

Psychology Fellowships

2024-2025

VA Portland Health Care System

Portland, Oregon



Photo of a multistory white hospital building. In the forefront is a walking path, park, flagpole flying the American flag and shrubbery.



U.S. Department
of Veterans Affairs

Affiliated with Oregon Health & Science University

Welcome

The Training Community at the VA Portland Health Care System (VAPORHCS) appreciates your interest in our postdoctoral psychology fellowships. The VAPORHCS psychology staff values collegial working relationships with fellows as well as the opportunity to teach and provide supervision.

In addition to the benefits of the training program, living in the Greater Portland Metropolitan Area offers the best of urban and outdoor life. Portland is an extremely livable city, replete with restaurants, music, shopping, and natural beauty. In Portland it's literally possible to take a morning ski run on Mt. Hood's glacier, windsurf in the Columbia during the afternoon, and catch dinner and theatre downtown in the evening. We think you'll enjoy the area as much as we do.

Thank you for considering VAPORHCS for your postdoctoral psychology fellowship training. We look forward to reviewing your application.

Sincerely,



Selfie style photo of a nonbinary person with short, pink and purple hair, with the Portland cityscape in the background.

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In July 2016, our postdoctoral fellowship program was accredited until 2023 by the American Psychological Association as a postdoctoral residency in clinical psychology. We have also received specialty accreditation, on contingency, from the American Psychological Association in Clinical Neuropsychology until 2023. For questions about our accreditation status please contact:

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[APA Accreditation](https://www.apa.org/accr)

Table of Contents

Welcome	2
Table of Contents.....	3
About Us.....	4
Training Setting.....	5
Training Philosophy.....	5
Fellowship Program Overview.....	11
COVID-19 Response and Adaptations.....	11
Program Aims and Competencies.....	12
Clinical Psychology Fellowship Descriptions	14
Health Psychology Emphasis	14
Primary Care Mental Health Integration Emphasis	16
MIRECC (Mental Illness Research, Education, and Clinical Center).....	18
Required Training Experiences for All Fellows	19
Assessment	19
Treatment	19
Consultation	19
Supervised Supervision.....	19
Administrative Project	19
Diversity at VAPORHCS	21
Recent Staff Publications and Presentations.....	22
Applying to the VAPORHCS Postdoctoral Fellowships	27
Trainee Admissions, Support, and Outcome Data(IR) C-23 P.....	30

About Us

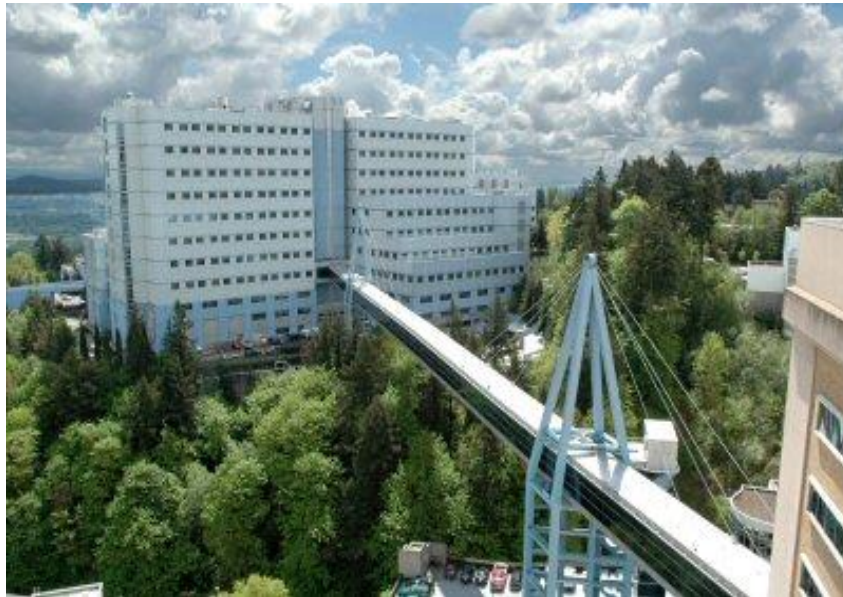


Photo of the white, multi-story VA Portland hospital surrounded by trees with the sky bridge to OHSU's campus in the forefront.

The VA Portland Health Care System (VAPORHCS) is a vital health care center with a mission to honor America's Veterans by providing exceptional healthcare that improves their health and wellbeing. In addition to comprehensive medical and mental health services, VAPORHCS supports ongoing research and medical education. VAPORHCS is connected to Oregon Health & Science University (OHSU) structurally by a beautiful sky bridge and functionally by shared staff, trainees, and educational opportunities.

The Vancouver, Washington division of the VAPORHCS is located just across the Columbia River. This spacious campus houses many services, including long-term rehabilitation programs, a skilled nursing facility, substance addiction treatment program, PTSD clinic, post-deployment clinic, and primary care.

VAPORHCS values diversity in our staff. As an equal opportunity training program, the fellowship welcomes and strongly encourages applications from all qualified candidates, regardless of racial, ethnic, religious, sexual orientation, disability, or other minoritized status.



Photo of the Vancouver campus two story red brick hospital building surrounded by trees and a large grass yard in the forefront.

Training Setting

VA Portland Health Care System (VAPORHCS) is located on the ancestral lands of the Confederated Chinook Lower Tribes and Bands, the Klamath Tribe, the Burns Paiute, the Coquille, the Confederated Tribes of the Grand Ronde, the Cow Creek Band of Umpqua, the Confederated Tribes of the Umatilla, the Confederated Tribes of the Siletz, the Confederated Tribes of Coos, Lower Umpqua and Siuslaw, the Confederated Tribes of Warm Springs, as well as many other indigenous communities who have not been federally recognized. VAPORHCS serves more than 95,000 Veterans through 12 sites of care in these occupied territories, known as Oregon and Southwest Washington. The Portland VA Medical Center (PVAMC) is the largest medical facility in the VAPORHCS and overlooks the city of Portland atop Marquam Hill. PVAMC is a level 1a medical facility that provides tertiary medical, surgical, neurological, rehabilitative and psychiatric services and serves as a teaching hospital to over 1200 trainees in health professions. VAPORHCS maintains an active academic affiliation with the Oregon Health & Science University (OHSU), which is located adjacent to PVAMC and is connected by a 660 foot sky bridge. The Vancouver division of VAPORHCS is located just across the Columbia River in Washington State. This spacious campus houses long-term rehabilitation programs, a skilled nursing facility, substance addiction treatment program (SATP), residential recovery treatment program, PTSD Clinical Team, post-deployment clinic and primary care. Community-based outpatient clinics (CBOCs) are located in the greater Portland area in Hillsboro, Fairview, and West Linn as well as seven locations across coastal and central Oregon.

The general population of Oregon remains majority white (75%) (US Census, 2019). Although Portland is often identified as the “whitest” major city in the US (Semuels, 2016), it is home to vibrant communities of Black, Indigenous, Asian, Pacific Islander, Latinx, and immigrant people. Oregon and Portland-based BIPOC activism communities offer powerful voices in local and national arenas within the Black Lives Matter, Land Back, Abolish ICE and PRIDE movements as well as many other social justice and community-led causes. Oregon is home to the second highest per-capita percentage of people who identify as LGBTQ+ in the US (5.6%), after Washington DC (9.8%). The Portland community has a rich history of LGBTQ+ activism, which is evident in LGBTQ+ visibility within the city as well as many LGBTQ+-friendly laws and policies enacted at the state and local level. Portland remains home to a thriving LGBTQ+ community and is a hub of LGBTQ+ culture, arts and activism.

Veterans living in Oregon represent a larger proportion of the state population (9.9%) than the nation as a whole (6.6%; NCVAS, 2017a). Oregon additionally has one of the highest proportions of aging veterans in the US, with over half falling above age 65. Veterans served by VAPORHCS are predominantly white, male, and of the Vietnam-era. However, the Department of Veteran Affairs serves an increasingly diverse population of veterans (NCVAS, 2017b). Given the history institutionalized, systemic discrimination present within the military, within the state of Oregon and the US as a whole, VAPORHCS plays an important role in providing equal access to high-quality, affirming and culturally responsive care to Oregon veterans representing historically marginalized groups. The VAPORHCS Women’s Clinic addresses the unique health needs of women and femmes through gender-specific services for primary and preventative care, mental health, Military Sexual Trauma, family planning and maternity care. VAPORHCS has been designated as a “LGBTQ Health Care Equality Leader” on the Human Rights Campaign Foundation’s Healthcare Equality Index for the past seven years and is committed to providing high quality, affirming care for veterans who identify as LGBTQ+ and to creating an inclusive and equitable workplace for LGBTQ+ staff.

Training Philosophy

The fellowship program at VA Portland Healthcare System recognizes that there is no psychology without culture. All of what we do as psychologists and as humans exists within a layered, ecological, and multicultural framework (APA, 2017). We believe that in order to train fellows in effective evidence-based practice we must actively question the contexts and systems

that impact our own lived experiences, as well as the lived experiences of our colleagues, trainees, and the Veterans we serve.

Our training philosophy is built on the following **core beliefs**:

- We believe **psychological safety for all participants in training is necessary for growth and learning.**
- We believe an interdependent, **communitarian approach to psychology and training elevates our practice** as well as the wellbeing of our entire training community.
- We understand that in order to provide effective care, consultation, and supervision that is beneficial and non-harmful to all participants, staff and trainees must acquire and employ specific knowledge, skills and awareness for working effectively within and across cultures. We believe **cultural competence is an active stance** to which one commits, to continually: seek new information, acquire new skills, engage in proactive self-reflection, take accountability for our mistakes, and receptively employ feedback to improve personal and professional practice.
- We **understand power as the ability or capacity to influence change over oneself, others, situations and systems.** We believe the provision of culturally competent and psychologically safe training and care requires us to acknowledge power differentials exist in veteran-provider interactions, within supervision dyads, in our training program and at VHA, as well as in larger social and cultural systems.
- We understand **cultural differences are not neutral with respect to power and privilege.** For this reason, we aim to center the needs and perspectives of veterans, trainees, and staff who hold identities that have been historically marginalized within the field of psychology and in broader US and global contexts (e.g., BIPOC, LGBTQ+, femmes, people with disabilities).
- We understand that **training needs are distinct from the productivity needs** within any specific clinic. While we do aim to prepare trainees for the efficiency, efficacy, and timeliness standards required for an entry-level position including those within the VA system, trainees are not expected to fill gaps in staffing to meet clinic demands.
- We believe **mentorship is a central component of training** and professional development, including in the supervisory relationship.
- We prioritize self-reflection, accountability, and continuous development at the program, supervisory, cohort, and individual levels; **we seek and highly value candid feedback** regarding ways to make our program more culturally responsive, equitable, and non-injurious to trainees, staff, and the veterans we serve.

Training Model

The VAPORHCS psychology fellowship is a generalist training program following a scientist-practitioner model. Our goal is to prepare fellows for entry-level positions in psychology (including postdoctoral fellowships) by providing a robust opportunity to enhance skills in psychotherapy, assessment, and consultation across a broad array of treatment settings within our VA medical center. We strive to support fellows' development progression across the training year as they make the transition from graduate student to entry-level professional.

Our program follows a competency-based meta-theoretical approach in which specific skills, knowledge, and attitudes across a number of domains of psychology practice are systematically addressed throughout the supervision process. The competency domains for our training program are listed under "Program Aims and Competencies". A competency-based theoretical approach is compatible with other models of supervision, and supervisors within our training program may enhance supervision by also using supervision models that are grounded in specific theories of psychotherapy (e.g., CBT, psychodynamic, feminist), developmental models, and/or process models of supervision. Regardless of each supervisor's orientation, our program emphasizes the value of modeling and supporting ongoing self-reflection in supervision

pertaining to cultural competencies. In an effort to operationalize cultural competence and assist supervisors and trainees in attending to power dynamics, our program has additionally adopted a Queer People of Color Resilience-Based Model of Supervision (Singh & Chun, 2010). An article containing questions for reflection are included in our orientation materials.

Our didactic curriculum is designed to augment learning by supporting the developmental progression of skills and competencies across the training year. Didactics focus on enhancing trainees' knowledge of work with diverse veteran populations, including didactics on military culture, implicit bias, addressing harassment within the VA, and cultural considerations for working with BIPOC, LGBTQ+, and women veterans. The purpose of these trainings is to build on the trainees' foundational knowledge in these subjects while providing information and resources on the historical and contemporary policies and directives that impact the care of these populations. Didactics on various aspects of professional development as well as advanced discussions on particular therapeutic interventions are also a core part of our curriculum and align with our program's scientist-practitioner training model. Finally, several spaces in the didactic schedule are reserved for each cohort to design and select topics based on shared interest and a desire for deeper learning.

At the same time, all staff who are involved in training also participate in their own learning to support their continued professional development, knowledge, abilities, and skills related to supervision. For example, supervisors are required to engage in ongoing consultation by participating in a minimum of eight supervision-of-supervision meetings per year. While the topics for these meetings are designed to parallel the developmental needs of trainees across the training year, the central focus of these meetings is to ensure supervisors continue to develop their self-awareness, cultural, and supervision competencies within an ecological, multicultural framework.

Psychological Safety

Psychological safety is the experience of feeling included in the larger group, of feeling safe to learn (even through failure), and safe to challenge the status quo without fear of negative consequence to self-image, status, or career (Kahn, 1990). We understand that psychological safety is an imperative for all participants in our training program, including trainees, staff, and the veterans we serve. We also understand psychological safety may operate at many levels at the same time—the individual, the group, and the organization (Edmonson & Lei, 2014). Psychological safety is promoted by a culture of mutual trust, respect, and support and allows for conflict and discomfort to occur in a manner that enhances performance and growth. As a program, we continue to enhance psychological safety by developing and disseminating information to trainees and training staff that is as consistent, clear, and predictable as possible. At the level of the supervisory dyad, each supervisor involved in training works with their supervisee to review and sign a supervisory contract at the outset of the training relationship. This document acts as a guide for all parties involved in the training relationship and helps to outline the expectations and commitments each person is making in the relationship. Trainees in our program also work to promote psychological safety by engendering a culture of compassion and mutual respect within their cohort and with training staff, and by approaching training with an openness to both receiving and giving feedback for the purpose of mutual growth.

Communitarianism

We aspire to a training program and psychology service that builds upon the principles of a Communitarian Training Culture (CTC, Johnson, et.al, 2014). A common approach to psychology training programs is a focus on individual trainee competencies; however CTC is a training ethos that believes "a flourishing community of psychologists is one in which both individuals and groups of colleagues forge interconnections to address competence concerns

honestly and collaboratively, and bolster each other’s competence.” We adhere to the belief that we have a responsibility to each other as a professional community and recognize that an interdependent approach to competencies is protective of lifelong professional performance. In addition to creating a network of support for competent practice, a communitarianism approach honors individual dignity while also maintaining an awareness that human wellbeing is deeply interconnected. We center care and compassion within our training program, which allows for a culture of humility and openness when a trainee or supervisor is struggling. We place the highest value on CTC practices including collegiality, collaboration, honesty, transparency, community engagement and self-care.

Cultural Competence and Cultural Humility

APA Multicultural Guidelines (2017) underscore the importance of both cultural competency and cultural humility in the ongoing development of psychology practices—including a wide range of functions such as teaching, psychotherapy practice, research, assessment, supervision, consultation, and advocacy. Working effectively within and across cultures requires 1) fostering self-awareness, 2) acquiring knowledge about the experiences, worldviews of others including in the contexts of historical and contemporary policies or institutions, and 3) learning skills for effective implementation of culturally appropriate interventions. Increasingly, our field understands cultural competence is not a finite destination, and indeed that a psychologist’s own perception of their multicultural competence may not align with the perception of those whom they serve. Cultural humility, broadly defined as having an “other-oriented stance” has been helpful in bridging this gap; however, it does not eliminate the need to acquire requisite knowledge and skills for culturally appropriate practices (Hook, et al, 2013). We emphasize the vital importance of both cultural competence and cultural humility in fostering psychological safety, communitarianism, growth, and resilience in our training program. It is a specific expectation of this program that our staff has a working knowledge of the historical and contemporary policies and practices that shape inequity within the field of psychology, in our professional communities, and in the experiences of the veterans we serve. Cultural competence is not a destination but an active stance toward ongoing self-exploration, self-education, humility, openness to feedback, and accountability for our mistakes.

Mentorship in Supervision

Mentorship is a dynamic, emotionally connected, reciprocal relationship in which the supervisor shows deliberate and generative concern for trainees beyond skills acquisition (Johnson, 2007; Johnson, Skinner & Kaslow, 2014). Supervision and mentorship are not synonymous. We believe in and commit to mentorship as a salient quality of our supervisory relationships and as a foundation of our training program. We also value a culture of mentorship that extends beyond the trainee-supervisor dyad. Mentoring can occur in a number of places within the program and services, including within various clinical teams, within the preceptor relationship, among MDC and SOGI group memberships. Each of us bring unique talents, gifts, and knowledge which we offer one another to uplift our psychology community as a whole. We commit to accessing mentoring with humility and appreciation and ask trainees in our program to do the same. We commit to being visible in our struggles to meet our highest mentoring ideals and hold an understanding that seeing these struggles is part of the mentoring process; our growth edges need to be nurtured as well. While mentorship in supervision is reciprocal and there is mutual influence, we recognize the responsibility of supervisors to actively pursue continued self-growth and learning opportunities so as to not rely on trainees’ experiences or knowledge as a sole source of learning.

Self-Disclosure

The work we provide as psychologists sits at the intersection of the personal and the professional. Effectiveness in all domains of our work requires an awareness borne of self-reflection and exploration of positionality, life experiences and belief systems. Exploring this in supervision is both a vehicle for self-awareness and necessary for provision of care that is not

harmful to those we serve. We want to inform trainees that there is an expectation for contemplation of 'self' in clinical work, and as part of this discussion personal information may be shared and discussed. We believe that self-disclosure happens in the context of trusting supervisory and programmatic relationships and it is the responsibility of the program to demonstrate the trustworthiness and safety needed to facilitate these conversations. We support trainee agency regarding what and how much is shared. In compliance with the APA Ethics Code, Section 7.4, there is not an expectation that sensitive topics are disclosed (e.g., sexual history, history of abuse, psychological treatment or conditions, relationships with family members, peers, significant others). An exception to this is if a trainee's personal experiences or health concerns could be reasonably determined to put veteran care or training operations at risk and personal disclosure is necessary for safety; in this case, disclosure is limited in scope to management of the specific issue or concerns.

Self-Care

It is an ethical imperative outlined in the APA Ethics Code (Principle A) that "psychologists strive to be aware of the possible effect of their own physical and mental health on their ability to help those with whom they work" (APA, 2017). In other words, we must take care of our own physical, mental, social, and spiritual health in order to ensure that we can continue to help those we serve (see Abramson, 2021). To the best of our ability in a context where productivity metrics are used to guide evaluation of staff performance, we seek to deeply embrace an awareness, practice and embodiment of self-care. We recognize that we each need to continue to grow our awareness of our vulnerabilities and to work to replenish our resources. We agree to model self-care with intention. We recognize that visibly modeling self-care is necessary for trainees to internalize the importance of doing so and agree to deconstruct the narrative that being overly busy as a trainee is demonstrative of greater learning or growth.

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Fellowship Program Overview

VAPORHCS is pleased to announce three openings in our psychology postdoctoral fellowship programs at our facility for the 202-2025 academic year. Our program is recruiting for Fellowship positions in the following areas: **Health Psychology, Primary Care Mental Health Integration (PCMHI), and Mental Illness Research, Education, and Clinical Center (MIRECC)**. The Health Psychology & PCMHI Fellowships are one-year positions, whereas our MIRECC fellowship is a two-year position. Due to temporary staffing changes we are not recruiting for our one-year Integrated Care fellowship emphasis track or our Clinical Neuropsychology fellowship program.

One-year Fellowships are for 2080 hours to be completed over a 12-month period. The 2024-2025 fellowship training year will begin on August 11, 2024. Our one-year fellowship program is accredited through APA, and our Clinical Neuropsychology fellowship program is currently accredited on-contingency.

Six hours per week are spent in structured training for all Fellows. Fellows will participate in a specially designed didactic seminar series each week. The series will draw from resources at the VA, at OHSU, and in the community. Didactic seminars include psychology-specific professional development topics, including those focused on culturally competent service to diverse populations.

Supervision is provided by licensed VAPORHCS clinical psychologists. Fellows will receive 4 hours per week of supervision. This will include two hours of individual supervision weekly from their primary supervisor, one hour per week of individual supervision weekly from their secondary supervisor, and one hour of group supervision with other psychology fellows from a staff psychologist who serves on the Training Committee. Fellows will also be trained in supervision and may have the opportunity to obtain experience in supervised supervision of either interns or practicum students from nearby doctoral programs. All fellows meet weekly for one hour of informal peer group time to encourage mutual support and development of a professional collegial network. When the opportunity is available, we encourage our fellows to complete certification for evidence-based treatments, which may include Cognitive Processing Therapy (CPT) and Telehealth.

Average time spent in service delivery is 30 hours. The stipend for these positions is currently (2023-2024) \$55,648 plus benefits (fellow pays part of the premium) for the first year of fellowship, and \$58,656 for the second year. Fellows accrue Annual Leave and Sick Leave, eleven federal holidays, and up to five days of authorized absence, for professional training and presentations. Most clinical and research activities will take place at VAPORHCS, but Fellows may also spend time at outpatient satellite clinics and/or Oregon Health & Science University (OHSU), our medical school affiliate. The VAPORHCS Mental Health Division provides an administrative support staff member to mental health training programs. Fifty percent of this position is allocated to Psychology training programs. This staff member assists trainees with the hiring process, assignment/equipment of offices, maintenance of training records, and out-processing.

Psychology postdoctoral fellows are classified as Health Professions Trainees (HPTs) and 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 discipline and training level will provide you with the information you need to understand the requirement and reasons for the requirement in timely manner.

COVID-19 Response and Adaptations

In discussing our response to the ongoing COVID-19 pandemic, our program would like start by first expressing our heartfelt hopes for safety, continued and or sustained health, and support for you and your loved ones. Due to the COVID-19 pandemic starting in 2020, the training program, in concert with support from our local medical center leadership, continues to evaluate the safety and comfort of trainees working in the hospital. For a period in 2020 we maintained an all virtual program with an effort to maintain most of our training activities without significant disruption. In 2021, our mental health clinicians moved to a hybrid model with limited face-to-face patient contact. Currently trainees see many Veterans via telehealth for individual and group therapies, assessments (when the assessment can be modified to telehealth modality), and attending and participating in didactics and supervision. As of Fall 2023, trainees and staff are generally working a mix of on-site and telework schedules, and the exact nature of these hybrid schedules vary based on clinic needs and training goals. That said, the number one focus for us is the health and safety of our Psychology Trainees.

Program Aims and Competencies

Our Program Aims and Competency Areas include the following:

- 1) Assessment: Fellows will demonstrate competence in conducting evidence-based assessment consistent with the scope of Health Service Psychology.
- 2) Intervention: Fellows will demonstrate competence in evidence-based interventions consistent with the scope of Health Service Psychology, broadly defined to include, but not limited to, psychotherapy. Interventions may be directed at an individual, family, group, clinic, hospital, community, population or other system.
- 3) Consultation and Interprofessional/Interdisciplinary Skills: Fellows will demonstrate competence in collaborating with diverse individuals or groups to address problems, seek or share knowledge, or promote effectiveness in professional activities.
- 4) Supervision: Fellows will demonstrate competence in the mentoring and monitoring of trainees and others in the development of competence and skill in professional practice and the effective evaluation of those skills.
- 5) Research: Fellows will demonstrate knowledge, skills and competence sufficient to produce new knowledge, to critically evaluate and use existing knowledge to solve problems, and to disseminate research.
- 6) Ethical and Legal Standards: Fellows will be knowledgeable of ethical, legal, and professional standards of behavior while integrating them into professional conduct.
- 7) Individual and Cultural Diversity: Fellows will demonstrate the ability to conduct all professional activities with sensitivity to human diversity, including ability to deliver high quality services to an increasingly diverse population.
- 8) Professional Values and Attitudes: Fellows will demonstrate professional values, attitudes, identity and behavior.
- 9) Communication and Interpersonal Skills: Fellows will demonstrate effective communication and interpersonal skills when delivering professional services and engaging in professional activities and interactions.
- 10) Specialty (or Emphasis-Specific) Skills: If applicable, supervisors will discuss any specialized skills or competency areas with the Fellow that will be attained throughout the training year. Specialized competencies will be discussed at training onset, with clear behavioral benchmarks that delineate basic, intermediate, and advanced performance. All specialized competencies will be discussed in concurrence with the Fellow's initial Training Agreement and require both the Fellow and Supervisor(s) signature to denote that Fellow has a clear understanding of these areas prior to evaluation.

Through experiential training and learning activities, Fellows receive training in these competencies throughout the training experience (i.e., one or two-year). Using a written evaluation form and standardized rating criteria, supervisors evaluate each fellow on specific competencies in each of the above nine competency areas. Evaluation forms are made available to fellows during their orientation period, or upon request prior to Fellowship. Evaluations occur mid-way through and at the end of each rotation. Through experiential training and regular feedback from supervisors, the expected outcome is that, by completion of the Fellowship, Fellows will perform at an advanced level on each competency and will be well-prepared for jobs as early career psychologists, consistent with their training.

Clinical Psychology Fellowship Descriptions

Health Psychology Emphasis

Bret Fuller, Ph.D. & Lucas Mirabito, Ph.D., lead supervisors

The health psychology fellow develops behavioral medicine clinical and research skills in a variety of integrated care settings over the course of the year. VAPORHCS offers a variety of unique training experiences across the Liver Transplant Program, outpatient mental health, and Substance Addiction Treatment Program. Fellows will split their time across these different clinics and work specifically with complex specialty medicine conditions including Hepatitis C, surgical weight loss intervention evaluations, HIV, liver disease, chronic pain, insomnia, diabetes mellitus and tinnitus.

Through first hand observation and followed by direct supervision, the fellow will develop a unique set of skills, including the consideration of systemic and socio-cultural influences of complex medical conditions requiring interprofessional care:

1. **Conducting Pre-Treatment/Transplant Evaluations.** Fellows will conduct mental health pre-treatment evaluations to determine patients' suitability to begin transplant and range of different treatments such as bariatric surgery, bone marrow transplants, and transgender surgery evaluations, etc. Evaluations include developing plans to help less than suitable candidates become prepared for treatment and to monitor high-risk patients throughout the course of treatment. These evaluations assess disease knowledge and progression, treatment and side effect knowledge, psychiatric stability, substance use, psychosocial security, treatment planning and monitoring, and treatment adherence and self-management.
2. **Conducting Pre-Liver Transplant Evaluations.** Working with the pre-liver transplant team, fellows will conduct these evaluations to determine Veterans' suitability to receive and make best use of a rare organ donation. Portland is one of three VA facilities that offer this type of transplant, and individuals are referred by VA's from mostly West Coast states (e.g., California, Arizona, Wyoming, Idaho, etc.). Fellows will conduct assessments of mental health, substance use, and behavioral issues including transplant procedure knowledge, psychosocial support, and adherence and self-management. The fellow will also conduct reassessments to determine progress following transplant. Fellow will also have the opportunity to engage in brief inpatient consultations for patients recovering from liver transplants as well as outpatient consultations for patients both pre-and post-transplant.
3. **Liver Transplant Selection Conference.** Fellows have a unique opportunity to participate in the Liver Transplant Selection Conference with OHSU and VAPORHCS medical providers. During these conferences, cases from both the VA and OHSU are presented to the interprofessional medical team to discuss eligibility, severity, and potential barriers of transplant. Fellows are provided the opportunity to present and discuss their assessment of VA patients they evaluate with the medical team and provide recommendations and levels of risk.
4. **Rehabilitation Medicine:** The Health Psychology Fellow also works with Veterans who have experienced amputations with a collaboration with Rehabilitation Medicine. The fellow consults with physicians in this department to evaluate veterans in ongoing MH or cognitive issues, does pre-surgical

evaluations to assess Veteran readiness for osseointegration surgery and runs an amputation support group for veterans.

5. **Providing Psychological Interventions.** The Health Psychology Fellow will have the opportunity to be part of specialty medical clinics and provide psychological services in the Mental Health Clinic. The fellow will learn and expand on their knowledge of providing evidence-based treatments and behavioral medicine interventions for complex conditions such as chronic pain, binge eating disorder, PTSD, adjustment to medical diagnoses, and other somatic symptoms exacerbated by psychological factors. Treatments include a focus on cognitive-behavioral and acceptance-based strategies. The fellow will carry an individual case load and will have the opportunity to co-facilitate treatment groups, should they be interested. Some groups that have been facilitated in the past include an HIV Positive support group, ADHD compensatory skill training group, and LGBTQ support group.
6. **Substance Addiction Treatment Program.** The Health Psychology Fellow will also have the opportunity to provide psychological services as part of the Substance Addiction Treatment Program (SATP) team. The fellow will learn and expand on their knowledge of empirically-based treatments for co-occurring substance use conditions such as chronic pain and insomnia. The fellow will carry a small case load of individual patients through the SATP, as well as will be expected to co-facilitate treatment groups aimed at managing chronic pain through cognitive-behavioral and acceptance-based modalities.
7. **Clinical Supervision.** The post-doctoral fellow will also supervise an Intern-level trainee in their clinical and assessment work as the intern will see cases and conduct assessments in the health psychology team.
8. **Conducting Clinical Research and Receiving Research Mentorship.** VAPORHCS is home to many grant-funded psychologists researching health-related topics. The Health Fellow may select from many existing research opportunities or develop new ones. The Health Fellow selects a primary research mentor for the year and can design a training plan involving several principal investigators. Fellows can spend up to 30% of their time on research-related activities.

Primary Care/Mental Health Integration Emphasis

Odessa Cole, PhD, Supervisor; Women's Health Clinic

Mary Steers, PhD, Supervisor, Resident Clinic

*Locations subject to change and we recommend that the fellow have access to a car if possible

*Potential covering supervisors and consultants may include Dr. Krista Herbert, Dr. Vanessa Hara, and/or Dr. Erika Shearer.

The PCMHI fellow practices for one year in a VA Primary Care clinic, a setting that integrates Behavioral Health and Primary Care (PC) services. The fellow works as a PCMHI provider who serves two clients—the Veterans and the Primary Care staff in each of the Patient Aligned Care Teams (PACT) towards the goal of better coordination of psychiatric and medical care, especially for those patients with multiple co-occurring diagnoses.

Training emphasizes:

- Utilizing a systems approach to behavioral health evaluation and intervention in PC
- Examining sociocultural influences to common chronic medical problems and their relationship with psychiatric disorders
- Providing open access triage, warm handoff and curbside consultation to PACTs
- Understanding commonly used psychotropic medications and how behavioral health providers can help support primary care prescription practices
- Providing time-limited individual treatment, such as Focused Acceptance and Commitment Therapy, PTSD symptom management, and SMART goal oriented solution focused treatments while incorporating the Common Factors of psychotherapy
- Engaging in joint visits with the Primary Care Provider (PCP) and patient (subject to COVID-19 restrictions)
- Educating PACTs about PCMHI practices and mental health topics
- Facilitating brief PCMHI-appropriate assessment (PHQ, GAD, PCL, MOCA)
- Offering population-based group classes (possibly co-leading w/ PACT member) such as: smoking cessation, weight management, chronic pain, and depression and anxiety symptom management
- Conducting specialized brief assessments, including a Maternity/Parental Psychosocial Assessments and Gender Affirming Readiness Evaluations for Hormones
- Our PCMHI team is dedicated to providing culturally sensitive care that recognizes and elevates the unique experiences of clients with marginalized and/or intersectional identities. It is important that members of our team demonstrate humility and engage in careful analysis of the power and privilege we hold as well as the impact of our own identities on interactions with Veterans, MH colleagues, PACT staff, and others.

*The above experiences may occur live, in person, or via a virtual video conference depending on COVID-19 restrictions

Where the Fellow Works:

There are five VA primary care locations across the Portland area. Currently the PCMHI fellowship is located at the Portland main hospital campus in two different PC clinics described below (located in the same building). Additional primary care clinics are located in surrounding areas ~15 miles from the main campus, in Fairview, Hillsboro, Vancouver, and West Linn. The Portland VA has two additional PCMHI teams, in Bend and Salem. **Note: locations, supervisors and specific opportunities are subject to change based on psychology staffing and the needs of the PC clinic. However, we try to meet the training needs of**

the fellow, if possible. Virtual care and/or telework may be necessary due to COVID-19 restrictions. The PCMHI Fellow is tentatively scheduled to train at the following clinics:

Women’s Health Clinic: WHC is a stand-alone clinic that includes primary care, urology and gynecology. In addition to the general PCMHI services including behavioral health interventions and consultation, unique opportunities may include: treating mental health concerns related to peripartum, postpartum, infertility and menopause; supporting survivors of sexual assault during gynecology visits, shared medical visits with the maternity care coordinator; co-leading Women’s Health complex case meetings, embodying and teaching “trauma informed care”; and offering wellness/burnout prevention education to Women’s Clinic staff.

Internal Medicine Resident Clinic: The Portland IM Resident Clinic houses attendings and residents from Oregon Health and Sciences University (OHSU; which is located across the sky bridge on an adjoining campus). Working with residents is a unique opportunity as it includes additional teaching opportunities to support medical residents develop mental health integration skills early in their careers. In addition to the general PCMHI roles, training opportunities may include: participating in the Controlled Substance Review Group to offer education and clinical consultation to PC Staff who treat Veterans using high doses of opiates; guest teaching in the IM resident didactics; staffing patients with attendings and residents in the resident room; and attending PACT meetings.

PCMHI Quality Improvement, Admin or Research Project:

Each PVAHCS fellowship differs in research experiences. While the PCMHI position is focused on clinical practice, we are also dedicated to the APA research competency. We require the completion of a quality improvement, administrative, or research project that includes data collection. Time allocated to the fellow’s project will depend on scale and goals. **The project will be housed within the PC clinics and/or will support PCMHI practices or mission.** It is unlikely that the fellow will have time to go through IRB approved for publication; rather, the data collection will be under the category of quality improvement research.

Covid 19 Potential Changes:

For the 2023-24 year we expect that the fellow will work in a hybrid model that includes part time virtual telework from home and part time in-clinic. However in-person work is highly dependent on the current standards of the hospital and the viability of telework agreements and as a result, may change throughout the year as needed. Ideally, they will work part-time in-person, if it is safe to do so, because we recognize that in-person work is important in learning about the primary care setting to achieve more multidisciplinary teamwork and shared visits. We are also continuing to use the “virtual warm handoff” so that we can offer Veterans and PCPs immediate consultation virtually. PCMHI is also running virtual PCMHI classes that we expect to continue. We hope the fellow will bring ideas and initiatives to support new and innovative ways to use virtual care in the interdisciplinary team. As a result of this new chapter in healthcare delivery, some of the experiences listed above may be reimaged to occur in a virtual format.

Contact:

The PCMHI team understands that each PCMHI fellowship program can differ greatly and it can be challenging to determine if this placement is a fit for your training goals. As such, we **strongly encourage** you to reach out to the lead supervisor via email and she will be happy to communicate further about the position. Email: Mary.Steers@va.gov. You can also contact the Postdoc Training Director Dr. Cassi Franklin (cassi.franklin2@va.gov) who can connect you to the current post doc or other supervisors.

Mental Illness Research and Treatment (MIRECC Fellowship)

Benjamin Morasco, PhD, Maya O’Neil, PhD, Co-Directors; Supervisors of Research Training
Sarah Súniga, PhD, Trisha Vinatieri, PsyD, Supervisors of Clinical Training

The Veterans Affairs' Advanced Psychology Postdoctoral Fellowship in Mental Illness Research and Treatment is a two-year postdoctoral training program. The primary goal of the Northwest Mental Illness Research, Education and Clinical Center's (NW MIRECC) Advanced Psychology Postdoctoral Fellowship program is to train and equip psychologists with the knowledge and expertise to lead clinical research efforts that make lasting contributions in the lives of Veterans experiencing mental health challenges. In collaboration with their mentors, the Advanced Psychology Postdoctoral Fellows will develop and implement research projects, publish and present findings, write grants, and utilize the latest technology for educational activities and clinical service delivery. Psychology Postdoctoral Fellows devote 75% of their time to research and education activities (25% of research must be clinically-focused) and 25% to clinical training. Over the course of the two-year program, fellows are trained in clinical and health systems research, advanced clinical care service delivery, and program administration in an interdisciplinary setting. The VA Portland Health Care System NW MIRECC Psychology Postdoctoral Fellowship site is linked electronically to other national MIRECC sites for didactic, academic, and research efforts.

Table 2. National Research Centers housed by VHAPORHCS
VA Center to Improve Veteran Involvement in Care (CIVIC)
Portland Alcohol Research Center (NIH)
Methamphetamine Abuse Research Center (NIH)
VA National RR&D Center for Rehabilitative Auditory Research
VA Mental Illness Research Education and Clinical Center
VA Parkinson’s Disease Research Education & Clinical Center
VA Multiple Sclerosis Center of Excellence
AHRQ Effective Health Care Program Scientific Resource Center
VA Evidence Synthesis Program (ESP) Coordinating Center
VA Veterans Rural Health Resource Center—Portland

NOTE: The MIRECC Fellowship is a two-year research program, and we have a separate more detailed brochure about the training experience (e.g., training opportunities). We encourage you to visit our homepage ([VA Portland MIRECC](#)) where you can download that document. To learn more about the NW Mental Illness Research, Education and Clinical Center, you may also visit [VISN 20 MIRECC](#).

Contact:

We are so excited about your interest in our MIRECC fellowship! If you want to learn more about what this fellowship entails to determine if this placement is a good fit for your training and career goals, please contact our Postdoc Training Director cassi.franklin2@va.gov who can connect you to the supervisors.

Required Training Experiences for All Fellows

Regardless of emphasis area, all psychology fellows will gain experience in assessment, treatment, consultation, supervision, administration, ethical principles, and cultural and individual diversity.

Assessment

Fellows will conduct intake assessments and learn to make competent DSM-5 diagnoses. Fellows may use a number of personality and cognitive assessment instruments, including the MMPI-2, PAI, WMS-IV, WAIS-IV, and RBANS. Fellows will further advance their ability to clarify referral questions, select test batteries, administer and score tests, integrate test results with other data, write clear and concise reports, and provide feedback to patients and referring providers.

Treatment

VAPORHCS uses a number of psychological treatment approaches, with an emphasis on empirically-supported treatments implemented with sensitivity to cultural and contextual factors. Fellows will provide individual therapy that is generally time-limited. Presenting problems include anxiety, depression, PTSD, personality disorders, and major mental illness. Family therapy also can be an important component of treatment and may be used as an adjunctive or primary mode of therapeutic intervention. Treatment is provided in conjunction with the ongoing assessment of outcome. Additionally, fellows will provide group therapy for a variety of Veterans. Fellows acquire skills in developing, planning, and leading psychoeducational and process groups.

Consultation

Fellows will learn to function as consultants throughout the medical center. In some instances, this will include representing psychology as an integral member of a multidisciplinary team. Helping the team make decisions about assessment, diagnosis, treatment, and discharge planning is considered an important role for fellows. In other instances, the fellow will serve as an independent consultant. Fellows will strengthen valuable professional skills including clarifying referral questions and providing input on diagnostic issues and treatment plans to a variety of independent practitioners, such as physicians, social workers and nurses. By the end of the fellowship, the fellow will have gained advanced skills in providing consultation to multidisciplinary teams, as well as to individual practitioners from different disciplines.

Supervised supervision

We are committed to mentoring growth in the provision of supervision to future psychologists. Postdoctoral Fellows may have the opportunity to participate in layered supervision of a graduate psychology practicum student and in some cases a current VAPORHCS Psychology intern during the training year. The training program will strive to match interns or practicum students as supervisees who have training interests in the areas of clinical strength of the postdoctoral Fellow.

Administrative/Program Development Project

Each postdoctoral trainee is required to complete an administrative project during the training year. This project provides fellows with a mentored educational experience to develop administrative and leadership skills as part of a well-rounded program of training for professional psychology. Some typical projects in past training years have included:

- Assist with an aspect of developing a VAPORHCS mental health service (e.g. telehealth; training rural providers) or clinic (e.g. post-deployment)

-
- a 6-8 week psychoeducational group with pre and post (ratings or outcome) measures

At the completion of the project, the postdoctoral resident will write a brief summary of the goals of the project, a 2-3 sentence description of the project, and a summary of the outcomes of the project (narrative, including participant ratings or outcome measures).

Diversity at VAPORHCS

VAPORHCS values diversity in our staff. The Directors of Training, Training Committee Executive Board (TCEB), Training Committee, supervisors, and other staff attempt to model disclosing and welcoming diversity in the workplace. As an equal opportunity training program, the fellowship welcomes and strongly encourages applications from all qualified candidates, regardless of racial, ethnic, religious, sexual orientation, gender identity, disability, or other minoritized statuses. We strive to place a high value on learning about and welcoming diversity into our midst, and have been responsive to feedback as we grow.

In 2011, VAPORHCS Psychology staff initiated a Multicultural and Diversity Task Force to undertake a far-reaching examination of ourselves as mental health service providers, teachers, and supervisors. The results of staff and trainee focus groups helped us to identify learning goals for our staff and our training programs, and the Task Force was soon converted to an ongoing Multicultural and Diversity Committee (MDC). The MDC now includes both staff and trainees, and provides educational events and consultation towards improving our knowledge, awareness and skills in practicing, teaching, and supervising in an inclusive environment.

On an institutional level, VAPORHCS promotes diversity recruitment and retention through an active Equal Employment Opportunity (EEO) Program with an Advisory Committee as well Special Emphasis Program Managers (SEPMs).

The EEO/Diversity program fosters a diverse and inclusive work environment that ensures equal opportunity through policy development, workforce analysis, outreach, retention, and education to best serve our nation's Veterans. Special Emphasis Program Managers (SEPMs) champion diversity concerns of particular groups including Veterans, ethnic/ racial/ cultural groups, women, LGBTQ people, and people with disabilities. VAPORHCS was the first VA site to establish an LGBT SEPM position on its EEO Advisory Committee; only two other VA sites are known to have an LGBT/sexual minority SEPM. The facility has now achieved Equality Leader status for the past three years on the Human Rights Commission's Healthcare Equality Index (HEI). Leader status is granted to those healthcare facilities who have met performance standards on four criteria: Patient Non-Discrimination, Equal Visitation, Employment Non-Discrimination, and Training in LGBT Patient-Centered Care.

Staff Demographics: 80 psychologists

Of 71 psychologists in 2019, 44 (62%) identified as women, 26 (37%) as men, and 1 (1%) as transgender; 57 (80%) identified as Caucasian, 0 (0%) as American Indian/Alaskan Native, 8 (11%) as Asian/Pacific Islander, 1 (1%) as Black/African American, 7 (10%) as Hispanic/Latino, and 1 (1%) as Ukrainian/Austrian; 10 (14%) identified as LGBTIQ; 4 (6%) identified as subject to the Americans with Disability Act; 0 (0%) were active duty in the military, and 6 (8%) were veterans; 8 (11%) spoke fluently in other languages in addition to English (1 speaks Afrikaans, 1 Mandarin Chinese, 1 German, and 5 Spanish). 59 (83%) received doctoral degrees in clinical psychology and 12 (17%) in counseling psychology; and, 57 (80%) have a Ph.D. and 14 (20%) have a Psy.D.

Current Staff Research Activities

The VA values research for its role in improving patient care and attracting high quality clinical providers and scientific staff. VAPORHCS also consistently ranks among the top 10 VA organizations in overall research grant support from the Department of Veterans Affairs. There are currently 176 staff Principal Investigators, including 7 Research Career Scientists and 13 Career Development Awardees, who are leading more than 640 active medical and behavioral science research projects. VHAPORHCS houses a number of national research centers (Table 2, next page). The VAPORHCS research community was supported by \$38 million in VA, National Institutes of Health (NIH), Department of Defense (DoD) and other funding sources in Fiscal Year 2020.

Each fellowship varies in its mix of clinical and research training; however, VAPORHCS encourages and nurtures involvement in research activities. Many staff welcome trainee involvement in ongoing research including grant preparation, data collection, data analysis, and manuscript preparation. Fellows have opportunities to co-author publications and professional presentations. Fellows especially interested in developing research careers can take advantage of many resources associated with this VA's close ties to OHSU, which is connected to the VA by a sky bridge. Most VA psychologists hold academic appointments at OHSU, which hosts a medical school and other health science programs.

Recent Staff Publications and Presentations

The following is a sampling of recent publications and presentations by psychologists who contribute to psychology training.

In Press

Ashare, R.L., Worster, B., **Nugent, S.M.**, Smith, D.M., **Morasco, B.J.**, Leader, A., Case, A.A., & Meghani, S.H. (In press). Cannabis and opioid perceptions, co-use, and substitution among patients across four NCI-designated cancer centers. *JNCI Monographs*.

Bulls, H.W., Althouse, A.D., Feldman, R., Arnsten, J.H., Liebschutz, J.M., **Nugent, S.M.**, Orris, S.R., Rohac, R., Slawek, D.E., Starrels, J.L., **Morasco, B.J.**, Kansagara, D., & Merlin, J.S. (In press). Dispensary staff perceptions about the benefits, risks, and safety of cannabis for medical purposes. *Substance Abuse*.

O'Neil, M., Cheney, T., Yu, Y., Hart, E., Holmes, R., Blazina, I., Clauss, K., Veazie, S., Griffin, J., Jungbauer, R., **Zaccari, B.**, Fu, R., Carlson, K. & Chou, R. (in press). Pharmacologic and Nonpharmacologic Treatments for Posttraumatic Stress Disorder: An Update of the Evidence Base for the PTSD Trials Standardized Data Repository.

Somohano, V.C., Smith, C.L., Saha, S., McPherson, S., **Morasco, B.J.**, Ono, S.S., **Zaccari, B.**, Lovejoy, J., & **Lovejoy, T.I.** (In press). Patient-provider shared decision making, trust, and opioid misuse among U.S. veterans prescribed long-term opioid therapy for chronic pain. *Journal of General Internal Medicine*.

2023

Chou, R., Ahmed, A.Y., Iyer, S., **Morasco, B.J.**, Bougatsos, C., & Kansagara, D. (2023). Living systematic reviews: Practical considerations for adapting scope and communicating the evolving evidence. Rockville, MD: Agency for Healthcare Research and Quality. Report No.: 23-EHC013.

Jones KF, Malinowski J, Paice J, Childers J, Bulls H, Morrison J, Ho JJ, Alsbrook K, **Nugent SM**, Broglio, K, Nickels K, Holbein M., Parajuli J, Merlin J. Opioid prescribing considerations in patients with cancer and substance misuse and use disorder: A scoping review protocol. *JBI Evidence Synthesis*. 2023;21(4):812-825. doi: 10.11124/JBIES-22-00007

Kelly, U., **Zaccari, B.**, Loftis, JM, & Higgins, M. (February 8-10, 2023). *Trauma-Sensitive Yoga versus Cognitive Processing Therapy for Women Veterans with PTSD related to MST: Final Results from a 5-year RCT*. Paper presented at the 2023 HSRD & QUERI Annual Conference, Baltimore, MD.

Levine, M.T., Jacobson, J., Kieckmann, N., **Zaccari, B.**, Gulati, A., Wu., T., , Goerlich, A., Lovejoy, T.I., (June 24-27, 2023) *The Impact of Opioid Discontinuation on the Patient-Provider Relationship Differs Based on Reason for Discontinuation* [Poster Presentation]. Academy Health 2023 Annual Research Meeting, Seattle, WA.

Markey, B. M., Courtwright, K. E., Clark, J. L., & Callahan, M. L. (2023). Protecting the assessor: Sexual harassment in neuropsychology and related training issues. *The Clinical Neuropsychologist*, 37(4), 841-859. doi:10.1080/13854046.2023.2178514

Newman, A., **Zaccari, B.**, Bower, E., (May 31-June 3, 2023). *Needs support in Veteran Affairs care for chronic pain and posttraumatic stress disorder: A self-determination theory perspective* [Poster Presentation]. 8th International Self Determination Theory Conference, Orlando, FL.

Nugent SM, Golden SE, Chapa J*, Tuepker A, Slatore CG, Vranas KC. You're socially distant and trying not to be emotionally distant. Physicians' perspectives of communication and therapeutic relationships in the ICU during the COVID-19 pandemic: A qualitative study. *Critical Care Explorations*. 2023;5(2):e0854. doi: 10.1097/CCE.0000000000000854

Nugent, S.M., Slatore, C.G., Winchell, K., Handley, R., Clayburgh, D., Chandra, R., Hooker, E.R., Knight, S.J., & **Morasco, B.J.** (2023). Prevalence and correlates of high-dose opioid use among survivors of head and neck cancer. *Heck & Neck*, 45, 2058-2067.

Rehder, K.L., **Lozier, C. C.**, O'Neil, M., & Morasco, B. (in revision). Factor Structure and Psychometric Properties of the FFMQ and FFMQ-SF among Veterans Seeking Mental Health Treatment. *Psychological Assessment American Psychological Association*.

Slawek, D.E., Althouse, A.D., Feldman, R., Arnsten, J.H., Bulls, H.W., Liebschutz, J.M., **Nugent, S.M.**, Orris, S.R., Rohac, R., Starrels, J.L., **Morasco, B.J.**, Kansagara, D., & Merlin, J.S. (2023). Cannabis dispensary staff approaches to counseling on potential contraindications to cannabis use: Insights from a national self-report survey. *BMC Primary Care*, 24, 145.

Sullivan DR, Wisnivesky JP, **Nugent SM**, Stone K, Farris MK, Kern JA, Swanson S, Smith CB, Rosenzweig, Slatore CG. Decision regret among patients with early-stage lung cancer undergoing radiation or surgical resection. *Clinical Oncology*. 2023;35(6): e352-e361. doi.org/10.1016/j.clon.2023.03.015

Wyse, J., **Lovejoy, T.I.**, Gordon, A., Mackey, K., Herreid-O'Neill, A., & **Morasco, B.J.** (2023). "I'm clean and sober, but not necessarily free": Perceptions of buprenorphine among patients in long-term treatment. *Substance Abuse*, 44, 41-50.

Wyse, J., Ono, S., **Zaccari, B.**, Lovejoy, J., Jacobson, J., Gulati, A., Wu., T., Levine, M.T., Goerlich, A., Lovejoy, T., (June 17-21, 2023) *Patient Experiences with Buprenorphine Following Discontinuation of Long-term Opioid Therapy* [Poster Presentation]. College on Problems of Drug Dependence Annual Research Meeting, Denver, CO.

Wyse, J.J., Shull, S., Lindner, S., **Morasco, B.J.**, Carlson K.F., Gordon, A.J., Korthis P.T., Ono, S.S., Liberto, J.G., Klobucar, T., & **Lovejoy, T.I.** (2023). Access to medications for opioid use disorder in rural versus urban Veterans Health Administration facilities. *Journal of General Internal Medicine*, 38, 1871-1876.

Zaccari, B., Lederhos, C, Jacobson, N., Gulati, A., Goerlich, A., Wu, T., Levine, T., Lovejoy, J., **Lovejoy, T.I.** (June 24-27, 2023) Pain and Quality of Life Do Not Change Following Discontinuation of Long-term Opioid Therapy Among Patients With and Without PTSD [Poster Presentation]. Academy Health 2023 Annual Research Meeting, Seattle, WA.

Zaccari, B., Lovejoy, T. I., & O'Neil, M. E. (2023). Skills Training in Affective and Interpersonal Regulation Narrative Therapy Delivered via Synchronous Telehealth: A Case Study of a Rural Woman Veteran With Complex Posttraumatic Stress Disorder. *Clinical Case Studies*, 22(4), 420–435. <https://doi.org/10.1177/15346501231158400>

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Cohen DE, Sullivan KA, McNeil RB, Klimas NG, Group SA, Ashford W, Bested A, Bunker J, Cheema A, Cook D, Cournoyer J, Craddock T, Golier J, Hardie A, Helmer D, Lindheimer JB, Lloyd PJ, Kerr K, Kregel M, Nadkarni S, **Nugent SM**, et al. A common language for Gulf War Illness (GWI) research studies: GWI common data elements. *Life Sciences*. 2022; 290:119818. doi: 10.1016/j.lfs.2021.119818.

Elliott, J.E., McBride, A.A., Balba, N.M., Thomas, S.V., Pattinson, C. L., **Morasco, B.J.**, Wilkerson, A., Gill, J.M., & Lim, M.M. (2022). Feasibility and preliminary efficacy for morning bright light therapy to improve sleep and plasma biomarkers in US Veterans with TBI: A prospective, open-label, single-arm trial. *PLOS One*, 17(4), e0262955.

Lafferty M, Winchell K*, Cottrell E, Knight S, **Nugent SM**. Women of the Gulf War: Understanding their military and health experiences over 30 years. *Military Medicine*. 2022 (online ahead of print) doi: 10.1093/milmed/usac283

Kaplan, J., Somohano, V., **Zaccari, B.**, O'Neil, M. (November 9-12, 2022). *Randomized controlled trials of mind-body interventions for PTSD: A systematic review*. Poster presented at the 38th Annual International Society for Traumatic Stress Studies Conference, Atlanta, GA.

McDonagh, M.S., **Morasco, B.J.**, Wagner, J., Ahmed, A.Y., Kansagara, D., & Chou. R. (2022). Cannabis-based treatments for chronic pain: A systematic review. *Annals of Internal Medicine*, 175, 1143-1153.

McDonagh, M.S., Chou, R., Wagner, J., Ahmed, A.Y., Morasco, B.J., Iyer, S., & Kansagara, D. (2022). Living Systematic Reviews: Practical Considerations for the Agency for Healthcare Research and Quality Evidence-based Practice Center Program. (Prepared by the Pacific Northwest Evidence-based Practice Center under Contract No. 75Q80120D00006.) AHRQ Publication No. 22-EHC018. Rockville, MD: Agency for Healthcare Research and Quality. DOI: <https://doi.org/10.23970/AHRQEPWHITEPAPERLSR>.

Morasco, B.J., Adams, M.H., Hooker, E.R., Maloy, P.E., Krebs, E.E., **Lovejoy, T.I.**, Saha, S., & Dobscha, S.K. (2022). A cluster-randomized trial to decrease prescription opioid misuse: Improving the Safety of Opioid Therapy (ISOT). *Journal of General Internal Medicine*, 37, 3805-3813.

Nugent SM, Cottrell E, Knight S, Helfand M. Health experiences research as a resources and mechanism for Veteran engagement in VA healthcare research care. *General Internal Medicine*. 2022;37(1): 118–122. <https://doi.org/10.1007/s11606-021-07306-2>

O’Hare AM, Vig EK, Iwashyna TJ, Fox A, Taylor JS, Viglianti EM, Butler CR, Vranas KC, Helfand M, Tuepker A, **Nugent SM**, Winchell KA, Laundry RJ, Barrett Bowling C, Hynes DM, Maciejewski ML, Bohnert AS, Locke ER, Boyko EJ, Ioannou GN. Complexity and challenges of the clinical diagnosis and management of long COVID. *JAMA Network Open*. 2022;5(11):e2240332. doi:10.1001/jamanetworkopen.2022.40332

Wyse, J.J., Mackey, K., **Lovejoy, T.I.**, Tuepker, A., Gordon, A.J., Korthuis, P.T., Herreid-O’Neill, A., Williams, B., Dougherty, J., & **Morasco, B.J.** (2022). Expanding access to medications for opioid use disorder through a locally-initiated implementation process. *Addiction Science & Clinical Practice*, 17, 32.

Zaccari, B., Loftis, J. M., Haywood, T., Hubbard, K., Clark, J., & Kelly, U. A. (2022). Synchronous telehealth yoga and cognitive processing group therapies for women veterans with posttraumatic stress disorder: A multisite randomized controlled trial adapted for COVID-19. *Telemedicine journal and e-health : the official journal of the American Telemedicine Association*, 10.1089/tmj.2021.0612. Advance online publication.

Zaccari, B., Sherman, A.D.F., Febres-Cordero, S., Higgins, M., & Kelly, U. (2022). Findings from a pilot study of Trauma Center Trauma-Sensitive Yoga versus cognitive processing therapy for PTSD related to military sexual trauma among women Veterans, *Complementary Therapies in Medicine*, 102850. Advance online publication. <https://doi.org/10.1016/j.ctim.2022.102850>

Zaccari, B., Sherman, A.D.F., & Kelly, U.A. (2022). Trauma sensitive yoga versus cognitive processing therapy for women veterans with PTSD who experienced military sexual trauma: A feasibility study. *Journal of American Psychiatric Nurses Association*. <https://doi.org/10.1177/10783903221108765>

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Andrea, S.B., **Morasco, B.J.**, Gilbert, T.A., Saha, S., & Carlson, K.F. (2021). Factors related to prescription drug monitoring program queries for veterans receiving long-term opioid therapy. *Pain Medicine*.

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Applying to the VAPORHCS Postdoctoral Fellowships

Eligibility: We seek candidates who are **US citizens** and will have completed a **doctoral program accredited by the American Psychological Association (APA), Canadian Psychological Association (CPA), or Psychological Clinical Science Accreditation System (PCSAS)** in clinical or counseling psychology and either a similarly **accredited internship** or VA-based internship as of the start of the Fellowship. The dissertation and all doctoral degree requirements must be verified as completed prior to the fellowship start date. VAPORHCS encourages applications from individuals with diverse backgrounds and with a variety of experiences. As an equal opportunity training program, the fellowships welcome and strongly encourage applications from all qualified candidates, regardless of racial, ethnic, religious, sexual orientation, disability, or other minoritized status.

Any potential fellow intending to seek licensure in the state of Oregon at any point in their career will need a supervision agreement approved by the Oregon Board of Psychology prior to the start date of the fellowship year. Please reach out to Dr. Cassi Franklin, cassi.franklin2@va.gov as soon as possible to get this process started.

ELIGIBILITY REQUIREMENTS FOR ALL VA TRAINING PROGRAMS

1. U.S. citizenship. VA is unable to consider applications from anyone who is not currently a U.S. citizen. Verification of citizenship is required following selection. All interns and fellows must complete a Certification of Citizenship in the United States prior to beginning VA training.
2. A male applicant born after 12/31/1959 must have registered for the draft by age 26 to be eligible for any US government employment, including selection as a paid VA trainee. Male applicants must sign a pre-appointment Certification Statement for Selective Service Registration before they can be processed into a training program. Exceptions can be granted only by the US Office of Personnel Management; exceptions are very rarely granted.
3. Interns and Fellows are subject to fingerprinting and background checks. Match result and selection decisions are contingent on passing these screens.
4. VA conducts drug screening exams on randomly selected personnel as well as new employees. Interns and Fellows are not required to be tested prior to beginning work, but once on staff they are subject to random selection for testing as are other employees.

ELIGIBILITY FOR VA EMPLOYMENT

To be eligible for employment as a VA Psychologist, a person must be a U.S. citizen and must have completed an accredited graduate program in Clinical or Counseling psychology (APA, CPA, or PCSAS) AND must have completed a similarly accredited internship in Psychology, with the emphasis area of the degree consistent with the assignment for which the applicant is to be employed. The only exception is for those who complete a new VA internship that is not yet accredited.

Selection Policies:

1. Selection of trainees is based on objective criteria derived from the Fellow's clinical experience (amount and diversity); scholarly preparation; personal maturity and significant life experience represented in cover letter essay; research competency, and the match of clinical interests to the emphasis area.
2. Applications are reviewed by the director of training, the respective emphasis supervisors, and the current postdoctoral trainee.

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3. All things being equal, consideration is given to top applications from individuals with diverse backgrounds and with a variety of experiences across Veteran's status, racial, ethnic, religious, sexual orientation, disability, or other historically underrepresented groups.
 4. Highly ranked applicants will be invited to participate in teleconference interviews.
 5. Selection decisions made by the emphasis supervisors and trainee are reviewed by the Fellowship Director for eligibility and overall programmatic fit. This includes review of initial applicants with an eye towards recruitment of excellent candidates reflecting diverse backgrounds.
 6. Selection will follow the new Common Hold Date process. Applicants receiving offers will be contacted after all interviews are complete. Applicants who are no longer under consideration will be notified as soon as possible.
 7. Responsibilities. The supervisors of each emphasis area recruit and select the respective candidate for that training area. The Fellowship Director has oversight of the process and the option of final approval for any program candidate's selection.

Deadlines: Applications must be received by December 15, 2023 at 11:59pm (Pacific). We will acknowledge receipt as quickly as possible, and interview highly qualified candidates once applications have been reviewed (no earlier than 01/01/2024). We plan to interview virtually to minimize applicant burden.

VAPORHCS plans to comply with APPIC recommended recruitment guidelines for the 2024-2025 recruitment cycle. As such, all of our programs are also advertised on the Universal Psychology Postdoctoral Directory (which can be found at: [APPIC UPPD Site](#)). Additionally, per APPIC Postdoctoral Selection Guidelines, we will comply with the Common Hold Date (CHD) procedures. Offers will be extended to our top candidates as soon as possible after the completion of all interviews. Selectees may choose to hold their offer until 10:00am EST on February 26, 2024. The exception to this is the MIRECC and Neuropsychology fellowships, which will make offers to our highest qualified and desired applicants typically in early-mid January. For more information regarding selection guidelines, please visit: [Postdoctoral Selection Guidelines](#).

Application Instructions

The following materials are required for all fellowship tracks:

1. A letter of interest (identifying the desired fellowship, a brief summary of your interests and qualifications for this specialty training, why you are interested in this position, and aspirations for your psychology career)
2. Curriculum Vitae (including a brief description of your internship rotations)
3. Three letters of recommendation (at least one from an internship supervisor)
4. A separate, brief memo from your graduate program Training Director or Dissertation Chair stating with certainty that your doctoral degree will be conferred by the start date of the Fellowship (please do not embed this within a letter of recommendation)
5. Official graduate school transcripts

We use the [APPA CAS](#) system for all fellowship applications.

Applicants may apply to more than one emphasis area; if so please submit separate applications for each emphasis track; a specific letter of intent should be written individually for each emphasis application and submitted with a CV.

Please feel free to contact Cassi Franklin, PhD, Director of Training, Psychology Fellowship Programs (e-mail: Cassi.Franklin2@va.gov phone: 503-220-8262, ext. 57010) with any questions.

Note: VA interns and fellows are subject to all employment rules applying to federal employees.

Implementing Regulation (IR) C-23 P - Trainee Admissions, Support, and Outcome Data
Postdoctoral Residency Admissions, Support, and Initial Placement Data
Date Program Tables are updated:

Program Disclosures

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

Postdoctoral Program Admissions

<p>Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program’s policies on intern selection and practicum and academic preparation requirements:</p>
<p>Eligibility: We seek candidates who are US citizens and will have completed a doctoral program accredited by the American Psychological Association (APA), Canadian Psychological Association (CPA), or Psychological Clinical Science Accreditation System (PCSAS) in clinical or counseling psychology and either a similarly accredited internship or VA-based internship as of the start of the Fellowship. The dissertation and all doctoral degree requirements must be verified as completed prior to the fellowship start date. VAPORHCS encourages applications from individuals with diverse backgrounds and with a variety of experiences. As an equal opportunity training program, the fellowships welcome and strongly encourage applications from all qualified candidates, regardless of racial, ethnic, religious, sexual orientation, disability, or other minoritized status. Any potential fellow intending to seek licensure in the state of Oregon will need a supervision agreement approved by the Oregon Board of Psychology prior to the start date of the fellowship year.</p>

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Describe any other required minimum criteria used to screen applicants:
N/A

Financial and Other Benefit Support for Upcoming Training Year*

Annual Stipend/Salary for Full-time Residents	\$55,648- \$58,656	
Annual Stipend/Salary for Half-time Residents	N/A	
Program provides access to medical insurance for resident?	<u>Yes</u>	No
If access to medical insurance is provided:		
Trainee contribution to cost required?	<u>Yes</u>	No
Coverage of family member(s) available?	<u>Yes</u>	No
Coverage of legally married partner available?	<u>Yes</u>	No
Coverage of domestic partner available?	<u>Yes</u>	No
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	104	
Hours of Annual Paid Sick Leave	104	
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	<u>Yes</u>	No
Other Benefits (please describe): 11 paid Federal holidays Up to 5 days of authorized absence for professional training, presentations, and licensure exams		

*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)

	2019-2022	
Total # of residents who were in the 3 cohorts	17	
Total # of residents who remain in training in the residency program	2	
	PD	EP
Academic teaching	0	0
Community mental health center	0	0
Consortium	0	0
University Counseling Center	0	0
Hospital/Medical Center	0	3
Veterans Affairs Health Care System	2	8
Psychiatric facility	0	0
Correctional facility	0	0
Health maintenance organization	0	0
School district/system	0	0
Independent practice setting	0	4
Other	0	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.