology with a long-term goal to provide services and contribute to these areas in psychology.

Financial and Other Benefit Support for Upcoming Training Year

Annual Stipend/Salary for Full-time Residents	\$52,005.00	
Annual Stipend/Salary for Part-time Residents	N/A	
Program provides access to medical insurance for resident	Yes	No
If access to medical insurance is provided:		
Trainee contribution to cost required?	Yes	No
Coverage of family member(s) available?	Yes	No
Coverage of legally married partner available?	Yes	No
Coverage of domestic partner available?	Yes	No
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	Approx. 104	
Hours of Annual Paid Sick Leave	Approx. 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	No
Other Benefits (please describe): FEDVIP (Federal Employees Dental and Vision Insurance Program); 5 days of Authorized Absence (AA) for workshops and presentations with advanced supervisory approval; 88 hours of Federal Holidays		
*Note. Programs are not required by the Commission on Accreditation to provide all benefits listed in this table		

Initial Post-Residency Positions

(Provide an Aggregated Tally for the Preceding 3 Cohorts)

	2020-2023	
Total # of residents who were in the 3 cohorts	10	
Total # of residents who remain in training in the residency program	0	
	PD	EP
Academic Teaching		
Community Mental Health Center		1
Consortium		
University Counseling Center		
Hospital/Medical Center		

Veterans Affairs Health Care System		9
Psychiatric Facility		
Correctional Facility		
Health Maintenance Organization		
School District/System		
Independent Practice Setting		
Changed to Another Field		
Other		
Note: “PD” = Post-doctoral residency position; “EP” = Employed Position. Each individual represented in this table should be counted only one time. For former trainees working in more than one setting, select the setting that represents their primary position.		



Local Information

The North Florida/South Georgia Veterans Health System is headquartered at the Malcom Randall VA Medical Center in Gainesville and is located adjacent to the University of Florida, an institution of more than 35,000 students. The NF/SG VHS Psychology Training Program is housed at the Mental Health Wellness Center located in Gainesville, Florida.

The North Florida/South Georgia Veterans Health System is affiliated with the J. Hillis Miller Health Center at the University of Florida, located directly across the street. This complex consists of the Shands Teaching Hospital and the Colleges of Dentistry, Health Professions, Medicine,

Nursing, Pharmacy, and Veterinary Medicine. All VA programs are administered by the Director, Associate Director, and Chief of Staff and are coordinated jointly with the University of Florida's Vice President for Health Affairs and the appropriate colleges and faculty.

The Malcom Randall VA Medical Center is situated among the gentle hills of North Central Florida in a scenic, tree-canopied community of 100,000 residents. Located midway between the Atlantic Ocean and the Gulf of Mexico, Gainesville has a relatively mild climate suitable for year-round enjoyment of sports and its varied lakes and recreation facilities. Interestingly, Gainesville has more bicycle paths than any other city in the United States. Gainesville is serviced by air, bus, and train lines. Gulf- and Atlantic-coast attractions are within a two-hour drive of the medical center. These include Orlando attractions, such as Disney World, Universal Studios, and Sea World. Also nearby are Busch Gardens and Cypress Gardens. The larger metropolitan areas of Tampa, St. Petersburg, Orlando, and Jacksonville are equally accessible.

Culturally, Gainesville is enhanced by the University of Florida and the Center for the Performing Arts. Entertainers who have performed in Gainesville have run the gamut from Matchbox Twenty, Lenny Kravitz, Garth Brooks, Smashmouth, and the Rolling Stones to Ray Romano, and Elton John to nationally renowned symphonies and Broadway plays. Gainesville also supports a nationally known art festival, a community band, a civic chorus, the University symphony, and dance groups. The Florida Museum of Natural History, the Samuel P. Harn Museum of Art, and a number of excellent theater groups, which includes the Hippodrome State Theater provide considerable diversity.

Additional information regarding eligibility requirements (with hyperlinks)

- Trainees receive term employee appointments and must meet eligibility requirements for appointment as outlined in VA Handbook 5005 Staffing, Part II, Section B. Appointment Requirements and Determinations. https://www.va.gov/vapubs/viewPublication.asp?Pub_ID=646&FType=2
- Selective Service website where the requirements, benefits and penalties of registering vs. not registering are outlined: <https://www.sss.gov/Registration/Why-Register/Benefits-and-Penalties>

Additional information specific suitability information from Title 5 (referenced in VHA Handbook 5005):

(b) Specific factors. In determining whether a person is suitable for Federal employment, only the following factors will be considered a basis for finding a person unsuitable and taking a suitability action:

- (1) Misconduct or negligence in employment;
- (2) Criminal or dishonest conduct;
- (3) Material, intentional false statement, or deception or fraud in examination or appointment;
- (4) Refusal to furnish testimony as required by § 5.4 of this chapter;
- (5) Alcohol abuse, without evidence of substantial rehabilitation, of a nature and duration that suggests that the applicant or appointee would be prevented from performing the duties of the position in question, or would constitute a direct threat to the property or safety of the applicant or appointee or others;

- (6) Illegal use of narcotics, drugs, or other controlled substances without evidence of substantial rehabilitation;
- (7) Knowing and willful engagement in acts or activities designed to overthrow the U.S. Government by force; and
- (8) Any statutory or regulatory bar which prevents the lawful employment of the person involved in the position in question.

(c) *Additional considerations.* OPM and agencies must consider any of the following additional considerations to the extent OPM or the relevant agency, in its sole discretion, deems any of them pertinent to the individual case:

- (1) The nature of the position for which the person is applying or in which the person is employed;
- (2) The nature and seriousness of the conduct;
- (3) The circumstances surrounding the conduct;
- (4) The recency of the conduct;
- (5) The age of the person involved at the time of the conduct;
- (6) Contributing societal conditions; and
- (7) The absence or presence of rehabilitation or efforts toward rehabilitation.

Correspondence

For additional information, please contact:

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