James A. Haley Veterans' Hospital and Clinics Tampa

Clinical Psychology Postdoctoral Residency Program

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Welcome!

Hello and thank you for your interest in the Tampa VA! We are a large and diverse program which has been APA-accredited since 2017, and is based at one of the VA system's flagship medical centers. Our program has a strong reputation for training in health psychology integration, trauma-focused care, chronic pain rehabilitation, and development of world-class psychologist professionals. We are also proud to be part of the dynamic Tampa Bay area, one of the country's fastest-growing metropolitan areas and a region known for its world-class beaches, amazing cuisine, and temperate Florida living (and #ChampaBay). Take a moment to review our materials, and please feel free to contact Dr. Lee with any questions (Joohyun.Lee@va.gov). Our core program faculty look forward to meeting you!

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Psychology Training Director
Mental Health and Behavioral Sciences (116A)
13000 Bruce B. Downs Blvd.
Tampa, FL 33612

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Clinical Psychology Residency Training Director
Mental Health and Behavioral Sciences (116A)
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Tampa, FL 33612

Program Facts

Program TD
Joohyun Lee, Ph.D.
Joohyun.Lee@va.gov
Applications Due
December 15th

Memberships
APA-Accredited (next visit in 2027)
APPIC Member

Stipend and Benefits
$52,005 annually, as well as:
-Health insurance coverage available
-11 paid federal holidays
-13 vacation days and 13 sick days
-5 days of authorized absence for professional activities
-Free onsite parking
-Individual private office space
-Great weather, world-class beaches, and a thriving restaurant scene

How to Apply
Applications are online through the UPPD (link below) and should include:
-Letter of interest
-CV
-Letter from internship TD
-Letter from graduate program DCT
-3 letters of recommendation
-Brief statement on diversity
-Official copy of graduate transcripts

Program Websites
Chronic Pain & Psycho-Oncology Emphasis Area – UPPD Listing

Health Psychology Emphasis Area – UPPD Listing

Trauma Psychology Emphasis Area – UPPD Listing

Community-Based Psychology /Tele-Mental Health Emphasis Area – UPPD Listing

Psychology Training – Tampa VA

Accreditation Status

The Clinical Psychology Postdoctoral Residency at the **James A. Haley Veterans' Hospital, Tampa** is accredited by the Commission on Accreditation of the American Psychological Association. We were last site-visited in 2017 and our next site visit will be in **2027**.

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

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

Application & Selection Procedures

Applications due: December 15

Important Update: All selection procedures will be virtual for the 2024-2025 residency class year. Applicants are invited to interview by email. Offers will extended to participate in a **virtual open house**, followed by **virtual interviews**. Virtual Open House will be held on **Friday, January 26, 2024**. Applicants meet (virtually) with faculty and residents for individual interviews and they also get an overview of the program as well as brief presentations on the program and each focus area. ***Please note that the virtual open house is not required nor is it part of the interview process and is only for applicants we have invited to interview.*** The interview day typically lasts from 8:00am to 4:00pm, with the open house presentations encompassing the morning, and individual interviews in the afternoon. We will offer an alternative interview date (**Wednesday, January 31st from 1-4PM**) for applicants who cannot schedule interviews on the open house day.

Please note: Applicants may apply to up to 3 focus areas, but will only be offered an interview with up to 2 focus areas.

ELIGIBILITY

1. United States citizenship.
2. Obtained a doctoral degree from an APA or CPA accredited graduate program in Clinical, Counseling, or Combined Clinical-School/Counseling-School Psychology or PCSAS accredited Clinical Science program. Persons with a doctorate in another area of psychology who meet the APA or CPA criteria for respecialization training in Clinical, Counseling, or Combined Clinical-School/Counseling-School Psychology are also eligible.
3. Completed an APA -accredited psychology internship or a VA-sponsored internship.
4. For males -- have registered with the Selective Service System before age 26.
5. Residents are subject to fingerprinting and background checks.
   Residents must meet physical and health requirements as part of the onboarding process. This information is treated as confidential and can be verified via source documentation or a statement from a healthcare professional attesting that the resident meets the health requirements for VA training. Interns are also subject to random drug screening (VA Drug-Free Workplace Program – Guide for Veterans Health Administration (VHA) Health Professions Trainees (HPTs)).

   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.

See https://www.psychologytraining.va.gov/docs/Trainee-Eligibility.pdf for a full description of eligibility criteria.

The Department of Veterans Affairs is an Equal Opportunity Employer. Women and minority applicants are particularly encouraged to apply.

APPLICATION MATERIALS

1. A letter of interest outlining training goals for the postdoctoral residency year and detailing how this postdoctoral residency aligns with future career/professional goals.
    a. Applicants may apply to more than one focus area. Applicants who are interested in applying for more than one focus area should rank order their preference for focus areas within the cover letter. **Please note, applicants may apply to up to 3 focus areas, but will only be offered an interview with up to 2 focus areas.**
    b. Applicants interested in our Trauma/TBI Focus area should also ***include a preference for the specialty clinic rotation*** (i.e., PREP, MST, Outpt TBI) and a discussion linking their preference to future career/professional goals.

2. Curriculum Vita (CV) describing background, training and experience, a description of internship, and other scholarly activity and research,

3. A letter from the Internship Training Director describing the clinical experiences & overall performance of the applicant during the internship year. (Successful completion of an APA/CPA- accredited or VA-sponsored internship prior to the post-doc is required, and this letter should state if successful completion is expected.),

4. Some demonstration that the doctoral degree has been obtained from an APA/CPA/PCSAS accredited doctoral program or that the applicant will graduate prior to the beginning of the residency year (if all doctoral requirements are completed prior to the beginning of the post-doc, and the applicant will be awarded the doctoral degree within 4 months of the beginning of the post-doc, and the Graduate Training Director documents this in writing, then the applicant will be considered to have met this requirement),

5. Three letters of recommendation, one of which must be from an internship supervisor,

6. A statement detailing your specific experiences with and commitment to multiculturalism and diversity, such as a case example, professional involvement, personal lived experience, or research example (word count 300 - 500), and

7. Official copy of all graduate transcripts.

The deadline for completed applications is December 15
Earlier submissions are highly encouraged.

SUBMISSION

All application materials, including the completed APPIC Psychology Postdoctoral Application (APPA CAS), must be submitted electronically via the APPIC site:
APPA CAS | Applicant Login Page Section (liaisoncas.com)
Please direct any program inquiries to:
Joohyun Lee, Ph.D.
Assistant Training Director, Clinical Psychology Postdoctoral Residency Programs
James A. Haley VA Hospital (116B)
13000 Bruce B. Downs Blvd.
Tampa, FL 33612
Phone: (813) 998-8000 ext 5759
E-mail: Joohyun.Lee@va.gov

SELECTION PROCEDURES

The application deadline is **December 15**, though earlier submissions are preferred. The application materials will be reviewed by the Assistant Training Director for completion. A selection committee will review and rank order all completed applications. At that point, the top candidates will be offered interviews. **Our Virtual Interview Day will be Friday, January 26th, 2024**. **An alternative interview date (Wednesday, January 31st from 1-4PM) is available if needed**. Initial offers will be extended per APPIC's Postdoctoral Selection Guidelines (Postdoctoral Selection Standards (appic.org)) and we will follow selection guidelines in accordance with the Common Hold Date. It is expected that acceptance of offers may be made ahead of Common Hold Date as applicants evalate their offers. Open communication is encouraged, as is full understanding of APPIC's guidelines.

Please note that the residency program is available only to U.S. citizens who have graduated from a APA-, CPA-, or PCSAS-accredited graduate psychology program and completed an APA- or CPA-accredited, or VA-sponsored internship program . We strongly encourage applications from candidates from underrepresented groups. The Federal Government is an Equal Opportunity Employer. The United States Government does not discriminate in employment on the basis of race, color, religion, sex (including pregnancy and gender identity), national origin, political affiliation, sexual orientation, marital status, disability, genetic information, age, membership in an employee organization, retaliation, parental status, military service, or other non-merit factor.

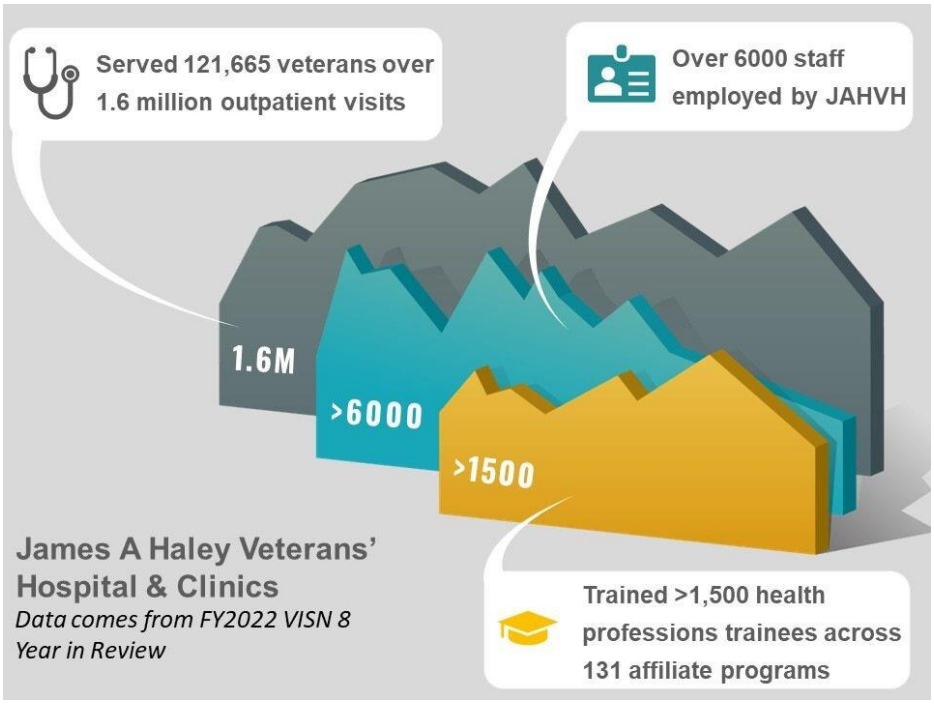
Our program has a strong commitment to, and interest in, diversity issues. Our diversity training has several arms: 1) a bi-weekly diversity seminar that follows a format of a 'lunch and learn' focused on discussion/experiential process of diversity issues, which is overseen by a diversity planning committee; 2) integration of diversity topics on rotations with a focus on discussion of diversity topics/research within that area of practice; and 3) a focus on recruitment and retention of diverse trainees and staff. In addition, the MH&BSS has a multidisciplinary Diversity and Inclusion Committee that provides diversity training, peer consultation & support, hiring/retention consultation, and dissemination of diversity-related information to the Service. As part of our selection process, we also evaluate each candidate's provided response regarding their experiences with diverse populations and commitment to diversity/inclusion.

Program Setting

JAMES A. HALEY VETERANS HOSPITAL

The James A. Haley Veterans' Hospital (Tampa VAMC), a JCAHO accredited hospital, is a 415 bed Level 1a facility that provides comprehensive inpatient, primary, secondary, and tertiary care in medical, surgical, neurological, rehabilitation, and short-term psychiatric modalities; primary and specialized ambulatory care; and rehabilitation nursing home care through its 118 bed nursing home care unit.

Specialized programs are offered in treatment of chemical dependency, post-traumatic stress, comprehensive rehabilitation, and women's health. The hospital is one of five VA Polytrauma centers. The Tampa VAMC also has an established Clinical Center of Excellence in Spinal Cord Injury/Disease, ALS, and MS. In addition, the medical center has six outpatient clinics that are located in New Port Richey, Brooksville, Lecanto, Zephyrhills, Lakeland, and Riverview. Our medical center provides healthcare services to Veterans and TRI-CARE patients in central Florida. The medical center is one of the busiest in the VA healthcare system of 150+ hospitals, treating 10,534 inpatients and providing 450,187 outpatient visits.



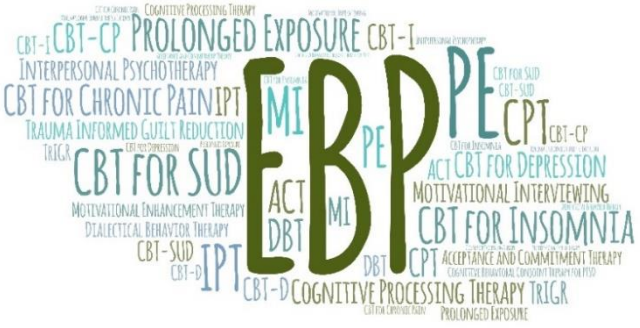
The facility has a national reputation for excellence. In 1997, the hospital was awarded the Robert W. Carey Award for quality as well as the National Partnership Award for staff/leadership relationships. In 1998, we received a Merit Achievement for the President's Quality Award. These are the highest awards bestowed upon a VAMC.

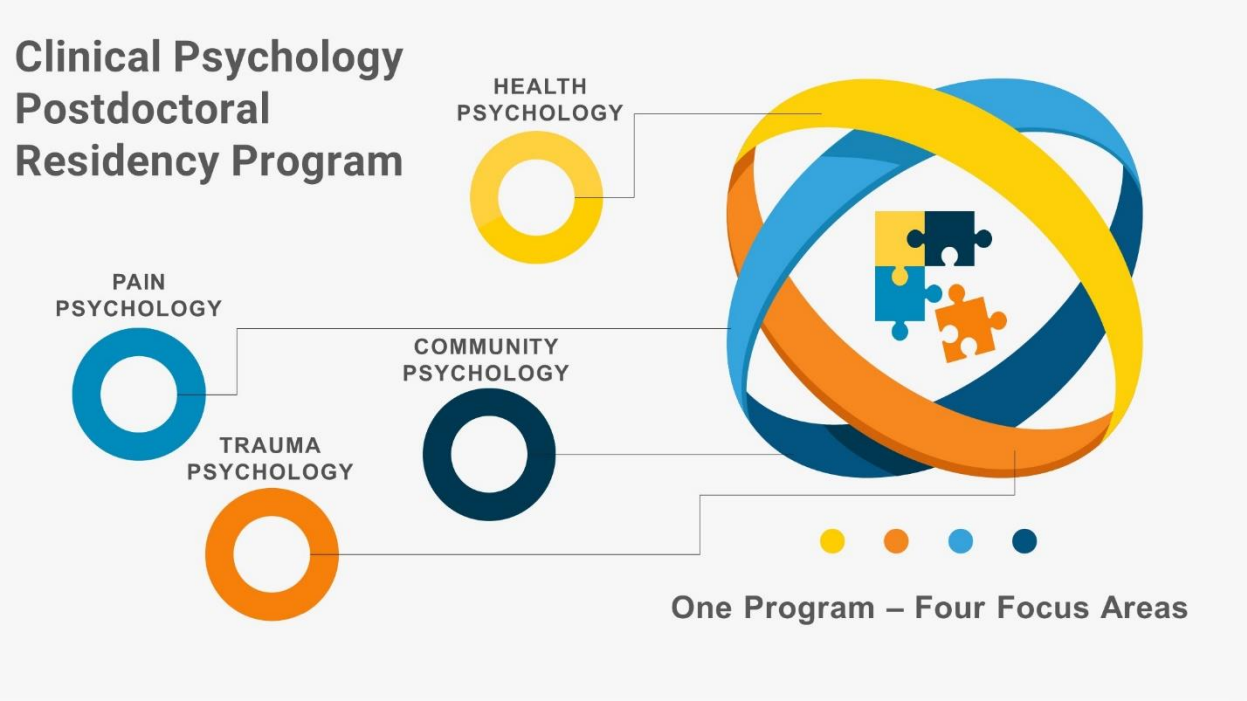
The Chronic Pain Rehabilitation Program is an award winning, comprehensive, inpatient and outpatient chronic pain treatment program established in 1988 to help Veterans with chronic pain cope with their conditions. Since that time, we have evolved into a nationally known center for pain treatment, research and education. We have been designated a VA Clinical Program of Excellence for pain treatment, are a two-time winner of the American Pain Society Clinical Center of Excellence award, and our CARF-accredited residential program is unique as the only inpatient option within the VA system.

The medical center is affiliated with the University of South Florida (USF) and its College of Medicine. The university is the 16th largest educational center in the nation and provides all facilities and resources typical of a large metropolitan university. The medical center's dynamic and progressively expanding postgraduate teaching program encompasses most of the healthcare specialties. Approved programs are conducted in Audiology and Speech Pathology, General Surgery, Internal Medicine, Neurology, Nursing, Ophthalmology, Orthopedics, Otolaryngology, Psychiatry, Psychology, Radiology, Pathology, Social Work, and Urology.

PSYCHOLOGY SERVICE

The Psychology Service is comprised of over 130 doctoral level psychology staff representing a variety of theoretical orientations and specializations. Psychologists have major leadership roles within hospital clinical and research programs and have recognized national expertise and leadership within VHA as well as state and national psychology organizations. Our Psychology Service has many EBP trained staff, as well as 16 EBP consultants and 6 EBP trainers. Many staff hold faculty appointments at the nearby University of South Florida. Staff psychologists have authored textbooks, written numerous professional articles, and developed or helped develop prominent psychological tests. In addition, psychologists have served on national VHA Work Groups, Polytrauma Task Forces, and QUERIs.





Our Clinical Psychology Postdoctoral residency currently offers four focus areas – Clinical Health Psychology (two positions), Community-based/Rural (two positions), Pain Psychology/Psycho-Oncology (two positions) and Trauma/TBI (two positions). Additionally, we have an APA-accredited Psychology Internship Program (eight positions), APA-Accredited Neuropsychology Postdoctoral Residency Program (four positions), & APA-Accredited Postdoctoral Residency in Rehabilitation Psychology (two positions).

Training Model and Program Philosophy

Our philosophy is that sound clinical practice is based on scientific research and empirical support. As such, our training model is the Scientist-Practitioner Model of Training -- research and scholarly activities inform and direct clinical practice, and clinical practice directs research questions and activities.

Program Aim & Objectives

The aim of the Clinical Psychology Postdoctoral Residency Training Program is to promote advanced competencies in our residents such that graduates are eligible for employment in public sector medical center settings specializing in the assessment and treatment of patient populations with behavioral and mental health problems affecting their emotional, cognitive, and behavioral functioning.

The training is designed to prepare residents to practice as clinical psychologists. As such, our training is based on competencies espoused by ABPP for clinical psychology. Our population focus areas for our training program are very broad – health, pain/psycho-oncology, community-based/rural, and trauma – and are consistent with VA areas of clinical need within psychology (consistent with our aim of training VA clinical psychologists) so our training provides population-specific focus but simultaneously generalist skills and competencies. Residents completing the residency program should have a solid foundation to initiate ABPP certification in Clinical Psychology.

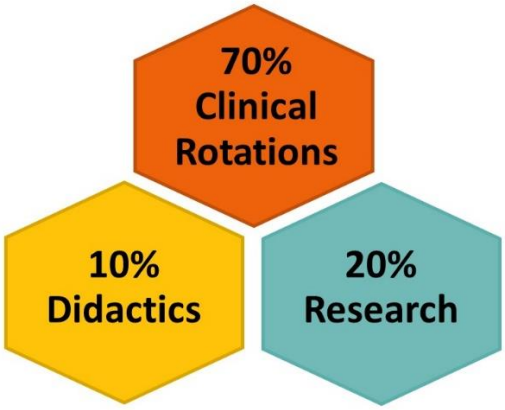
The one-year residency program is scientist-practitioner based and is an integrated program of formal education and training through practice. The core domains for professionals delivering healthcare services identified by the American Psychological Association (APA) are addressed throughout the training program in the specific rotations, emphasis areas, and educational opportunities such as seminars and didactics. Our mission is to build upon core knowledge obtained in clinical graduate courses, practicum experiences, and internship and develop those abilities through application in the medical setting with particular application to special emphasis populations (i.e., health, pain/psycho-oncology, community-based/rural, and trauma).

CORE COMPETENCIES

Residents are expected to learn and demonstrate practice-level proficiency in: (1) professional values and behavior, (2) ethics & legal matters, (3) individual and cultural diversity, (4) diagnosis and assessment, (5) psychotherapeutic intervention, (6) relationships (7) research, (8) reflective practice/self-assessment/self-care, (9) communication & interpersonal skills, (10) consultation & interprofessional/interdisciplinary skills, (11) science and evidence-based practice, and (12) supervision.

PROGRAM STRUCTURE

There are three main training modalities to the postdoctoral residency year: clincal rotations, didactics/ seminars, and research. Most of the resident's time (70%) is spent in the clinical rotation. Resident progress is formally evaluated using behaviorally-based competency evaluations. The competency ratings are based on how much supervision is required for the resident to perform the task competently. In general, this rating scale is intended to reflect the developmental progression toward becoming an independent clinical psychologist. Midway and at the end of each rotation, and in the judgment of his/her supervisor and the Postdoctoral Training Subcommittee, the resident must be assessed as satisfactorily progressing toward competence in each of the core areas (see **Evaluation** section below).



CLINICAL EXPERIENCES

CLINICAL HEALTH FOCUS

Please note that for the 2024-2025 training year, applicants may elect to be considered for one or both of the two health psychology tracks. Both tracks will begin with a core rotation and then branch into two specalized tracks.

For both tracks, the first 6 months of training are spent in Primary Care (core rotation) functioning as Behavioral Health Providers (BHPs) within the Primary Care Behavioral Health program (i.e., our version of Primary Care-Mental Health Integration).

Residents will conduct brief functional assessments and use shared decision-making to deliver time-limited, evidence-based interventions for a broad spectrum of mental health (i.e., depression, anxiety, PTSD, substance use) and behavioral health concerns (i.e., obesity, diabetes, insomnia, chronic pain) that align with the patient's preferences and cultural identification. While in Primary Care, Residents will be immersed in an environment of interprofessional collaboration as a vital member of a Patient Aligned Care Team (PACT), which includes physicians, resident physicians, physician assistants, nurses, nurse-practitioners, pharmacists, social workers, dietitians, and psychologists. Residents will collaborate with psychologists and PACT members in ongoing performance improvement activities related to identifying high risk patients, managing chronic illness, and evaluating PC-MHI provider productivity, model fidelity, consumer satisfaction, and clinical effectiveness. Residents in both tracks are strongly encouraged to attend an EBP training, of their choice, in line with their training plan/goals, or the PC-MHI Competency Training, if such a training is offered/available.

The last 6 months of the postdoctoral year will be devoted to one of two specialty tracks: Specialty Medical or Health Psychology in Primary Care. In the **Specialty Medical track**, the 2nd half of the training year can be spent in up to 3 other specialty health psychology settings (based on availability), depending on the goals of the trainee as expressed in their professional development plan. The overall aim is for the resident to apply specific competencies gained in PACT (i.e., interprofessional collaboration, shared decision making, sustained relationships, and performance improvement) to specialty medical clinic settings. In the **Health Psychology in Primary Care track**, fellows will continue to function as a BHP in primary care while focusing their caseload on health issues of interest (e.g., insomnia, smoking cessation, HIV) as expressed in their professional developmental plan. The overall aim is for the resident to apply specific competencies

gained in the core rotation to unique medical populations and specific behavioral health issues seen in the primary care setting. Currently available clinical experiences are described below.

Primary Care-Behavioral Health (PCBH)
Core 1st 6 month rotation for both residents
Supervisors: Katherine Leventhal, Ph.D. and Christoper Spencer, Ph.D.

The philosophy of JAHVA's PCBH program is one of "population-based care," in which brief, problem-focused mental and behavioral health interventions are provided to a large number of veterans as part of their routine medical care. The goal is to provide increased access to services via Behavioral Health Providers (BHPs), who are embedded as part of integrated PACT teams. BHPs assess and treat conditions of mild to moderate severity, with the aim of early identification of symptoms and management within the primary care setting whenever possible. In addition, BHPs are responsible for delivering time-limited, evidence-based interventions for a broad spectrum of mental health (e.g., depression, anxiety, PTSD education, substance use) and behavioral health concerns (e.g., eating habits, physical activity, sleep, treatment adherence) within the context of chronic health conditions. Referrals are generated from warm-hand offs, formal and informal "curbside" consultations, and positive screens (i.e., for depression, alcohol, substance use, and PTSD) on measures administered by nursing staff during the veteran's primary care visit. Initial appointments often take place in medical exam rooms.

Veterans are typically seen via 30-minute appointments, with an emphasis on brief, problem-focused, evidence-based care, and subsequently connected to specialty mental health clinics if longer-term treatment is warranted. Interventions are frequently educational/skills-based in nature, and emphasize self-management and at-home practice. Treatment approaches include motivational interviewing, behavioral approaches, cognitive-behavioral therapy, motivational interviewing, problem-solving therapy, and acceptance and commitment therapy.

While on this rotation, Residents will receive intensive training in consulting and collaborating with intraprofessional teams.

Residents are involved in the following activities: 1) triaging warm hand-offs of PC-MHI patients to perform assessments including mental status, behavioral health status, substance use, functional status, neuropsychological screening, and psychiatric illness, 2) providing consultation to medical, nursing, pharmacy, social work and dietician staff about mental and behavioral health concerns, 3) delivering brief, evidence-based, goal-oriented interventions within 30-minute sessions, 4) delivering cognitive-behavioral therapy (CBT) and problem-solving therapy (PST) group-based interventions for common behavioral health/health problems encountered in primary care (e.g., insomnia, tinnitus, and weight management), 5) facilitating interdisciplinary Shared Medical Appointments for diabetes, 6) facilitating PACT team trainings on motivational interviewing and shared decision making, 7) supervising psychology interns and peer support specialists in primary care (based on availability), 8) utilizing registries (e.g., Behavioral Health Lab) to track patient mood symptoms, 9) develop competencies in the area of virtual telhealth by cultivating an understanding of how telehealth/telemedicine within the current VA health care operates and facilitating individual/group virtual visits; 10) participating in daily PACT Teamlet Huddles, 11) participating in weekly PACT Team meetings and monthly Ambulatory Care Service meetings, 12) participating in PC-MHI performance improvement and program development tasks, 13) Collaborating with RN Care Management Staff who provide telephone-based assessment, support, and medication monitoring for patients referred to the PC-MHI service to assist with diagnostic and treatment-planning decisions, and 14) Assisting with the schedule and topic development of the Primary Care Behavioral Health Seminar series. A typical day for a Resident might include facilitation of a group, 5-7 scheduled appointments, and 2-4 walk-in appointments for behavioral health concerns.

Specific competencies include:

1. Acquire skills in functional assessment and implementation of brief, problem-focused and evidence-based interventions for individuals and groups in primary care, based upon a sophisticated knowledge of theory, culture/diversity, and science.
2. Function as a valued member of an interprofessional team to engage in brief curbside consultation and coordinate patient care. Provide clear and concise feedback to other professional providers regarding relevant assessment/treatment planning information through verbal communication, email, and/or report writing.
3. Make treatment recommendations relevant to the primary care patient based on a biopsychosocial model that considers diagnoses, social context, and medical conditions.
4. Develop collaborative and brief psychological treatment plans with an emphasis on self-management of the presenting problem. Demonstrate ability to triage patients to appropriate specialty mental health clinics when appropriate. Demonstrate ability to utilize registry-based care plans (e.g., Behavioral Health Lab) to track mood symptoms, deliver telehealth interventions, and supervise peer support specialists as part of care management.
5. Demonstrate competency in assessing risk factors and utilizing hospital procedures regarding suicidal/homicidal ideation as decided upon in the Standard Operating Procedure (SOP) for JAHVA.

SPECIALTY MEDICAL TRACK
Located at Main Hospital – Can choose up to 3 from the following rotations

Inpatient Consultation/Liaison (ICL)
Primary Supervisors: Vijay Bajnath, Psy.D. & Carly Salzberg, Psy.D.

The ICL team provides timely, efficient mental health services to patients within inpatient medical settings, including Acute Medicine, Medical, Cardiac, and Surgical Intensive Care Units, using a consultation/liaison model. ICL receives an estimated 10-15 new consults per week for psychiatric and/or psychosocial concerns. Common referrals include difficulty adjusting to chronic illness, pain, or physical limitations, evaluation and management of psychiatric symptoms (e.g., depression, anxiety, psychosis), amputations, delirium, difficulty with adherence to treatment regimens, failure/lack of motivation to engage in physical rehabilitation, grief/bereavement and family distress. Patients and families may also directly request services through their primary inpatient physician. Veterans are seen daily or weekly depending on length of stay, with an emphasis on acute rather than chronic issues. The Resident will be supervised by an on-site staff psychologist in Inpatient Consultation/Liaison (ICL). Residents will be responsible for 1) conducting diagnostic evaluations, assessing psychosocial concerns, administering neuropsychological screenings, and providing brief psychotherapy, 2) serving as liaisons between the medical team and patient/family to enhance communication and facilitate understanding when appropriate, and 3) connecting veterans with severe or chronic mental health concerns to outpatient mental health services following discharge to ensure continuity of care and 4) supervising psychology interns in Inpatient Consultation/Liaison (ICL).

Specific competencies include:
1. Engage in intraprofessional collaboration with Inpatient Psychiatry and Acute Medicine staff to communicate relevant assessment and treatment-planning information.
2. Effectively conduct medical record review to gather relevant information including presenting problems, psychosocial history, and current and historical medical and mental health problems and treatment.
3. Demonstrate effective verbal and written communication skills. This will include establishing rapport and using client-centered communication with patients, providing verbal and/or written feedback to interdisciplinary staff that is both clear and concise, and completing written comprehensive reports using medical records, assessment interviews, and assessment instruments. The intern will hone their skills in concise case presentation and discussion of potential differentials and other assessment related issues.
4. Clarify differential diagnosis among mood disorders, delirium, dementias, psychosis, and medical problems that mimic psychiatric disorders.
5. Gain familiarity with brief evidence-based interventions to assist veterans with psychosocial concerns commonly seen in inpatient medical settings, including adjustment to diagnoses, coping with health issues and physical limitations, and general health management (e.g., proactive information seeking, communication with health care providers, and enhancing treatment compliance).

Transplant Clinic (TC)
Primary Supervisors: Vijay Bajnath, Psy.D. & Carly Salzberg, Psy.D.

Residents on this rotation will have the opportunity to be involved in formal psychological evaluation of pre-transplant candidates (kidney, liver, lung, LVAD and heart) to assess readiness for organ transplantation. The Resident will be supervised by an on-site staff psychologist in Transplant Clinic. Residents are involved in the following activities: 1) evaluate psychiatric and substance use history, current mental and emotional stability, adherence history, corroborated assessment of social support, neuropsychological screen, as well as assessment of the patient's understanding and acceptance of costs, 2) evaluate primary caregiver's ability to support the patient's adherence to medications and appointments, provide general assistance, and provide emotional support, 3) provide consultation and evaluation feedback to referral source about mental and behavioral health concerns 4) supervising psychology interns in Transplant Clinic.

Specific competencies include:
1. Acquire relevant medical and biopsychosocial knowledge of kidney, liver, lung, LVAD, heart transplantation including contraindications, relative contraindications, and post-transplant considerations.
2. Engage in presurgical psychological screening using evidence-based assessment practices as available.
3. Function as a valued member of an interprofessional medical specialty team to coordinate patient care and utilize clear and concise communication to convey information to team members.
4. Make treatment recommendations relevant to the transplant candidate and family based on diagnoses, social context, and medical condition.

5. Develop collaborative psychological treatment plans.

Gender Affirming Services
Primary Supervisors: Vijay Bajnath, Psy.D. & Carly Salzberg, Psy.D.

Residents will have the opportunity to participate in psychological evaluation for veterans seeking gender-affirming services (Gender-Affirming Hormone Therapy [GAHT] and Gender-Affirming Surgery). These evaluations are designed to assess gender dysphoria by DSM-V TR criteria, ability to give informed consent, and provide recommendations to referral sources. While referral sources are from within the VA system, relevant findings may be provided to community providers through letters of support. Residents are responsible for chart review and assessment of: history of gender dysphoria, psychiatric and substance use history, current mental and emotional stability, adherence history, caregiver/social support, cognitive functioning via brief neuropsychological screening, and ability to give informed consent. Other experiences include coordination of care with the veteran and their medical providers. Additionally, residents may provide tiered supervision of a psychology intern.

Specific competencies include:
1. Develop assessment skills in diagnosis of gender dysphoria and clarify differential diagnoses.
2. Acquire relevant knowledge of gender dysphoria identity development models
3. Effectively conduct medical record review to gather relevant information including presenting problems, psychosocial history, and current/historical medical and mental health problems and treatment.
4. Preparation of clinical reports and/or letters of support for VAMC and/or community providers
5. Identification of all ethical factors associated with providing gender affirming services
6. Assess for factors that may increase or influence risks for suicidality within this population

Cardiac Rehabilitation (CR)
Primary Supervisor: Vanessa Milsom, Ph.D.

The Outpatient Cardiac Rehabilitation program at JAHVA is housed within the Physical Medicine Service and has been in existence since 1986; over 1500 veterans have completed the program since its inception. It is one of 34 Cardiac Rehabilitation programs within the VHA and represents one of the most comprehensive with respect to interdisciplinary collaboration. Patients with known, or at high risk for, ischemic heart disease or cardiomyopathy of any etiology are candidates for the program. The goal of the program is to assist veterans to increase their physical fitness, reduce cardiac symptoms, improve health and quality of life, and reduce the risk of future cardiac events. JAHVA's Cardiac Rehabilitation team includes a Medical Director (a Board Certified Cardiologist), a Program Director/Exercise Specialist (ABPTS Cardiopulmonary Clinical Specialist/Physical Therapist), a Dietitian/Certified Diabetes Educator, and a Health Psychologist. Veterans participate in a group-based 12-week intensive lifestyle intervention, with structured nutrition, physical activity and behavioral modification elements. Following a symptom limited stress test, veterans also attend weekly supervised exercise sessions, which guide the development of their individualized home-based activity plan. The Resident will be supervised by an on-site staff psychologist in Cardiac Rehabilitation. Residents will be responsible for 1) conducting psychological evaluations (i.e., to assess motivation and readiness for change, personality factors, cognitive functioning) of each veteran prior to enrollment to ensure appropriateness for the program, 2) leading weekly behavioral therapy groups, with a focus on identifying barriers to change, problem-solving, and improved coping, 3) providing individual psychotherapy for patients with comorbid mood disorders or other mental health concerns. Multidisciplinary program planning and participation in weekly case management meetings is an integral part of the Resident's experience on the rotation. The Resident will also have the opportunity to contribute to IRB-approved research projects related to cardiac rehabilitation and 4) supervising psychology interns in Cardiac Rehabilitation.

Specific competencies include:
1. Serve as a key member of the interdisciplinary Cardiac Rehabilitation Team, working in partnership with other providers to deliver lifestyle interventions and communicating relevant assessment and treatment information to staff.
2. Understand the genetic, psychosocial, and behavioral contributors to cardiac disease, with particular focus on the impact of stress, anger and depressive symptoms on cardiovascular health. Understand factors that can impact adaptation to illness and compliance with treatment regimens.
3. Acquire knowledge of evidence-based interventions to improve coping and quality of life among cardiac patients, including relaxation skills, emotion regulation strategies, and social support facilitation.

Oncology and Palliative Care
Primary Supervisor: TBD

James A. Haley VA (JAHVA) aims to provide 5-star cancer care to Veterans, which includes identifying and addressing any psychological, behavioral, and social problems that interfere with their ability to participate fully in their health care and manage their illness. Veterans who are diagnosed with cancer are screened to identify their level of distress and current problems (e.g., pain, anxiety, depression, etc.). As part of this rotation, Residents are provided opportunities for the following activities: 1) provide assessment and treatment of patients using individual and group interventions, 2) assess patient readiness for stem cell transplantation by formal evaluation and consultation with the interdisciplinary team, 3) assess and manage suicide risk among oncology patients, 4) provide consultation to medical, nursing, pharmacy, social work and nutrition staff about mental and behavioral health concerns, 5) attend interprofessional Tumor Board meetings and Cancer Committee meetings to discuss patient care, and 6) provide education on topics such as opioid use among cancer patients and psycho-oncology.

Training Objectives:

1. Develop a basic understanding of the National Comprehensive Cancer Network's Guidelines and Commission on Cancer's Standards for screening and intervening for distress in cancer patients.
2. Acquire relevant medical and biopsychosocial knowledge of cancer and cancer-related pain.
3. Provide individual, couple, group, and/or family interventions using Cognitive Behavioral, Acceptance and Commitment, Supportive-Expressive, and end of life therapies as well as assisting patients and families in shared decision making about hospice and palliative care.
4. Demonstrate the ability to conduct pre-bone marrow/stem cell transplant mental health evaluations for transplantation candidates and provide recommendations about any psychological contraindications for transplant.
5. Assist team members to differentiate between disease-specific, medication-specific, and situational contributors to patient behavior.

Geriatric Psychiatry Outpatient Clinic
Primary Supervisors: Philip Haley, Ph.D. and Lauren Weber, Ph.D.

The Geriatric Psychiatry Outpatient Clinic is designed to meet the unique care needs of older veterans, including psychological issues related to health, aging, and/or cognitive status. The minimum age for patients referred to this service is generally considered to be 65 years, although exceptions are made for veterans requiring care for health and age-related concerns.

Patients tend to present with a complex interplay of mental and physical health problems. New patient evaluations involve a complete and extensive evaluation of the biological, social, and psychological factors that affect the patient's mental health. Presenting problems vary by patient but tend to include mood disorders, anxiety, adjustment reactions to life stressors, and cognitive difficulties. A smaller subset of patients experience psychosis, exhibit personality disorders, or require crisis intervention. Psychological interventions employed in the Geriatric Psychiatry Outpatient Clinic include supportive, interpersonal, cognitive-behavioral, motivational interviewing, problem solving, and supportive/psychoeducational group therapies, as well as support for dementia- and other caregiver-related stress.

The Health Psychology Resident assigned to the Geriatric Psychiatry Outpatient Clinic completes new patient evaluations, administers brief cognitive screening and other appropriate psychological tests, conducts individual psychotherapy, facilitates or co-facilitates group psychotherapy, and consults with geriatric mental health professionals. Cases with a primary focus on health, aging and/or cognitive or caregiving difficulties, will be given priority consideration to meet training objectives. The psychology resident will be exposed to common health conditions and concerns in an older adult population (e.g., heart disease, cancer, diabetes, stroke, COPD) and will learn how these conditions may interact with, be influenced by, or exacerbate mental health problems and emotional concerns. The Resident will learn how to identify possible side effects of prescribed medications and how these side effects may impact the physical and mental health of older adults. The resident will be responsible for making recommendations and placing appropriate consults for older adults to seek medical and/or mental health treatment for conditions that may impact mental health and emotional functioning (e.g., sleep apnea, chronic pain, heart disease). The Resident will make recommendations as appropriate, for older adults to seek medical attention for medical and health concerns reported during psychotherapy sessions. The Resident will also reinforce older adults' engagement in healthful practices, including participating in regular physical activity, observing a good diet, and using assistive devices (e.g., cane/walker, hearing aids). Supervision of psychotherapy cases will include a focus on the application of interventions to meet the unique needs of mental and physical health needs of older adults. Opportunities to attend population-specific meetings and didactics will be available.

By the end of the rotation, interns in the Geriatric Psychiatry Outpatient Clinic will be proficient in:

1. Evaluating patients via new patient interviews to assess presenting problems, psychosocial history, and current and historical medical and mental health problems and treatment. Offering an appropriate diagnosis based upon current diagnostic criteria.
2. Interviewing and counseling skills including conceptualizing cases, developing rapport, showing empathy, listening actively, re-directing patients to remain on topic, setting limits, de-escalating agitated patients, etc.
3. Administering, scoring, and interpreting psychological instruments including those used to screen for cognitive impairment
4. Integrating results from psychological testing into coherent reports that detail co-occurring psychiatric disorders, health problems, and cognitive functioning
5. Co-facilitating psychotherapy groups appropriate for the needs of an older adult population (e.g., Aging, bereavement, cognitive skills, caregiver support)
6. Selecting and utilizing appropriate evidenced-based therapeutic techniques including but not limited to MI, CBT, IPT, PST, etc.
7. Working effectively with multidisciplinary treatment teams, effectively consulting with other health care professionals (i.e., determining need for specialized services including medication evaluation and neuropsychological evaluation), and learning to appreciate and respect alternate points-of-view.
8. Implementing evidence-based interventions for individuals and families to help cope with chronic health problems and related biopsychosocial concerns.
9. Conceptualizing the unique health-related issues in a geriatric population and how they interact with psychological functioning.

HEALTH PSYCHOLOGY IN PRIMARY CARE TRACK

Located at Primary Care Annex

Primary Supervisors: Joohyun Lee, Ph.D.

**secondary supervisors may vary depending on chosen specialty experiences

The Primary Care Behavioral Health program for the Health Psychology in Primary Care track is located at the Primary Care Annex. The Patient Aligned Care Team (PACT)/Primary Care-Mental Health Integration (PC-MHI) Clinic is housed in a newly activated, state-of-the-art, 106,000 sq. ft. facility where over 600 patients are seen daily. The facility was designed from the ground up to enable co-located collaborative care and encourage communication between staff physicians, health psychologists, pharmacists, dietitians, social workers, and peer support specialists. The Primary Care Annex represents the first primary care clinic in the VA to utilize an innovative dual-corridor clinic design that incorporates separate on-stage and off-stage work zones to facilitate interprofessional team-based care. Shared workspaces, teamwork support zones, and consult zone features also ensure that Residents in this setting are fully integrated in the patient-centered medical home.

JAHVA's interdisciplinary Primary Care Clinic (PCC) is housed in a state-of-the-art, newly activated, 106,000 sq. ft. facility where over 600 patients are seen daily. The PCC was designed from the ground up to enable co-located collaborative care and encourage communication between staff physicians, health psychologists, pharmacists, dietitians, social workers, and peer support specialists. JAHVA's PCC represents the first primary care clinic in the VA to utilize an innovative dual-corridor clinic design that incorporates separate on-stage and off-stage work zones to facilitate interprofessional team-based care. Shared workspaces, teamwork support zones, and consult zone features also ensure that Residents in this setting are fully integrated in the patient centered medical home.

Residents in this track will remain in PCC and continue to operate as a BHP in an integrated PACT team. Consultation, triaging, and brief interventions skills will continue to be emphasized. Fellows will also be expected to develop greater competence in health psychology assessments and interventions by participating in a number of specialty clinical experiences available in a primary care setting as described below.

Behavioral Sleep Medicine

Residents will have the opportunity to participate in psychological evaluation for veterans seeking assistance with chronic sleep-related difficulties. Residents are involved in the following activities: 1) triage facility-wide sleep psychology consults; 2) facilitating weekly sleep hygiene workshop; 3) providing both individual-/group-based CBT-I services; and 4) evaluating/treating medical factors related to cited sleep issues (e.g., difficulties with CPAP adherence).

Specific competencies include:

1. Serve as a key member of the interdisciplinary team, working in partnership with other clinics and providers (e.g., sleep medicine clinic) to deliver and communicate relevant assessment and treatment information to staff.
2. Develop competence in multi-component treatment that addresses patients' cognitions, behaviors, and chronic medical conditions that interfere with sleep.

MOVE! Weight Management Program (MOVE!)

JAHVA's MOVE! Weight Management Program was established in 2004 and served as an initial pilot site prior to VHA-wide implementation. JAHVA has one of the largest MOVE! programs in the country and represents a truly interdisciplinary approach to care, with involvement from Nutrition & Food Services, Internal Medicine, Health Promotion/Disease Prevention, Psychology, Physical Therapy, and Kinesiotherapy. The MOVE! umbrella encompasses both individual and group-based treatment options of varying length and intensity, with a stepped care approach used to connect veterans to the appropriate level of treatment depending on severity of obesity and presence of medical comorbidities. The MOVE! Intensive program involves a 16-week group-based lifestyle intervention, focusing on nutrition, increased physical activity, and behavioral modification, plus a year-long maintenance program. Veterans who successfully complete the MOVE! Intensive program are eligible to be considered for pharmacotherapy. The Resident will be supervised by an on-site staff psychologist in MOVE! Residents on this rotation will have the opportunity to 1) deliver MOVE! Orientation sessions, which provide an overview of all resources for overweight/obesity available at JAHVA, 2) conduct brief psychological screenings of veterans interested in enrolling in the program for binge eating, substance abuse concerns, and severe psychiatric illness, 3) co-lead multiple weekly MOVE! Intensive groups, including a group designed exclusively for female veterans, 4) connect appropriate veterans to the Weight Loss Medication clinic, 5) provide individual treatment for veterans enrolled in MOVE! with comorbid psychiatric concerns (e.g., binge eating), 6) participate in weekly team meetings, which focus on case review, and monthly administrative/research meetings, 7) deliver didactic trainings and presentations on overweight/obesity to relevant clinical staff and hospital stakeholders, 8) participate in program planning and evaluation, including expansion of MOVE! services to the Spinal Cord Injury and Mental Health Services, 9) contribute to ongoing IRB-approved research projects in overweight/obesity and diabetes and 10) supervising psychology interns in MOVE!

Specific competencies include:

1. Function as an integral member of the MOVE! interprofessional specialty team to coordinate patient care and utilize clear and concise communication to convey relevant treatment-planning information to team members.
2. Acquire understanding of the genetic, behavioral and environmental contributors to obesity, with particular focus on factors (i.e., psychiatric and medical comorbidities) that lead to high prevalence of obesity among veterans.
3. Knowledge of behavioral, pharmacological, and surgical treatment options for overweight/obesity, including the efficacy of interprofessional collaboration and sustained relationships (i.e., continuity of care) in the treatment of obesity.
4. Increased familiarity with U.S. Preventive Services Task Force 2012 recommendations and VA/DoD Clinical Practice Guidelines for Screening and Management of Obesity.
5. Acquire understanding of the psychosocial consequences of obesity and the prevalence and impact of weight-based stigma in healthcare settings.

COMMUNITY-BASED/RURAL PSYCHOLOGY FOCUS

The Community-based/Rural Psychology program is an interdisciplinary group of mental health professionals embedded within our Community-based outpatient clinics (CBOCs) and serving our outlying and rural communities. Our community-based Mental Health Clinics are primarily generalist clinics, with an emphasis on time-limited, evidenced-based interventions and inclusive care. Our CBOCs extend into remote/rural areas where availability of resources is limited, necessitating an emphasis on skill development across a range of patient needs.

Residents in the Community-Based/Rural Psychology focus area will gain exposure to the breadth of services that are offered at a CBOC where the full spectrum of mental health care is offered. They will work alongside other disciplines, including Psychiatry, Social Work, Primary Care, Nursing, and Mental Health Counseling. Training is comprised of 6-month rotations in two of our large CBOCs, including the New Port Richey Outpatient Clinic, located in semi-rural western Pasco County, and the South Hillsborough Community-Based Outpatient Clinic, located in the southern outskirts of Hillsborough County, which is also within driving distance to an active military installation (MacDill Air Force Base). Opportunities to provide tele-mental health (TMH) treatment to patients at additional outlying CBOCs may also be offered.

Residents will develop competency in balancing a patient-centered approach to care with access/utilization needs through stepped approaches to mental health care. Utilization of in-person and telehealth modalities will be a focus of this focus area, allowing the Resident to develop skills in reaching veterans who might otherwise not engage in mental health

services due to the distance and limited availability of community resources. Given the semi-rural nature of our community-based clinics, our providers are skilled with the provision of TMH services for isolated patients.

New Port Richey Outpatient Clinic Rotation
Rotation Supervisor: Nicole Gravelle, Psy.D.

South Hillsborough Community-Based Outpatient Clinic Rotation
Rotation Supervisor: Andrew Valdespino, Ph.D.

A benefit of our residency program is the flexibility to customize a training plan that supports each Resident's career goals. Drawing from a range of presenting cases, Residents will develop advanced competence in the assessment and treatment of Trauma-Related Disorders, Substance Use Disorders, Mood Disorders, Military Sexual Trauma, readjustment to civilian life, sexual and gender minorities, health behaviors/PCMHI, and care for Women Veterans, to name a few. Some potentially unique training opportunities, include participation in group work, including group psychotherapy focusing on ACT for trauma, Anger Management, STAIR/DBT, SMI, and SUDs populations. Substance Use Disorders-specific individual and group therapy, including an option for IOP participation, may also be available.

Within our CBOCs, staff are trained and certified in a wide range of EBPs (DBT (group and individual) CBT, TLDP, EMDR, PE, CPT, TrIGR, CBCT, IBCT, IPT, ACT, CBT-I, CBT-SUDS, Seeking Safety, CBT-CP and ExRP). During the year, the Resident will receive supervision on several EBPs and intensive training in delivery of at least one EBP frequently used within Community-Based settings, based on the Resident's training goals. Our VA has several trainers and a myriad of national consultants on staff, which offers residents the opportunity for formal training (and consultation/equivalency status in some cases) in EBPs through both local and national VA roll-outs.

Goals of the training program:
Residents will receive specialized training in the treatment of psychological conditions in Veterans that typically present to CBOCs for mental health care. Residents will conduct intake evaluations, conduct psychological assessments (as available), co-lead psychotherapy groups, conduct individual psychotherapy, and participate in weekly treatment team meetings. A mixture of traditional (in-person) and TMH experiences will be expected. As available, opportunities for tiered supervision, pending rotating interns or graduate practicum students, will be prioritized for the Resident. Additional experiences may include the opportunity to attend relevant EBP workshops that align with the Resident's training goals, including CPT, ACT, IPT, PE, CBT-CP, and CBT-SUD (when available).

Training Objectives:
Residents will develop specific goals based on their unique interests, training, and career goals. All Residents will demonstrate competency in the following areas:

1. Ability to develop accurate diagnoses and conceptualization of mental health concerns.
2. Provide education and rationale for care to Veterans and their families.
3. Ability to conduct sensitive, thorough, and integrative evidence-based assessments for Veterans with a variety of presenting conditions.
4. Ability to provide effective assessment feedback, recommendations, and referrals to patients and referring providers in a sensitive manner.
5. Ability to select and implement appropriate evidence-based interventions, tailored to individual patient needs and presenting conditions.
6. Ability to effectively facilitate and/or co-facilitate psychotherapy groups.
7. Ability to utilize technology to effectively develop telehealth experience by demonstrating competence supporting both patients and other remote providers via TMH consultation, TMH assessment, and TMH interventions to patients in outlying or hard to reach areas.
8. Ability to provide effective consultation to and with psychiatry, other mental health providers, and primary care physicians regarding patients' medical needs.

PAIN PSYCHOLOGY FOCUS

The Pain Psychology Program includes multiple certified CBT-CP consultants and therapists. Psychologists in the program are national leaders in the assessment, diagnosis, and treatment of chronic pain and medical and psychiatric comorbidities.

During the training year, residents will receive advanced training and supervision in the VA's evidence-based psychotherapy for chronic pain, Cognitive Behavioral Therapy for Chronic Pain (CBT-CP). A CBT-CP workshop is provided at the beginning of fellowship and supervision follows throughout the year by recognized consultants and

therapists, which leads to advanced proficiency status in CBT-CP. While there is no guarantee of certification in CBT-CP, staff will assist in facilitating an application for equivalency status following demonstration of competency and completion of postdoctoral residency. Residents are expected to attend the CBT-CP training, if the training is offered/available.

Residents in the Pain Psychology emphasis area will gain exposure to the fundamentals of pain management. Training is comprised of 6 months in our interdisciplinary pain programs (inpatient Chronic Pain Rehabilitation Program; Pain Empowerment Anywhere Program) and 6 months in outpatient pain psychology services. During the 6-month interdisciplinary programs rotation, residents will additionally gain experience providing biofeedback to inpatients within the CPRP. Concurrent with the outpatient pain psychology rotation, residents will provide individual pain-focused psychotherapy to outpatients and gain experience facilitating psychoeducational groups. Residents will also have accompanying experiences in the Pain, Activation, and Sleep Skills (PASS) Program, providing tiered supervision to psychology interns, and conducting psycho-oncology assessments/work at Moffitt Cancer Center as available.

Throughout the year, residents will gain experience providing evidence-based treatment for chronic pain using telehealth and have exposure to interventions for sleep problems, spinal cord stimulator evaluations, and chronic pain interventions (e.g., epidural steroid injections, trigger point injections, spinal cord stimulator implantation). Opportunities for additional experience in these areas are available and based upon the resident's needs and training plan. Adjunctive opportunities within the area of health psychology (e.g., primary care, weight management, Whole Health, etc.) are available to residents who are meeting all training competencies.

Interdisciplinary Pain Rehabilitation Programs

Rotation Supervisors: Nicolle Angeli Ph.D., Stacey Sandusky, Ph.D.

The Inpatient Chronic Pain Rehabilitation Program (CPRP) is an award-winning, CARF-accredited, comprehensive, interdisciplinary, 3-week, inpatient treatment program established in 1988 to help veterans with chronic pain improve their quality of life with implementation of evidence-based treatment. As it is the only program of its kind in the VA system, the inpatient program accepts veterans and active duty service members from all 50 states. The CPRP serves as the primary setting for training in chronic pain assessment, evaluation, and treatment.

The **P**ain **E**mpowerment **A**nywhere (PEAK) Program is a comprehensive pain program delivered virtually through the James A. Haley Veterans' Hospital. It is the only national, virtually delivered interdisciplinary pain rehabilitation program available throughout the VHA and DoD. The PEAK Program shares the same active rehabilitation, whole person, and team-based approach to treating chronic pain that is embraced in the CPRP. Treatment is comprised of a unique blend of group and individual evidence-based modalities to empower all participants, including: movement-based therapies (e.g., physical therapy, Tai Chi, adaptive yoga), behavioral strategies (e.g., pacing, mindfulness), vocational rehabilitation, occupational therapy, pain neuroscience education, recreation therapy, medical consultation, and family involvement. The program focuses on personal rehabilitation goals to optimize motivation, engagement, and success.

Residents in the CPRP and PEAK Program serve as integral members of these interdisciplinary teams comprised of physicians, nurse practitioners, physical therapists, occupational therapists, kinesiotherapists, recreational therapists, vocational rehabilitation therapists, and many others. Residents will also train in the outpatient medical pain clinic and be involved in conducting local and long distance chronic pain screenings. Training will also entail conducting intake assessments and evaluations for patients entering these intensive programs, treatment planning with evaluation of individual goals, improving patient engagement in program requirements, regular individual psychotherapy, biofeedback, behavioral sleep interventions, family sessions, weekly psychoeducational groups, and facilitation of prehabilitation groups and graduates programming.

Outpatient Pain Psychology
Rotation Supervisors: Peter Munro, Psy.D., Nicolle Angeli Ph.D., Aaron Martin, Ph.D.

The outpatient pain psychology rotation involves a broad range of training experiences in interventions for chronic pain and sleep. Residents will gain experience providing manualized CBT treatment for individuals with chronic pain as well as have possible opportunities to facilitate various psychoeducational groups, including CBT for Chronic Pain, ACT for Chronic Pain, and Chronic Pain and Wellness. Other aspects of this rotation include: completion of sleep assessments and delivery of behavioral treatments for individuals with insomnia due to chronic pain. Opportunities may also exist to provide CBT for headaches as a part of the interdisciplinary headache management program (CHAMP) as well as for psycho-oncology assessments, and other experiences at Moffitt Cancer Center as available.

Fellowship Training Objectives:

1. Develop the skills necessary to be able to identify the presence of a chronic pain syndrome in an individual with chronic pain using observational, historical, and interview data. This may be achieved by completing outpatient or video-based screenings of applicants to the pain programs during the rotation.
2. Demonstrate the ability to use selected pain instruments to identify any impediments to treatment and to develop a realistic rehabilitation plan. This may be demonstrated by writing assessment reports and including any major impediments to treatment, and providing recommendations regarding the best treatment approach based on the assessment data.
3. Develop a basic understanding of the pharmacology, physiology, and psychology of pain, along with an understanding of typical underlying medical conditions. This may be achieved by participating in pain patient staffings, observing physical medicine and neurological evaluations, and completing readings.
4. Learn the principles associated with the cognitive-behavioral treatment of chronic pain through participation in interdisciplinary team rounds, attending didactic seminars, leading or co-leading psychology groups, and completing assigned readings in the area of cognitive-behavioral pain treatment.
5. Demonstrate proficiency in consistency in applying behavioral principles and management to pain patients.
6. Demonstrate the ability to communicate effectively with members of the clinical team, which includes professionals from a wide variety of medical disciplines. Communicate patient needs/issues in team meetings. Work with other disciplines to implement behavioral strategies for patient care.

TRAUMA PSYCHOLOGY FOCUS

The Trauma Psychology residency accepts two applicants each year for postdoctoral training at the James A. Haley VA Hospital. Both residents will rotate through our hospital's PTSD Clinic (PCT) as well as have the opportunity to engage with the specialty clinic of their choice. The PCT provides advanced training and supervision in evidence-based treatments for PTSD including Prolonged Exposure and Cognitive Processing Therapy and as such is a required rotation. Note, residents are expected to attend CPT and PE trainings if the trainings are offered/available the year of their residency. The two trauma postdocs will be split for the year, meaning that one resident will begin the training year in the PCT rotation and then finish their training year within their preferred specialty clinic of choice. The other resident will begin the training year in their specialty clinic of choice and then finish the training year within the PCT rotation. The specialty clinics currently available from which to choose include:

- Polytrauma Rehabilitation & Evaluation Program (PREP)
- Outpatient Polytrauma/TBI Clinic
- Military Sexual Trauma (MST)

Applicants should indicate which of these experiences are preferred and why in the application cover letter. Each of the clinical experiences currently available are described below.

PTSD Clinical Team (PCT)
Primary Supervisors. Julia Lopez, Psy.D.; Brittany Davis, Ph.D.

The PCT provides psychological services to male and female Veterans who have suffered posttraumatic stress reactions incurred during their military service. The majority of our Veterans developed these reactions in response to serving in warzone theatres including but not limited to Korea, Vietnam, Gulf War (Deserts Storm and Shield), Operation Enduring Freedom (OEF), Operation Iraqi Freedom (OIF), and Operation New Dawn (OND). Other common military related traumas treated within the clinic may include, training accidents, motor vehicle accidents, and survivors of suicide. Research suggests Veterans with warzone-related PTSD report high rates of suicidality, aggressive and impulsive behavior, and exhibit diverse psychological and functional impairment. This population of Veterans often presents with comorbid diagnoses including depression, anxiety disorders, dissociative symptoms, substance use, chronic pain, and TBI.

Upon entry into the PCT, Veterans receive comprehensive evaluations including: structured interviews (e.g. Clinician-Administered PTSD Scale for DSM-5 Revised; CAPS-5-R); chart review; risk assessment; and self-report measures such as the Posttraumatic Checklist-Fifth Edition (PCL-5), Patient Health Questionnaire-9 (PHQ-9), and the Columbia Suicide Severity Rating Scale – Screener (C-SSRS). If needed, standardized psychological tests such as the Minnesota Multiphasic Personality Inventory – 2 – Restructured Form, Minnesota Multiphasic Personality Inventory – 3, Millon Clinical Multiaxial Inventory Fourth Edition, Personality Assessment Inventory, and Structured Clinical Interview for the DSM-5 may be utilized to provide additional information about symptom exaggeration, personality traits, and other co-occurring diagnoses. Residents may also gain experience with additional symptom validity measures such as the Morel Emotional Numbing Test and Structured Interview of Reported Symptoms Second Edition.

The PCT is a specialty clinic focused on recovery from PTSD. Clinical interventions offered on this rotation are consistent with evidence-based treatment approaches and influenced by current research, clinical expertise, and patient values. In addition to evidence-based treatments for PTSD, the PCT also offers a variety of non-trauma focused manualized treatments for common comorbid conditions, such as Skills Training in Affective and Interpersonal Regulation (STAIR), CBT-I, CBT-D, and CBT-CP. Veterans who are in need of a more robust coping skillset prior to engaging in trauma-focused therapy or post-treatment can participate in several group psychotherapies, such as STAIR, Symptom Management, CBT Anger Management, Stress Management, and Seeking Safety. Motivational Interviewing is also employed in conjunction with these skill groups to assist in treatment engagement. The goals of PCT groups are to provide education and build coping skills to help Veterans improve their quality of life, manage distressing symptoms, and prepare for engagement in trauma focused therapy.

Residents are expected to fill their caseloads with individual trauma-focused cases to gain breadth and depth in the nuances of providing PTSD treatments in line with the VA/DoD Clinical Practice Guidelines. For Veterans with sufficient coping skills and current stability, trauma-focused treatment is offered. Trauma-processing is done through evidence-based treatments for PTSD such Prolonged Exposure Therapy (PE) or Cognitive Processing Therapy (CPT). PE and CPT are offered individually. Written Exposure Therapy (WET) is also offered individually. Other trauma-focused interventions include Cognitive Behavioral Conjoint Therapy (CBCT) for PTSD, which allows Veterans to experience improvement in trauma-related symptoms and relationship distress by participating in this treatment with a close family member or partner. Veterans with significant guilt as part of their presentation may be offered Trauma Informed Guilt Reduction (TrIGR) as part of their treatment plan.

Goals of Training Rotation:
Residents on this rotation will receive specialized training in the treatment of psychological conditions in Veterans that result from military trauma. Residents will conduct initial evaluations utilizing the CAPS-5-R interviews, conduct psychological testing, conduct individual psychotherapy, and co-facilitate the STAIR group. Additional experiences include the opportunity to attend relevant CPT, PE, and TrIGR workshops (when available).

By the end of the rotation, it is anticipated that Residents will have the ability to:

1. Articulate their theoretical conceptualization of PTSD and other psychological reactions relevant to trauma exposure.
2. Conduct comprehensive psychological evaluations utilizing the CAPS-5-R, provide feedback regarding diagnoses, and create relevant treatment recommendations.
3. Provide education and rationale for care to Veterans and their families.
4. Conduct trauma-specific psychological testing and display essential understanding and competence in administering, scoring, report writing, and providing feedback of the results.
5. Write coherent and concise psychological notes and reports, while maintaining the dignity of the Veterans and appropriately discussing sensitive issues such as, traumas experienced and compensation and pension.
6. Demonstrate proficiency in at least one form of trauma-specific, evidence-based psychotherapies for PTSD (Prolonged Exposure and/or Cognitive-Processing Therapy) with working knowledge, development, & application of the other.
7. Co-facilitate group psychotherapy
8. Conduct additional individual psychotherapy & case management to meet Veterans' needs.
9. Develop an increased understanding of therapeutic process issues involved in working with traumatized populations, as well as, the effect of trauma treatment on the therapist, and how to develop positive self-care in a trauma clinic.

Post-deployment Rehabilitation & Evaluation Program (PREP)
Primary Supervisors. Alicia Kohalmi, Psy.D.

The PREP program provides evaluation and treatment to Veterans and Active Duty Service Members diagnosed with mild to moderate TBI and comorbid polytrauma injuries. Approximately 85% of patients admitted to PREP are Active Duty elite Special Operators and Special Forces including Navy SEALs, MARSOC, Green Berets, Rangers, and Delta Force Operators. Given this populations' extensive exposure to combatives training, SERE school, breaching, heavy weapons fire, falls, mortars, rockets, and hard parachute landings, patients admitted often present with a complex array of polytraumatic injuries as well as postconcussive symptoms such as chronic headaches, irritability, dizziness, orthopedic injuries, and sleep problems. Residents will have opportunities to work with patients in a rehabilitaiton capacity if the patients primary concerns involve mTBI management, adjustment to injury or disability, and adjustment to new phase of life following their military service.

However, the trauma residents' primary focus will be on providing individual cognitive-behavioral/behavioral techniques, including thorough clinical interview with an emphasis on understanding trauma index events and post-deployment stressors, and appropriate utilization of a variety of self-report mood and personality measures (PCL-5, PHQ-9, GAD-7, CAPS-5, etc.). Residents will primarily provide individual psychotherapy for the treatment of PTSD, and may occasionally treat depression and other anxiety disorders if they are identified as te primary diagnosis. Teatment philosophy in PREP is evidence-based interventions and strongly emphasize Prolonged Exposure and Cognitive Processing Therapy.

Residents may also participate in co-treatment with recreational therapy to reinforce importance of community reintegration and exposure to previously feared/avoided environments. Residents serve as the psychology expert on this interdisciplinary team and will provide education and collaborate with other disciplines to improve patient care. By the end of this rotation, Residents will be able to:

1. Identify and describe common neurobehavioral and psychological syndromes (e.g., postconcussion syndrome, somatization disorders, depression, PTSD) or other clinical problems specific to these populations.
2. Function effectively as a consultant to other health care providers in relation to psychological, social, and emotional issues associated with these clinical populations.
3. Demonstrate improved differential diagnostic skills, particularly in the accurate diagnosis of PTSD in a TBI population.
4. Learn motivational enhancement techniques to prepare medical patients for mental health treatment.
5. Learn how to adapt evidence based treatments to enhance outcomes with these populations.

Military Sexual Trauma (MST)
Primary Supervisors: TBD

In accordance with VHA national policy, all VA facilities are required to provide access to sensitive and timely MST-related mental health treatment for Veterans affected by MST. The MST program is a specialty mental health program at the James A. Haley VA Hospital dedicated to meeting that initiative by providing a full-range of high quality, compassionate mental health services to Veterans with a history of sexual assault or harassment in the military in a comfortable and inviting environment. In the past, residents have had the opportunity to work within two clinics, Mental Health Clinic (MHC) for the treatment of male and female Veterans and Women's Clinic (WC), for the treatment of female Veterans, though this cannot be guaranteed. In addition, Active Duty Service Members are able to seek care at the VA for MST-related issues. As such, residents on this rotation occasionally also have the opportunity to work with Active Duty military personnel. This offers the additional experience of learning to navigate the complex nature of working with Active Duty military personnel and their command.

Research suggests that Veterans with a history of MST are more likely to have experienced childhood trauma, as well as ongoing interpersonal trauma following MST. Therefore, a large proportion of patients seen within this clinic are seeking services to address the impact of complex trauma and harassment on their current social, occupational, and psychological functioning. Treatment in this clinic is based within a general mental health model and emphasizes a collaborative recovery-oriented approach to assist Veterans in making meaningful changes in their lives. This training rotation is focused on preparing residents to flexibly deliver evidence-based, trauma-informed mental health care in a collaborative model with other mental and physical healthcare providers. Treatment is primarily trauma-focused but may also incorporate other areas of emphasis depending on the specific needs and presentation of the patient such as interventions for depression, emotion regulation, improving interpersonal relationships, sexuality and gender concerns, and sleep difficulties. Specific training experiences will include: i) conducting comprehensive psychodiagnostic assessments utilizing a broad-based assessment approach;), ii) recommending and engaging MST+ Veterans in a range of individual and group therapy options including CPT, PE, DBT, IPT, EXRP, MBSR, STAIR, CBT-D, and CBT-I; and iii) consultation with multidisciplinary care teams including psychiatry, social work, physicians, nursing, nutrition, and pharmacy. The rotation is also open to program development and creation of new individual and/or group approaches as part of the training experience. Additional opportunities to be involved with outreach and training around MST in collaboration with the MST coordinator may also available.

By the end of the rotation, the resident will be able to demonstrate:

1. Ability to develop accurate diagnoses and conceptualization of mental health concerns as they may or may not relate to MST and other trauma history.
2. Ability to conduct sensitive, thorough, and integrative evidence-based assessments for Veterans with MST.
3. Ability to provide effective assessment feedback, recommendations, and referrals to patients and referring providers in a sensitive manner.
4. Ability to select and implement appropriate evidence-based interventions, tailored to the individual patient needs and presenting conditions.

5. Ability to effectively facilitate and/or co-facilitate psychotherapy groups.
6. Ability to teach skills to improve emotional coping and psychological functioning for a range of MST-related conditions.
7. Ability to provide effective consultation to and with psychiatry and primary care physicians regarding patients' medical needs.
8. Ability to assist other providers in understanding and responding effectively to mental health concerns with their patients as they relate to the experience of MST.

Outpatient Polytrauma/TBI Clinic
Primary Supervisor: Luzimar Vega, Psy.D.
Secondary Supervisor: Amanda Garcia, Ph.D.

The Outpatient Polytrauma/TBI Clinic is a specialty program at the James A. Haley VA Hospital dedicated to providing a full range of high-quality care to both Veterans and Active-Duty Service Members who have experienced a traumatic brain injury (e.g., mild, moderate, severe) and comorbid polytrauma. Residents will have the opportunity to function as part of an outpatient multidisciplinary rehabilitation team including nursing, social work, physical therapy, speech pathology, physiatry, psychiatry, audiology, ophthalmology, and occupational therapy. Residents will collaborate with the team members with the aim of facilitating injury/disability management, adjustment, and recovery.

Residents will conduct comprehensive psychodiagnostics assessments that incorporate evidenced-based measures (e.g., CAPS-5; PCL-5; CD-RISC; PAI; MMPI2-RF) to further facilitate the development of differential diagnostic skills, as well as the development of treatment planning within this specialty population. Residents will learn to flexibly deliver evidence-based treatment within an outpatient rehabilitative model. While treatment is primarily trauma-focused (e.g., Prolonged Exposure; Cognitive Processing Therapy), there remains an emphasis on meeting the specific needs of the patient which may include coping skills, emotion regulation, interpersonal deficits/discord, transition (e.g., retirement; injury adjustment), chronic pain, anger management, substance use, sleep concerns, depression, and anxiety. As such, training will also include the development of skills with other therapeutic modalities such as Mindfulness, Cognitive Behavioral Therapy for Depression (CBT-D), Interpersonal Processing Therapy (IPT), Cognitive Behavioral Therapy for Insomnia (CBT-i), Cognitive Behavioral Therapy for Chronic Pain (CBT-CP), Acceptance and Commitment Therapy (ACT), and Dialectical Behavioral Therapy (DBT).

Residents will rotate 1 day a week with Post-Deployment Rehabilitation and Evaluation Program (PREP) Neuropsychology. Residents will learn how to conduct clinical interviews designed to assess for history of traumatic brain injury, current complaints, and relevant co-morbid conditions. They will conduct brief pre-treatment cognitive screens designed to assess relevant cognitive domains and provide therapeutic feedback regarding results. These screens are short but provide valuable information to the inpatient care team (e.g. WAIS IV subtests, DKEFS subtests, TMT A/B). Strong emphasis is placed on delivering culturally appropriate feedback designed to enhance motivation for wholistic treatment.

Residents are also provided the opportunity to engage in unique program development opportunities as part of this rotation. These experiences will be based on the Residents' interests and may include research within the polytrauma setting. These opportunities may be considered as part of the research requirements for the residency program, or can be supplemental, but would only be available as part of this rotation.

By the end of the rotation, the resident will be able to demonstrate:

1. Identify and describe common physical, neurological, behavioral, psychological, and other clinical problems specific to these populations.
2. Consultative skills with team members in order to meet the patients' needs.
3. Function effectively as a consultant to other health care providers in relation to psychological, social, and emotional issues associated with these clinical populations with the aim to manage the concerns for improved treatment outcomes.
4. Demonstrate improved differential diagnostic skills, particularly in the accurate diagnosis of PTSD.
5. Selection and implementation of appropriate evidence-based interventions, tailored to the individual patient needs and presenting conditions.
6. Learn how to adapt evidence based treatments to enhance outcomes with these populations.

OTHER EXPERIENCES

SEMINARS

Clinical Psychology Postdoctoral Seminar – *General* (required)

Once monthly 1-hour didactic for all Clinical Psychology Postdoctoral residents covering topics relevant to professional clinical psychology. Example topics include Board Certification, risk assessment, dissociation, Mindfulness, deployment psychology, Compensation and Pension, clinical issues in diversity, Motivational interviewing, and self-care. This didactic format also ensures residents' socialization into the profession, as well as providing for peer interaction and access to consultation.

Clinical Psychology Postdoctoral Seminar – *Focus Specific* (required)

Clinical Health Focus: This 1-hour seminar meets weekly for the full year and is geared toward both trainees and staff with an interest in primary care, integrated medicine, and health psychology. Topics include brief assessment methods, treatments using modified EBPs, sleep difficulties, cardiovascular disease, Hepatitis C, interprofessional teams and shared decision-making, and so forth. This seminar is also a venue for discussion/consultation and for fellows to present on health-psychology topics.

Pain Focus: This 1-hour pain seminar meets on the 1st and 3rd Thursdays of the month and encompasses pain and psycho-oncology specific research, clinical issues, and programmatic information. The seminar alternates among formal topic presentations on current issues in the treatments for cancer or pain, discussions of current literature and research, and clinical case conferences.

Trauma Focus: This 1-hour seminar meets at least twice monthly and is specifically developed for trainees and staff in this focus area. Past topics have included PTSD and aggression, military sexual trauma, PTSD and Sleep: CBT-I, mTBI and sleep, CAPS-5 training, PTSD medication management, nuances of trauma treatment and racism, and treatment modifications in TBI populations.

Community Focus: This 1-hour seminar meets at least twice monthly and is specifically developed for trainees and staff with interests in providing time-limited, evidence-based interventions across a breadth of presenting problems to enhance access to care in remote/rural settings. Topics may include evidenced based assessment measures (SCID-5), treatments using modified EBP, Military Sexual Trauma, DBT, health behaviors/PCMHI, readjustment to civilian life and clinical case presentations.

NOTE Residents will be responsible for presenting at least three seminars during the course of the training year, which will include a case presentation, presentation of their research, and a diversity presentation.

Professional Development Seminar (required)

Non-rotation specific issues related to professional development are discussed in this very interactive, once-monthly seminar attended by psychology postdoctoral residents across all programs. Topics include culture and diversity, competency-based supervising, licensure issues/EPPP, board certification/ABPP, job searches and interviewing, negotiation skills for professional responsibilities such as salary, work/life balance, and the business of mental health.

Diversity Seminar (strongly recommended)

This 1-hour seminar meets on the 1st and 3rd Wednesdays of the month and provides a safe space for discussions and learning about culture, equity, inclusion, and diversity issues that impact the practice of Psychology and our veterans.

RESEARCH

Research skills are an integral part of our program. Residents receive up to 8 hours per week of protected research time. At a minimum, residents are expected to participate in research/scholarly activity such that they develop a final poster product and submit it to a conference, they submit it for review to a professional journal, or perform an in-depth quality improvement or program development project and formally present the results/conclusions to the Training Committee and relevant stakeholders.

DIVERSITY EXPERIENCES

In order to be responsive to our diverse patient population, we need to be fully responsive to and inclusive of diverse and capable staff and trainees. The James A Haley Veterans' Hospital Psychology Training Programs affirm our welcome of staff and trainees along the full spectrum of individual differences. We are committed to engaging individuals of historically under-represented backgrounds within our program. We have a diversity seminar planning committee within the psychology service that provides information and "lunch and learn" activities to trainees and staff alike on various topics related to diversity. The Diversity "Lunch & Learn" Seminar, hosted by the Psychology Diversity Planning Committee, provides an opportunity for trainees to learn about diversity issues that may not be commonly experienced in clinical rotations or seminars. Lunch & Learn topics have included mental health issue in Latinx individuals, mental health needs and barriers to treatment in transgendered individuals, and privilege and its effect on care delivery. We demonstrate respect and understanding of diversity via training we provide, including covering diversity issues in individual supervision, journal readings, etc.

Within the MH&BS Service, a Diversity and Inclusion Committee has been formed with multiple foci: addressing ongoing training needs of staff in the areas of diversity, equity, and inclusion; providing a safe space to have difficult discussions around diversity, equity, and inclusion; improving hiring and retention of diverse staff, dissemination of diversity-related information, and improving diversity-sensitive care for veterans. We have several staff members who have specific interest in mentoring multicultural, ethnic/racial and/or LGBT trainees. We also have staff who have clinical caseloads consisting of primarily Hispanic patients (Spanish speaking), LGBTQ patients, and transgender patients. Several staff also offer training opportunities related to working with individuals with physical disability. We have staff who belong to the hospital's LGBTQSA committee. Here is information on our hospital's LGBTQSA Emphasis Program: LGBTQ+ Veteran Care | VA Tampa Health Care | Veterans Affairs. Its mission is to identify and address barriers, stereotypes, and other related issues in the workplace, foster allies, increase awareness of health care issues, and advocate for a caring, respectful and welcoming environment for our LGBT Veterans, family members and employees. We have staff who have completed specialized training to work with transgender patients (SCAN-ECHO).

The James A Haley Veterans' Hospital similarly values diversity in trainees and has several programs/initiatives to honor the diversity of our hospital staff. To this end, the hospital has established policy on promoting and honoring diversity and has developed a Diversity Inclusion & Advisory Council comprised of a Chair, Vice Chair (Hospital Associate Director); the EEO Manager, Cultural Competency Coordinator and the following Special Emphasis Program Managers: Federal Women's; Asian American/Pacific Islander Program; Hispanic Employment, African American Employment, Native American Employment, Persons with Disability Employment Program and the Lesbian, Gay, Bi-Sexual, Transgender, Queer, Straight Ally Program (LGBTQSA). The Council reviews and evaluates proposals and planned Special Emphasis Program Observances activities. The Diversity Inclusion & Advisory Council ensures that the specific planning events and activities are addressed as well as to include EEO & Diversity Inclusion training. Observance events include the African American/Black History Month (February 1-29), Women's History Month (March 1-31), National Disability Employment Awareness Month (October 1-31), Asian Pacific Heritage month (May), Native American Heritage Month (November) and LGBT Pride (June). Participation in the SEP observances benefits employees through increasing their personal awareness and developing cultural competencies throughout the year. The goal is to sustain a productive, diverse, and engaged workforce through our commitment to enhance employment, training and career advancement opportunities; allowing us to provide outstanding service to Nation's Veterans and their families. The JAHVH is also proudly one of 96 VA facilities to achieve the Human Rights Campaign's Healthcare Equality Index Leader status since 2013, proving that it promotes an equitable and inclusive care environment for LGBT patients, their families, and employees.

SUPERVISION RECEIVED

In helping residents acquire proficiency in the core competency areas, learning objectives are accomplished primarily through experiential clinical learning under the supervision and mentoring of licensed psychologists. All work performed by residents during the year must be under the supervision of a licensed psychologist. Essentially, residents are involved in the day-to-day demands of a large psychology service. Residents work with and are supervised by psychologists who serve as consultants to medical staff members or who serve as members of multidisciplinary teams in treatment units or programs. As a consultant or team member under supervision, the resident's core competencies are developed and the resident learns to gradually accept increasing professional responsibility. The residency is primarily learning-oriented, and training considerations take precedence over service delivery. Because residents enter the program with varying levels of experience and knowledge, training experiences are tailored so that a resident does not start out at too basic or too advanced a level.

Residents receive a minimum of two hours of supervision each week; however, typical supervision includes 2-3 hours on their rotations and 1-2 hours from other activities (e.g., group supervision, supervision of research). Rotation supervision

is dyadic supervision of a clinical nature and includes discussion and development of core competency areas. Complementing basic supervision, through the process of working closely with a number of different Psychology Service supervisors, residents are also exposed to role modeling and mentoring on an ongoing basis. In addition to the above supervision, residents also receive didactic seminar presentations on topics related to their training.

TIME COMMITMENTS

The postdoctoral residency is a minimum of 40 hour per week. Typically, residents have 2-3 hours of supervision as part of their rotation, 1 hour of research supervision, and group supervision with TDs.

Requirements for Completion

The postdoctoral training program requires one year of full-time training to be completed in no less than 12 months (2080 hour appointment). Residents must be on duty and involved in training for at least 90% of their appointment.

To successfully complete the postdoctoral residency, residents are expected to:

(1) Competence: Demonstrate an appropriate level of professional psychological skill and competency by meeting meet the following Passing Criteria: *Mid-Year = 80% of elements across competency areas are rated: 5 or higher; None below 3. Benchmark at End-of-Year = 100% of elements across competency areas are rated: 6 or higher* (see "**Evaluation Procedures**").

(2) Didactic Training: Residents are expected to attend the Clinical Psychology Seminar and the Professional Development Seminar. Additionally, Residents will be responsible for presenting at least three seminars during the course of the training year, which will include: 1) a case presentation, 2) presentation of their research, and 3) a diversity presentation.

(3) Research/Scholarly Work: Residents are expected to devote approximately 20% of their time to research/scholarly activities. By the end of the program, residents should be able to demonstrate an understanding and knowledge of strategies of scholarly inquiry, awareness of current empirical studies in major professional practice journals, competency in reviewing and integrating relevant scholarly literature to assist in clinical problem solving. This should be demonstrated by having collaborated with training staff on one or more scientific presentations which are submitted to the annual convention of the APA or another professional organization, by submitting at least one manuscript to a professional journal for possible publication, or by formal presentation of a clinical quality improvement or program development project to the training committee and relevant stakeholders (see above in Research Experience for specific requirements). Poster presentations must be both submitted to a conference and a final poster product must be developed, regardless of acceptance to the conference. Additionally, if a poster is not accepted to the respective conference, the Resident must present the poster in another venue, which may include VA Research Day, Psychology Staff Meeting, Training Committee Meeting, during a seminar, or during Grand Rounds. Literature review and statistical analyses must be part of each project. However, meta-analysis and systematic review (i.e., meeting Institute of Medicine standards [March, 2011], Cochrane Collaboration Handbook for Systematic Reviews, or PRISMA standards) of existing literature is acceptable.

(4) 2080 Hours per Year: The postdoctoral training program requires one year of full-time training to be completed in no less than 12 months (2080-hour appointment). On-duty hour requirements include absences from the use of annual leave, holidays, authorized absence, and sick leave (residents must be on-duty and involved in training for at least 90% of their appointment).

(5) Patient Contact: Average 17 patient contact/care activity hours per week (i.e., "face-to-face" contact with patients or families for any type of group or individual therapy, psychological testing, consultation, assessment activities, including record review or report writing, or patient education). This experience meets Florida psychology licensing requirements (i.e., a minimum of 900 hours of patient contact/care activity hours per year).

EVALUATION PROCEDURES

Competency-Based Evaluation System

It is our intention that evaluation of residents' progress be open, fair, and part of the learning process. Residents are involved in all phases of evaluation from the initial concurrence with training goals through the final evaluation. Ongoing feedback during supervisory sessions is presumed and residents should request clarification from supervisors if there is uncertainty.

To assist in our postdoctoral training and evaluation process, and to document the attainment of basic core competencies and outcomes, competency evaluations are conducted for the resident's activities. The program utilizes a behaviorally-based model of evaluation with ratings based on the amount of supervision required for the resident to perform the task competently. In general, this rating scale (described below) is intended to reflect the developmental progression toward becoming an independent psychologist. At the end of each rotation, a resident must be rated by his/her supervisor and the Training Committee as satisfactory in his/her progress toward competence in each of the competency areas. **To successfully complete the residency, postdoctoral residents must meet the following Passing Criteria**: *Mid-Year = 80% of elements across competency areas are rated: 5 or higher; None below 3. Benchmark at End-of-Year = 100% of elements across competency areas are rated: 6 or higher*. Competency ratings are based on the following:

7 Competency demonstrated at a distinguished level, notably beyond what is typically observed by postdoctoral residents who have completed their residency. This is a rare rating that reflects collegial level of autonomy and proficiency at the expert level despite maintenance of required trainee role and expectations.

6 Competency demonstrated at independent, early-career level. Trainee is independent in all aspects of clinical activity. Trainee could function autonomously as an independent practitioner. While potentially licensed, supervision is maintained due to trainee status. Supervision devoted primarily to advanced, expert topics. Competency in all global competency areas at full VA psychology staff privilege level is maintained. **GOAL FOR THE END OF THE POSTDOCTORAL RESIDENCY (END OF LAST ROTATION)**

5 Competency attained in all but non-routine cases, though supervisor provides overall management of trainee's activities. Trainee demonstrates increasing ease and integration of advanced skills and proficiency is emerging in routine cases or area of specialty interest. Supervision/consultation may be necessary in non-routine situations, though depth of supervision varies as clinical needs warrant. While the trainee may not possess the specific skill set required for independent practice in a specific rotation setting, this level represents the achievement of minimal competency for independent general psychological practice. **GOAL FOR THE RESIDENT'S COMPLETION OF THE FIRST 6 MONTHS**

4 Basic skills are implemented with ease and more complex skills are emerging, particularly in a specialty area of interest. Trainee demonstrates emerging competency in routine cases. Routine supervision of most activities, though depth of supervision varies as clinical needs warrant.

3 Basic skills have been acquired and trainee implements them with increasing ease, but continues to require routine supervision of each activity.

2 Routine, and occasionally intensive, supervision is needed, particularly in unfamiliar training areas. Skills are becoming more familiar, but trainee needs assistance in implementing them. This rating may be possible at the beginning of a rotation in an area for which the resident has no prior exposure.

1 Most skills are new and trainee needs very intensive and close supervision. Requires remediation plan.

[Passing Criteria: Mid-Year = 80% of elements across competency areas are rated: 5 or higher; None below 3. Benchmark at End-of-Year = 100% of elements across competency areas are rated: 6 or higher.]

Residents receive a written evaluation from their rotation supervisor at the mid-point of each rotation and at the end of each rotation. The rotation mid-point evaluations are intended to be a progress report for residents to ensure they are aware of their supervisor's perceptions and to help them focus on specific goals and areas of work for the second part of the rotation. Final rotation evaluations will also provide specific feedback and serve to help the resident develop as a professional. Residents also provide a written evaluation of each rotation and supervisor upon completion of the rotation. This and the supervisor's evaluation of the resident are discussed by the resident and supervisor to facilitate mutual understanding and growth.

Upon completion of each rotation, copies of the resident's and the supervisor's final rotation evaluations are kept in the resident's training file.

TRAINING STAFF

All members of the Psychology training staff have clinical responsibilities. In addition, they all serve in a variety of other professional roles. The following is a brief alphabetical listing and description of our clinical psychology training staff.

Nicolle Angeli, Ph.D. – Georgia State University, Clinical Psychology, 2010
Fellowship in Geriatrics & Mental Health, Primary Care Integration, Western NY Healthcare System
Pain Psychology Program Manager
Clinical Director, Pain Empowerment Anywhere (PEAK)
Regional trainer, Cognitive Behavioral Therapy for Chronic Pain
Primary clinical interests: Chronic pain, women veterans and chronic pain, comorbidities
Primary research interests: Pain treatment outcomes, comorbidities, treatment adherence

Vijay Bajnath, Psy.D. – Nova Southeastern University, 2021
Fellowship in Primary Care – Mental Health Integration, Veterans Affairs Maryland Healthcare System
Clinical Psychologist, Inpatient Consultation/Liaison and Transplant Clinic
Primary clinical interests: Integrated care, health behavior change, brief intervention

Kerri Berger, Psy.D. – Roosevelt University, 2017
Clinical Psychologist, New Port Richey Outpatient Clinic
Interpersonal Psychotherapy (IPT) Consultant for VHA National Training Program
Primary clinical interests: Relational Therapy; Acceptance and Commitment Therapy; Personality Styles; Obsessive Compulsive Disorder; Growth Mindset; Trauma

Brittany C Davis, Ph.D. –Alliant international University, 2012.
Clinical Research Fellowship, VA San Diego Healthcare System - 2014
Clinical Staff Psychologist PTSD Clinic
Primary clinical interests: Trauma and Posttraumatic Stress Disorder; Trauma Related Guilt and Shame; Moral Injury; Substance Use Disorders
Primary research interests: Trauma and Posttraumatic Stress Disorder; Trauma Related Guilt and Shame; Moral Injury; Substance Use Disorders

Philip P. Haley, Ph.D. – University of Alabama, 2012
Clinical Psychologist, Geriatric Psychiatry Outpatient Clinic
Primary clinical interests: geriatric/aging issues, depression among older adults

Alicia Kohalmi, Psy.D. – Adler University, Military Psychology, 2016
Clinical Psychologist, Post-Deployment Rehabilitation and Evaluation Program (PREP)
Primary clinical interests: Evidence-based treatment, PTSD, mTBI, and chronic pain.

Joohyun Lee, Ph.D., - Eastern Michigan University, 2016
Assistant Training Director, Clinical Psychology Postdoctoral Program
Clinical Psychologist-Primary Care Mental Health Integration
Primary clinical interests: insomnia, integrated primary care
Primary research interests: barriers to health services, emotion regulation, cross-cultural psychology

Katherine Leventhal, Ph.D. –Kent State University, 2014
Clinical Psychologist and Rotation Supervisor, Primary Care Mental Health Integration
Clinical interests: grief, brief interventions for health-related behavior change

Julia Lopez, Psy.D. – Nova Southeastern University, Clinical Psychology, 2018
Clinical Psychologist - PTSD Clinic
Fellowship in PTSD/TBI, James A. Haley Veterans' Hospital
Certified VHA provider in Prolonged Exposure Therapy, Cognitive Processing Therapy, and Cognitive Behavioral Therapy for Substance Use Disorders
Primary Clinical Interests: Posttraumatic Stress Disorder, Substance Use Disorders, evidenced based treatment

Benjamin D. Lord, Ph.D. – Virginia Commonwealth University, 2015
Clinical Psychologist and Rotation Supervisor, Primary Care Behavioral Health

Primary clinical interests: health behavior change; brief psychotherapy; existential issues in chronic disease management
Primary research interests: bereavement; primary care integration

Aaron Martin, Ph.D. – Virginia Commonwealth University, 2013
Fellowship in Clinical Health Psychology, VA Connecticut Healthcare System
Clinical Psychologist, Pain, Activation, & Sleep Skills (PASS) Program
Primary clinical interests: Chronic pain, insomnia, behavioral sleep medicine
Primary research interests: relationship between sleep and pain outcomes

Peter Munro, Psy.D. – Adler University, 2021
Fellowship in Pain Psychology and Psycho-Oncology, James A. Haley Veterans' Hospital
Clinical Psychologist and Rotation Supervisor with Pain Psychology
Primary Clinical Interests: Chronic Pain, Mindfulness, Clinical Training

Shannon R. Miles, Ph.D. –The University of Tulsa, 2013.
Clinical Psychology Postdoctoral Training Program Psychologist and Rotation Supervisor in the PTSD clinic.
Primary clinical interests: Conducting PTSD evaluations, providing evidence-based psychotherapies (EBP), and psychological testing.
Primary research interests: Emotion regulation, TBI, and aggression in Veterans with PTSD. Other research interest are improving initiation, engagement, and completion of EBP for PTSD.

Vanessa Milsom, Ph.D. – University of Florida, Clinical & Health Psychology, 2010
Fellowship in Obesity, Weight and Eating Research, Yale School of Medicine
Clinical Psychologist, Primary Care-Mental Health Integration program
Primary clinical interests: integrated primary care, weight management, eating disorders
Primary research interests: obesity, diabetes, health promotion, exercise

Carly Salzberg, Psy.D. – Mercer University, 2021
Fellowship in Clinical Health Psychology, Adult Consultation and Liaison – Jackson Health System
Licensed Clinical Psychologist – Inpatient Medical (C & L) Psychology Service, Outpatient Pre-Surgical Evaluations
Clinical Interests: Health Psychology, Medical Populations, Interdisciplinary Care, Transplant, Obesity and Eating Disorders, Health Literacy, Brief Interventions

Stacey Sandusky, Ph.D. – University of Maryland, Baltimore County, Clinical Psychology, 2010
Clinical Fellowship in Orthopaedic Trauma, University of Florida, Dept. of Orthopaedics & Rehabilitation
Assistant Pain Program Manager
Clinical Director, Inpatient Chronic Pain Rehabilitation Program
Primary clinical interests: Chronic pain, treatment outcomes
Primary research interests: Chronic pain

Chris Spencer, Ph.D. – University of Central Florida, Clinical Psychology, 2020
Clinical Psychologist-Primary Care Mental Health Integration
Primary clinical interests: anxiety, depression, stress, assessment
Primary research interests: personality and health, assessment, technology in care

S. Curtis Takagishi, PhD. – Fordham University, Clinical Psychology, 2000
BCIA Certified, General Biofeedback
Clinical Director, Chronic Headache Management Program (CHAMP)
Headache Psychologist, Tampa VA Headache Center of Excellence
Primary clinical interests: Headaches, general and HRV biofeedback, chronic pain
Primary research interests: Headaches

Jessica L. Vassallo, Ph.D., ABPP-Cn – Fairleigh Dickinson University, 2004
Director of Training, Psychology Training Programs
Clinical Neuropsychologist, Memory Disorder / General Outpatient Neuropsychology Clinics
Clinical Interests: Neuropsychology, Dementia, Epilepsy, Neuropsychological Interventions

Luzimar Vega, Psy.D. – Nova Southeastern University, Clinical Psychology, 2016
Fellowship in PTSD/TBI, James A. Haley Veterans' Hospital
Clinical Psychologist – Polytrauma Outpatient TBI Clinic
Psychology Rehab Program Manager

Certified VHA provider in Prolonged Exposure Therapy and Cognitive Processing Therapy, as well as a regional trainer for Cognitive Processing Therapy
Clinical Interests: PTSD, TBI, and evidenced based treatment

Lauren W. Weber, Ph.D. – Adelphi University, 2011
Clinical Psychologist, Geriatric Psychiatry Outpatient Clinic
Interpersonal Psychotherapy (IPT) Consultant for VHA National Training Program
Primary Clinical Interests: Aging, health, grief, depression and personality disorders in older adults, caregiver concerns, neuropsychology
Training Interests: Clinical Supervision; Dissemination Science; Assessment
Primary Research Interests: Applied clinical research, Treatment Outcomes, Program Evaluation and Implementation

Alycia (Barlow) Zink, Ph.D. – California School of Profession Psychology, Clinical Psychology, 2007
Fellowship in Neuropsychology, VA Northern California Health Care System
Clinical Psychologist, Women's Center Military Sexual Trauma Specialist
Primary clinical interests: Military Sexual Trauma, Sexual health, Women Veterans, Acceptance and Commitment Therapy
Primary research interests: Program Evaluation, Sexual violence and PTSD, Women's sexual health and reproductive mental health

Zachary Zuschlag, D.O. – Lake Erie College of Osteopathic Medicine
Psychiatry Residency and Chief Resident in Psychiatry, Medical University of South Carolina
Fellowship in Drug Abuse Research Training, Medical University of South Carolina
Staff Psychiatrist, Primary Care Mental Health Integration, Transcranial Magnetic Stimulation
Primary clinical interests: PCMHI, TMS
Primary research interests: psychopharmacology; TMS

Postdoctoral Residency Admissions, Support, and Initial Placement Data

TRAINEES

Our Clinical Psychology Postdoctoral Residency began in the 2011-2012 training year with a single position in Pain. That said, we had previously boasted the Nation's premier Postdoctoral Residency in Pain Psychology since 1999, which at that time was research-funded. During the 2014-2015 training year, the Clinical Psychology Postdoctoral Residency Program expanded by increasing our Pain positions from 1 to 2, and offering 2 new positions in a newly developed PTSD and comorbid TBI focus area. A year later, the Program expanded yet again with a new position in Clinical Health Psychology. The program expantion continued again in 2018-2019, when a second position in Clinical Health Psychology was added, bringing the total number of Clinical Psychology Residents to 6 permanent positions. In 2021, the Program was awarded 2 temporary positions in the newly developed Community-based/Rural psychology focus area, which were renewed for the 2024-2025 training year.

All of our Postdoctoral programs, including our sister Residencies in Rehabilitation Psychology and Neuropsychology, accept Residents from top universities throughout the country and a large percentage have gone on to hold VA psychologist positions.

POSTDOCTORAL PROGRAM ADMISSIONS, SUPPORT, AND INITIAL PLACEMENT DATA

Date Program Tables are updated: 9/1/23

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,	No

but are not limited to, admissions, hiring, retention policies, and/or requirements for completion that express mission and values?

If yes, provide website link (or content from brochure) where this specific information is presented: N/A

Postdoctoral Residency Program Admissions

Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program's policies on resident selection and practicum and academic preparation requirements:

The aim of the Clinical Psychology Postdoctoral Residency Training Program is to promote advanced competencies in our residents such that graduates are eligible for employment in public sector medical center settings specializing in the assessment and treatment of patient populations with behavioral and mental health problems affecting their emotional, cognitive, and behavioral functioning. Residents completing the program should have solid foundational preparation to initiate ABPP certification in Clinical Psychology. We review applicants to our program using the following criteria: therapy experience, assessment experience, letters of recommendation, motivation/professional development, commitment to and/or experience/interest in diversity, and interview/match with our program. Ideally, we are looking for individuals committed to the scientist practitioner model.

Describe any other required minimum criteria used to screen applicants:

The qualifications listed above in this brochure (see "Eligibility") are required of all applicants; applicants not meeting these qualifications will not be considered.

Financial and Other Benefit Support for Upcoming Training Year*

Annual Stipend/Salary for Full-time Residents	**$52,005**
Annual Stipend/Salary for Half-time Residents	N/A
Program provides access to medical insurance for resident?	Yes
If access to medical insurance is provided:	
Trainee contribution to cost required?	Yes
Coverage of family member(s) available?	Yes
Coverage of legally married partner available?	Yes
Coverage of domestic partner available?	No
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	PTO/Vacation leave accrues at the rate of 4 hours every two weeks, amounting to 13 vacation days
Hours of Annual Paid Sick Leave	Sick leave accrues at the rate of 4 hours every two weeks, amounting to 13 sick days
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	Yes
Other Benefits (please describe): All Federal Holidays off; 5 days authorized absence for approved professional activities (e.g., conferences, workshops, etc.); eligible for Dependent Care and Medical Care Flexible Spending Accounts;	

*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)

	2019-20 to 2021-22
Total # of residents who were in the 3 cohorts	18
Total # of residents who did not seek employment because they returned to their doctoral program/are completing doctoral degree	0
Academic teaching	PD=0, EP=0
Community mental health center	PD=0, EP=0
Consortium	PD=0, EP=0
University Counseling Center	PD=0, EP=0
Hospital/Medical Center	PD=0, EP=1
Veterans Affairs Health Care System	PD=0, EP=15
Psychiatric facility	PD=0, EP=0
Correctional facility	PD=0, EP=0
Health maintenance organization	PD=0, EP=0
School district/system	PD=0, EP=0
Independent practice setting	PD=0, EP=2
Other	PD=0, EP=0

Note: "PD" = Post-doctoral residency position; "EP" = Employed Position. Each individual represented in this table should be counted only one time. For former trainees working in more than one setting, select the setting that represents their primary position.

Facility and Training Resources

Residents have individual office space as well as individual workstations with computers. Residents also have access to other offices for therapy and evaluations. The offices are all equipped with networked computers that allow access to the computerized medical record system, productivity software, internet/intranet, and email. The psychology programs are integrated into the Mental Health and Behavioral Sciences Service and, in addition to training program administration, staff and trainees have some additional clerical and administrative support from the service.

The libraries of the James A. Haley Veterans' Hospital provide a wide range of evidence-based resources for Psychology staff, interns, and trainees. Hospital librarians provide:

- Professional and prompt assistance, including expert research and bibliographic searching, reference assistance, instruction on database use, interlibrary loans, etc.
- More than 50 databases, including 9 directed specifically to the needs of mental health professionals (PsychiatryOnline.com, PILOTS, Health & Psychosocial Instruments, PsycINFO, PsycARTICLES, PsycBOOKS, PsycTESTS, Mental Measurements Yearbook, Psychology & Behavioral Sciences Collection).
- Resources are IP-authenticated for immediate access on any VA networked computer. Remote access is provided using Athens authentication.
- The Medical Library has 3,400 print books and more than 20,000 ebooks. The Library also has unique collections of ebooks on PTSD and TBI.
- The Medical Library's collection includes more than 7,000 print and electronic journals, including 13 'clinical psychology' and 10 'mental health' titles.
- The Patient Library provides access to more than 7,000 consumer health education books and DVDs to assist clinicians in providing patient education and meeting informed consent guidelines. A small consumer health library, the PERC, is located at the Primary Care Annex (13515 Lake Terrace Lane, Tampa).
- The Medical Library is open 24/7 for staff and trainees. It has 12 computers, and is conveniently located near the cafeteria and auditorium of the main hospital.
- Electronic clinical resources (e.g. UpToDate) are also available through the hospital.

The main library at the University of South Florida houses over 1,500,000 volumes including 4,900 journal subscriptions. In addition, the USF College of Medicine library, which is directly across the street from the VA medical center, maintains over 88,000 books including over 1,400 journal subscriptions. Literature searches and complete bibliographies with abstracts are available upon request.

Commonly used and essential tests and related materials are maintained by the rotation supervisors and are available to the resident for assessment of the veteran. In addition, the residents maintain a smaller library of assessment instruments for their own use. In addition, many computerized assessments are available through the computerized medical record's Mental Health Assistant (e.g., MMPI2, MMPI2-RF, PAI, BDI2, BAI, etc.).

The Tampa Environment

The James A. Haley Veterans' Hospital is located in Tampa, Florida. Tampa is the county seat of Hillsborough County and the second most populous city in the state. The city is situated on the west coast of Central Florida, 266 miles northwest of Miami and 197 miles southwest of Jacksonville. With a population of over 3.1 million, the Tampa Bay Area is one of the fastest growing regions of the country, and is composed of several core cities (Tampa, St. Petersburg, and Clearwater) as well as numerous towns and other population centers. Despite the growth, it is still possible to catch glimpses of 'Old Florida' with the orange groves and cattle ranches interspersed throughout the area. The climate is generally mild with an average annual temperature of 73 degrees (annual average high: 82; annual average low: 65).

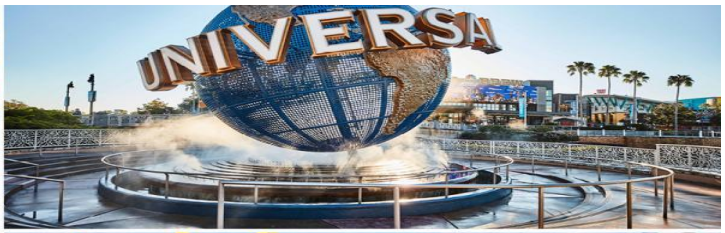
Because of its climate, opportunities for outdoor recreational activities abound. The coastal waters of the Gulf of Mexico and Tampa Bay offer a broad spectrum of water sports - swimming, deep-sea fishing, paddle boarding, power boating, water skiing, sailing, and scuba diving. Freshwater fishing is also available in the numerous local lakes. Residents enjoy year-round facilities and activities because there is little change in the seasons. There are several running and cycling clubs in the Tampa Bay area, and various organized group races are held throughout the year (http://www.runtampa.com/events). Golf is a popular sport with many public and private courses available. Also found in the area are horse racing, dog racing, and the famed Jai-Alai. For sports fans, there are 10 major league baseball spring training camps within 20 miles of Tampa. The Tampa Bay area is also home to several professional sport franchises, including the Rays, the Buccaneers, the Lightning, and the Rowdies.

A variety of educational facilities are available in the Tampa Bay area. The University of South Florida has an enrollment of over 36,000 students and is composed of 10 colleges: Architecture, Arts and Letters, Business Administration, Education, Engineering, Fine Arts, Medicine, Natural Sciences, Nursing, and Social and Behavioral Sciences. USF was recently given "pre-eminent" status by the state, a prestigious honor bestowed on only top-tier research universities. The University of Tampa, located in downtown Tampa, has an enrollment in excess of 2,400 students. In addition to the higher educational facilities, there are excellent public, parochial, and technical school systems. Both Hillsborough and Pinellas Counties have well-regarded community colleges.

A variety of arts and cultural activities can be found in the Tampa Bay area. Because of Florida's early history in the exploration of the "New World," Tampa has a large population of Hispanic and Latino residents (23.1% of the population). The African-American population is also well represented. Events celebrating the heritage and contribution of various ethnic cultures to the area occur throughout the year. For example, the Tampa Bay Black Heritage Festival, Festival del Sabor, Asia Fest, and the Tampa International Gay & Lesbian Film Festival are all popular annual events that highlight the region's diversity.

The University of South Florida, located just across the street from the hospital, has an active and acclaimed drama and fine arts program. Film, dance, stage productions, and repertory companies are regular offerings of the Tampa Theater and Straz Center for the Performing Arts (www.strazcenter.org) (both located in downtown Tampa) and the world-famous Asolo Theater (located approximately 50 miles south of Tampa, in Sarasota). Tampa has also become a popular stop for touring musicians. The Amphitheater and the Tampa Bay Times Forum are popular venues for contemporary music and have hosted artists such as Journey, Yes, Dave Mathews Band, Counting Crows, Maroon 5, Jimmy Buffett, Toby Keith, Taylor Swift, Motley Crue, Radiohead, and Coldplay to name a few. Downtown Tampa also hosts a free monthly music concert series held at Curtis Hixon Park (https://www.facebook.com/RockThePark). Across Tampa Bay, St. Petersburg is home to the Dale Chihuly glass museum, the Salvador Dali museum, which is the only exclusive museum of this artist's works in the world, and the St. Petersburg Bayfront Center for performing arts. See http://cltampa.com/ for current cultural events in the Tampa/St. Pete area.

Well-known tourist attractions also lie in close proximity to Tampa. Busch Gardens and Adventure Island Water Park are only 3 miles from the hospital. The various Disney World theme parks and Universal Studios are 75 miles east of Tampa in Orlando, and the Ringling Brothers Museum is located in Sarasota. Tampa itself is home to a world-class aquarium (the Florida Aquarium) in downtown Tampa harbor and an award-winning zoo, Lowry Park Zoo.



Administrative Policies and Procedures

The Federal Government is an Equal Opportunity Employer. The United States Government does not discriminate in employment on the basis of race, color, religion, sex (including pregnancy and gender identity), national origin, political affiliation, sexual orientation, marital status, disability, genetic information, age, membership in an employee organization, retaliation, parental status, military service, or other non-merit factor. We strongly encourage applications from candidates from underrepresented groups.

COLLECTION OF PERSONAL INFORMATION

We collect no personal information from you when you visit our website. If you are accepted as a resident, some demographic descriptive information is collected and sent to the American Psychological Association as part of our annual reports for accreditation. This information is treated as confidential by APA and used for accreditation purposes only. Contact the Commission on Accreditation for more information (apaaccred@apa.org). Residents must meet physical and health requirements as part of the onboarding process. This information is treated as confidential and can be verified via source documentation or a statement from a healthcare professional attesting that the intern meets the health requirements for VA training (see https://www.psychologytraining.va.gov/docs/Trainee-Eligibility.pdf for a full description of eligibility criteria).

ANNUAL AND SICK LEAVE

Accumulated according to standard VA policy: 4 hours of sick leave and 4 hours of vacation leave earned every two-week pay period.

UNSATISFACTORY OR DELAYED PROGRESS

Most issues of clinical or professional concern are relatively minor and can be addressed in open and ongoing assessment of skills by the resident and immediate supervisor. However, the following procedures are designed to advise and assist residents performing below the program's expected level of competence when ongoing supervisory input has failed to rectify the issue (Reference: Psychology SOP 116ak-02):

A. Definition of Problematic Performance: Problem behaviors are said to be present when supervisors perceive that a trainee's competence, behavior, attitude, or other characteristics significantly disrupt the quality of his or her clinical services; his or her relationship with peers, supervisors, or other staff; or his or her ability to comply with appropriate standards of professional behavior. It is a matter of professional judgment as to when such behaviors are serious enough to constitute "problematic performance."

1. Definition of Illegal, Unethical, or Inappropriate Behavior: Behaviors which reflect poor professional conduct, disregard for policies and procedures of the Service and the Hospital, and/or ethical or legal misconduct will be taken seriously and addressed immediately. It is a matter of professional judgment as to when such behaviors are serious enough to constitute unethical or inappropriate behavior.

B. Informal Process for Remediation of a Serious Skill and/or Knowledge Deficit: Clinical supervisors/staff who determine that a trainee is not performing at a satisfactory level of competence are expected to discuss this with the trainee and initiate procedures to informally remediate the skill/knowledge deficit. This may include providing additional supervisory guidance and directing the trainee to additional resources (e.g., didactics, additional clinical experiences). Occasionally, the problem identified may persist and/or be of sufficient seriousness that the trainee may not achieve the minimum level of competency to receive credit for completion of the program unless that problem is remediated. As soon as this is identified as the case, the problem must be brought to the attention of the Training Director(s), and the clinical supervisor should note in writing the concerns that led to the identification of the skill/knowledge deficit and the remedial steps that were attempted. At this point, a formal remediation plan will be initiated, following the procedures outlined below.

C. Informal Staff or Trainee Complaints or Grievance Process: Clinical supervisors/staff and/or trainees are encouraged to seek informal redress of minor grievances or complaints directly with the other party, or by using a mentor, other clinical supervisor, the Assistant Training Director, or the Training Director as go-betweens. Such informal efforts at resolution may involve the Psychology Service Chief as the final arbiter. Failure to resolve issues in this manner may eventuate in a formal performance/behavior complaint or trainee grievance as the case may be, following the procedures outlined below. Should the matter be unresolved and become a formal issue, the trainee is encouraged to utilize the designated mentor, or in the case of conflict of interest, another clinical supervisor or senior staff member, as a consultant on matriculating the formal process.

Procedures for Responding to Problematic Performance: When it is identified that a trainee's skills, professionalism, or personal functioning are problematic, the Training Committee, with input from other relevant supervisory staff, initiates the following procedures:

A. As soon as problematic performance is identified, the problem must be brought to the attention of the Training Director(s), and the clinical supervisor should note in writing the concerns that led to the identification of the problematic performance and the remedial steps that were attempted. Trainee evaluation(s) will be reviewed with discussion from the Training Committee and other supervisors, and a determination made as to what action needs to be taken to address the problems identified.

B. After reviewing all available information, the Training Committee may adopt one or more of the following steps, or take other appropriate action:

1. The Training Committee may elect to take no further action.
2. The Training Committee may direct the supervisor(s) to provide constructive feedback and methods for addressing the identified problem areas. If such efforts are not successful, the issue will be revisited by the Training Committee.
3. Where the Training Committee deems that *informal remedial* action is required, the identified problematic performance or behavior must be addressed. Possible remedial steps may include (but are not limited to) the following:
    i. Increased supervision, either with the same or other supervisors.
    ii. Change in the format, emphasis, and/or focus of clinical work and supervision.
    iii. Change in rotation or adjunctive training experiences
4. Alternatively, depending upon the gravity of the matter at hand, the Training Committee may issue a *formal Remediation Plan notice* which specifies that the Committee, through the supervisors and Training Director(s), will actively and systematically monitor for a specific length of time, the degree to which the trainee addresses, changes, and/or otherwise improves the problem performance or behaviors. The *Remediation Plan* is a written statement to the trainee that includes the following items:
    - A description of the problematic performance behavior.
    - Specific recommendations for rectifying the problems.
    - A time frame for remediation during which the problem is expected to be ameliorated.
    - Remediation plans will be tied directly to the program's identified competencies.

For behavior that involves significant illegal or unethical behavior, or gross violation of the training program's or the host facility's policies, immediate termination may be warranted. In such cases, no remediation will be provided. See Section on *Illegal, Unethical, or Inappropriate Behavior*.

5. Following the delivery of *a formal Remediation Plan notice*, the supervisor(s) and Training Director(s) will meet with the trainee to review the required remedial steps. The trainee will have the opportunity to have an advocate of their choice at said meeting. The trainee may elect to accept the conditions or may grieve/appeal the Training Committee's actions as outlined below.

Monitoring of subsequent progress will occur through the Rotation Supervisor(s) and Training Director(s). If performance improves such that the training goals for that rotation are subsequently met, the trainee will proceed with subsequent rotation(s) as planned. Once the Training Committee has issued an acknowledgement notice of the Remediation Plan, the problem's status will be reviewed within the time frame indicated on the Remediation Plan, or the next formal evaluation, whichever comes first. The trainee may be removed from probationary status with demonstration of acceptable performance (achievement of expected level of competency at that timepoint in the program) at the next marking period; however the Remediation Plan will continue throughout the timeframe indicated on the written plan. If, at any time, the trainee disagrees with the evaluation of progress, he/she may appeal by following the grievance procedures outlined (informal and formal grievance processes) to resolve the disagreement.

Failure to Correct Problems: When the defined intervention does not rectify the problematic performance within the defined time frame, or when the trainee seems unable or unwilling to alter his or her behavior, the Training Committee may need to take further formal action. If the trainee has either not demonstrated improvement or demonstrated some improvement but at a rate that precludes satisfactory completion of a rotation, the trainee will be notified and the trainee will be placed on probationary status. The trainee's progress will be closely monitored by the Training Committee and Training Director(s). Further review and recommendations will be made at mid-rotation and end-of-rotation evaluations, including consideration of options below as necessary:

A. Continue the Remediation Plan for a specified period, with modifications if necessary.

B. If correction of the problem is possible with additional months of training beyond the normal training year or by adding additional diverse training experiences (including alteration in rotation sequence), such may be recommended. The trainee may be placed in a non-pay status (without compensation) for the duration of the extension.

C. If the problem is severe enough that it cannot be remediated in a timely manner, termination may result. The trainee will be informed that the Training Committee is recommending to the Psychology Service Chief that the trainee be terminated from the training program.

1. Termination: If a trainee on probation has not improved sufficiently under the conditions specified in the Remediation Plan, termination will be discussed by consultation with the full Training Committee, VA OAA, and the facility DEO (or designee). A trainee may choose to withdraw from the program rather than being terminated. The final decision regarding the trainee's passing is made by the Director of Psychology Training and the Psychology Service Chief, based on the input of the Committee and other governing bodies, and all written evaluations and other documentation. This determination will occur no later than the May Training Committee meeting. If it is decided to terminate the trainee, he/she will be informed in writing by the Director of Psychology Training that he/she will not successfully complete the program.

D. At any stage of the process, the trainee may request assistance and/or consultation; please see section below on grievances. Trainees may also request assistance and/or consultation outside of the program. Resources for outside consultation include:

VA Office of Resolution Management (ORM) Department of Veterans Affairs Office of Resolution Management (08) 810 Vermont Avenue, NW, Washington, DC 20420 1-202-501-2800 or Toll Free 1-888- 737-3361 https://www.va.gov/ORMDI/	This department within the VA has responsibility for providing a variety of services and programs to prevent, resolve, and process workplace disputes in a timely and high quality manner.

APA Office of Program Consultation and Accreditation: 750 First Street, NE Washington, DC 20002-4242 (202) 336-5979 http://www.apa.org/ed/accreditation
Independent legal counsel
Please note that union representation is not available to trainees as they are not union members under conditions of their VA term-appointment.

DUE PROCESS/GRIEVANCE

Trainee Grievance Procedures: Although infrequent, differences may arise between a trainee and a supervisor or another staff member. Should this occur, the following procedures will be followed:

1) The trainee should request a meeting with the supervisor or staff member to attempt to work out the problem/disagreement. The supervisor will set a meeting within 2 working days of the request. It is expected that the majority of problems can be resolved at this level. However, if that fails:

2) The trainee should request to meet with the Training Director(s) of the program. A meeting will be arranged within 2 working days to work out the difficulty. In cases involving disagreement with the Assistant Training Director, the trainee may address their case directly to the Director of Psychology Training. In cases involving disagreement with the Director of Psychology Training, the trainee may address their case directly to the Psychology Service Chief for appropriate action. If that fails:

3) The Director of Psychology Training, Assistant Training Director, trainee, and supervisor or staff member meet within 2 working days of Step 2. If a consensual solution is not possible:

4) The trainee, Psychology Service Chief, Director of Psychology Training, Assistant Training Director, and the trainee's supervisor or staff member meet to resolve the problem within 5 working days of Step 3. If that fails:

5) The issue will be brought before the Affiliations Subcommittee of the Continuing and Hospital Education Committee for resolution. This is the final step of the appeal process.

6) In unusual and confidential instances, the trainee may address their case directly to the Psychology Service Chief and, if this fails, the trainee may proceed to Step 5.

Trainees who receive a *notice* of a Remediation Plan, or who otherwise disagree with any Training Committee decision regarding their status in the program, are entitled to challenge the Committee's actions by initiating a grievance or appeal procedure. Should this occur, the following procedures will be followed:

a) Within 5 working days of receipt of the Training Committee's notice or other decision, the trainee must inform the Training Director(s) in writing that he/she disagrees with the Committee's action and to provide the Training Director(s) with information as to why the trainee believes the Training Committee's action is unwarranted. Failure to provide such information will constitute an irrevocable withdrawal of the challenge. Following receipt of the trainee's grievance, the grievance process (described above) will begin at Step 2.

Storage of Trainee Grievance Due Process Documents:

A. All documentation of active grievances will be stored electronically in a secure folder and/or in a locked filing cabinet by the Director of Psychology Training.
B. All documentation of resolved grievances will be stored electronically in a secure folder and/or in a locked filing cabinet by the Director of Psychology Training and/or training programs' support specialist.

Illegal, Unethical or Inappropriate Behavior: Psychology training programs are bound by the Ethical Principles of Psychologists and Code of Conduct set forth by the American Psychological Association (APA, 2002, 2010, 2017) and the James A Haley Veterans' Hospital's Code of Conduct for Employees and Trainees (HPM 00-46). Rarely, instances arise which reflect poor professional conduct, disregard for policies and procedures of the Service and the Hospital, and/or

possible ethical or legal misconduct. Any person who observes such behavior, whether staff or trainee, has the responsibility to report the incident. Should this occur by a trainee, the following procedures apply:

A. Illegal, unethical, or professionally inappropriate conduct by a trainee must be brought to the attention of the Training Director(s) in writing. Any person who observes such behavior, whether staff or trainee, has the responsibility to report the incident.

    1. Infractions of a very minor nature may be dealt with among the Training Director(s), the supervisor, and the trainee. A written record of the complaint and the action taken become a temporary part of the trainee's file.

    2. Any significant infraction or repeated minor infractions or issues of gross incompetence must be reviewed by the Training Committee, after the written complaint is submitted to a Training Director(s). After review of the case, the Training Committee will recommend either starting a formal Remediation Plan or termination of the trainee's appointment. In the case of an intern, the Training Director(s), with concurrence of the Psychology Service Chief, will determine if the behavior warrants notifying the graduate program's Director of Clinical Training at the outset of a Remediation Plan (prior to the trainee being placed in a probationary status).

    3. The Psychology Service Chief receives the recommendations of the Training Committee, decides on final deposition including recommendation for termination of the trainee's appointment.
        i. Should a trainee's conduct be particularly egregious, immediate intervention may be deemed necessary (e.g., suspension with pay) and review by the Affiliations Subcommittee of the Continuing and Hospital Education Committee requested for recommendations (which may include termination of the program without completion). A trainee may choose to withdraw from the program rather than being terminated.

B. Patient Abuse: Trainees witnessing or becoming aware of incidents of patient abuse will inform their supervisor or other Psychology training staff who will assist them in filing the required incident report and in following out the procedures outlined in VAMC memoranda.

Selected Publications (Trainee and Staff Names are Bolded)

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