

DOCTORAL INTERSHIP IN CLINICAL AND COUNSELING PSYCHOLOGY

2025-2026 INTERNSHIP TRAINING YEAR BROCHURE

Application Deadline: November 1, 2024

Internship Rotation Match Codes

135911 Couples & Family Intervention

135912 Health Psychology

135913 Health Psychology *with Pain Concentration*

135914 Geriatric Neuropsychology & Rehabilitation

135916 Mental Health Clinic (2 positions)

135917 Neuropsychology (2 positions)

135918 Posttraumatic Stress Disorder (PTSD) Clinical Team (2 positions)

135921 Substance Use Disorders Clinic

135922 Women Veterans' Mental Health



**VA Ann Arbor Healthcare System
Mental Health Service (116C)
2215 Fuller Rd
Ann Arbor, MI 48105**

Minden Sexton, Ph.D.
Director of Psychology Internship Training

Email: minden.sexton@va.gov

Phone: 734-222-7462 Fax: 734-845-3234

**MEMBER, ASSOCIATION OF PSYCHOLOGY POSTDOCTORAL AND INTERNSHIP
CENTERS**

**ACCREDITED BY THE COMMISSION ON ACCREDITATION
AMERICAN PSYCHOLOGICAL ASSOCIATION**

*External Link Disclaimer: Links marked with an asterisk (*) are external links. By selecting these links, you will leave the Department of Veterans Affairs website. The VA does not endorse and is not responsible for the content of the linked website.*

Table of Contents

ACCREDITATION STATUS	4
INTRODUCTION.....	4
MISSION AND GOALS	4
VA ANN ARBOR HEALTHCARE SYSTEM (VAAAHS)	5
PSYCHOLOGY AT VAAAHS	6
VAAAHS MATCH CODES.....	6
ROTATIONS.....	7
MAJOR ROTATIONS.....	7
<i>Couples & Family Intervention.....</i>	<i>7</i>
<i>Geriatric Neuropsychology/Rehabilitation.....</i>	<i>7</i>
<i>Health Psychology.....</i>	<i>9</i>
<i>Health Psychology with Pain Concentration</i>	<i>10</i>
<i>Mental Health Clinic (MHC)</i>	<i>10</i>
<i>Neuropsychology</i>	<i>11</i>
<i>Posttraumatic Stress Disorder Clinical Team (PCT)</i>	<i>11</i>
<i>Substance Use Disorders Clinics (SUDC).....</i>	<i>12</i>
<i>Women Veterans' Mental Health</i>	<i>12</i>
MINOR ROTATIONS	13
<i>Advanced Assessment for Outpatient Treatment Planning</i>	<i>13</i>
<i>Dialectical Behavior Therapy.....</i>	<i>13</i>
<i>Exposure Therapy.....</i>	<i>14</i>
<i>Psychotherapy</i>	<i>14</i>
<i>Sleep Psychology.....</i>	<i>15</i>
<i>Substance Use Disorders Clinics (SUDC).....</i>	<i>15</i>
<i>Women's Clinic Mental Health Integration.....</i>	<i>15</i>
<i>Administrative Leadership.....</i>	<i>16</i>
<i>Applied Clinical Research.....</i>	<i>16</i>
RESEARCH TRAINING.....	19
DIDACTICS, MEETINGS & CONFERENCES	19
PSYCHOLOGY DIDACTIC SEMINARS.....	20
CLINICAL CASE CONFERENCE	22
SUPERVISION OF SUPERVISION.....	22
PROFESSIONAL DEVELOPMENT SEMINAR	22
MENTAL HEALTH SERVICE GRAND ROUNDS.....	23
SPECIAL TRAINING, WORKSHOPS & INSTITUTES	25
ELECTIVE SEMINARS	25
FORMULATING THE TRAINING PLAN.....	26
ESTABLISHING INDIVIDUAL INTERNSHIP GOALS.....	26
SAMPLE INTERN SCHEDULE WITH PTSD MAJOR AND SUBSTANCE USE DISORDERS MINOR	26
COMPETENCIES AND MINIMUM LEVELS OF ACHIEVEMENT FOR.....	27
INTERN SUPERVISION.....	27
INTERN EVALUATION	28
TRAINING STAFF BIOGRAPHIES.....	29
RECENT TRAINING FACULTY PUBLICATIONS	44

INTERNSHIP ADMISSIONS, SUPPORT, AND INITIAL PLACEMENT DATA.....	59
INTERNSHIP PROGRAM ADMISSIONS.....	59
FINANCIAL AND OTHER BENEFIT SUPPORT FOR UPCOMING TRAINING YEAR.....	63
INITIAL POST-INTERNSHIP POSITIONS	63
CURRENT & PAST INTERNS.....	64
INTERNSHIP DATES	66
APPLICATION PROCESS & INTERVIEWS.....	66
APPLICATION SUBMISSION	66
INTERVIEWS.....	67
CONTACT THE INTERSHIP TRAINING DIRECTORS.....	68
POSTDOCTORAL OPPORTUNITIES.....	68
INTERN RECOMMENDATIONS FOR THE PROGRAM	69
INTERNSHIP PROCEDURES	69
GRIEVANCE PROCESS	69
DUE PROCESS	70
ADVISEMENT AND TERMINATION	72
APPIC POLICIES	72
FREQUENTLY ASKED QUESTIONS.....	73
ANN ARBOR LIFE & COMMUNITY.....	75
LOCAL INFORMATION.....	75
FURTHER INFORMATION FOR PSYCHOLOGY PROFESSIONALS.....	76
REGIONAL INFORMATION.....	76
USEFUL INFORMATION FOR PROVIDERS OF VETERAN CARE.....	76



Internship Brochure

VA Ann Arbor Healthcare System
Minden Sexton, Ph.D.
Director, Psychology Internship Training
2215 Fuller Road (116C)
Ann Arbor, MI 48105-2303

ACCREDITATION STATUS

The Doctoral Internship Training Program is accredited by the Commission on Accreditation of the American Psychological Association. The next Accreditation visit for this Program is expected in 2027. Questions about accreditation status, the accreditation process, or comments regarding this program can be addressed to the Office of Program Consultation and Accreditation, American Psychological Association, 750 First Street N.E., Washington DC, 20002 (Telephone:202-336-5979; TDD/TTY (202) 336-6123; Fax (202) 336-5978).

INTRODUCTION

The VA Ann Arbor Healthcare System (VAAAHHS) offers an intensive, full-time Clinical Psychology internship program in a health system setting with inpatient, outpatient, and rehabilitation services. The program provides a unique opportunity to work with Veterans across the adult lifespan experiencing a wide range of physical, emotional, and interpersonal problems, while receiving careful supervision from highly skilled psychologists. The Armed Forces of the United States represent a unique cross-section of our nation. The program seeks to effectively teach the best clinical practices to address the varied needs of military veterans.

MISSION AND GOALS

The philosophy and values of this program are centered in normative healthcare ethical values of beneficence, non-maleficence, and social contract in a context of public service. Its central mission is to contribute to the development of competent clinical psychologists.

The goals of the program are to 1) prepare the Intern to use the process of psychological assessment in a skilled manner, 2) prepare the Intern to use psychological interventions in a skilled manner, and 3) prepare the Intern to provide psychological consultation in a skilled manner. Various objectives in achieving these goals contribute to their achievement.

The orientation, nature, and operation of the program are consistent with a Scientist-Practitioner training program (i.e., Boulder Model). The program emphasizes evidence-based practice and

provides education in translating this model to applied activities. The training model is to provide supervised experiences in assessment, intervention, consultation, and other profession wide competency domains that are sequential, cumulative, and graded in complexity.

To serve these aims, the training program welcomes applications from graduate students from programs in clinical/counseling psychology with excellent preparation in course work and introductory clinical and assessment practicum experiences. The program selects Intern candidates based on rigorous preparation, supervisor recommendations, and perceived synergy with our program. By this process, we identify and match optimally with Interns who have a readiness to continue developing fundamental skills associated with the clinical profession in a supervised setting. Thus, the program is designed around objectives to provide experiences in assessment, treatment, consultation, and scholarly support of practice that will enable Interns to move to the level of readiness for practice (see [Competencies](#), [Supervision](#) and [Intern Evaluation](#) sections below). The program does not seek to train Interns to pursue a specific career path, although its character and methods have produced a preponderance of graduates whose career trajectories could be characterized as scientist-practitioner or practitioner-scholar. As a high-complexity VA Center with a strong academic affiliation, these outcomes are congruent with our overall mission. While we train Interns with the notion that they will continue on to careers of research and teaching along with practice, there are many professional trajectories we view as being fully successful and of benefit to the field.

VA ANN ARBOR HEALTHCARE SYSTEM (VAAHS)

The VA Ann Arbor Healthcare System (VAAHS) Medical Center is located adjacent to the University of Michigan campus and medical center. Our medical center is a 105-bed general medical-surgical hospital, which includes an inpatient psychiatric unit, outpatient mental health clinics, substance use disorders treatment and extensive medical and other psychiatric outpatient and recovery services. Community Based Outpatient Clinics (CBOCs) provide outpatient mental health services to Veterans in the VAAHS catchment area

but residing nearer to Jackson, Michigan; Flint, Michigan; Adrian, Michigan; Howell, Michigan; and Toledo, Ohio, or, more recently, our newest opening in Canton, Michigan.



The University of Michigan Medical School is the primary academic affiliate for VAAHS. Members of our training faculty have clinical track or instructional (tenure) track appointments in the Department of Psychiatry at the University of Michigan School of Medicine. Interns receive appointment to the Department of Psychiatry and School of Medicine with credentials from the University of Michigan that enable access to an extensive array of campus resources (e.g., libraries, media, statistical consultation and more).

PSYCHOLOGY AT VAAHS

Mental Health Service consists of 220 faculty/staff including the vast majority of our 52 psychologists. Psychology is well respected in the hospital with numerous psychologists holding important leadership positions including the Associate Chiefs of Mental Health for Quality & Clinical Operations, Chief Psychologist, and several Clinic Chiefs and Program Leads. VAAHS has offered an accredited high-quality Clinical Psychology internship training since 1983. Over 165 Interns have graduated from our program, and many have gone on to develop academic and clinical leadership careers. Mental Health Service provides care to approximately 13,000 veterans annually. Psychologists are active participants in this care providing assessment, consultation, and treatment in all areas.

VAAHS MATCH CODES

Please note we utilize separate codes for the APPIC match based on each rotation.

The process of having different codes for applicants goes a long way to ensure that we match with applicants who have those interests. Applicants may apply to one or more codes. Short of unforeseen circumstances, Interns can be confident that they will receive the Major rotation with which they match. Thus, you should rank the code associated with your first-choice rotation. You may rank other codes, but there is no guarantee of getting your first-choice rotation if you match on a different code. Rotations other than the matching rotation are allocated based on intern preference, availability of rotations/supervisors, and training/hospital needs. We construe the internship year as one where a psychologist rounds out his or her general training as a psychologist rather than a year of specialization. As such, one important element in your rotation consideration is your “balance” as a psychologist. Regardless of the future specialization of the Intern anticipated in the future, Internship training is considered by APA to be broad in scope in its operation and aims.

Important facts about these codes that comprise the Internship:

1. Applicants may apply to one or more rotation codes.
2. Interns will have a major rotation associated with the code with which they match.
3. To ensure we can provide the training experiences most suited to your experience and goals, it can be particularly helpful to us to specify in your cover letter or application the rotations, interest areas, and educational/career trajectories you are predominantly considering. Please also check that you have selected the appropriate match codes in the online portal when submitting the application.

Noteworthy strengths of the internship program are the breadth and variety of excellent training activities available. In all, the VAAHS offers several major rotations, each are six months in duration. All Interns complete two major rotations (22-24 hours/week) during the year. Interns also select two of our six-month minor rotation offerings (12 hours/week). Please see the [Major](#)

and [Minor Rotation figure](#) below for an overview of the numerous options available. We also offer two non-clinical minors (Administrative Leadership and Applied Clinical Research). Matched interns may train on one of these non-clinical minors, though not both, in order to satisfy direct clinical care requirements and program mission. During the training year, all Interns will participate in significant assessment activities as part of an assessment-focused rotation or within their clinical rotations. All Interns will attend a didactic series that focuses on techniques and concepts relevant to psychological assessment that occurs over the first half of the training year. Additionally, didactic activities (e.g., seminar, case conference, rounds, supervision of supervision) account for about 10% of the training experience.

ROTATIONS

Major Rotations

Couples & Family Intervention

Primary Supervisor(s):

Jamie Winters, Ph.D.

Interns on this rotation have the opportunity to see couples and families utilizing Behavioral Couples Therapy (BCT), Behavioral Family Therapy (BFT), and Brief Family Consultation. Cases may be referred for numerous presenting problems (i.e., marital distress, substance use, SPMI, etc.). Interns also provide evidence-based CBT for partner abuse - Strength at Home. Opportunities for providing parenting skills training for Veterans and family education are also available experiences on this rotation. While on rotation, interns will have the opportunity to participate in program development and evaluation activities or clinical research.

Geriatric Neuropsychology/Rehabilitation

Primary Supervisor(s):

Andrew Hale, Ph.D.

This rotation provides an opportunity for assessment (primary) and intervention services within an interdisciplinary rehabilitation setting. Interns learn to apply a “stepped care” model to assessment for generally older Veterans admitted to a post-acute rehabilitation unit (known as the Community Living Center or CLC). CLC residents are primarily admitted for specific functional needs, often in the context of deconditioning secondary to a prolonged hospitalization, medical management, pulmonary and cardiac conditions (e.g., post-CABG), geriatric syndromes, and neurologic and rehabilitation conditions (e.g., stroke, spinal cord injury, amputation). The Intern will learn how to complete cognitive/behavioral health screens and focused neuropsychological assessments that meaningfully contribute to the Veteran’s rehabilitation and discharge planning. Common referral questions include the need to establish baseline cognitive functioning following neurologic injury or acute/critical illness, differential diagnosis (e.g.,

Major Rotations

- 6 Months
(22-24
hours/week)

- Couples & Family Intervention
- Geriatric Neuro & Rehabilitation
- Health Psychology
- Health Psychology w/Pain Concentration
- Mental Health Clinic
- Neuropsychology
- Posttraumatic Stress Disorders Clinic
- Substance Use Disorders
- Women Veterans' Mental Health

Minor Rotations

- 6 Months
(12 hours/
week)

- Advanced Assessment for Treatment Planning
- Couples & Family Therapy
- Dialectical Behavior Therapy
- Exposure Therapy for Anxiety
- Neuropsychological Assessment
- Psychotherapy
- Sleep Psychology
- Substance Use Disorders Clinic
- Women's Behavioral Health
- Applied Clinical Research*
- Administrative Leadership*

dementia versus delirium versus mood disorder), and determination of level of care needs following discharge. There are also opportunities to provide interventions focused on behavioral health, including promotion of post-discharge recommendation adherence and fall risk reduction, and working alongside team members to promote rehabilitation engagement. It is expected direct clinical work will also include attendance at interdisciplinary meetings and family meetings. Additional clinical opportunities may also include consult-liaison assessment/intervention throughout the hospital.

All Geriatric Neuropsychology & Rehabilitation Interns will attend the weekly didactic series Test Practicum, which covers measurement theory, psychometrics, and the practical application of psychological and neuropsychological tests to clinical practice. Interns will also attend a weekly didactic and case presentation focused primarily in neuropsychology, and secondarily in rehabilitation. There are additional didactic opportunities available through the VA's Geriatric Research Education and Clinical Center (GRECC) monthly interdisciplinary clinical case conference, which is composed of CLC providers as well as VA GRECC research conference.

Both the Geriatric Neuropsychology/Rehabilitation rotation and the Outpatient Neuropsychology rotation are primary assessment rotations and individuals interested in neuropsychology are encouraged to apply to both rotations. It is expected that trainees also complete a rotation through Outpatient Neuropsychology and Geriatric Neuropsychology/Rehabilitation as their alternate major rotation.

Health Psychology

Primary Supervisors:

Cathy Donnell, Ph.D.

Saudia Major, Ph.D.

Kyle Rexer, Ph.D.

Megha Fatabhoy, Ph.D.

The Health Psychology rotation offers Interns the opportunity to apply the knowledge and skill of a Professional Psychologist to the purpose of prevention, management, and coping with disease. Interns have the opportunity to work in generalist domains and complete presurgical bariatric and transplant evaluations. Interns provide individual and group psychotherapy as well as assessment to Veterans coping with a wide variety of medical problems such as cancer, chronic pain, tinnitus, pulmonary conditions, and degenerative neurological diseases such as Parkinson's and multiple sclerosis. Training opportunities include assessment as well as individual CBT interventions for behavioral and mental health issues. Interventions include CBT-I, CBT-T, ACT, PST, behavior modification, hypnotherapy, mindfulness/guided imagery. The experience will also include working as part of medical teams in our hospital setting, consulting with referring providers, and participating in the integration of psychology into the broader healthcare setting. The aim of this rotation is to provide trainees with a rich and diverse experience in assessment, treatment, and consultative competencies, with the end goal of placing them in a strong position to obtain competitive postdoctoral fellowships and employment within the health psychology field. *See also description of our Health Psychology with Pain Concentration major below. These are two separate match codes and applicants are welcome to apply to both.*

Health Psychology with Pain Concentration

Primary Supervisor(s):

Tyler Pendleton, Ph.D.

Thiera Clifford, Ph.D.

Nina Suvagia, Psy.D.

The Health Psychology with Pain Concentration rotation offers opportunities to develop the knowledge and skill of a health psychologist to the management of distress and disability associated with chronic pain. Interns conduct functional assessments, as well as provide individual and group psychotherapy to Veterans with chronic pain related due to medical problems (e.g., neuropathic pain) and/or injuries (e.g., accidents). Psychotherapy skills are focused in evidence-based interventions for chronic pain, including CBT, EAET, and biofeedback. Interns may have opportunities to conduct spinal cord stimulator evaluations, depending on availability of such referrals within the clinic. Additional elements of the training experience include collaborating as part of an interdisciplinary team in the Pain Clinic, participating in CARA reviews to evaluate the role of substance use within pain management, conducting risk assessments in a warm handoff model, consulting with referring medical and mental health providers, and advancing the integration of pain psychology into the broader healthcare setting. The ultimate aim of this rotation is to develop the relevant clinical competencies to prepare interns for postdoctoral fellowships and employment within the health psychology field. *See also description of our general Health Psychology major above. These are two separate match codes and applicants are welcome to apply to both.*

Mental Health Clinic (MHC)

Primary Supervisor(s):

Chelsea Cawood, Ph.D.

Travis Rogers, Ph.D.

Jessica Schubert, Ph.D.

Lisa Valentine, Ph.D.

Training in the Mental Health Clinic includes thorough and careful diagnostic assessment and psychotherapy training with a wide variety of outpatient clients. Interns learn risk assessment and crisis intervention techniques, interviewing and assessment skills, and other screening techniques. Interns have the opportunity for individual therapy, group therapy, and couples therapy cases. The clinic offers an opportunity to work closely with a variety of interdisciplinary mental health professionals. All treatment modalities used within the clinic are evidence-based, and treatment approaches may include cognitive behavioral therapies and exposure-based therapies for mood and anxiety disorders, as well as acceptance and commitment therapy, mindfulness based cognitive therapy, interpersonal therapy, and the unified protocol treatment approaches. The clinic also houses a comprehensive dialectical behavior therapy team and Interns may deliver individual full model DBT or participate in co-leading DBT skills training groups. There are opportunities for Interns to work with individuals with a wide range of mental health complaints. Further, there is flexibility to accommodate individual Intern interests in terms of caseload, implementation of treatment groups, and program assessment and evaluation activities. *Interns providing DBT will also need to complete a DBT minor in addition to the MHC major to obtain a year-long experience.*

Neuropsychology

Primary Supervisor(s):
Michael Ransom, Ph.D.
Robert Spencer, Ph.D.

The Neuropsychology rotation is designed to prepare Interns for a career in Clinical Neuropsychology. The rotation has several components designed to help the Intern learn skills for diagnosing neurologic and psychiatric disorders. The rotation stresses conducting accurate and efficient evaluations that translate readily into meaningful recommendations. Understanding brain-behavior relationships is integral to the training. Interns will complete comprehensive and brief neuropsychological assessments with referral requests aimed at assessing cognitive changes related to a wide variety of conditions that include, but are not limited to, epilepsy, head trauma, substance abuse, ADHD, dementias (Alzheimer's disease, vascular disease, Parkinsonian disorders, frontotemporal dementia, etc.), chronic health conditions, and neuropsychiatric disorders. In many instances, neuropsychological evaluations include psychological testing with the PAI, MCMI-IV, and the MMPI-2, MMPI-2-RF, and (soon to include) MMPI-3. Capacity/competency issues are addressed in this rotation as well. Referral sources frequently include Ambulatory Care, Psychiatry, and Neurology services. Interns will be responsible for selecting and administering and scoring neuropsychological tests, interviewing patients and collateral informants, interpreting data and conceptualizing the case, writing clinical reports, providing feedback, and consulting with referring providers. Interns in this rotation will be assigned two neuropsychological assessment cases each week. Interested Interns will be given the opportunity to participate in the TBI/Polytrauma clinic, which focuses on assessment and psychoeducation of Veterans suspected of sustaining a TBI.

All Neuropsychology Interns will attend the weekly didactic series Test Practicum, which covers measurement theory, psychometrics, and the practical application of psychological and neuropsychological tests to clinical practice. Interns will also attend a weekly didactic and case presentation focused primarily in neuropsychology, and secondarily in rehabilitation. To enhance learning, Interns have an opportunity to attend other didactic seminars to enhance their knowledge of brain functioning.

Both the Geriatric Neuropsychology/Rehabilitation rotation and the Neuropsychology rotation are primary assessment rotations and individuals interested in neuropsychology are encouraged to apply to both rotations. It is expected that trainees also complete a rotation through outpatient neuropsychology and Geriatric Neuropsychology as their alternate major rotation.

Posttraumatic Stress Disorder Clinical Team (PCT)

Primary Supervisors:
Erin Smith, Ph.D.
Katherine Porter, Ph.D.

The PCT functions as an outpatient specialty clinic within the medical center. This multi-disciplinary team provides comprehensive assessment, treatment, and research-based protocols to patients with PTSD. The Intern will attend teaching rounds, perform assessments, and follow cases within this specialty clinic. Interns will have opportunities for training and practice in

specialized PTSD evaluation and empirically-supported treatments, including Prolonged Exposure and Cognitive Processing Therapy, Written Exposure Therapy, and Cognitive Behavior Therapy for Insomnia/Nightmares. In addition to weekly individual supervision, Interns participate in weekly PCT staff meetings. This includes clinical case presentations, evaluation presentations, and didactic presentations on topics related to PTSD. *Prospective interns interested in PTSD and trauma with a higher concentration of care with female Veterans and/or PTSD secondary to military sexual trauma (MST)/interpersonal traumas are encouraged to review the Women Veterans Mental Health rotation description below.*

Substance Use Disorders Clinics (SUDC)

Primary Supervisors:

Jesica Kalmbach, Ph.D.

Kendra Oosterhouse, Ph.D.

The SUDC rotation includes training in assessment and diagnosis, treatment planning, participating in multidisciplinary treatment, and training in empirically supported intervention approaches for individuals with substance use disorders with and without comorbidities. Psychological treatment approaches include Cognitive Behavioral Therapy (CBT), Motivational Interviewing/Enhancement Therapy, Behavioral Couples Therapy, Harm Reduction, Mindfulness Based Relapse Prevention, and Contingency Management. The clinic provides core therapy groups using CBT, as well as a number of specialty interventions, (e.g., emotion regulation, IMR, behavioral pain management, insomnia treatment). There are opportunities for Interns to work with individuals with a wide range of psychopathology on both the outpatient and inpatient units. Further, there is flexibility to accommodate individual Intern interests in terms of caseload, the development/ implementation of treatment groups, integration into the Substance Use Disorders Outpatient and Substance Use Disorders Intensive Outpatient Clinics, and program assessment/evaluation activities. Finally, there are a variety of research opportunities available.

Women Veterans' Mental Health

Primary Supervisor:

Minden Sexton, Ph.D.

This rotation involves evidence-based intervention and assessment by selection of opportunities through the outpatient mental health clinics (PTSD, MHC, SUDC) and specialty service coordination with the larger hospital. Interns develop a highly-individualized training plan and may elect to focus primarily in a single clinic or may incorporate clinical care opportunities from multiple settings. This rotation affords a higher concentration of female Veterans (generally 50-75% of the caseload) and issues that may be overrepresented among women (i.e. MST, IPV, childhood, and other interpersonal trauma). Interns also assist with consult management and treatment associated with mental health during pregnancy and postpartum. The remainder of the caseload is anticipated to facilitate understanding of unique aspects of this population or bolster familiarity with particular EBPs. For instance, those engaged in PTSD treatment primarily focused on women Veterans or those with sexual traumas will also be anticipated to treat male Veterans, those exposed to non-sexual trauma, etc. The focus on women's mental training can involve participation in both individual and group therapy offerings germane for women.

Options include, but are not limited to: trauma-focused treatments for PTSD (CPT, PE, STAIR); Military Sexual Trauma (MST)- or IPV-related concerns; cognitive, behavioral, interpersonal or acceptance-based interventions for mood disorders; consultation/liaison/motivational enhancement services to promote engagement in care; peripartum mental health; and brief interventions within the outpatient mental health clinics. Interns will typically select 3-5 intervention modalities to concentrate in among available opportunities to ensure significant depth of training. During the rotation, Interns collaborate on administrative, programmatic, and/or outreach activities consistent with the VAAHS Women's Mental Health Strategic Plan. A wealth of VA and University of Michigan research and program evaluation opportunities specific to women's mental and physical health, interpersonal trauma, and PTSD are available to Interns through selection of an associated research minor and are available, to a lesser extent, for consideration as part of the clinical major. *Interns provide trauma-focused therapy with Veterans on this rotation and attend the PE/CPT training/weekly consultation within the PTSD Clinic. Those with principal interests in DBT (with or without a focus on women veterans) are encouraged to review the Mental Health and DBT major and minor rotations in order to get in depth training and full-year cases. The heavy training and consultation commitments of PTSD and DBT interventions presently preclude us from offering DBT through the women's rotation. For those interested in women's behavioral health opportunities, please see our associated minor.*

Minor Rotations

Advanced Assessment for Outpatient Treatment Planning

Primary Supervisor(s):
Jessica Kalmbach, Ph.D.

This rotation focuses on gaining experience with assessment and differential diagnosis in a therapy setting. Depending on the interns' background and other training experiences, referrals may be from the outpatient Mental Health Clinic (MHC), Posttraumatic Stress Clinical Team (PCT), and/or the Substance Use Disorders Clinic (SUDC). Emphasis is placed on differential clinical diagnoses using structured/semi-structured clinical interviews, such as the SCID (Structured Clinical Interview for DSM), ADIS (Anxiety Disorders Interview Schedule), and CAPS (Clinician Administered PTSD Scale). Additionally, in cases where there is significant diagnostic complexity, the rotation includes additional psychodiagnostic testing (e.g., MMPI-2, MCMI-III, PAI). Finally, supervision includes a focus on improving conceptualization of mental disorders, developing patient-centered treatment plans for complex clinical trajectories, further cultivating evaluation/report-writing skills, and determining best practices for communicating assessment findings to the referring clinician, the treatment team, the Veteran, and their family members, as appropriate.

Dialectical Behavior Therapy

Primary Supervisors:
Chelsea Cawood, Ph.D.
Rebecca Lusk, Ph.D., ABPP

The DBT minor is a 6-month training rotation with the Ann Arbor VA's comprehensive DBT team. The DBT team is multidisciplinary and includes clinicians who are Linehan-Board Certified in DBT. Interns on the minor rotation may co-facilitate a DBT skills group, provide DBT screening assessments to Veterans being considered for DBT admission, attend the weekly DBT consultation group, and participate in didactic opportunities. In order to provide the opportunities for individual DBT cases, a 12-month commitment to participating in the DBT team is needed. *Interns providing full-model DBT will need to complete a MHC major or Psychotherapy minor in addition to the DBT minor to obtain the year-long experience.* A licensed psychologist who is intensively trained in DBT will provide supervision. Additional supervision may occur with licensed social workers who are intensively trained in DBT. Interns may also choose to participate in DBT program evaluation projects.

Exposure Therapy

Primary Supervisor:

Jessica Schubert, Ph.D.

The Exposure Therapy minor rotation will focus on extensive training and clinical experience treating patients diagnosed with a variety of anxiety and related disorders using brief, evidence-based exposure therapies in both individual and group format. EBP training opportunities on this rotation will include: CBT protocols for panic disorder, social anxiety disorder, obsessive-compulsive disorder, generalized anxiety disorder, specific phobia, and nightmares. Other exposure-based therapies may include CPAP desensitization therapy and Unified Protocol for the Transdiagnostic Treatment of Emotional Disorders. Cases will be assigned based on intern interest and training goals, as well as availability of cases.

Psychotherapy

Primary Supervisor(s):

Chelsea Cawood, Ph.D.

Rebecca Lusk, Psy.D.

Christine Naydenov, Psy.D.

Travis Rogers, Ph.D.

Jessica Schubert, Ph.D.

Emily Stanley, Ph.D.

Lisa Valentine, Ph.D.

Interns are expected to master basic principles of short-term individual psychotherapy, utilizing techniques relevant to Veterans seeking care in the generalist Mental Health Clinics. Training emphasizes empirically supported specific and non-specific therapy approaches/strategies delivered in individual and group formats. These techniques include cognitive-behavioral treatment and motivational interviewing/enhancement. Cases are drawn from a wide variety of complaints and types of psychological problems.

Sleep Psychology

Primary Supervisor:

Jessica Schubert, Ph.D.

The Sleep Psychology rotation offers training in behavioral sleep medicine evaluation and intervention in two clinical settings: Mental Health Clinic (MHC) and the Sleep Disorders Center (SDC). In both settings, interns will learn to conduct comprehensive assessments of sleep disorders, as well as maintain a caseload of patients presenting with insomnia, obstructive sleep apnea, nightmares, and circadian rhythm sleep/wake disorders. Specialized training in Cognitive-Behavioral Therapy for Insomnia, CPAP motivational enhancement and desensitization therapy, Exposure, Relaxation, and Rescripting therapy for nightmares, and behavioral interventions for circadian rhythm disorders will be provided. In the Sleep Clinic, interns will have the opportunity to collaborate with an interdisciplinary team of sleep medicine professionals, including MDs, registered nurses, and respiratory therapists to develop and implement comprehensive sleep-focused treatment plans. Based on individual intern interests and training goals, opportunities for program development and/or implementing behavioral sleep medicine groups are available.

Substance Use Disorders Clinics (SUDC)

Primary Supervisors:

Jessica Kalmbach, Ph.D.

Kendra Oosterhouse, Ph.D.

The SUDC rotation includes training in assessment and diagnosis, treatment planning, participating in multidisciplinary treatment, and training in empirically supported intervention approaches for individuals with substance use disorders with and without comorbidities. Psychological treatment approaches include Cognitive Behavioral Therapy (CBT), Motivational Interviewing/Enhancement Therapy, Behavioral Couples Therapy, Harm Reduction, Mindfulness Based Relapse Prevention, and Contingency Management. The clinic provides core therapy groups using CBT, as well as a number of specialty interventions, (e.g., emotion regulation, IMR, behavioral pain management, insomnia treatment). There are opportunities for Interns to work with individuals with a wide range of psychopathology on both the outpatient and inpatient units. Further, there is flexibility to accommodate individual Intern interests in terms of caseload, the development/ implementation of treatment groups, integration into the Substance Use Disorders Outpatient and Substance Use Disorders Intensive Outpatient Clinics, and program assessment/evaluation activities. Finally, there are a variety of research opportunities available.

Women's Clinic Mental Health Integration

Primary Supervisor:

Naomi Kane, Ph.D.

Provide integrated care services in the Women's Health Clinic which includes women's primary and specialty gynecological care. Akin to the PCMH model, this includes brief evaluations of patients presenting via same-day warm hand-off or consult, consultation/liaison, and education to primary and specialty care providers. The intern will provide brief evidence-based cognitive

behavioral, problem solving, MI, and interpersonal interventional care to women with mild to moderate symptoms of distress and/or adjustment to chronic illness. Common co-occurring health conditions include perimenopause, diabetes, headache disorders, breast and gynecological cancers, insomnia, pain, and health-related anxiety. This rotation emphasizes increased access to treatment for women across the lifespan with mental, psychosocial, and physical health concerns. Assessment of capacity for medical decision-making, cognitive screening for dementia, suicide risk assessment, and crisis evaluation may also be a part of this rotation.

Administrative Leadership

Primary Supervisor(s):

Jamie Winters, Ph.D.

Joseph VanderVeen, Ph.D.

The goal of this rotation is to prepare interns for leadership responsibilities faced by many psychologists in their careers. Interns will learn about leadership roles typically held by psychologists as well as supervisory styles. Interns will have the opportunity to work directly on administrative projects and receive mentorship and supervision from one of the Ann Arbor VA's psychologists. The administrative projects may involve quality improvement, program evaluation, and productivity analysis. Navigating organizational changes and facilitating staff development will be part of the rotation as well.

Applied Clinical Research

Supervisor(s): Drs. Chelsea Cawood, Peter Grau, Benjamin Hampstead, Elizabeth Imbesi, Katherine Porter, Jessica Schubert, Minden Sexton, Erin Smith, Robert Spencer, Rebecca Sripada, Lisa Valentine, Tessa Vuper & Jamie Winters

Psychology Interns have the opportunity to work directly on research projects and receive mentorship and supervision from one of the VAAHS psychologists. The goals of this training experience are to: (1) gain a broader exposure to VA research in clinical populations of Veterans and/or (2) to conduct a smaller study that compliments the supervisor's ongoing research. The resulting research project could involve a secondary analysis of existing data or the collection of pilot data. The project should have a sound research design that will ultimately lead to a publication by the Intern. The supervisor and the Intern will work together to develop the specific content and timeline for the research project(s) and co-present complete or preliminary findings at the internal AAVHA Student Research Fair near the end of the Intern year. Requests for this rotation from interns who have not completed their dissertations will be carefully reviewed in order to avoid interfering with successful completion of the degree. Research teams often involve multiple AAVHA training faculty and trainees and, potentially, collaboration with teams at other VAs/institutions. The above listed faculty serve as the primary mentors for supervision and training experiences. Further information about faculty research interests are contained in the biography section.

Commonly Used Grant / IRB-Approved Research Projects:

- **Impact of Interventions to Reduce Violence and Substance Abuse Among VA Patients** (PI: Sexton & Winters). The purpose of this study is to examine the impact on both clinical outcomes (substance use, violence) and services use (SUD and mental health) of: a) an acute treatment phase of integrated Motivational Interviewing-Cognitive

Behavioral Treatment Intervention (MI-CBT) targeting violence and substance use; and b) MI-CBT plus a violence and substance use prevention Continuing Care intervention (MI-CBT+CC), compared to c) control (engaged treatment as usual). We will examine the relationships between health services use patterns (SUD, MHC), patient factors and clinical outcomes, and whether such factors will mediate the impact of the interventions on clinical outcomes.

- **Research Program on Cognition and Neuromodulation Based Interventions** (*PI: Hampstead*). The primary mission of the Research Program on Cognition and Neuromodulation Based Interventions (RP-CNBI) is to identify and provide effective treatments for those suffering from neurologic injury and disease. We strive to bridge the knowledge gap between academic-based research and real-world clinical practice in order to enhance functioning and quality of life in affected individuals. While we primarily focus on methods to assist older adults, including those with dementia, we remain committed to other causes of cognitive and functional impairment. We integrate neuropsychological theory, modern neuroimaging methods, and a range of non-pharmacologic treatments in order to: 1) Understand changes in brain structure and function that underlie cognitive, emotional, and functional deficits, 2) Establish research treatment “targets” that guide the selection of appropriate interventions, and 3) Evaluate research treatment-related changes in functioning. Potential research treatments include a range of non-pharmacologic methods such as cognitive rehabilitation and non-invasive brain stimulation (e.g., transcranial direct current stimulation – tDCS). Our ultimate goal is to establish empirical support for non-pharmacologic treatments and to disseminate the resulting methods for widespread clinical use.
- **Mental and Medical Health Outcomes and Service Utilization: Role of Psychosocial, Clinical, Lab, and Other Indicators/ Outcome Monitors** (*PI: Sexton*). The purpose of the study is to assess the usefulness of demographic information, clinical diagnosis and clinical indicators, as measured by clinical measures collected as part of routine care, as predictors of wellbeing, treatment outcomes, and service utilization by veterans utilizing mental health treatment. Most clinics track their own routine clinical care services and outcomes including: MHC/DBT (*Cawood, Schubert, Lusk, Valentine*); Neuropsychological Services (*Spencer*), PTSD (*Porter, Sexton, Smith*); and SUDC (*Winters, Kalmbach*). Health-related variables are also maintained by many of the clinics above (*Imbesi*).
- **Veterans' Treatment Engagement, Retention, and Clinical Outcomes Following Military Sexual Trauma** (*PI: Sexton*). Military sexual trauma is a particularly deleterious event, increasing the risk of PTSD and other mental and medical health complaints. This project aims to clarify contextual predictors of diagnoses, enhance awareness of factors associated with utilization of and retention in services, promote engagement in research examining contextual factors in needs and receipt of care, and assess intervention outcomes. The data available includes those electing to pursue MST-specific interventions and those with histories of MST who seek other interventions or do not utilize mental health services.
- **Testing Adaptive Interventions to Improve PTSD Treatment Outcomes in Federally Qualified Health Centers** (*PI: Sripada*). This project will use a Sequential, Multiple Assignment, Randomized Trial (SMART) design to develop a stepped-care intervention for PTSD for patients in Michigan Federally Qualified Health Centers. The specific aims

are to: (1) Test the effectiveness of initiating treatment with Prolonged Exposure for Primary Care versus Clinician Supported PTSD Coach in reducing PTSD symptoms at 3 months (endpoint), 6-month follow-up and 9-month follow-up, and (2) Test the effectiveness of second-stage tactics (continue or step up to Full Prolonged Exposure) for slow responders.

- **Using the Multiphase Optimization Strategy to Adapt Cognitive Processing Therapy (PI: Sripada).** The overall objective of this study is to adapt CPT into a brief, effective format using a fractional factorial design to test the impact of individual CPT treatment components. The rationale is that identifying the most effective intervention components and delivering only those components will make CPT deliverable in a shorter timeframe, thus improving efficiency, reducing drop-out related to poor treatment response, and ensuring that Veterans receive the most beneficial components of treatment.
- **Optimizing Treatment Response in VA Specialized Intensive/Inpatient PTSD Programs. (PI: Sripada).** This project will use national data from VA residential PTSD programs to identify individual- and site-level factors associated with good and poor PTSD treatment response.
- **Improving Outcomes for Emergency Department Patients with Alcohol Problems (Co-Investigator: Winters).** The purpose of this RCT is to examine the impact on clinical outcomes (substance use) and services use (SUD and mental health) of: a brief, peer-based intervention in the Emergency Department for Veterans who screen as having Alcohol concerns.
- **Adjunctive Motivational Alcohol Intervention to Prevent Intimate Partner Violence (Site PI: Winters).** The purpose of this RCT is to examine the impact on clinical outcomes (substance use and intimate partner violence) of a brief MI-based intervention for Veterans with alcohol problems receiving Strength at Home Intervention for IPV.
- **SP²INDLE LAB** is a series of distinct but allied research labs and collaborations aimed at interpersonal wellness and trauma, broadly defined. These include the AAVHA MST (Contact: *Sexton, Valentine, & Grau*), Impact (Contact: *Sexton & Winters*), and DBT datasets (Contact: *Cawood*) and partnerships with faculty at the University of Michigan, Yale School of Medicine, Emory University, University of Missouri-Kansas City, and Eastern Michigan University and other VA systems in the areas of outpatient standard and intensive DBT, PTSD, suicide, emotion regulation, behavioral health and sleep care, psychometrics, fertility concerns, peripartum health, and sexual wellbeing in the context of interpersonal relationships. Additional aims of the collaborative are to increase experiences in establishing research networks, research administration skills, team science, developing mentorship, and strategies for those with either clinical or research career goals. Please contact Dr. Sexton if you are interested in connecting with particular AAVHA topic areas and we can connect you with faculty mentoring particular research foci, Dr. Cawood for DBT-based studies, Dr. Imbesi to inquire about behavioral health-centered research, and Dr. Vuper for neuroimaging-based studies and we are happy to assist you in hearing more about potential opportunities. Individuals partnering with the collaborative teams may attend joint lab meetings and may elect to be involved in projects using one or several interpersonal research datasets.

RESEARCH TRAINING

We believe progress in understanding human behavior can come from testing hypotheses generated in clinical observations. Research involvement is therefore a necessary component of the modern health-oriented clinical psychologist. For these reasons, an understanding of the value of research is an important facet of our internship. Interns determined to be on track with their dissertation completion and whose clinical case load and didactic activities allow it, are encouraged to team up with a staff member's current research work or produce a small original study (this can be as part of the Applied Clinical Research Minor or outside of the rotations) that is relevant to hospital programs and that matches the interest of a faculty psychologist who could serve as a mentor and supervisor for the project.

Staff at the VA is involved in many kinds of clinical research efforts, including VA and NIH funded projects (often in conjunction with other University of Michigan faculty). These activities provide students with knowledge of psychology's interface with related health disciplines. Staff is involved with projects in a variety of departments, such as Surgery, Psychiatry, Neurology, Internal Medicine, Neuroscience, the VA Serious Mental Illness Treatment Research and Evaluation Center (SMITREC), the University of Michigan Addiction Center, and the Mental Health Research Institute. As well as having our own computer hardware, the VA has access to the resources of the University of Michigan Computing Center, including design and statistical seminars and project consultation. We look forward to annual student presentations at our AAVHA Student Research Fair and the UM Silverman Conference.

Faculty is also involved as members of NIH or VA Research Committees and can introduce the intern to the elements of good peer research review. In a similar fashion, a number of faculty are active on editorial boards as editors, board members, or regular reviewers of research manuscripts and can mentor interns on how constructive peer reviews can improve the quality and utility of research.

The academic commitment of our staff is reflected in its involvement in a variety of funded research activities. During the past year, members of the psychology internship faculty published dozens of peer-reviewed scientific papers and chapters. Additionally, Psychologists at VAAHS have been awarded several VA and DOD funded randomized clinical trials. See [Staff Biographies](#) and [Recent Publication](#) sections for more information about the thriving research activities at the Ann Arbor VA.

DIDACTICS, MEETINGS & CONFERENCES

Didactic offerings for Interns grow naturally out of involvement in patient contacts. Since students already have basic courses in psychological theory, personality and psychopathology in their clinical programs, our didactic teaching concentrates on translating theory to applied work, offering technical information about specific diagnostic and treatment modalities, addressing ethical issues in the clinical setting, and survey literature bearing on Veterans treated in this medical center. Lectures, seminars and group discussion using extensive case material are led by

the staff and consultants to meet these goals. These activities account for approximately 10% of Intern time. These learning experiences are enriched by lectures at the University of Michigan's Departments of Psychiatry, Psychology, Neurology and other relevant departments and services. All interns attend Psychology Didactics, Case Conference, Professional Development Seminar, and at least one additional hour weekly of engagement in educational opportunities as selected by the intern from our multitude of opportunities.

Here is a partial listing of specific offerings:

Psychology Didactic Seminars

The didactic seminar series runs throughout the year on a weekly basis and provides essential instruction and interactive programs with content focusing on essential psychology education. Topics covered include military culture and its implications for psychology care, identification and management of patient suicide risk, ethical dilemmas in health care, violence prevention and intervention, best practices for use of tests of psychopathology, and individual differences as keys to understanding in assessment and treatment, evaluation methodology and practice, couples treatment, difficult pain syndromes, and much more. Interns have direct involvement in tailoring the Didactic series content to meet class needs each year. Sample offerings for a recent internship year is below.

Date	Topic	Faculty
Week 1	Military Considerations in Mental Health Care	Lusk, Valentine
Week 2	Military Sexual Trauma	Broman
Week 3	Age-Related Considerations of Veteran Care	Stelmokas
Week 4	Suicide Prevention and VA Procedures	Gatermann
Week 5	Exposure-Based Treatments	Schubert
Week 6	Opiate Epidemic & Veterans' Health	Winters
Week 7	Pain Management	Coy
Week 8	Women Veterans Mental Health	Sexton
Week 9	Primary Care/Mental Health Practice	Donnell
Week 10	The Neurological Exam	Pangilinan (UM)
Week 11	Tobacco Cessation	Collings
Week 12	Military Populations (cont.)	Shah
Week 13	Treatment of Couples/Dyads	Winters
Week 14	Recovery Model	Nelson
Week 15	Substance Use Disorders	VanderVeen
Week 16	History of Wartime Eras	Oosterhouse

Week 17	Bariatric & Transplant Evaluations	Lindsay-Westphal
Week 18	Interpersonal Therapy & Grief	Lusk
Week 19	Behavioral Addictions	Kalmbach
Week 20	The Other Anxiety Disorders: Social Anxiety, Phobia & Panic Attacks	Porter
Week 21	Education and Health Literacy	Schubert
Week 22	Behavioral Medicine	Bloor
Week 23	Evidence-Based Treatments for PTSD	Vuper
Week 24	Supervision Institute	Vuper
Week 25	Poverty/Resource Considerations	Naydenov
Week 26	Evidence-Based Practices: Clinical Considerations	Schubert
Week 27	Evidence-Based Practices: Clinical Limitations	Nelson
Week 28	Unified Protocol	Sripada
Week 29	Medically Complicated Veterans	Connor
Week 30	Whole Health	Maciasz
Week 31	Non-Suicidal Self Injury	Cawood
Week 32	Women Veterans Behavioral Health	Kane
Week 33	Traumatic Brain Injury: Essentials for Psychologists	Spencer
Week 34	Interpersonal Violence	Winters
Week 35	ACT: Evidence & Controversies	Rexer
Week 36	Religion and Spirituality	Pendleton
Week 37	Forensic Issues in Psychology	Platzer-Jacobs
Week 38	Evidence-Based Practices for SMI	Nelson
Week 39	Measurement-Based Care	Kalmbach
Week 40	Assessment and Treatment of Sleep	Schubert
Week 41	Rural/Urban/Suburban Veteran Resources	Vuper
Week 42	Capacity/Competency Evaluations	Ransom
Week 43	Group Therapy	VanderVeen
Week 44	Treatment Adherence	Oosterhouse
Week 45	PTSD and Substance Use	Shah

Week 46

Moral Injury

Smith

Clinical Case Conference

Clinical case conference is a weekly scheduled case conference presented by Interns focused on current diagnostic, neuropsychological, behavioral medicine, or psychotherapy material of interest with teaching impact and value. Interns will present a total of three cases throughout the year emphasizing assessment, intervention, and clinical case conceptualization, aiming to gain feedback on current cases or to foster group learning through concluded cases.

Supervision of Supervision

Clinical faculty provide didactic and experiential education regarding supervisory models and strategies to facilitate supervisee growth. Interns engage in an applied experience providing weekly tiered supervision and receive training on supervisory models and developing supervisory competencies in multiple domains. Topics involving evaluating supervisee competencies, power dynamics, providing challenging feedback, augmenting trainee self-reflection and skill acquisition, and ethics are included among other related issues.

Professional Development Seminar

A Professional Development seminar with the training director is also held weekly for the Interns. This hour serves multiple functions. First, it allows for a regular conversation with the Training Director about progress in the internship program. Additionally, topics related to professional development, ethics, and current events in the field are discussed. “First Friday Ethics” include discussion of applied ethical and legal scenarios. Former interns and content experts are often invited to discuss varying career trajectories and preparation. Sample topics are presented below.

Ethics	Supervision Institute
Other Risk Assess & Management	ABPP & Other Certifications
Mandatory Reporting	Private Practice
Ethics in Test Selection	Clinical Consultation
Networking	Grant Writing 101
Staff Positions vs. Postdocs	Not the Grantee: Research
VA Research Careers	Implementation Science
Academic Careers	EPPP Overview
Job Postings -Ethics Dilemma	Leadership Roles

Postdocs I (General)	EPPP Practice Strategies
Postdocs II (VA/UM offerings)	Mentorship/Menteeship
Licensure	Licensure Mobility
Teaching Careers	Clinical Productivity Models
Interviewing	Medical Coding
Self-care/ Reflection	Telehealth Across State Lines
Program Evaluation	Research with Clinical Data
Credentialing & Privileging	Interprofessional Teams
Psychologists in Medical Centers	Compassion Fatigue/Burnout
Improving Organizational Health	CVs and Cover Letters

Mental Health Service Grand Rounds

The weekly VA Mental Health Service Grand Rounds serve as an opportunity for medical and psychology staff, trainees, and field experts to provide lectures, seminars, cutting-edge findings, and research. Interns are encouraged to attend and present clinical and research-based topics in this forum. Our offerings for a previous Grand Round season are presented below.

Sample VA Grand Rounds Schedule	
Week 1	Tyson Gatermann, LMSW
	Safety Planning and Lethal Means Safety
Week 2	Karyn Gendreau, LMSW
	Health and Suicide Prevention... What's Whole Health Got to Do With It?
Week 3	Amanda Raines, Ph.D.
	An All-Encompassing Approach to Treat Anxiety and Related Disorders
Week 4	Lauren Gerlach, D.O, M.Sc.
	Evaluation of Antipsychotic Reduction Efforts Among Patients with Dementia in Veterans Health Administration Nursing Homes
Week 5	Elizabeth Campbell, Psy.D. and Anthony Correro, Ph.D., Postdoctoral Fellows
	Risk and Prevention of Traumatic Brain Injury (TBI) in Older Adults
Week 6	Jennifer King, LMSW
	IPV- How to Assess and How to Motivate Patients
Week 7	Casey Taft, Ph.D., National Center for PTSD in Boston
	Strength at Home
Week 8	Beau Nelson, Ph.D.
	Ethical Drift

Sample VA Grand Rounds Schedule	
Week 9	Andrea Breljem M.D., Resident
	Acute Hepatitis C + Olanzapine: A Tale of Two Liver Injuries
Week 10	Mohamed Soliman, M.D., Resident
	Revisiting Akathisia
Week 11	Nikki Senapati, M.D., Resident
	Anxiety in Patients with Co-Morbid Respiratory Disorders
Week 12	Elizabeth Campbell, Psy.D., Postdoctoral Fellow
	Anoxic Brain Injury
Week 13	Masha Morris, M.D., Resident
	Persisting Health Complaints and Anxiety
Week 14	Sheba Gollapudi, M.D., Resident
	Treatment/Management of Cannabis Withdrawal
Week 15	Sindhura Vangala, M.D., Psychiatry Fellow
	Delirium...Is It That Confusing?
<u>Week 16</u>	Peijun Chen, M.D., Louis Stokes Cleveland VAMC
	Bipolar Disorders in Older Adults: UpToDate
Week 17	Donovan Maust, M.D.
	Prescription Medication Misuse Among Older Adults
Week 18	Adan Admani, M.D., Geriatric Psychiatry Fellow
	PTSD and Dementia
Week 19	Roseanne Dobkin, Ph.D., Rutgers Health
	The Neuropsychiatric Complications of Parkinson's Disease: Assessment and Treatment Considerations
Week 20	Elizabeth Devore, M.D., Resident
	Alprazolam Withdrawal
Week 21	Jessica Bair, Ph.D., Postdoctoral Fellow
	Cannabis and Cognitive Functioning
Week 22	Christina Raghunandan, M.D., Resident
	An Overview of Narcissistic Personality Disorder
Week 23	Rob Spencer, Ph.D. & Jacob Kraft, M.S., Psychology Intern
	Pseudoscience: What it is and How to Spot it
Week 24	Christina Raghunandan, M.D., Resident
	An Overview of Narcissistic Personality Disorder
Week 25	Shirley Glynn, Ph.D., Greater Los Angeles VAMC
	Involving Families in Evidence Based Psychotherapies

Sample VA Grand Rounds Schedule	
Week 26	Avinash Hosanagar, MD
	Ketamine for Treatment of Psychiatric Disorders: Beyond the Hype
Week 27	Stephen Wemakor, M.D., Resident
	Digital Biomarkers: Promises & Challenges in Psychiatry
Week 28	Sanela Kalakovic, Ph.D.
	Brief Treatment for PTSD: Promoting Trauma Recovery with a Five-Session Cognitive Processing Therapy Protocol
Week 29	Brent Coy, Ph.D.. & Tyler Pendleton, Ph.D. Psychology Fellow
	The CBT-Chronic Pain Protocol; What's Missing?
Week 30	Student Research Fair

Special Training, Workshops & Institutes

During the year special programs focusing on topics such as supervision, advanced psychopathology test interpretation, individual differences, and psychopharmacology are on the schedule for Interns.

Some recent examples include:

- **Prolonged Exposure Therapy Training & Cognitive Processing Therapy**
- **Telemental Health Training**
- **Supervision Institute**
- **Neurological Examination Demonstration**
- **Neuroimaging Workshop**
- **Assessment Seminar**
- **DBT Training Workshop**
- **Strength-at-Home & Behavioral Couples Therapy Training**

Elective Seminars

An unusually rich selection of special lectures and seminars in psychology and related fields is available to Ann Arbor VA Interns through the University of Michigan. Interns may also attend relevant offerings as they occur. Upcoming UM Psychiatry Department events can be found at <http://www.psych.med.umich.edu/events/>*. UM Depression Center events are listed at <http://www.depressioncenter.org/events/>.*

Commonly attended events include:

- **UM Department of Psychiatry Grand Rounds Schedule**
(<http://www.psych.med.umich.edu/events/GrandRounds.asp>*)
- **UM Depression Center Colloquium Series**
- **UM Evidence-Based Medicine Seminar**
- **UM Annual Albert Barrett Neuroscience Lecture** (March)

- **Military Support Programs and Networks** (M-SPAN)
(National Research Summit on Reserve Component Military Families, April at UM)
- **UM Annual Albert J. Silverman Research Lecture and Conference** (May)
- **UM Annual Waggoner Lecture** (October)
- **UM Hutt Lecture** (November)
- **UM Kenneth Silk Lecture** (November)

FORMULATING THE TRAINING PLAN

Establishing Individual Internship Goals

The Clinical Training Internship Director(s) will meet with Interns during the first few weeks to identify an initial training plan. Generally, these will be largely based on trainees' interests and career goals and related to the profession-wide competencies. Additionally, we will collaborate with you to identify training opportunities that may further hone skills in identified growth areas to best position graduates in our program to be maximally competitive in the professional trajectories they hope to advance in following internship. Our faculty possesses tremendous knowledge and experience in postdoctoral training, national networking connections to facilitate continued specialty study or work, the demands and expectations of faculty positions, and application competitiveness regarding VA and hospital careers. We welcome the opportunity to work with you to prepare for the next stage in your professional development.

Sample Intern Schedule with PTSD Major and Substance Use Disorders Minor

	Monday	Tuesday	Wednesday	Thursday	Friday
800		<u>SUD Therapy Case</u>	PTSD Orient. Group		PTSD PE Therapy Case
830	PTSD PE Therapy Case		PTSD Evaluation & Documentation		
900					
930					
1000		<u>Supervision</u>			
1030	PTSD CPT Therapy Case				
1100	PTSD CPT Therapy Case	PTSD CPT Case	<u>Relapse Prev. Group</u>	<i>Supervision</i>	
1130					
1200	Lunch	<i>VA Grand Rounds</i>	Lunch	<i>Case Conference</i>	<i>Prof. Dev. Lunch</i>
1230	<u>SUD Group</u>				
100		<u>SUD Therapy Case</u>	PTSD PE Therapy Case	<u>SUD Therapy Case</u>	Supervision
130	CPT Group				PTSD PE Therapy Case
200					
230					
300	PTSD PE Therapy Case	PTSD Team Meeting	<i>Supervision of Supervision</i>	PE Group Supervision	
330			<u>SUD Therapy Case</u>		
400					

* Unscheduled hours and no-show/cancellation appointments provide sufficient time for note writing, ad hoc supervision, workshops, and other didactic activities/readings					
	Major (24 hours)		<u>Minor (12 hours)</u>		<i>Didactics (4 hours)</i>

COMPETENCIES AND MINIMUM LEVELS OF ACHIEVEMENT FOR ENTRY AND SUCCESSFUL COMPLETION

The minimum levels of achievement we seek for the beginning of the internship are consonant with “Readiness for Internship,” in the profession-wide competencies which are seen in the document, “Standards of Accreditation” which is available on the APA website. The minimum level of achievement for the successful completion of the internship is 2,000 hours of supervised participation of the program as well as the attainment/demonstration of 100% of the competencies at the “Readiness for Practice” level. Each Intern also presents research at a national, regional, or local conference during the year as part of the research competency requirement and conducts initial evaluation and complex assessment batteries as part of the assessment competency as part of either an assessment-focused rotation or within time allotted to major rotations. The internal AAVHA Student Research Fair and UM Silverman Conference provide excellent venues to network and share research findings with the hospitals and local research communities.

Because we strongly believe that clinicians require extensive knowledge of psychological theory and thought, a thorough didactic program is offered which complements the Intern's clinical work and includes (among other things) training in understanding the importance of research in clinical problems. The didactic offerings are not intended to recapitulate knowledge gained at the graduate, doctoral educational level in the classroom, but to broaden and expand understanding of advanced concepts, techniques, and practical understanding. Further details are provided below in the sections on [Intern Supervision](#) and [Intern Evaluation](#).

Intern Supervision

Knowledge is enriched through experiential, supervised training involving direct provision of care to our Veterans. All Interns receive, at a minimum, two hours of scheduled individual supervision with licensed clinical psychologists during the week. Our site adopts a developmental model of supervision aimed at increasing clinical complexity over the course of the training experience in concert with the Interns’ initial level of skill and their developing abilities. Supervisors, in accordance with the APA Standards of Accreditation described above, work with Interns to evaluate proficiencies in particular settings and collaborate to provide a trajectory for growing competence. This process serves to augment professional development with anticipation of successful attainment of entry-level generalist professional competencies across training domains by the completion of internship.

Supervisors at our program represent a diverse representation of clinical and supervisory orientations. As a result, our supervisory styles will vary. Our large faculty is highly committed to rigorous education and development of trainees and Interns have ample opportunity for ad hoc supervision as needed. Additional supervisory commitments will be determined in collaboration with the supervising faculty and/or rotation. For instance, many rotations involving highly specialized or technical skills may require additional supervisory time or preparation.

During each half of the internship year, Interns will meet for a minimum of one hour each with their Major and Minor rotation supervisors. Interns are expected to arrive at supervision appointments prepared. Interns that will likely gain the most from this experience are those characterized by openness to learning that includes the abilities to receive and provide feedback respectfully and candidly. Major and Minor Rotation Supervisors will be primarily responsible for the completion and review of Intern performance and will provide verbal and written feedback during formal evaluation periods and as warranted throughout the year. The Training Directors and members of the Psychology Training Committee (PTC) may also provide further information for evaluation of performance as our Interns frequently interact and learn with other psychologists and interdisciplinary faculty. Supervision will involve direct observation or review of recorded material of the intern at least every six months. Additionally, the Intern class engages in rotation/intervention specific group supervision, case conference meetings involving Staff and Intern presentation of case material, and didactic seminars that provide additional opportunity for Intern development.

Supervisors and Interns are expected to adhere to the national policies outlined in VHA Handbook 1400.04 (Supervision of Associated Health Trainees). All providers of care are obliged to follow the APA Ethical Principles of Psychologists and Code of Conduct.

Intern Evaluation

Interns in the VAAHS Program are entitled to a reasonable expectation that faculty will be providing to them observations and feedback on their performance in professional tasks of assessment, treatment, and consultation. In addition, faculty is also expected to provide ongoing observations about the professional and scientific development of the Intern as they progress through the program.

Accordingly, it is always and continuously in order for Interns to request feedback or observations about their work. “How am I doing?” is a question that faculty are always to expect and respond to in a collegial and informative way.

More formal performance evaluation in the VAAHS Internship Program has several components. These include:

- 1) **The Intern Self-rating of Profession-wide Competencies:** Done at internship start and internship end by Intern Self-Rating with Director of Clinical Training Review

- 2) **Supervisor Rating of Intern on the Profession-wide Competencies:** Done at the end of the first rotation (6 months) and again at Internship end (12 months) with Director of Clinical Internship Training Review

Evaluation of performance is carefully linked to the overall mission and goal of the program to contribute to the development of competent clinical psychologists. The Program accomplishes this goal by placing internship training into an overall framework of training for the development of a Psychologist.

The Supervisor Evaluation of Intern forms are reviewed with the Intern and both Supervisor and Intern Sign the form indicating that it has been reviewed. As warranted, additional members of faculty may provide formal competency-related feedback based on direct oversight or experience with the Intern. These forms are turned into the DCT, who will aggregate the forms and monitor outcomes. Faculty provide consolidated feedback to the Interns at the end of the first rotation and at the completion of the internship.

TRAINING STAFF BIOGRAPHIES



Minden B. Sexton, Ph.D.

Women Veterans' Mental Health Coordinator

Director of Psychology Internship Training

Women Veterans' Mental Health & Applied Clinical Research Supervisor

minden.sexton@va.gov

Dr. Sexton is the Women Veterans' Mental Health Coordinator, a Staff Psychologist in the PTSD Clinic, and a Clinical Associate Professor with the University of Michigan Medical School. She obtained her Ph.D. in at Eastern Michigan University and postdoctoral training at the UM Medical School. Her primary clinical work entails evaluation and therapy services related to trauma (PTSD and other clinical presentations associated with interpersonal violence and military/non-military sexual trauma). She supervises the Women Veterans' Mental Health and Applied Clinical Research rotations, facilitates trainee engagement in women's mental health service planning and delivery, and provides training in the assessment and treatment of PTSD and peripartum mental health. She serves as PI for studies examining Veterans' engagement, retention, and clinical outcomes following military sexual trauma (MST), our Mental Health Services' study on mental and medical outcomes and service use utilizing psychosocial, clinical, laboratory, and other clinical indicators, and the Impact Study examining correlates and treatment outcomes associated with aggression and substance misuse among veterans. She serves as a primary research member with the multisite SP²INDLE LAB collaborative for allied interpersonal trauma studies. Her primary research interests are PTSD; MST and other interpersonal traumas; peripartum mental health; psychometrics; measurement; sleep; suicide and other risk behaviors; and predictors of treatment and health services engagement, retention, and outcomes.

Michael Ransom, Ph.D.

Associate Director of Psychology Internship Training
Clinical Neuropsychologist
Neuropsychological Assessment Supervisor
Michael.Ransom@va.gov



Dr. Ransom is the Associate Training Director and a Clinical Neuropsychologist at the Ann Arbor VA. He received his Ph.D. from the University of North Dakota. He also completed postdoctoral training in Clinical and Research Neuropsychology at the University of Michigan. Dr. Ransom's primary clinical interests include the neuropsychology of mood disorders, dementia, traumatic brain injury, disability evaluation, professional development, and sports concussion. He has worked with professional sports teams as well as Division I college athletes related to sport concussion. He is also involved with assessment of Ann Arbor VA police officers completing pre-employment psychological evaluations as well as annual psychological reviews of officers. Dr. Ransom provides supervision for neuropsychology majors and minors as well as postdoctoral trainees through our consortium with Michigan Medicine. His research activities have focused on cognitive functioning (particularly executive functioning) in individuals with mood disorders.



Lindsey Bloor, Ph.D., ABPP

Health Psychologist
lindsey.bloor2@va.gov

Dr. Bloor is a Clinical Psychologist in the Health Psychology program at the VA Ann Arbor and Clinical Assistant Professor of the Department of Psychiatry at the University of Michigan. She is a graduate of the University of Utah and is an ABPP Diplomate. Her clinical interests include Veterans' behavioral health, primary care mental health integration, and women Veterans' behavioral health. Her research interests were primarily concentrated in the areas of social support and mental and physical health; mediators and

moderators of the social support-health association; social support and health; and coping with chronic conditions.

Michelle Byrd, Ph.D.

Staff Psychologist
Michelle.Byrd@va.gov

Michelle Byrd, Ph.D. is a Staff Psychologist at the Ann Arbor VA Medical Center. She has a 50% appointment as a Health Psychologist at the Flint Community Based Outpatient Clinic (CBOC) and a 50% appointment with the Mental Health Team at the Howell CBOC. Dr. Byrd earned her undergraduate degree at the University of Michigan, Ann Arbor and her M.S. and Ph.D. at the University of Nevada, Reno. She did her pre-doctoral internship at Henry Ford Health Sciences in



Consultation-Liaison Psychiatry. Prior to coming to the AAVA, Dr. Byrd was a Professor and Director of Clinical Training at Eastern Michigan University in their doctoral program in clinical psychology. Dr. Byrd's passion is providing evidence-based therapies to people and families throughout the lifespan and her research interests focus on the interplay between psychological and physical health.



Chelsea Cawood, Ph.D.

BHIP Team Lead, Mental Health Clinic

Mental Health Clinic Supervisor, DBT Supervisor, & Applied Clinical Research Supervisor

Chelsea.Cawood@va.gov

Dr. Cawood is a Behavioral Health Integration Program (BHIP) Team Lead and Clinical Psychologist in the outpatient Mental Health Clinic. Dr. Cawood specializes in dialectical behavior therapy for borderline personality disorder, and evidence based treatments for mood and anxiety disorders. Her research interests include novel adaptations of DBT, non-suicidal self-injury, personality disorders, and effectiveness/ program evaluation of evidence-based treatments in clinical settings. Dr. Cawood earned her Ph.D. from Eastern Michigan University. Dr. Cawood has presented on Acceptance and Commitment Therapy, Cognitive Behavioral Therapy, and Dialectical Behavior Therapy.

Thiera Clifford, Ph.D.

Behavioral Health Psychologist

Health Psychology with Pain Concentration Rotation Supervisor

Thiera.Clifford@va.gov

Dr. Thiera D. Clifford is a Pain Psychologist at the LTC. Charles S. Kettles VAMC VA Ann Arbor Healthcare System. She graduated with her Doctorate Degree in Clinical Psychology from the University of Detroit Mercy in Detroit, MI, and completed her pre-doctoral internship focused in Health Psychology at the Battle Creek VAMC. Dr. Clifford obtained specialized training in pain during her post-doctoral residency with the Michigan Medicine Clinical Psychology Consortium. Her clinical and research interests include augmenting care within chronic pain populations, neuropathic changes due to chronic pain experience, improving quality of life while managing chronic pain, and the role of social-emotional functioning in the understanding of chronic pain, biofeedback, and Emotional Awareness and Expression Therapy for Chronic Pain (EAET).



Cathy Donnell, Ph.D., ABPP

Behavioral Health Psychologist

Health Psychology Rotation Supervisor

cathy.donnell@va.gov

Dr. Donnell's postdoctoral work was completed at the University of Michigan, Department of Physical Medicine & Rehabilitation with emphasis in researching sensory amplification in



patients with fibromyalgia and chronic fatigue syndrome, and barriers to patient engagement in rehabilitative treatment. She has worked as a behavioral health psychologist for the VA system since 2009. Initially, she worked in the palliative and community living center (CLC) units and as the evidence-Based Psychotherapy Coordinator at the Aleda E. Lutz VA in Saginaw, Michigan. From 2011-2019, she worked as attending psychologist in Primary Care Mental Health Integration (PCMHI) at AAVHA. While working in PCMHI, Dr. Donnell also was engaged in behavioral health/integrated care by providing services to veterans dealing with adjustment to a variety of medical diagnoses, including cancer diagnoses, reproductive issues, fibromyalgia, ALS, and MS. Since the end of 2019, Dr. Donnell has worked in behavioral/integrated care focusing on veterans who are seeking assistance through behavioral change, specifically addressing veteran needs of smoking cessation, insomnia, chronic pain, weight and diabetes management, compliance and adherence with treatment recommendations, and adjustment to chronic medical conditions. She performs behavioral health evaluations for pre-bariatric and transplant candidates and is engaged in pre-surgical bariatric groups and bariatric support groups. Additionally, Dr. Donnell contributes to patient health outcomes, offering Hypnosis and Mindfulness to veterans as part of the VA Whole Health program. Dr. Donnell is a Certified Trainer for both The Education in Palliative and End of Life Care Trainer (ELNEC) and The End of Life Nursing Education Consortium (EPEC). She has completed VA evidence-based trainings in Motivational Interviewing, Acceptance and Commitment Therapy, Cognitive Behavioral Therapy for Insomnia, Hypnosis, and Problem Solving Therapy. She was a national trainer and consultant for the Problem Solving Training-Moving Forward Program and was National Program Coordinator for this program in 2014. Dr. Donnell has also demonstrated a strong commitment to oncology and has been a member the American Psychosocial Oncology Society (APOS) Professional Education Committee for the past five years. She has been moderator for several workshops as part of the Psycho-oncology Institute. Additionally, she has moderated webinars and most recently, engaged in developing psycho-oncology professional competencies. Furthermore, she has been a participant in submitting an R25 to develop virtual training in psycho-oncology.



Megha Fatabhoy, Ph.D.
 Behavioral Health Psychologist
 Health Psychology Rotation Supervisor
Megha.Fatabhoy@va.gov

Dr. Megha Fatabhoy is a Staff Psychologist in Primary Care Mental Health Integration at the VA Ann Arbor Healthcare System. She earned her doctoral degree at Eastern Michigan University and completed her internship at Henry Ford Health System. In her clinical work, she primarily utilizes brief, solution-focused evidenced based interventions for individuals experiencing chronic pain, insomnia, chronic medical illnesses, depression, and anxiety. Dr. Fatabhoy's research interests are broadly in the area of health psychology with special focus in the areas of pain, sleep, trauma, and the social determinants of health.

Peter Grau, Ph.D.

CCMR Associate Investigator & Staff Psychologist, Mental Health Clinic

Applied Research Supervisor

Peter.grau1@va.gov



Dr. Grau is a Staff Psychologist in the Mental Health Clinic, an Assistant Professor at the University of Michigan Department of Psychiatry, and an Associate Investigator at the VA Center for Clinical Management Research (CCMR). He earned his Ph.D. from Marquette University and completed his clinical internship at the Ann Arbor VA, followed by a postdoctoral fellowship at the VA Serious Mental Illness Treatment Resource and Evaluation Center (SMITREC). His research focuses on large scale evaluation of evidence-based PTSD treatment across VA, PTSD treatment adaptation for residential treatment settings, and implementation of novel models of PTSD care delivery. Other interests include predictors of improvements and engagement in the context of evidence-based mental health care, psychometrics, and transdiagnostic applications of cognitive-behavioral principles. He is a core member of Dr. Sripada's CCMR-based PTSD research group, the Ann Arbor VA MST and PTSD research labs, and collaborates with the SMITREC and CCMR investigators on projects related to Veteran mental health outcomes. His clinical interests include evidence-based treatments for PTSD, transdiagnostic CBT approaches, and acceptance-based interventions for depression and anxiety.



Andrew Hale, Ph.D.

Staff Neuropsychologist

Geriatric Neuropsychology & Rehabilitation Supervisor

Andrew.Hale2@va.gov

Dr. Hale earned his doctoral degree at Western Michigan University, completed his internship at the Ann Arbor VA, and completed postdoctoral fellowships in research at the VA Center for Clinical Management Research and in Rehabilitation Neuropsychology at the Michigan Medicine, Department of Physical Medicine and Rehabilitation. Additionally, Dr. Hale is a board-certified behavior analyst. His clinical interests include the neuropsychological assessment and treatment of traumatic brain injury (TBI) and stroke and the use of Motivational Interviewing, Acceptance and Commitment Therapy, and applied behavior analysis in feedback and rehabilitation settings. Dr. Hale's research interests include outcomes of TBI and stroke, research and statistical methods for modeling longitudinal change, and development and validation of embedded measures of performance validity.

Benjamin Hampstead, Ph.D., ABPP

Clinical Neuropsychologist

Applied Clinical Research Supervisor

bhampste@med.umich.edu



Dr. Hampstead is a board-certified Clinical Neuropsychologist who earned his Ph.D. in Clinical Psychology (Neuropsychology emphasis) from Drexel University. He is a Professor in Psychiatry and Staff Neuropsychologist in the VA Ann Arbor Healthcare System. Dr. Hampstead's research focuses on non-pharmacologic approaches to maximize cognitive functioning in older adults. Specifically, he uses techniques like cognitive rehabilitation and non-invasive electrical brain stimulation to enhance learning and memory, typically within the context of a randomized controlled trial format. Dr. Hampstead integrates these techniques with functional and structural neuroimaging in order to predict treatment response, identify the neuroplastic changes following treatment, and plan/develop new interventions. Funding for this work has or currently does come from the Department of Veterans Affairs, National Institute on Aging, and the Michigan Alzheimer's Disease Center. Dr. Hampstead also has an active line of research evaluating the use of brain stimulation as a novel treatment for our Veterans with Posttraumatic Stress Disorder thanks to funding from the National Institute of Mental Health.



Elizabeth A. Imbesi, Ph.D., ABPP

Primary Care Integration Chief

Health Psychology Rotation Supervisor & Applied Clinical Research Supervisor

elizabeth.imbesi@va.gov

Dr. Imbesi serves as the Primary Care Mental Health Integration Section Chief at the AAVAMC. She earned her Ph.D. in Counseling Psychology from the University at Buffalo with an emphasis in health psychology. She completed her internship at the VA Western New York Healthcare System, specializing in behavioral medicine and PCMH. Dr. Imbesi's clinical work is a blend of cognitive-behavioral and interpersonal approaches as well as motivational interviewing to promote healthy change and growth. Her clinical and research interests include sleep, cardiology, orthopedic injury, chronic pain, primary care psychology, and ethics. She has presented on these topics at local, national, and international conferences. She is board certified in clinical health psychology.

Amanda Jacobs, Ph.D.

Staff Psychologist, Adrian CBOC

Amanda.Platzer@va.gov

Dr. Jacobs is a Clinical Psychologist for the Adrian CBOC program at the VA Ann Arbor Healthcare System. She completed her graduate training at Palo Alto University (formerly Pacific Graduate School of Psychology). She completed internship at Wayne State University Medical School and postdoctoral fellowship at the John D. Dingell VA Medical Center in Detroit with a focus in Addiction Psychology. Dr. Platzer has specialty training and expertise in forensic psychology with prior employment at the Center for Forensic Psychiatry from 2011 – 2020. She has proficiency and interest in generalist psychology practice. She offers a wide variety of evidence-based treatments for SUD, PTSD, and general mental health. She has extensive experience in assessment including evaluations for various aspects of psychological capacity and use of therapeutic assessment. Her research interests include focus on outcome-based psychotherapeutic assessment and intervention.



Jesica Kalmbach, Ph.D.

Chief, Substance Use Disorder Clinic

Substance Use Disorder Rotation & Advanced Assessment for
Treatment Planning Supervisor

Jesica.Kalmbach@va.gov

Dr. Kalmbach is the team lead of the Substance Use Disorder Clinic and a Staff Psychologist at the VA Ann Arbor as well as a Clinical Assistant Professor at University of Michigan Department of Psychiatry. She earned her Ph.D. in Clinical Psychology from Kent State University. She subsequently completed her postdoctoral fellowship specializing in substance use disorders through the University of Michigan Health System/VA Ann Arbor Health System (UMHS/VAAHS) Training Consortium. Dr. Kalmbach's research interests include psychometrics and assessment, specifically validating assessment measures to inform individualized treatment plans and assess evidence-based protocol outcomes. Currently, Dr. Kalmbach is investigating the validity of the WHODAS 2.0 in Veterans seeking SUD treatment and Veterans engaged in Buprenorphine treatment. Clinically, Dr. Kalmbach is interested in assisting Veterans develop concrete goals for treatment through Motivational Interviewing, improving functioning, and reducing substance use using Evidence Based Protocols, especially through group formats.



Naomi Kane, Ph.D.

Clinical Health Psychologist

Womens Behavioral Health Rotation Supervisor

Naomi.Kane@va.gov

Dr. Kane is a Clinical Health Psychologist at the VA Ann Arbor Healthcare System, working in Primary Care Mental Health Integration

(PCMHI) and the Women's Health Clinic. She received her PhD in Clinical Psychology with Health Emphasis from Yeshiva University in the Bronx, NY, completing her predoctoral internship in the health psychology track at the VA Ann Arbor and a 2-year clinical research postdoctoral fellowship at the New Jersey VA WRIISC (War Related Illness and Injury Study Center) in oncology, behavioral medicine, and post-deployment health. Clinically, her interests include cognitive-behavioral and problem-solving therapies, reproductive mental health, and a Whole Health integrative approach to recovery from trauma. Dr. Kane's research broadly focuses on improving illness specific distress and self-management behavior for Veterans with chronic illness through evidence-based practice and collaborative care.

Rebecca Lusk, Psy.D., ABPP, DBT-LBC

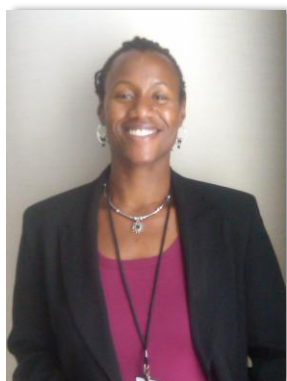
Mental Health Chief, Canton CBOC

Psychotherapy Supervision at Canton CBOC & Supervision-of-Supervision Co-Lead

rebecca.lusk@va.gov



Dr. Lusk is the Chief of the VA Canton CBOC. She is a Clinical Assistant Professor with the Department of Psychiatry, University of Michigan Medical School. She also serves as a Clinical Psychologist at the rank of Commander in the United States Navy Reserve. Dr. Lusk completed her Psy.D. at the University of Indianapolis and a 2-year postdoctoral fellowship with the Consortium for Advanced Psychology Training, Michigan State University College of Human Medicine. She is an ABPP Diplomate in Cognitive and Behavioral Psychology, and is also board certified in Dialectical Behavior therapy by the DBT-Linehan Board of Certification. Her clinical interests include cognitive behavioral applications and treatment outcomes, borderline personality disorder, and the implementation of empirically supported treatment. She is involved in research activities concentrating on life-threatening behaviors and treatment outcomes, as well as program evaluation outcomes.



Saudia Major, Ph.D.

Health Psychology Chief

Health Psychology Supervisor

Saudia.Major@va.gov

Saudia Major, PhD, is the Health Psychology Chief at the VA Hospital in Ann Arbor, MI and a Clinical Instructor with the University of Michigan medical School. She works in the Home-Based Primary Care program, serving geriatric Veterans who suffer from chronic, medical ailments and subsequent depression and anxiety. Dr. Major also provides behavioral health services to seniors in skilled nursing facilities throughout SE Michigan. Dr. Major earned her doctorate in Clinical-Community Psychology from the University of South Carolina. She completed her internship and residency at Florida State Hospital, a forensic psychiatric hospital in Chattahoochee, FL. She has volunteered for the NMSS since 2004, and was a member of the NMSS North Florida Chapter Clinical Advisory Committee during her residence in FL. Clinical interests include suicide prevention, dementia, & caregiver stress. Dr. Major has been involved in research exploring the

benefits of exercise on disease management, specifically mental illness and Multiple Sclerosis. Prior areas of research have included attachment theory, relationship satisfaction, and cardiovascular reactivity.

Ashley Marsh, Psy.D.

Staff Psychologist, Health Psychology & Home-Based Primary Care

Ashley.Marsh2@va.gov

Dr. Marsh is a Health Psychologist for both the Jackson Community-Based Outpatient Clinic and the Home-Based Primary Care program. She earned her Psy.D. in Clinical Psychology from the University of Denver and completed her internship with an emphasis in Health Psychology at the VA Ann Arbor Healthcare System. Dr. Marsh completed a postdoctoral fellowship in Clinical Health Psychology at the Lt. Col. Luke Weathers, Jr. VA Medical Center in Memphis, TN. Her clinical interests include health behavior change, chronic disease management, integrated care, geriatric mental health, and caregiver stress. Prior research interests have included program evaluation to improve health literacy and access to care.



Christine Naydenov, Psy.D.

Staff Psychologist, Canton CBOC

Psychotherapy Rotation Supervisor

Christine.Naydenov@va.gov

Dr. Naydenov is a Staff Psychologist at the Canton CBOC. She earned her Psy.D. in Clinical Psychology at the University of Indianapolis and completed her predoctoral internship at the William S. Middleton Memorial Veterans Hospital. Her clinical interests include evidence-based practices for PTSD and co-occurring disorders, such as substance use disorders, anxiety disorders, mood disorders, and insomnia. Broadly her research interests include treatment outcomes for Veterans diagnosed with PTSD, factors that impact dropout from CPT, and rape myth acceptance beliefs.

Kendra Oosterhouse, Ph.D.

Staff Psychologist, Substance Use Disorders Clinic

Substance Use Disorders Rotation Supervisor

Kendra.Oosterhouse@va.gov

Dr. Kendra Oosterhouse is a Staff Psychologist with the Substance Use Disorders Clinic at VA Ann Arbor Healthcare System and a Clinical Assistant Professor with the University of Michigan Medical School. She earned her doctoral degree at the University of North Texas and completed her internship at the VA North Texas Healthcare System. Her clinical interests include using evidence



based treatment for substance use disorders and co-occurring concerns including trauma-related stressors, depression, anxiety, and interpersonal distress, diagnostic assessment, couples and family therapy, and motivational interviewing/enhancement. Her research interests broadly include substance use disorder treatment, trauma, family attachment patterns, family systems, and contextual factors influencing mental health.



Tyler Pendleton, Ph.D.

Health Psychologist, Canton CBOC

Health Psychology with Pain Concentration Rotation Supervisor

Tyler.Pendleton@va.gov

Dr. Pendleton is a Clinical Psychologist in Primary Care-Mental Health Integration at the Canton Community-Based Outpatient Clinic (CBOC). He earned his Ph.D. from the University of Missouri-St. Louis and completed his postdoctoral fellowship at the Michigan Medicine/VA Ann Arbor Healthcare System Consortium. His clinical interests include Cognitive-Behavioral Therapy for anxiety, depression, and health

conditions. In terms of clinical research, Dr. Pendleton is broadly interested in program evaluation focused on patient-provider communication and access to care.



Katherine Porter, Ph.D.

Outpatient Section Chief, PTSD Clinical Team

PTSD & Applied Clinical Research Supervisor

Katherine.Porter2@va.gov

Dr. Porter is the Outpatient Section Chief for the Mental Health Service and a member the PTSD Clinical Team and Clinical Associate Professor with the University of Michigan Medical School. She earned her doctoral degree at Eastern Michigan University. She currently serves as PI for multisite treatment outcome study. Dr. Porter's clinical and research foci include treatment outcomes with Veterans experiencing PTSD;

improving access to care and retention in empirically supported PTSD interventions; the intersections of trauma and somatic/pain complaints; trauma and aging; psychometric qualities of assessment instruments; and differential diagnoses specific to anxiety. She is actively involved in several research activities with the PTSD Research Team. In addition, Dr. Porter has an interest in applied biomedical ethics and is currently Co-Chair for the Ethics Consultation service within VAAHS.

Kelsey J. Pritchard, Ph.D.

Health Psychologist for Specialty Medicine Clinics, Toledo CBOC

Kelsey.Pritchard1@va.gov

Dr. Pritchard is the Health Psychologist for Specialty Medicine clinics at the Toledo Community-based Outpatient Clinic. He completed his Ph.D. in Clinical Psychology from the University of Toledo and postdoctoral training in Health Psychology at the Louis Stokes



Cleveland VA Medical Center. Dr. Pritchard's primary clinical work entails evaluation, consultation, and therapy services for specialty medicine clinics, including cardiology, urology, neurology, physical medicine & rehabilitation, and orthopedics. Clinical specializations include behavioral medicine, pre-surgical psychological assessment, capacity evaluations, cognitive-behavioral therapy for insomnia, brief interventions for SUD and smoking cessation, chronic pain management, and chronic disease management. His theoretical orientation is behavioral and acceptance-based. Dr. Pritchard's research interests include studying novel interventions to manage complex medical and psychosocial factors, as well as the integration of behavioral medicine interdisciplinary teams. His professional organizations include the Association for Behavioral and Cognitive Therapies (ABCT), Society for Health Psychology (APA Division 38), and the Ohio Psychological Association (OPA).



Kyle Rexer, Ph.D.

Staff Psychologist, Canton CBOC

Health Psychology Rotation Supervisor

Kyle.Rexer@va.gov

Dr. Rexer is a Clinical Psychologist in Primary Care-Mental Health Integration at the Canton Community-Based Outpatient Clinic (CBOC). He earned his Ph.D. from Wichita State University and completed his pre-doctoral internship in Clinical Health Psychology at the Memphis VA Medical Center. Dr. Rexer completed his postdoctoral fellowship at the Michigan Medicine/VA Ann Arbor Healthcare System Consortium with an emphasis in behavioral

sleep medicine. His clinical and research interests include Cognitive Behavioral Therapy for Insomnia, treatment of circadian rhythm disorders, weight management, biofeedback, and Acceptance and Commitment Therapy.

Travis Rogers, Ph.D.

Staff Psychologist, Mental Health Clinic

Mental Health Clinic Rotation Supervisor & Case Conference Supervisor

Travis.rogers1@va.gov

Dr. Rogers is a Staff Psychologist in the Mental Health Clinic. He earned his Ph.D. in Clinical Psychology from Auburn University and thereafter completed his predoctoral internship and postdoctoral fellowship at the Ann Arbor VA and the Ann Arbor VA/University of Michigan Training Consortium, respectively. His clinical interests include providing evidence-based psychotherapy within a cognitive-behavioral framework for depression, anxiety, and trauma/stress-related concerns. His research interests include transdiagnostic cognitive models and process variables across the emotional disorders (e.g., repetitive negative thinking, metacognition, experiential avoidance).



Kevin Saulnier, Ph.D.

CCMR Associate Investigator & Staff Psychologist, Mental Health Clinic

Kevin.Saulnier@va.gov

Dr. Saulnier is a Staff Psychologist in the Mental Health Clinic, an Associate Investigator in the VA Center for Clinical Management Research (CCMR), and an Assistant Professor in the Department of Psychiatry at the University of Michigan. He earned his Ph.D. in clinical psychology from Ohio University, completed his predoctoral internship at the Penn State College of Medicine, and completed his postdoctoral fellowship at the VA Serious Mental Illness Treatment Resource and Evaluation Center (SMITREC). His primary research interests include improving identification and management of patients at risk for suicide. His other research interests include understanding the role of transdiagnostic risk factors in the etiology of psychopathology and the role that screening can serve to identify patients at risk for adverse outcomes. His clinical interests include the use of evidence-based transdiagnostic treatments for internalizing psychopathology.



Jessica Schubert, Ph.D.

Director, Psychology Postdoctoral Fellowship Program

Mental Health Clinic, Exposure Therapy, Sleep Psychology, & Applied Clinical Research Supervisor

Jessica.Schubert@va.gov

Dr. Schubert is a Staff Psychologist in the outpatient Mental Health Clinic and leads our psychology practicum educational programming and EBP coordination efforts. She additionally has clinical time allocated to the Sleep Clinic, where she provides behavioral sleep medicine assessment and intervention services for Veterans presenting with insomnia, sleep apnea, and nightmares. Dr. Schubert holds a Clinical Assistant Professor appointment at the University of Michigan Medical School, Department of Psychiatry. She earned her Ph.D. from Binghamton University (SUNY) with specialization in EBPs for anxiety disorders, and she completed her pre-doctoral internship at the Durham Veterans Affairs Medical Center. Dr. Schubert completed postdoctoral fellowship at the University of Michigan Department of Psychiatry which emphasized both research and clinical practice with a dual concentration in Behavioral Sleep Medicine and Anxiety Disorders. Clinical and research interests include improving the quality, efficiency, and dissemination of EBPs for anxiety disorders and understanding the impact of sleep disturbance on mental health as it relates to treatment outcomes.

Shalin Shah, Psy.D.

Staff Psychologist, PTSD and Substance Use Disorders Clinics

Shalin.Shah1@va.gov

Dr. Shah is a Staff Psychologist in the PTSD and Substance Use Disorders Clinics. He earned his Psy.D. at the Chicago School of Professional Psychology and completed his internship at the Southern Arizona Psychology Internship Consortium (SAPIC). Dr.



Shah completed his postdoctoral training at the Cincinnati VAMC with clinical foci in Substance Use Disorders, Health Psychology, and PTSD/SUD, and research interests in Whole Health. In his role at the VA Ann Arbor Healthcare System, Dr. Shah focuses on the intersection of PTSD and Substance Use Disorders, acting as a consultant between the two clinics on the current evidence-based practices for co-occurring PTSD and SUD. His clinical caseload involves utilizing those evidence-based practices with veterans with both PTSD and SUD symptomology and his research interests currently concentrate on exploring the complex interplay between these co-occurring disorders, with secondary interests in Whole Health and VA systems improvement.



Erin Smith, Ph.D.

Staff Psychologist, PTSD Clinical Team

PTSD Clinic & Applied Clinical Research Supervisor

Erin.Smith3@va.gov

Dr. Smith is a Staff Psychologist with the PTSD Clinical Team service and a certified trainer and national consultant in Prolonged Exposure (PE) Therapy. She provides supervision of Interns utilizing PE or Cognitive Processing Therapy (CPT). She is an Assistant Clinical Professor with the Department of Psychiatry, University of Michigan Medical School. She attained her doctoral degree from Fuller Seminary

and completed postdoctoral training in PTSD at the Ann Arbor VA. Her clinical and research interests entail evidence-based interventions for PTSD, development of clinical interventions for PTSD, provision of evidence-based PTSD interventions in group formats and with support involvement, perceived perpetration, and spirituality and trauma.

Robert J. Spencer, Ph.D.

Chief, Neuropsychology

Postdoctoral Fellowship VA Neuropsychology Track Lead

Neuropsychology & Applied Clinical Research Supervisor;

Test Practicum Lead

rspencer33@gmail.com



Dr. Spencer is the Chief of the VA Neuropsychology Program and a Clinical Neuropsychologist at VAAHS, serving as the director of neuropsychological training for the postdoctoral training consortium with Michigan Medicine, where he is a Clinical Assistant Professor. He completed his doctoral degree in Behavioral Medicine/Clinical Psychology at the University of Maryland Baltimore County and his internship and postdoctoral training in Neuropsychology at the Ann Arbor VA. His clinical focus is in neuropsychological assessment, sleep, and delivery of useful feedback. Dr. Spencer is Associate Editor of *Perceptual & Motor Skills* and is a frequent reviewer of peer-reviewed journal articles, has published over 70 articles and book chapters, and his research focuses primarily on psychometrics, performance validity, and traumatic brain injury. He is a former consultant for the VA's training program for cognitive behavioral therapy for insomnia.



Rebecca Sripada, Ph.D.

CCMR Research Scientist & Staff Psychologist, Mental Health Clinic
Applied Clinical Research Supervisor

Rebecca.Sripada@va.gov

Dr. Sripada is a Clinical Psychologist in the Mental Health Clinic, an Assistant Professor at the University of Michigan Department of Psychiatry, and a Research Scientist at the VA Center for Clinical Management Research, an HSR&D Center of Innovation. She obtained her Ph.D. at the University of Michigan and completed a postdoctoral fellowship as a VA Advanced Fellow at the VA Serious Mental Illness

Treatment Resource and Evaluation Center (SMITREC). Her current and previously completed projects test adaptations of first-line trauma-focused treatments to improve access to high-quality care among underserved populations. She currently has an HSR&D Merit Award to use the Multiphase Optimization Strategy to adapt Cognitive Processing Therapy into a brief, effective format by identifying which CPT components contribute meaningfully to reduction in PTSD symptoms. She also has an R01 from the National Institute of Mental Health to use a sequential, multiple assignment, randomized trial design to develop a stepped-care PTSD intervention for underserved patients in Federally Qualified Health Centers. Her clinical interests include psychotherapy and applied clinical research minors.

Emily Stanley, Ph.D.

Staff Psychologist, Canton CBOC

Psychotherapy Supervisor

Emily.Stanley@va.gov

Dr. Stanley is a Staff Psychologist in the Canton CBOC. She earned her Ph.D. in Clinical Science from the University of Delaware. She completed an internship at the VA Ann Arbor and subsequently a postdoctoral fellowship through the University of Michigan Health System/VA Ann Arbor Health System Training Consortium. Dr. Stanley's research interests include examining physiological functioning in people with anxiety disorders and program evaluation outcomes. Clinically, Dr. Stanley is interested in implementation of empirically supported treatments for a variety of disorders including PTSD, Substance Use Disorders, and Obsessive Compulsive Disorder.



Nina Suvagia, Psy.D.

Staff Psychologist, Health Psychology

Health Psychology with Pain Concentration Rotation Supervisor

Nina.Suvagia@va.gov

Dr. Suvagia is a Pain Psychologist at the VA Ann Arbor Healthcare System. She earned her Psy.D. from Northwestern University in Downers Grove and completed her pre-doctoral internship at the Captain James A. Lovell Federal Health Care Center in North

Chicago. Dr. Suvagia went on to complete her postdoctoral fellowship at the Carl T. Hayden VA Medical Center in Phoenix with an emphasis in Health Psychology. Dr. Suvagia's clinical interests include Cognitive Behavioral Therapy (CBT) and Acceptance and Commitment Therapy (ACT) for chronic pain, health-related anxiety and depression, and relaxation training. Her research interests include quality of life and the Whole Health of patients and health care team members.

Lisa Valentine, Ph.D.

BHIP Team Lead, Mental Health Clinic

Mental Health Clinic, Couple's Therapy & Applied Clinical Research Supervisor

lisa.valentine@va.gov



Dr. Valentine is a Behavioral Health Integration Program (BHIP) Team Lead and Clinical Psychologist at the Ann Arbor VA Medical Center. She completed her Ph.D. in Clinical Health Psychology and Behavioral Medicine at the University of North Texas. She served on active-duty in the United States Air Force during her internship and post-doctoral training. During her time in the military, she worked as a staff provider in the Mental Health Clinic, an element leader in the substance abuse prevention and treatment program, and as suicide prevention program manager. She serves as primary supervisor for the mental health major and minor rotations. Clinical interests include providing evidence-based psychotherapies to rural and remote veterans and health behavior change. Her past research has focused on posttraumatic growth and meaning making following stressful events. Current research interests include efficacy and effectiveness of telemental health services, as well as quality improvement projects.



Joseph VanderVeen, Ph.D.

Chief, Mental Health Service

Administrative Leadership Supervisor

Joseph.Vanderveen3@va.gov

Dr. Joe VanderVeen serves as the Mental Health Service Chief. Prior to this appointment, he was the Program Manager of Substance Use Disorder services (SUDC & SUD-IOP) within the VA Ann Arbor Healthcare System. Dr. VanderVeen earned his doctoral degree at Texas Tech University and completed his internship at the University of Mississippi / G.V. (Sonny) Montgomery VAMC consortium. Following this, Dr. VanderVeen completed a postdoctoral fellowship with an emphasis on substance use and co-occurring PTSD at the G.V. (Sonny) Montgomery VAMC. From 2013-2015, Dr. VanderVeen worked within the St. Louis VA Healthcare System where he served as a Staff Psychologist and then Acting Program Manager at 35-bed Domiciliary Residential Rehabilitation Treatment Program. Dr. VanderVeen's clinical activities entail the treatment of substance use disorders through Motivational Interviewing and the implementation of evidence-based practices. Dr. VanderVeen's research interests have also focused on substance use and the prevention of relapse. Specifically, Dr. VanderVeen is interested in risk and resilience factors, such as impulsivity, as measures of relapse and repeated

use of outpatient and inpatient treatment services. Dr. VanderVeen has also published several articles on training and competency measures within clinical psychology.

Tessa Vuper, Ph.D.

Chief, PTSD Clinic

Applied Clinical Research Supervisor & Supervision-of-Supervision Co-Lead

Tessa.Vuper@va.gov



Dr. Vuper is the PTSD Clinic Chief. She obtained her Ph.D. in Clinical Psychology from the University of Missouri-St. Louis and completed her postdoctoral fellowship through the Ann Arbor VA/University of Michigan Training Consortium. Her clinical interests are in evidence-based treatments for PTSD. Broadly, her research interests are in understanding mechanisms of therapeutic change and enhancing clinical outcomes in trauma and stressor-related disorders. She is particularly interested in using neuroimaging methods to investigate the effect of clinical interventions on brain functioning in individuals with PTSD. Dr. Vuper is presently collaborating with researchers at Yale University investigating resting-state functional connectivity and clinical correlates across multiple timepoints in individuals with trauma exposure, Borderline Personality Disorder, and suicidal behavior.



Jamie J. Winters, Ph.D.

Associate Chief of Mental Health for Quality & Chief Psychologist

Couples Therapy, Administrative Leadership, & Applied Clinical Research Supervisor

jamiewin@umich.edu

Dr. Winters serves as the Associate Chief of Mental Health for Quality and Chief Psychologist of the Mental Health Service and a Clinical Associate Professor at the University of Michigan Department of Psychiatry. She earned her doctoral degree at the University of Maryland, Baltimore County and completed a postdoctoral fellowship at the Research Institute on Addictions. Dr. Winters is closely involved with Interns throughout the programming year and supervises several of the available rotations. Her clinical activities entail substance use disorder and treatment, substance use and violence, couples and family therapy, intimate partner violence, Motivational Interviewing, and implementation of empirically supported treatments. Dr. Winters focuses on research elucidating factors associated with substance use disorders and treatment outcome, substance use and violence, behavioral couples therapy, and intimate partner violence.

RECENT TRAINING FACULTY PUBLICATIONS

Past 5 Years (2019 – CURRENT)

Faculty are denoted in bold. Trainees are indicated by underline. See Applied Clinical Research Minor in the rotation descriptions for further details on currently active IRBs, grants, and datasets for potential trainee involvement.

- Allan, N. P., Gorka, S. M., **Saulnier, K. G.**, & Bryan, C. J. (2023). Anxiety sensitivity and intolerance of uncertainty: Transdiagnostic risk factors for anxiety as targets to reduce risk of suicide. *Current Psychiatry Reports*, 25, 139-147.
- Allan, N. P., Gros, D. F., Lancaster, C. L., **Saulnier, K. G.**, & Stecker, T. (2019). Heterogeneity in short-term suicidal ideation trajectories: Predictors and projections to suicidal behavior. *Suicide and Life-Threatening Behavior*, 49, 826-837.
- Allan, N. P., Holm-Denoma, J., Conner, K. R., Zuromski, K. L., **Saulnier, K. G.**, & Stecker, T. (2020). Profiles of risk for suicidal behavior in past and current United States military personnel: Latent profile analysis of current risk factors. *Archives of Suicide Research*, 24, 1-17
- Allan, N. P., **Saulnier, K. G.**, Cooper, D., Oglesby, M. E., & Schmidt, N. B. (2019). Niacin biological challenge: A paradigm to evaluate social concerns. *Journal of Behavior Therapy and Experimental Psychiatry*, 65, 1-8.
- Allan, N. P., Volarov, M., Kosciński, B., Pizzonia, K. L. Potter, K., Accorso, C., **Saulnier, K. G.**, **Ashrafioun, L.**, Stecker, T., Suhr, J., & Allan, D. M. (2021) Lonely, anxious, and uncertain: Critical risk factors for suicidal desire during the COVID-19 pandemic. *Psychiatry Research*, 304.
- Andrade, S. M, de Araújo Silvestre, M. C., de França, E. E. T, Queiroz, M. H, de Jesus Santana, M. H., Madruga, M. L., Mendes, C. K., ..., **Hampstead, B. M.**, ...& Sato, J. R. (2022) Efficacy and safety of HD-tDCS and respiratory rehabilitation for critically ill patients with COVID-19: The HD-Recovery randomized clinical trial. *Brain Stimulation*, 15,,: 780-788.
- Andrade, S., França, E., Silvestre, C., Santana, K., Cintra, V., Sato, J., **Hampstead, B. M.**, ... & Bikson, M. (2023). HD-tDCS in acute and long-term COVID-19. *Brain Stimulation: Basic, Translational, and Clinical Research in Neuromodulation*, 16, 191-192.
- Armer, J. S., Oh W., Davis, M. T. Sexton, M. B. & Muzik, M. (2024). Post-traumatic change and resilience after childhood maltreatment: Impacts on maternal mental health over the postpartum period. *Journal of Affective Disorders*.
- Ashrafioun, L., **Saulnier, K. G.**, Allan, N. P., Bishop, T. M., & Stecker, T. (2022). Pain intensity trajectories among Veterans seeking mental health treatment: Association with suicidal thoughts and behaviors. *Journal of Affective Disorders*, 297, 586-592.
- Bair, J. L., Patrick, S. D., **Noyes, E. T.**, **Hale, A. C.**, Campbell, E.B., Wilson, A. M., **Ransom, M. T.**, **Spencer, R. J.** (2023). Semantic clustering on common list-learning tasks: A systematic review of the state of the literature and recommendations for future directions. *J Clin Exp Neuropsychol*, 45, 652-692.
- Batista, A., Bazan, P., Conforto, A., da Graca Martin, M., Simon, S., **Hampstead, B. M.**, Figueiredo, E., Miotto, E. C. (2019). Effects of mnemonic strategy training on brain activity and cognitive functioning of left hemisphere ischemic stroke patients: A case series study. *Neural Plasticity*, 1-16.
- Batista, A., Bazan, P., Conforto, A. B., Martin, M. G., Hoshino, M., Simon, S. S., **Hampstead, B. M.**, Figueiredo, E. G., Castro, M. P., Michelan, D., Amaro, E., Miotto, E. C. (2019). Resting state functional connectivity and neural correlates of face-name encoding in patients with ischemic vascular lesions with and without the involvement of the left inferior frontal gyrus. *Cortex*, 113, 15-28.
- Bender, A. R., Dubois, K. N., Grabinski, T., Peltier, S., Giordani, B., Paulson, H. L., ... & **Hampstead, B. M.** (2022). Plasma phospho-tau predicts differences in white matter microstructural complexity and cognition in non-demented older adults. *Alzheimer's & Dementia*, 18, e064157.
- Bennett, D. C. Thomas, E. J. **Porter, K. E.**, Broman, R. B., Rauch, S. A. M., & **Sexton, M. B.** (2019). Context matters: PTSD symptom associations with military sexual trauma event characteristics and dual histories of interpersonal trauma. *Violence and Victims*, 34, 69-84.
- Bender, A. R., Ganguli, A., Meiring, M., **Hampstead, B. M.**, & Driver, C. C. (2022). Dynamic modeling of practice effects across the healthy aging-Alzheimer's disease continuum. *Frontiers in Aging Neuroscience*, 14.

- Bein, L., **Grau, P. P.**, Saunders, S. M., & deRoos-Cassini, T. A. (2019). Military mental health: Problem recognition, treatment-seeking, and barriers. *Military Behavioral Health*, 7, 228-237.
- Bikson, M., Esmailpour, Z., Adair, D., Kronberg, G., Tyler, W.J., Antal, A., Datta, A., Sabel, B. A., Nitsche, M. A., Loo, C., Edwards, D., Ekhtiari, H., Knotkova, H., Woods, A.J., **Hampstead, B. M.**, Badran, B. W., Peterchev, A. V. (2019). Transcranial electrical stimulation nomenclature. *Brain Stimulation* 12, 1349-1366.
- Bowersox, N. W., Browne, J., **Grau, P. P.**, Merrill, S. L., Haderlein, T. P., Llorente, M. D., & Washington, D. L. (2023). COVID-19 mortality among veterans with serious mental illness in the veterans health administration. *Journal of Psychiatric Research*, 163, 222-229.
- Brookshire-Gay, K. A., & **Byrd, M.** (2021). Commentary: The importance and complexities of understanding parent-adolescent concordance regarding fertility perspectives prior to cancer treatment. *Journal of Pediatric Psychology*, 46, 1159-1161.
- Brookshire-Gay, K., LaLonde, L., **Byrd, M.**, Neenan, A., Seyedsalehi, S., Hanauer, D. A., ... & Hoodin, F. (2021). Health information technology utilization by adolescent and young adult aged inpatients undergoing hematopoietic cell transplantation. *Journal of Adolescent and Young Adult Oncology*, 10, 100-104.
- Brown, J., Zaben, M., Ormonde, C., Sharouf, F., **Spencer, R.**, Bhatt, H., ... & Gray, W. P. (2023). A high-density 3-dimensional culture model of human glioblastoma for rapid screening of therapeutic resistance. *Biochemical Pharmacology*, 115410.
- Brown, N. B., Wojtalik, J., Turkel, M. T., **Vuper, T. C.**, Strasshofer, D., Sheline, Y. I. & Bruce, S. E. (2020). Neuroticism and its associated brain activation in women with PTSD. *Journal of Interpersonal Violence*, 35, 341-363.
- Brown, W. J., **Saulnier, K. G.**, Allan, N. P., Wojtalik, J. A., Zampogna, A. M., & Grubaugh, A. L. (2022). Dropout from prolonged exposure among individuals with posttraumatic stress disorder and comorbid severe mental illness. *Journal of Affective Disorder Reports*, 10.
- Burton, C. Z., Garnett, E. O., Capellari, E., Chang, S. E., Tso, I. F., **Hampstead, B. M.**, & Taylor, S. F. (2022). Combined cognitive training and transcranial direct current stimulation in neuropsychiatric disorders: A systematic review and meta-analysis. *Biological Psychiatry: Cognitive Neuroscience and Neuroimaging*.
- Cawood, C. D.**, **Bennett, D. C.**, **Lusk, R. K.**, **Lass, A. N.**, **Christ, N. M.**, **Sholander, L. E.**, & **Sexton, M. B.** (2023). Characteristics associated with non-suicidal self-injury among veterans seeking military sexual trauma-related mental healthcare. *Journal of Psychiatric Research*, 157, 127-131.
- Chao, D., **Hale, A.**, Henry, N. L., Kratz, A. L., & Gabel, N. M. (2021). Cancer-related cognitive impairment or “chemobrain:” Emerging assessments, treatments, and targets for intervention. *Current Physical Medicine and Rehabilitation Reports*, 9, 108-118.
- Chermack, S. T., **Bonar, E. E.**, Goldstick, J. E., **Winters, J.**, Blow, F. C., Friday, S., et al. (2019). A randomized controlled trial for aggression and substance use involvement among veterans: Impact of combining Motivational Interviewing, Cognitive Behavioral Treatment and telephone-based continuing care. *Journal of Substance Abuse Treatment*, 78-88.
- Coles, M. E., **Schubert, J. R.**, & Nota, J. A. (2021). Delayed sleep timing in obsessive-compulsive disorder (OCD) is associated with diminished response to exposure and ritual prevention (ERP). *Behavior Therapy*, 52, 1277-1285.
- Coles, M. E., **Schubert, J. R.**, Stewart, E., Sharkey, K. M., & Deak, M. (2020). Sleep duration and timing in obsessive-compulsive disorder (OCD): evidence for a circadian phase delay. *Sleep Medicine*, 72, 111-117.
- Cooper, S. A., Szymanski, B. R., Bohnert, K. M., **Sripada, R. K.**, & McCarthy, J. F. (2020). Association of positive primary care Posttraumatic Stress Disorder screening with suicide mortality among veterans. *JAMA Network Open*, 3, e2015707.
- Davis, M. T., Hart-Derrick, V., **Sexton, M. B.**, Kern, S. G., Zuromski, K., Rauch, S. A. M. (2024). Sex, posttraumatic cognitions, and suicide ideation among veterans seeking trauma-focused treatment. *The Behaviour Therapist*, 47, 227-238.

- Dodge, H. H., Wu, C. Y., Albin, R. L., **Hampstead, B. M.**, Kaye, J. A., Wild, K., & Silbert, L. C. (2022). I-CONNECT: Efficacy in primary and secondary outcomes. *Alzheimer's & Dementia*, 18, e059655.
- Dodge, J., Sullivan, K., **Grau, P. P.**, Chen, C., **Sripada, R.**, & Pfeiffer, P. N. (2023). Retention in individual trauma-focused treatment following family-based treatment among US veterans. *JAMA network open*, 6(12), e2349098-e2349098.
- Duval, E. R., Sheynin, J., **King, A. P.**, Phan, K. L., Simon, N. M., Martis, B. **Porter, K. E.**, Norman, S. B., Liberzon, I., & Rauch, S. A. M. (2020). Neural function during emotion processing and modulation associated with treatment response in a randomized clinical trial for posttraumatic stress disorder. *Depression and Anxiety*, 37, 670-681.
- Fatabhoy, M. G.**, Guohao, Z., Lajaunie, A., Schneiderhan, J. R., Pierce, J. (In press). Intimate partner abuse and telemedicine usage and satisfaction early in the Covid-19 pandemic. *Journal of the American Board of Family Medicine*.
- Fatabhoy, M. G.**, & Hassett, A. L. (2021) Psychiatric comorbidity and fibromyalgia. In: Ablin J.N., & Shoenfeld Y. (Eds.) *Fibromyalgia Syndrome* (pp. 91-108). Springer, Cham.
- Fauer, A. J., Hoodin, F., Lalonde, L., Errickson, J., Runaas, L.,... **Byrd, M...** & Choi, S. W. (2019). Impact of a health information technology tool addressing information needs of caregivers of adult and pediatric hematopoietic stem cell transplantation patients. *Supportive Care in Cancer*, 27, 2103-2112.
- Faulkner, L. M. D., **Tolle, K. A.**, Wendell, C. R., Waldstein, S. R., Katzel, L. I., **Spencer, R. J.** (2020). Incremental utility of an extended Stroop task for identifying subtle difference in cognitive performance among healthy older adults. *Applied Neuropsychology: Adult*, 27, 440-449.
- Feldman, S. J., Lesniak, M., Milliken, M., Sadaghiyani, S., Roberts, J. S., **Hampstead, B. M.**, & **Rahman-Filipiak, A.** (2022). Interest in and perceived benefits and risks of Alzheimer's disease clinical and biomarker results disclosure among diverse participants and care partners. *Alzheimer's & Dementia*, 18, e064543.
- Fernando, M.**, **Schubert, J. R.**, **Valentine, L. M.**, Koch, E. I., & **Sexton, M. B.** (2024) Posttraumatic cognitions about the self are associated with depression symptoms in veterans endorsing a history of assaultive military sexual trauma. *Psychological Services*.
- Gabel, N.**, **Waldron-Perrine, B.**, **Spencer, R. J.**, Pangilinan, P.H., **Hale, A. C.**, & Bieliauskas, L. A. (2019). Suspiciously slow: Timed digit span as an embedded performance validity measure in a sample of veterans with mTBI. *Brain Injury*, 33, 377-382.
- Garcia, S., & **Hampstead, B. M.** (2022). HD-tDCS as a neurorehabilitation technique for a case of post-anoxic leukoencephalopathy. *Neuropsychological Rehabilitation*, 32, 946-966.
- Glass Umfleet, L., Bilder, R. M., Loring, D. W., Thames, A., **Hampstead, B. M.**, Bauer, R. M., ... & Cavanagh, L. (In Press). The future of cognitive screening in neurodegenerative diseases. *Journal of Alzheimer's Disease*.
- Gradwohl, B. D., **Hale, A. C.**, **Spencer, R. J.** (2023). Cross-validating the Executive Errors Scale of the Repeatable Battery for the Assessment of Neuropsychological Status. *Percept Mot Skills*.
- Gradwohl, B. D., Mangum, R. W., **Noyes, E. T.** & **Spencer, R. J.** (In Press). Using supplemental memory measures to refine interpretation of the Repeatable Battery for the Assessment of Neuropsychological Status. *Applied Neuropsychology: Adult*.
- Gradwohl, B. D., Mangum, R. W., **Tolle, K. A.**, Pangilinan, P. H., Bieliauskas, L. A., & **Spencer, R. J.** (2020). Validating the usefulness of the NSI Validity-10 with the MMPI-2-RF. *International Journal of Neuroscience*, 130, 926-932.
- Gradwohl, B. D. & **Spencer, R. J.** (2021). Minimal benefit to extending the Stroop Interference task among individuals undergoing outpatient assessment. *Applied Neuropsychology: Adult*, 28, 497-500.
- Grau, P. P.**, Adams, T. G., & Wetterneck, C. T. (2022). An analysis of the relationship between self-compassion, psychological inflexibility, psychological health, and PTSD severity in a partial hospitalization program. *Violence and Victims*, 37, 768-782.

- Grau, P. P.,** Bohnert, K. M., Ganoczy, D., & **Sripada, R. K.** (2022). Who improves in trauma-focused treatment: A cluster analysis of treatment response in VA patients undergoing PE and CPT. *Journal of Affective Disorders*, 318, 159-166.
- Grau, P. P.,** Browne, J., Nelson, S. M., Austin, K., Keith, J. A., Claes, N. J., ... & Bowersox, N. W. (2024). Engagement in posttraumatic stress disorder treatment for veterans who experienced military sexual trauma and are diagnosed with serious mental illness. *Psychological Services*.
- Grau, P.,** Garnier-Villarreal, M., & Wetterneck, C. (2019). An analysis of the latent factor structure of the Posttraumatic Stress Disorder Checklist for DSM-5 (PCL-5) in a PTSD partial hospitalization program. *Traumatology*, 25, 269.
- Grau, P. P.,** Harpaz-Rotem, I., Ilgen, M. A., Ganoczy, D., & **Sripada, R. K.** (2024). What happens next? Maintenance of gains after discharge From VA residential PTSD treatment. *The Journal of Nervous and Mental Disease*, 212(4), 197-204.
- Grau, P. P.,** Larsen, S. E., Lancaster, S. L., Garnier-Villarreal, M., & Wetterneck, C. T. (2021). Change in event centrality and posttraumatic stress disorder symptoms during intensive treatment. *Journal of Traumatic Stress*, 34, 116-123.
- Grau, P. P.,** McDonald, J. E., Clark, M. N., & Wetterneck, C. T. (2020). The relationship between three ACT core processes of change, PTSD, and depressive symptoms. *Journal of Contextual Behavioral Science*, 16, 178-182.
- Grau, P. P.,** Melchert, T. P., Garnier-Villarreal, M., Knobloch-Fedders, L. M., & Wetterneck, C. T. (2021). Change in self-compassion, psychological inflexibility, and interpersonal courage in intensive PTSD treatment: A latent growth curve analysis. *Mindfulness*, 12, 2983-2996.
- Grau, P. P.,** Singh, R. S., Zhang, X., & Wetterneck, C. T. (2022). Development and initial validation of the Trauma-Related Shame Inventory—Short Form. *Traumatology*, 28, 256.
- Grau, P. P., Sripada, R. K.,** Ganoczy, D., Weinstein, J. H., & Pfeiffer, P. N. (2023). Outcomes of Acceptance and Commitment Therapy for depression and predictors of treatment response in Veterans Health Administration patients. *Journal of Affective Disorders*, 323, 826-833.
- Grau, P. P., Sripada, R. K.,** Pietrzak, R. H., Ganoczy, D., & Harpaz-Rotem, I. (2022). Treatment response trajectories in residential PTSD programs for veterans: A national cohort investigation. *Journal of Anxiety Disorders*, 92, 102645.
- Grekin, R., Bohnert, K. M., **Grau, P. P.,** Ganoczy, D., & **Sripada, R. K.** (2021). Rates and predictors of psychotherapy receipt among U.S. veterans with comorbid posttraumatic stress disorder and substance use disorders. *Drug and Alcohol Dependence Reports*, 1.
- Gros, D. F., **Saulnier, K. G.,** & Allan, N. P. (2023). Exploring trajectories in Transdiagnostic Behavioral Therapy. *Journal of Traumatic Stress*, 36(4), 668-681.
- Hale, A. C.,** Bohnert, K. M., **Spencer, R. J.,** Ganoczy, D., Pfeiffer, P. N. (2020). The prevalence and incidence of ADHD in the Veterans Health Administration from 2009-2016. *Medical Care*, 58, 273-279.
- Hale, A. C.,** Bohnert, K. M., Ganoczy, D., & **Sripada, R. K.** (2019). Predictors of treatment adequacy during evidence-based psychotherapy for PTSD. *Psychiatric Services*, 70, 367-373.
- Hale, A. C.,** Bohnert, K. M., Grekin, R., & **Sripada, R. K.** (2019). Traumatic brain injury in the general population: Incidence, mental health comorbidity, and functioning. *Journal of Nervous and Mental Disease*, 207, 38-42.
- Hale, A. C.,** Bremer-Landau, J., Wright, T. P., McDowell, J. E., & Rodriguez, J. L. (2021). Residential PTSD treatment outcomes during cognitive processing therapy for veterans with and without recent histories of cannabis use. *Psychological Services*, 18, 497-503.
- Hale, A. C., Nelson, S. M., Reckow, J., & Spencer, R. J.** (2020). Validation and extension of personality disorder spectra scales from MMPI-2-RF items. *Journal of Clinical Psychology*, 76, 1754-1774.
- Hale, A. C.,** Rodriguez, J. L., Wright, T. P., Driesenga, S. A., & Spates, C. R. (2019). Predictors of change in cognitive processing therapy for veterans in a residential PTSD treatment program. *Journal of Clinical Psychology*, 75, 364-379.

- Hale, A. C., Tolle, K. A., Kitchen Andren, K. A., & Spencer, R. J.** (2020). Cross-validation of incidental learning tasks from the WAIS-IV as a measure of memory. *Applied Neuropsychology: Adult*, 27, 517-524.
- Hammers, D. B., Duff, K., & Spencer, R. J.** (2021). Demographically-corrected normative data for the HVLT-R, BVMT-R, and Aggregated Learning Ratio values in a sample of older adults. *Journal of Clinical and Experimental Neuropsychology*, 43, 290-300.
- Hammers, D. B., Duff, K., & Spencer, R. J.** (2022). Demographically-corrected normative data for the RBANS Learning Ratio in a sample of older adults. *The Clinical Neuropsychologist*, 2221-2236
- Hammers, D. B., Gradwohl, B. D., Kucera, A., Abildskov, T. J., Wilde, E. A., & Spencer, R. J.** (2021). Preliminary validation of a measure of learning slope for the HVLT-R and BVMT-R in older adults. *Cognitive and Behavioral Neurology*, 34, 170-181.
- Hammers, D. B., Kostadinova, R. V., Spencer, R. J., Ikanga, J. N., Unverzagt, F. W., Risacher, S. L., & Apostolova, L. G.** for the Alzheimer's Disease Neuroimaging Initiative. (In Press). Sensitivity of memory subtests and learning slopes from the ADAS-Cog to distinguish along the continuum of the NIA-AA Research Framework for Alzheimer's Disease. *Aging, Neuropsychology and Cognition*.
- Hammers, D. B., Kucera, A., Spencer, R. J., Abildskov, T. J., Archibald, Z. G., Hoffman, J. M., & Wilde, E. A.** (2020). Examining the relationship between a verbal incidental learning measure from the WAIS-IV and neuroimaging biomarkers for Alzheimer's pathology. *Developmental Neuropsychology*, 45, 95-109.
- Hammers, D. B., Miranda, M., Abildskov, T. J., Tate, D. F., Wilde, E. A., & Spencer, R. J.** (2023). Consideration of different scoring approaches for a verbal incidental learning measure from the WAIS-IV using hippocampal volumes. *Applied Neuropsychology: Adult*, 30, 43-53.
- Hammers, D. B., Pentchev, J. V., Kim, H. J., Spencer, R. J., Apostolova, L. G.** (2023). Alzheimer's Disease Neuroimaging Initiative. The relationship between learning slopes and Alzheimer's Disease biomarkers in cognitively unimpaired participants with and without subjective memory concerns. *J Clin Exp Neuropsychol*, 45, 727-743.
- Hammers, D. B., Spencer, R. J., & Apostolova, L. G.** for the Alzheimer's Disease Neuroimaging Initiative. (2022). Validation of and demographically adjusted normative data for the Learning Ratio Derived from the RAVLT in robustly intact older adults. *Archives of Clinical Neuropsychology*, 43, 290-300.
- Hammers, D. B., Suhrie, K., Dixon, A., Gradwohl, B. D., Archibald, Z. G., King, J. B., Spencer, R. J., Duff, K., & Hoffman, J. M.** (2021). Relationship between a novel learning slope metric and Alzheimer's disease biomarkers. *Aging, Neuropsychology, and Cognition: A Journal on Normal and Dysfunctional Development*, 29, 799-819.
- Hammers, D. B., Suhrie, K., Dixon, A., Gradwohl, B. D., Duff, K., & Spencer, R. J.** (2022). Validation of HVLT-R, BVMT-R, and RBANS learning slope scores along the Alzheimer's continuum. *Archives of Clinical Neuropsychology*, 37, 78-90.
- Hampstead, B. M., & Bahar-Fuchs, A.** (2020). Neurophysiological mechanisms and outcomes of nonpharmacologic interventions for neurological disease or injury. *Introduction to Special Issue International Journal of Psychophysiology*, 154, 1-2.
- Hampstead, B. M., Ehmann, M., Rahman-Filipiak, A.** (2020). Reliable use of silver chloride HD-tDCS electrodes. *Brain Stimulation* 13, 1005-1007.
- Hampstead, B. M., Jordan, A., Peltier, S., & Ploutz-Snyder, R.** (2022). Transcranial direct current stimulation (tDCS) in cognitively symptomatic older adults. *Alzheimer's & Dementia*, 18, e067610.
- Hampstead, B. M., Lengu, K., Goldenkoff, E. R., Vesia, M.** (In Press). Non-invasive brain stimulation as a rehabilitation tool for cognitive impairment: Current evidence, clinical implications, and future directions. In B. Crosson, G. G. Brown, K. Haaland, & T. King (Eds.). *APA handbook of neuropsychology*. American Psychological Association.

- Hampstead, B. M.,** Mascaro, N., Schlaefflin, S., Bhaumik, A., Laing, J., Peltier, S., Martis, B. (2020). Variable symptomatic and neurophysiologic response to HD-tDCS in a case series with post-traumatic stress disorder. *International Journal of Psychophysiology*, 154, 93-100.
- Hampstead, B. M.,** & Potempa, K. Does the Abbreviated Mental Test Accurately predict cognitive impairment in Thai older adults? A retrospective study.
- Hampstead, B. M.,** Rahmann, A. F., Reckow, J. (2020). Effects of cognitively-based interventions across the dementia spectrum. In J. DeLuca, N. Chiaravalloti, & E. Weber (Eds.) *Cognitive rehabilitation: Examining the evidence from brain to behavior*. Springer.
- Hampstead, B. M.,** Stringer, A. Y., Iordan, A. D., Ploutz-Snyder, R., & Sathian, K. (2022). Toward rational use of cognitive training in those with mild cognitive impairment. *Alzheimer's & Dementia*.
- Hampstead, B. M.,** Stringer, A. Y., Stilla, R. F., Sathian, K. (2020). Mnemonic strategy training increases neocortical activation in healthy older adults and patients with mild cognitive impairment. *International Journal of Psychophysiology*, 154, 27-36.
- Harrie, A., **Hampstead, B. M.,** Lewis, C., Herreshoff, E., & Kotagal, V. (2022). Cognitive correlates of dual tasking costs on the timed up and go test in Parkinson disease. *Clinical Parkinsonism & Related Disorders*, 7, 100158.
- Hennrick, H. C., & **Byrd, M.** (2019). Survivor–therapists and sexual-assailant–clients: A unified approach to sexual communication skills building and assault prevention. *Journal of Psychotherapy Integration*, 29, 138.
- Hein, T. C., Austin, K., **Grau, P. P.,** Keith, J. A., Claes, N. J., & Bowersox, N. W. (2024). Predictors of non-fatal suicide attempts among Veterans Health Administration (VHA) patients who experienced military sexual trauma. *Suicide and Life-Threatening Behavior*.
- Hoogendoorn, C. J., Shapira, A., Roy, J. F., **Kane, N. S.,** & Gonzalez, J. S. (2020). Distress and quality of life in adults with diabetes. In Marrero, D. & Delamater, A.M. (Eds.), *Behavioral diabetes* (pp. 303-308). Springer.
- Ikanga, J., Basterfield, C., Taiwo, Z., Bragg, P., Bartlett, A., Howard, C., **Spencer, R.,** & Stringer, A. Y. (2022). The reliability of the African Neuropsychology Battery in persons of African descent. *Archives of Clinical Neuropsychology*, 37, 839-848y.
- Ikanga, J., Taiwo, Z., Lengu, K., Epenge, W., Esambo, H., Gikelekele, G., Esilakoy, C., Kavugho, I., Mampunza, S. M., Hammers, D. B., Stringer, A., & **Spencer, R. J.** (In Press). Performance on the African Neuropsychology Battery using the Learning Ratio in a sample of healthy Congolese. *Journal of the International Neuropsychological Society*.
- Ikanga, J., Patrick Plummer, S., Schwinne, M., Sundaram Patel, S., Epenge, E., Gikelekele, G., ... & **Spencer, R.J.** (In Press). Sensitivity of the African Neuropsychology Battery Memory Subtests and Learning Slopes in Discriminating APOE 4 and amyloid pathology in adult individuals in the Democratic Republic of Congo. *Frontiers in Neurology, section Dementia and Neurodegenerative Diseases*.
- Imbesi, E.A.** (In Press). A primary care approach to patients with traumatic brain injury. *Journal of Family Practice*.
- Iordan, A. D., Ryan, S., Tyszkowski, T., Peltier, S.J., Rahman-Filipiak, A., **Hampstead, B. M.** (2022). High-definition transcranial direct current stimulation enhances network segregation during spatial navigation in mild cognitive impairment. *Cerebral Cortex*, 14, 1654-1655.
- Johnson, B. T., **Grau, P. P.,** & Saunders, S. M. (2020) Psychiatric medications and stigmatizing attitudes in college students. *Journal of College Student Psychotherapy*, 34, 287-301.
- Jones, K. R. S., Rauch, S. A. M., **Smith, E. R.,** Sherrill, A. M., & Eftekhari, A. (2021). Moral injury, posttraumatic stress disorder, and prolonged exposure. In J. M. Currier, K. D. Drescher, & J. Nieuwsma (Eds.), *Addressing moral injury in clinical practice* (p. 123–141). American Psychological Association.
- Joshi, S. A., Duval, E. R., Sheynin, J., King, A. P., Phan, K. L., Martis, B., **Porter, K. E.,** Liberzon, I., Rauch, S. A. M. (2020). Neural correlates of emotional reactivity and regulation associated with

- treatment response in a randomized clinical trial for posttraumatic stress disorder. *Psychiatry Research and Neuroimaging*, 2999, 111062.
- Judah, M. R., **Saulnier, K. G.**, Hager, N. M., & Allan, N. P. (2020). A bifactor model of the Straightforward Attentional Control Scale. *Journal of Psychopathology and Behavioral Assessment*, 42, 127-136.
- Jung, Y., Counts, S. E., **Hampstead, B. M.**, & Damoiseaux, J. S. (2022). Plasma NfL predicts default mode network functional connectivity in older adults at higher risk for Alzheimer's disease. *Alzheimer's & Dementia*, 18, e064944.
- Kane, N. S.**, **Bloor, L. E.**, & Michaels, J. L. (2021). Enhancing diabetes self-management among veterans with significant co-morbid health and psychological conditions: A Pilot Study. *Federal Practitioner*, 38.
- Kalmbach, D. A., Abelson, J. L., Arnedt, J. T., Zhao, Z., **Schubert, J. R.**, & Sen, S. (2019). Insomnia symptoms and short sleep predict anxiety and worry in response to stress exposure: A prospective cohort study of medical interns. *Sleep Medicine*, 55, 40-47.
- Kessels, R. P. C., Murk, S., Walvoort, S. J. W., **Hampstead, B. M.** (2020). The effects of strategy training on spatial memory in diencephalic amnesia: A randomized controlled study. *Cognitive Processing*, 21, 315-319.
- Knowles, K. A., **Sripada, R. K.**, Defever, M., & Rauch, S. A. M. (2019). Comorbid mood and anxiety disorders and severity of posttraumatic stress disorder symptoms in treatment-seeking veterans. *Psychological Trauma: Theory, Research, Practice, and Policy*, 11, 451-458.
- LaLonde, L., Neenan, A., **Byrd, M.**, Hoodin, F., Bouma, S., & Choi, S. W. (2024). Caregiver self-efficacy providing nutritional support for pediatric patients undergoing hematopoietic stem cell transplant is associated with psychosocial factors. *Frontiers in Nutrition*, 11, 1323482.
- Langenecker, S. A., Klumpp, H., Peters, A. T., Crane, N. A., DelDonno, S. R., Bessette, K. L., Ajilore, O., Leow, A., Shankman, S. A., Walker, S. J., **Ransom, M. T.**, Hsu, D. T., Phan, K. L., Zubieta, J. K., Mickey, B. J., & Stange, J. P. (2019). Multidimensional imaging techniques for prediction of treatment response in major depressive disorder. *Progress in Neuropsychopharmacology & Biological Psychiatry*, 91, 38-48.
- Lee, A. A.**, **Sripada, R. K.**, **Hale, A. C.**, Ganoczy, D., Trivedi, R., Arnow, B., & Pfeiffer, P. N. (2021). Psychotherapy and depressive symptom trajectories among VA patients: Comparing the dose-effect and good-enough level models. *Journal of Consulting and Clinical Psychology*, 89, 379-392.
- Laing, J. M., **Hampstead, B. M.** (2020). Cognitive compensatory mechanisms. In D. Gu & M. E. Dupree (Eds.). *Encyclopedia of gerontology and population aging*. Springer, Cham.
- Kane, N. S.**, Anastasides, N., Litke, D. R., Helmer, D. A., Hunt, S. C., Quigley, K. S., Pigeon, W. R., & McAndrew, L. M. (2021). Under-recognition of medically unexplained symptom conditions among US Veterans with Gulf War Illness. *PLoS One*, 16, e0259341.
- Kane, N. S.**, Hoogendoorn, C. J., Commissariat, P. V., Schulder, T. E., & Gonzalez, J. S. (2020). Glycemic control and self-rated health among ethnically diverse adolescents with type 1 diabetes. *Pediatric Diabetes*, 21, 69-76.
- Kane, N. S.**, **Bloor, L. E.**, & Michaels, J. (2021). Enhancing diabetes self-management education and psychological services for veterans with comorbid chronic health and mental health conditions. *Federal Practitioner*, 38, e22-e28.
- Lengu, K.**, Ryan, S., Peltier, S.J., Tyszkowski, T., Kairys, A., Giordani, B., **Hampstead, B. M.** (2022). Effects of HD-tDCS on local glutamate and GABA levels among older adults with and without mild cognitive impairment. *Journal of Alzheimer's Disease*, 84, 1091-1102.
- Mangum, R. W.**, Tolle-Fu, K. A., **Hale, A. C.**, Gradwohl, B. D. & **Spencer, R. J.** (2021). The Savage Organizational Scoring System for the Rey-Osterrieth Complex Figure Test: Norms and new data from veterans in a traumatic brain injury clinic. *Perceptual & Motor Skills*, 128, 2561-2581.

- Maragakakis, A., Ham, H., Bruni, T. P., **Byrd, M. R.**, LaLonde, L., Neenan, A., ... & Turnier, L. (2021). Promoting a holistic family care model: Ethical and practical considerations for treating adult caregivers in integrated pediatric settings. *Clinical Practice in Pediatric Psychology*, 9, 209.
- Martin, S. J., Luzier, J., & **Saulnier, K. G.** (2022). Changes in unhealthy exercise in outpatient eating disorder treatment: Examining emotion avoidance mechanisms. *Eating and Weight Disorders – Studies on Anorexia, Bulimia and Obesity*, 27, 675-682.
- Martin, S. J., **Saulnier, K. G.**, Horvath, S. A., & Anderson, T. (2020). Increasing help-seeking for EP among collegiate athletes: An examination of a novel, customized intervention. *Psychology of Sport & Exercise*, 50.
- McDonald, J. E., Faytol, A. L., **Grau, P. P.**, Olson, J. R., Goddard, H. W., & Marshall, J. P. (2020). Compassion and values influence marital quality amongst couples in three US states. *Couple and Family Psychology: Research and Practice*, 9, 59.
- McDonald, J. E., & **Grau, P. P.** (2019). Challenges and growth through bereavement during graduate training. *Journal of Psychotherapy Integration*, 29, 164.
- Meis, L. A., Glynn, S. M., Spoont, M. R., Kehle-Forbes, S. M., Nelson, D. Isenhardt, C. E., Eftekhari, A., Ackland, P. E., Linden, E. B., Orazem, R. J., Cutting, A., Hagel Campbell, E. M., Astin, M. C., **Porter, K. E., Smith, E. R.**, Chuick, C. D., Lamp, K. E., **Vuper, T. C.**, Oakley, T. A., Khan, L. B., Keckeisen, S. K., Polusny, M. A. (2022). Can families help veterans get more from PTSD treatment? Design and methodology of a randomized clinical trial. *Trials*, 23, 1-19.
- Mohan, N., Guohao, Z., Hassett, A. L., **Fatabhoy, M. G.**, Pierce J. (2022). History of abuse influences the relationship between pain and thoughts of harm to self and others in unexpected ways. *Regional Anesthesia and Pain Medicine*, 48, 120-126.
- Morris, D. H., Spencer, R. J., Winters, J. J.**, Walton, M. A., Friday, S., & Chermack, S. T. (2019). Association of persistent post-concussion symptoms with violence perpetration among veterans who use substances. *Psychology of Violence*, 9, 167-176.
- Mulhauser, K., **Hampstead, B. M.**, Coughlin, L. N., & Ilgen, M. A. (2023). The association between cannabis use and subjective memory complaints in older adults in the United States. *Journal of the International Neuropsychological Society*, 1-8.
- Mylonas, D., Baran, B., Demanuele, C., Cox, R., **Vuper, T. C.**, Seicol, B. S., Fowler, R. A., Correll, D., Parr, E., Callahan, C. E., Morgan, A., Henderson, D., Vangel, M., Stickgold, R., Manoach, D. S. (2020). The effects of eszopiclone on sleep spindles and memory consolidation in schizophrenia: A randomized clinical trial. *Neuropsychopharmacology: Official Publication of the American College of Neuropsychopharmacology*, 45, 2189–2197.
- Neenan, A., **Byrd, M.**, Hoodin, F., & Staples, A. D. (2024). Activism, coping, and hopefulness among parents of children with cancer. *Journal of Pediatric Hematology/Oncology Nursing*, 41, 56-66.
- Nazim, K., Ryan, S., Tyszkowski, T., Padgett, M., Guillen, A., Thomas, C., ... **Hampstead, B.**, & Datta, A. (2023). Development of home high definition-transcranial direct current stimulation technology: hardware and individualized headgear. *Brain Stimulation: Basic, Translational, and Clinical Research in Neuromodulation*, 16, 408.
- Neenan, A., **Byrd, M.**, Hoodin, F., & Staples, A. D. (2024). Activism, coping, and hopefulness Among parents of children With cancer. *Journal of Pediatric Hematology/Oncology Nursing*, 41(1), 56-66.
- Noyes, E. T.**, Levine, J. A., & Schlauch, R. C. (2019). Psychometric evaluation of the Approach and Avoidance of Alcohol Questionnaire in a community sample. *Journal of Psychopathology and Behavioral Assessment*, 4, 375-383.
- Noyes, E. T., Major, S.**, Wilson, A. M., **Campbell, E. B., Ratcliff, L. N., & Spencer, R. J. (2022).** Reliability and factor structure of the Saint Louis University Mental Status (SLUMS) Examination. *Clinical Gerontologist*, 1-7.
- Noyes, E. T.**, Seaman, C., **Spencer, R. J.**, Alexander, N. B., Hogikyan, R. V., **Rochette, A. D.**, & **Stelmokas, J.** (In Press). Relationship of MoCA and FIM cognitive subscale to level of care

- needs following post-acute care rehabilitation. *American Journal of Physical Medicine and Rehabilitation*.
- Noyes, E. T.**, Tang, X., Walker, W. C., Finn, J. A., Sander, A. M., Cooper, D. B., Silva, M. A., & Nakase-Richardson, R. (2020). Impact of medical comorbidities on psychological health at two and five years following traumatic brain injury (TBI). *Rehabilitation psychology*, 66, 107–117.
- Oosterhouse, K.**, Riggs, S. A., Kaminski, P., & Blumenthal, H. (2020). The executive subsystem in middle childhood: Adult mental health, marital satisfaction, and secure-base parenting. *Family Relations*, 69, 166-179.
- Pierce, J., Mohan, N., **Fatabhoy, M. G.**, McAfee, J., Hassett, A. L. (2022). Post-traumatic stress symptoms and chronic pain: Association with perception of sensory and social stimuli. *Mental Health Science*, 1, 23-36
- Piette, J. D., Roberts, J. S., Marinec, N., Chen, J., Yon, S., Maly, M., ... & **Hampstead, B.** (2022). Providing a purposeful and stimulating volunteer opportunity for older adults with mild cognitive impairment: A pilot study. *Alzheimer Disease & Associated Disorders*, 10-1097.
- Porter, K. E., Kane, N. S., Smith, E. R.**, Cochran, H. M., Lyubkin, M., & **Sexton, M. B.** (2022). Age-related differences in mental health care service utilization in veterans with a history of military sexual trauma. *Professional Psychology: Research and Practice*, 53, 477-482.
- Porter, K. E.**, Stein, M. B., **Grau, P. P.**, Kim, H. M., Powell, C., Hoge, C. W., **Smith, E. R.**... & PROGRESS Research Team. (2024). Impact of PTSD treatment on postconcussive symptoms in veterans: A comparison of sertraline, prolonged exposure, and their combination. *Journal of Psychiatric Research*, 173, 64-70.
- Potempa, K., Rajataramya, B., Barton, D. L., Singha-Dong, N., Stephenson, R., Smith, E. M. L., Davis, M., Dinov, I., **Hampstead, B. M.**, Aikens, J., Saslow, L., Furspan, P., Sarakshetrin, A., Pupjain, S. (2019). Impact of using a broad-based multi-institutional approach to build capacity for non-communicable disease. *Research in Thailand Health Research Policy and Systems* 17, 1-6.
- Rahman-Filipiak, A.**, Feldman, S. J., Lesniak, M., Milliken, M., Roberts, J. S., & **Hampstead, B. M.** (2022). Assessment of decisional capacity for Alzheimer's disease PET disclosure among cognitively symptomatic individuals. *Alzheimer's & Dementia*, 18, e064551.
- Rahman-Filipiak, A.**, & **Hampstead, B. M.** (2022). Communication technologies and older adults. In D. Gu & M. Dupre (Eds.) *Encyclopedia of gerontology and population aging*. Springer, Cham.
- Rahman-Filipiak, A.**, Reckow, J. M., Woods, A. J., Nitsche, M. A., & **Hampstead, B. M.** (2019). The use and efficacy of transcranial direct current stimulation in individuals with neurodegenerative dementias. In K. Knotkova, M. A. Nitsche, M. Biksom, & A. J. Woods (Eds). *Practical guide to transcranial direct current stimulation* (pp. 473-507). Springer, Cham.
- Rahman-Filipiak, A.**, Sadaghiyani, S., Davis, K., Bhaumik, A. K., Paulson, H. L., Giordani, B., **Hampstead, B. M.** (2022). Validation of the National Alzheimer's Coordinating Center (NACC) Lewy Body Disease Module Neuropsychological Tests. *Alzheimer's & Dementia: Diagnosis, Assessment & Disease Monitoring*, 14, e12279.
- Ratcliffe, L. N.**, **Hale, A. C.**, McDonald, T., Hewitt, K. C., Nguyen, C. M., **Spencer, R. J.**, Loring, D. W. (In Press). The Montreal Cognitive Assessment: Norms and reliable change indices for standard and MoCA-22 administrations. *Arch Clin Neuropsychol*.
- Rauch, S. A. M., Kim, M., Venners, M., **Porter, K.**, Norman, S., Rothbaum, B., Tuerk, P., Acierno, R., Bui, E., Powell, C., **Smith, E. R.**, Goetter, E., & McSweeney, L. (2021) Change in PTSD-related thoughts with PTSD treatment: Do thoughts drive change when pills are involved? *Journal of Traumatic Stress*, 1-12.
- Rauch, S. A. M., King, A. P., Liberzon, I., & **Sripada, R. K.** (2017). Changes in salivary cortisol during psychotherapy for Posttraumatic Stress Disorder: A pilot study in 30 veterans. *Journal of Clinical Psychiatry*, 78, 599-603.
- Rauch, S. A. M., Rothbaum, B. O., **Smith, E. R.**, & Foa, E. B. (2020). *Prolonged exposure for PTSD in intensive outpatient programs (PE-IOP): Therapist guide*. Oxford University Press.

- Rauch, S. A. M., **Sripada, R. K.**, Burton, M., Michopoulos, V., Kerley, K., Marx, C., ..., & Peterson, A. L. (2020). Neuroendocrine biomarkers of prolonged exposure treatment response in military-related PTSD. *Psychoneuroendocrinology*, 119, 104749.
- Reffi, A. N., Kalmbach, D. A., Cheng, P., Jovanovic, T., Norrholm, S. D., **Sexton, M. B.**, Mahr, G., Arnett, L., Seymour, G., & Drake, C. L. (2022). Sleep reactivity as a potential pathway from childhood abuse to adult insomnia. *Sleep Medicine*, 94, 70-74.
- Rigby, T., Gregoire, A., Reader, J. M., Kairys, A., Bhaumik, A. K., **Rahman-Filipiak, A.**, **Hampstead, B. M.** ... & Giordani, B. (2022). Identification of mild cognitive impairment among Black and White community dwelling older adults using NIH-Toolbox Cognition Tablet Battery. *Alzheimer's & Dementia*, 18, e067700.
- Rochette, A. D., **Rahman-Filipiak, A.**, **Spencer, R. J.**, **Marshall, D.**, & **Stelmokas, J. E.** (2021). Teleneuropsychology practice survey during COVID-19 within the United States. *Applied Neuropsychology: Adult*, 29, 1312-1322.
- Rodriguez, J. L., **Hale, A. C.**, Marston, H. N., Sage-Germain, C. E., Wright, T. P., Driesenga, S. A., Martin, S. M., & **Sripada, R. K.** (2021). The association between service connection and treatment outcome in veterans undergoing residential PTSD treatment. *Psychiatric Quarterly*, 1-12.
- Sabates, J., Belleville, B., Castellani, M., Dwolatzky, T., **Hampstead, B. M.**, Lampit, A., Simon, S., Anstey, K., Goodenough, B., Mancuso, S., Marques, D., Sinnott, R., Bahar-Fuchs, A. (2021). CogTale: An online platform for the evaluation, synthesis and dissemination of evidence from cognitive interventions studies. *Systematic Reviews*, 10, 236.
- Sabates, J., Drake, M., Folmer, M., Lax, G. S., **Hampstead, B. M.**, & Bahar-Fuchs, A. (2022). Medium and long-term effects of computerised cognitive training on cognitive and non-cognitive outcomes of people with mild cognitive impairment: Protocol for a systematic review.
- Salinas, K. Z., Saran, S., **Saulnier, K. G.**, Hoglen, B., Houser, K. R., Krebs, N. M., Kaynak, O., Bordner, C. R., Yingst, J. M., Foulds, J., Allen, S. I., Hobkirk, A. L. (2024). A comparison of mental health symptoms among adults who vape nicotine, cannabis, or both. *Substance Use & Misuse*, 59, 601-607.
- Saulnier, K. G.**, Allan, N. P., Judah, M. R., Koscinski, B., Hager, N., Albanese, B., Knapp, A. A., & Schmidt, N. B. 2021. Attentional control moderates the relations between intolerance of uncertainty and generalized anxiety disorder and symptoms. *Cognitive Therapy and Research*, 1-9.
- Saulnier K. G.**, Ganoczy D., **Grau, P. P.**, **Sripada, R. K.**, Zivin K., Piette J. D., & Pfeiffer P. N. (2024). Generalized anxiety disorder screening scores are associated with greater treatment need among Veterans with depression. *Journal of Psychiatric Research*, 177, 31-38.
- Saulnier, K. G.**, Huet, A., Judah, M. R., & Allan, N. P. (2021). Anxiety sensitivity and arousal symptom implicit association task performance: An event-related potential study of cognitive processing of anxiety-relevant stimuli. *Journal of Affective Disorders*, 280, 7-15.
- Saulnier, K. G.**, King, C. A., Ilgen, M. A., Ganoczy, D., Jagusch, J., Garlick, J., Abraham, K. M., Lapidus, A., Kim, H. M., Vega, E., Ahmedani, B. K., & Pfeiffer, P. N. (in press). Do measures of social support and social distress share general factors associated with suicidal ideation and attempts? *Suicide and Life-Threatening Behavior*.
- Saulnier, K. G.**, Koscinski, B., Flynt, S., Accorso, C., & Allan, N. P. (2024). Brief Observable Anxiety Sensitivity Treatment: Intervention development and a randomized-controlled acceptability and feasibility trial to evaluate a brief intervention for anxiety sensitivity social concerns. *Cognitive Behaviour Therapy*, 53, 190-206.
- Saulnier, K. G.**, Koscinski, B., Volarov, M., Accorso, C., Austin, M. J., Suhr, J. A., et al. (2021). Anxiety sensitivity and intolerance of uncertainty are unique and interactive risk factors for COVID-19 safety behaviors and worries. *Cognitive Behaviour Therapy*, 1-12.
- Saulnier, K. G.**, Marr, N., van Geen, C., Babinski, D. E., & Mukherjee, D. (2023). Reinforcement-based responsiveness, depression, and anhedonia: A multi-method investigation of intergenerational

- risk. *Journal of Psychiatric Research*, 158, 373-381.
- Saulnier, K. G.,** Panaite, V., Ganoczy, D., Kim, H. M., Zivin, K., Hofer, T., Piette, J. D., & Pfeiffer, P. N. (2023). Depression symptom outcomes and re-engagement among VA patients who discontinue care while symptomatic. *General Hospital Psychiatry*, 85, 87-94.
- Saulnier, K. G.,** Saulnier, S. J. & Allan, N. P. (2021). A psychometric investigation of the Perfectionistic Self-Presentation Scale using bifactor modeling: Evidence for the unidimensional structure of the measure. *Journal of Psychopathology and Behavioral Assessment*, 139-150.
- Saulnier, K. G.,** Saulnier, S. J., & Allan, N. P. (2022). Cognitive risk factors and the experience of acute anxiety following social stressors: An ecological momentary assessment study. *Journal of Anxiety Disorders*, 88.
- Saulnier, K. G.,** Singh, R., Lenker, K. P., Calhoun, S. L., He, F., Liao, D., Vgontzas, A. N., Bixler, E. O., & Fernandez-Mendoza, J. (2022). Association of insomnia phenotypes based on objective sleep duration with suicidal ideation and attempts. *Sleep Health*, 8, 391-397.
- Saulnier, K. G.,** Volarov, M., & Allan, N. P. (2023). Anxiety sensitivity social concerns predicts electrodermal activity during the niacin biological challenge paradigm. *Psychiatry International*, 3, 336-345.
- Saulnier, K. G.,** Volarov, M., Velimirovic, M., Bauer, B. W., Kolnagorova, K., Ashrafioun, L., Stecker, T., & Allan, N. P. (2023). Risk factors of suicidal behaviors in a high-risk longitudinal veteran sample: A network analysis. *Suicide and Life-Threatening Behavior*, 53, 4-15.
- Schubert, J. R.,** Stewart, E., & Coles, M. E. (2020). Later bedtimes predict prospective increases in symptom severity in individuals with obsessive compulsive disorder (OCD): An initial study. *Behavioral Sleep Medicine*, 18, 500-512.
- Schmidt, N.B., Allan, N.P., Kosciński, B., Mathes, B.M., Eakles, K., Accorso, C., **Saulnier, K.G.,** et al. (2021). COVID-19 Impact Battery: Development and validation. *Journal of Psychopathology and Behavioral Assessment*, 1-18.
- Schmidt, N.B., Capron, D., Raines, A.M., Albanese, B., Short, N., Mathes, B.M., Morabito, D.M., **Saulnier, K. G.,** & Allan, N. P. (2023). Evaluating the long-term (three year) durability of brief interventions targeting risk factors for psychopathology. *Journal of Anxiety Disorders*, 96.
- Schmidt, N. B., Martin, A.D., Allan, N.P., Mathes, B.M., **Saulnier, K.G.,** & March, D.S. (2021). Actual versus perceived infection rates of COVID-19: Impact on distress, behavior, and disability. *Journal of Psychiatric Research*, 137, 525-533. PMID: 33831818
- Segal, A., Adkins, E., **Fatabhoy, M. G.,** Bryce, K., Gonzalez H. C., Miller-Matero, L. R. (2023). Utility of phosphatidylethanol testing in liver transplant evaluation: Examining concordance to self-reported alcohol use. *Liver Transplantation*, 29, 456-458.
- Severe, J., Pfeiffer, P. N., Palm-Cruz, K., Hoeft, T., **Sripada, R. K.,** Hawrilenko, M., Chen, S., & Fortney, J. (In Press). Clinical predictors of engagement in teleintegrated care and telereferral care for complex psychiatric disorders in primary care: A randomized trial. *Journal of General Internal Medicine*.
- Sexton, M. B.,** Davis, A. K., Buchholz, K. R., **Winters, J. J.,** Rauch S. A. M., Yzquibell, M., Bonar, E. E., Friday, S. & Chermack, S. T. (2019). Veterans with recent substance use and aggression: PTSD, substance use, and social network behaviors. *Psychological Trauma: Theory, Research, Practice, and Policy*, 11, 424.
- Sexton, M. B.,** Davis, M. T., Bennett, D. C., Morris, D. H., & Rauch, S. A. M. (2019). A psychometric evaluation of the Posttraumatic Cognitions Inventory with veterans seeking treatment following military trauma exposure. *Journal of Affective Disorders*, 226, 232-238.
- Sexton, M. B.,** Dawson, S., **Spencer, R. J.,** Phillips, D., Reckow, J. M., Conroy, D. A., **Winters, J. J.,** Bonar, E. E. & Chermack, S. T. (2020). Relationships between insomnia and alcohol and cocaine use frequency with aggression among veterans engaged in substance use treatment. *Sleep Medicine*, 83, 182-187.
- Severe, J., Pfeiffer, P. N., Palm-Cruz, K., Hoeft, T., **Sripada, R.,** Hawrilenko, M., ... & Fortney, J. (2022). Clinical predictors of engagement in teleintegrated care and telereferral care for complex

- psychiatric disorders in primary care: A randomized trial. *Journal of General Internal Medicine*, 37, 3361-3367.
- Shaked, D., Faulkner, L. M. D., Tolle, K. A., Wendell, C. R., Waldstein, S. R., & **Spencer, R. J.** (2020). Reliability and validity of the Conners' Continuous Performance Test. *Applied Neuropsychology: Adult*, 27, 478-487.
- Short, N. A., Allan, N. P., **Saulnier, K. G.**, Preston, T. J., Joiner, T. E., & Schmidt, N. B. Factor mixture modeling of the Insomnia Severity Index in psychiatric outpatients. (2021) *Journal of Psychopathology and Behavioral Assessment*, 43, 227-239.
- Sikkes, S. A. M., Bahar-Fuchs, A., Tang, Y., Jutten, R. J., Wesselman, L., ..., **Hampstead, B. M.**, ... Turkstra, L. S. (2021). Toward a theory-based specification of non-pharmacological treatments in aging and dementia: Focused reviews and methodological recommendations. *Alzheimer's & Dementia: The Journal of the Alzheimer's Association*, 17, 255-270.
- Simon, S. S., Castellani, M., Belleville, S., Dwolatzky, T., **Hampstead, B. M.**, Bahar-Fuchs, A. (2020). The design, evaluation and reporting on non-pharmacological, cognition-oriented treatments for older adults: Results of a survey of experts. *Alzheimer's & Dementia: Translational Research & Clinical Interventions* 6, e12024.
- Simon, S. S., **Hampstead, B. M.**, Nucci, M. P., Duran, F. L. S., Fonseca, L. M., da Graca Martin, M., et al.. (2020). Training gains and transfer effects after mnemonic strategy training in mild cognitive impairment: A fMRI study. *International Journal of Psychophysiology*, 154, 15-26.
- Simon, S. S., **Hampstead, B. M.**, Nucci, M. P., Ferreira, L. K., Duran, F. L. S., Fonseca, L. M., et al. (2021). Mnemonic strategy training modulates functional connectivity at rest in mild cognitive impairment: Results from a randomized controlled trial. *Alzheimer's & Demantia: Translational Research & Clinical Interventions*, 6, e12075.
- Simon, N. M., Hoepfner, S. S., Lubin R. E., Robinaugh D. J., Malgaroli, M., Norman, S. B., ..., **Smith, E. R.**, Kim, H. M., Rauch, S. A. M. (2020). Understanding the impact of complicated grief on combat related posttraumatic stress disorder, guilt, suicide and functional impairment in a clinical trial of post-9/11 service members and veterans. *Depression and Anxiety*, 37, 944.
- Spencer, R. J., Collings, A. S., & Bloor, L. E.** (2019). Cognitive-behavioral therapy for insomnia as treatment for post-concussive symptoms. *Medical Research Journal*, 1, 1-5.
- Spencer, R. J., Gradwohl, B. D. & Kordovski, V. M.** (2021). Initial validation of short forms of the SIMS for neuropsychological evaluations. *Psychological Injury and Law*, 14, 37-45.
- Spencer, R. J., Gradwohl, B. D., Williams, T. F., Kordovski, V. M., & Hammers, D. B.** (2020). Developing learning slope scores for the Repeatable Battery for the Assessment of Neuropsychological Status. *Applied Neuropsychology: Adult*, 1-7.
- Spencer, R. J., Hale, A. C.,** Campbell, E. B., & Ratcliffe, L. N. (In Press). Examining the item composition of the RBS in veterans undergoing neuropsychological evaluation. *Applied Neuropsychology: Adult*, 1-5.
- Spencer, R. J., Noves, E. T., Bair, J. L. & Ransom, M. T.** (2022). Systematic review of the psychometric properties of the Saint Louis University Mental Status (SLUMS) Examination. *The Clinical Gerontologist*.
- Spencer, R. J., Tree, H. A., Rahman, A. M., & Bieliauskas, L. A.** (2019). The Michigan Odd Beliefs Scale: A measure of suggestibility as assessed by endorsement of urban myths. *Medical Research Journal*, 1, 1-5.
- Spencer, R. J., Williams, T. F., Kordovski, V. M., Patrick, S. D., Lengu, K., Gradwohl, B. D., Hammers, D. B.** (2023). A quantitative review of competing learning slope metrics: effects of age, sex, and clinical diagnosis. *J Clin Exp Neuropsychol*, 45, 744-757.
- Sprang, K. Rauch, S. A. M., **Smith, E. R.**, Sherrill, A. & Eftekhari, A. (2021) Moral injury, PTSD, and prolonged exposure. In Currier, J., Drescher, K., Nieuwsma, J. (Eds.) *Addressing moral injury in clinical practice*. American Psychological Association.

- Sripada, R. K.,** Blow, F. C., Pfeiffer, P. N., Ganoczy, D., Hoff, R., & Bohnert, K. M. (2020). Latent classes of PTSD symptoms in veterans undergoing residential PTSD treatment. *Psychological Services, 17*, 84-92.
- Sripada, R. K.,** Blow, F. C., Rauch, S. A. M., Ganoczy, D., Hoff, R., Harpaz-Rotem, I., & Bohnert, K. M. (2019). Examining the nonresponse phenomenon: Factors associated with treatment response in a national sample of veterans undergoing residential PTSD treatment. *Journal of Anxiety Disorders, 63*, 18-25.
- Sripada, R. K., Grau, P. P.,** Porath, B. R., Burgess, J., Van, T., Kim, H. M., ... & Zivin, K. (2024). Role of institutional support for evidence-based psychotherapy in satisfaction and burnout among Veterans affairs therapists. *Psychiatric Services, 75*(3), 206-213.
- Sripada, R. K.,** Ready, D. J., Ganoczy, D., Astin, M. C., & Rauch, S. A. M. (2020). When to change the treatment plan: An analysis of diminishing returns in VA patients undergoing PE and CPT. *Behavior Therapy, 51*, 85-98.
- Sripada, R. K.,** Rodriguez, J. L., Wright, T. P., Hyland, J. A., Walters, H. M., Ganoczy, D., Haft, S. M., **Smith, E. R., Porter, K. E.,** Driesenga, S. A., DeJong, T. M., & Rauch, S. A. M. (2022). Feasibility and acceptability of group-facilitated prolonged exposure therapy for PTSD in VA residential rehabilitation treatment programs. *Behavior Therapy, 53*, 714-724.
- Sripada, R. K.,** Smith, K., Walters, H. M., Ganoczy, D., Kim, H. M., **Grau, P. P.,** ... & Rauch, S. A. (2023). Testing adaptive interventions to improve PTSD treatment outcomes in Federally Qualified Health Centers: Protocol for a randomized clinical trial. *Contemporary Clinical Trials, 129*, 107182.
- Sripada, R. K.,** & Walters, H. M. (2022). "I wish people could come together like we have," patient and provider perspectives on VA residential PTSD treatment. *Psychological Services.*
- Sripada, R. K.,** Walters, H. M., Ganoczy, D., **Avallone, K. M.,** Cigrang, J. A., & Rauch, S. A. (2022). Feasibility and acceptability of Prolonged Exposure in Primary Care (PE-PC) for Posttraumatic Stress Disorder in federally qualified health centers: A pilot study. *Administration and Policy in Mental Health and Mental Health Services Research, 49*, 722-734.
- Stelmokas, J., Ratcliffe, L. N., Lengu, K., Spencer, R. J.** (In Press). Evaluation of teleneuropsychology services in veterans during COVID-19. *Psychol Serv.*
- Stelmokas, J., Rochette, A. D., Spencer, R. J., Manderino, L. M., Sciaky, A., Hampstead, B. M., Hogikyan, R., & Alexander, N.** (2021). Psychometric evaluation of the Hopkins Rehabilitation Engagement Rating Scale in post-acute physical therapy services. *Rehabilitation Psychology, 66*, 611-617.
- Tanglakmankhong, K., **Hampstead, B. M.,** Ploutz-Snyder, R. J., & Potempa, K. (2021). Does the Abbreviated Mental Test accurately predict cognitive impairment in Thai older adults? A Retrospective Study. *Pacific Rim International Journal of Nursing Research, 25*, 23-33.
- Tanglakmankhong, K., **Hampstead, B. M.,** Ploutz-Snyder, R., Potempa, K. (2022). Cognitive screening assessment in Thai older adults: A prospective study of reliability and validity of the Abbreviated Mental Test. *Journal of Health Research, 36*, 99-109.
- Tanglakmankhong, K., **Hampstead, B. M.,** Ploutz-Snyder, R., Potempa, K., Chantarasena, N., Seesing, S., Sinchareonler, W., Wisetsit, P. (2020). Development of a cognitive screening process for older adults in community. *The Southern College Network Journal of Nursing and Public Health, 7*, 99-114
- Tolle, K. A., Montgomery, V., Gradwohl, B. D., Spencer, R. J., & Stelmokas, J.** (2020). The Montreal Cognitive Assessment (MoCA) in post-acute care: Implications of cut scores. *Journal of Cognitive and Behavioral Neurology, 33*, 129-136.
- Tolle, K. A., Rahman-Filipiak, A. M., Hale, A. C., Kitchen Andren, K.A. & Spencer, R. J.** (2020). Grooved Pegboard Test as a measure of executive functioning. *Applied Neuropsychology: Adult, 27*, 414-420.

- Tolle, K., **Spencer, R. J.**, Montgomery, V., & Bieliauskas, L.A. (2019). Emerging evidence for speeded alphabet printing as a measure of processing speed and working memory. *Applied Neuropsychology: Adult*, 26, 573-580.
- Truong, D. Q., Thomas, C., **Hampstead, B. M.**, Storz, R., Goldenstedt, C., Datta, A. (2022). Comparison of transcranial focused ultrasound and transcranial pulse stimulation for neuromodulation: A computational study. *Neuromodulation: Technology at the Neural Interface*, 25, 606-613.
- Umfleet, L. G., Bilder, R. M., Loring, D. W., Thames, A., **Hampstead, B. M.**, Bauer, R. M., ... & Cavanagh, L. The future of cognitive screening in neurodegenerative diseases. *Journal of Alzheimer's Disease: JAD*.
- Unal, G., Ficek, B., Webster, K., Shahabuddin, S., Truong, D., **Hampstead, B. M.**, Bikson, M., Tsapkini, K. (2020). Impact of brain atrophy on tDCS and HD-tDCS current flow: A modeling study in three variants of primary progressive aphasia. *Neurological Sciences*, 41, 1781-1789.
- Valentine, L. M.**, Donofry, S. D., Broman, R. B., **Smith, E. R.**, Rauch, S. A. M. & **Sexton, M. B.** (2020). Comparing PTSD treatment retention among survivors of military sexual trauma utilizing clinical video technology and in-person approaches. *Journal of Telemedicine and Telecare*, 26, 113-118.
- Valentine, L. M.**, Donofry, S. D., & **Sexton, M. B.** (2020). Demographic and psychiatric predictors of engagement in psychotherapy services conducted via clinical video technology. *Journal of Telemedicine and Telecare*, 26, 113-118.
- Volarov, M., Saulnier, K. G., Allan, N. P., Shapiro, M. O., & Mihić, L. (2021). Are we still uncertain about the latent structure of intolerance of uncertainty: Results from factor mixture modeling in a Serbian sample. *Journal of Affective Disorders*, 294, 505-512.
- Vuper, T.**, Lass, A. N. S., Paulson, J. L., **Rogers, T. A.**, **Porter, K. E.**, Rauch, S. A. M., & **Sexton, M. B.** (2024). Worry differentially mediates posttraumatic cognitions and PTSD symptom relationships among veterans seeking treatment associated with military sexual trauma. *Psychological Services*.
- Waldron-Perrine, B., Gabel, N. M., Seagly, K., Kraal, A.Z., Pangilinan, P., **Spencer, R. J.**, & Bieliauskas, L.A. (2019). Montreal Cognitive Assessment as a screening tool: Influence of performance and symptoms validity. *Neurology in Clinical Practice*, 9, 101-108.
- Warner, R. C., McDonald, J. E., Grau, P. P., & Wetterneck, C. T. (2022). The relationships between addiction-related personality traits, self-compassion, and PTSD treatment target variables in a clinical sample. *Traumatology*, 28, 31.
- Weigard, A. & **Spencer, R. J.** (2022). Benefits and challenges of using logistic regression to assess neuropsychological performance validity: Evidence from a simulation study. *The Clinical Neuropsychologist*, 37, 34-59.
- Weigard, A. S., Sathian, K., **Hampstead, B. M.** (2020). Model-based assessment and neural correlates of spatial memory deficits in mild cognitive impairment. *Neuropsychologia*, 136, 107251.
- Wetterneck, C. T., Leonard, R. C., Adams, T. G., Riemann, B. C., **Grau, P.**, & Franklin, M. E. (2020). The effects of depression on the treatment of OCD in a residential sample. *Bulletin of the Menninger Clinic*, 84(Supplement A), 12-33.
- Wojcik, K. D., Cox, D. W., Kealy, D., Grau, P. P., Wetterneck, C. T., & Zumbo, B. (2022). Maladaptive schemas and posttraumatic stress disorder symptom severity: Investigating the mediating role of posttraumatic negative self-appraisals among patients in a partial hospitalization program. *Journal of Aggression, Maltreatment & Trauma*, 31, 322-338.
- Woods, A. J., Antonenko, D., Flöel, A., **Hampstead, B. M.**, Clark, D., Knotkova, H. (2019). Transcranial direct current stimulation in aging research: Principles, procedures, and applications. In M. A. Nitsche, M. Bikson, H. Knotkova, & A. J. Woods (Eds.). *Practical guide to transcranial direct current stimulation* (pp. 569-595). Springer.
- Yu, K., **Hampstead, B. M.**, Wild, K., Silbert, L. C., & Dodge, H. H. (2022). Examining I-CONNECT Intervention effect on psychosocial wellbeing. *Alzheimer's & Dementia*, 18, e059654.
- Yu, K., Wild, K., Potempa, K., **Hampstead, B. M.**, Lichtenberg, P., Struble, L.M., Pruitt, P., Kaye, J., Silbert, L. C., Dodge, H. H. (2021). The internet-based conversational engagement clinical trial

- (I-CONNECT) in socially isolated adults 75+ years old: Randomized controlled trial protocol and COVID-19 related study modifications. *Frontiers in Digital Health*, 3, Article 714813.
- Zhang, X., **Grau, P. P.**, & Wetterneck, C. T. (2023). Does change in trauma-related shame predict change in PTSD symptomatology?. *Psychological Trauma: Theory, Research, Practice, and Policy*.
- Zivin, K., Chang, M. M., Van, T., Osatuke, K., Boden, M., **Sripada, R. K.**, Abraham, K. M, Pfeiffer P. N., & Kim, M. H. (2022). Relationships between work-environment characteristics and mental health provider burnout in the Veterans Health Administration. *Health Services Research*, 57, 83-94.
- Zivin, K., Kononowech, J., Boden, M., Abraham, K., Harrod, M., **Sripada, R. K.**, Kales, H. C., Rodriguez, H., Pfeiffer, P. N. . (2020). A study protocol for predictors and consequences of VA mental health provider burnout. *JMIR Research Protocols*, 9, e18345.

INTERNSHIP ADMISSIONS, SUPPORT, AND INITIAL PLACEMENT DATA

Internship Program Admissions

Date Program Tables are updated: 7/15/24

Program Disclosures

<p>Does the program or institution require students, trainees, and/or staff (faculty) to comply with specific policies or practices related to the institution's affiliation or purpose? Such policies or practices may include, but are not limited to, admissions, hiring, retention policies, and/or requirements for completion that express mission and values?</p>	<p><u> X </u> Yes</p> <p><u> </u> No</p>
<p>If yes, provide website link (or content from brochure) where this specific information is presented:</p>	
<p>Please closely review our brochure which contains information about our selection practices, psychology internship activities, national/hospital policies and commitments, and requirements for successful completion of the internship experience.</p>	

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

Applicants must be a doctoral student in clinical or counseling psychology program accredited by the American Psychological Association (APA) or the Canadian Psychological Association (CPA) and meet all eligibility requirements for psychology trainees in VA.

Eligibility Requirements for Psychology trainees in VA.

As a Veterans Health Administration (VHA) Health Professions Trainee (HPT), you will receive a

Federal appointment, and the following requirements will apply prior to that appointment.

1. U.S. Citizenship. HPTs who receive a direct stipend (pay) must be U.S. citizens. Trainees who are not VA paid (without compensation-WOC) who are not U.S. citizens may be appointed and must provide current immigrant, non-immigrant or exchange visitor documents.
2. U.S. Social Security Number. All VA appointees must have a U.S. social security number (SSN) prior to beginning the pre-employment, on-boarding process at the VA.
3. Selective Service Registration. Male applicants born after 12/31/1959 must have registered for the Selective Service by age 26 to be eligible for U.S. government employment, including selection as a paid or WOC VA trainee. For additional information about the Selective Service System, and to register or to check your registration status visit <https://www.sss.gov/>. Anyone who was required to register but did not register before the age of 26 will need to apply for a Status Information Letter (SIL) and request a waiver. Waivers are rare and requests will be reviewed on a case by case basis by the VA Office of Human Resources Management. This process can take up to six months for a verdict.
4. Fingerprint Screening and Background Investigation. All HPTs will be fingerprinted and undergo screenings and background investigations. Additional details about the required background checks can be found at the following website: <http://www.archives.gov/federal-register/codification/executive-order/10450.html>.
5. Drug Testing. Per Executive Order 12564, the VA strives to be a Drug-Free Workplace. HPTs are not drug-tested prior to appointment, however are subject to random drug testing throughout the entire VA appointment period. You will be asked to sign an acknowledgement form stating you are aware of this practice. Regardless of the interns' state of practice/residence, interns must follow federal guidelines regarding drug use. Positive drug screens may result in removal from the internship and reporting to the state board. See item 8 below.
6. Affiliation Agreement. To ensure shared responsibility between an academic program and the VA there must be a current and fully executed Academic Affiliation Agreement on file with the VHA Office of Academic Affiliations (OAA). The affiliation agreement delineates the duties of VA and the affiliated institution. Most APA-accredited doctoral programs have an agreement on file. More information about this document can be found at <https://www.va.gov/oaa/agreements.asp> (see section on psychology internships). Post-degree programs typically will not have an affiliation agreement, as the HPT is no longer enrolled in an academic program and the program is VA sponsored.
7. TQCVL. To streamline on-boarding of HPTs, VHA Office of Academic Affiliations requires completion of a Trainee Qualifications and Credentials Verification Letter (TQCVL). An Educational Official at the Affiliate must complete and sign this letter. For post-graduate programs where an affiliate is not the program sponsor, this process must be completed by the VA Training Director. Your VA appointment cannot happen until the TQCVL is submitted and signed by senior leadership from the VA facility. For more information about this document, please visit <https://www.va.gov/OAA/TQCVL.asp>

a. Health Requirements. Among other things, the TQCVL confirms that you, the trainee, are fit to perform the essential functions (physical and mental) of the training program and immunized following current Center for Disease Control (CDC) guidelines and VHA policies.

b. Primary source verification of all prior education and training is certified via the TQCVL. Training and Program Directors will be contacting the appropriate institutions to ensure you have the appropriate qualifications and credentials as required by the admission criteria of the training program in which you are enrolled.

8. Additional On-boarding Forms. Additional pre-employment forms include the Application for Health Professions Trainees (VA 10-2850D) and the Declaration for Federal Employment (OF 306). These documents and others are available online for review at <https://www.va.gov/oaa/app-forms.asp>. Falsifying any answer on these required Federal documents will result in the inability to appoint or immediate dismissal from the training program.

9. Proof of Identity per VA. VA on-boarding requires presentation of two source documents (IDs). Documents must be unexpired and names on both documents must match. For more information visit: https://www.oit.va.gov/programs/piv/_media/docs/IDMatrix.pdf

- Trainees receive term employee appointments and must meet eligibility requirements for appointment as outlined in VA Handbook 5005 Staffing, Part II, Section B. Appointment Requirements and Determinations.

https://www.va.gov/vapubs/viewPublication.asp?Pub_ID=646&FType=2

Selection Process

Each completed application meeting minimum qualifications is assigned to three faculty readers. Readers who identify any conflict of interest or basis for bias return that application for another in its place. The raters make systematic assessments of 1) preparation, 2) letters of recommendation, and 3) likely synergy or “goodness-of-fit” between the applicant and this program. This program’s evaluation of the practica experiences of applicants is both qualitative and quantitative in nature. The balance of assessment, intervention, and supervision hours is considered in the light of the applicant’s stated career goals.

The ratings are aggregated and rank ordered. Discussions occur during designated faculty review sessions that lead to a rank order list and selection for interview. The faculty makes a considered judgment of the frequency, nature, and complexity of such experiences needed to function capably in the VAAHS Internship. In general, applicant interviews play a more limited role in this training program and are primarily used to calibrate pre-interview scores if further information is gathered such as additional preparation experiences or information clarifying synergy that may be less apparent on the APPI. In very rare circumstances, professional or preparation issues may become apparent during interviews that may limit our ability to further consider applicants for our program. All interviews will be completed via video or phone.

Does the program require that applicants have received a minimum number of hours of the following at time of application? If Yes, indicate how many:			
Total Direct Contact Intervention Hours		No	
Total Direct Contact Assessment Hours		No	

<p>Describe any other required minimum criteria used to screen applicants:</p> <p>This internship program endorses and adheres to the following readiness for internship criteria promulgated by The Council of University Directors of Clinical Psychology (CUDCP) (see http://cudcp.us/* for complete details):</p> <ol style="list-style-type: none"> 1) The applicant meets or exceeds foundational and functional competencies for “Readiness for Internship” as outlined by the Revised Assessment of Competency Benchmarks in Professional Psychology. http://www.apa.org/ed/graduate/benchmarks-evaluation-system.aspx* 2) The applicant has successfully completed a master’s thesis (or equivalent). 3) The applicant has passed program’s comprehensive or qualifying exams (or equivalent). 4) The applicant’s dissertation proposal has been accepted at the time of application to the internship. 5) The applicant has successfully completed all required course work for the doctoral degree prior to starting the internship (except hours for dissertation and internship). 6) The applicant has completed an organized, sequential series of practicum experiences that involve formalized practicum experience in evidence-based assessment and therapy. The Trainee completed at least 450 face-to-face hours of assessment/intervention and at least 150 hours of supervision by a clinical psychologist who routinely employed individual and/or group supervision models and one or more of the following intensive supervision methods (e.g., direct observation, co-therapy, audio/videotape review). An AAPI total of at least 700 hours is strongly recommended. 7) The applicant has contributed to the scientific knowledge within psychology, as evidenced by one or more of: <ul style="list-style-type: none"> • Publication contributions to papers, chapters or monographs • Participation and/or presentation of posters or papers at regional, specialty or national meetings • Organized participation in funded research • Formal teaching • Participation in student or trainee components of professional organizations (e.g., APAGS, INS, ISTSS, RSA, etc.).
--

Financial and Other Benefit Support for Upcoming Training Year

Annual Stipend/Salary for Full-time Interns	\$36,828	
Annual Stipend/Salary for Half-time Interns	NA	
Program provides access to medical insurance for intern?	<input checked="" type="checkbox"/> Yes	No
If access to medical insurance is provided:		
Trainee contribution to cost required?	<input checked="" type="checkbox"/> Yes	No
Coverage of family member(s) available?	<input checked="" type="checkbox"/> Yes	No
Coverage of legally married partner available?	<input checked="" type="checkbox"/> Yes	No
Coverage of domestic partner available?	Yes	<input checked="" type="checkbox"/> No
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	104	
Hours of Annual Paid Sick Leave	104	
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	<input checked="" type="checkbox"/> Yes	No
<p>Other Benefits (please describe): As VA employees, interns also receive 11 paid Federal holidays. Interns may also be eligible for a limited amount of Administrative leave (i.e., professional development time) for a specific variety of reasons (e.g., presentation at a national conference, interviewing for a permanent or postdoctoral position at a VA following internship, etc.). The Training Director and appropriate VA personnel must approve decisions regarding Administrative leave. Personal and sick leave are earned at the rate of four hours per pay period. <u>In most instances, we cannot approve the use of leave before it has been earned. We ask that you plan accordingly, and feel free to reach out to the DCTs if you have any questions.</u> Interns also receive a joint University of Michigan (UM) appointment during their training. As described above, the VA and UM training experiences provide further administrative, clinical, and research support for internship training.</p>		

*Note. Programs are not required by the Commission on Accreditation to provide all benefits listed in this table

Initial Post-Internship Positions

(Provide an Aggregated Tally for the Preceding 3 Cohorts)

	2020-2023	
Total # of interns who were in the 3 cohorts	36	
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree	0	
	PD	EP
Community mental health center	0	0
Federally qualified health center	0	0
Independent primary care facility/clinic	0	0

University counseling center	0	0
Veterans Affairs medical center	10	2
Military health center	0	0
Academic health center	21	0
Other medical center or hospital	0	0
Psychiatric hospital	0	0
Academic university/department	0	0
Community college or other teaching setting	0	0
Independent research institution	0	0
Correctional facility	0	0
School district/system	0	0
Independent practice setting	3	0
Not currently employed	0	0
Changed to another field	0	0
Other	0	0
Unknown	0	0

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

CURRENT & PAST INTERNS

Our Current Intern Class (2024-2025)

Graham Bartels, Ohio State University

Tyler Benjamin, Nova Southeastern University

Elizabeth Duraney, Ohio State University

Michael Jowkar, University of North Dakota

Anna Beth Parlier-Ahmad, Virginia Commonwealth University

Christina Prestigiacomo, Indiana University - Purdue Indianapolis

Christopher Reed, Louisiana State University - Baton Rouge

Kellyn Spychala, University of Missouri - Columbia

Marcus Thomas, Indiana State University

Kaela Van Til, Purdue University – West Lafayette

Recent Intern Classes (2019 – 2024)	
2023-2024	
Claire Alexander Anna Barbano Kara Buda Abigail Cheesman Tessa Graf Lauren Harris Kylie Kadey Kelly Mannion Craig Miller Danielle Piggott Ian Raugh Rachael Shaw	Ohio University University of Toledo The Graduate Center-City University of NY University of Buffalo-North Campus University of Missouri-Kansas City Florida State University Wayne State University Central Michigan University Marquette University University of North Dakota University of Georgia University of Buffalo-North Campus
2022-2023	
Jessica Armer Emily Blevins Meredith Boyd Benjamin Ellem Makenzie Irrgang Allison Mafarjeh Alyssa Mielock Allison Moreau Sarah Plummer Mallory Richert Alison Schreiber Andrew Voss	University of Iowa University of Illinois at Urbana-Champaign University of California-Los Angeles Northern Illinois University Pacific University University of Indianapolis Northern Illinois University Washington University in St. Louis Wayne State University Xavier University University of North Carolina-Chapel Hill University of Memphis
2021-2022	
Chelsea Carson Sarah Dreyer-Oren Rebecca Kazinka Jacob Kraft Alisson Lass Ashley Marsh Sara Moss-Pech Julia Paulson Jessica Peatee Sarah Peterson Lauren Ratcliffe Carson Teague	Southern Methodist University Miami University University of Minnesota Oklahoma State University Mississippi State University University of Denver Ohio State University University of Notre Dame University of Montana University of Kentucky Mercer University Saint Louis University

2020-2021	
Jessica Bair Katelyn Challman Autumn Rae Florimbio Peter Grau Louis Moore Emily Noyes Anthony Reffi Travis Rogers Larson Sholander Oxana Stebbins Shelly Thornton Jennifer Wong	University of Minnesota Alliant IU/CSPP-San Diego University of Tennessee-Knoxville Marquette University Bowling Green State University University of South Florida Northern Illinois University Auburn University University of Toledo Seattle Pacific University East Carolina University Pennsylvania State University
2019-2020	
Colin Carey Joseph Deak Sydney Kelpin Ellen Kinner Victoria Kordovski Edward Liebmann Lisa Manderino Graham Nelson Tessa Vuper Trevor Williams Natalie Wilver Anna Wise	Alliant IU/CSPP-San Diego University of Missouri-Columbia Virginia Commonwealth University University of Iowa University of Houston University of Kansas Kent State University University of Iowa University of Missouri-St. Louis University at Buffalo Florida State University Kent State University

INTERNSHIP DATES

For the 2025-2026 training year, the starting date is Tuesday, July 1, 2025 and the completion date is Tuesday, June 30, 2026. Expected hours are Monday through Friday 8:00 a.m. to 4:30 p.m. Rarely, a training opportunity may require attendance outside of these hours.

APPLICATION PROCESS & INTERVIEWS

Application Submission

APPIC has an online application process (AAPI Online). Click [HERE*](#) for information on submitting your application online. In the online portal, it is important that you select which program codes you wish to be considered for during our matching process.

For the 2025-2026 internship year, all applications received by November 1, 2024, will be guaranteed consideration. While this program may consider applications coming into the AAPI

portal after that date, consideration is not guaranteed. This program does NOT require any materials supplemental to the AAPI online.

Interviews

Our current selection process is largely based on applicant preparation and synergy with our program as described in their APPIC materials and our ability to offer a training plan that would meet the needs and goals of the prospective intern. While interviews are currently part of our recruitment process, these are given limited weight in our selection decisions with the very rare exception that professional or preparation issues arise during the interview that may limit our ability to further consider the candidate for our program. We conduct interviews primarily to increase applicants' awareness of the opportunities and procedures at our site for their decision-making but may consider additional information during the interview regarding synergy or further preparation experiences into account in our ratings. Interviews will be scheduled between December to mid-January. Although prospective interns may apply to several internship codes, interns are typically scheduled with two or three interviews with our staff as these, in addition to our orientation and Q&A sessions, generally provide ample opportunities to learn about our program and answer questions. Please do not assume that this reflects on the number of application codes you are being considered for as, again, it is not atypical for applicants to apply to multiple codes. If you have questions for specific faculty that you were not able to have answered during your interviews, please feel free to reach out to our faculty or the Directors.

All interviews for the upcoming 2025-2026 cohort will be done remotely by video technology (telephone may be used if the applicant does not have access to video). In order to provide equitable access for interviews, no onsite interviews or tours will be permitted for local or distance candidates. We realize this may be a disappointment for some who wish to view the site up close, and our physical space has always been a draw that is remarked on frequently by our visitors. We may have additional ability to take a virtual tour of our facility in the future and we would invite you to visit some of our local websites in the Ann Arbor Life and Community section for additional details on life in the region. During interviews, we provide ample time for questions for applicants and opportunities for candidates to ask questions of faculty to facilitate your decision-making process. As some of our applicants indicate that they are applying to multiple codes and have interest in more information on a variety of major and minor opportunities, you are welcome and encouraged to reach out to other supervising staff to ask questions outside of the scheduled interview to better ascertain if our site will assist you in meeting your training goals. Typically, our interviewees will be provided with an overview of our program and meet with one or more faculty or training teams from their primary interest areas for a formal interview. We will have times available to meet with the Training Directors and Interns and Postdoctoral Fellows for an overview of the program and to answer questions.

CONTACT THE INTERSHIP TRAINING DIRECTORS

Minden Sexton, Ph.D., Director of Psychology Internship Training
Mental Health Service (116C)
VA Medical Center
2215 Fuller Road
Ann Arbor, MI 48105-2303
Minden.Sexton@va.gov

Michael T. Ransom, Ph.D., Associate Director of Psychology Internship Training
Mental Health Service (116C)
Neuropsychology Section
VA Ann Arbor Healthcare System
3800 Packard Street
Ann Arbor, MI 48108
Michael.Ransom@va.gov

POSTDOCTORAL OPPORTUNITIES

The VA has several postdoctoral positions:

- SMITREC- two-year research focused postdoc (1-2 per year)
- Adult Clinical program- three 12-month positions (one focused on Women Veterans' Mental Health)
- Neuropsychology has a 2-year postdoctoral fellowship that admits two fellows each year. Generally, one fellow is primarily focused on an academic track, and one takes a more general scientist-practitioner track.
- Additional postdoctoral opportunities are available at the University of Michigan including Adult, Child, and Neuropsychology-focused programs, as well as the NIAAA T-32, other NIH T-32, GI-specialized Health Psychology, or in PM&R.

Being in the VA, internship does confer an advantage to potential postdoctoral applicants to programs since you can get to know the program(s) first-hand. Over the last 14 years, many VA Interns (typically 2-5 per year) have gone on to the University of Michigan/VA Ann Arbor formal postdoctoral consortium or other associated UM or VA Ann Arbor fellowship programs.

The SMITREC post-doctoral fellowships in applied clinical research are based within Serious Mental Illness Treatment Research and Evaluation Center (SMITREC) and the VA Center for Clinical Management Research (CCMR; <https://www.annarbor.hsrd.research.va.gov/>) health services research groups. These postdoctoral fellowships allow for significant research focus with some clinical time to allow further development of skills and make progress towards full licensure. Potential areas of focus include the study of effective treatments for: substance use disorder, mood disorders, and PTSD. For more information about these fellowships, please contact Nick Bowersox (Nicholas.Bowersox@va.gov).

The faculty as a group has strong knowledge of postdoctoral education in several emphasis areas (anxiety disorders, substance use, health psychology, neuropsychology, etc.) and does postdoctoral training in most cases. They know what it takes, and faculty have an excellent national network of colleagues in the areas where you might want to pursue specialty study. You will get unsurpassed advice in this regard, which is a unique feature of our program.

RECIPROCAL EVALUATION AND INTERN RECOMMENDATIONS FOR THE PROGRAM

We are proud of our internship program and look forward to sharing it with Interns. We are committed to continued improvements and ongoing self-study of the training experience. Interns are asked for formal and informal perceptions, critical feedback, and recommendations for improving the clinical, supervisory, and didactic experiences. There are several methods for providing anonymous or public feedback to supervisors, the Training Directors, and/or the Psychology Training Team as well as more formalized procedures for feedback related to Intern grievances (see separate [Grievance Process](#)).

INTERNSHIP PROCEDURES

Grievance Process

Internship training at the VAAAHS is an intensive collaborative enterprise that relies upon the good faith effort of both faculty and students. It involves respectful and candid cooperation and interaction between the parties, and demands at all times the honoring of the qualities and differences that characterize us as people; and led us to a profession where these unique parts of personhood represent not only salient features in our work, but elements of humanity to be celebrated.

Yet, it is inevitable in such close and sensitive professional work that differences of opinion, dislikes, or even disputes may occur. This is to be expected rather than feared, and the ways in which we deal with problems mark our growth as people and professionals. We prefer as a psychological community to deal with conflict in a spirit and framework of alternative dispute resolution (ADR).

No issue that gives rise to a feeling of having been misunderstood or mistreated is out-of-bounds for attention in this training program. The faculty is required to deal promptly and affirmatively with issues or problems they may have with Interns.

Similarly, Interns are enjoined to deal with their concerns in a forthright and candid way. The Internship Training Director will respond in a timely and appropriate manner to support efforts to deal with problems. It is the Training Director's responsibility that the environment for grievance resolution is free from rancor, personal animus, fear, or reprisal.

We operate in the following framework:

Step One – Supervisor/Intern level (informal)

Intern or faculty member will bring the problem, issue, or grievance to the attention of his/her supervisor (or if it relates to the Internship Training Director, to that person). The party bringing the problem, issue, or grievance to bear has the responsibility to communicate the nature of the complaint, its origins and duration as they know them, and what possible actions might be responsive. If the parties can agree on responses, steps, or adjustments to be made, no further action is needed. The complainant communicates the problem and its resolution informally to the Internship Training Director.

Step Two – Intern/Training Director level (formal)

If step one is unsuccessful, the complainant will submit the grievance in written summary form with appropriate qualifying or explanatory information to the Internship Training Director. The Director will have five working days to meet with the parties involved individually and conduct any fact-finding needed. Based upon this information, the Internship Training Director will meet with the parties together and issue a finding and recommendations to the parties within 15 days of the issuance of the complaint.

Step Three – Psychology Training Committee level (formal)

If step two is unsuccessful, the Internship Training Director will convene the entire training faculty to act as a committee of the whole. The training faculty will elect a *Chair pro tem* to manage the deliberations. Neither the Training Director nor the parties will be privy to this set of deliberations, except as invited by the training faculty to elicit information. Based upon their deliberations, the training faculty will issue its joint findings and recommendations within 20 days of the issuance of the complaint.

Step Four – Outside Mediation

If step three is unsuccessful, the *Chair pro tem* of the Training Committee that reviewed the complaint and did not find successful resolution will refer the matter to the Chief of Staff, VAAHS. The institution (through the Chief of Staff) will address the complaint through the use of an external mediator, preferably a psychologist with experience in Alternative Dispute Mediation. Recommendations from this process will be binding on all parties.

Due Process

While performance is reviewed and discussed with the intern at regular intervals, all Interns may be notified at any time that there is a serious concern about their professional performance. This is not a routine type of communication. Interns may also be informed that there are behaviors or conduct that are problematic for clinical care, training, or Staff/Intern welfare. This is not a routine type of communication.

In either of these events, it is essential that the Faculty/Staff member prepare a written concern. The written concern should be undertaken only after other steps to address the performance or behavior including review of performance and discussion with the intern have been unsuccessful.

The written concern should set forth the following elements:

- 1) The training-specific activity where there is a performance problem or behavior that is problematic. This description must be detailed, and documentation must be provided that demonstrates the problem.
- 2) The specific training objectives that the problem impacts.
- 3) Efforts that have been made to address the problem.

The Director of Clinical Internship Training and the Associate Director of Clinical Internship Training will review the written concern and may do additional fact-finding as needed. If there is evidence that a solution is possible at this point, this will be explored.

Within five (5) working days of the receipt of the written concern the Director of Clinical Internship Training will meet with the Intern and present the written concern along with an initial assessment of its salience. If there is a further opportunity for resolution at this point, the matter will be suspended pending resolution. If there is not an opportunity for resolution, the Intern will have three (3) working days to present a written response to the written concern. The Associate Director of Clinical Internship Training will meet with the Intern to discuss the written response.

The written concern and written response will be presented to the next scheduled meeting of the Psychology Training Committee (PTC) to which all members have been formally invited. A *Chair Pro-tempore* will be elected by the Training Committee to run the Training Committee during any proceeding in which a written concern and written response are receiving deliberation. The Director of Clinical Internship Training will present the written concern and the initial analysis, and the Associate Director of Clinical Internship Training will present the Intern response. If either the DCT or ADCT is the originator of the written concern, the training committee will elect a member to fulfill the role in the presentation of the written concern to the committee.

The PTC may, by a 2/3 vote, impose the following sanctions:

- 1) Probation (with an opportunity to improve in concrete steps within a defined time period; after which the probation may be lifted, extended, or another sanction may be imposed).
- 2) Suspension (with a definite time frame; with opportunities to remediate as feasible and with consequences related to the remediation process).
- 3) Dismissal (after an adequate opportunity to improve has not been successful and a problem seems to be sufficiently severe or important).

The imposition, lifting, or extension of a sanction must be approved by a 2/3 vote of the training committee. Sanctions require written notification of the Intern and the parent academic program of the following information:

- 1) The reasons and circumstances causing the action.
- 2) The timeframe for the sanction (final in the case of dismissal).
- 3) Steps to take to lift the sanction (except in the case of dismissal).
- 4) Consequences of training responses to the opportunity to improve (except in the case of dismissal).

Sanctions may be appealed within 15-calendar days notification. Appeal steps are as follows:

- 1) Written appeal to the training director and associate training director. An appeal decision will be given with notification within five working days.
- 2) If unsuccessful in step one, the Intern may appeal to the Psychology Training Committee and appear to present their case. An elected *Chair Pro Tempore* will chair the Committee. A two-thirds vote of the PTC excluding the training directors is required to sustain a sanction.
- 3) If this step is unsuccessful the Intern may appeal to the Associate Chief Of Staff for Education (ACOS-E) of the VAAHS, who will review the matter and render a decision within 10 working days that will be binding on the program and the Intern.

Advisement and Termination

The VAAHS Internship-Specific **Due Process** will govern dismissal from the psychology internship. Dismissal from internship is a grave consequence and is an action taken only in response to serious and persistent performance problems that render the Intern's performance ineffective or potentially harmful to patients; or if there are behavioral problems that are 1) persistent, and interfere with the educational, clinical, research operations of the VAAHS or 2) breaches of personal conduct that are harmful to patients, staff, or 3) offenses that breach VA regulations requiring dismissal or are commonly viewed as serious under the law.

A pattern of behaviors that would normally result in sanctions under the Michigan Psychology Licensing Act or that would be found as inimical to the APA Ethical Principles and Code of Conduct would be representative standards for consideration of such behaviors.

In cases where dismissal occurs, the Intern must pass through the normal clearance procedures dictated by Human Resources. All VA/UM materials and property must be surrendered, including identification cards. The program will retain the Intern training file in a secure manner. The event will be reported in summary and redacted form to the Commission on Accreditation, and the program will respond to any inquiries except any guidance offered by the CoA. Inquiries concerning the tenure of the Intern will receive a response indicating that they did not complete the program. Documentation of the events leading to the dismissal will be retained with the program's usual training files. The essential VA personnel file is maintained separately and is subject to Federal document and OPM regulations.

APPIC Policies

As a participating member of the Association of Psychology Postdoctoral and Internship Centers (APPIC), this internship adheres to APPIC policies. This includes, but is not limited to, the APPIC Policy on Internship Offers and Acceptances. Our faculty and facility will not offer, solicit, accept, or utilize any ranking-related information specific to any Intern applicant. Our program participates in the APPIC computer-matching program and abides by Association practices regarding notification of matched Interns.

FREQUENTLY ASKED QUESTIONS

How many applicants do you have? How many internship positions do you have?

We had 177 applicants with completed applications in the APPIC portal last year. We matched with 10 Interns through the APPIC National Matching Service. Our applications come mostly from Ph.D. programs, but some from Psy.D. programs as well. We receive applications from both Clinical Psychology Programs and Counseling Psychology Programs. All of these applications are welcomed, and all receive the same evaluation and scrutiny. School Psychology Program applicants are not considered. American Citizens attending APA-Accredited Canadian University Programs will be considered.

On what do you base your evaluation of my application?

We read your application carefully. Your online APPIC portal application is assigned to at least three reviewers for independent evaluation. Reviewers volunteer for this duty, and the reviewer cadre consists of psychologists and postdoctoral residents who, of course, have completed an internship and – in the case of residents - are at the stage of advanced study of a specialty. The Internship Training Director, with the concurrence of the Associate Training Director, makes the review assignments based upon your apparent interests and the special skills or specialization of the staff/fellow reviewer.

Reviewers are asked to review your application with an eye to three factors: 1) The general level of educational and professional preparation (this includes course work, clinical training/experience), and other achievements (e.g., research, professional activities, etc.); 2) The recommendation letters that have been submitted on your behalf, and 3) The judgment of the reviewer on the fit or synergy between what you are seeking in internship training with what we have to offer. We (the Training Directors) evaluate all the reviews and identify where there are discrepancies in rating and establish whether these are valid judgments or are in need of a re-review. Applications that demonstrate good preparation and potential fit with our program based on this initial rating are invited to interview. The preliminary rank order is based on the review of the APPI, not the interview, though interview information may result in adjustments to the final rank, if warranted (i.e., improved clarity of synergy with our training program or further information regarding assessment or treatment experiences less well-detailed in the APPI, dissertation progress) or removal from further consideration in rare instances as noted above. Judgment of the Training Director(s) is final in assigning ratings.

How do you translate that into decisions about ranking?

The ratings of the three APPI reviewers and the interviewer(s) are made on an ordinal scale [from 1 (poor) to 5 (outstanding)] for each of the three factors cited above. Reviewers also make qualitative judgments and comments in personal note form. We average the ordinal rankings.

The faculty and fellows participating in the reviews meet to evaluate the outcomes of the averaged ranks in order and discuss the candidates, making known their appraisal and working out any divergent views. Based on our meetings, we create consensus lists. Information obtained

at the interview generally carries minimum weight and any associated changes to the pre-interview score must be discussed and approved by training faculty by consensus.

Our outcomes in the match are usually quite good. We construe all our ranked applicants as reflecting an Internship Applicant group – any one of whom we would be delighted to have in the incoming internship class. The unranked applicants are most often qualified. It is just the judgment of the faculty that there are stronger applicants that have more of what we are looking for and/or are a better match.

What can I do to improve my chances of being ranked?

Strictly speaking, not much. We really do base our evaluations primarily on your application. *However*, we always are glad to hear from you after the interview about your impressions, if you gained new information that helped you understand the internship better and/or want to provide updates of new accomplishments or information on your rotation preferences. Appropriate means for this type of communication are letters, cards, or e-mails. We will read each one we get and note any new information you share.

It is always appropriate to communicate to us your enthusiasm about the internship, but it is important to emphasize that we do *not* divulge ranking information. We also do not engage in illegal deal making that exchanges guaranteed rotation(s) for preferred ranking. While a national match has removed many of these kinds of behaviors from the internship application/selection enterprise, such problems do persist. We encourage applicants and programs to know and abide by APPIC Match Policies.

Faculty is also free to communicate with you their enthusiasm about your application; and some do this more extensively than others. It is important *not* to interpret communication (or lack thereof) as ranking information.

Can we discuss the internship further with you after the interview?

Yes, we are always glad to discuss the internship and you are free and encouraged to contact any of the faculty, postdoctoral fellows, or current interns to discuss the training.

What levels-of-achievement are needed to complete the internship?

The VA Ann Arbor Healthcare System internship is designed and offered as a scientist-practitioner program that is consonant with a general “Boulder Model” philosophy of education and training in psychology. While we train Interns with the notion that they will continue on to careers of research and teaching along with practice, there are many outcomes with careers that we see as being fully successful and good ones (e.g., joining a faculty to teach undergraduates psychology or joining a group practice in a community).

The minimum levels of achievement we seek at the outset are consonant with “Readiness for Internship” in the Profession-wide competencies as detailed in the Standards of Accreditation (APA, 2016). The minimum level of achievement for the successful completion of the internship

is 2,000 hours of supervised participation in the program as well as the attainment of 100% of the competencies at the Readiness for Practice level. Interns are also expected to present a professional research presentation at a local, regional, or national conference during internship.

Is the workload reasonable here?

Yes. There is no “work for its own sake” ethic here and we do not wish Interns to be working back-breaking hours. Revenue generation is not an issue here and your stipends are set by the VA’s Office of Academic Affairs in Washington, DC and are unrelated to your clinical activity. Naturally, you will learn about professional time management here, and that is one of important lessons we want every Intern to master as much as possible here for your own future professional effectiveness and personal welfare. However, our goal is to try to teach you to work efficiently, not excessively. Self-care is a value and skill we teach and wish you to embrace.

ANN ARBOR LIFE & COMMUNITY

Local Information

VAAHS is centrally located within the mid-sized city of Ann Arbor. The US Census Bureau reports a city population of 113,394. “Tree Town” boasts heavily forested residential and recreational terrains. Detroit, Toronto, the Great Lakes, and skiing are brief drives away and Chicago is only a four-hour commute. Health services, technology, and research are central to the local community and the University of Michigan (UM) is vital to the Ann Arbor economy. All Interns receive a secondary appointment to UM which provides significant additional benefits for leisure and scientific pursuits. Ann Arbor has a long history of dedication to arts and cultural activities and is home to an avid base of sport enthusiasts.

The Ann Arbor area offers a wealth of activities and benefits for residents. Whether your pastimes include performing or visual arts, sports or recreational activities, shopping, enjoying festivals, casual or fine dining, family-friendly activities, or nightlife, Ann Arbor has you covered year-round. Visit the Ann Arbor Area Convention and Visitors Bureau (<http://www.visitannarbor.org/>*) for excellent recommendations. YpsiReal (<https://www.ypsireal.com/things-to-do/>) and Pure Michigan (<https://www.michigan.org/>) are also great resources for learning more about life in the area.

Families rave about Ann Arbor. Award winning public schools and higher learning universities and colleges, myriad recreational activities, excellent pediatric and hospital resources, and safety were only some of the reasons the city received positive reviews.

Recent Awards and Recognition:

- Best College Towns and Cities in America, #1 – WalletHub, 2017/2021
- Best Small College U.S. City, #1 – WalletHub, 2019
- Most Charming Towns in Michigan, #1 – WorldAtlas, 2022
- Most Dog Friendly Cities, #11 – Rocket Mortgage, 2022
- 10 Best Cities for Book Lovers, #2 – Rent.Com 2022
- Top US Tech Hubs, #3 – Bloomberg’s Brain Concentration Index, 2019

- Top 100 Best Places to Live, #1 – Livability.com, 2018
- America’s Most Artistic Towns – Expedia, 2018
- The Best Cities to Live in America, #1 – Niche.com, 2017/2018
- Most Educated Cities in America, #1 – WalletHub, 2017/2018/2019/2021
- Top 25 Happiest Cities in the United States – National Geographic, 2017
- Best Mid-Sized Cities to Visit, #1 – RewardExpert, 2017
- The 10 Best Cities for Millennials in 2017, #7 – Forbes, 2017
- The 20 Happiest Cities to Work in Right Now, #20 - Forbes, 2017
- Top 10 US Destinations for Solo Travel in 2017 - Trip Advisor, 2017
- The 19 Most Beautiful Libraries in the US – Curbed, 2017
- The 10 Most Walkable Neighborhoods in the Midwest, #1 – Redfin, 2016
- Best Midwest Food Towns, #3 – Midwest Living, 2016
- The Best Towns in College Football, #5 - Athlon Sports & Life, 2016
- The 15 US Towns Most Worthy of a Day Trip, #5 - Esquire
- The Best 50 College Towns in America, #2 - Best College Review, 2015

FURTHER INFORMATION FOR PSYCHOLOGY PROFESSIONALS

Regional Information

Michigan Psychological Association (MPA)

<http://www.michiganpsychologicalassociation.org>*

MPA has existed since 1935 and offers members legal advocacy, referrals, conferences and workshops, emergency services, public education, consultation, and discounts on professional services and products.

Michigan Department of Licensing and Regularly Affairs (LARA) Board of Psychology

Requirements and application information limited and full psychology licensure can be accessed at http://www.michigan.gov/documents/mdch_psyc_full_app_pkt_92012_7.pdf*

Michigan Mandated Reporter’s Resource Guide

Michigan laws and guidance regarding suspected abuse or neglect of specific populations. In instances of suspected abuse or neglect contact Erin Smith, Ph.D./Katherine Porter, Ph.D. and your supervisor(s).

http://www.michigan.gov/documents/dhs/Pub-112_179456_7.pdf*

Useful Information for Providers of Veteran Care

The VA offers significant empirical findings and didactic information about military experiences, traditions, and mental health. Details for providers and community specific to populations (i.e., Veteran Students, Military Families, etc.) and common clinical problems and wellness (i.e. PTSD, depression, suicide prevention, military sexual trauma, and mental health recovery) are readily available at <http://www.mentalhealth.va.gov/>.

(last updated 1/30/25)