

Psychology Postdoctoral Residency Program



Southeast Louisiana Veterans Health Care System
 Mental Health Service (117)
 P.O. Box 61011
 New Orleans, LA 70119-1011
 800-935-8387
<http://www.neworleans.va.gov>

Applications Due: December 15, 2024

Accreditation Status

The postdoctoral residency at the Southeast Louisiana Veterans Health Care System is fully accredited by the Commission on Accreditation of the American Psychological Association. The program has been accredited since June 2012. Our next site visit will be in 2027.

Information or questions regarding the accreditation status of this program can be obtained from:

Office of Program Consultation and Accreditation
 American Psychological Association
 750 First Street, N.E.
 Washington, DC 20002-4242
 (800) 374-2721
 (202) 336-5979
<https://www.apa.org/ed/accreditation/index>

Application & Selection Procedures

Eligibility: Applicants must be U.S. citizens and have completed training in an American Psychological Association (APA), Canadian Psychological Association (CPA), or Psychological Clinical Science Accreditation System (PCSAS)-accredited clinical or counseling psychology doctoral program and an APA-accredited psychology internship. All requirements for the doctoral degree must be completed prior to the start of the postdoctoral residency year. Please see the section on "Additional Information on Federal Employment" at the end of this brochure for additional conditions and expectations. As an equal opportunity training program, the residency welcomes and strongly encourages applications from all qualified candidates, regardless of gender, race, ethnicity, sexual orientation, disability or other minority status.

The application and selection process has been designed in accordance with the policies and procedures developed by the Association of Psychology Postdoctoral and Internship Centers (APPIC), including notification of selection ([Common Hold Date](#)). Click on the following link to access the [APPA CAS \(APPIC Psychology Postdoctoral Application\)](#). Complete the basic demographic, education, clinical training information, and transcripts required of all applicants for all APPA CAS programs. APPA CAS allows you to request letters of recommendation electronically which are then uploaded by the letter writer. (Note: APPA CAS refers to letters of recommendation as "Evaluations"). The specific requirements for the SLVHCS program are indicated below as well as within the APPA CAS system.

The following application requirements must be included (uploaded) in the APPA CAS for all of the postdoctoral residency positions:

1. A letter of interest that identifies career goals, expectations, and goodness of fit with the postdoctoral residency.

2. A doctoral program transcript (copies acceptable).
3. A current curriculum vitae.
4. Letter of status from academic program and anticipated completion date.
5. If your dissertation has not been completed at the time of application, please submit a letter from your dissertation chair documenting the timeline for completion of the dissertation.
6. Three letters of recommendation, one of which must be from an internship supervisor (electronic submissions should be sent directly from letter writer).

The deadline for completed applications is **December 15, 2024** for the training year starting in Fall of 2025. All materials must be received by this date in order to be considered. All application materials must be submitted through the APPA CAS.

SLVHCS has an APA-accredited internship program. Interns from our program often choose to apply to our postdoctoral residency, and we may prioritize investing in our current internship class. Our program recruits with the goal of seeking the best fit and ensuring best interests of both the health professions trainee (HPT) and program.

A successful candidate for the postdoctoral residency positions in PTSD, SMI, and Behavioral Medicine/Health Psychology will have had some specialty training in the area of emphasis. Our goal is to select postdoctoral residents who have the potential to develop as leaders in clinical services, research, and education.

Each application is initially reviewed for eligibility after all materials are received. A selection committee is composed of supervising faculty in each emphasis area. The selection committee reviews all written materials and provides telephone/virtual or in-person interviews to top candidates. Final rankings and offers are determined by consensus of the committee based on written and interview information. We emphasize goodness of fit with our training model and program philosophy, and a general openness to feedback and supervision. **As our program seeks to fill positions based on goodness of fit, some positions may remain unfilled yearly depending on applications received.**

Inquiries should be sent to:

Christopher R. L. Parkinson, Ph.D., ABPP
 Co-Director, Psychology Training Programs
 Psychology Service (117)
 Southeast Louisiana Veterans Health Care System
 P.O. Box 61011
 New Orleans, LA 70119-1011
Christopher.Parkinson@va.gov or 504-210-7403

Psychology Setting

The Southeast Louisiana Veterans Health Care System (SLVHCS) is a medical center with a strong emphasis on teaching health professionals and an ongoing commitment to medical research and preventive medicine. Teaching and research affiliations are currently maintained with Tulane University School of Medicine and the Louisiana State University School of Medicine, enhancing the high quality of patient care provided to Veterans. In addition to the Psychology Internship Training Program and Postdoctoral Residency, SLVHCS offers comprehensive health training opportunities to social work trainees, pharmacy students, nursing students, allied health professionals, medical students, and medical residency & fellowship programs. In line with the important statutory mission of VHA to train the next generation of healthcare professionals, the agency is the largest educator in the United States. As the third-largest academic program in VHA, SLVHCS has over 2,400 trainees and over 40 academic affiliates.

Psychologists at SLVHCS function within an autonomous Psychology Service and cooperate with Psychiatry, Social Work, Pharmacy, and Nursing Services to provide a broad range of mental health

services to Veterans. Within this system, psychologists hold primary administrative responsibility for a variety of mental health programs. Our new, state of the art, medical center opened in December 2016; thus the 2025-2026 postdoctoral training cohort will be working within the new, fully operational medical center.

There are currently eleven programs within the Mental Health Service that provide specialized mental health services, including the Substance Use Disorder Treatment Team (SUDT), PTSD Clinical Team (PCT), Inpatient Mental Health, Ambulatory Mental Health (AMH), Primary Care-Mental Health Integration (PCMHI), Health Care for Homeless Veterans (HCHV), Mental Health Intensive Case Management (MHICM), Psychosocial Rehabilitation and Recovery Center (PRRC), Compensated Work Therapy (CWT), Military Sexual Trauma (MST), and Family Program. Psychologists are also integrated into various healthcare teams within the hospital and have been appointed to leadership positions on several clinical teams, reflecting both the capabilities of individual psychologists, and the high regard in which psychologists are held within SLVHCS. SLVHCS has eight community-based outpatient clinics in the 23-parish southeast Louisiana area.

Laurel Harlin, Ph.D. currently serves as the Chief of Psychology Service. The SLVHCS Psychology Training Committee is currently comprised of 30 doctoral level psychologists. We currently have six graduate-level externs, five pre-doctoral interns and two postdoctoral residents. Psychologists apply the knowledge and skills of psychology as a science and profession toward three primary goals: (1) patient assessment, treatment, and rehabilitation; (2) psychology-related education and training; and (3) research designed to enhance knowledge of normal and abnormal behavior and clinically relevant practices. Opportunities are available for residents to participate in all three of these areas.

Training Model and Program Philosophy

Guiding Principles

The postdoctoral residency program has been developed to meet the guidelines established by APPIC and the VA Guidelines for Postdoctoral Programs. It ascribes to the principles articulated by the Ann Arbor Conference on Postdoctoral Education and Training in Psychology.

Program Philosophy and Values

Training is the focus of the postdoctoral residency program. Service delivery is an essential vehicle through which training occurs but is secondary to the educational mission of the postdoctoral residency program. Toward this end, postdoctoral residents are encouraged in a variety of ways to plan their residency experiences in a manner that maximizes their individual learning goals. Supervision is an integral part of the overall learning experience – the staff is committed to providing quality supervision and active mentoring in support of the postdoctoral resident's individual goals.

Training is grounded in the scientist-practitioner model. Our program assumes that good practice is always grounded in the science of psychology. In turn, the science of psychology is necessarily influenced by the practice of psychology. Consequently, our approach to training encourages clinical practice that is consistent with the current state of scientific knowledge while still acknowledging the complexities of real patients and the limits of our empirical base. In this regard, we aim to produce psychologists who are capable of contributing to the profession by investigating clinically relevant questions through their own clinical research or through program development and evaluation.

Training is individualized. The postdoctoral residency year allows for the consolidation of professional identity, and further development of professional skills and competencies. Because postdoctoral residents function at a more advanced level than the doctoral intern, they are capable of assuming greater responsibility for clinical care, teaching, and research activities. We also strive to build professional identity and responsibility through involvement in the training process. Toward this end, postdoctoral residents are called upon to take responsibility for many decisions that impact their learning experiences. With help from their mentors, postdoctoral residents construct an individualized training plan that identifies the goals and experiences of importance to the resident and outlines a strategy for achieving

these within the training period. As a part of this plan, postdoctoral residents have a role in selecting the clinical settings in which they will work and have great latitude in selecting supervisors and mentors.

Training is collaborative. Teams are an integral part of the mental health programs at SLVHCS. Collaboration and cooperation are essential at every level: clinical, research, or administrative. Working with other psychologists as well as with professionals from other disciplines is an important part of professional development at the postdoctoral level.

Training is sensitive to individual differences. Our training program is sensitive to individual differences and diversity. We believe that psychology practice is improved when we develop a broader and more compassionate view of what it is to be human. Our practice is improved as we better understand the complex forces that influence a person's psychological development, including cultural, social, and political factors. Therefore, professional growth requires that the training experiences we offer our trainees, allow them to more thoroughly understand the perspective of others. Our internship and postdoctoral residency programs place high value on attracting a diverse group of trainees and on maintaining an awareness of diversity issues during the training year.

Program Aims and Competencies

Purpose and Goals

The purpose of the Postdoctoral Residency program is to train professional psychologists for independent professional psychology practice in the areas of clinical services, research, and education. This is best achieved through advanced training in general professional psychology complemented by intensive experience in a special area of emphasis.

Specific Competencies to be Developed

The postdoctoral residency program is structured to provide training activities to facilitate development of advanced competencies in several areas important for the provision of excellent clinical care, research, and education. Competencies are separated into two levels:

Level One Competencies: These are advanced competency areas required of all APA-accredited programs at the postdoctoral level.

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

Level Two Competencies: Level two competencies are advanced competencies that we believe are an integral part of preparing our residents for advanced practice and eventual leadership roles in clinical services, research, and education—particularly in medical center, public sector, and academic settings. Our Level two competencies include: assessment and intervention skills; communication, interpersonal, and interprofessional skills; and professional development.

- ***Level Two Competency #1: Assessment and Intervention Skills***
Competencies: Residents should be able to appropriately assess and diagnose a broad range of patients with varying psychiatric disorders. Residents should be able to conduct a thorough clinical interview and select appropriate assessment tools for evaluation. Assessment should take cultural considerations into account and be practiced with awareness of current ethical and professional standards. The resident may also demonstrate advanced skill in assessment by providing consultation and/or instruction in this area to other providers. Residents should provide appropriate intervention to a diverse population with a range of presenting problems and

treatment needs. Residents should demonstrate advanced skill in empirically supported interventions, with particular emphasis on those most relevant to their focus area, and provide clinical leadership with junior trainees or providers. Residents should demonstrate advanced skill in assessing therapeutic outcomes, revising treatment plans as necessary to achieve therapeutic goals. Residents should demonstrate effective consultation skills to other professionals by providing assistance in clinical matters.

- ***Level Two Competency #2: Communication, Interpersonal, and Interprofessional Skills***
Competencies: Residents should demonstrate effective communication skills with a variety of individuals, including patients, nonclinical staff, supervisors, and clinical and administrative leaders. Residents should demonstrate advanced skills in oral, nonverbal, and written communication in a full range of professional contexts (e.g., individual and group supervision, case consultation, administrative meetings, formal and informal presentations). Residents should demonstrate significant abilities in appropriately delivering challenging feedback or proactively addressing interpersonal or interprofessional conflicts. Residents should demonstrate at least beginning skills in supervision and/or consultation, as well as knowledge of, and sensitivity to, ethical, legal, and cultural issues in providing supervision and/or consultation. Residents should demonstrate an advanced level of knowledge of the VA health care and mental health care system, including an understanding of the roles of other professions. Residents actively demonstrate respect for and a willingness to learn from diverse viewpoints.
- ***Level Two Competency #3: Professional Development***
Competencies: Residents should demonstrate continued growth in professional development and identity as a psychologist over the postdoctoral year. Residents should assume increasing professional responsibility and independence in patient care, consultation, and research activities. Residents demonstrate an ability to engage in self-directed learning and are increasingly self-guided in supervision, demonstrating skill in managing their own learning and growth with appropriate input from others. Residents display developmentally appropriate career management as relates to career opportunities, preparation for licensure, and involvement in professional and scientific organizations. They should make themselves available to other professionals as an educational resource and serve as a role model of professional behavior to other less developed trainees.

Program Structure

The Postdoctoral Residency year consists of 52 weeks. It typically begins in mid-August. Postdoctoral residents work five, eight-hour days each week (8:00-4:30pm, with a half hour lunch break, and two, 15-minute breaks) and a total of 2080 hours (including vacation and sick leave). Compressed tours may be available according to need of program and patients at the discretion of the primary supervisor. Workdays in our community-based clinics are typically 7:30-4:00pm. About 80% of time is devoted to clinical services, including research, and 20% to attending didactics, peer consultation, meetings, etc. Jessica Walton, Ph.D.; Christopher R. L. Parkinson, Ph.D., ABPP; & Arnold James, Ph.D. are Co-directors of training with Dr. Walton overseeing the internship program, Dr. Parkinson overseeing the postdoctoral residency program, and Dr. James addressing diversity needs at all levels of training. The training provided meets licensure requirements for the state of Louisiana. It is the responsibility of applicants interested in pursuing licensure in other states to contact additional state licensure boards for specific requirements. All primary supervisors will be appropriately licensed and able to certify training hours.

Postdoctoral Residents Primary Training Experiences:

- A. **Posttraumatic Stress Disorder:** Postdoctoral residents work primarily (75%) in the PTSD clinic, but are required to spend additional time (25%) working in clinics/programs outside of PTSD.
- B. **Posttraumatic Stress Disorder Research:** Postdoctoral residents work primarily in the PTSD clinic (51%) but are required to spend additional time (up to 49%) conducting clinically-relevant research in PTSD.

- C. Integrated Inpatient-Outpatient Continuity:** Postdoctoral residents will provide interventions briefly within an acute inpatient setting for stabilization and have opportunities to enhance continuity of care by providing a bridge to outpatient evidence-based treatment.
- D. Serious Mental Illness and Recovery-Oriented Treatment:** Postdoctoral residents work primarily (75%) with the SMI population, but are required to spend additional time (25%) working in clinics/programs outside of emphasis area.
- E. Behavioral Medicine/Health Psychology with Primary Care Mental Health Integration: (PCMHI):** Postdoctoral residents work primarily (75%) in the Behavioral Medicine program (PCMHI), but are required to spend additional time (25%) working in clinics/programs outside of Behavioral Medicine.
- F. Behavioral Medicine/Health Psychology with Pain & Rehabilitation Psychology:** Postdoctoral residents work primarily (75%) in the Behavioral Medicine program (pain & rehabilitation programs), but are required to spend additional time (25%) working in clinics/programs outside of Behavioral Medicine.
- G. Palliative & Geropsychology:** Postdoctoral residents work within the contexts of Palliative Care (50%) and in the community via Home-Based Primary Care (50%), attending to the needs of older adults and individuals with life-limiting and complex medical illness.
- H. Rural and Underserved Populations:** Postdoctoral residents will provide care in-person and via telehealth to various Community-Based Outpatient Clinics (CBOCs) and obtain training in an elective area of their choosing including: 1) Military Sexual Trauma (MST), 2) Serious Mental Illness (SMI), 3) Women's Health, or 4) Suicide Prevention. Residents will attend to the needs of rural and underserved/underrepresented Veterans with an emphasis on empirically supported treatments.

A. Posttraumatic Stress Disorder

Supervisor(s): Jessica Walton, Ph.D.; Chelsea Ennis, Ph.D.; Taylor Nocera, Ph.D.; Mara Ferrie, Ph.D

The PTSD Outpatient Treatment Program provides specialized outpatient treatment to Veterans diagnosed with Trauma- and Stressor-related Disorders, including Posttraumatic Stress Disorder (PTSD), and Other Specified Trauma- and Stressor-related Disorders. Services provided by the PTSD program are in two major areas: 1) Consultation services including diagnostic assessment and treatment planning; 2) Individual and group psychotherapies utilizing evidence-based interventions for PTSD.

Veterans receiving services in this program are combat Veterans from WWII, Korean conflict, Vietnam, the 1st Gulf War, and Operations Enduring Freedom, Iraqi Freedom, and New Dawn (OEF/OIF/OND), as well as Veterans from peacekeeping missions and those Veterans who experienced non-combat trauma. Additional potential training opportunities within the program include services for Veterans with trauma and comorbid substance abuse problems, as well as Veterans who experienced Military Sexual Trauma.

Residents will conduct comprehensive intake evaluations and will routinely administer structured and semi-structured clinical interviews (e.g., SCID-5, CAPS-5) to aid in differential diagnosis. Residents will also participate in the treatment planning process where Veterans are educated on both evidence-based psychotherapies (EBPs) and evidence-supported treatment options offered within the outpatient mental health clinic. Residents can receive training in providing trauma focused EBPs, including Prolonged Exposure Therapy (PE) and Cognitive Processing Therapy (CPT), Written Exposure Therapy (WET), as well as treatments for recurrent nightmares (Imagery Rehearsal Therapy), emotional and interpersonal regulation difficulties (Skills Training in Affective and Interpersonal Regulation). In addition, residents may work with high-risk Veterans with Dr. Ennis and have the opportunity to provide psychoeducation and brief CBT for suicide prevention among Veterans who have recently been discharged from the inpatient unit at SLVHCS.

B. Posttraumatic Stress Disorder with Research Emphasis

Supervisor(s): Jessica Walton, Ph.D.; Chelsea Ennis, Ph.D.; Mara Ferrie, Ph.D.; and Amanda Raines, Ph.D.

In addition to the clinical opportunities and requirements noted above, residents would devote a significant proportion of their time (up to 49%) conducting research in the area of PTSD. Emphasis is placed on the development and implementation of an advanced curriculum that will promote resident skills and experiences in clinically relevant research. Residents may pursue applied or experimental studies by participating in ongoing staff projects and by executing an independent but supervised project under the direction of research staff members who are credentialed in the research department. Selection and specifics of the research component will vary to reflect the diversity of ongoing research projects and opportunities available at the start of the residency year. Staff members will guide residents in completing their investigative goals by providing necessary assistance in obtaining materials, participants, and other support. Current VA research resources include an expansive virtual library, an onsite Institutional Review Board, and several computers with statistical packages. The minimum requirement of 500 clinical hours must be met regardless of participation in research.

C. Integrated Inpatient-Outpatient Continuity Emphasis

Supervisor(s): Desirae Vidaurri, Ph.D. and Alana Fondren, Ph.D.

This residency offers unique opportunities to facilitate comprehensive continuity of care and follow Veterans as they transition from inpatient mental health to outpatient services. Residents will receive specialized training in diagnosis and treatment of trauma-related disorder and co-morbid conditions, such as suicidality, substance use disorders, depression, anxiety disorders, and personality pathology.

Major components of the integrated inpatient/outpatient fellowship include:

- Conducting comprehensive psychodiagnostic evaluations to aid in differential diagnosis. These assessments consist of thorough psychosocial history, suicide risk assessment, structured and semi-structured clinical interviews (e.g., SCID-5, CAPS-5), self-report measures of symptom severity, and multiscale personality inventories as needed
- Engaging in treatment planning through shared decision-making process that allows Veterans to learn about and select from a menu of evidence-based interventions for PTSD and other disorders offered within the outpatient mental health clinic, all based on Veteran's treatment goals and preferences
- Implementing time-limited, evidence-based interventions that can be conducted in inpatient and outpatient settings, including:
 - First-line trauma-focused EBPs, such as Prolonged Exposure (PE), Cognitive Processing Therapy (CPT), Written Exposure Therapy (WET), and Concurrent Treatment of PTSD and Substance Use Disorders using Prolonged Exposure (COPE)
 - Empirically-supported interventions for specific trauma-related symptoms, such as Brief CBT for Suicide Prevention, CBT-Insomnia, Imagery Rehearsal Therapy (IRT) for recurrent nightmares, anger management groups, Skills Training in Affect and Interpersonal Regulation (STAIR), Dialectical Behavior Therapy (DBT) skills groups
 - EBPs to address comorbid conditions (e.g., CBT-Depression, CBT for Panic Disorder) and transdiagnostic interventions (e.g., Unified Protocol for Anxiety, Safety Aid Reduction Treatment)
 - Manualized interventions for specific traumatic stressors, such as Strength at Home (for intimate partner violence) and Courage Group (for military sexual trauma)
- Facilitating/cofacilitating group therapy, with potential opportunities for residents to develop/implement their own empirically-informed group protocols
- Participating in tiered supervision, wherein residents receive individual supervision and group consultation/supervision, as well as opportunities to supervise psychology interns and external practicum students

- Consuming, evaluating, and implementing current PTSD research, with potential opportunities to participate in PTSD journal club, conduct program evaluations, and serve as a research therapist for pilot studies and randomized clinical trials of trauma-informed interventions

In addition to these general experiences, the inpatient unit and the PTSD clinical team offer additional unique opportunities that can be customized based on residents' training goals.

Inpatient Psychology

Supervisor(s): Alana Fondren, Ph.D. and Desirae Vidaurri, Ph.D.

The inpatient psychiatric unit focuses on stabilization, short-term evidence-based interventions, and treatment planning for Veterans experiencing acute episodes of psychiatric distress. Residents providing inpatient services will prioritize diagnostic assessments, brief group/individual psychotherapy, and referrals to appropriate outpatient services. Emphasis is placed on learning a modular approach to flexibly apply treatments that are empirically supported, particularly from a cognitive behavioral perspective, to a broad range of diagnoses. Residents will have the flexibility to tailor the experience to their training goals, customizing their experience by highlighting particular areas of interest while learning to work in an acute and fast-paced inpatient setting. Additionally, residents will receive considerable experience with serving as a member of an interdisciplinary team and providing consultation to other mental health professionals, such as psychiatrists, pharmacists, social workers, nurses, and physical therapists. Finally, residents are able to initiate evidence-based interventions with Veterans on an inpatient basis and continue in outpatient after discharge, allowing for increased access to care.

Ambulatory Mental Health (AMH)

Supervisor: Alana Fondren, Ph.D.

The Ambulatory Mental Health (AMH) team provides outpatient mental health services to Veterans of various backgrounds, ages, and military service. In AMH, multidisciplinary staff care for Veterans presenting with various mental health concerns and disorders including mood disorders, anxiety disorders, PTSD, personality disorders, insomnia, adjustment disorders, and grief. Primary duties will include screening, triaging, and providing treatment for a variety of DSM-5-TR diagnoses. The resident will provide a range of therapeutic interventions with an emphasis on time-limited, evidence-based therapies. Dependent on proficiency, the resident will also engage in completing psychological assessments from within AMH and other services for diagnostic clarification and treatment recommendations. The postdoctoral resident will be a full member of the AMH team including patient staffing, development of treatment plans, and group supervision.

D. Serious Mental Illness and Recovery-Oriented Treatment (SMI) Emphasis

Supervisor(s): Alana Fondren, Ph.D.; Desirae Vidaurri, Ph.D.; and Linnie Wheelless, Ph.D.

This rotation emphasizes development of skills needed to provide recovery-oriented, evidenced-based interventions to a population with diagnosed with serious and persistent mental health conditions (e.g., schizophrenia, schizoaffective disorder, bipolar disorder, major depressive disorder, and PTSD). Patients within this treatment population are diverse in terms of race/ethnicity, age, gender, sexual orientation, socioeconomic status, and cognitive/physical functioning. Residents will have opportunities to work alongside diagnostically complex patients, as Veterans with SMI typically present with a range of comorbid concerns, including substance use disorders, interpersonal difficulties, high-risk behaviors (e.g., self-harm, suicidal ideation, homicidal ideation), and co-occurring psychosocial stressors (e.g., homelessness, domestic violence, bereavement/loss, stress related to medical conditions and/or chronic pain). This rotation offers specialized training experience in psychiatric rehabilitation and recovery-oriented treatment, allowing residents to facilitate comprehensive continuity of care and follow Veterans throughout multiples stages of their recovery journeys.

Residents in this rotation will provide services on the inpatient psychiatric unit and in the Psychosocial Rehabilitation and Recovery Center (PRRC). The inpatient psychiatric unit focuses on stabilization, short-term evidence-based interventions, and treatment planning for Veterans experiencing acute episodes of psychiatric distress. Residents providing inpatient services will prioritize diagnostic assessments, brief

group/individual psychotherapy, and referrals to appropriate outpatient services. Residents will also facilitate services in the PRRC, which is an interdisciplinary supportive learning center where Veterans continue their recovery journeys on an outpatient basis. In addition to providing group/individual therapy services, the PRRC emphasizes community integration activities, excursions to various locales, and ongoing recovery-oriented care outside of the traditional outpatient setting. While there are unique opportunities within both the inpatient unit and PRRC, training overall emphasizes empowering Veterans to become actively involved in their recovery journeys by instilling hope, emphasizing and validating Veterans' strengths, teaching and modeling skills, developing a sense of purpose and meaning, fostering independence and self-esteem, improving quality of life, maintaining safety, preventing relapse, facilitating community engagement, building social support, and reducing the frequency and duration of hospitalizations.

Specific components of the SMI residency offered on the inpatient unit and in PRRC include:

- Following Veterans across the full continuum of evidence-based psychosocial rehabilitation services, from inpatient admission to outpatient maintenance
- Serving as a contributing member of large interdisciplinary teams and providing consultation to other mental health professionals such as psychiatrists, nurses, social workers, nursing aids, peer support specialists, and recreational therapists
- Facilitating psychoeducational and psychotherapeutic groups (e.g., DBT skills groups, Social Skills Training, CBT for Psychosis, Acceptance and Commitment Therapy), with opportunities to design and implement new groups based on resident interest/expertise and program needs
- Conducting psychosocial and diagnostic assessments utilizing structured interviews and multi-scale personality/symptom inventories
- Tailoring and flexibly implementing time-limited, empirically supported treatments (e.g., CBT-D, CBT-Psychosis, ACT-D, Social Skills Training, etc) on an individual basis for a wide range of clinical presentations
- Creating comprehensive treatment/recovery plans through shared decision making by collaboratively developing personalized goals, facilitating access to care, and helping Veterans develop the skills and confidence necessary to live satisfying lives and to function successfully in the community
- Utilizing scientific literature to inform clinical practice and maintain empirical knowledge base of recovery-oriented interventions.

Of note, this fellowship is highly customizable, allowing residents considerable flexibility to select additional clinical opportunities depending on areas of interest and training goals. For instance, given the high prevalence of suicide risk and substance use disorders, residents have extensive opportunities to develop skills in suicide assessment and relapse prevention. Potential additional experiences may include: program evaluation that aligns with key VA mandates and initiatives, tiered supervision of interns and externs, and collaboration with other outpatient programs (e.g., Dialectical Behavioral Therapy Consultation Team).

E. Residency with Primary Care-Mental Health Integration Emphasis

Supervisor: Karen Slaton, Ph.D.

In Primary Care-Mental Health Integration, there is a strong focus on patient-centered, population-based, integrated care. Utilizing principles of motivational interviewing and VA-developed patient education model (TEACH), the resident will be involved in providing same-day access to behavioral health services for Veterans seen in Primary Care as well as behavioral medicine interventions that are critical to the mission of prevention, health promotion, and chronic disease management. All trainees are exposed to the VA PCMH Certification training material and conduct patient interactions according to this model. Interventions are brief and focused on improving Veteran functional impairments. Evidence supported treatments developed by the Center for Integrated Care are utilized along with interventions from behavioral activation, problem solving training, CBT, DBT, and ACT to name a few. The program's setting provides experience with a very diverse range of patient backgrounds and presenting problems. As such, developing competency in the provision of culturally sensitive care is a major training component.

Learning experiences include:

- Behavioral health consultation according to an Integrated, Collaborative Care Model.
- Provision of same-day/as needed access to behavioral health assessment and treatment services for Veterans in Primary Care.
- Consultation to primary care providers and other specialists related to management of behavioral health concerns in a medical setting, chronic disease management, and utilization of behavior change strategies related to improving psychological and medical outcomes.
- Implementation of evidence-based/supported individual or class intervention practices, such as Brief CBT (pain and insomnia), Behavioral Activation, Motivational Interviewing, and skills-based approaches (e.g., stress management, mindfulness, pain management) targeting behavior change to improve functioning and promote physical and mental health.
- Co-facilitation of interdisciplinary shared medical appointments for chronic health conditions, such as diabetes mellitus, chronic pain, tobacco cessation, and the MOVE! weight management program.
- Psychosocial assessments for transplant (e.g. lung, kidney, liver, and stem cell) and presurgical evaluations prior to bariatric surgery.
- Collaboration and consultation with a variety of other disciplines related to implementation and evaluation associated with the Patient Aligned Care Teams (PACTs).
- Provision of supervision to other psychology trainees.
- Other behavioral medicine experiences can be created to meet resident training goals.

F. Residency with Pain and Rehabilitation Psychology Emphasis

Supervisor: Joseph Vigil, Ph.D. and Tracy Protti, Ph.D.

Postdoctoral residents will receive training in integrated health care in the broad area of behavioral medicine with emphasis in pain and rehabilitation psychology. At SLVHCS, the model of care involves working on a variety of interdisciplinary teams across the hospital utilizing motivational interviewing and a patient-centered approach. Current clinical opportunities include working on medicine floors and working closely with rehabilitation psychology in the Physical Medicine and Rehabilitation (PM&R) service, which includes the Pain Medicine service, working as both a behavioral health consultant and providing direct interventions using both group and individual approaches. Postdoctoral residents will receive training to function effectively as independent clinicians and as members of an interdisciplinary team located in the specialty care setting.

Learning experiences include:

- Helping patients and other providers understand and overcome barriers to treatment adherence for medical issues, acute and chronic illnesses, and cognitive and physical limitations.
- Provision of health psychology and integrated behavioral health assessment/intervention through participation in individual and group treatment, accepting referrals from areas such as Primary Care, Neurology, Urology, Infectious Disease, Gastroenterology, etc.
- Participation in PM&R clinics, such as Spinal Cord Injury (SCI), ALS, Cardiac Rehabilitation, Amputee, Polytrauma Team (with TBI patients), etc.
- Participate in the Active Management of Pain (AMP) program.
- Assessments to formulate and provide recommendations to various interdisciplinary teams, including psychosocial assessment prior to solid organ transplantation and presurgical evaluations prior to device implantations (e.g., SCS, LVAD, intrathecal pumps), bariatric surgeries, neurosurgery, etc.
- Engage in interdisciplinary assessment and intervention alongside physical therapy
- At all VA Medical Centers, chronic pain is treated using a stepped-care approach and according to a biopsychosocial model. Pain psychology provides comprehensive evaluation of patients with chronic pain, as well as psychological and behavioral interventions for the treatment of chronic pain and co-morbid conditions.
 - Participation in the Pain Evaluation Program (PEP) a specialized team for evaluating and recommending treatment for pain within the primary care setting.

- Provision of curbside and formal consultation with interdisciplinary pain team members and health care providers including pain physicians (including PM&R and Anesthesia fellows).
- Provision of psychological testing and assessment prior to spinal cord stimulator and pain pump implantation, as well as spinal surgeries.
- Implementation of evidence-based or supported interventions: (1) Cognitive Behavioral Therapy for Pain (CBT-CP, BCBT-CP, CBT-CP/PTSD) (2) Acceptance and Commitment Therapy for Chronic Pain, (3) Clinical Hypnosis for Pain, (4) Yoga Therapy for Pain, and (5) Mindfulness-based approaches to pain treatment.
- Participation in the CARF-accredited Comprehensive Pain Rehabilitation Program (CPRP) along with a pain psychologist, physical therapists, occupational therapists, dietitians, recreational therapists, and others allied health professionals.

Postdoctoral residents will work broadly in health psychology functioning in other areas of the hospital, such as Primary Care-Mental Health Integration (PCMHI) and may have the opportunity to work with PACT teams providing treatment for medical conditions in a primary care setting and provide clinical coaching to PACT team members.

G. Palliative Care/Geropsychology Emphasis

Supervisor(s): Christopher R. L. Parkinson, Ph.D., ABPP and Arnold James, MPH, Ph.D.

This program aims to train the selected resident in a combination of Specialty Clinical Health Psychology and Geropsychology through experience in Palliative Care and Home-Based Primary Care settings. Residents will work in the context of interdisciplinary teams and gain experience practicing from a biopsychosocial perspective in congruence with the Pike's Peak Model of training. Emphasis is placed on the promotion and maintenance of health and quality of life with populations that are predominantly considered to be older adults. Within palliative care, approximately 70% of patients are considered to be older adults. However, palliative care is a distinct medical specialty in that patients can be enrolled at any age, given a diagnosed life-limiting or severe illness. Similarly, Home-Based Primary Care services patients diagnosed with complex and chronic, disabling diseases who are at high risk of recurrent hospitalization of which +90% are over age 65. The training year is designed with the goal of preparing residents for board certification in either Clinical Health Psychology or Geropsychology through the American Board of Professional Psychology (ABPP).

Palliative Care

Supervisor: Christopher R. L. Parkinson, Ph.D., ABPP

Residents in palliative care psychology will develop education and skills in the following areas (1) psychological, sociocultural, interpersonal, and spiritual factors in chronic disease and life-threatening or terminal illness, (2) Advanced illness and the dying process, (3) Socioeconomic and health services issues in end-of-life care and systems of care, (4) Normative and non-normative grief and bereavement, (5) Assessment of issues common in patients with chronic, life-threatening, or terminal illness and their family members, (6) Treatment of patients with chronic, life-threatening or terminal illness focusing on symptom management (e.g. pain, depression, anxiety) and end-of-life issues (e.g. suffering, grief reactions, unfinished business), (7) Treatment of family and social systems, (8) Interface with other disciplines through interdisciplinary teams and consultation in multiple venues, (9) End-of-life decision making and ethical issues in providing palliative care and hospice services.

Opportunities within palliative care exist on both the outpatient and inpatient settings working within the context of our core interdisciplinary team comprised of five disciplines: medicine, psychology, social work, nursing, and chaplaincy. The role of psychology in the outpatient clinic is predominantly to provide assessment of psychological/cognitive symptoms, quality of life, and existential suffering in order to provide intervention and treatment recommendations. Concerns for which patients may be identified/referred include difficulty managing a physical condition and its associated symptoms (e.g. pain associated with malignancy), increased psychological distress, maladjustment, adherence issues, evaluation of capacity, complicated family dynamics, decreased overall quality of life, and existential

crises experienced within the context of a terminal illness. Group interventions are also offered such as support groups (e.g. cancer, caregiver), problem-solving therapy, meaning-centered psychotherapy, and groups for advance care planning.

Inpatient psychological services are also provided to patients who are hospitalized on various medical services 1) Inpatient Medicine/Surgery/ICU, 2) Community Living Center, and 3) Hospice. Psychologists provide assessment and intervention at the bedside and serve as an active member on the interdisciplinary team. Family members of Veterans are evaluated and offered individual counseling for caregiver stress. Bereavement services are also offered to family members/caregivers of Veterans.

Home-Based Primary Care

Supervisor: Arnold James, MPH, Ph.D.

The VA Home-Based Primary Care (HBPC) program provides comprehensive, interdisciplinary primary care services in the homes of Veterans with complex and chronic, disabling disease. In addition to primary care interventions, HBPC provides rehabilitation, disease management, and care coordination services. HBPC targets Veterans in advanced stages of chronic disease, particularly those at high risk of recurrent hospitalization or nursing home placement. Outcome measures have demonstrated HBPC to be effective in managing chronic disease and reducing inpatient days and total cost of care. HBPC teams typically include representatives from such disciplines as medicine, nursing, pharmacy, social work, rehabilitation and dietetics. Currently, HBPC programs have limited, if any, mental health staff providing clinical care. Studies have shown that homebound elderly patients are at especially high risk for mental health problems which may exacerbate medical illness and physical problems.

Under supervision of a clinical psychologist, the resident will assist in providing coverage for the HBPC team. The resident will provide a full range of psychological services to HBPC patients, including screening; psychological, cognitive, and capacity assessments; psychotherapy; and prevention-oriented services. Mental health treatment and prevention-oriented services will emphasize evidence-based and best practice approaches. The resident will also provide evidence-based interventions to help HBPC patients manage behavioral factors associated with behavioral medicine problems and to promote medical adherence. This individual will function as a full member of the HBPC team and provide ongoing team consultation services to other HBPC team members. Process and outcome measures will be implemented to evaluate the impact of providing specialty mental health services to HBPC programs and patients. In addition to the primary role as mental health provider for HBPC, the resident may have secondary duties in other geriatrics and extended care settings. The level of involvement in these settings will depend on the HBPC workload.

Didactic education specific to the position includes the weekly National VA Geropsychology Seminar and a twice monthly Health Psychology Seminar Series organized through a collaboration between Northwestern Feinberg School of Medicine and Jesse Brown VA Medical Center which takes place in the fall. Residents are also encouraged to attend selected presentations on palliative care issues available through Tulane University School of Medicine's Section of General Internal Medicine and Geriatrics.

H. Rural and Underserved Populations Emphasis

Supervisor(s): Dustin Seidler, Ph.D.; Allison Dornbach-Bender, Ph.D.; Linnie Wheelless, Ph.D.; Mary Shapiro, Ph.D.; Dian Evans, Ph.D., JD; Claire Houtsma, Ph.D.; and Jay Boffa, Ph.D.

The postdoctoral resident will have primary training experiences in rural health at Community-Based Outpatient Clinics (CBOCs). Additionally, the resident will select an elective experience in 1) Military Sexual Trauma (MST), 2) Serious Mental Illness (SMI), 3) Women's Health, or 4) Suicide Prevention). The resident will attend to the needs of underserved/underrepresented Veterans with an emphasis on empirically supported treatments.

Community-Based Outpatient Clinic (CBOC)

Supervisor(s): *Dustin Seidler, Ph.D. (Slidell)*

Working across both the Ambulatory Mental Health Clinic (AMH) and Evidence-Based Psychotherapy (EBP) frameworks, postdoctoral residents have the opportunity to provide comprehensive mental health services to Veterans suffering from issues related to anxiety, mood, trauma, personality, adjustment, grief, and psychosis. Postdoctoral residents will conduct initial evaluations for Veterans seeking treatment, which will increase their abilities in case formulation, differential diagnosis, and treatment planning. Residents will administer psychological assessments for diagnostic clarification and treatment planning purposes, as well as provide brief, short-term behavioral interventions to improve health and daily functioning. Clinical writing skills will be developed throughout the rotation. Residents will provide evidence-based psychotherapy to Veterans, with opportunities to gain advanced experience in the following treatments:

- Acceptance and Commitment Therapy for Depression
- Cognitive Behavioral Therapy for Depression
- Cognitive Behavioral Therapy for Chronic Pain
- Cognitive Processing Therapy
- Dialectical Behavior Therapy
- Prolonged Exposure Therapy
- Unified Protocol for the Transdiagnostic Treatment of Mood Disorders

Residents will also co-facilitate or facilitate, depending on experience level, evidence-based group therapy (e.g., Anger Management, Behavioral Activation, Dialectical Behavior Therapy Skills).

Residents will choose one of Four elective rotations (see below) to engage in a part-time experience (25%) working in a clinic which addresses a specific need of or works directly with an underserved/underrepresented population.

1) Military Sexual Trauma (MST)

Supervisor: *Allison Dornbach-Bender, Ph.D.*

Training experiences are provided in individual, evidence-based treatment of military sexual trauma (MST) in both female and male Veterans. Training is provided in either Cognitive Processing Therapy (CPT) or Prolonged Exposure (PE) therapy, according to the program needs and resident preferences. Training in these therapies may include didactics, readings, web-based coursework, and/or team consultation. Individual supervision in clinical application is provided. Additional experiences may include intake assessment (clinical interview and psychometric evaluation), group psychotherapy, consult management, and advocacy events. In assessment, there is an emphasis on case conceptualization, differential diagnostic formulation, identification of therapeutic targets, and prioritization of these targets for intervention.

2) Serious Mental Illness (SMI)

Supervisor: *Linnie Wheeless, Ph.D.*

The PRRC is an interdisciplinary, outpatient, supportive learning center for underserved Veterans whose serious mental illness has caused major challenges in one or more areas of their lives. Most Veterans in the program have been diagnosed with schizophrenia, bipolar disorder, schizoaffective disorder, major depression, or severe posttraumatic stress disorder. They may also have a substance use disorder diagnosis. The PRRC provides opportunities to learn new skills that promote recovery from these challenges and a safe environment to practice those skills. The PRRC offers group and individual sessions that are educational and/or therapy oriented. Every Veteran has a personal Recovery Coach, who helps them create an individual recovery plan, defining goals and developing steps to reach their goals. Many of the Veterans live in underserved areas and when appropriate, staff members visit their residences or meet at a location near home.

Group topics are chosen based on the goals of the Veterans in the program and change every 12 weeks. In the past, we've had groups on social skills, positive psychology, CBT for depression, community gardening, relationships, DBT, wellness management & recovery, anger management, therapeutic arts & music, peer support, and many others. Veterans are introduced to community activities through excursions to various locales and guest speakers (City Park, movies, brunch, bowling, to name a few).

Major components of this rotation:

- Attend Interdisciplinary Team meetings
- Serve as Recovery Coach
 - Conduct psychosocial assessments to guide treatment and help Veterans to identify SMART recovery goals (e.g., "I want to learn about my diagnosis", "I want to improve my communication with my family")
 - Provide psychological interventions for individuals and groups (including EBPs: Social Skills Training, CBT-D, CBT-Psychosis, ACT, etc.) and learn methods for flexible delivery in this population
 - Co-facilitate group sessions, including any of the existing groups and/or groups that a Postdoctoral Resident may want to develop
- Become competent and confident with respect to completing risk assessments
- Learn about the SAMHSA Recovery model which is a pillar of the PRRC
- Help facilitate VVC sessions with Veterans who reside outside the PRRC catchment area
- Present case conceptualizations and on topics of personal interest to the PRRC Team

*Other training opportunities can be discussed, based on the Resident's interests and goals.

3) Women's Reproductive Mental Health

Supervisor: Mary Shapiro, Ph.D.

Residents will have the opportunity to participate in individual and group evidence-based treatment of reproductive health concerns among female Veterans. For example, residents may focus on treating anxiety, depression, and/or posttraumatic stress symptoms during key reproductive health phases in a Veteran's life (e.g., during pregnancy, postpartum, menopause). In addition to clinical training, residents will work with supervisor to adapt existing evidence-based treatments for this population to address reproductive mental health needs. Training will include readings, consultation, and individual supervision.

4) Suicide Prevention

Supervisor(s): Dian Evans, JD, Ph.D.; Jay Boffa, Ph.D.; & Claire Houtsma, Ph.D.

The Suicide Prevention team works closely with mental health and care providers throughout SLVHCS to coordinate care for Veterans deemed high risk for suicide. This includes managing the high-risk list to ensure that Veterans are being seen within the high-risk protocol guidelines; following-up with Veterans in the SLVHCS catchment area who have reached out to the Veterans Crisis Line (VCL); and consulting with providers on complex cases where suicide risk is a concern. Suicide Prevention team members act as consultants on protocols and procedures related to suicide prevention and investigate reports of patient suicides. Residents will learn from the VA's nationally recognized "best practices" in suicide prevention, working alongside the suicide prevention staff with Veterans determined to be at high risk for suicide. Specific training opportunities include:

- Responding to consults placed by the VCL to provide follow-up care to Veterans in crisis
- Working with Veterans on the high risk for suicide list to assess risk and ensure continuity of care
- Conducting brief group therapy on the inpatient psychiatric unit (e.g., Introduction to Discharge and Continuity of Care group, Safety Planning group)
- Assisting in the completion of a root cause analysis related to patient suicides for presentation to VA leadership

- Engaging in research-related opportunities when available (e.g., literature review, manuscript writing)

Additional Training Experiences

Community-Based Outpatient Clinic (CBOC)-Baton Rouge:

Supervisor(s): William “Bill” Schmitz, Jr, Psy.D. (AMH); and Crystal Tillis, Ph.D. (AMH)

This rotation emphasizes development of skills needed to integrate psychological services within interdisciplinary treatment teams in rural or suburban medical contexts. Major components of these rotations include:

- Brief evaluation and treatment of clinical and health psychology problems;
- Triage decision-making to prioritize service delivery; consultation and collaboration with primary care providers for psychological and medical management;
- Psychological assessment, individual and group psychotherapy;
- Referral to specialty mental health programs, and coordination of care with the onsite psychiatrist/mental health staff.

Residents take part in leading empirically-based treatment groups on topics such as sleep, pain, mastering emotions, and other chronic medical ailments. On this rotation, residents gain experience working with problems that have psychological origins (mood, anxiety, substance abuse, sleep, adjustment, and anger management). In addition, residents have the opportunity to develop skills in promoting health behaviors (i.e. physical activity) and help patients resolve other medically-related problems (i.e. pain management, treatment adherence, coping with illness, and disease management).

Within the CBOC rotation, residents may gain experience learning the elements (assessment and treatment protocol) of the **Coping After Stressful Events (CASE)** program, a stress management intervention established for VA staff. The intervention is cognitive-behavioral, lasts 6-weeks, and is conducted virtually. Residents will gain exposure to Problem Solving Therapy (PST) to assist staff in coping with stress via various problem-solving toolkits (multitasking, S.S.T.A. method, healthy thinking, imagery, and playful problem solving).

Research

Supervisor(s): Joseph “Jay” Boffa, Ph.D.; Claire Houtsma, Ph.D.; Amanda M. Raines, Ph.D.; & Mary O. Shapiro, Ph.D.

Whereas all residents complete a scholarly project during their training year (see “Long-Term Project” in the section below), individual residents may also apply to participate in a research-focused training experience. During this experience, residents may choose to join ongoing research projects or conduct novel research. The minimum requirement of 500 clinical hours must be met regardless of participation in research.

On the research rotation, emphasis is placed on development and implementation of an advanced curriculum that will promote resident skills and experiences in clinically relevant research. Specifics of the research rotation will vary to reflect the diversity of ongoing research projects and opportunities available at the start of the residency year. Research projects will reflect supervisor areas of interest and expertise, including but not limited to: PTSD, suicide, substance use, cognitive-affective variables (e.g., anxiety sensitivity, intolerance of uncertainty), and women’s reproductive mental health.

DAT LAB: Depression, Anxiety, & Trauma-Related Disorders Laboratory

The Depression, Anxiety, & Trauma-Related Disorders Laboratory (“DAT lab”) mission is to bring together psychologists and trainees interested in discussing research ideas; reviewing research articles; and giving and receiving feedback about independent research. Residents may participate in the DAT lab as part of their training year.

Additional Postdoctoral Residency Program Features

Individualized Training

For postdoctoral residents in PTSD, PCMHI, Pain & Rehabilitation Psychology, and SMI; approximately 25% of time is comprised of a training experience outside of their emphasis area. For all postdoctoral residents, training is outlined in individualized training plans. This written plan is developed in the beginning of the year by the postdoctoral residents in conjunction with their supervisor(s). This contract contains training goals determined by informal needs assessment, with proposed learning experiences in clinical care, research, teaching, administration, and professional development. This learning contract may be modified during the training year as needed. With the emphasis on individualized training, postdoctoral residents are integrally involved in the training process itself. This aids in fostering professional identity development and increased responsibility by the trainee.

Long-Term Project

Each postdoctoral resident will be expected to devote a minimum of 4 hours per week of the training year to a long-term project. In keeping with our scientist-practitioner model, long-term projects, which can be in the area of research or program analysis/quality improvement, will result in a product that is suitable for 1) presentation at a professional conference (e.g., paper, poster, workshop) or 2) publication in a professional journal.

Compensation and Benefits

Postdoctoral residents receive a stipend of \$52,662 for the 2025-2026 training year, paid biweekly. Postdoctoral residents are eligible for primary health insurance options available to all Federal employees. As with staff psychologists, professional liability coverage for all mandated activity is provided by the Federal Tort Claims Act. Benefits include 13 days of annual leave, 13 days of sick leave, 11 federal holidays, and health insurance. Additionally residents are able to utilize authorized absence (AA) for workshops, presentations, licensing examination, etc. with approval from the Chief of Psychology Service.

Supervision

Postdoctoral residents receive at least two hours per week of individual, face-to-face, regularly scheduled supervision with a licensed psychologist. Postdoctoral residents receive supervision from at least two psychologists during each training year, one of whom serves as the primary mentor or supervisor. Postdoctoral residents participate in weekly group supervision. In addition, they participate in other structured learning activities, which may include co-therapy, group supervision, didactics, or seminars. Supervision is provided relevant to the professional services conducted by the postdoctoral resident. Moreover, residents often have the opportunity to receive supervision of the adjunctive supervision they provide to other staff or junior trainees including interns and externs. Finally, given the interdisciplinary nature of the training setting, consultation with providers of other disciplines is encouraged.

Preceptors

Each resident chooses a preceptor from our training committee of 30 psychologists for the training year. The preceptor's role is to help the resident navigate the residency program, integrate feedback from various supervisors, and plan for post-residency goals. Residents have a minimum of one hour per month of supervised contact with their preceptor, which may decrease as autonomy increases over the course of the training year.

Evaluation

Each postdoctoral resident's progress through the program is evaluated both informally and formally. Postdoctoral residents receive ongoing feedback during their regular supervision and other contact with their direct supervisors. Formal evaluation occurs at the end of the postdoctoral resident's third, sixth, and twelfth month of training. Such evaluation is based upon direct observation of each postdoctoral resident's clinical work by multiple supervisors; review of each resident's written work, including all progress notes and clinical reports; review of any relevant research work product; education and teaching experiences; and consultation

with all relevant multidisciplinary clinical staff. The responsibility for communicating the results of this evaluation lies with each individual supervisor. Face-to-face discussion of postdoctoral resident's evaluation is required before the evaluation is signed and accepted by the Co-Director of Clinical Training. Postdoctoral residents are also asked to provide both verbal and written evaluation of training experiences and supervisors.

Seminars and Didactics

Postdoctoral residents are required to attend weekly didactics at the SLVHCS, presented by psychologists and other SLVHCS staff. Additionally, postdoctoral residents attend the National Diversity Seminar Series for Psychology Residents via Video-conferencing (V-TEL) which is facilitated by a range of practitioners and researchers employed in a variety of settings within VHA. Each presentation includes a brief but substantive didactic presentation and embeds opportunities for group discussion among all participating sites throughout the presentation. Postdoctoral residents may attend Psychiatry Grand Rounds at the Tulane University School of Medicine, SLVHCS Grand Rounds, and trainings/didactics specific to their specialty area of emphasis. Postdoctoral residents are also expected to provide didactic training to SLVHCS trainees and staff members.

Telehealth

Clinical Video Telehealth (CVT) is defined as the use of real-time interactive video conferencing, sometimes with supportive peripheral technologies, to assess, treat, and provide care to patients remotely. CVT links the patient(s) at a clinic to the provider(s) at another location or provides video connectivity between a provider and a patient at home or other non-VA location. Postdoctoral residents have the opportunity to conduct assessments and therapy through CVT in many clinics at SLVHCS reducing physical and financial barriers to care and increasing access for rural Veterans.

Requirements for Completion

Minimum levels of competence expected for postdoctoral residents to remain in good standing in the program:

- Postdoctoral Residents need to satisfactorily engage in their individualized training plans and review progress in weekly supervision.
- Postdoctoral Residents need to attend required didactics and other seminars and comply with other administrative requirements of the program.
- Postdoctoral Residents need to develop competence in skills specified on the Psychology Training Evaluation: Resident Form. Competencies are assessed by frequent review of individualized training plans, frequent informal evaluation of progress by supervisors & the Training Director, and formal three times yearly written evaluations.
- Adherence to the APA ethics code.

Minimum expectations for postdoctoral residents to complete the postdoctoral residency in good standing with the program:

- Successfully complete the long-term project.
- At the end of the year, all items should be rated **5 or higher** in the Competency Ratings area of Rotation Evaluation by Supervisor(s).
- Not be found to have engaged in any significant ethical transgressions.
- Deliver all signed evaluations and training logs (e.g., training plans, supervision contracts, three, six and final evaluations, patient hours log) to Co-directors of training.
- Complete at a minimum 500 face-to-face clinical hours.

Facility and Training Resources

Currently, interns and residents share a cubicle office space with a desk, telephone, and computer terminal for each trainee. Swing offices are utilized for individual patient sessions. On various rotations and in different clinic settings, residents may change offices. Training settings consist of large and small conference rooms, clinic rooms, and group rooms. SLVHCS is associated with Tulane Medical Center as

well as Louisiana State University Medical Center. Postdoctoral residents have online access to library services including access to psychology and medical journals. Most commonly used intelligence, personality, and neuropsychological tests are available in our test file. Some are also available in an automated administration and interpretation package. Clerical support for clinical scheduling and documentation needs is available through the clinical programs.

Administrative Policies and Procedures

Our privacy policy is clear: we will collect no personal information about you when you visit our website.

Problem resolution and complaint procedures to ensure postdoctoral residents have due process in addressing concerns are available and described in our Psychology Postdoctoral Resident Training Manual which postdoctoral residents receive in the beginning of the training year.

Staff and Faculty

The following psychologists serve as supervisors of postdoctoral residents for the training year. The following brief biographical sketches highlight the qualifications and interests of each faculty member.

Joseph “Jay” Boffa, Ph.D. VISN 16 South Central MIRECC Core Investigator; SLVHCS Graduate Psychologist and Suicide Prevention Coordinator; Clinical Assistant Professor, Tulane University School of Medicine Department of Psychiatry and Behavioral Sciences. Dr. Boffa completed his Doctorate of Philosophy in Clinical Psychology at Florida State University and pre-doctoral internship at SLVHCS in 2020, after which he joined the SLVHCS staff. His research has focused on cognitive-affective variables that intersect PTSD and suicide risk, and the development of novel interventions to target those conditions. Dr. Boffa has published more than three-dozen peer-reviewed articles and obtained funding awards from the NIMH, Military Suicide Research Consortium, and VA South Central MIRECC. His clinical specialties include diagnostic assessment, cognitive behavioral therapies for anxiety- and trauma-related disorders, and suicide risk management. He is an unabashed Southern California native, which actually lends itself to enjoying everything about New Orleans. Well, except the humidity.

Allison Dornbach-Bender, Ph.D. Military Sexual Trauma (MST) Coordinator; Staff Psychologist, Ambulatory Mental Health (AMH). Raised in the Mojave Desert region of Southern California, Dr. Dornbach-Bender received her BA in Psychology from Pomona College before completing a PhD in Clinical Psychology from the University of North Texas. She completed both her pre-doctoral internship and post-doctoral residency with an emphasis in PTSD at SLVHCS. She is currently licensed in Virginia. In her clinical work, Dr. Dornbach-Bender's interests include diagnostic assessment, cognitive behavioral therapies, evidence-based treatments for anxiety- and trauma-related disorders, advocacy and recovery following interpersonal trauma, women's health, and supportive training and supervision of the next generation of psychologists. Outside of SLVHCS, Dr. Dornbach-Bender can be found admiring New Orleans architecture, looking forward to the next Mardi Gras season, savoring the local food and drink scene, and traveling every chance she gets.

Chelsea R. Ennis, Ph.D. Staff Psychologist, Program Manager, PTSD Clinical Team; South Central MIRECC Affiliated Faculty Member; Assistant Professor, Department of Psychiatry and Behavioral Sciences, Tulane University School of Medicine. Dr. Ennis completed her Doctorate of Philosophy in Clinical Psychology at Florida State University in 2019. She completed her psychology internship in the trauma track at SLVHCS. Her clinical interests include evidence-based psychotherapies for PTSD and anxiety disorders, as well as suicide prevention interventions. Her research interests involve the identification of risk and maintenance factors for PTSD and related sequelae, including suicidal and non-suicidal self-injury, as well as suicide prevention interventions. In her free time she enjoys hanging out with her friends, most of whom are also on the training committee.

Dian Evans, Ph.D., JD, M.S.C.P. Suicide Prevention Program Manager, Dr. Evans attended Fairleigh Dickinson University for her post-doctorate Master of Science in Clinical Psychopharmacology, Montclair

State University in Forensic Psychology, Fielding Graduate University in Psychology, Loyola University and New York University for Law, University of Maryland for undergraduate Journalism and University of Oklahoma for undergraduate Nursing and graduate Journalism. She completed her pre-doctoral psychology internship at Wyoming State Hospital and a postdoctoral fellowship at Hackensack University Medical Center. Dr. Evans is licensed in New York, South Carolina, New Jersey, and Louisiana. Dr. Evans's professional interests include suicide prevention, training, supervision, neuropsychological assessment, forensic assessment, general assessment, psychopharmacology and the psychology of health and disease. Her favorite avocations include spending time with her family, eating out, music, traveling the world, reading, and writing. She likes eating, but not cooking. She very much likes riding in hot air balloons and very much dislikes driving automobiles. If she ever wins the lottery, which she plans to do this year, she will buy a hot-air balloon, hire a limousine driver, and hire a Chef among other things. Most of all, she loves spending time with her four granddaughters and sitting on her back porch after work watching nature with her husband and her three dogs, Sazerac and Coco Beignet, both Shih Tzus, and Tipitina, a Pug.

Mara Ferrie, Ph.D. Staff Psychologist, SLVHCS. Dr. Ferrie earned her Ph.D. in Clinical Psychology from Louisiana State University in 2023. She completed her pre-doctoral internship at SLVHCS, with an emphasis in PTSD, and is now the PTSD/SUD Psychologist at SLVHCS. Dr. Ferrie's research interests include identifying psychosocial factors related to the maintenance of fear-based disorders (e.g., PTSD, SAD) and co-occurring risky substance use to inform the development of treatment and prevention programs for these conditions. Her clinical interests include evidence-based psychotherapies for anxiety disorders, PTSD, and risky substance use (e.g., CBT, CPT, MET/MI, PE, WET). When not at SLVHCS, you can catch her outdoors (except for in triple-digit heat), taking long walks with her dog, and watching baseball (Go Cubs, go!) and football (Let's geaux Tigers/Saints!).

Alana Fondren, Ph.D. Staff Psychologist, SLVHCS, Inpatient/Outpatient Care Coordinator. Dr. Fondren is a native of the Lone Star state, where she earned her Ph.D. in Clinical Psychology at the University of North Texas. She completed her pre-doctoral internship and postdoctoral residency (with specialization in rural and underserved populations) at SLVHCS, and is currently licensed in Texas. Upon completion of fellowship, Dr. Fondren accepted the inpatient/outpatient care coordinator position at SLVHCS, where she provides psychological services in the acute inpatient psychiatric unit and facilitates access to outpatient mental health care post-discharge. She frequently participates as a clinical research therapist for randomized control trials and pilot interventions within the SLVHCS psychology service. Dr. Fondren also serves on the SLVHCS Dialectical Behavior Therapy (DBT) consultation team and is passionate about treating patients diagnosed with personality disorders. Other professional interests include Acceptance and Commitment Therapy (ACT); LGBTQ+ populations; diagnostic and personality assessment; and justice, equity, diversity, and inclusion (JEDI) initiatives. Dr. Fondren enjoys exploring New Orleans, working out at Orangetheory Fitness, celebrating Halloween and Mardi Gras all year 'round, and attending renaissance faires.

Laurel Franklin Harlin, Ph.D., Chief, Psychology Service; Clinical Associate Professor, Department of Psychiatry and Behavioral Sciences, Tulane University School of Medicine. Dr. Harlin received a Ph.D. in clinical psychology from Pacific Graduate School of Psychology and completed a psychology internship at the New Orleans VAMC (now SLVHCS) and a postdoctoral fellowship at Brown University/Rhode Island Hospital. Currently licensed in Louisiana, her professional interests are assessment of posttraumatic reactions; treatment of posttraumatic insomnia; and evidenced based treatments. Dr. Harlin is currently the co-Site Lead for the South Central Mental Illness, Research, Education and Clinical Center (MIRECC). She also is site co-lead for several grant funded research projects. Dr. Harlin is a member of the International Society for Traumatic Stress Studies, Southeastern Psychological Association, and the Louisiana Psychological Association. She is a board member for Journal of Trauma and Dissociation. When not at work, Dr. Harlin enjoys Mardi Gras and trying to keep up with her fourteen-year-old son. She enjoys traveling the world with her family and is currently plotting their next adventure.

Claire Houtsma, Ph.D. Staff Psychologist and Suicide Prevention Coordinator, SLVHCS; Clinical Investigator, South Central MIRECC; Research Assistant Professor/Adjunct Assistant Professor,

Louisiana State University Health Sciences Center and Tulane University. Dr. Houtsma completed her Doctorate of Philosophy in Clinical Psychology at the University of Southern Mississippi in 2020. She completed internship at SLVHCS. Dr. Houtsma's research interests include firearm suicide prevention, service member & Veteran suicide prevention, development of lethal means safety interventions, and sociocultural influences on suicide risk. Her clinical interests include evidence-based psychotherapies for PTSD, depression, and anxiety (e.g., CPT, PE, CBT, MI). Dr. Houtsma works remotely from Chicago and encourages anyone who visits to try a Portillo's Italian beef sandwich. She enjoys visiting New Orleans regularly, traveling internationally at every opportunity, watching a soccer match, and completing jigsaw puzzles.

Emily Ibert, Ph.D. Staff Psychologist, Primary Care Mental Health Integration (PCMHI). Dr. Ibert received a Ph.D. in clinical psychology at Texas Tech University and completed her psychology internship and postdoctoral fellowship at SLVHCS. She then worked at the Fleet and Family Support Center at the Naval Air Station Joint Reserve Base New Orleans, providing counseling services to active-duty military service members and their families, before joining the SLVHCS staff in 2014. In 2024, she became the lead trainer for PCMHI. She is licensed in Louisiana. Her clinical interests include treating chronic pain, insomnia, depression, and anxiety.

Arnold James, Ph.D. Co-Director of Psychology Programs, Diversity, Equity, and Inclusion; HBPC Psychologist; Dr. James is a Louisiana licensed Clinical Psychologist. He received his education from The University of South Carolina. He received a Bachelor of Science in Psychology, a Master of Public Health in Health Education and Promotion, and his Doctor of Philosophy in Clinical-Community Psychology. He was affiliated with the Tulane School of Medicine, Department of Psychiatry and Behavioral Sciences for over 20 years, in various capacities diagnosing and treating mental disorders. He has worked as an inpatient and outpatient psychotherapist, in and around the New Orleans Metro area, employing brief and long-term psychotherapy modalities. Currently, he is a psychologist in Home Base Primary Care at the Southeast Louisiana Veterans Health Care System and treats outpatients in a private practice. These patients have a wide range in age, and severity of diagnostic presentation. Dr. James has completed a postdoctoral fellowship in Psychoanalytic Psychotherapy from the New Orleans-Birmingham Psychoanalytic Institute, and was awarded Diplomate status in the International Academy of Behavior Medicine, Counseling and Psychotherapy in Psychotherapy. Dr. James has recently been acknowledged as a Clinical Scholar by the Robert Wood Johnson Foundation.

Adam M. Lewis, Ph.D., ABPP Staff Psychologist, Primary Care Mental Health Integration (PCMHI) and Ambulatory Mental Health (AMH); Ethics Consultant, SLVHCS Ethics Consultation Service. Dr. Lewis completed his undergraduate education at the University of Michigan, and Ph.D. in Counseling Psychology from the University of Iowa in 2016. He completed internship at the Memphis VA Medical Center, and a postdoctoral fellowship in Clinical Psychology, Geropsychology and Integrated Care emphasis, at the Edward Hines Jr VA Hospital in Hines, Illinois. He is licensed in the states of Hawaii and Louisiana and board certified in Geropsychology by the American Board of Professional Psychology (ABPP). He is a member of the APA Div. 12-II Society of Clinical Geropsychology and a peer reviewer for *Clinical Gerontologist*. His clinical interests include psychotherapy (e.g., MI, WET, other behavioral and mindfulness-informed interventions) and assessment (e.g., focused neuropsychological evaluations for dementia diagnosis/rule-out, capacity) with culturally diverse older adults, and providing co-located collaborative mental health services to adults of all ages in primary care settings.

Taylor Nocera, Ph.D. Staff Psychologist, SLVHCS. Dr. Nocera earned her Ph.D. in Counseling Psychology from The University of Southern Mississippi in 2021. She completed her pre-doctoral internship at the Orlando VA Medical Center. She then completed her post-doctoral fellowship with the Residential Trauma Recovery Programs and the National Center for PTSD, Dissemination and Training Division through VA Palo Alto HCS in Menlo Park, California. She has engaged in research on anger and aggression, aspects of morality, and mobile mental health app utilization and improvement (i.e., AIMS for Anger Management, PTSD Coach). Her clinical interests primarily include evidence-based treatments for PTSD including CPT, PE and WET; as well as other treatments including DBT and ACT. Outside of work, she enjoys spending time with her husband and their rescue dog, attending live music events, joining a cycling class, and cheering on the Auburn Tigers in any and every sport!

Christopher R. L. Parkinson, Ph.D., ABPP Co-Director of Training for Psychology Programs, SLVHCS; Palliative Care Psychologist; Adjunct Assistant Professor, Department of Psychiatry & Behavioral Science, Tulane University School of Medicine; South Central MIRECC Affiliated Faculty Member. Dr. Parkinson completed his Doctorate of Philosophy in Clinical Psychology at Rosalind Franklin University of Medicine & Science with emphasis in Health Psychology in 2014. He completed internship at the Gulf Coast Veterans Health Care System in Biloxi, Mississippi and postdoctoral fellowship in Behavioral Medicine/Health Psychology with emphasis in Pain at SLVHCS. He is licensed in the state of Louisiana and American Board of Professional Psychology (ABPP) certified in Clinical Health Psychology. Dr. Parkinson's professional interests include behavioral medicine, adjustment to chronic illness, psycho-oncology, promoting resilience, enhancing quality of life, assessing capacity, advance care planning, telehealth, and interprofessional care. Dr. Parkinson is a member of the Society of Behavioral Medicine and the 2021-2022 Past President of the Louisiana Psychological Association. He is a native New Orleanian. During his free time, he enjoys travelling, LSU football (Geaux Tigers!), arguing for the superiority of Marvel to DC, and parading with the Krewe of King Arthur. Dr. Parkinson's recent NOLA clout stems from winning both the 2024 Bourbon Street Award for Best Group Costume and the 2024 610 Stomper's Debutante Ball Best Overall Costume.

Alison Poor, Ph.D., Staff Psychologist, Hammond Community-Based Outpatient Clinic/Primary Care Mental Health Integration (Women's Health). Counseling Psychology, University of Southern Mississippi, 2023. Dr. Poor completed her internship with an emphasis in clinical health psychology in 2023 and a post-doctoral residency with an emphasis in Primary Care Mental Health Integration in 2024 at SLVHCS. She is currently licensed in Mississippi. Her clinical interests include women's health (particularly sexual dysfunction and menopause), interdisciplinary care, presurgical evaluations, and evidence-based psychotherapies for PTSD. Dr. Poor enjoys watching LSU sporting events, traveling, spending time with her dog, walking around New Orleans, and seeing musicals at the Saenger Theatre.

Tracy Protti, Ph.D. Staff Psychologist in Pain Psychology, SLVHCS. Dr. Protti earned her Ph.D. in Clinical Psychology from the University of Mississippi. She completed her pre-doctoral internship and postdoctoral residency (with primary emphasis in pain and rehabilitation psychology and secondary emphasis in palliative care) at SLVHCS. She is currently licensed in Mississippi and Texas. Dr. Protti's professional interests include the exploration of psychological factors in primary headache disorders, pain, and chronic illness, and the dissemination and implementation of cognitive behavioral and acceptance-based interventions. She is a member of the Society of Behavioral Medicine, American Headache Society, and the Association for Contextual Behavioral Science (holding leadership positions in both the ACBS Health and ACBS Pain Special Interest Groups). She is a New Orleans native who enjoys spending time with her family, including her two dogs and bunny, and traveling both nationally and internationally.

Amanda M. Raines, Ph.D., Clinical Investigator with the South Central MIRECC and SLVHCS; Assistant Professor, Department of Psychiatry, Louisiana State University. Dr. Raines completed her Doctorate of Philosophy in Clinical Psychology at Florida State University in 2016 and her pre-doctoral internship and post-doctoral residency at SLVHCS in 2016 and 2017, respectively. Dr. Raines' research focuses on identifying and empirically examining transdiagnostic risk and maintenance factors, as well as the development and refinement of novel interventions that can be used to prevent and treat anxiety and related forms of pathology including PTSD, suicide, and substance use. To date, she has published over 130 peer-reviewed manuscripts and received support for her work from various intramural and extramural agencies. Dr. Raines is the Chair of the Association for Behavioral and Cognitive Therapies (ABCT) Research and Professional Development Committee, and a member of the Association of VA Psychologist Leaders (AVAPL), and Division 12 of the American Psychological Association (APA). Further, she currently serves as an Associate Editor for the *Journal of Psychopathology and Behavioral Assessment*. During her free time, Dr. Raines likes to spend time with Dr. Harlin, her husband Jason, and Goldendoodle Saint Charles.

William "Bill" Schmitz Jr., Psy.D. Clinical Psychologist, Baton Rouge Community-Based Outpatient Clinic. Dr. Schmitz was destined to be an adolescent psychologist prior to completing a practicum

experience at the Central Texas VA in Waco, TX. Following a year internship at this same location, followed by a year of research in the VA, he then completed the SMIT postdoctoral fellowship at the Michael E. DeBakey VAMC in Houston, TX. Since August 2007 he has served as an AMH psychologist in Baton Rouge. Professionally, Dr. Schmitz has focused on suicide prevention, intervention, and postvention, working in various leadership positions within the American Association of Suicidology (including a 2-year term as President), and he currently serves on the board of the Baton Rouge Crisis Intervention Center, where he is also a member of the faculty at the National Suicidology Training Center.

Dustin A. Seidler, Ph.D. Staff Psychologist, Slidell Community-Based Outpatient Clinic. Early Psychosis Intervention Coordination (EPIC) Point of Contact. Clinical Psychology, Southern Illinois University-Carbondale, College of Liberal Arts 2020. Dr. Seidler completed his pre-doctoral psychology internship and postdoctoral residency with an emphasis in PTSD and research at SLVHCS and is currently licensed in Alabama. Prior to the Community-Based Outpatient Clinic in Slidell, Dr. Seidler was the Women's Health Clinic psychologist at the Baton Rouge Outpatient Clinic providing brief, short-term behavioral health intervention in PCMH, as well as the MST Coordinator. His professional interests include providing evidence-based treatment; cognitive behavioral therapy; Acceptance and Commitment Therapy; transdiagnostic treatments; trauma-focused and exposure-based treatments for PTSD; and clinical research. Dr. Seidler, both a combat Veteran and an active member of the Louisiana Army National Guard, enjoys spending time with his family, lifting weights, running and bicycling, and is a self-proclaimed geek who enjoys all Marvel movies, Star Trek, and reads an average of 25 science fiction novels each year.

Mary Shapiro, Ph.D. Clinical Investigator and Staff Psychologist, SLVHCS. Dr. Shapiro completed her graduate training at Florida State University and her pre-doctoral internship and postdoctoral fellowship at the Medical University of South Carolina. Upon completion of her fellowship, she accepted a position at SLVHCS as a Clinical Investigator. Her research is broadly focused on: (1) developing novel, technology-assisted treatments for anxiety- and trauma-related conditions and (2) the intersection of traumatic stress, women's health, and substance use disorders. In her free time, Dr. Shapiro enjoys spending time with her family and friends and trying the many New Orleans restaurants!

Karen Slaton, Ph.D. Program Manager, Primary Care Mental Health Integration and Behavioral Medicine and Health Behavior Coordinator; Clinical Assistant Professor, Department of Psychiatry and Behavioral Health, Tulane University School of Medicine; and Clinical Assistant Professor of Medicine at Louisiana State University School of Medicine in New Orleans. Dr. Slaton received her Ph.D. in Counseling Psychology from the University of Southern Mississippi in 2000. Dr. Slaton completed a clinical psychology internship and fellowship at Tulane University School of Medicine. After training, she joined the faculty at Tulane in Family Medicine and Psychiatry where she remained until Hurricane Katrina. Prior to SLVHCS, Dr. Slaton maintained a private practice as the owner of Northshore Psychological Services. She is licensed in Louisiana and is certified in Sports and Clinical Hypnosis. She is President of the New Orleans Society for Clinical Hypnosis. Dr. Slaton's professional interests include behavioral medicine, integrated mind-body medicine, health promotion and disease prevention, clinical hypnosis, performance enhancement and treatment of chronic pain. She is a fitness enthusiast and is certified by the American College of Sports Medicine as an Exercise Physiologist. She is also a registered yoga teacher.

Cameron Smith, Psy.D. Staff Graduate Psychologist, SLVHCS; Polytrauma Team/Rehabilitation Psychology. Clinical Psychology, The Chicago School of Professional Psychology, 2023. Dr. Smith completed his pre-doctoral psychology internship and postdoctoral residency, with an emphasis in behavioral medicine, at SLVHCS. He accepted the position of rehabilitation psychologist upon completion of his postdoctoral residency. His professional interests are evidence-based and supported interventions for chronic pain, tinnitus, headache diseases, adjustment to illness/injury, and sexual intimacy difficulties. Dr. Smith enjoys spending time with family and friends, playing music (not well), petting dogs that are not his own, and exercising. A Louisiana native, Dr. Smith eagerly celebrates Mardi Gras and supports his local music scene.

Crystal M. Tillis, Ph.D. Coordinator of Stress Management Program (Coping After Stressful Events – C.A.S.E.), Clinical Psychologist, Ambulatory Mental Health Team, SLVHCS Baton Rouge South Clinic. Clinical Psychology, Jackson State University, 2012. Dr. Tillis completed her pre-doctoral psychology internship at Citrus Health Network, Inc., in Hialeah, FL, and postdoctoral fellowship in the private sector. She accepted a Clinical Psychology position with Alexandria VA Medical Center in 2018, providing clinical services at the Lake Charles, LA CBOC. Dr. Tillis transferred to SLVHCS in 2021, to primarily coordinate and conduct a stress management program for VA staff, following the COVID-19 pandemic, as well as clinical services to veterans. Her professional interests are evidenced based treatments for depression

friends, baking, and scrapbooking. A Baton Rouge native, Dr. Tillis, loves southern cuisine, especially crawfish.

Desirae N. Vidaurri, Ph.D. Inpatient psychologist; Inpatient Program Coordinator; VISN16 Inpatient MH lead; Inpatient, Residential, Outpatient Program Lead; Adjunct Assistant Professor. Clinical Psychology, University of Maine, 2016. Dr. Vidaurri completed her psychology internship with an emphasis on trauma recovery and a trauma focused post-doctoral residency at SLVHCS in 2016 and 2017, respectively, before joining SLVHCS as a Staff Psychologist. She is currently licensed in Virginia. Dr. Vidaurri's training, which began at her undergraduate institution (hook 'em), has focused on understanding the incorporation of research into psychology. This strong emphasis on empirically based treatments, particularly cognitive behavioral therapies, was further maintained throughout graduate school and subsequent training experiences. Clinically, she has particular interest in trauma-related disorders, depression, and SMI, as well as working with populations with low motivation/confidence to engage in treatment; which lends nicely to her role on the acute inpatient mental health unit. Overall, Dr. Vidaurri strives to provide evidence based treatments in a way that is palatable for all Veterans, aiming to find ways to improve quality and continuity of care. Outside of work, she greatly enjoys time with friends and experiencing the New Orleans lifestyle, with a particular proclivity for food and all things Mardi Gras and glitter.

Joseph O. Vigil, Ph.D. Staff Rehabilitation Psychologist detailed to the Physical Medicine and Rehabilitation Product Line; Adjunct Instructor, Department of Rehabilitation Counseling, Louisiana State University Health Sciences Center. Counseling Psychology, The University of Memphis, 2003. Dr. Vigil completed his pre-doctoral psychology internship at the Central Arkansas Veterans Healthcare System in 2003, and he completed his postdoctoral hours working for a private practice in the New Orleans area in 2005 mostly performing neurocognitive and disability assessments, where he also served as a consultant/expert witness in regional torts. Dr. Vigil holds an additional license in Louisiana as a vocational rehabilitation counselor and specializes in rehabilitation psychology assessment and counseling. He is also a member of American Psychological Association's Division 22 (Rehabilitation Psychology) and Southern Pain Society. When not at work for SLVHCS, Dr. Vigil mostly spends time with his child and family. He also enjoys playing and coaching soccer, as well as personal training, when not actively advancing awareness and research for classic Late Infantile Neuronal Ceroid Lipofuscinosis (or Batten Disease).

Jessica Walton, Ph.D. Director of Training for Psychology Programs, SLVHCS; Staff Psychologist, PTSD Team; Clinical Assistant Professor, Department of Psychiatry and Behavioral Sciences, Tulane University School of Medicine; South Central MIRECC Affiliate. Clinical/Rehabilitation Psychology, Illinois Institute of Technology, College of Psychology 2013. Dr. Walton completed her pre-doctoral psychology internship and postdoctoral residency, with an emphasis on PTSD treatment and research, at SLVHCS. She accepted the position as PTSD/SUD psychologist upon completion of her postdoctoral residency. Her professional interests are evidenced based treatments for PTSD; cognitive behavioral psychotherapy; treatment of posttraumatic insomnia; exposure-based treatments; and clinical research. Dr. Walton enjoys spending time with family, playing Fantasy Football, and working out at Orange Theory. A New Orleans native, Dr. Walton, is an avid New Orleans Saints fan and travels to away games several times per football season to support her "Who Dat" boys.

Linnie Wheeless, Ph.D. Dr. Wheeless is a psychologist working at the Psychosocial Rehabilitation and Recovery Center (PRRC). She treats many disorders, including personality disorders, psychotic disorders, anxiety disorders, and substance use disorder. She is most passionate about treating Veterans with serious mental illness. With a background in law and comedy, Dr. Wheeless brings a wide array of experiences to bear on her work. She now incorporates those experiences into psychological interventions by facilitating improv comedy classes to help Veterans with serious mental illness improve social cognition.

Local Information

The city of New Orleans is a diverse and cosmopolitan community. The residents of New Orleans and southern Louisiana reflect diversity in race, ethnicity, religion, sexual orientation, gender identity, and socioeconomic status. New Orleans and southern Louisiana is an area rich in African American, Creole, and Cajun history, events, and practices. Our staff both values and participates in the rich cultural experiences of New Orleans and the Gulf Coast region; as such we encourage our trainees to be active participants in their new community. New Orleans is one of the oldest and most fascinating cities in the United States, and thousands of visitors enjoy its unique attractions throughout the year. The famous French Quarter has been declared a National Landmark as have other historic areas of the city, including the beautiful homes of the upper and lower Garden District which reflects the genius of the architects who designed them. At Jackson Square, where the French Quarter meets the Mississippi, one can see functioning paddleboats, ferries, and tugboats side by side. New Orleans is famous as the birthplace of jazz music, which is played widely throughout venues in the city, and a rich diversity of all musical styles abounds. There is an abundance of local theatre, arts, and festivals. The Mardi Gras tradition is very much alive, and the beautiful parades preceding the Lenten season are described as the greatest free show on Earth. Carnival is soon followed by the French Quarter Festival and the internationally acclaimed Jazz & Heritage Festival. The New Orleans area is known worldwide for its French, Creole, and Cajun cuisine, as well as the famous seafood of the Gulf Coast Region. Popular recreational activities also include sporting events, such as university and professional football & basketball. For those who love the outdoors, Louisiana is a "sportsman's paradise," with great fishing and beautiful Lake Ponchartrain available for boating. A semitropical climate with rare freezes and lush vegetation makes New Orleans an inviting place for the postdoctoral year.

Additional Information on Federal Appointments

The Department of Veterans Affairs (VA) adheres to all Equal Employment Opportunity and Affirmative Action policies. As a Veterans Health Administration (VHA) Health Professions Trainee (HPT), you will receive a Federal appointment, and the following requirements will apply prior to that appointment:

1. **U.S. Citizenship.** HPTs who receive a direct stipend (pay) must be U.S. citizens. Trainees who are not VA paid (without compensation-WOC) who are not U.S. citizens may be appointed and must provide current immigrant, non-immigrant or exchange visitor documents.
2. **U.S. Social Security Number.** All VA appointees must have a U.S. social security number (SSN) prior to beginning the pre-employment, on-boarding process at the VA.
3. **Selective Service Registration.** Male applicants born after 12/31/1959 must have registered for the Selective Service by age 26 to be eligible for U.S. government employment, including selection as a paid or WOC VA trainee. For additional information about the Selective Service System, and to register or to check your registration status visit <https://www.sss.gov/>. Anyone who was required to register but did not register before the age of 26 will need to apply for a Status Information Letter (SIL) and request a waiver. Waivers are rare and requests will be reviewed on a case by case basis by the VA Office of Human Resources Management. This process can take up to six months for a verdict.
4. **Fingerprint Screening and Background Investigation.** All HPTs will be fingerprinted and undergo screenings and background investigations. Additional details about the required background checks can be found at the following website: <http://www.archives.gov/federal-register/codification/executive-order/10450.html>.
5. **Drug Testing.** Per Executive Order 12564, the VA strives to be a Drug-Free Workplace. HPTs are not drug-tested prior to appointment, however are subject to random drug testing throughout the entire VA appointment period. You will be asked to sign an acknowledgement form stating you are aware of this practice (See item 8 below). Please note that the VA is a federal facility and does not recognize the use of marijuana, THC, or CBD for medicinal purposes. Therefore, any positive findings

on a random drug screening involving cannabis, THC (tetrahydrocannabinol) or CBD (Cannabidiol) may be grounds for termination.

6. **Affiliation Agreement.** To ensure shared responsibility between an academic program and the VA there must be a current and fully executed Academic Affiliation Agreement on file with the VHA Office of Academic Affiliations (OAA). The affiliation agreement delineates the duties of VA and the affiliated institution. Most APA-accredited doctoral programs have an agreement on file. More information about this document can be found at [Affiliate Resources - Office of Academic Affiliations \(va.gov\)](#). Post-degree programs typically will not have an affiliation agreement, as the HPT is no longer enrolled in an academic program and the program is VA sponsored.
7. **TQCVL.** To streamline on-boarding of HPTs, VHA Office of Academic Affiliations requires completion of a Trainee Qualifications and Credentials Verification Letter (TQCVL). An Educational Official at the Affiliate must complete and sign this letter. For post-graduate programs where an affiliate is not the program sponsor, this process must be completed by the VA Training Director. Your VA appointment cannot happen until the TQCVL is submitted and signed by senior leadership from the VA facility. For more information about this document, please click [here](#).
 - a. **Health Requirements.** Among other things, the TQCVL confirms that you, the trainee, are fit to perform the essential functions (physical and mental) of the training program and immunized following current Center for Disease Control (CDC) guidelines and VHA policy. This protects you, other employees and patients while working in a healthcare facility.
 1. Required are annual tuberculosis screening, Hepatitis B vaccine as well as annual influenza vaccine. Per VHA Directive 1192.01 flu shots are now mandatory for all health care personnel. For more information visit: [VHA Directive 1192.01](#).
 2. In addition, per VHA Directive 1193.0, as of August 2021, a full course of COVID-19 vaccination is mandated for all health care personnel, including trainees. For more information visit: [VHA Directive 1193.01](#).

****Please note:**

- 1) Health Professions Trainees (HPTs) are appointed as temporary employees of the Department of Veterans Affairs. As such, HPTs are subject to laws, policies, and guidelines posted for VA staff members. There are infrequent times in which this guidance can change during a training year which may create new requirements or responsibilities for HPTs. If employment requirements change during the course of a training year, HPTs will be notified of the change and impact as soon as possible and options provided. The VA Training Director for your profession will provide you with the information you need to understand the requirement and reasons for the requirement in timely manner.
- 2) Additionally, please note that accepting an HPT who is unvaccinated is a local decision. A number of VA facilities have weighed the risk/reward and burden on the healthcare of Veterans and Staff and have established a policy that no exceptions were acceptable.**
 - b. **Primary source verification of all prior education and training** is certified via the TQCVL. Training and Program Directors will be contacting the appropriate institutions to ensure you have the appropriate qualifications and credentials as required by the admission criteria of the training program in which you are enrolled.
8. **Additional Eligibility & On-boarding Forms.** Additional pre-employment forms include the Application for Health Professions Trainees (VA 10-2850D) and the Declaration for Federal Employment (OF 306). These documents and others are available online for review at [Resources for Health Professions Trainees Coming to VA | Eligibility and Forms - Office of Academic](#)

[Affiliations](#). Falsifying any answer on these required Federal documents will result in the inability to appoint or immediate dismissal from the training program.

9. **Proof of Identity per VA.** VA on-boarding requires presentation of two source documents (IDs). Documents must be unexpired and names on both documents must match. For more information visit: https://www.osp.va.gov/PIV_Information.asp

Additional information regarding eligibility requirements for appointment as a psychology HPT can be found at the end of this brochure.

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

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

- (1) Misconduct or negligence in employment;
- (2) Criminal or dishonest conduct;
- (3) Material, intentional false statement, or deception or fraud in examination or appointment;
- (4) Refusal to furnish testimony as required by § 5.4 of this chapter;
- (5) Alcohol abuse, without evidence of substantial rehabilitation, of a nature and duration that suggests that the applicant or appointee would be prevented from performing the duties of the position in question, or would constitute a direct threat to the property or safety of the applicant or appointee or others;
- (6) Illegal use of narcotics, drugs, or other controlled substances without evidence of substantial rehabilitation;
- (7) Knowing and willful engagement in acts or activities designed to overthrow the U.S. Government by force; and
- (8) Any statutory or regulatory bar which prevents the lawful employment of the person involved in the position in question.

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

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

Postdoctoral Residency Admissions, Support, and Initial Placement Data

Date Program Tables are updated: September 13, 2024

Program Disclosures

Does the program or institution require students, trainees, and/or staff (faculty) to comply with specific policies or practices related to the institution's affiliation or purpose? Such policies or practices may include, but are not limited to, admissions, hiring, retention policies, and/or requirements for completion that express mission and values?	Yes
If yes, provide website link (or content from brochure) where this specific information is presented: https://www.va.gov/southeast-louisiana-health-care/work-with-us/internships-and-fellowships/	

Postdoctoral Program Admissions

Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program's policies on intern selection and practicum and academic preparation requirements: Residents must be a U.S. citizen and have completed training in an American Psychological Association (APA), Canadian Psychological Association (CPA), or Psychological Clinical Science Accreditation System (PCSAS)-approved clinical or counseling psychology doctoral program and an APA-accredited psychology internship. All requirements for the doctoral degree must be completed prior to the start of the postdoctoral residency year. A successful candidate for the postdoctoral residency positions in PTSD, SMI, and Behavioral Medicine/Health Psychology will have had some specialty training in the area of emphasis. Our goal is to select postdoctoral residents who have the potential to develop as leaders in clinical services, research, and education. Our emphasis is on goodness of fit with our training model, program philosophy, and a general openness to feedback and supervision.

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	\$52,662
Annual Stipend/Salary for Half-time Residents	n/a
Program provides access to medical insurance for resident?	Yes
If access to medical insurance is provided:	
Trainee contribution to cost required?	Yes
Coverage of family member(s) available?	Yes
Coverage of legally married partner available?	Yes
Coverage of domestic partner available?	No
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	96 - 104
Hours of Annual Paid Sick Leave	96 - 104
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	Yes
Other Benefits (please describe):	n/a
*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)		
	2021-2024	
Total # of residents who were in the 3 cohorts	11	
Total # of residents who remain in training in the residency program	0	
	PD	EP
Academic teaching	0	0
Community mental health center	0	0
Consortium	0	0
University Counseling Center	1	0
Hospital/Medical Center	1	0
Veterans Affairs Health Care System	0	7
Psychiatric facility	0	0
Correctional facility	0	0
Health maintenance organization	0	0
School district/system	0	0
Independent practice setting	1	0
Other	1	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.		