

A close-up photograph of white cherry blossoms in full bloom, set against a clear blue sky. The flowers are the central focus, with some in sharp focus and others blurred in the background. The petals are white with subtle pink tints, and the yellow stamens are visible. The overall mood is bright and fresh.

WASHINGTON D.C. VA MEDICAL CENTER

PSYCHOLOGY TRAINING PROGRAMS

Director of Psychology Training Programs

Candace N. Tomes, PsyD

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Welcome and Overview

Welcome to our training program. We are humbled that you will one day become the face of psychology. We hold in high regard the importance of providing you with the best training possible so that you have the tools and resources, motivation, and perseverance needed to advance the field of psychology.

In any unfamiliar institutional setting, having comprehensive information available will have a positive impact on your experience. Knowledge of both the formal and informal structure of the medical center, its organization, and mechanisms by which patient care, education, and research are intermingled will help you get the most from your training experience.

This handbook is designed to be used in conjunction with the psychology internship and postdoctoral fellowship pages on the [DC VAMC website](#) and with training resources found on the medical center's shared drive. A copy of this handbook will be provided in the interns' and post-doctoral fellows' offices, in the Director of Psychological Training Program's office, and to each trainee electronically (individual paper copies also available upon request).

Our Setting: The Washington D.C. VA Medical Center

All training takes place within the Washington DC VA Medical Center (DCVAMC) and its five surrounding Community Based Outpatient Clinics (CBOCs). The DC VAMC is under the authority of the Veterans Health Administration (VHA). The VHA is the part of the U.S. Department of Veterans Affairs that is responsible for providing health care for Veterans, as well as funding health research and training for health care providers.

Located in the nation's capital, the DC VAMC is among the most visible and dynamic facilities in the entire VA system. Patients seen at the DC VAMC are primarily Vietnam-era Veterans in the 60-70 age range. The DC VAMC also serves Veterans who participated in World War II, the Korean War, Gulf War I, Bosnia, and other conflicts, as well as many who experienced non-combat trauma (i.e., Military Sexual Trauma (MST), training accidents, responding to natural disasters, etc.). The DC VAMC is very active in providing outreach, education, assessment, and treatment to our newest returning Veterans.

The DC VAMC is a comprehensive medical center that treats Veterans of all genders who have a wide array of medical and psychiatric illnesses needing treatment in both inpatient and outpatient settings and is a tertiary care, Complexity Level 1B facility. It provides comprehensive primary and specialty care in medicine, surgery, neurology and psychiatry. The DC VAMC is part of the Veterans Integrated Service Network (VISN). In addition to the DC VAMC, [VISN 5](#) includes the VA Maryland Health Care System (Baltimore, Perry Point, and Loch Raven MD); and Medical Centers in Clarksburg, Beckley, Huntington and Martinsburg, West Virginia. The DC VAMC is the designated Polytrauma Network Site for VISN 5.

The DC VAMC is one of the few VAMCs affiliated with four Medical Schools: George Washington University, Georgetown University, Howard University, and the F. Edward Hebert School of Medicine, Uniformed Services School of the Health Sciences. The DC VAMC is a participant of the National Capitol Consortium (a research-based consortium) and has agreements with Walter Reed National Medical Center and The National Naval Medical Center.

Training Programs in Brief

Practicum Program

The DCVAMC Psychology Service hosts approximately 25 - 30 practicum students each year. Clinics that routinely accept practicum students include

- 1) **Health Psychology**
- 2) **Home Based Primary Care (HBPC)**
- 3) **Mental Health Clinic**
- 4) **Neuropsychology**
- 5) **Psychosocial Rehabilitation and Recovery Center (PRRC)**
- 6) **Polytrauma**
- 7) **Primary Care –Mental Health Integration (PC-MHI)**
- 8) **Substance Abuse Rehabilitation Program (SARP)**
- 9) **Trauma Services Program**

Please see our Practicum Training Brochure for additional details.

Internship Program

Our generalist model internship program is accredited by APA. We have seven internship positions.

Postdoctoral Fellowship Program

There are three training emphasis tracks within the Psychology Postdoctoral Fellowship Program:

- 1) **Health Emphasis (Liver Disease and HIV)**
- 2) **Serious Mental Illness Emphasis**
- 3) **Trauma Emphasis**

See later sections for Internship and Postdoctoral Fellowship program details.

Philosophy of Training

In our program, we collectively view it as our mission to support psychology trainees in developing their individual identities as psychologists while ensuring they possess the

necessary skills and competencies to advance towards independence. Two areas our program highlights are diversity/inclusion and program evaluation/program development.

Our program attends to and values the diversity reflected in our staff, trainees and the veterans we serve, and emphasizes the importance of preparing psychology trainees to deliver patient centered, evidence based psychological services that incorporate individual and cultural diversity at all aspects of assessment, treatment planning and intervention. We offer multiple opportunities for psychology trainees to become involved in program evaluation, with the intent of encouraging them to think critically about how programs function and consider how they can develop and improve clinical, research and systems processes for the future.

The Psychology Training Committee

The Psychology Training Committee consists of the Director of Psychology Training Programs, psychology staff members, and the Chief, Psychology Service as an ex-officio member. Two of our most important members are our intern and postdoctoral fellow representatives. The committee meets at least monthly or more frequently, as needed.

Policy recommendations, training philosophy, and development and evaluation of the psychology training program are the responsibilities of the training committee. The training program follows the "[Standards of Accreditation for Health Service Psychology](#)" and the [Code of Ethics of the American Psychological Association](#) . These guidelines give our program its direction and guide our professional practice. As a member of APPIC, we also follow the [standards and guidelines](#) that pertain to all APPIC Internship Programs .

Our Training Committee consists of the following members:

Aparna Arjunan	Elizabeth Paddrik	Candace Tomes (DPT)
Christine Brown	Julie Rones	Valene Whittaker
Joshua Johnson	Lilli Salky	<i>Intern representative</i>
Michael Knep	Christiana Shao	<i>Postdoctoral representative</i>
Becca Lee	Lauren Skalina	*Chief, Psychology Service
Scott Levson	Leonard Tate	
Ashlyn Mitchell		

Trainee Participation on the Training Committee

Trainees are invaluable members of the Training Committee. They serve as liaisons between trainees and staff, which supports direct communication and improved understanding between staff and trainees.

Former trainees who have served on the training committee have been instrumental in the ongoing development of the training program. For example, trainees have contributed to ongoing review and revision of training documents, participated in discussion of the program's mission and vision, contributed to the program's orientation redesign, and collaborated with the Training Director on special projects designed to support ongoing reflection on our training programs. Trainees serving on the training committee have had the opportunity to accompany the training director on site visits and to collaborate with training directors both in VA and outside of VA.

Both the intern class and the fellow class have representation on the Training Committee. Depending on the cohort, a single intern or fellow will serve for the year, or the cohort may opt to rotate this duty over the course of the year. Trainees are encouraged to serve on subcommittees of the larger training committee in which they have interest.

Mentorship within our Training Programs

The American Psychological Association defines a mentor as “an individual with expertise who can help develop the career of a mentee. A mentor often has two primary functions for the mentee. The career-related function establishes the mentor as a coach who provides advice to enhance the mentee's professional performance and development. The psychosocial function establishes the mentor as a role model and support system for the mentee. Both functions provide explicit and implicit lessons learned related to professional development as well as general work-life balance.

The Washington DC VA Medical Center Psychology Training Program is committed to the professional development of psychology trainees at all levels. As part of this commitment, the program strongly encourages interns and fellows to collaborate with a mentor during their training year. The mentee-mentor relationship is non-evaluative. This is an opportunity for interns and fellows to build a relationship with a psychologist who will provide support, guidance, and modeling based on the trainee's career and personal trajectory.

For interns and fellows, initial mentorship matches are assigned by the Director of Psychology Training. The expectation is that mentors and mentees meet at least monthly for the first six months of the training year. After that point, a trainee may opt to work with a different mentor that they have identified, or to adjust the mentorship in another manner to better meet their professional development goals.

In recognition that psychologists in training may be able to serve as role models and mentors to trainees at earlier levels of training, our site also provides the opportunity for interns and fellows to provide mentorship to practicum students. Interested interns and fellows are given guidance on drafting their own mentorship biographies and receive support from the Mentorship Program Coordinator throughout the course of their training year. This program is optional for trainees; however, has been reported as highly valuable for those who participated as either mentor or mentee.

Mentorship can occur in many ways and may develop as part of relationships both within and outside the Washington DC VA Medical Center. While we believe that the formal mentorship program provides an excellent opportunity for trainees to receive mentorship, it is not the only way to do so.

Ethical Guidelines

We adhere to the APA Ethical Principles of Psychologists and Code of Conduct. Copies of these principles are kept in the intern, postdoctoral fellow and Director of Psychology Training offices and can be downloaded [here](#).

Diversity and Inclusion Statement

The Psychology Training Program of the Washington DC VAMC places diversity and inclusion at the core of our training philosophy. We take very seriously our responsibility to contribute to the development of psychologists who are prepared to provide patient centered, evidence-based treatment to individuals of diverse, intersecting identities.

We promote diversity at every level within our training program and under the larger umbrella of the Mental Health Service Line (MHSL) in which our training program operates. We believe that selecting the country's top talent for trainees and for staff positions from all groups within our communities helps us better serve the Veterans with whom we work and gives us the high-level skill set we need to work with such a complex population. Our training program recruits fellow and intern applicants from hundreds of unique colleges and universities across the United States. Among these institutions are Hispanic Serving Institutions, Historically Black Colleges and Universities, Asian American and Native American Pacific Islander Serving Institutions, and Native American Serving Institutions.

As a federal employer, the Washington DC VAMC strictly follows all EEOC policies on fair recruitment and other personnel practices. Job announcements are nationally advertised on USAJOBS, a federal workforce website, which opens VA employment opportunities to a wide variety of applicants from different geographical areas, socioeconomic groups, cultural backgrounds, and ethnicities.

We aim to take diversity beyond mere representation of different identities towards authentic *inclusion*. We recognize that gains with regards to representation of diverse groups in our trainee and staff will not be sustained if our work environment does not promote engagement of all team members. We are committed to recognizing and celebrating the intersecting identities of our psychology trainees and staff and work to create brave spaces in didactics and supervision where challenging conversations about practicing psychology in a diverse world can occur.

Environment of Fairness

We work to check and recheck our system processes, learn from our missteps, and make changes based on feedback. For that reason, we have implemented a formal process where trainees evaluate us on a variety of aspects, from the overarching structure of the program, to specific rotation and supervision experiences. Formal processes include soliciting feedback on didactic and other educational programming, trainee evaluations of supervisors, rotation experiences, and the training program as a whole, as well as both individual and cohort meetings with the training director at regular intervals during the training program and an exit interview at the end of training. Informal feedback is also welcome throughout the training career and can be directed to the training director and members of the training committee.

Transparent Recruitment and Selection Process

Our recruitment and selection process is guided by the following mission statement: “To produce a welcoming experience that 1) demonstrates core qualities shared by the training program and its staff including: dedication to training and to the selection process, warmth and openness, a sensitivity to diversity issues, availability, and collaboration, and 2) is straightforward, organized, thoughtful, and clear.”

The intern selection process involves all of our training program staff, while fellows and practicum students are selected by the specific clinical teams/emphasis areas to which they apply to work. Members of the training committee periodically review and update the selection process for internship and fellowship. All applications are reviewed by multiple staff, using a structured review guide. We have standardized our interview procedures and interviewers annually review scoring guidelines to increase inter-rater reliability. We make efforts to allow ample time for interviewees to ask us questions about the training program, and to meet with current trainees, so that they may make an informed decision about the goodness of fit with our site.

Retention of Trainees

Retention of highly skilled psychology staff is a top priority for our training program. Many of our current staff psychologists were recruited as trainees. From the beginning of our training year, we provide numerous opportunities for interns & fellows to hear about various career trajectories both in and outside of VA. We work to create a growth-oriented environment through formal didactics and mentorship that promotes discussion about advancement opportunities and encourages our trainees to consider employment within VA once the training year concludes.

In addition, we post announcements for new positions on USA Jobs and a variety of VA listservs including the internship training directors' listserv and the postdoctoral fellow training director listserv.

We take every opportunity to give new hires a reason to stay. We work to familiarize them with their new role and training program culture. We recognize that the first few weeks can be the most difficult time for any staff member, and so we work to connect them not just with our leadership structure, but also with other supervisors as well as other trainees. In reiterating how we appreciate new ideas, creativity and innovation, we talk about how these characteristics set staff members up for opportunities for advancement.

Internship Training Program

Goals of the Internship Training Program

The DC VAMC Psychology Service runs an active APA accredited Internship in Health Service Psychology. Currently there are seven interns. Our internship program is a generalist model.

The training program follows the "[Standards of Accreditation for Health Service Psychology](#)" and the [Code of Ethics of the American Psychological Association](#) . These guidelines give our program its direction and guide our professional practice. As a member of APPIC, we also follow the [standards and guidelines](#) that pertain to all APPIC Internship Programs .

Consistent with the Standards of Accreditation for programs in Health Service Psychology, at the DCVAMC our training program attends to and assesses interns' competence in the following areas:

1. **Research**
2. **Ethical and legal standards**
3. **Individual and cultural diversity**
4. **Professional values, attitudes and behaviors**
5. **Communication and interpersonal skills**
6. **Assessment**
7. **Intervention**
8. **Supervision**
9. **Consultation and interprofessional/interdisciplinary skills**

Throughout your training year, you will be evaluated by your supervisors in these areas. Below are descriptions of how we address each competency area.

1. **Practice Anchored in Professional and Research Literature:** Interns make use of clinical research literature to inform their practice. Supervisors model incorporation of research findings into clinical decision making. Finally, interns also have the option to complete a year-long enrichment experience in program evaluation/research.
2. **Ethical and legal standards:** It is our expectation that interns join us with a basic understanding of the ethical and legal standards that pertain to the practice of psychology. Interns are evaluated by supervisors with regards to awareness of ethical issues and demonstrated competence in addressing ethical dilemmas in practice.
3. **Individual and cultural diversity:** Our program places individual and cultural diversity at the core of our training philosophy. Attention to diversity is infused

throughout all elements of our training program, from clinical supervision, didactics and other training opportunities. Interns are evaluated by their supervisors with regards to awareness and incorporation of individual and cultural diversity into their practice. Interns are also asked to provide feedback regarding attention to diversity in didactics and supervision.

4. **Professional values, attitudes and behaviors:** Administrative and professional issues frequently arise in day-to-day practice and are formally addressed in supervision and staff meetings. These issues include patient safety and confidentiality, maintaining positive professional relationships, knowing when to seek consultation with staff, and assuming responsibility for key patient care tasks.
5. **Communication and interpersonal skills:** Interns are evaluated at each rotation with regards to communication and interpersonal skills with patients, staff and supervisors.
6. **Assessment:** The internship focuses on the use of structured clinical interviewing supplemented with psychological, cognitive, diagnostic, and neuropsychological assessment measures in treating patients with a variety of presenting problems. The impact of family, work setting, current hospitalization, and other facets of an individual's intersecting identities on their presentation is considered. Individualized assessment is emphasized, and training is given in the use of computer-supported assessment tools.
7. **Intervention:** The internship includes systematic training in a range of evidence-based psychotherapies. Training in psychotherapeutic approaches is intended to build on the interns' current skills and based upon the development of these skills over the course of the internship, intern responsibilities increase in complexity and level of autonomy. In addition to rotation-based intervention training, for their long-term enrichment experience interns can choose from a selection of year-long experiences training in one of several evidence-based psychotherapies offered by the VA.
8. **Supervision:** At the intern level training in supervision is provided on select rotations where interns may participate in the supervision of other psychology trainees. To ensure that all interns gain exposure to the practice of supervision, interns also have didactic presentations about evidenced based supervision.
9. **Consultation:** Consultation is a separate and essential area of expertise for professional psychologists that involves answering referral questions from interdisciplinary staff. Interns are frequently working on interdisciplinary teams where they have opportunities to first observe supervisors responding to consults, and then take a more active and independent role in responding to referral questions.

Achieving the Goals of Internship

Goal 1: Interns incorporate professional and research literature findings in their professional practice and use evidence-based practice.

- In clinical settings, interns are encouraged to review the literature to inform their case conceptualization and treatment planning.
- Several didactics focus on the application of research findings to real world practice.
- Interns have opportunities to receive focused training in several empirically supported treatments.
- Interns with special interest in research or program evaluation have the option of completing a long-term experience in this domain.

Goal 2: To foster interns' understanding and implementation of ethical and legal standards in practice.

- Supervisors model ethical practice and incorporate discussion of ethical matters into supervision meetings.
- Intern didactic series includes presentation of ethics topics on a regular basis, with opportunities for case discussion and consultation.

Goal 3: To prepare interns to deliver patient centered, evidence based psychological services that incorporates individual and cultural diversity at all aspects of assessment, treatment planning and intervention.

- Supervision and seminars are used to foster an understanding of diversity awareness as a practice and to facilitate interns' development of their own self-reflective practice.
- Didactic presentations incorporate discussion of individual and cultural diversity as they pertain to the topic being presented.
- The program regularly assesses effectiveness of training through survey of psychology trainees and staff.

Goal 4: To help interns develop their professional values, attitudes and behaviors.

- Supervisors model professional behaviors and foster discussion of interns' development of a professional identity.
- The training director facilitates a monthly professional development series that includes topics related to career development, as well as guided self-reflections.
- Interns can participate on the Training Committee and other committee meetings to observe the professional interactions of psychology staff.
- Interns may choose to participate in the Psychology Mentorship Program to receive mentorship, and/or serve as a mentor to a psychology practicum student.

Goal 5: Interns demonstrate effective communication and use of interpersonal skills with patients, other psychology staff and interdisciplinary team members.

- Staff members model effective communication strategies, in all interactions with interns.
- Interns are evaluated regularly with regards to ability to communicate with patients to form and maintain therapeutic alliance.
- Interns receive training and feedback with regards to written and verbal communication with other health professionals.

Goal 6: Interns develop their knowledge of psychological assessment.

- All interns complete six psychological assessments during the internship year.
- Interns attend seminars on psychological evaluation.
- Interns are supervised on assessment and report writing.
- Interns present cases to staff in case conferences.

Goal 7: Interns progress towards readiness for independent practice of psychotherapy.

- Interns engage in both individual and group psychotherapy.
- Interns are exposed to a wide variety of presenting concerns, including the chronic and severely mentally ill.
- Interns attend seminars on psychotherapy conducted by both staff and outside consultants.
- Supervision and Training Plans are individualized and takes into account interns' specific training needs.

Goal 8: Interns increase their understanding of the practice of supervision provision, in preparation for future roles as supervisors.

- Intern didactics include presentation on theories and practice of supervision.
- Depending on the rotation, interns have the opportunity to participate in the supervision of a practicum student, under the guidance of a licensed staff psychologist.

Goal 9: interns develop consultative skills.

- In most rotations, Interns are placed on multi-disciplinary teams where consultation is expected.

Interns first observe their licensed supervisor in team consultation and then proceed towards greater independence of team interaction as appropriate.

I. Components of Internship Training

The internship year is comprised of two, six-month rotation periods. Each of these rotation periods include these major components: rotations, long-term enrichment experiences, comprehensive assessments, and didactics. The required workweek is 40 hours. Our expectation is that interns will be able to meet the requirements of internship

within a 40-hour work week, however there may be weeks where you spend slightly more time on site. Interns will spend at least 25% of their week in direct patient care.

The internship year is structured to provide significant breadth of training through exposure to a wide range of experiences while offering sufficient time to provide depth of learning and building of expertise. Within each six-month rotation period, General track interns will complete a major and minor rotation. Interns will spend approximately 24 hours (three days) per week in their major rotations and 8 hours (one day) per week in their minor rotation. The remaining hours will be spent in didactics, administrative activities, and the long-term enrichment experience. The long-term enrichment experience spans the course of the internship year and provides an in-depth clinical training or research opportunity. Interns have the opportunity to participate in an evidence-based psychotherapy training as well as engage in VA-related programmatic or clinical research. The typical rotation schedule for the training year is represented in the table below:

Fall Rotations (July – January)	Spring Rotations (January – July)
Major Rotation 1	Major Rotation 2
Minor Rotation 1	Minor Rotation 2
Long Term Enrichment Experience	

Fall Rotations (July – January)	Spring Rotations (January – July)
Neuropsychology	Major Rotation 2
Neuropsychology	Minor Rotation 2
Long Term Enrichment Experience	

At the beginning of the internship year, interns will have individual meetings with the Director of Psychology Training Programs (DPT) to discuss goals for internship, career goals, and develop initial training plans. All training plans are reviewed and approved by the Training Committee.

We make every effort to ensure that interns receive their top rotation choices however at times conflicts emerge between intern interest, supervisor availability and clinical offerings. When such conflicts emerge, the Director of Psychology Training works with the interns to identify alternate rotation options and to ensure access to desired clinics later in the training year. Interns are permitted to reconsider their second and third rotation selections during the year based on an ongoing assessment of their

training needs by both themselves and staff. Any changes, however, must be requested and approved by the Training Committee **six weeks** before the beginning of the next rotation. The Director of Psychology Training will alert interns in advance of relevant dates for rotation change decisions.

Rotation Description

Rotations available during the 2024-2025 internship year include:

1. Community Living Center
2. Ft. Belvoir CBOC
3. Health Psychology
4. Home Based Primary Care
5. Mental Health Clinic
6. Neuropsychology
7. Psychosocial Rehabilitation and Recovery Center (PRRC)
8. Polytrauma
9. Substance Abuse Rehabilitation Program (SARP)
10. Trauma Services Program
11. Women's Clinic

Community Living Center

Patient Population

This rotation provides a variety of training opportunities with the geriatric and rehabilitation population in the Capital View Community Living Center (CLC) of the Washington DC Veteran Affairs Medical Center, the VA-sponsored nursing home for Veterans. The CLC consists of three programs: the Rehabilitation Program (CARF Accredited), Long-Term Care Program, and Palliative and Hospice Care Program.

Assessment, Treatment, and Supervision

Interns participate as members of a comprehensive interdisciplinary team. As a member of the team, the intern would assist the supervising psychologist in providing direct patient care, including initial and "as needed" evaluations on all Veterans admitted to CLC, as well as individual and group therapy as appropriate.

Assessments generally include conducting clinical interviews, administration of screening measures to identify levels of cognitive and psychological functioning and providing feedback to the Veteran and his or her family, as well as weekly interdisciplinary team meetings.

Interventions provided by the intern may include various cognitive-behavioral interventions such as relaxation training, pain management, assertiveness training, cognitive restructuring, couples therapy, and behavioral modification. Targets of

interventions range from assisting in adjustment to a medical condition and/or loss of independence, to estrangement from family and friends and end-of-life issues. Many opportunities exist to learn about differential diagnoses regarding medically versus psychologically related mental and emotional states. There is the opportunity to co-facilitate an existing PTSD group, and/or to develop group therapy with a different focus, such as pain management or a family support group.

The CLC is a major or minor rotation.

Supervising Psychologist(s):

Chanda Corbett, Ph.D.

Sarah Meyer, PsyD

Ft. Belvoir CBOC

Patient Population

The Fort Belvoir CBOC is a multidisciplinary clinic that provides outpatient medical, mental health, audiology, and social work services to Veterans. The Fort Belvoir CBOC is the largest CBOC under the Washington DC VA and has a compacity to provide care to 9,000 Veterans. The General Mental Health Clinic serves this population and outpatient referrals from the DC VA. MHC is an outpatient clinic that serves Veterans across the life span in the Northern Virginia area. Veterans seen in the GMHC often struggle with an array of psychiatric disorders, including depression, PTSD, anxiety disorders, bipolar disorder, adjustment disorder and psychosocial issues as well. The Fort Belvoir CBOC is located within the Fort Belvoir Community Hospital on the Fort Belvoir Army Base. This unique environment holds a large population of recently separated military personal struggling with transitioning from active duty to civilian life.

Assessment, Treatment, and Supervision

The MHC provides training in evidenced based psychotherapy (group and individual) for a broad array of mental health needs. Due to the generalist nature of the clinic, training can be individualized to fit the professional goals of each trainee. MHC values interns designing a rotation to meet their training goals. Interns on this rotation will collaborate with other team members about the mental health needs of Veterans and provide brief assessment, intervention, and referrals to specialty clinics when needed. FB GMHC utilizes many evidence-based interventions (typically 8-12 sessions), including CBT, ACT, family systems, and motivational interviewing to address presenting problems such as depression, anxiety, chronic pain, substance use disorders, and PTSD. Group psychotherapy experience is also available within GMHC (e.g., stress management, CBT for Depression, relationships and communication skills and anger management). Interns will have the opportunity to co-facilitate one group during a minor rotation.

Fort Belvoir GMHC is a minor rotation.

Supervising Psychologist:

Harry L. McCleary, Ph.D.

Health Psychology

The specialty of Clinical Health Psychology applies scientific knowledge of interrelations among behavioral, emotional, cognitive, social and biological components of health and disease to the promotion and maintenance of health. This includes work in the areas of prevention, treatment and rehabilitation of illness and disability as well as health system level improvement projects (Council of Clinical Health Psychology Training Programs, 2017). At the DC VA, Health Psychology is a consult-based service. The presenting issues for Veterans are broad, ranging from coping with a chronic medical illness, adjusting to a new medical issue, coping with sleep concerns, managing symptoms, and engaging in treatment adherence. Health Psychology providers interact with interdisciplinary team members to address the complicated psychosocial needs of Veterans living with various medical conditions. The Health Psychology program has a formal presence in the Infectious Diseases (ID) clinic, Oncology, Endocrinology, Transplant (Liver/Kidney), and in health promotion programs, including the MOVE! program for weight management. There are also Health Psychologists embedded in both the Sleep Clinic and Pain Clinic as part of the Department of Neurology. Our aim at the internship level is to provide a broad experience in Health Psychology that flexibly meets the training needs of interns. Interns may participate on a variety of interdisciplinary teams, delivering evidence-based interventions for a range of health concerns. The rotation is designed to offer both individual and group treatment experiences, with opportunities for interns to contribute to ongoing program development and quality improvement projects.

Clinical Training Overview:

Training experiences will vary based on the area(s) of focus selected; however, there may be some experiences available across areas (e.g., MOVE). Interns may choose from the following options based upon their interests and training goals:

Clinical Area	Supervisor	Rotation Availability
Oncology/Endocrine	Dr. Kiki Meyer	Minor Rotation
Infectious Diseases	Dr. Joshua Johnson	Major or Minor Rotation (with another Health rotation)
Transplant	Dr. Veronica Pinho	Minor Rotation
Pain	Dr. Ekaterina Amarando Dr. Amy Libow	Minor Rotation

Infectious Diseases (ID) Clinic:

The ID Clinic serves over 1,000 veterans living with HIV. As both a primary care and specialty care clinic, there are opportunities to work in an interdisciplinary setting to address the complex biopsychosocial needs of this population. Opportunities may include brief intake evaluations and triage, time-limited psychotherapy for mild/moderate mood and/or behavioral health concerns, and treatment focused on the experiences of living with HIV (e.g., adherence, stigma, disclosure, etc.).

Supervising Psychologist: Joshua Johnson, Ph.D.

Transplant Psychology (Minor rotation):

Washington DC VAMC is a Liver/Kidney transplant center that works in partnership with MedStar Georgetown Transplant Institute and receives referrals from across the country. Our interdisciplinary team includes nephrologists, hepatologists, a pharmacist, a social worker, and liver/kidney transplant coordinators who work closely with veterans across the transplant continuum. Opportunities may include presurgical mental health evaluations for solid organ transplant; post-transplant mental health evaluations; brief psychotherapy for pre-/post-surgical patients (e.g., chronic pain, insomnia, treatment adherence, mild depression, alcohol relapse prevention); cofacilitation of transplant support groups; and case presentation during Georgetown Transplant Institute selection committees.

Supervising Psychologist: Veronica Pinho, Ph.D.

Pain Clinic (Minor rotation)

The DC VAMC Pain Clinic offers outpatient management of chronic pain patients. Our interdisciplinary team includes neurologists, clinical pharmacists, nurse practitioners, two pain psychologists, a social worker, and a nurse coordinator. Both psychologists are involved with the Active Management of Pain (AMP) and Comprehensive Active Management of Pain (CAMP) programs. Opportunities include intake assessments for patients entering AMP/CAMP programs, running AMP/CAMP groups, providing individual booster sessions for AMP/CAMP graduates, and participating in interdisciplinary team meetings. Psychologists also conduct suicide risk assessments for the pain clinic.

Supervising Psychologists: Ekaterina Amarando, Ph.D. Amy Libow, Psy.D.

Endocrinology & Oncology Clinics

This rotation combines experiences across two specialty care clinics at DC VAMC. The Oncology Clinic provides care to Veterans at various stages of cancer treatment. The interdisciplinary team for this clinic includes oncologists, hematologists, physician assistants, nurses, a pharmacist, and a social worker. With Oncology clinic, trainees will have the opportunity to provide brief, targeted care addressing coping with cancer diagnosis, disease progression, and sequelae of cancer (e.g. fatigue, “chemo brain”).

Trainees will also have opportunity to conduct psychosocial distress screens at initial chemotherapy visits. Typical treatments may include brief ACT, CBT, and meaning-centered psychotherapy. Additional opportunity to co-facilitate support groups may be available.

The Endocrinology Clinic provides care for Veterans living with a variety of endocrine disorders or who are receiving gender-affirming hormone therapy. The interdisciplinary team includes endocrinologists, diabetes educators, nurses, a physician assistant, and pharmacists. Trainees may have the opportunity to provide brief, targeted care addressing distress and health behavior in a variety of endocrine disorders, with diabetes mellitus being the most common. Treatments address coping with stress on chronic illness management, supporting health behavior change, and treatment adherence. Typical treatments may include problem-solving therapy, brief motivational interviewing, ACT, and CBT.

Supervising Psychologist: Kiki Meyer, Ph.D.

Home Based Primary Care (HBPC)

Patient Population

Home Based Primary Care (HBPC) serves Veterans whose physical health and/or limited mobility significantly impacts their ability to travel to the hospital/clinics for medical care. Interns function as part of a small, cohesive multidisciplinary team that travels to the Veteran's place of residence to provide services. Interns on this rotation also have the opportunity to contribute to the twice-monthly half-day amyotrophic lateral sclerosis (ALS) clinic on campus.

Assessment, Treatment, and Supervision

Under supervision of a licensed psychologist, interns provide direct patient care, serve as a mental health consultant to the team, and contribute to treatment planning. Interventions include but are not limited to:

1. Screening, assessment, diagnosis, and treatment of mental health conditions, particularly depressive and anxiety-related disorders, adjustment disorders, and dementia;
2. Individual psychotherapy to support Veterans coping with grief and loss associated with disability and other life transitions;
3. Behavioral medicine interventions for pain, disability, sleep problems, smoking cessation, and medical compliance;
4. Assessment of suicidality and dangerousness, providing treatment and/or coordinating referral as needed;
5. Cognitive screening to address specific functional questions and/or to coordinate referral for neuropsychological evaluation;
6. Psychoeducation and support of the Veteran, spouse, family members/caregivers, and others who play an important role in keeping the

Veteran at home.

In short, the HBPC rotation permits an intern to implement a wide variety of diagnostic and therapeutic interventions as part of a close-knit team who truly values the contribution of psychology.

HBPC is offered as a minor rotation.

Supervising Psychologists:

Christine Brown, Ph.D.

Katie Chipungu, Ph.D.

Mental Health Clinic

The Mental Health Clinic (MHC) is a multidisciplinary outpatient program that offers medical, psychiatric, and social work services to Veterans from a range of conflict eras who hold diverse race, gender, sexual orientation, and cultural identities. Veterans are most often referred to MHC Psychology for evidence-based psychotherapy (EBP) by Primary Care-Mental Health Integration (PCMHI), MHC Psychiatry, and other mental health treatment programs in the medical center.

Interns will deepen their knowledge in and application of EBPs for a variety of clinical presentations:

- **Depression:** CBT for Depression, Interpersonal Therapy for Depression (IPT-D)
- **Affect Regulation:** CBT for Anger Management, DBT Skills
- **Serious Mental Illness:** CBT for Psychosis
- **Behavioral Health Challenges:** CBT for Insomnia, CBT for Nightmares, CBT for Chronic Pain
- **Anxiety:** CBT for Generalized Anxiety Disorder, CBT for Social Anxiety Disorder, Unified Protocol for Transdiagnostic Treatment of Emotional Disorders
- **PTSD:** Skills Training in Affective and Interpersonal Regulation (STAIR), Cognitive Processing Therapy (CPT)
- **OCD:** Exposure and Response Prevention (ERP)
- **Substance Use:** CBT for Substance Use Disorder

Clinical responsibilities include providing individual and group psychotherapy, conducting initial treatment planning sessions with Veterans new to the MHC Psychology Clinic, and meeting with Veterans for urgent care needs/walk-in appointments. Interns will conduct both in-person and telehealth treatment. Of note, a placement in the MHC allows for the unique opportunity to gain experience

implementing EBPs for multiple clinical presentations with optimal protocol adherence and fully consistent with the National EBP Program guidelines.

In addition, there will be opportunities to hone skills in case conceptualization and shared decision-making. Interns will have the opportunity to complete comprehensive psychological assessments as part of this training experience and will regularly administer assessment measures (e.g. PHQ-9, DERS, ISI, PCL-5, GAD-7) to support measurement-based care.

Mental Health Clinic is offered a major or minor rotation.

MHC Psychology Supervisors:

Dr. Kwesi Dunston

Dr. Julie Rones

Dr. Jonathan Goode

Dr. Melissa LaVan

Neuropsychology

Patient Population

Veterans present with a variety of clinical conditions, including but not limited to mild cognitive impairment, dementia, multiple sclerosis, cardiovascular disorders, psychiatric disorders, concussion/mild traumatic brain injury, and other medical conditions that can impact cognition (e.g., HIV, liver disease).

Assessment, Treatment, and Supervision

This major rotation is intended for interns with at least one prior practicum experience in neuropsychology. The goal of this rotation is to provide interns with well-rounded training in all aspects of neuropsychological evaluation, consultation, and intervention. On this rotation, interns will be trained in all aspects of neuropsychological evaluation, including: comprehensive medical record review, clinical interviewing, test administration and scoring, interpretation, report write-up, and provision of feedback. A flexible battery approach is used with test selection based on referral issue and age of patient. Interns will primarily conduct outpatient evaluations referred from clinics throughout the medical center.

Interns will be trained in neuropsychological consultation to other medical professionals and will take part in multidisciplinary team meetings. The intern will also receive training in individual and group neurocognitive rehabilitation. There is a weekly neuropsychology-focused didactic series, and opportunities exist to attend neurology and psychiatry grand rounds, brain cuttings, and other relevant didactics.

Interns also may gain experience working within a tiered supervision model, both providing supervision to lower-level trainees (practicum students) and receiving supervision from neuropsychology postdoctoral fellows. Interns interested in pursuing a career in neuropsychology can complete 50% of their training in neuropsychology as a major area of study, in accordance with the Division 40/Houston Guidelines, and are guaranteed neuropsychology as their first rotation.

All four staff neuropsychologists are involved in training of interns, and two of them are board-certified in clinical neuropsychology through the American Board of Professional Psychology (ABPP-CN). There are also several postdoctoral fellowship programs in the Washington, DC metropolitan area with which the neuropsychology clinic maintains a collaborative relationship.

Neuropsychology is offered as a major and minor rotation.

Supervising Psychologists:

Ernest J. Aucone, Ph.D., ABPP-CN

Ashlyn Mitchell, Psy.D.

Samia Ortiz-Hernandez, Ph.D.

Lauren Skalina, Ph.D.

Polytrauma Psychology (Intervention)

The Polytrauma Network Site at the Washington, DC VAMC offers specialized, post-acute rehabilitation for Veterans with traumatic brain injuries and polytraumatic conditions. Services provided by the DC VAMC Polytrauma team include: interdisciplinary treatment planning, physiatry (rehabilitation medicine), psychology, neuropsychology, case management, speech-language pathology, occupational therapy, physical therapy, recreational therapy, vocational rehabilitation, low vision/blind rehabilitation, prosthetics, and other consultative services as needed.

This rotation is intended for interns at any level of training, from beginner to highly experienced, who are interested in learning the principles and techniques of providing psychotherapy to individuals with TBI and/or multi-system injuries, and the unique considerations that this requires. Training opportunities include individual psychotherapy, group psychotherapy, and some opportunities for tiered supervision. Clinical care often focuses on: adjustment to disability, psychological reactions to trauma, caregiver and family support, incorporating cognitive rehabilitation and compensatory strategies into psychotherapy, decision making capacity, sexual functioning, behavioral management, alcohol and substance use disorders, chronic pain, educational and vocational planning, and social reintegration. The intern becomes an integral member of the treatment team and consults with other treating providers to facilitate seamless, highly individualized care.

Polytrauma is a minor rotation and is patient dependent (cannot be offered when there are not an adequate amount of patients for a trainee's caseload).

Supervising Psychologist:

Scott Levson, Psy.D.

Psychosocial Rehabilitation and Recovery Center (PRRC)

Patient Population

The Psychosocial Rehabilitation and Recovery Center (PRRC) is an outpatient skill building interprofessional treatment program that provides mental health services for Veterans who are suffering from severe and persistent mental illness (e.g., Schizophrenia, Schizoaffective Disorder, Major Depressive Disorder, Bipolar Disorder, and PTSD) with significant functional impairment. The PRRC consists of a dedicated multidisciplinary team comprised of (but not limited to) Psychologists, Nurses, Clinical Social Workers, a Recreational Therapist, Vocational Rehabilitation Specialists and Peer Support Specialists.

Assessment, Treatment, and Supervision

The PRRC program offers an array of individual and group interventions that are psychoeducational (e.g., Building Strength and Resilience, Cognitive Training, & Coping with Trauma), manualized (e.g., Anger Management, Chronic Pain and Depression), and grounded in evidence based practice (e.g., DBT, CBT, ACT, Social Skills Training, Problem Solving Therapy). Interns who choose the PRRC for a major rotation have the opportunity to work with a multidisciplinary treatment team, to engage in an inter-professional approach to treatment, to conduct intakes and devise treatment recommendations, to provide individual and group therapy, to plan and develop groups based on interest and program needs, and to engage in program evaluation initiatives in collaboration with the Program Director that aligns with key VA mandates and initiatives.

PRRC houses two postdoctoral fellows as well as multiple practicum students, and so there are opportunities for tiered supervision as well as collaboration on clinical interventions such as groups and program evaluation.

PRRC is offered as a major or minor rotation.

Supervising Psychologists:

Corinne Galgay, Ph.D.

Maggie McGuire, Psy.D.

Lillian Salky, Psy.D.

Naomi Stahl, Ph.D.

Trauma Services Program

Patient Population

The Trauma Services Program (TSP) is an outpatient clinic that provides assessment and treatment of PTSD to Veterans from all eras of service, with a patient population that is highly diverse in cultural background and clinical presentation. Veterans enrolled in TSP have experienced a variety of traumatic experiences that occurred during their military service, including, but not limited to, combat, military sexual trauma (MST), witnessing suicides, training accidents, and motor vehicle accidents. The DC VAMC's TSP is a thriving and highly active clinic, consistently in the top 10 (of 120 VA trauma-specific clinical programs) for its number of outpatient PTSD visits. The clinic is staffed by a multidisciplinary team of providers (i.e., psychologists, social workers, and nurses).

Assessment, Treatment, and Supervision

On this major rotation, a psychology intern can obtain extensive experience in assessing for and treating PTSD by engaging in comprehensive assessment and treatment planning, providing individual therapy, and facilitating/co-facilitating group therapy. Interns will also complete comprehensive psychodiagnostic evaluations as part of this training experience and will regularly utilize measurement-based care. Psychology interns receive training in providing several evidence-based psychotherapies (EBPs) for PTSD, including Prolonged Exposure (PE) therapy, Cognitive Processing Therapy (CPT), and Written Exposure Therapy (WET). Other clinical interventions that interns can be involved in include Skills Training in Affect and Interpersonal Regulation (STAIR), Dialectical Behavior Therapy (DBT) Skills, and Acceptance and Commitment Therapy (ACT) for PTSD groups. Supervision of individual and group therapy is provided by TSP psychology staff. In addition, psychology interns participate in multidisciplinary clinical consultation during weekly team meetings.

Trauma Services Program is a major rotation.

Supervising Psychologists:

Aparna Arjunan, Ph.D.
Ranon Cortell, Ph.D.
Melissa Decker, Ph.D.
Matthew Dickson, Ph.D.
Amanda Evans, Ph.D.
Steph Guedj, Psy.D.

Catherine Hearne, Ph.D.
Peter Luehring-Jones, Ph.D.
Christiana Shao, Psy.D.
Carolyn Weiss, Ph.D.
Erika White, Ph.D.

Substance Abuse Rehabilitation Program (SARP)

Patient Population

SARP is an intensive outpatient drug treatment program that uses a multidisciplinary team (e.g., psychologists, social workers, psychiatrists, recreational therapist, addiction therapists, peer support specialists, clinical nurse specialists) to treat Veterans with alcohol and drug addictions. SARP offers a dynamic patient population, serving Veterans ranging from ages 21-80+, who present with substance use disorder associated with alcohol as well as a range of other substances such as opioids, cocaine, PCP, marijuana and prescription medications. In addition, many Veterans often struggle with an array of co-occurring psychiatric disorders, including depression, PTSD, Bipolar, personality disorders, psychosocial issues as well as various medical conditions associated with substance use (HIV and Hep C). They advance through phases of treatment in the 10-week program based on progress made.

Assessment, Treatment, and Supervision

The main training goal of the SARP rotation is to prepare Interns to treat substance use disorders in a multidisciplinary setting. Interns can provide individual and group therapy, conduct assessment, and participate in team meetings. When selecting training experiences on the SARP rotation special consideration is provided to Intern's interests and career goals. For instance, Interns have the option to advance their competency in treating substance use disorders and a co-occurring disorder that they are interested in during internship (e.g., trauma, health conditions) when conducting individual psychotherapy. Interns also may facilitate and contribute to group content for the CBT/Depression group, a Dual Diagnosis Group, and a Motivational Enhancement Group.

Common interventions used in the SARP rotation are cognitive behavioral therapy and motivational interviewing. Interns can also receive additional specialized training in supervision of practicum students in either an individual or group format and engage in training to advance their knowledge of alcohol and drug use disorders.

SARP is a major or minor rotation.

Supervising Psychologist:

Leonard Tate, Ph.D.

Women's Health Clinic

Patient Population

The Women's Health Clinic (WHC) is a multidisciplinary clinic that provides outpatient medical and mental health services to women veterans. Veterans are

referred to WHC Psychology by primary care physicians in WHC, the Maternity Care program, and the Primary Care Mental Health Integration (PCMHI) psychiatrist in WHC. Female veterans who are eligible to receive psychology services through WHC can receive psychotherapeutic interventions to improve health, maximize their quality of life, and promote the recovery process. Women veterans present with a variety of conditions, including but not limited to PTSD, depression, anxiety and panic, as well as chronic pain and insomnia. Additionally, these conditions are often complicated by psychosocial stress, such as caregiver burden.

Assessment, Treatment, and Supervision

WHC interns provide mental health services alongside the clinic psychiatrist, primary care physicians, nurses, the clinic's social worker, and the Military Sexual Trauma (MST) Coordinator. The WHC psychologist is embedded within the primary and gender specific specialty care clinic to encourage access to mental healthcare within the medical setting. Interns on this rotation deliver brief assessment, intervention, and referrals to specialty clinics when needed. Integrated assessment opportunities for diagnostic clarity are also often available. WHC Psychology utilizes both brief evidence-based interventions (4-6 sessions) to address health behavior change (i.e., problem-solving, motivational interviewing, CBT, etc.), as well as long-term evidence-based interventions to address psychiatric illness (CBT, CPT, PE, ACT, etc.). Group psychotherapy is also available within WHC (e.g., MST Group, CBT-I, CBT-Chronic Pain). Interns will have the opportunity to co-facilitate one to two groups during a rotation. WHC promotes interns meeting their training goals by encouraging program development and collaboration with other wellness resources within the medical center as desired, as well as by offering clinical training that deepens skills in treating psychological conditions that primarily affect women.

WHC is offered as a major or minor rotation.

Supervising Psychologist:

Erica Peppers, Ph.D.

Valene Whittaker, Ph.D.

II. Long-term Enrichment Experience

This experience is designed to give trainees an opportunity to take part in a training experience that evolves over the course of the training year. Long-term enrichment experiences include both focused training in evidenced based interventions, as well as an opportunity to participate in a year-long programmatic or research project that is aligned with the mission of the VA.

Opportunities:

- Acceptance and Commitment Therapy
- Cognitive Behavioral Therapy for Insomnia
- Cognitive Processing Therapy (CPT)
- Program Evaluation/ Program Development/Organizational Management/ Research PEPDOM-R

Acceptance and Commitment Therapy

Acceptance and Commitment Therapy (ACT) is a transdiagnostic, evidence-based psychotherapy. Participation in the ACT long term experience will allow psychology interns to develop theoretical knowledge of ACT principles and apply them in both individual and group settings. As part of this training experience, psychology interns will read articles and book chapters related to ACT, attend biweekly ACT seminars, engage in monthly ACT consultation calls, and attend a monthly ACT webinar series. Based on availability, psychology interns who choose this training experience may be able to attend a VA roll-out Regional Acceptance and Commitment Therapy 3-day face-to-face workshop. Following the 3-day ACT Workshop, psychology interns may be able to attend weekly phone/in-person consultation (60-minute meetings) for at least 6 months, as they apply ACT techniques to Veterans in either an individual and/or group format. Psychology interns who successfully complete the ACT VA roll-out requirements will have the opportunity to receive ACT VA provider status, which is granted to interns, following licensure, who remain in the VHA system.

Cognitive Behavioral Therapy for Insomnia

Cognitive Behavioral Therapy for Insomnia (CBT-I) is a brief evidence based treatment for insomnia. The CBT-I long term enrichment experience is an intensive rotation that is modeled after the national training provided to psychologists. Trainees will begin the year with several didactic and educational opportunities to learn about CBT-I and the fundamentals of behavioral sleep medicine (BSM). They will have the opportunity to shadow CBT-I sessions, and will work toward independence in assessment and treatment of insomnia with fidelity to the CBT-I protocol. Later in the year, trainees will also have the opportunity to learn advanced topics in behavioral sleep medicine including assessment of sleep apnea, Continuous Positive Airway Pressure (CPAP) adherence, and special considerations for patients with chronic pain disorders. Psychology interns who successfully complete the CBT-I LT enrichment requirements will meet the eligibility criteria to receive CBT-I provider status, which is granted to interns following licensure who remain in the VA system. In addition, trainees will be able to put their clinical training hours toward board certification in behavioral sleep medicine (Diplomate of Behavioral Sleep Medicine; DBSM), should they wish to pursue this in the future.

Supervisor: Michelle Siegel, Psy.D., D.B.S.M.

Cognitive Processing Therapy

Posttraumatic Stress Disorder (PTSD) is one of the major disorders seen in Veteran patients by Veterans Health Administration clinicians. Cognitive Processing Therapy (CPT) is an evidence-based cognitive behavioral therapy used to effectively treat PTSD in individual and group settings.

Participation in the CPT Enrichment Element is a valuable training opportunity that would enable trainees to attend a VA Roll-out Regional Cognitive Processing Therapy 3-day face-to-face workshop and subsequent weekly consultation and supervision while seeing CPT training cases.

The purpose of the face-to-face multimodal CPT workshop is to provide VA therapists and trainees with the knowledge and skills to implement CPT in order to be able to offer this therapy as an option for all Veterans seeking treatment for their PTSD symptoms. Following intensive didactic instruction, it is expected that all trainees begin attending weekly phone/in-person consultation for at least 6 months as they work with their CPT training cases.

Integrative Behavioral Couples Therapy (CBOC)

Interns involved in this minor rotation or long-term enrichment experience will learn and implement Integrative Behavioral Couple Therapy (IBCT), an evidence-based treatment for couples. Goals of IBCT include: 1) improve couple's understanding of their relationship, 2) increase acceptance and intimacy, 3) promote more loving positive behaviors, and 4) increase relationship satisfaction. In addition to weekly individual supervision, interns may receive additional training via the monthly Advanced Family Topics Seminar and the Integrative Behavioral Couple Therapy Advanced Consultation Call, as well as via assigned readings. This rotation will consist of telehealth and telesupervision.

Supervisor: Elizabeth Paddrik, PsyD

LGBTQ+ Veteran Care

The LGBTQ+ Long Term Enrichment (LTE) track for psychology interns offers a unique blend of clinical experience and program development opportunities, focusing on enhancing care and resources for LGBTQ Veterans. Interns will spend 60-80% of their time on administrative tasks, such as program development and facilitating staff training. These activities are critical for advancing the quality of care within the VA. Examples of past projects have included developing/updating resource guides for Veterans, planning Pride events, training staff in cultural sensitivity, and initiatives to support the Gender Affirming Care Coordination (GACC) team. Interns may also have

the opportunity to contribute to data collection for the Health Equity Index (HEI) survey, and may organize needs assessments, like townhall meetings, to better understand the specific needs of LGBTQ Veterans. The remaining 20-40% of the track is dedicated to clinical work, which may include conducting mental health assessments for gender-affirming care and co-facilitation of support groups.

Supervisor(s): Steph Guedj, PsyD; Kiki Meyer, PhD

Program Evaluation/ Research Program

An innovative component of the training program is its focus on aligning training activities with both VHA and VISN 5 strategic plans, specifically following three guiding principles for problem solving and decision-making processes: being people-centric (enhancing connections with Veterans and engaging with employees), results-driven (putting an emphasis on data collection, metrics, performance measures, and accountability), and forward looking (investments in systems, programs, and business processes for requirements of the future). Therefore, in addition to preparing interns to be clinical service providers who are up to date with regards to evidence-based practice, our program encourages trainees to consider how to use their research and evaluation skills to advance our field, either through traditional research, or clinically focused program assessment and quality improvement projects. Interns interested in program evaluation, program development or research may elect to devote their long-term experience to contributing to ongoing improvement initiatives and programmatic evaluations within the medical center. Interns interested in this experience will meet with The Training Director and members of the Program Evaluation and Development Subcommittee at the start of the training year to learn about available projects and across the medical center. The Training Director will match interns with psychology staff based upon intern interest and available projects and provide guidance and oversight of the intern's training experience. Interns opting for this experience will also attend selected PEPDOM trainings that are part of the postdoctoral program.

III. Comprehensive Assessments

Each intern is required to complete **six** psychological assessments during the internship. An assessment checklist is included in the appendix of this document and details the components needed in each assessment to meet this requirement. By the end of the year, we want each intern to have experience with cognitive assessment, personality assessment, interviewing, and report writing.

Assessment cases will most likely come from within your rotation experiences. For rotations where assessment is less available, members of the Assessment subcommittee

are available to assist interns and supervisors in identifying appropriate assessment cases.

IV. Intern Didactics

Didactics are held on Thursdays. Didactics for interns address key competencies in the areas of assessment, evidence-based psychotherapy ethical and legal standards for the profession, individual and cultural diversity and professional development and interprofessional skills. Most topical didactics occur in the morning, there are also periodic meetings with the Director of Training Programs, and Professional Development presentations that occur on Friday afternoons.

Each week, a psychology staff member or an invited speaker from outside the department presents a lecture to the interns. Some of the topics that are regularly presented are suicide prevention, program evaluation, conducting an intake evaluation, military culture, and evidence-based practices. Dr. Christine Brown presents a series of ethics topics over the course of the year. This seminar reflects our commitment to providing interns with a full spectrum of learning experiences to support their development as psychologists, in accordance with the Standards of Accreditation.

In alignment with our goal for intern centered training, each year, the training program solicits suggestions from the interns for topics of interest that may be relevant to their work. The program works to identify knowledgeable speakers to present on those topics. If a presenter is unavailable, the training program aims to help identify online or other training opportunities that address the intern interest.

In addition to didactics presented by Washington DCVAMC staff, interns are encouraged to make use of available web-based training opportunities in their areas of interest, using the VA's Talent Management System and other web-based training platforms, and to attend onsite presentations offered by other services (e.g., Medical Grand Rounds, Neurology Rounds, Neuropsychology Seminar Series). Schedules for these trainings are made available to the interns and incorporated into training plans as appropriate during the year.

Professional Development Series

Each month, a professional development topic is presented by psychology staff or the Director of Psychology Training Programs. Topics are presented in a sequential order to address common milestones that interns are working to attain. As there is some overlap at times between intern and post-doctoral milestones, select presentations are presented to both cohorts.

Neuropsychology Didactics

Journal Club Via Teleconference

This is a video teleconference in which neuropsychology fellows from a number of military sites present journal club readings and cases. Interns on the neuropsychology rotation are invited to attend this weekly two-hour seminar. During the journal club portion, important readings in neuropsychology are reviewed. During the case conference portion, different cases are presented each week, and there is a monthly ABPP-style case presentation led by the fellows.

Neurology Grand Rounds

All interns in neuropsychology have the opportunity to attend weekly grand rounds in Neurology. Rounds typically consist of lectures covering a wide range of neurological diseases. Periodically, an attending neurologist will lead a case conference and demonstrate the neurological examination.

Neuropsychology Weekly Seminar

All interns are invited to attend the weekly neuropsychology group seminar. This seminar includes article discussion, case presentations from neuropsychology trainees, and fact-finding practice.

General Meetings

There are several meetings that interns are required to attend at different points during their training year. These include:

1. New hire orientation mandated by the medical center for topics such as safety, infection control, and the prevention of sexual harassment.
2. Psychology service staff meetings, second Wednesday of every month at 11 AM
3. Mental Health Service Line meetings, fourth Thursday of every month at 12.
4. Internship cohort meetings with the Training Director, first Thursday of every month at 10 AM
5. Meeting with intern applicants during application season.
6. Optional meeting with the training committee. If interns desire a meeting with the training committee (either individually or as a group) throughout the year, the meeting can be arranged through the director of training.

Meeting with the Training Director

As a group, interns meet with the director of training at least monthly to discuss the internship program and how the interns are progressing.

Interns will also have individual meetings with the Training Director. During orientation week, interns will meet with the Training Director to create their individualized training plan. Further, there will be quarterly individual meetings with the Training Director to discuss progress throughout the year and any issues as they arise. Lastly, interns may request an individual meeting with the Training Director at any point throughout the training year.

Staff Meetings

The psychology staff and MHSL hold monthly staff meetings. Because one of the aims of the internship is to give training in administrative as well as clinical skills, all interns are required to attend and encouraged to participate in the discussion. In addition to administrative issues, a variety of topical issues are discussed of both local and national concern to psychology, which include privileging, ethics, and quality improvement standards.

Supervision

During internship, interns will have rotational assignments with a planned succession of primary and secondary supervisors. Interns receive four hours per week of clinical supervision by a licensed psychologist, at least two hours of which will include individual supervision. Interns receive supervision on their clinical work and reports, their case presentations in team meetings and seminars, their consultative/supervisory work, and their overall professional conduct. Interns can expect to be assigned readings as part of their supervision.

Graduated Levels of Responsibility

Interns assume progressive levels of responsibility for clinical service provision across the course of their internship year. The DPT, or designee (usually the immediate supervisor), assigns levels of responsibilities for each intern based on an evaluation of the intern's clinical experience, judgment, knowledge, and technical skill that includes review of interns past training experiences as well as observation at the start of the training year.

Ultimately, the supervising practitioner determines which activities the intern will be allowed to perform within the context of assigned levels of responsibility. The overriding consideration in determining assigned levels of responsibility must be safe and effective clinical care.

The type of supervision provided must be congruent with the assigned level of responsibility and a documented decision by the supervising practitioner that the intern is sufficiently experienced and skilled for the level of supervision provided.

There are three general levels of supervision:

1. **Room.** The supervising practitioner is physically present in the same room while the intern is engaged in direct health care activities.
2. **Area.** The supervising practitioner is in the same physical area and is immediately accessible to the intern. The supervising practitioner meets and interacts with Veterans as needed. The intern and supervising practitioner discuss, plan, or review evaluation and treatment.
3. **Available.** Services are furnished by the intern under the supervising practitioner's guidance. The supervising practitioner's presence is not required during services, but the supervising practitioner must be in the facility, available immediately by phone or pager, and able to be physically present as needed.

Supervisors use this form to facilitate discussions with interns regarding their level of independence and what is needed for them to function at the next level. Because interns may have different levels of independence for different skills, each clinical supervisor keeps an active working Graduated Levels of Responsibility form for each intern for the duration of their supervisory relationship.

Hours Tracking

Interns will log their own hours for each workweek using whatever method the intern prefers. The primary purpose of this is to ensure that interns are getting enough clinical contact throughout the year and sufficient supervision hours. Additionally, some licensure jurisdictions require information about clinical hours on internship. Interns can continue to use tracking software like "Time2Track" or may use a tracking spreadsheet in Excel. The intern is responsible for tracking clinical hours and supervision hours (including telesupervision). Every month the intern will submit the logs to their supervisor(s) for signature. Once it is signed, please send to the Training Director.

Assessment of Baseline Competence in Psychotherapy

We know that interns come to our program with a variety of experiences in psychotherapy and with different skill levels. To enable individualized guidance in developing competence in psychotherapy, we establish each intern's baseline competence soon after the start of the internship. To achieve this objective, each intern will record, or be observed during a psychotherapy session with a patient within the first few sessions. The supervisor on the case will review the session and rate the intern using our Baseline Assessment of Competency in Psychotherapy Form. Based on this review and a follow-up supervision session with the intern, the staff will complete baseline ratings of the interns' competencies in psychotherapy. The staff member will review and discuss these ratings with the intern.

Evaluation Requirements

Our goal is to produce graduates who are prepared to assume different roles as professional psychologists including but not limited to full-time clinicians, applied clinical researchers, and dedicated research faculty. The training goals stated above describe the competencies that we feel are essential for this overarching goal and evaluations are necessary to guide and determine our progress in obtaining this goal.

Interns are expected to communicate their training needs to their supervisors over the whole course of their rotation. Each intern's work is formally evaluated three times during the internship year, at the end of each rotation. Interns and supervisors will review evaluations collaboratively at the end of the rotation period. In addition to this formal evaluation free interchange between intern and supervisor is always encouraged. The Director of Psychology Training is available to serve as consultant or mediator if interns and supervisors experience challenges with direct communication.

Interns also evaluate both their rotation experience and supervisors at the end of each rotation period. These evaluations are turned in to the Director of Psychology Training for review. The DPT will use discretion with regards to provision of feedback to supervisors. Generally, summative feedback is provided on an annual basis. In the occasion that an imminent concern arises regarding a supervisor, the DPT will consult with the Training Committee regarding how best to address concerns in a matter that prioritizes preservation of the integrity of the training programs. A copy of the evaluation forms that are used for interns, supervisors, and rotations can be found in the trainee handbook Appendix.

At the end of the internship year, interns evaluate the internship by writing an unstructured narrative. These narratives are reviewed by the Director of Psychology Training Programs and the training committee, and suggestions are processed and acted upon.

Eligibility, Salary, and Benefits

In accordance with VA policy, the Washington DC VAMC is seeking applicants from accredited doctoral programs in clinical or counseling psychology. In addition, we require that a prospective intern's university advisor or Director of Training verifies readiness for internship, as specified on the APPIC "Academic Program's Verification of Internship Eligibility and Readiness" form. As an equal opportunity training program, the internship welcomes and strongly encourages applications from all qualified applicants regardless of gender, gender identity, age, religion, race, ethnicity, culture, nationality, socioeconomic status, sexual orientation, disability, or other minority status. Eligibility requirements for VA internships are determined nationally. Information about VA eligibility can be found at <https://www.va.gov/oaa/hpt-eligibility.asp>

Trainee stipends are determined by the VA Office of Academic Affiliations and are based on a national average salary with adjustments for the DC area cost of living. The current annual stipend for interns is \$38,543.

Interns and fellows are considered temporary VA employees and thus are eligible for benefits including health insurance, vision, and dental. Health benefits are also available to dependents and married spouses of interns. Information about available healthcare plans will be shared during orientation.

For those who commute to work using public transportation, they are eligible for the VA Transit Benefit. The amount of the subsidy equals the amount paid for public transportation, not to exceed a set amount per month (currently \$125/month).

Time and Time Management

Staff and trainees alike are expected to work a “tour of duty.” This traditional VA schedule is 8.5 hours per day and includes a 30 minute lunch and two fifteen-minute breaks. Most trainees work 8:00 AM – 4:30 PM. Dependent on rotation and supervisor availability, some trainees may elect to work a different tour (e.g., 7:00 AM – 3:30 PM or 7:30 AM – 4:00 PM).

The training period is a full-time, year-long, 2080-hour experience. Working 40 hours per week is mandatory. You will be expected to show up on time and not leave early. Ideally, all required work for the training program will be completed during your tour of duty. There may be rare occasions when working outside of your tour may be necessary (i.e., working on a report, documentation of crisis clinical encounter). *Of note, trainees are not permitted to have clinical interactions outside of their tour of duty.*

Leave and Holidays Earned

Leave policies follow federal standards for sick and annual leave. Four hours of sick leave and four hours of annual leave are accrued every pay period resulting in a total of thirteen days of each over the course of the year. It is not required to use all annual leave before completion of the training year. Any unused annual leave at the end of the year will be paid out. Sick leave balances will not be paid out but can be carried over to any new federal appointment following the training year.

In addition to sick and annual leave, trainees have the opportunity to use up to five days of Authorized Absence. Professional activities including attendance at educational events, conferences, dissertation defense, and similar activities are appropriate uses for Authorized Absence. To be approved, educational events or conferences must be relevant to practice or research in clinical or counseling psychology. Additionally, trainees can use Authorized Absence can be used for VA interviews.

Paid trainees are also entitled to 11 federal holidays (New Year's Day, Martin Luther King Jr.'s Birthday, President's Day, Memorial Day, Juneteenth, July 4th, Labor Day, Columbus Day, Veterans Day, Thanksgiving, and Christmas Day).

There may be circumstances in which a trainee needs to take extended leave during the training year. Parental leave is common and is arranged in conjunction with the trainee, their medical providers, and the Training Director. The length of parental leave is

negotiable but typically does not include pay and must be made up through an extension of the training year. Historically, trainees have used a combination of annual leave/sick leave and leave without pay (LWOP). Arrangements for such leave should be made as early as possible.

Except in rare/unexpected situations, we ask that trainees avoid taking time off during the last week of their training program. The last week of the training year is typically used to ensure that all requirements have been completed and to hold graduation.

Communication with Intern Doctoral Program

The director of training is responsible for communicating with each intern's sponsoring graduate program about the intern's activities and progress. At the training year midpoint and endpoint, summary letters about the intern's performance are sent to the intern's graduate school training director, *if requested*. Interns are provided copies of the letters. At the end of the internship year, the home program receives a statement indicating whether the intern successfully completed the internship.

At any time, if problems arise that seem serious enough to cast doubt on an intern's ability to successfully complete the internship program, the director of training will inform the sponsoring graduate program. The home program will be encouraged to provide input to assist in resolving the problems. See the due process document for further details

Outside Employment

Interns are **permitted limited work** outside the VA, whether professional or common employment, and receive payment for such employment with certain provisions. The employment must be totally outside internship hours. Time must in no way conflict with VA commitments.

Psychology Service would approve of outside employment if an intern is working under the supervision of a licensed psychologist; has followed the rules of the jurisdiction, i.e., has become a psychology associate in Maryland, or filled out a notification of supervised practice in D.C.; is not violating any regulations or ethical constraints; and has no conflict of interest with the Department of Veterans Affairs. If there is any possibility of conflict of interest or dual relationship, please consult with the DPT or the Chief of the Psychology Service.

Staff Biographies¹

Director, Psychology Training Programs

Candace Tomes, PsyD has served as Director of Psychology Training Programs since July 2023. She has program and personnel management responsibilities for all three components of the Psychology Training Program. She provides individual and group therapy in the Mental Health Clinic. Her clinical interests are anxiety disorders, personality disorders, and Dialectical Behavior Therapy. Prior to serving in this role, Dr. Tomes served as the Psychology Training Director at Veteran Health Indiana in Indianapolis, IN. Dr. Tomes completed her graduate training at Xavier University in Cincinnati, OH. A product of VA training herself, she completed her internship at the Tuscaloosa VA and her clinical and research fellowship at the Salem VA. Outside of work, she enjoys volleyball, reading, reality television, day spas, and spending time with friends.

Chief, Psychology Service

Leah Squires, Ph.D. has served as Chief since 2022. Before stepping into the Chief role, Dr. Squires was Director of Psychology Training Programs. An avid gardener, Dr. Squires describes herself as “a nurturer of psychologists in training” and prior to serving in this role, Dr. Squires served as the National Coordinator of the Liver/HIV Psychology Postdoctoral Training Program administered by the VA office of HIV, Hepatitis and Related Conditions, and was also actively involved in training as a supervisor, training coordinator and training committee member at the DCVAMC. She provides integrated mental health services to the Infectious Diseases Clinic.

Dr. Squires is an active researcher in HIV behavioral health and has received funding from the American Psychological Association the Washington DC Centers for AIDS research (DCCFAR) to support her work. Dr. Squires currently serves as a member of the Washington DC VA Medical Center’s Research and Development Committee. Clinically, Dr. Squires is cognitive behaviorally oriented, and places a high level of importance on ongoing assessment and collaborative case conceptualization. Dr. Squires applies the same approach to her work with trainees, with a focus on early assessment of trainee strengths and growth edges, collaborative development of a training plan and ongoing discussion of progress. Dr. Squires completed her PhD in Clinical Psychology at Boston University and completed both internship and post-doctoral fellowship at the

¹ As staffing changes occur across the year, this is a partial list of staff involved in our training programs. Please contact the Director of Training Programs, should you have questions regarding staffing in a particular clinical setting.

Washington DC VA Medical Center. Psychology is Dr. Squires' second career, her first was as a performing artist.

Community Living Center

Chanda Corbett, Ph.D., is a native from Philadelphia, PA and joined the DC VAMC as the Community Living Center's Psychologist in September of 2014. Dr. Corbett graduated with honors from Lincoln University's Honors Program with a Bachelor of Arts degree in Psychology; with a Master's of Education degree in Human Services from Lehigh University; and a Ph.D. in Counseling Psychology from Temple University. Dr. Corbett has provided individual, couples, and family counseling, psychotherapy, and training services in university counseling centers, private practice, and nursing homes and assisted living facilities. After years of practicing as a counseling psychologist in universities, she accepted the opportunity to develop skills and practice in the field of Geropsychology in 2010.

She has provided clinical supervision, training, and mentoring of practicum students, interns and postdoctoral fellows in APA-accredited training programs in university counseling centers since 1997, and continues to enjoy serving in these roles at the DC VA MC through the development of a Geropsychology training program at the VA. While at the VA, Dr. Corbett has also completed the Dementia Capable Care Instructor Certification, the STAR-VA Program for Managing Challenging Dementia-Related Behaviors Behavioral Coordinator training, and the Resources for Enhancing All Caregivers' Health (Reach VA) certification. Dr. Corbett completed the Leadership Development Institute in 2016, and currently serves as the Chair of the Psychology Service Diversity Workgroup, the DC VA MC VISN 5 Dementia Committee representative, and this year has been appointed as the VISN 5 Geriatric Mental Health Champion. In her spare time, she enjoys national and international travel, spending time with family and friends, serving in leadership in her faith-based community, empowering others with mental wellness wisdom as a Mental Health First Aid Certified Instructor, mentoring, many forms of artistic expression, and procuring bargains.

Ft. Belvoir CBOC

Harry L. McCleary, Ph.D., is a clinical psychologist in the General Mental Health Clinic at the Fort Belvoir Community Outpatient Clinic (CBOC). Dr. McCleary received his M.A. in Clinical Psychology with an Emphasis in Marriage and Family Therapy from Pepperdine University and his M.S. and Ph.D. in Clinical Psychology from Palo Alto University. He completed his doctoral internship at the Washington D.C. V.A. Medical Center. Prior to joining the VA, Dr. McCleary served in the Navy for 6 years and worked in both private practice and in clinical research. Dr. McCleary is a licensed Clinical Psychologist in the State of Virginia. In his free time, he enjoys spending time educating Veterans about mental health and watching mixed martial arts.

Health Psychology

Chelita Dubois, PsyD

Joshua Johnson, PhD

Veronica Pinho, Ph.D. is a staff psychologist in Transplant Service at the Washington DC VAMC. Duties include conducting pre- and post-transplant mental health evaluations and providing psychotherapy to veterans along the transplant continuum. Dr. Pinho is also a part of the Alcohol Use Disorder Liver Clinic multidisciplinary team conducting evaluations and psychotherapeutic interventions for veterans with alcohol-related liver disease. She received her PhD in clinical psychology from George Washington University with emphases in community and health psychology, and completed her predoctoral internship in Health Psychology and HIV/Liver Disease postdoctoral fellowship at Miami VA Medical Center before joining the Washington DC VA transplant team in 2022. Prior research and publications include HIV care quality improvement projects, HIV prevention interventions for adults in psychiatric care, and sexual health interventions for adolescents in substance use treatment.

Michelle Siegel, Psy.D., DBSM, is a graduate of the Psy.D. program at Loyola University Maryland (2014). She completed her pre-doctoral internship (APA Accredited) at the Washington, DC Veterans Affairs Medical Center (DC VAMC) and was subsequently hired as a psychologist for the Pain Clinic. Dr. Siegel earned her Diplomate in Behavioral Sleep Medicine (DBSM) in 2019 and transitioned full time to the VA's Sleep Medicine Clinic. In her current role, she provides evidenced based treatment for insomnia and migraine headaches.

Dr. Siegel is the Behavioral Sleep Medicine (BSM) lead at the DC VAMC. She provides BSM services to patients, including treatment for insomnia, Positive Airway Pressure (PAP) adherence, and treatment for nightmares and circadian rhythm disorders. Dr. Siegel also works with the DC VA's Headache Center of Excellence (HCOE) to provide patients with behavioral management of their headaches as part of their care plan. In addition to her clinical work, Dr. Siegel is also involved in teaching and supervision. She trains VA medical staff from across the country through her role as a Lead National Trainer for the VA training program for CBT-I. Dr. Siegel is also responsible for supervising both pre-doctoral psychology interns and externs. She provides didactics for these students and has spoken at Neurology Grand Rounds to medical faculty, Neurology fellows, residents, and students on behavioral management of chronic pain and insomnia.

Home Based Primary Care

Christine Brown, Ph.D., joined the Home Based Primary Care team in 2007, primarily serving homebound geriatric Veterans with multiple medical concerns and their caregivers. She also sees Veterans through our Amyotrophic Lateral Sclerosis (ALS) clinic. She is a member of the psychology department's training committee and provides supervision to both psychology interns and practicum students. Dr. Brown received her Ph.D. in Clinical Psychology from the University of Texas Southwestern Medical Center at Dallas and has been licensed as a clinical psychologist in Texas since 2000.

Katie Chipungu, Ph.D., is a clinical psychologist in the Home Based Primary Care program at the Washington DC VAMC. She provides in-home care to Veterans suffering from chronic medical conditions. Dr. Chipungu obtained her Ph.D. in Clinical Health Psychology from the University of Miami. She completed her pre-doctoral internship and post-doctoral fellowship at Henry Ford Health Systems located in Detroit, Michigan. During these training experiences, she completed rotations in Consultation-Liaison, Transplant, Outpatient Behavioral Health, Oncology, Emergency Medicine, Bariatric Surgery, Anesthesia Pain and Pelvic Pain. She has also provided care to cancer survivors and their caregivers as well as Veterans suffering from obesity and other health related concerns. Her clinical and research interests include the promotion of healthy lifestyle changes within chronic medical illnesses as well as the reduction of racial/ethnic health disparities.

Mental Health Clinic

Kwesi Dunston, M.S.W., Ph.D., obtained his M.S.W. from the University of Washington - Seattle, with a specialization in multicultural practice. He went on to obtain his Ph.D. in Counseling Psychology at the University of Iowa, where he is specialized in multicultural psychology and assessment. He completed internship at the United States Medical Center for Federal Prisoners. He started his career as a staff psychologist at the United States Penitentiary – Canaan, where he worked with high custody inmates. In 2009, he transitioned to the position of Challenge Program Coordinator, where he managed a 120-bed residential substance abuse treatment program, working with high custody inmates, including those with serious mental illness. Beginning in 2018, Dr. Dunston started working in the Mental Health Clinic, at the Washington D.C., VA Medical Center. Clinically, Dr. Dunston is cognitive behaviorally oriented, and places a high level of importance on integrating assessment in the therapy process. He also operates from a framework that focuses on social justice.

Vanessa Moore, Ph.D., received her undergraduate education at the University of Dayton and her Master of Arts and Doctor of Philosophy degrees from the Ohio State University. A former intern of the Washington, DC VA Medical Center, Dr. Moore has a specialty interest in couples dynamics and psychotherapy. Additionally, she is co-coordinator of the Medical Center's Employee Assistance Program. Dr. Moore, a Washington DC native, is active in her church where she regularly makes presentations that seek to integrate spiritual and psychological issues as they pertain to optimal well-being. She is lovingly devoted to her family and friends. Other outside interests include dabbling in the culinary arts, playing the piano, and writing fiction.

Nathania Harmon Tur, Ph.D., is a clinical psychologist at the Mental Health Clinic here at the Washington DC VAMC. Her interest for integrative approaches in health began with her bachelor's degree in Biology at University of Puerto Rico-Río Piedras (UPRRP) degree in 2010 in San Juan, Puerto Rico . She later refined her interests towards psychology, where she received her Ph.D. in Clinical Psychology from Carlos Albizu University (CAU) in 2017 in San Juan, Puerto Rico. Furthermore, she focused her practicum experiences in spaces where integration of psychological and health services was scarce. Dr. Harmon Tur found her niche while becoming one of the first students to provide psychological services at the largest Trauma Level 3 Hospital in Puerto Rico (Hospital de Trauma-Centro Médico) that caters to the needs of those on the island and in the entire Caribbean.

Alongside this experience, she also enjoyed training and providing services to patients with chronic kidney disease at one of Puerto Rico's leading dialysis centers. These experiences highlighted the fragmentation of clinical services on the island, which led her to focus her dissertation on treatment self-management in patients with chronic kidney disease and its impact on psychological variables. Dr. Harmon Tur completed her pre-doctoral internship at the VA Caribbean Healthcare System in San Juan, Puerto Rico (2016-2017). She also completed an APA-accredited post-doctoral fellowship at said VA (2017-2018) where she trained in Primary Care-Mental Health Integration and is VHA certified for Primary Care Mental Health Integration Co located Collaborative Care Competency.

Dr. Harmon Tur has also found a passion for third wave behavioral therapy. Her previous experience and training in Acceptance and Commitment Therapy (ACT) during her fellowship year has sparked interest in Dialectic Behavior Therapy (DBT), where she now forms a part of the DBT Consultation Team at this VA. Dr. Harmon Tur understands the importance of validation as well as the need to foster awareness and acceptance of the various ailments veterans present with, while helping patients lead a valued driven life.

Julie Rones, PsyD is a staff psychologist in the Mental Health Clinic and the Evidence-Based Psychotherapy (EBP) Coordinator at the Washington DC VAMC. Dr. Rones completed her PsyD in adult clinical psychology at Ferkauf Graduate School of Psychology, Yeshiva University. She completed her APA-accredited predoctoral internship at the Washington DC VAMC and continued her training at the DC VAMC, completing an APA-accredited postdoctoral fellowship with an emphasis in serious mental illness. During Dr. Rones' fellowship year, she became a VA certified provider in Problem-Solving Therapy (PST) and obtained licensure in the state of Maryland; since that time, Dr. Rones has received VA certified provider status in CBT for Depression and Interpersonal Therapy for Depression. Dr. Rones has completed advanced training in Exposure and Response Prevention (ERP) for OCD at the Mount Sinai Obsessive-Compulsive and Related Disorders Program and has an interest in the comorbidity of OCD and PTSD in the Veteran population. Dr. Rones provides individual and group evidence-based psychotherapy, serves as the facility's EBP Coordinator, and provides supervision to psychology trainees.

Neuropsychology

Ernest J. Aucone, Ph.D., ABPP-CN, is a neuropsychologist and Director of Neuropsychology Service at the Washington D.C. VAMC. He conducts neuropsychological evaluations with military Veterans reporting a range of difficulties, including difficulties with short- or long-term memory, attention and concentration, language and communication, problem-solving, and changes in personality. His clinical and research interests include traumatic brain injury, differential diagnosis in dementia, forensic neuropsychology (particularly determining competency); and neuropsychological/ cognitive rehabilitation. Dr. Aucone received a Ph.D. in clinical psychology (specialization in neuropsychology) from Nova Southeastern University in Fort Lauderdale, FL; completed a clinical internship/residency at the Boston VA Healthcare System /Harvard Medical School in Boston, MA; and completed a two-year APCN accredited postdoctoral fellowship in clinical neuropsychology at the University of Virginia in Charlottesville, VA. Prior to coming to VAMC, Dr. Aucone was part of a large neurology practice in Rhode Island.

Ashlyn Mitchell, PsyD (she/her/hers): Dr. Mitchell is a staff psychologist and serves on the Movement Disorders and Amyotrophic Lateral Sclerosis interdisciplinary teams in addition to providing outpatient neuropsychological evaluations for a broad range of presenting concerns. She completed her pre-doctoral internship at the Washington DC VAMC in 2019, doctoral degree at The Chicago School of Professional Psychology in 2019, and postdoctoral fellowship in Clinical Neuropsychology at the Washington DC VAMC in 2021. She supervises externs, interns, and fellows in the Neuropsychology Outpatient Service. Her clinical interests include cognitive rehabilitation, caregiver support, and differential diagnosis of dementia and movement disorders.

Lauren Skalina, Ph.D., joined the Washington DC VAMC psychology staff in 2017 as a clinical neuropsychologist. She is licensed to practice clinical psychology in the state of Maryland and conducts neuropsychological evaluations with Veterans presenting with concerns about memory, attention, or other aspects of cognitive functioning. Dr. Skalina is also involved in psychology training through supervision of externs, interns, and postdoctoral fellows. Prior to joining the psychology staff at the DC VAMC, she earned her MA and PhD in clinical psychology at American University, completed her pre-doctoral internship in the neuropsychology track at VA Maryland Health Care System, and completed a 2-year postdoctoral fellowship in clinical and research neuropsychology through the War Related Illness and Injury Study Center (WRIISC) at the DC VAMC. Outside of work, Dr. Skalina spends most of her time with family (including her two young daughters) and friends; she also enjoys reading, traveling, and exploring the DC restaurant scene.

Polytrauma Psychology

Scott Levson, Psy.D., works as a staff psychologist in the Polytrauma Clinic of the Washington DC VA Medical Center where he provides individual and group psychotherapy to Veterans who have experienced brain injuries and/or related traumas. He earned a M.S. and Psy.D. from Chestnut Hill College in Philadelphia, PA. During his graduate training, Dr. Levson completed a two-year practicum at Haverford College Counseling and Psychological Services, a practicum at a community mental health clinic,

an assessment training year within the Pennsbury School District, as well as additional assessment training at the Psychological Services Clinic of Chestnut Hill College. Dr. Levson completed an APA-accredited doctoral internship at the VA Hudson Valley Health Care System in Montrose, NY, with rotations in an acute inpatient unit, a residential substance abuse treatment program, and a residential PTSD unit.

Before becoming a staff psychologist, Dr. Levson was a Special Populations postdoctoral fellow at the Washington DC VA where he worked with couples, individuals, and groups in the Psychosocial Recovery and Rehabilitation Center (PRRC) and Mental Health Clinic. He also enjoys teaching and has held adjunct faculty appointments at Chestnut Hill College. Dr. Levson is certified in Cognitive Processing Therapy (CPT) for PTSD and integrates psychodynamic theories with DBT and ACT in his clinical work. In his spare time he enjoys road trips, independent coffee shops, genealogy, and spending time with his family and friends.

Samia Ortiz Hernandez

Psychosocial Rehabilitation and Recovery Program (PRRC)

Corinne Galgay, Ph.D. (she/her), received her doctoral degree in Counseling Psychology from Teachers College, Columbia University in 2018. Psychology externships included placements at White Plains Hospital: Child and Adolescent Services Outpatient Program, Northwell Health's Behavioral Health Program, and NewYork-Presbyterian Hospital Adult Outpatient Program. Dr. Galgay completed an APA-accredited internship at Mount Sinai Beth Israel Hospital located in New York City. Her postdoctoral fellowship was at the Washington DC VAMC and included an emphasis in Serious Mental Illness. Her theoretical orientation is integrative with a focus on psychodynamic, cognitive-behavior, and multicultural therapies. She completed the VA's Cognitive Processing Therapy for PTSD and Cognitive Behavioral Therapy for Suicide Prevention trainings and is an active member of the Dialectical Behavior Treatment Team in coordination with providers from other clinics across the DC VAMC.

Maggie McGuire, PsyD (she/her), received her doctoral degree in Clinical Psychology from Loyola University Maryland in 2022. Her psychology practicum experiences included placements at the Psychosocial Rehabilitation and Recovery Center and Acute Inpatient Unit at the DC VAMC, Acute Inpatient Units at the Psychiatric Institute of Washington, and Child Guidance Clinic at the DC Superior Court. She completed an APA-accredited predoctoral internship at New York University/Bellevue Hospital Center. Dr. McGuire's postdoctoral fellowship was at the Washington DC VAMC with an emphasis in Serious Mental Illness. She is specifically interested in providing therapeutic services to Veterans with SMI and am passionate about providing recovery-oriented care. I have specialized experience in numerous evidence-based approaches and completed the VA's Cognitive Processing Therapy for PTSD certification training. In my free time, you'll find me going

for walks with my husband through Rock Creek Park, reading the latest thriller novels, and searching for the best bakeries/coffeeshops in DC.

Lilli Salky, PsyD (she/her), received my doctoral degree in Clinical Psychology from Loyola University in 2020. During her graduate training, she had placements in the Psychosocial Rehabilitation and Recovery Center and Acute Inpatient Unit Program at the DC VAMC and Psychiatric Institute of Washington (PIW) psychiatric inpatient unit. Dr. Salky completed an APA-accredited predoctoral internship and post-doctoral fellowship at the Washington DC VAMC. Following her post-doctoral fellowship, she spent two years in the Trauma Services Program at the DC VAMC as a staff psychologist providing trauma focused treatment to Veterans with PTSD and is certified in Cognitive Processing Therapy. Dr. Salky has a specialized interest in providing group psychotherapy to Veterans with SMI, in both inpatient and outpatient settings and working with Veterans with suicidality. She lives in Falls Church, VA with my husband and goldendoodle, and you can find them hiking in our favorite weekend getaway spot, Shenandoah National Park.

Naomi Stahl, PhD (she/her), received her doctoral degree in Clinical Psychology from American University in 2021. Her externships included placements in the Psychosocial Rehabilitation and Recovery Center, Acute Inpatient Unit, Substance Abuse Rehabilitation Program, and Trauma Services Program at the DC VAMC and VA Maryland Health Care System MIRECC. Dr. Stahl completed an APA-accredited predoctoral internship at VA Palo Alto Health Care System. Her postdoctoral fellowship was at the Washington DC VAMC (Serious Mental Illness emphasis). She has a specialized interest in providing care to Veterans with SMI and have received training in evidence-based approaches for this population (e.g., Social Skills Training for Schizophrenia, CBT for Psychosis, Illness Management and Recovery). Dr. Stahl completed the VA's Cognitive Processing Therapy for PTSD and is a certified provider. She was previously a member of the Dialectical Behavior Treatment Team at the DC VAMC. Dr. Stahl lives in NW DC and enjoys cooking, watching bad (but good) reality TV, and trying different workout classes.

Substance Abuse Rehabilitation Program (SARP)

Leonard Tate, Ph.D., currently providing psychological services to Veterans with alcohol/substance abuse issues in the Substance Abuse and Rehabilitation Program. Dr. Tate received his M.S. and Ph.D. in Clinical Psychology from Saint Louis University (St. Louis, MO). He completed his doctoral internship and residency at St. Elizabeth's Hospital (Washington DC), where he treated the severely mentally ill, in both inpatient and outpatient settings. Dr. Tate has also worked with substance abusing and mentally ill inmates in forensic settings. He is a licensed Clinical Psychologist in the State of Maryland. He enjoys photography, reading, listening to live jazz and poetry, and watching movies.

Trauma Services Program

Sarah Afromowitz, Psy.D. (she/her/hers) Dr. Afromowitz joined the Trauma Services Program at the Washington DC VAMC in 2023 as a staff psychologist. She completed her doctorate in clinical psychology from Pacific University in Hillsboro, OR. Dr. Afromowitz completed her internship at the Eastern Oklahoma VA Health Care System in Tulsa, OK, followed by her postdoctoral fellowship with a women veterans focus at the Atlanta VA. She has received training in several EBPs, including Cognitive Processing Therapy (CPT), Prolonged Exposure (PE), Dialectical Behavior Therapy (DBT), STAIR, Cognitive Behavioral Therapy for Insomnia (CBT-I), and Cognitive Behavioral Therapy for Substance Use Disorder (CBT-SUD). Dr. Afromowitz's interests are rooted in considerations specific to women veterans, interpersonal traumas, Adverse Childhood Experiences (ACEs), post-traumatic growth, collaborative/therapeutic assessment, suicide prevention and postvention, compassion fatigue, and spiritual/religious diversity. Outside of work, Dr. Afromowitz pretends to have a green thumb, enjoys all things cat related, and explores creative pursuits in wheel-thrown pottery.

Aparna Arjunan, Ph.D., works as a staff psychologist in the Trauma Services Program (TSP) of the Washington DC VA Medical Center. She completed her doctorate in clinical psychology from Suffolk University in Boston, MA. Dr. Arjunan completed her APA-accredited doctoral internship at the Greater Hartford Clinical Psychology Internship Consortium, primarily housed in the Newington VA Medical Center of the VA Connecticut Healthcare System. Prior to this, most of Dr. Arjunan's clinical training took place in community mental health centers, working with ethnically diverse, low-income populations. She also completed two years of neuropsychological assessment training within a medical center and private practice setting in the Boston area.

Dr. Arjunan came to the Washington DC VAMC in 2017 for her postdoctoral fellowship with a trauma emphasis and was excited to stay on in TSP as a staff psychologist. Dr. Arjunan has received specialized training in Dialectical Behavior Therapy (DBT) and Cognitive Processing Therapy (CPT), and she is a certified CPT provider. In addition to her interest in providing EBPs for PTSD, Dr. Arjunan is passionate about multicultural psychology and race-related issues, DBT, and assessment. Dr. Arjunan also really values being involved in all things related to psychology training, including providing clinical supervision and helping to coordinate other opportunities for trainees. She has also thoroughly enjoyed living in DC and exploring its restaurants, museums, and outdoor areas.

Ranon Cortell, Ph.D., is a clinical psychologist and Program Director of the Washington DC VA Medical Center's Trauma Services Program (TSP). In his role as Program Director of TSP, he oversees psychotherapy provision for Veterans who are diagnosed with Posttraumatic Stress Disorder (PTSD) and comorbid conditions. He is responsible for the supervision of TSP staff, including psychologists, social workers, nurses, peer specialists, and program support, and together with the Unit Training Coordinator, he oversees the psychology training program within TSP. Dr. Cortell provides individual,

group, and family therapy to veterans impacted by trauma. He also oversees TSP program development and together with the PCT Coordinator oversees research conducted in TSP.

Dr. Cortell received his bachelor's in psychology from the University of Maryland and his Ph.D. in Clinical Psychology from the Catholic University of America. Dr. Cortell served in the DC VAMC during his graduate training, working with veterans in the Substance Abuse Rehabilitation Program and Primary Care Mental Health Integration. Prior to his position at the VAMC, Dr. Cortell provided individual and group therapy to inmates in a maximum security facility in Jessup, MD and individual and family therapy, consultation, and psychological assessment to military dependent children and their families at Fort Meade, Maryland. Dr. Cortell has published in the area of suicide and developmental disorders. In his free time, he enjoys spending time with his family, reading, teaching, and being in the outdoors.

Melissa Decker, Ph.D. (she/her/hers) I received my doctoral degree in Clinical Health Psychology from East Carolina University in 2019. Prior to that, I completed a Bachelor's degree in Psychology at Boston University, a Master's degree in Forensic Psychology from John Jay College of Criminal Justice CUNY and worked in the nonprofit sector in the fields of integrated case management, sexual assault and domestic violence, and forensic assessment. I completed an APA-accredited psychology internship at the Washington DC VA Medical Center, where I trained to become a certified Cognitive Processing Therapy (CPT) provider. I then completed an APA-accredited postdoctoral fellowship at the DC VAMC, within the Trauma Services Program (TSP). As a postdoctoral fellow, I examined trauma clinician burnout, compassion fatigue and secondary traumatic stress. Following postdoctoral training, I worked as a staff psychologist in the Women's Health Clinic, and I returned to Trauma Services in June, 2022. My clinical interests include trauma-focused therapies and building resilience among LGBTQ+ veterans. I like to draw on my interests in resilience and feminist perspective in my approach to therapy as well as supervision. In my free time, I enjoy spending time with my partners, friends and pets, enjoying coffee and good food together, skateboarding, checking out live music, and exploring hiking trails and waterways, looking for cool rocks and fossils.

Matthew Dickson, PsyD. (he/him/his) Dr. Dickson is a staff psychologist in the DC VA Medical Center's Trauma Services Program (TSP) who's duty assignment is the Montgomery County Community Based Outreach Center. Dr. Dickson received his doctoral training at Rutgers University and completed his undergraduate studies at the University of Maryland. He completed his Pre doctoral internship at the New Jersey Veterans administration. After completing his training, Dr. Dickson worked in private practice for 3 years followed by 4 years at an inpatient psychiatric hospital. Dr. Dickson takes a developmental approach to supervision. In his free time Dr. Dickson enjoys spending time with his family, exercising, and reading.

Amanda Evans, Ph.D., joined the Washington DC VAMC in September of 2017 after completing a postdoctoral residency at Grady Memorial Hospital in Atlanta, GA and her doctoral training at Emory University. She became interested in working with veterans through her dissertation research, which focused on emotional numbing in veterans with PTSD symptoms and tested a compassion meditation intervention in this population. Dr.

Evans is a CBCT (Cognitively-Based Compassion Training) instructor, which she has taught to groups of male combat veterans, female prisoners, university students, and adolescents in the Atlanta foster care system.

Broadly, her work has focused on understanding whether and how mindfulness- and compassion-based interventions effect change in clinical populations. Clinically, she has a particular interest in working with individuals with PTSD and trauma related disorders. Dr. Evans has specialized training in Dialectical Behavior Therapy (DBT), Cognitive Processing Therapy (CPT), Prolonged Exposure (PE), and Mindfulness-Based Cognitive Therapy (MBCT), among other EBPs. In her therapeutic work, she integrates these approaches within an interpersonal orientation. In her free time, she enjoys spending time outdoors, trying new DC restaurants, and spending time with friends and family.

Stephanie D. Guedj, Psy.D. (she/her/hers) I received my doctoral degree in clinical psychology from Nova Southeastern University in Ft. Lauderdale, FL in 2016. Prior to that, I completed a Bachelor's degree in Psychology at University of Miami in Coral Gables, FL. As a doctoral student, I received extensive training in Cognitive Behavioral Therapy, with practicum experience in a variety of clinical settings, including two outpatient community-based clinics (one of which specializing in the treatment of anxiety disorders and the other in child and adolescent trauma), as well as two specialty clinics within the Miami VAMC (i.e., Polytrauma and Rehabilitation). I completed an APA-accredited psychology internship at the North Florida/South Georgia Veterans Health System (NF/SG VHS) in Gainesville, FL. I then completed an APA-accredited postdoctoral fellowship at the Washington DC VAMC in HIV and Liver Disease and assumed the position of staff psychologist in Health Psychology in September of 2016 until October 2019. I subsequently worked in Primary Care Mental Health Integration (PCMH) at a Community-Based Outpatient Clinic (CBOC) in Jacksonville, FL, a clinic that is affiliated with NF/SG VHS, from October 2019 thru October 2021. I joined the Trauma Services Program (TSP) Team with Prince George's (PG) County VA Clinic, Washington DC VAMC, in October 2021 as a Staff Psychologist. My clinical interests generally include coping with chronic health conditions, trauma-focused work, and building resilience among LGBTQ+ Veterans. I also have an interest in program evaluation and development. Throughout my time as a staff within the VA, I have served on the LGBTQ+ workgroups to help develop programming and community outreach events for LGBTQ+ Veterans. I like to draw on my interests in acceptance- and values-based work in my approach to therapy as well as supervision. Outside of work, I enjoy spending time outdoors (hiking, foraging, fossil hunting), as well as spending time with my family, cats, fish, and dog.

Catherine Hearne, Ph.D. (she/her/hers) Dr. Hearne joined the Washington DC Trauma Services Program in 2023, having previously worked on VA PTSD clinical teams in New Mexico, Tennessee, and Iowa. She received her Ph.D. in clinical psychology from Fuller Theological Seminary in 2008 after completing VA and Indian Health Services rotations at the Southwest Consortium internship program in Albuquerque, NM. Dr. Hearne's theoretical orientation is functionalist, focusing on contextualization, and she is a strong

proponent of evidence-based psychotherapies, including Prolonged Exposure (PE), Cognitive Processing Therapy (CPT; for which she is a VA trainer), Written Exposure Therapy (WET), Cognitive Behavioral Conjoint Therapy for PTSD (CBCT), Dialectical Behavior Therapy (DBT), and Imagery Rehearsal Therapy (IRT), among others. Professionally, she enjoys supervision, deliberating over the most recent PTSD research, and informatics. Personally, she enjoys music, reading, knitting, travelling, hiking, and tickling her children.

Peter Luehring-Jones, Ph.D. (he/him/his). Dr. Luehring-Jones received his doctorate in clinical psychology from Boston University, which included an introduction to trauma-focused therapies as a practicum student at the Center for Returning Veterans (an OEF/OIF/OND clinic) at the Boston VA. He completed his doctoral internship at VA Puget Sound in Seattle, WA (with rotations in the Seattle VA's general mental health clinic, IOP for veterans with SMI, PTSD outpatient clinic, and comprehensive DBT program) and then moved across the country to Washington, DC for his postdoctoral fellowship in trauma services at the DC VA. He was very excited to join TSP's staff at the end of his fellowship year. Dr. Luehring-Jones has experience and training with several EBPs for trauma, including Cognitive Processing Therapy (CPT), Prolonged Exposure (PE), Written Exposure Therapy (WET), Acceptance and Commitment Therapy (ACT) for PTSD, and combined Dialectical Behavior Therapy and Prolonged Exposure (DBT-PE). He regularly leads DBT and Present-Centered Therapy (PCT) groups for veterans enrolled in TSP. Dr. Luehring-Jones' doctoral research investigated the cognitive mechanisms of alcohol-involved sexual-decision among men who have sex with men, and he brings an interest in promoting sexual health and wellness into his work with veterans. He also enjoys working with LGBTQ+ veterans and served on the DC VA's Gender-Affirming Care Committee during his fellowship year. Outside of work, he likes exploring DC, spending time with friends, seeing movies, and trying to keep up with the news.

Christiana Shao, Psy.D., CGP Dr. Shao is a Navy veteran, and passionate about the role that unique and intersecting cultural identities play in the development, maintenance, and treatment of psychological disorders. She is committed to a multicultural approach to therapy that is culturally sensitive, holistic and individualized. Dr. Shao provides individual therapy, group therapy and assessment to veterans enrolled in the program. Dr. Shao completed her graduate education at the Chicago School of Professional Psychology and completed her pre-doctoral internship at the Washington DC VA Medical Center. Prior to completing her doctoral degree, Dr. Shao completed bachelor's degrees in psychology and sociology from the University of Maryland University College. She went on to complete a Master's in Educational Psychology with a focus on assessment, testing and program evaluation at George Mason University and a second Master's in Clinical Mental Health Counseling at Regent University. Majority of Dr. Shao's clinical training took place in Military and VA Medical settings. She has also served as an extern and clinician in private practice settings. Dr. Shao has specialized training in Cognitive Processing Therapy (CPT), Prolonged Exposure (PE), Narrative Exposure Therapy (NET), Exposure Response and Prevention (EX/RP), Dialectical Behavioral Therapy-Prolonged Exposure (DBT-PE), Prolonged Grief Disorder Therapy (PGDT), Cognitive Therapy for PTSD (CT-

PTSD), Written Exposure (WET), Cognitive Therapy for Suicide Prevention (CT-SP), Brief Cognitive Therapy for Suicide Prevention (BCBT), and CBT for Racial Trauma among other EBPs. Clinically she has a specific interest in working with veterans with trauma related disorders. Her interest also includes race-based stress and trauma, suicide prevention, personality disorder, process-oriented group therapy, military culture, and multicultural assessment. In her free time, she enjoys spending time with family, crocheting, and reading.

Erika White, Ph.D. (she/her/hers). Dr. White completed her graduate education at Saint Louis University. She completed a pre-doctoral internship at the Washington, D.C. VAMC and a postdoctoral fellowship in trauma at the Pittsburgh VAMC. Her dissertation research focused on the effects of racial microaggressions and colorblindness on the working alliance of cross-racial counseling dyads. Dr. White is trained in Cognitive Processing Therapy and Prolonged Exposure. In August 2011, Dr. White was hired as a staff psychologist in the Trauma Recovery Program (TRP) at the Baltimore VAMC. Dr. White joined the Training Committee for the VAMHCS/UM Psychology Internship Consortium as Cultural Competency Coordinator in 2012. In 2013, Dr. White assumed the role of Program Coordinator in the PTSD Clinical Team (PCT). In this role, she served as coordinator for the PTSD Assessment Clinic and managed referrals for the PCT. Also in 2013, Dr. White was ecstatic to be selected as the Outstanding Supervisor of the Year by the intern class. Dr. White served as the Chairperson for the Mental Health Diversity Committee from 2012 to 2020. In 2016, Dr. White was trained as a consultant and trainer for the CPT rollout program. Additionally, Dr. White served as a consultant for the CBT for Depression training program. In 2018, Dr. White became an Academic Detailer for the VA Maryland Healthcare System to promote the use of Evidence-Based Psychotherapies for Depression and CBT-I. In October 2020, Dr. White joined the Trauma Services Program at the Washington, D.C. VA Medical Center.

Women's Health Clinic

Erica Peppers, Ph.D. (she/her). Dr. Peppers is a psychologist in the Women's Health Clinic of the Washington DC VA Medical Center. She completed her doctorate in counseling psychology at the University of Tennessee in Knoxville, TN and completed her internship at the Washington DC VA Medical Center. Prior to entering the counseling psychology doctoral program Dr. Peppers completed a Master's in Public Health with a focus in Maternal and Child health. She also received two bachelor's degrees in Psychology and Spanish from the University of Alabama at Birmingham (UAB). Her professional experience includes twelve years of research experience and three years as a bilingual crisis counselor in Houston, Texas. Dr. Peppers's interests in health equity and in meeting the needs of chronically underserved communities are at the core of her identity as a psychologist. Her research interests are focused on the physiological impact of minority stressors on mental health and health inequities. The aim of her research is to provide a more nuanced understanding of the ways in which gendered racism is experienced as a chronic stressor and to clarify the role of gendered racism in the pervasive health inequities among Black women. As an intern at the Washington DC VA Medical Center, Dr. Peppers blended her formal training and

interests in psychology, public health, social justice advocacy, and research through a long-term needs assessment project to advance to further improve access to services and outcomes for Black women Veterans. Dr. Peppers' prior clinical and research experiences have highlighted the complexity of oppression experienced by multiply marginalized individuals and the importance of attending to these important issues in therapeutic work. She has experience in the delivery of several EBPs, including but not limited to Cognitive Processing Therapy (CPT), Prolonged Exposure (PE), Dialectical Behavior Therapy (DBT), Interpersonal Psychotherapy (IPT) for Reproductive Mental Health (RMH), Acceptance and Commitment Therapy (ACT), and STAIR. In assessment, case conceptualization, and collaborative treatment selection, Dr. Peppers uses an intersectional lens to examine social identities and systems of power as significant factors that influence understanding an individual's vulnerability, experience of, and recovery from trauma. erica.peppers@va.gov.

Additional Staff Biographies

Lindsay Gerolimos, Ph.D. is a full-time Geropsychologist at the Washington DC Veterans Affairs Medical Center, spending half her time in the CLC working with veterans admitted for palliative and hospice care, and half her time treating outpatient older adults in the Mental Health Clinic. She also serves as Co-Chair of the Disruptive Behavior Committee. Previously, she worked as a full-time Psychologist in the Pain Clinic at the DC VA from 2017 to 2019. She received her doctoral degree from West Virginia University in 2014. She completed her internship in Geropsychology at the Boston Consortium in Clinical Psychology and a post-doctoral fellowship in Geropsychology at VA Boston Healthcare System. In 2015, Dr. Gerolimos was selected for the American Psychological Association/American Association for the Advancement of Science Congressional Fellows Program, where she spent a year working in the office of U.S. Senator Kirsten Gillibrand. Dr. Gerolimos is a licensed Clinical Psychologist in the State of Maryland.

Michael Knep, Psy.D., has been on staff at the Washington DC VA since 2006. He worked part-time for a couple years on the Acute Inpatient Psychiatry unit (3DE) and then full-time in the Mental Health Clinic for nine years. In 2017, Dr. Knep was appointed Chief of Patient Centered Care/Director of Integrative Health and Wellness and worked in this position for over a year before moving out of the Washington DC Metropolitan area. He now works remotely, providing individual psychotherapy telehealth to Veterans from the Charlotte Hall CBOC. Prior to joining the VAMC, Dr. Knep was employed as a staff psychologist for over six years at Northern Virginia Mental Health Institute where he worked on both an acute admissions unit and on a longer term, psychosocial rehabilitation

unit.

Dr. Knep obtained his B.A. from Clark University (Worcester, MA) and his M.S. and Psy.D. from Nova Southeastern University (Fort Lauderdale, FL). His internship was completed at the DC Commission on Mental Health Services, which included providing psychological services to a forensic inpatient population. Dr. Knep is certified in Integrative Behavioral Couple's Therapy (IBCT) and CBT-I.

Susan Mareck, Ph.D., is a staff psychologist who provides Compensation and Pension evaluations and serves as a mentor to interns and fellows. Dr. Mareck received her Ph.D. in Clinical Psychology from the University of South Dakota. She interned at the Mid Missouri Psychology Consortium and completed a Post-Doctoral Fellowship in Health Psychology at the University of Minnesota Hospital and Clinics. Dr. Mareck worked for seven years at North Memorial Medical Center in Robbinsdale, MN doing crisis evaluations in the emergency room before coming to the Washington DC VAMC. Her interests include health psychology, crisis intervention, and integrated dual diagnosis assessment and treatment.

Elizabeth Paddrik, Psy.D., (she/her/hers) is a staff psychologist and the Psychology Team Lead for the Charlotte Hall Community Based Outpatient Clinic (CBOC), where she provides general mental health services including individual, group, and couple therapy. Prior to joining the Washington DC VA Medical Center in 2020, Dr. Paddrik served as the Clinical Director of a private clinic, where she provided clinical supervision for trainees and managed a 17 member clinical team that utilized evidence-based therapies including Cognitive Behavioral Therapy (CBT), comprehensive Dialectical Behavior Therapy (DBT), Cognitive Processing Therapy (CPT), Prolonged Exposure (PE), and Exposure and Response Prevention (ERP). Additionally, Dr. Paddrik was an Adjunct Professor in George Mason University's Ph.D. Program in Clinical Psychology.

Dr. Paddrik received her M.A. and Psy.D. in Clinical Psychology from Regent University in Virginia Beach, VA. She completed her APA-accredited doctoral internship at the Pittsburgh VA Healthcare System, where she treated trauma, anxiety, and substance use disorders and provided couple therapy. Dr. Paddrik has received specialized training in Integrative Behavioral Couple Therapy (IBCT), CPT, and DBT and is a certified provider in IBCT and CPT. Dr. Paddrik is a licensed Clinical Psychologist in the Commonwealth of Virginia. In her free time, she enjoys spending time with her family, taking walks with her dog, and traveling.