

VA



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Veterans Health Administration
VA Palo Alto Health Care System



National Center for
PTSD

POSTTRAUMATIC STRESS DISORDER

National Center for PTSD, Dissemination & Training Division

VA Advanced Fellowship Program in Mental Illness Research & Treatment

VA Palo Alto Health Care System

2024 – 2025



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Introduction

The National Center for PTSD Dissemination and Training Division (NCPTSD D&T) Fellowship is one of 26 sites of the VA Advanced Fellowship Program in Mental Illness Research and Treatment, which is sponsored by the Office of Academic Affiliations. ***Our postdoctoral fellowship has been accredited by the American Psychological Association (APA) since 2016.*** NCPTSD was created in 1989 within the Department of Veterans Affairs in response to a Congressional mandate. NCPTSD is a world leader in research and education programs focusing on PTSD and other psychological and medical consequences of traumatic stress. The mission of the NCPTSD is to advance the clinical care and social welfare of America's Veterans and others who have experienced trauma, or who suffer from PTSD, through research, education, and training in the science, diagnosis, and treatment of PTSD and stress-related disorders. See more at <http://www.ptsd.va.gov/about/index.asp>.

The NCPTSD D&T promotes best practices in treatment of Veterans with PTSD and related problems through training and practice change efforts based on implementation science, and by developing and researching novel interventions to expand access and improve effectiveness of care. Areas of special focus include web-based training, smart phone technology, internet, and other intervention technologies, evidence-based treatment, military sexual trauma, and disaster mental health. Fellows will receive advanced clinical training in treatment of PTSD and common comorbid disorders, will participate in PTSD education and dissemination efforts, and will be mentored in research related to improving PTSD assessment, treatment and delivery of services. Potential research areas include PTSD treatment effectiveness trials, innovations in treatment applications, health services research on access and quality of PTSD care, implementation science studies on mechanisms for expanding adoption of best care practices and telemedicine trials testing video, internet, or smart phone- based interventions. Fellows will also have a unique opportunity to gain experience with large-scale dissemination efforts by participating in one or more national dissemination/implementation initiatives. We hope this brochure can help you decide whether you want to apply to the NCPTSD D&T Fellowship at VA Palo Alto.

The national training mission of VA is broad and explicitly includes training of health care professionals for the nation, as well as for the VA system. We train Fellows who go on to VA jobs, and we train others who go on to work in academia, other medical centers, the private sector, etc. The profession of Psychology and the whole health care system in this country are served by having well trained, enthusiastic, creative professionals. We strive to support VA's training mission, for VA's specific goals and for the nation.

Training at VA Palo Alto

The VA Palo Alto Health Care System (VAPAHCS) provides a particular kind of training, based on our view of the role of Psychology in the VA system. We are committed to the scientist-practitioner model of psychology, and the postdoctoral training experience is organized accordingly. We are guided both by the original articulation of the Boulder Model (Raimy, 1950) and by the update of the scientist practitioner model, as articulated at the Gainesville conference in 1991 and in the subsequent publication following that conference (Belar & Perry, 1992). The NCPTSD D&T Fellowship Program's scientist-practitioner model has a curriculum that features learning experiences that are sequential, graduated in complexity and that facilitate transition to advanced competency.

The overarching aim of our Postdoctoral training program is to prepare Fellows for employment as psychologists in a high priority area of health care for Veterans (i.e., PTSD) who can function effectively across a broad range of multidisciplinary settings. Specifically, we aim to foster the development of psychologists who are well prepared to meet the emerging and ongoing medical and mental health care needs of today's veterans. We accomplish this by providing comprehensive training, extensive and individually tailored supervision, and an excellent array of clinical and professional development related didactics that help foster advanced competency. In collaboration with their mentors, Fellows develop and implement a research project, publish and present findings, participate in grant writing, and utilize the latest technology for educational activities and clinical service delivery.

The primary aim of the postdoctoral program is for Fellows to develop advanced-level competence in six competency domains: Integration of Science and Practice, Individual and Cultural Diversity, Ethical and Legal Standards, Clinical Assessment, Diagnosis, and Intervention, Consultation, Supervision, and Teaching, and Organization, Administration, Management, and Program Evaluation. As such, prior to beginning the postdoctoral experience, Fellows are expected to have attained a high level of accomplishment in generalist training.

In this introduction, we describe how the training program is organized and program procedures such as application and selection. In addition, we discuss our philosophy of training and provide additional information about expected competencies that postdoctoral Fellows will acquire. Following the introduction, sections appear that describe the training sites, including specific details on program structure, patient population, theoretical orientation, and the nature of supervision for each training site. At the NCPTSD D&T Division, Fellows receive mentorship in the emphasis area of PTSD from internationally renowned clinical researchers. Please see Appendix A for a listing of our Faculty Mentors.

VA Palo Alto Health Care System Facilities

VA Palo Alto is part of a national network of hospitals and clinics operated by the Department of Veterans Affairs to provide comprehensive health care to individuals who have served in the armed forces. This health care system is responding to many national changes in the health care field; our training program changes in concert with the changing organization and emphases of health care.

Part of the VA Sierra Pacific Network (Veterans Integrated Service Network 21 or VISN 21) which encompasses facilities in northern and central California, Nevada, Hawaii, the Philippines, and U.S. territories in the Pacific Basin. VAPAHCS is classified as a Complexity Level 1A Facility. VAPAHCS operates one of the largest integrated health care systems in VA in terms of specialized programs, research, and graduate medical education. VAPAHCS features three inpatient divisions (Palo Alto, Menlo Park, Livermore), four Community Based Outpatient Clinics (San Jose, Capitola, Monterey, Fremont), and four Vet Centers (Redwood City, Santa Cruz, Modesto, San Jose). As of September 2021, VAPAHCS has over 5,400 employees, is located on more than 300 acres, and operates on an annual budget of over \$1B. In total, VAPAHCS operates approximately 800 beds serving more than 67,000 enrolled Veterans. Included in this bed count are three community living centers and a 100-bed domiciliary. Our health care facilities also operate over 50 primary care and specialty outpatient clinics, with over 817,000 outpatient visits per year. Fellowship training sites are available at four campuses within the health care system (Palo Alto, Menlo Park, San Jose, Livermore), with the great majority concentrated in the Palo Alto Division and the Menlo Park Division. The Palo Alto and Menlo Park Divisions are separated by 7 miles (15 minutes by car or shuttle).

VAPAHCS' research program is the second largest in VHA with annual funding of approximately \$69M. VA Palo Alto encompasses extensive research centers in geriatrics (GRECC), mental health (MIRECC), Alzheimer's disease, multi-site trials (Cooperative Studies Program), Spinal cord regeneration, schizophrenia, and post-

traumatic stress disorder (NCPTSD). VAPAHCS also manages several centers supported by the VHA Office of Research and Development, including the Rehabilitation Research and Development Center (RR&D), Health Services Research and Development (HSR&D) Center for Innovation to Implementation (Ci2i), Program Evaluation Resource Center (PERC), and Health Economics Resource Center (HERC). Training resources are available for research or consultation at these and other programs.

In addition to basic medical and mental health care programs, this VA has a variety of specialized regional programs, including a Polytrauma Rehabilitation Center, a Spinal Cord Injury Center, the Western Region Blind Rehabilitation Center, the Men's and Women's Trauma Recovery Programs, Homeless Veterans Rehabilitation program, a Geriatric Research, Educational, and Clinical Center (GRECC), and a Mental Illness Research, Education, and Clinical Center (MIRECC). Special psychological programs are available in health psychology, geropsychology, inpatient and outpatient psychiatric care, drug and alcohol treatment, and brain injury rehabilitation. Training opportunities are available in all of these programs.

The VAPAHCS is affiliated with the Stanford University School of Medicine and shares training programs for medical residents in psychiatry, medicine, surgery, rehabilitative medicine, and other medical specialties. In addition to these and the psychology training program, VAPAHCS also has training programs for audiology/speech pathology, dentistry, dietetics, hospital management, nursing, pharmacy, social work, recreation therapy, occupational therapy, and optometry. Over 1500 students, interns, fellows, and residents are trained each year across these multiple disciplines.

Organizationally, the NCPTSD Fellowship is housed within the National Center for PTSD, Dissemination and Training Division, at VAPAHCS. The fellowship program operates conjointly with MIRECC Fellowship and the broader Clinical Training Program within VAPAHCS Psychology Service.

NCPTSD D&T Postdoctoral Funding, Benefits, and Eligibility

The NCPTSD D&T Fellowship Program is funded by the Office of Academic Affiliations of the Department of Veterans Affairs Central Office as an annual, earmarked allocation to the medical center. The current annual Advanced Fellow stipend at VA Palo Alto is \$71,650. This stipend requires a full calendar year of training. VA provides health care benefits for postdoctoral fellows as for any other VA employee. Health benefits are also available to dependents and married spouses of fellows, including to legally married same-sex spouses of fellows. Unmarried partners of either sex are not eligible for health benefits, even those in legal civil unions or domestic partnerships. Insurance programs can be selected from a wide array of options.

Our training is geared to individuals who will have completed their doctoral degrees from APA-accredited clinical or counseling psychology program and will have completed an APA-accredited psychology internship program, are functioning at an advanced level, and have clinical and research experience in the emphasis area of interest. Eligibility requirements for VA postdoctoral fellowships are determined nationally and we have no authority to over-ride these requirements locally. All information about VA eligibility requirements is available at <https://www.va.gov/oaa/hpt-eligibility.asp>.

The number of postdoctoral positions available within this Fellowship is expected to be at least 1 in the 2024-2025 training year. Applicants with interest in PTSD are strongly encouraged to apply.

NCPTSD D&T Fellowship Structure

The Fellowship consists of two calendar years of full-time supervised training; our start date can be somewhat variable, depending on the Fellow's date of graduation and other needs. Generally, Fellows start around September 15 each year, but we have had Fellows start in August or later in September, up to October 1. A later start date than October 1 would not usually be considered. The Fellowship ending date will be determined based on the specific start date of each fellow. Fellows must complete the full two years of training, so a start date should be determined with consideration of hopes for availability for future employment (e.g., ending in time to begin an academic position). Training is based on a 40-hour workweek, so the total hours over a year come to 2,080. Out of those 2,080 hours, there is time off for vacation (13 days), illness (up to 13 days), Federal holidays (11 days), and authorized absence for professional activity. Like staff, Fellows are paid for 40 hours per week, no matter how much time is spent. Most staff do not get their work done in the allotted 40 hours, and we suspect that most Fellows will not either. A key notion in VA is that we are a "Service," not a department. To serve patients we must be available, and Fellows will see considerable emphasis on being available, especially during working hours. On the other hand, this is not a 60-hour per week or more Fellowship. Each Fellow will work at least 40 hours intensively each week. How much more a Fellow works depends on many factors, including interest in additional training experiences, research involvement, time-effectiveness in completing paperwork and other work demands, etc. The Fellow's Primary Preceptor (i.e., Primary Research Mentor) and Training Director will help plan a realistic program that balances taking advantage of training and professional development opportunities with time for a full, rich life outside of work. The training provided meets the requirements for licensure in California and meets or exceeds licensure requirements in every other state at this time. Regardless of the specific training plan, Fellows will receive at least 4 hours per week of clinical supervision, with at least half of that in individual, face-to-face supervision. In addition, Fellows will have at least two different supervisors during the year.

Research Opportunities and Expectations

Each Fellow is expected to participate in research during their training tenure with the Fellowship. Fellows choose research projects within their stated area of emphasis and work collaboratively with their research mentors to: a) identify or develop meaningful clinical research projects that address key areas of veterans mental health needs; b) identify roles on ongoing clinical research projects (including the numerous clinical trials available at NCPTSD that may foster the advanced development of both clinical and research skills; and c) participate in the development and submission of empirical manuscripts, grants and other scholarly projects focused on the mental health needs of today's veterans. Fellows are expected to complete a meaningful research project during their two-year Fellowship, and to consistently show clear markers of their research productivity. These key markers include: a) the development of a grant proposal; b) generating an article and submitting it for publication; c) presentation of this project at a professional meeting; d) developing and presenting an in-service training module, or some other marker of productivity. Fellows have substantial protected time for research each week, which facilitates expeditious completion of these projects. In addition, many Fellows are involved with research concerning direct clinical hypotheses, so some of their clinical experiences will be in the context of research programs, such that the clinical work contributes to data collection and ongoing generation of hypotheses about the area of research.

Clinical Rotations

Each Fellow has a chance to participate in decisions about rotations. Each experience is crafted to fit the Fellow's training needs and interests, within the expectations and resources of the program. We affirm collaborative decision-making between Fellows and training staff regarding each Fellow's development and thus the design of each Fellow's program. Our Fellows select clinical training opportunities from a wide array of training settings. Clinical rotations typically selected by our Fellows include: The Mental Health Clinic (outpatient mental health), Specialty care settings (e.g., PTSD Clinical Team), and PTSD Residential programs

(e.g., Trauma Recovery Services). These rotations offer individual and group psychotherapy to veterans with mental health conditions, where Fellows often learn to lead groups (e.g., Seeking Safety, Dialectical Behavioral Therapy) or to conduct individual therapy using evidence-based treatment protocols (e.g., Prolonged Exposure, Cognitive Processing Therapy). Some of these clinical opportunities may involve clinical research opportunities with patients with PTSD. Numerous additional opportunities exist for training, including the Domiciliary, Primary Care Mental Health Integration, and our satellite clinics (community-based outpatient centers) can be facilitated when/if there is a request for Fellows to receive training with a special population (e.g., homeless Veterans, rural location) that exists there.

Didactics

Two seminar series are required of Fellows: The **Research Professional Development Seminar** and the Advanced Fellowship Program for **Mental Illness Research and Treatment (MIRT) V-Tel Didactics**. Descriptions of these required didactics are provided below.

Research Professional Development Seminar

This seminar covers issues in professional development as a psychologist and development of professional identity as a clinical researcher. This seminar is attended by trainees in research training programs across VAPAHCS and Stanford, affording Fellows an opportunity to meaningfully interact with trainees in similar training programs. This seminar meets for **one-hour weekly** throughout the academic training year.

Attendance at this seminar is required for both first- and second-year Fellows. This seminar series is led by licensed clinical psychologists and contributes towards “group supervision” hours required each week.

There are five “tracks” in the Research Professional Development Seminars: 1) Diversity in Research, 2) Grant Writing, 3) Manuscript Writing Group, 4) Writing Bootcamp, and 5) Professional Development. Descriptions of each of these tracks are as follows:

Diversity in Research

This track includes exploration of a range of researchers’ experiences engaging in research careers and programmatic lines of inquiry related to diversity, equity, and inclusion. As new data are released each year, updates are provided related to NIH and VHA trends in the race, ethnicity and gender of authored manuscripts, grants received, and other indicators of research professional development. Discussion groups typically focus on updates to health equity and health disparity guidelines provided by major professional organizations (e.g., APA, Joint Commission), or updated datasets and reports made available related to health equity and health disparity (e.g., VHA Office of Health Equity; State COVID-19 data systems). Speakers from a variety of backgrounds are also invited based on their expertise and experience across a variety of applied research settings, including options that may not always be covered at University or VHA training programs, including policy making and think tanks, working for a federal funding agency, a foundation, or developing an evaluation small business. Depending on the needs of the Fellows, mentorship is provided in use of methodologies designed to better address a diverse range of community needs, such as community-based participatory research methods.

Grant Writing Group

This track of the seminar is intended to provide Fellows with a broad range of information, tools, and resources related to grant writing. Weekly topics include: overview of the grant writing process; writing successful letters of intent; the art of the biosketch; How Do You Develop a Successful (and Fundable) Career Development Award Idea?; Finding the Right Fit For Your Research – How to Select the Right Funding

Mechanism; applying for a CDA in the VA; deciding between the NIH K and VA CDA funding mechanisms; writing compelling Specific Aims; Responding to Reviews Critique; the how-to's of Budgets and Budget Justifications; Using Review Criteria and the RFA to Inform grant writing; developing a complete career plan for CDA submissions; funding opportunities during fellowship; selecting a mentorship team and obtaining letters of support; and applying for clinical demonstration projects in the VA. Specific seminars are also devoted to learning foundational concepts for being a VA researcher (e.g., working with VA administrative data, Research vs. QI, program evaluation in VA).

Manuscript Writing Group

One week each month in the seminar schedule is devoted to a feedback session on a writing product provided by one of the seminar attendees. Each Fellow is required to sign up for one of the writing groups during the year and submit a draft of a writing product related to their research (e.g., specific aims draft from a grant proposal, an in-progress peer-reviewed manuscript, abstract to be submitted to a conference). The Fellow emails the draft to the seminar group one week prior to their assigned date and highlights key questions they are struggling with and would like feedback on. The seminar is then devoted to attendees highlighting what they liked about the written product and what their suggestions are for changes. Attendees are also encouraged to provide written feedback and edits to the writer after the seminar.

Writing Bootcamp

Based on past Fellow feedback and scholarly productivity best practices, one week each month is set aside for protected Fellow writing time. In addition to having access to Fellows and Faculty for support and recommendations on writing projects (e.g., timelines, responding to reviews, literature searches), this track is also designed to help Fellows develop practical and helpful writing goals to promote writing accountability.

Professional Development

This track of the seminar is intended to provide Fellows with a broad range of information, tools, and resources that generally fall outside of traditional content or methodologic areas of training in clinical psychology but are nevertheless necessary to achieve a successful career in research. Topics include such things as how to develop a succinct mission statement or elevator speech to easily communicate one's program of research to others; how to build and manage a research team; tips and tricks for time management; how to become an efficient and high-quality reviewer of manuscripts. Other topics are meant to assist the trainee with how to navigate key career transitions (e.g., navigating academic job searches, negotiating job offers) and exposing them to non-academic career opportunities (e.g., working in the private sector, consulting careers).

Advanced Fellowship Program for Mental Illness Research and Treatment (MIRT) V-Tel Didactics

Coordinated by the Advanced Fellowship MIRT Hub Site, these didactics afford Fellows from all participating training sites to join by video-conference (V-Tel). V-Tels are provided **weekly** throughout the academic training year. Each V-Tel Didactic is **two-hours in length**. Fellows are **required to attend a minimum of two V-Tels a month** as follows: a) First Year Fellows are required to attend the first V-Tel of the month and one other V-Tel of their choice; 2) 2nd Year Fellows are required to attend the last V-Tel of the month and one other V-Tel of their choice.

The focus of the V-Tel didactic varies week-to-week. Descriptions are as follows:

First and Third Wednesdays

On the first and third Wednesdays of each month, the Hubsite leads the V-Tel Core Didactic Series on Career Planning, Statistics, Clinical Issues, Treatment, Neuroscience of Mental Health, and Scientific Writing. Topics in

this seminar include research methods and biostatistics, academic citizenship, work-life balance, career development, and scientific writing.

Second Wednesday

On the second Wednesday of each month, Fellows attend the Grant Writing Seminar V-Tel, which afford Fellows the opportunity to receive and/or provide critical feedback on grants they are developing and receive training on grant preparation. Specific Aims, grant prospectus, or full drafts may be reviewed.

Fourth Wednesday

On the fourth Wednesday of each month between January and June, Fellows attend the Fellow Presentations and Early Career Launching Didactics V-Tel, which affords Fellows the opportunity to receive and/or provide critical feedback on presentations of their work. These are targeted to those who may be doing job talks, conference presentations, etc. Each V-Tel has a guest expert in the topic of focus for that week (e.g., PTSD Treatment) who provides Fellows feedback and career guidance. Note: In November and December, the fourth Wednesdays do not have a scheduled V-Tel due to Thanksgiving and the Holidays.

Other Educational Opportunities for Postdoctoral Fellows

Our rich training environment offers a myriad of additional training opportunities in which Fellows may participate if/when they choose. These include several VA clinical research centers (e.g., GRECC, Ci2i, MIRECC) who offer regular seminars or grand rounds. Additionally, NCPTSD D&T Fellows are also invited to attend special seminars that may be of interest to them that are being offered/organized for the VAPAHCS Clinical Psychology Postdoctoral Seminar Series (e.g., *Effective Psychotherapists: Clinical Skills that Improve Client Outcomes*, *How White Spatiality, White Time, and White Supremacy Impact the Lives of our Clients of Color*).

California Psychology licensing law requires that psychologists have specific training in Human Sexuality, Child Abuse Assessment and Reporting, Partner/Spousal Abuse Assessment and Treatment, Aging and Long-term Care, and Substance Dependence Assessment and Treatment. With the exception of Partner/Spousal Abuse training (now requiring 15 hours), we provide each of these classes during the year as part of the predoctoral internship seminar; Fellows who have not already received training in any of these areas are welcome to attend when the topics are covered for the interns.

Licensed psychologists in California are required to have continuing education (CE); VAPAHCS is approved by APA to provide CE, and most CE training for staff is open to Fellows. In addition, each year there are several full day conferences at the VAPAHCS attended by interdisciplinary staff and open to trainees; topics vary from year to year (e.g., 2023 6-hour CE workshop: *Future of Psychology: Treatment, Equity, and Systems*).

Fellows also can attend optional educational didactics at Stanford University. The Stanford University Office of Postdoctoral Affairs has occasional trainings on professional development, CV prep, grant prep, etc. The Department of Psychiatry and Behavioral Sciences also hosts a weekly Grand Rounds on various topics (e.g., recent examples include “Evidence-based Mental Health Care, Implementation Science, and the Innovation of Participatory System Dynamics” and “Integrating Neuroscience into 21st Century Psychiatry Training: Lessons from the National Neuroscience Curriculum Initiative”). Each Fall, the Department of Psychiatry and Behavioral Sciences holds the weekly Methodology of Research Behavioral Sciences class which is organized around essential statistical/methodological issues researchers encounter in psychiatric research.

Many of our Fellows participate in Stanford's Mental health Technology and Innovation Hub. The Tech Hub brings together scientists, clinicians, and educators at Stanford, the VA, and beyond to share their ideas and work at the intersection of mental health technology and innovation. The Tech Hub supports faculty and trainees in the Department of Psychiatry and Behavioral Sciences by helping to identify resources, services, and collaborators both within and outside of Stanford to advance their MH technology efforts. The Tech Hub consists of several cores, including an Education and Training Core and invites international experts to give Department Grand Rounds and special Tech Hub webinars. NCPTSD Fellows are invited to join open discussion/Q&A sessions coordinated by the Tech Hub to talk with these experts following their Grand Rounds.

Fellows also attend numerous NCPTSD lectures and presentations. This includes a weekly All-Staff meeting in which NCPTSD D&T Division employees provide a presentation on their research or education efforts, a monthly NCPTSD research lecture where a NCPTSD investigator shares their latest empirical findings from their research program, quarterly NCPTSD DEI and Education lectures, and monthly CE offerings from our Tech Into Care team.

NCPTSD fellows have access to all seminars and CEs offered nationally through the VA, many of which are archived in the VA's training system. Fellows are encouraged to attend national webinars that are of interest to their clinical and research areas and/or to supplement training offered by Fellowship (e.g., seminars/presentations on culturally responsive DEI supervision, PTSD assessment or intervention in special populations, advances in mental health technology).

We strongly encourage but do not require Fellows to prepare for and attain California licensure during their Fellowship year. More information about licensure in California can be found at <https://www.psychology.ca.gov/>.

Training Objectives for the Fellowship Year

We have two overarching goals for our postdoctoral training program:

1. Fellows will develop the full range of skills required for general advanced practice competencies in clinical psychology.
2. Fellows will develop skills required for advanced practice in a high priority area of health care for veterans (e.g. PTSD).

Competencies for our first goal are defined by the general advanced practice competence domains identified by APA's Commission on Accreditation. Specifically, Fellows are expected to demonstrate, by the end of their tenure with us (2 years) advanced competence in the following areas:

- Integration of Science and Practice
- Individual and Cultural Diversity
- Ethical and Legal Standards
- Clinical Assessment, Diagnosis, and Intervention
- Consultation, Supervision, and Teaching
- Organization, Administration, Management, and Program Evaluation

The competencies for our PTSD emphasis are defined as much as possible by nationally accepted (or emerging) criteria defining expertise in the specific area of emphasis. National standards defining competency in the treatment of PTSD are evolving; the specific skills to be developed in the PTSD emphasis area are

derived from a review of number of relevant and respected sources (for example, the NCPTSD and the APA Division 56 - Trauma Psychology), as well as from review of existing core competencies in other PTSD postdoctoral Fellowships. Many of the specific competencies for this emphasis area are consistent with the general advanced practice competencies described above. The specific emphasis area competencies are the following:

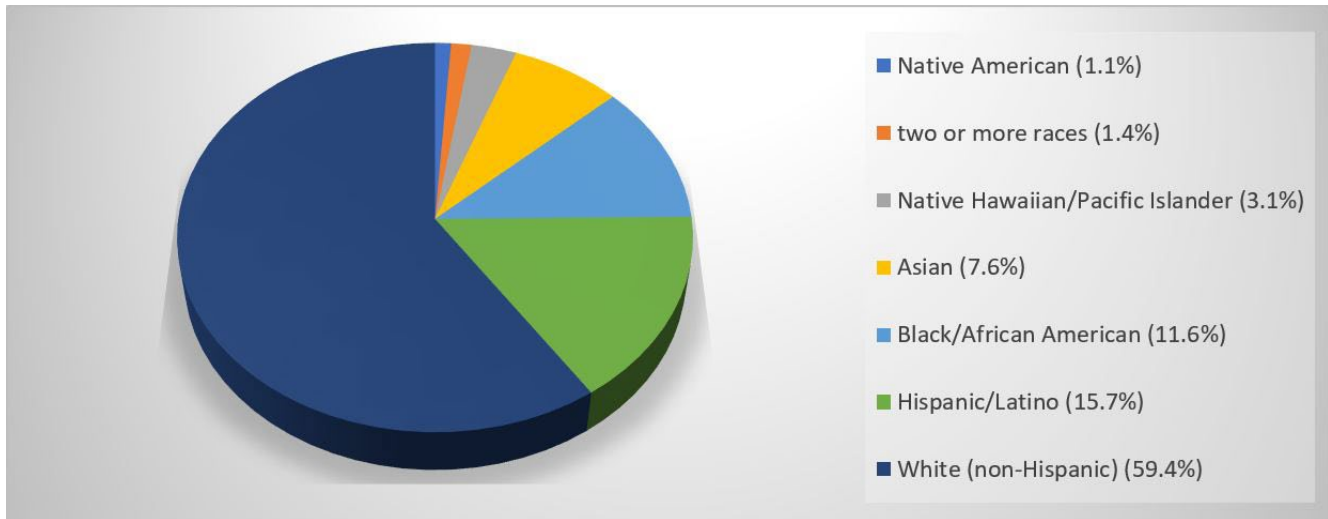
- Differential diagnosis of PTSD compared to other disorders and evidence-based treatments for PTSD and trauma-related disorders (incorporated into general competency in Assessment, Diagnosis and Interventions). This includes core PTSD assessment modalities, assessment modalities pertaining to diagnoses and conditions commonly co-morbid with PTSD, specifically substance abuse disorders, mild to moderate traumatic brain injury, and anxiety disorders other than PTSD, and assessment of therapeutic and programmatic efficacy; empirically validated and supported treatments for PTSD with commonly occurring co-morbid disorders and conditions, specifically substance abuse disorders and mild to moderate traumatic brain injury.
- Competency in providing consultation about PTSD and trauma-related problems (incorporated into general competency in Consultation, Supervision and Teaching). This competency includes knowledge of military culture and its impact on the course and treatment of PTSD, therapist self-care; introduction to empirically validated and supported assessments and treatments for PTSD and trauma-related disorders.
- Understanding of PTSD research and theory as it affects the individual patient, particularly that pertaining to combat-related PTSD in Vietnam and post-Vietnam era veterans (e.g., Operation Enduring Freedom and Operation Iraqi Freedom), active duty military personnel, military reservists, and National Guard members (incorporated into the general competency in Integration of Science and Practice).

Opportunities for Working with Diverse Patient Populations and for Developing Multicultural Competence

The patient population served by the VAPAHCS is diverse on many dimensions. We serve the entire adult age span (from early 20s to individuals over 100 years old), different sexual orientations (gay, lesbian, bisexual, transgendered), the full spectrum of socioeconomic status and educational levels, and many racial/cultural groups. Although most of the patients are cisgender male, VA Palo Alto has specific women's mental health programs drawing cisgender and transgender female veterans and active-duty personnel from around the nation. Female patients now account for 14% of the VA Palo Alto patient population. VA Palo Alto has specific medical and mental health services for transgender and gender-diverse male and female Veterans. Patients also range in socio-economic status, from high-income employees of local technology companies to low-income and/or homeless veterans.

The largest age group served by VAPAHCS in fiscal year 2022 was Veterans aged 65-74 (25%), followed by 75-84 (21%), 55-64 (15%), 35-44 (12%), 45-54 (10%), 25-34 (9%), and 85+ (8%). A focus of diversity within our patient population has been the proportion of veterans over the age of 65, which allows our Fellows to receive training in working with aging patients with mental illness. With the recent conflicts in Iraq and Afghanistan, our facility also serves the diverse needs of younger Veterans who have served in the military post 9/11 (27% in fiscal year 2022), providing opportunities for our Fellows to serve this Veteran demographic who present with different medical and mental health profiles than older peers that served in prior conflicts.

Excluding Veterans who declined to answer or for whom information was unknown (n=3,224), Veterans served by VAPAHCS in 2022 self-reported the following racial and ethnic identities:



Our program is committed to making systemic and sustained efforts to prioritize DEI and promote social responsiveness in training. We accomplish this by: 1) creating an inclusive, accepting, and welcoming professional environment; 2) integrating DEI and cultural humility throughout our curriculum and training experiences; 3) taking an active role in providing access to DEI mentorship to Fellows; 4) engaging in outreach efforts to encourage new VAPAHCS staff members of diverse backgrounds to participate as clinical supervisors within our Fellowship; and, 5) ensuring shared ownership of D&T Division DEI efforts across D&T Leadership, Faculty, Staff, and Fellows. Bidirectional evaluation of individual and program level efforts is used to monitor our progress and inform programmatic growth.

Training Objectives and Trainee Self-Disclosure in Training and Supervision

In the most recent version of the APA Code of Ethics (2002), APA described what a program can reasonably expect of students in training regarding personal disclosure. Because this clause is particularly relevant for training programs, such as our postdoctoral programs, we have reproduced this ethics clause and discuss how we approach this issue in our training program:

7.04 Psychologists do not require students or supervisees to disclose personal information in course- or program-related activities, either orally or in writing, regarding sexual history, history of abuse and neglect, psychological treatment, and relationships with parents, peers, and spouses or significant others except if (1) the program or training facility has clearly identified this requirement in its admissions and program materials or (2) the information is necessary to evaluate or obtain assistance for students whose personal problems could reasonably be judged to be preventing them from performing their training- or professionally related activities in a competent manner or posing a threat to the students or others.

We fully endorse the spirit of the clause, believing that trainees should not be forced to reveal more personal information than they feel ready to process, until they feel some comfort with the supervisory situation, and feel safety regarding how shared information will be handled. At the same time, self-disclosure is an important part of the training experience and serves at least two important purposes.

First, the supervisor is ultimately legally and ethically responsible for the welfare of any patient seen by the trainee; thus, any important information about the trainee's internal experience that may affect the conduct of assessment or therapy is expected to be a part of the supervision process. Second, the general competencies expected in our program, especially those described under the category of Professionalism, include some particularly relevant to this new ethics clause, e.g.:

- Shows emotional maturity in professional contexts by tolerating ambiguity and anxiety and considering the views of others, even in charged situations.
- Accurately evaluates level of competency and considers own limitations when working with patients; knows when own level of expertise is exceeded; seeks appropriate consultation when needed.
- Demonstrates knowledge of self and the impact of self on the conduct of therapy, within the theoretical perspective being utilized.

Feelings and the thoughts, beliefs, and circumstances that propel them cannot be simply expunged by a psychologist when it comes time to see a patient or to interact with colleagues. Learning to identify, utilize, and control feelings, attitudes, and actions in the consulting room and all other professional interactions is a lifelong process for all psychologists. We believe it is important that supervision be a place where the Fellow is assisted to explore and understand the qualities and experiences that he or she brings to every aspect of professional work and how these facilitate or hinder effective interactions. We intend that Fellows will recognize, improve, and employ those personal qualities that will assist in forming effective working relationships with patients, peers, NCPTSD D&T staff, staff and trainees of other professions with whom they work in the health care system, etc. – all professional work is influenced by the personal qualities of the trainee, and these are appropriately included in the supervisory process. At the same time, we re-affirm that this needs to be done in a sensitive way, in which the Fellow is given time to develop a safe and effective working relationship with the supervisor. This work should occur such that the underlying APA philosophy is respected. Fellows should not be required or forced to divulge information that is not relevant to the work they are doing or in a way that is not designed to promote and enhance professional development.

Evaluation Process

Supervisors, Primary Preceptor (i.e., Research Mentor), secondary Research Mentors, and Fellows are expected to exchange feedback routinely as a part of the supervisory process; other evaluation procedures are meant to formalize this continuous information flow. It is the responsibility of the Training Director, Primary Preceptor, secondary Research Mentors, and Clinical Supervisors to ensure that formal evaluation occurs in a timely and constructive fashion, but Fellows are encouraged and expected to take an active role. Evaluation is a mutual process between Fellows, Supervisors, Primary Preceptors, and the training program as a whole. We believe this is necessary to ensure continued growth for each Fellow and for the training program. Fellows are encouraged to delineate their learning goals, to evaluate their progress at mid-rotation in terms of those original goals, to modify their goals as appropriate, and to plan for attaining these goals during the remainder of the rotation.

We have developed well-specified, measurable exit competencies for our two overarching training goals (i.e., general advanced practice competencies, emphasis area specific competencies). For each clinical setting/experience in the Fellow's training plan, supervisors complete both mid-rotation and end-of-rotation evaluations. Mid-rotation evaluations provide an opportunity for mid-course corrections, while end-of-rotation evaluations are a chance to reflect on overall progress that was made. At the end of each rotation, the Primary Preceptor evaluates Fellow's overall progress toward reaching the general advanced practice

competencies and the emphasis area specific competencies, based on feedback from supervisors and on their own experience working with the Fellow. If any supervisor notes a problem that could affect successful completion of the Fellowship, Due Process procedures are in place to work towards resolution of the problem if possible. The Due Process procedure is reviewed in detail with Fellows during orientation at the start of the year.

Application and Selection Process

Selection of Fellows is done by the Postdoctoral Selection Committee, with input from the staff in using the following criteria (not in priority order):

- Breadth and quality of previous general clinical or counseling training experience
- Breadth, depth, and quality of training experience areas relevant to the NCPTSD mission
- Quality and scope of scholarship, as indicated by level of complexity of prior projects/work and past productivity (i.e., research, publications, and presentations)
- Relationship between clinical and research interests/experience of the applicant
- Evidence of personal maturity and accomplishments
- Thoughtfulness of personal statement
- Goodness of fit between the applicant's stated objectives and the training program and medical center's resources
- Commitment to DEI, as evidenced by valuing of diversity through prior work and/or sensitivity/awareness to diversity considerations
- Strength of letters of recommendation from professionals who know the applicant well

The Fellowship program follows a policy of selecting the most qualified candidates and is an Equal Opportunity Employer. Our commitment to diversity includes attempting to ensure an appropriate representation of individuals along many dimensions, including (but not limited to) gender, sexual orientation, age, ethnic/racial minorities, and persons with disabilities.

In order to apply to the NCPTSD D&T VA Advanced Fellowship program, you must submit **via email** the required application materials listed below. The fellowship brochure is updated in the fall each year and may be viewed or downloaded at <https://www.va.gov/palo-alto-health-care/work-with-us/internships-and-fellowships/>.

For questions related to the application process or program content, please contact the Training Director, Sarra Nazem, Ph.D. at Sarra.Nazem@va.gov.

Application Requirements List

1. A personal statement of professional goals and interests that strictly follows the instructions. Please review the NCPTSD Fellowship Training Brochure, which describes our programs training goals and opportunities with Training Faculty. In your letter please describe:
 - Your previous educational, clinical and research experiences
 - Your areas of clinical and research interest and its alignment with the NCPTSD emphasis area and mission
 - Specific clinical and research goals and objectives for your Fellowship year
 - Your career “next steps”

Note: Your Statement of interest should be no more than 2 pages and include the names of the three individuals expected to provide references.

2. Current Curriculum Vitae
3. Work Sample, such as a published manuscript on which you are first author or other written product that highlights your work relevant to PTSD
 - **All application materials from you (#1-3) should be sent via email to Sarra.Nazem@va.gov in one email.** A separate electronic cover letter is not expected (note that any text in your transmittal email will not be saved as part of your application).
4. Three letters of reference from faculty members or clinical supervisors who know your research work well. **One of these letters must be from your primary research mentor.** Letter writers should email an electronic copy from his/her/their university or agency email address, and this will be considered an official “signed” copy. We encourage letter writers to send documents as Microsoft Word or Adobe Acrobat files
 - **Letters from your recommendation letter writers (# 4) should be emailed to Sarra.Nazem@va.gov** from their institutional (e.g., university or agency) email address with your name indicated in the subject line. We encourage all files to be sent as Microsoft Word or Adobe Acrobat files. Please do not mail any materials in hard copy form.

Deadlines

Application Due Date

Applications will be reviewed on a rolling basis until March 2024 or until the position is filled. Incomplete applications will not be read by the Postdoctoral Selection Committee.

Interviews

Applicants selected for an interview will be invited to interview by video conference.

Further information can be obtained by contacting the Training Director, Sarra Nazem at Sarra.Nazem@va.gov.

Living in the San Francisco Bay Area

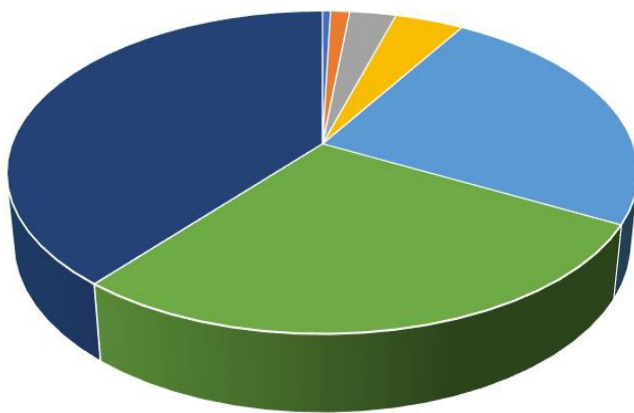
The San Francisco Bay Area is a geographically and ethnically diverse area surrounding the San Francisco Bay in Northern California. Home to world-class universities such as Stanford University and UC Berkeley as well as the headquarters of leading Silicon Valley high-tech companies such as Google, Yahoo!, Facebook, Apple, and eBay, the Bay Area is one of the most culturally, intellectually, and economically dynamic areas of the country. Palo Alto is located on the San Francisco Peninsula about 35 miles south of San Francisco, which is referred to as “The City” and the cultural center of the Bay Area.



The Bay Area has three major airports (San Francisco International, San Jose Mineta International, and Oakland), as well as an extensive freeway system. Public transportation on BART (Bay Area Rapid Transit) and local bus systems connect the cities and suburbs of the Bay Area, though most residents drive themselves. Housing for renters and homebuyers is one of the most expensive in the country.

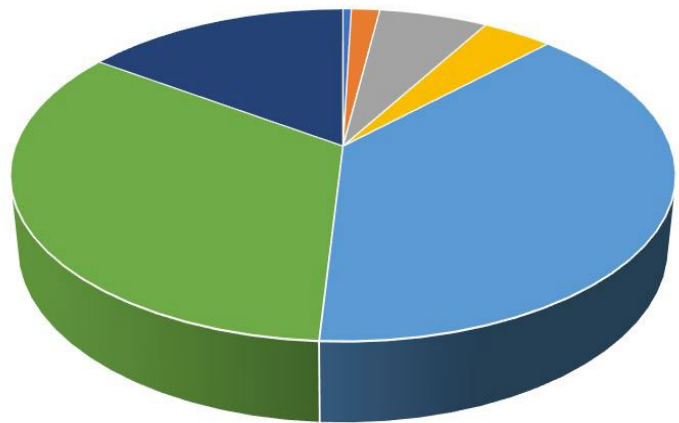
The Bay Area is the twelfth most populous metropolitan area in the United States, with high levels of international immigration. Palo Alto is part of Santa Clara County which has slightly different demographics than the Bay Area overall, with greater numbers of Asians and Asian Americans and fewer numbers of African Americans. Also, forty percent of the people living in Santa Clara County were foreign-born. There are 46,591 Veterans living in Santa Clara County. See pie charts below for specifics on state and county demographics from U.S. Census data (retrieved May 25, 2023 from <https://www.census.gov/quickfacts/fact/table/santaclaracountycalifornia/PST045216> and <https://www.census.gov/quickfacts/fact/table/CA/PST045216>).

Santa Clara County Demographics



- Native Hawaiian/Pacific Islander (0.5%)
- Black/African American (2.9%)
- Hispanic/Latino (25.0%)
- Asian (40.3%)
- Native American (1.2%)
- two or more races (4.3%)
- White (non-Hispanic) (28.9%)

California Demographics



- Native Hawaiian/Pacific Islander (0.5%)
- Black/African American (6.5%)
- Hispanic/Latino (40.2%)
- Asian (15.9%)
- Native American (1.7%)
- two or more races (4.2%)
- White (non-Hispanic) (35.2%)



The region has a lot to offer, making the Bay Area one of the most desirable places to live in the country – mild weather, beaches, mountains, and open space perfect for outdoors enthusiasts, a thriving business and technology sector, and excellent universities and academically-affiliated medical centers providing resources for intellectual and scholarly activities. Visitors and residents alike can enjoy the diversity of social and cultural attractions, such as museums, cultural events,

top-rated restaurants, and wineries in the Napa and Sonoma Valleys. In addition to easily accessible outdoor recreation areas for skiing, surfing, hiking, and biking, sports fans can follow the many Bay Area sports teams (Oakland A's, SF Giants, SF 49ers, San Jose Sharks, Golden State Warriors). If you come to NCPTSD for fellowship, we hope you will have many opportunities to explore and enjoy living this great area!

Contact Information

The NCPTSD is open for business Monday through Friday, 8AM - 4:30PM Pacific Time, except on Federal holidays. The Fellowship administration can be reached at the following address and contact information:

Sarra Nazem, Ph.D.

Director, VA Advanced Fellowship in PTSD Research and Treatment
VA Palo Alto Health Care System
795 Willow Road (334-NCPTSD)
Menlo Park, CA 94025
Telephone: (650) 614-9997 x25909 or 650-796-8208
Email: Sarra.Nazem@va.gov

Ella Koosis, MPH

Program Manager, VA Advanced Fellowship in PTSD Research and Treatment
VA Palo Alto Health Care System
795 Willow Road (334-NCPTSD)
Menlo Park, CA 94025
Telephone: (650) 493-5000 x2-25588
Email: ella.koosis@va.gov

An electronic copy of this brochure may be obtained at [National Center For PTSD - VA Advanced Fellowship Program In Mental Illness Research And Treatment | VA Palo Alto Health Care | Veterans Affairs](#) or by emailing ella.koosis@va.gov. Thanks for your interest in our program. For questions, please contact the Fellowship Program Manager or Fellowship Director at email addresses listed above.

The VA Palo Alto Health Care System Psychology Service has an APA-accredited postdoctoral fellowship program. The APA Office of Program Consultation and Accreditation can be reached at the American Psychological Association, 750 First St. NE, Washington DC 20002; phone number (202) 336-5500; email apaaccred@apa.org; website <http://www.apa.org/ed/accreditation/>

Reviewed by: Sarra Nazem, Training Director

Date: December 2023



Appendix A

National Center for PTSD, D&T Fellowship Mentors

Daniel M. Blonigen, Ph.D., Researcher, HSR&D Center for Innovation to Implementation (Ci2i)

Dr. Blonigen is a clinical psychologist and mental health services researcher at the HSR&D Center for Innovation to Implementation (Ci2i). He is an Associate Director for Ci2i, where he leads the Mental Health Core. Dr. Blonigen is also a Clinical Associate Professor (Affiliated) in the Department of Psychiatry and Behavioral Sciences, Stanford University School of Medicine. Dr. Blonigen is a former Career Development Awardee with VA Clinical Science R&D Service, for which he studied the clinical utility of personality assessment for Veterans in substance use disorder (SUD) specialty care. His current research mission is to identify and develop innovations to increase access and engagement in substance use and mental health care for vulnerable populations. In particular, he is interested in testing the effectiveness and implementation potential of mobile health and peer-based interventions for justice-involved and homeless veterans. He is currently leading or co-leading multisite trials of behavioral interventions for justice-involved and homeless veterans. He is also funded by VA HSR&D to tailor smartphone applications for self-management of unhealthy drinking for veteran primary care patients and use of peer specialists to increase patient engagement with these apps.

Eve Carlson, Ph.D., Investigator, NCPTSD Dissemination & Training Division

Dr. Carlson is a clinical psychologist and a senior researcher with the Dissemination and Training Division of the National Center for Posttraumatic Stress Disorder and the Palo Alto VA Health Care System and a Clinical Professor in the Dept. of Psychiatry and Behavioral Sciences at Stanford School of Medicine. Dr. Carlson's research focuses on assessment, risk prediction, and increasing access to care through use of peer coaches and online programs that foster mental health. Her recent projects included: development of risk factor prediction measures for military, VA, and civilian populations, development of other trauma-related measures (dissociation, trauma exposure, emotion regulation, self-destructive behavior, and impairment of relationships related to deployment or traumatic stress), multivariate prediction of responses to traumatic stress in traumatic injury patients, research on intensive ("real time") assessment of responses to trauma, research on early care to prevent posttraumatic psychological disorder, and a pilot study of the feasibility and acceptability of automated recruitment, screening, and enrollment of participants in a study of peer-supported use of VA online courses on problem-solving. Her research has been funded by NIMH, and VA Clinical Science R & D, and VA Health Services R & D and recognized by awards from the International Society for Traumatic Stress Studies (ISTSS) and the International Society for the Study of Trauma and Dissociation. She is a past President of ISTSS and has served three terms on its Board of Directors. She has served on several journal editorial boards and on NIH and VA grant review panels. Dr. Carlson can serve as a mentor on research related to her areas of expertise.

Marylene Cloitre, Ph.D., Investigator, NCPTSD Dissemination & Training Division and Clinical Professor (Affiliate) of Psychiatry and Behavioral Sciences, Stanford University

Dr. Cloitre's primary research involves the evaluation of Skill Training in Affective and Interpersonal Regulation (STAIR), an intervention that focuses on enhancing emotion management and relationship skills in trauma-exposed populations, particularly for those with repeated and chronic trauma histories, such as Veterans who have experienced Military Sexual Trauma (MST). She is adapting STAIR for use in primary care with a focus on matching interventions to patient identified problems. She is also implementing technologies to increase the dissemination of evidence-based treatments. This includes the use of technology that supports home-based services and the development of web-based self-guided interventions, which includes the newly developed webSTAIR program that is being disseminated to rural women Veterans. Dr. Cloitre has received funding from the National Institute of Mental Health (NIMH) and other government agencies as well as private foundations. She received her Ph.D. from Columbia University. Before joining NCPTSD, Dr. Cloitre was a Professor of Psychiatry and of Child and Adolescent Psychiatry at the New York University Langone School of Medicine. Dr. Cloitre is a past-president of the International Society for Traumatic Stress Studies (ISTSS) and a member of the WHO ICD-11 Working Group for Trauma and Related Disorders. She is also on the Board of Directors for the Anxiety Disorders Association of America (ADAA) and on the Advisory Board of Tuesday's Children, a grassroots organization of 9/11 families that have lost a parent.

Rachel Kimerling, Ph.D., Investigator, NCPTSD Dissemination & Training Division & VA HSR&D Center for Innovation to Implementation

Dr. Kimerling is a Clinical Psychologist conducting health services research. Dr. Kimerling completed her undergraduate education at Duke University and received her Ph.D. from the University of Georgia. She completed her internship at VA Palo Alto and a post-doctoral fellowship at the Stanford University School of Medicine. In former roles with VA mental health services, Dr. Kimerling developed and implemented performance monitoring methods for military sexual trauma (MST) screening and treatment. This research team provides excellent opportunities for exposure to 'big data' through analysis of VA administrative data, psychometrics, and epidemiology. Dr. Kimerling's active research projects include the development and validation of a patient-reported measure of healthcare engagement; Examination of health literacy among Veterans with PTSD and implications for assessment and education; and the long-term health effects of Vietnam service among women Veterans. Dr. Kimerling has a strong commitment to mentoring and is a past member of the VA HSR&D Career Development Award (CDA) Review Committee, the HSR&D CDA Enhancement Advisory Panel, and is a member of the VA HSR&D National Mentoring Network.

Eric Kuhn, Ph.D, Investigator, NCPTSD Dissemination & Training Division

Dr. Kuhn is a clinical psychologist in the National Center for PTSD and a Clinical Associate Professor (Affiliated) at Stanford University School of Medicine. Dr. Kuhn completed his Ph.D. at the University at Albany, SUNY and clinical internship at the VA Palo Alto Health Care System Psychology Internship Training Program. He then completed the 2-year MIRECC/Stanford Advanced Fellowship in Mental Health Research and Treatment. Dr. Kuhn's research focuses on using technology, both web and mobile, to increase access to and engagement in PTSD and related mental health care and to make care more patient centered, efficient, and effective. Dr. Kuhn is a CA licensed psychologist with extensive training in both Cognitive Processing Therapy and Prolonged Exposure Therapy. He is a cofounder of the Center's Mobile Mental Health Program and has ongoing funded lines of research investigating digital mental health interventions (DMHIs). Dr. Kuhn serves as a research mentor to NCPTSD postdoctoral fellows, as well as other psychology trainees, and enjoys and values serving in this role. *Dr. Kuhn is accepting fellowship applications for 2024-2025 training year.*

Steven E. Lindley, M.D., Ph.D., Director of Outpatient Mental Health, VAPAHCS

Dr. Lindley directs the Physician Track of the Advanced Mental Health Fellowship. Dr. Lindley has a joint appointment at the VA and at Stanford, where he is an Associate Professor of Psychiatry and Behavioral Sciences. He completed his undergraduate training at Michigan State University, where he also obtained his M.D. and his Ph.D. in Neuroscience. Dr. Lindley completed his Psychiatry Residency and a Clinical Research Fellowship at Stanford. He is a diplomate in both Psychiatry and Psychosomatic Medicine. Dr. Lindley's responsibilities include overseeing mental health, social work, and homeless services at the VA Palo Alto Health Care System. Dr. Lindley was previously a Staff Psychiatrist at the residential Trauma Recovery Program (then part of the National Center for PTSD) at the Palo Alto VA. Dr. Lindley's research interests focus on advancing population health through innovations in health care delivery that will improve access to and quality of mental health care. He is site PI or Co-Investigator on four studies funded by VA, NIMH, and DOD. Dr. Lindley is regularly involved in mentoring and training Stanford Psychiatry Residents at the Palo Alto VA. Dr. Lindley will contribute expertise in psychopharmacological research, clinical management of PTSD, administrative challenges in treatment implementation, and will be a potential research mentor.

Margaret-Anne (Maggi) Mackintosh, Ph.D., Clinical Research Psychologist, NCPTSD Dissemination & Training Division

Dr. Mackintosh's research and clinical focuses on enhancing trauma survivors' quality of life across their lifespans by improving access to and engagement in tailored posttraumatic-related mental health care. Her two areas of current focus are developing a stream of data analytics research for mobile mental health tools and continuing her work in anger management interventions. Theoretically, much of her work focuses on understanding the mechanisms of action in CBT treatments for PTSD and associated comorbidities along the continuum of care (e.g., self-help, brief coaching, weekly individual treatment). Methodologically her work focuses on quantitative analysis of longitudinal data, often derived from RCTs and more recently branching into app-based data. Fellows working with Dr. Mackintosh will have

opportunities to work with mobile app data, secondary analyses of PTSD treatment data, with an emphasis on learning data analysis methods, if desired. [Dr. Mackintosh is accepting fellowship applications for 2024-2025 training year.](#)

Shannon McCaslin-Rodrigo, Ph.D., Clinical and Research Psychologist, NCPTSD, Dissemination & Training Division and Clinical Associate Professor (Affiliated), Stanford University

Dr. McCaslin-Rodrigo has been conducting clinical and research work in the area of traumatic stress, primarily among veterans, for over 15 years. Her research has focused on understanding risk and resilience for posttraumatic stress and related conditions and the relationship between posttraumatic stress/associated conditions and functioning in social, academic, and occupational domains. Dr. McCaslin-Rodrigo completed a CSR&D Career Development Award in 2012 specifically focused on understanding mediators and moderators of psychosocial functioning among Veterans with PTSD. She has also focused on finding ways to better provide services to veterans, including modification of evidence-based protocols and dissemination of best practices. Current research projects include a study of the feasibility of delivering a brief intervention to reduce anxiety following stressor and trauma exposure in Service Members and Veterans who have deployed; a study to develop a measure of military acculturation which will allow clinicians and providers to better understand the role of identification with military culture on transition to the civilian setting and mental health outcomes; and a study to evaluate and understand how to improve educational tools (i.e. web-based tools and military culture training) for providers in the community that see Veterans for treatment. In addition, Dr. McCaslin-Rodrigo has taken the lead on the development of and manages a VA website for behavioral health providers seeing Veterans in their communities (The Community Provider Toolkit; www.mentalhealth.va.gov/communityproviders).

Carmen McLean, Ph.D, Clinical Psychologist, NCPTSD Dissemination & Training Division and Clinical Associate Professor (Affiliated), Stanford University

Dr. McLean completed her Ph.D. at the University Nebraska-Lincoln and clinical internship at the Chicago University Medical Center. She completed a 2-year postdoctoral fellowship at the Boston VA Health Care System and then worked at the University of Pennsylvania with Dr. Foa for 7 years. Dr. McLean has expertise in treatment outcome research and exposure therapy for PTSD. Her research aims to increase the reach of evidence-based treatment for PTSD by using technology (web-based exposure therapy, mobile apps), addressing implementation barriers (e.g., clinic-level organizational factors), and by delivering treatment in intensive treatment formats. She is currently Co-PI of a DoD-funded study to increase the implementation of prolonged exposure for PTSD in the military health system and PI of a FEMA-funded study to test an integrated intensive treatment for PTSD, insomnia, and nightmares in firefighters. She serves on the editorial board for Cognitive Behavioral Practice and the Journal of Anxiety Disorders. Dr. McLean is a licensed clinical psychologist and can offer expertise in exposure therapy for PTSD, treatment outcome research, and in treatment dissemination and implementation. [Dr. McLean is accepting fellowship applications for 2024-2025 training year.](#)

Sarra Nazem, Ph.D., Deputy Director and Training Director, NCPTSD Dissemination & Training Division

Dr. Nazem completed her clinical internship at the VA Palo Alto, earned her Ph.D. in Clinical Psychology from West Virginia University, and completed a two-year advanced fellowship at the Rocky Mountain Mental Illness Research, Education & Clinical Center (MIRECC) at the Rocky Mountain Regional VAMC. Dr. Nazem's research program utilizes innovative methods to provide empirical data informative to both upstream and downstream suicide prevention approaches. One line of her research program seeks to improve our understanding of the mechanisms underlying suicide risk and a second line involves the study of sleep disturbances and self-directed violence. She has conducted studies that inform our understanding of the mechanisms underlying the development of the acquired capability to inflict lethal self-injury, as well as studies examining the association between suicidal behaviors and factors such as insomnia, nightmares, TBI, chronic pain, and incarceration. Prior to joining NCPTSD, Dr. Nazem led the national efforts behind the development of suicide postvention resources for the VA, serving as the Director of [Uniting for Suicide Postvention](#), a VA website that features multimedia resources aimed at increasing awareness of, and support for, suicide postvention. Dr. Nazem's clinical interests include suicide prevention (assessment, management, intervention, postvention) and digital mental health. Dr. Nazem is the Associate Editor for the Journal of Clinical Psychology. Although not available as a Primary Research Mentor, Fellows who have shared interests with Dr. Nazem could join her in manuscript writing opportunities that leverage data from her recent RCTs (computerized insomnia intervention) and/or

national data. Dr. Nazem is also interested in working closely with any Fellows interested in diversity, equity, inclusion, and accessibility as it relates to administrative leadership (e.g., program development, training).

Jason Owen, Ph.D., MPH, Investigator, NCPTSD Dissemination & Training Division

Dr. Owen is a licensed clinical psychologist and mobile apps team lead for the National Center for PTSD. He completed his undergraduate studies at Duke University, doctoral and public health degrees at the University of Alabama at Birmingham, and internship and post-doctoral training at the University of California, Los Angeles. Dr. Owen's research interests focus on the use of technology to maximize the public health impact of psychological interventions for those with PTSD and other chronic physical and mental health conditions. He is currently funded by NIH to examine the impact of social networking on outcomes of web-based interventions. He is currently conducting research related to continuous evaluation of population-facing mobile apps, mechanisms to improve engagement with self-guided interventions, and clinical dashboards to improve provider-patient communication and reduce premature dropout from treatment. Current ongoing studies include pilot trials of PTSD Family Coach for caregivers of Veterans with PTSD, Couples Coach for addressing functional problems in Veterans and their partners, Mindfulness Coach in Veterans with PTSD and those experiencing cancer-related medical trauma, and VetChange for reducing problem drinking in Veterans with PTSD. Additionally, Dr. Owen is helping to coordinate a team focused on UX (User Experience) design to elicit Veteran and stakeholder input on PTSD Coach, Family Coach, and other apps in NCPTSD's portfolio of mobile mental health apps. Dr. Owen has provided clinical and research supervision for many practicum students and interns and contributes expertise in web and mobile-based interventions.

Craig S. Rosen, Ph.D., Director, NCPTSD Dissemination & Training Division

Dr. Rosen is Director of the Dissemination & Training Division and Professor of Psychiatry and Behavioral Sciences at Stanford University. He is also an investigator in the VA HSR&D Center for Innovation to Implementation. Dr. Rosen completed his undergraduate training at M.I.T., received his Ph.D. in Clinical Psychology from Yale, and completed a postdoctoral fellowship at the Stanford/VA Center for Innovation to Implementation. His research focuses on improving access to high-quality PTSD care by increasing implementation of best practices, improving patient engagement, and using telemedicine technologies to expand reach of care. His research has been funded by the VA and by the Department of Defense. He and Dr. Carmen McLean are leading a four-year Department of Defense study of a tailored intervention toolkit to improve implementation of Prolonged Exposure therapy in military treatment facilities. His other ongoing and recent collaborations include a qualitative evaluation of VA's implementation of measurement-based care, evaluation of the national PE Training Program, and the PERSIST study examining organizational factors impacting use of evidence-based psychotherapies for PTSD. Dr. Rosen and has mentored several HSR&D and NCPTSD postdoctoral fellows who have gone on to academic or VA careers. He serves on the Editorial Board of the *Journal of Traumatic Stress*. Dr. Rosen contributes expertise in health services research, improving implementation of best practices for PTSD, and mixed-methods (quantitative/qualitative) research.

Shannon Wiltsey Stirman, PhD., Clinical Psychologist, NCPTSD Dissemination & Training Division

Dr. Stirman completed her undergraduate training at St. John's College, Santa Fe, and received her PhD in Clinical Psychology from the University of Pennsylvania. After completing a postdoctoral fellowship at the University of Pennsylvania, Dr. Stirman became an investigator in the Women's Health Sciences Division of the National Center for PTSD. In 2015, she transferred to the Dissemination and Training Division of the National Center for PTSD. Her research interests center around the implementation and sustainability of evidence-based psychosocial treatments in public mental health treatment settings. Her research has been funded by the National Institute of Mental Health and the Canadian Institute of Health Research. Current and recently completed projects include a funded study to compare two different strategies to improve and sustain the delivery of Cognitive Processing Therapy across three different healthcare systems, a study to develop a more streamlined strategy to assess treatment fidelity using mobile apps and CBT worksheets, a study to compare different strategies for consultation and training in evidence-based psychotherapies, and a randomized controlled trial to study the effectiveness of cognitive processing therapy delivered via asynchronous messaging. Secondary data from these studies include session recordings and clinical materials for fidelity assessment and process ratings, recordings of consultation sessions, symptom measures, clinician and

administrator interview data, and therapist and organization-level assessments of implementation constructs. Her clinical expertise includes cognitive behavioral therapies, cognitive processing therapy, suicide risk assessment and prevention, PTSD, and depression. She serves on editorial boards and has led and advised implementation-focused special interest groups in national professional associations. She is available to mentor Fellows on implementation theory and research and use of digital mental health approaches to increase access to care, and to serve as a clinical mentor. *Dr. Wiltsey Stirman is accepting fellowship applications for 2024-2025 training year.*

Steve H. Woodward, Ph.D., Director PTSD Sleep Laboratory, NCPTSD Dissemination & Training Division

Dr. Woodward is a staff investigator at the Dissemination and Training Division of the National Center for PTSD and Director of the PTSD Sleep Research Laboratory. He completed his undergraduate training at Brown University and received his Ph.D. in Clinical Psychology from the University of Southern California. He completed a postdoctoral clinical fellowship in Geropsychology at the VA Palo Alto Health Care System, and an NRSA Individual Research Fellowship at Stanford University. He has established research programs in PTSD-related sleep disturbance, advanced actigraphic sleep recording, cognitive psychophysiology, and structural neuroimaging. He is currently funded by the NIMH to study remote sleep recording as methodology in suicide surveillance. Dr. Woodward has supervised undergraduates, practicum students, interns and postdoctoral fellows pursuing research careers. He has served on various research related committees at the VA Palo Alto Health Care System and Stanford University, the Editorial Board of Chronic Stress, and as an ad hoc reviewer on numerous grant review committees. Dr. Woodward can provide expertise on PTSD-related sleep disturbance and psychophysiological research on PTSD as a research mentor.

Lindsey Zimmerman, Ph.D., Investigator, NCPTSD Dissemination & Training Division

Dr. Zimmerman is a clinical and community psychologist who enlists qualitative and quantitative research methods in her work. Her research has been funded by National Institute of Alcohol Abuse and Alcoholism (NIAAA), National Institute on Drug Abuse (NIDA), VA Health Services Research and Development (HSRD), and the Substance Abuse and Mental Health Services Administration (SAMSHA). Dr. Zimmerman's mentorship expertise includes participatory and systems science approaches to improving healthcare quality, and she is a current core faculty mentor of the Implementation Research Institute (IRI) and prior faculty mentor of the Training Institute for Dissemination and Implementation Research in Health (TIDIRH). Dr. Zimmerman partners with VA stakeholders (local leadership, frontline staff, national program offices, and Veteran patients) to use participatory system dynamics modeling to reduce delays and increase the reach of evidence-based psychotherapies and pharmacotherapies in outpatient mental health. She leads the Office of Mental Health and Suicide Prevention (OMHSP) national quality improvement initiative, *Modeling to Learn*, and her two active national multisite cluster randomized trials are funded through 2024 and focus on PTSD, depression, alcohol use disorder and opioid use disorder. Dr. Zimmerman's team, Team Participatory System Dynamics (Team PSD), emphasize health equity as a priority and have expertise in use of VA administrative and electronic health record data drawn from the enterprise-wide VA health system SQL database. Team PSD uses the R programming language and the open source coding platform, GitHub, to conduct statistical analyses. She is a licensed clinical psychologist with proficiency in PTSD and substance use disorder (SUD) treatments, including relapse prevention, motivational interviewing, prolonged exposure, cognitive processing therapy, acceptance and commitment therapy and family systems intervention. Because Dr. Zimmerman's team focuses on participatory research methods to improve the quality of healthcare systems, training with this team provides exceptional opportunities for evaluating mechanisms of change in randomized implementation trials and for developing skills with implementation facilitation and capacity-building engagement with a wide range of multidisciplinary VA stakeholders from across the United States.