

Psychology Postdoctoral Fellowship Program



VA Puget Sound: Seattle
Director, Psychology Training (116-POC)
1660 South Columbian Way
Seattle, Washington 98108

(206) 764-2895
<http://www.puget-sound.med.va.gov/>

Applications due: January 1, 2013

Accreditation Status

The postdoctoral fellowship at the **VA Puget Sound: Seattle** is accredited by the Commission on Accreditation of the American Psychological Association. The next site visit will be during the academic year **2014**.

Application & Selection Procedures

Eligibility

Applicants for postdoctoral fellowships must have attended APA-accredited doctoral programs in Clinical or Counseling Psychology and must have completed APA-accredited internships. All requirements for the doctoral degree must be completed prior to the start of the fellowship year. Persons with a PhD in another area of psychology who meet the APA criteria for re-specialization training in Clinical or Counseling Psychology are also eligible. Applicants must be U.S. citizens. As an equal opportunity training program, the fellowship welcomes and strongly encourages applications from all qualified candidates, regardless of gender, racial, ethnic, sexual orientation, disability or other minority status.

Please note that a Certification of Registration Status, Certification of U.S. Citizenship, and drug screening are required to become a VA fellow. The Federal Government requires that male applicants to VA positions who were born after 12/31/59 must sign a Pre-appointment Certification Statement for Selective Service Registration before they are employed. It is not necessary to submit this form with the application, but if you are selected for this fellowship and fit the above criteria, you will have to sign it. All fellows will have to complete a Certification of Citizenship in the United States prior to beginning the fellowship. We cannot consider applications from anyone who is not currently a U.S. citizen. The VA conducts drug screening exams on randomly selected personnel as well as new employees. Fellows are not required to be tested prior to beginning work, but once on site they are subject to random selection in the same manner as other staff.

How to apply

Applicants may apply to one or more of the following emphasis areas: PTSD, Substance Abuse, Primary Care, Rehabilitation Care, Hepatitis C/HIV, Telehealth, and Neuropsychology. Separate application packages are required when applying to more than one emphasis area. All applicants are required to submit a cover letter, Curriculum Vitae, a doctoral program transcript (copies acceptable), and three letters of recommendation. Publication reprints are encouraged from all applicants.

Additional requirements are as follows:

- Applicants for the MIRECC Fellowship in PTSD are required to submit a cover letter that includes a description of career goals and a description of proposed research. The 1 to 2 page research proposal should include an overview of a research project that the applicant would like to carry out during his/her MIRECC Fellowship. The proposal should state the question(s) to be addressed, why answering the question is important in general and specifically to Veterans, and the basic methodology to be used to examine the question(s). It does not need to be so detailed as to include power analyses or numbers of subjects. The applicant should explain how this research would further her/his career trajectory. Note: you are not “locked in” to the specific research project included in the MIRECC application if you are selected as the MIRECC postdoctoral fellow but it should give us a good idea of your way of thinking about conducting research in an area of interest.
- Applicants for the Interdisciplinary Fellowship in Substance Abuse Treatment must complete a Questionnaire for Fellowship Applicants. Click here: [Questionnaire](#)

Inquiries and applications for the Postdoctoral Program should be directed to:

Steve McCutcheon, PhD
Director, Psychology Training
Mental Health (116-POC)
VA Medical Center
1660 South Columbian Way
Seattle, Washington 98108

Stephen.McCutcheon@va.gov or 206-764-2895

All application materials must be received by **January 1, 2013**.

Selection Our selection criteria are based on a goodness-of-fit model. On the one hand, we look for fellows who possess the knowledge and skills necessary to contribute to and function well in our postdoctoral program. At the same time, we look for fellows whose professional goals are well suited to the experiences we have to offer such that our setting would provide them with a productive postdoctoral experience. The ideal candidate has demonstrated strengths in clinical work, research productivity, academic preparation, and personal characteristics related to the profession. Because our training program emphasizes a scientist-practitioner model in a public sector setting, we prefer applicants who have experience working with difficult populations, clinical experience in the area of emphasis, and a history of research productivity. Our goal is to select fellows who have the potential to develop as leaders in clinical services, research, and education.

Each application is initially reviewed for eligibility after all materials are received. A selection committee is composed of supervising faculty in each emphasis area. The selection committee reviews all written materials and provides telephone or in-person interviews to top candidates. Final rankings and offers are determined by consensus of the committee based on written and interview information.

Each year we have many more qualified applicants than we can accommodate. Last year, we received 95 applications for our first-year openings. For the 2013-2014 Fellowship year, we expect to receive funding for one first-year Fellowship in PTSD (MIRECC), one Fellowship in Primary Care, one Fellowship in Rehabilitation Care, one Fellowship in Neurocognitive Disorders, one Fellowship in Hepatitis C & HIV, one Fellowship in Telehealth, and two Fellowships in Substance Abuse (CESATE).

Contacting current fellows

Current fellows are one of the best sources of information about our postdoctoral program. We strongly encourage applicants to talk with current fellows about their satisfaction with the training experience.

Please feel free to call the Internship and Residency Office at (206) 768-5218 and request to speak with a fellow. If our Program Assistant is unable to find a fellow to talk with you at that time, she will have your call returned.

Psychology Setting

The Psychology Service operates under the overall leadership of the Director of Psychology, Dr. Miles McFall, and includes psychologists assigned to the Mental Health, Medicine, or Rehabilitation Medicine Services. Currently, the psychology staff currently consists of 48 doctoral level psychologists, ten postdoctoral fellows and seven pre-doctoral interns.

Psychologists work in patient care settings as members of interdisciplinary teams. Within those teams, psychologists provide a range of psychological services appropriate to that setting. Psychologists are located in most of the mental health settings, as well as in a number of medical settings. Depending on the clinical site, their duties may include:

- Assessment and evaluation
- Consultation
- Case management
- Individual, group and couple therapy
- Program development
- Program evaluation
- Clinical research
- Supervision
- Administration

While psychologists have major clinical and teaching responsibilities, many have chosen to commit considerable time and energy to additional professional activities, including research, administration, and involvement in state and national professional organizations. These various professional activities are valued and strongly supported by the Psychology Service and Medical Center. The Service has a history of encouraging excellence in individual professional pursuits: staff members encourage each other—as well as interns and fellows—to develop expertise in those areas of interest to each individual.

As a teaching hospital, we place a high value on maintaining a fertile academic and intellectual environment. Supervisors hold academic or clinical faculty appointments in the Department of Psychiatry and Behavioral Sciences at the University of Washington. Some hold appointments in other academic departments as well. As a teaching hospital affiliated with the University of Washington, psychologists are active in training interns, fellows, residents, and students from a variety of disciplines. Each year, more than 500 medical students and more than 1,000 allied health professionals are trained at the Seattle VA each year – suggesting the intensity of training activities in the Medical Center. As part of their duties in a busy teaching hospital, psychologists keep current with new developments in evidence-based practice as a part of their involvement in training, supervision, and clinical research.

Administratively, the Psychology Service is primarily affiliated with the larger Mental Health Service, but consists of staff that cut across all service lines (Mental Health, Medicine, and Rehabilitation Medicine). The Mental Health Service is composed of providers from all mental health disciplines, including psychology, psychiatry, social work, and psychiatric nursing. More than 300 providers from these four disciplines currently work in the Mental Health Service, assisted by more than 50 support staff. Similarly, psychologists working in health psychology and rehabilitation medicine settings are joined by literally hundreds of other providers and staff in the Medicine Service.

It's worth noting that psychologists have been appointed to leadership positions on many clinical teams, reflecting both the capabilities of individual psychologists, and the high regard in which psychologists are

held within the Medical Center. These leadership positions allow psychologists to influence the shape of service delivery at the Seattle VA, and provide role models for professional functioning in a public sector health care system.

Areas of emphasis

The Fellowship program provides advanced training in clinical psychology, with seven areas of emphasis. Applicants can elect to receive advanced training in **Substance Abuse, PTSD, Primary Care, Telehealth, Neuropsychology, Hepatitis C/HIV, or Rehabilitation Care**. Detailed descriptions of each emphasis area can be found in a subsequent section of this Brochure. Applicants may apply for more than one position though a separate application is required for each.

Patient population

The majority of clients served at the Seattle VA are adult male veterans. An increasing number of female veterans receive treatment at the VA, although they comprise a minority of patients seen. (Currently, ten per cent of patients are female). There are a number of programs for women Veterans, including specialized medical services and treatment programs in the PTSD Clinic and the Addictions Treatment Center. Approximately one third of Veterans self-identify as racial minority, including African-American (20%), Asian-American (4%), Latino/a (4%), Native American (2%), and multiracial (3%). While historically, Vietnam Veterans constituted the largest cohort of patients, the Medical Center provides care to a rapidly increasing number of returning Iraqi and Afghan Veterans.

Training Model and Program Philosophy

Guiding principles

The fellowship program has been developed to meet the guidelines established by the Association of Psychology Postdoctoral and Internship Centers (APPIC) and the VA Guidelines for Postdoctoral Programs. It ascribes to the principles articulated by the Ann Arbor Conference on Postdoctoral Education and Training in Psychology.

The program has been accredited by the APA since 2002. Questions regarding accreditation can be directed to:

***Office of Program Consultation and Accreditation
American Psychological Association
750 First Street, NE
Washington, DC 20002
(202) 336-5979***

Philosophy and values

The structure and activities of the Fellowship program are reflections of core values shared by the training staff.

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

Training is grounded in the scientist-practitioner model. Our program assumes that good practice is always grounded in the science of psychology. In turn, the science of psychology is necessarily influenced by the practice of psychology. As a consequence, our approach to training encourages clinical

practice that is consistent with the current state of scientific knowledge while still acknowledging the complexities of real patients and the limits of our empirical base. In this regard, we aim to produce psychologists who are capable of contributing to the profession by investigating clinically relevant questions through their own clinical research or through program development and evaluation.

Training is individualized. The postdoctoral year allows for the consolidation of professional identity, and further development of professional skills and competencies. Because postdoctoral fellows function at a more advanced level than the pre-doctoral intern, they are capable of assuming greater responsibility for clinical care, teaching and research activities. We also strive to build professional identity and responsibility through involvement in the training process itself. Toward this end, fellows are called upon to take responsibility for many decisions that impact their learning experiences. With help from their mentors, fellows construct an individualized learning plan that identifies the goals and experiences of importance to the fellow and outlines a strategy for achieving these within the fellowship period. As a part of this plan, fellows are responsible for selecting the clinical settings in which they will work, and have great latitude in selecting supervisors and mentors.

Training is collaborative. Teamwork sets the tone at the Seattle VA. The complexity of issues tackled by today's professional psychologist – clinical, research, or administrative problems – requires collaboration and cooperation with other professionals. Thus, an important part of professional development at the postdoctoral level involves experience working as a colleague with other psychologists -- and professionals of other disciplines -- in achieving common goals. Fellows are expected to work and learn with trainees from a variety of other disciplines and to establish collaborations with other practitioners in clinical and research projects.

Training is sensitive to individual differences. Our program is predicated on the idea that practice is improved when we develop a broader and more compassionate view of what it is to be human--including human variations and differences. Our practice is further improved as we better understand the complex forces that influence a person's psychological development, including cultural, social and political factors. For these reasons, professional growth requires that we expand beyond our own vision of the world and learn to see through the perspective of others. When this growth occurs, our practice can be more responsive to the needs of individuals and less constrained by our biases and personal limitations.

Sensitivity to individual cultural differences and an understanding of the underlying cultural and social forces that operate in a pluralistic nation are especially relevant in a public sector health care system that provides care to a great diversity of patients, many of whom are socially disenfranchised or marginalized. For these reasons, the training program places high value on attracting a diverse group of fellows and on maintaining a continual awareness of cultural issues that impact professional practice. The program recognizes that attracting a diverse group of fellows is important in providing quality patient care, in providing a quality educational environment, and in creating a fair and respectful work atmosphere.

Program Goals & Objectives

Purpose and goals

The purpose of the Postdoctoral Fellowship program is to train professional psychologists for eventual leadership roles in clinical services, research, and education -- particularly in Medical Center, public sector and academic settings. Training at the Seattle VA is designed to develop psychologists who can direct clinical programs, effectively teach and train other professionals, provide expert patient care, carry out programmatic research, and design innovative clinical services. These capabilities are best achieved through advanced training in professional psychology complemented by intensive experience in a special area of emphasis.

Specific skills to be developed

The structure and activities of the Fellowship program are intended to foster the development of advanced competencies important for the attainment of leadership positions in clinical care and research.

Assessment, evaluation and conceptualization skills

Fellows should be able to appropriately assess, evaluate and conceptualize a broad range of patients, including those with complex presentations and complicated co-morbidities. Selection and use of evidence-based assessment tools and/or evaluation methods should be appropriate to the clinical needs of the patient and the clinical setting, and be responsive to the needs of other professionals. Assessment should be practiced in a culturally competent manner, and conducted with an awareness of current ethical and professional standards. The fellow may demonstrate advanced skill in assessment by providing consultation and/or instruction to other providers. Fellows should develop skill in evaluating the outcome of treatment interventions with individual patients.

Intervention and consultation skills

Fellows should consistently demonstrate the ability to effectively work with diverse populations, and provide appropriate intervention in response to a range of presenting problems and treatment concerns. Fellows should demonstrate skill in applying and/or adapting evidence-based interventions with a specialized population, and be able to provide clinical leadership when working with junior providers. Fellows should demonstrate effective consultation skills with other professionals, particularly those in other disciplines, by providing expert counsel regarding difficult clinical matters.

Scientific thinking and research skills

Fellows should consistently demonstrate the ability to base clinical decisions on the scientific literature, and to generate evidence-based principles to guide practice in areas that lack an empirical literature. Additionally, they should be able to formulate testable and meaningful research hypotheses; to design and carry out studies to test these hypotheses; to present research findings in professional forums; to publish data resulting from independent or collaborative work; to participate as a contributing member to a research group; and/or to prepare grant materials. Fellows should demonstrate knowledge of, and sensitivity to, ethical, legal, and cultural issues in the conduct of research. Fellows should demonstrate an awareness of the limitations and cautions in translating evidence-based practices to individual cases, particularly in non-majority populations.

Education, teaching and supervision skills

Fellows should demonstrate the ability to give presentations in a formal didactic setting; to teach skills to medical students, residents and allied health trainees in medical center training settings; and to educate and support other professionals in medical center settings. Fellows may also demonstrate the ability to use telemedicine and other technological modalities to provide mental health consultation to remote clinical sites; and may demonstrate emerging mentoring skills by providing consultation to junior trainees. Fellows should demonstrate emerging skills in supervision, as well as knowledge of, and sensitivity to, ethical, legal, and cultural issues in providing supervision.

Administrative and systemic skills

Fellows should demonstrate an advanced level of knowledge of the VA health care and mental health care system, including economic, legal and socio-cultural aspects of health care delivery. They should show awareness of, and sensitivity to, systemic issues that impact the delivery of services, especially those that involve other professionals and disciplines. Fellows may additionally demonstrate advanced administrative skills by any of the following: ability to utilize mental health databases; participation in ongoing evaluations of clinical programs; development of innovative programs and patient care services; and/or supervised participation in program administration.

Professional development

Fellows should demonstrate continued growth in professional development and identity over the postdoctoral year. In accordance with their advanced training, Fellows should assume increasing professional responsibility for patient care, consultation, and teaching activities. They should demonstrate advanced knowledge in ethical, legal and cultural issues related to all of the above objectives, and conduct themselves in accordance with these principles and with current professional standards. Fellows should participate in the larger professional community by involvement in professional and scientific organizations. They should demonstrate commitment to continued self-assessment and reflection, to self-education and life-long learning, and contribute to the larger community by making themselves available as an educational resource to other professionals.

Teaching methods

The advanced competencies described above are developed as a consequence of supervised experience in a variety of settings, augmented by didactics, readings and professional mentoring over the duration of the training year. Because professional learning is maximized when experiences are graded, sequential and cumulative, the postdoctoral program requires that each fellow devise an individualized learning contract with the help of a primary mentor, outlining the proposed learning experiences that will help them attain advanced skill and knowledge in each of the required competency areas (assessment, intervention, consultation, education, administration, research, and professional conduct). Composing this learning contract requires each fellow to conduct a self-assessment of their prior skill level in each area.

Mentors are responsible for identifying those training experiences that will help the fellow develop advanced abilities in each area, while taking into account the fellow's prior level of experience and demonstrated competence. Further, mentors assist the fellow in devising a learning plan that is graded and sequential, such that they are likely to succeed in new areas, and are able to profit from accumulated experiences by building new skills based on prior accomplishments. In this regard, it is expected that many fellows will have relatively strong skills in areas that are a focus of graduate and internship training (e.g., assessment and intervention), but will have relatively weaker skills in domains in which they may not have received intensive training (e.g., supervision, program administration).

Whatever the case might be for a particular fellow, the process of devising the learning contract ensures that the training plan for each fellow takes into account their prior level of skill, and individually tailors a graded learning experience that is designed to maximize their education. The fellowship provides a wealth of potential learning experiences; realistically, no single fellow can take advantage of all of them during the fellowship period. As a consequence, mentors and fellows put considerable thought into devising a tailored plan that maximizes the individual growth of each fellow, taking into account their different histories and different career paths.

We strongly believe that high quality supervision is the bedrock of professional training. Fellows receive at least two-hours per week of individual, face-to-face, regularly scheduled supervision for the entire training period. All supervision is conducted by licensed psychologists with expertise in the activities being supervised. Fellows receive supervision from at least two psychologists during the training year, one of whom serves as the primary mentor or supervisor. In addition, fellows participate in at least two additional hours per week of other structured learning activities, including group supervision, didactics, direct observation, co-treatment and/or formal coursework. Given the interdisciplinary nature of all training settings, consultation by providers of other disciplines is readily available and easily accessible.

Additionally, outside consultants are sometimes employed to provide additional, expert supervision in an area that is not readily available within the Fellowship program.

Program Structure

Formal postdoctoral training at the Seattle VA was initiated in 1991, when the Addictions Treatment Center (ATC) was chosen as one of two VA sites to offer Fellowship training in the interdisciplinary team approach to substance abuse treatment. Postdoctoral training in this area has been continuous since that time. In 1994 the ATC was named a Center of Excellence in Substance Abuse Treatment and Education (CESATE) and the addictions fellowship program was expanded. In 2001, the Mental Illness Research, Education and Clinical Center (MIRECC) received funding for support of postdoctoral training in the area of PTSD, with the first appointment beginning in August 2001, thereby formally inaugurating an integrated Fellowship program at VA Puget Sound.

The Psychology Postdoctoral Program at the Seattle VA Medical Center prepares fellows for advanced competency in clinical psychology, with an emphasis in a chosen content area.

The CESATE Fellowship provides one year (with a potential for a second year) of advanced training in a range of substance abuse treatments in an interprofessional setting. The MIRECC Fellowship is intended as a two-year program (with a potential for a third year), emphasizing clinical research and clinical experience in PTSD. Remaining fellowship positions are one year in length and clinical in focus, with protected time for research, program development, or program evaluation.

Regardless of the focus area chosen, fellows attain advanced skills and knowledge in a core of professional domains, including ethics and professional standards, research strategies, teaching and supervision methods, cultural diversity and individual differences, assessment and intervention, professional development, and interdisciplinary consultation.

Supervision

As described above, Fellows receive at least two-hours per week of individual, face-to-face, regularly scheduled supervision with a licensed psychologist. Fellows receive supervision from at least two psychologists during each training year, one of whom serves as the primary mentor or supervisor. In addition, fellows participate in at least two additional hours per week of other structured learning activities, which may include co-therapy, group supervision, patient care rounds, case review, didactics, seminars, or formal coursework. Supervision is provided relevant to the professional services conducted by the fellow, including supervision of direct patient care, research, administration, teaching, and consultation. Moreover, fellows often have the opportunity to receive supervision of the adjunctive supervision they provide to other staff or junior trainees. Finally, given the interdisciplinary nature of the training setting, consultation from providers of other disciplines is readily available and easily accessible.

Individualized learning contracts

Fellowship training is outlined in an individualized learning contract. For each year of the Fellowship, this written learning plan is developed by the fellow in conjunction with Fellowship faculty. The contract contains proposed learning experiences in clinical care, research, teaching, administration, and professional development during each year of the Fellowship. The contract allows fellows to tailor their learning experiences in order to best meet their training needs, while also providing sufficient structure to help ensure successful completion of training goals.

Fellowship meeting

Postdoctoral fellows meet monthly with the Training Director and other Fellowship staff, providing a forum for exploration of professional practice issues, including training in supervision, ethics, professional and legal standards, culturally competent practice, and preparation for licensure.

Evaluation

Fellows can expect on-going and specific feedback from their supervisors. In addition, written evaluations are completed at the mid-point and end of each Fellowship year. Evaluations focus on the learning goals identified by each Fellow in their individualized learning contract, as well as the foundational and functional competencies required of a professional psychologist. Evaluations are discussed between the fellow and the supervisor and may be modified by their consensus before being finalized. Fellowship staff meets regularly to discuss fellows' progress for the purpose of identifying additional supports and resources that may assist fellows' in attaining their training goals. In addition, fellows are asked to critique themselves in accordance with their own goals and to provide both verbal and written evaluation of placements and supervisors.

Seminars

The training derived through direct clinical experience and research activities is augmented by Fellowship didactics. In addition, each emphasis area offers its own core curriculum (described later), designed to promote expertise in the area of focus.

Fellows may also participate in a vast array of additional educational offerings available in the Medical Center. A robust intellectual environment is maintained through the efforts of a number of VA national Centers that have been sited at this facility. As a component of their educational mandate, these Centers frequently provide continuing education relevant to psychologists. In addition, the Mental Health Service and most Medicine specialty services sponsor numerous educational offerings of interest to psychologists, including case conferences, journal clubs, lectures, and research forums.

Our close affiliation with the nearby University of Washington provides easy access to numerous additional offerings, including Psychiatry and Behavioral Sciences Grand Rounds, Psychiatry department and Psychology department colloquia, as well as specialized offerings from the UW School of Social Work, UW School of Nursing, and UW Alcohol and Drug Abuse Institute. Taken together, these resources provide a rich academic environment of exchange and debate—albeit within a clinical care setting—suitable to support the best in professional development.

Training Experiences

1. Substance Abuse Fellowship

Overview

The Addictions Treatment Center (ATC) was designated as the VA's first Center of Excellence in Substance Abuse Treatment and Education. This designation brings with it funding for staff and trainees, and responsibility to remain a leader in treatment, training and research in substance abuse. In 1991, the ATC was chosen as one of two programs funded nationally by the Department of Veterans Affairs to offer a specialized clinical fellowship in the interdisciplinary team approach to substance abuse treatment. Through a combination of intensive clinical and didactic experiences, fellows from up to four clinical disciplines develop advanced skills in working therapeutically with substance abusers, become more familiar with the unique contributions that their professional disciplines make to treatment, and become better able to integrate these professional contributions in an interdisciplinary treatment process. Fellowship positions are available for disciplines including Psychology, Social Work, Occupational Therapy, and Chaplaincy.

The treatment model

A biopsychosocial model of addictive behaviors provides the rationale for the Addictions Treatment Center's interdisciplinary team approach. This is an integrative model that accommodates a longitudinal-developmental framework. As such, it encourages staff to consider physiological, psychological, and socio-cultural factors from each of these domains in the assessment, case conceptualization, treatment planning, and therapy processes. Such an approach also contributes to a greater individualization of the treatment process, since different patients will require differing levels of attention to each of these domains. Members from many disciplines contribute their unique perspectives on, and treatment of, aspects of the patients' problems, as well as an integrated interdisciplinary treatment plan.

An interdisciplinary team approach is used in all programs of the ATC. Treatment modalities consist of a blend of psycho-educational, skills-training approaches and more traditional interpersonal group therapy. Educational, vocational, and recreational therapies are also important parts of treatment. The goal of treatment is to assist the addicted veteran to make significant changes in a variety of life areas in order to increase his/her ability to remain drug and alcohol free and to become emotionally, physically and economically independent and self-sufficient as possible. In order to achieve these outcomes, the patient is assisted in reviewing problematic patterns of behavior and emotions, developing realistic personal goals for treatment and continuing-care, and learning more effective methods of coping with interpersonal and emotional problems that contribute to relapse. Medications -- including methadone, Buprenorphine, Naltrexone, Antabuse, and psychotropics -- are often an integral part of the treatment plan for those patients with a need for adjunctive support, who abuse multiple substances, or who have co-morbid psychiatric disorders.

Considerable emphasis is placed on the continuity of care in the rehabilitation process. A wide range of other problems in addition to substance dependence, identified during the course of assessment and the development of an individualized treatment plan, also need to be addressed during treatment. The ATC addresses a number of concurrent psychological and psychiatric problems in treatments that are designed for dual disorders. Referrals are also made to other outpatient clinics within the Medical Center for treatment of marital and family problems, psychological problems, and PTSD. In those cases where the necessary treatments are not available within the VA system, referrals will be made to the appropriate agencies in the community.

Members of the interdisciplinary treatment teams contribute to the treatment process in multiple ways. They are involved in the initial screening and evaluation of potential patients, participate in the intake assessments of veterans entering treatment, are involved in case conceptualization through participation in interdisciplinary treatment planning meetings, serve as individual case managers and therapists, co-lead therapy groups, monitor progress toward the attainment of the treatment goals established for each patient, work collaboratively with clients to develop discharge and disposition plans, and serve as co-therapists in the aftercare program, thereby assuring continuity in care across these phases of treatment.

Goals of Fellowship training in Substance Abuse

Our primary goal is to provide fellows an excellent training experience in the interdisciplinary assessment and treatment of substance abusers – one that will prepare them to assume clinical, academic, and/or administrative leadership positions in substance abuse treatment within the Department of Veterans Affairs, in schools of medicine and allied health training, and in the community. The goals and objectives of the Substance Abuse training program are common across disciplines, providing fellows with learning experiences deemed essential by us for all professionals working in addictive behaviors. The curriculum provides a range of structured clinical and didactic activities that allow individualized training, through the use of individualized learning contracts, in order to meet more specialized, discipline-specific goals and interests of the fellows.

Psychologists receiving postdoctoral training can expect to develop advanced levels of knowledge and skills in assessment and intervention, research strategies, and administration. Moreover, they can expect continued professional development, including further consolidation of professional identity, increased confidence in assuming an advanced level of professional responsibility, and advanced knowledge and skills in ethics, professional and legal standards, and in culturally competent practice. In addition to these advanced skills in professional psychology, postdoctoral Fellows in Substance Abuse can also expect to develop these specific areas of expertise:

- Knowledge of theoretical models regarding the etiology of substance abuse, and their relationship to different therapeutic interventions
- Advanced skills in the assessment and diagnosis of substance abuse and related disorders
- Advanced skills in individual and group therapy with substance abusers
- Knowledge of medications, medication practices, and medication effects with substance abusing patients
- Knowledge, comfort and skill in the treatment of dual disordered patients
- Knowledge, comfort and skill in the treatment of patients receiving opiate replacement
- Knowledge regarding the clinical aspects of HIV infection and AIDS among high risk substance abusers
- Knowledge of the scientific literature on the etiology, diagnosis, and treatment of substance abuse
- Knowledge of program innovation, design, management, and/or evaluation in substance abuse treatment

Research and academic experiences

Fellows are expected to spend 20% of their time, roughly a day a week, in academic and/or program development activities. Fellows attend a 9-month weekly seminar conducted by the Director of the Interdisciplinary Fellowship. The seminar includes academic readings each week and covers topics of diagnosis, etiology, epidemiology, natural history, change, treatment models, treatment outcome, relapse, individual differences and cultural factors, and special populations. Fellows are expected to be active participants, and to periodically lead the seminar as a means of developing skills in teaching. In addition, fellows are expected to initiate and complete a Quality Improvement (QI) project during the fellowship year. QI projects vary greatly, and are individually developed with supervision and consultation from the Fellowship Director and other ATC Psychology faculty. QI projects typically involve the development of new services and materials to facilitate treatment within the ATC, evaluation of new or existing services, participation in new or ongoing research projects in the ATC, and/or publication of new or existing data relevant to substance abuse treatment.

Selecting clinical placements

Clinical placements are considered during application and interviewing in February. Fellows may be offered a fellowship with primary placement on one clinical team. This is a half-time 1-year commitment, providing depth of training with a specific population and treatment approach. Breadth of training is accomplished by smaller time commitments to other treatment teams, research projects, and seminars throughout the year. At the start of the training year, fellows are oriented to the Medical Center, the Fellowship program, and the clinical settings. At the end of orientation, fellows select smaller activities and placements based on training goals. The settings for clinical training are described below.

Substance Abuse Fellowship training settings

Overview

The Addictions Treatment Center at VA Puget Sound is affiliated with the University of Washington School of Medicine and plays an important role in the educational programs of the University. It serves as a clinical training site for medical students, psychiatry residents, individuals working on graduate degrees in nursing and social work, and pre-doctoral psychology interns in the Seattle VA internship program. The ATC was also one of the original training sites for the VA-sponsored Postdoctoral Medical Fellowships in Substance Abuse. Trainees from those disciplines represented on our interdisciplinary treatment team are provided training and supervised clinical experience by professional staff within their discipline. In addition, the ATC is host for numerous research projects evaluating treatment methods, treatment outcome, and examining biological and psychosocial factors associated with addictive behaviors. While clinical training is the primary focus of the Substance Abuse Fellowship, research involvement is strongly encouraged.

Addictions treatment at VA Puget Sound, at both Seattle and American Lake Divisions, is delivered through a variety of outpatient clinical care programs that are integrated to provide comprehensive treatment for individuals with alcohol and drug dependence and other addictive behaviors. A large proportion of patients also have other concurrent psychiatric disorders. The Addictions Treatment Center offers long-term rehabilitation services and maintains a commitment to the continuity of care for substance dependent veterans. 55 clinical staff members provide this care. The composition of the staff -- which includes Psychiatry, Psychology, Social Work, Nursing, Physician Assistants, Pharmacy, Addictions Therapists, and Occupational Therapists -- reflects the ATC's commitment to interdisciplinary treatment. Staff associated with a number of research projects conducted within the ATC also provide support and research contributions to the clinical and educational functions of the ATC.

The treatment programs are located within outpatient facilities. Patients compose a heterogeneous population of (mostly male) veterans who exhibit a wide range of substance abuse, psychiatric and medical problems. Services provided include triage, assessment and referral, opiate replacement treatments, intensive outpatient programs, a dual diagnosis program, continuing-care, monitored Antabuse, and monitored naltrexone. Specialized services for women are also available in a gender-sensitive environment.

The following services describe the many programs in which addictions treatments are provided. Fellows in Psychology can receive primary training only in those settings staffed with a supervising psychologist and which offer opportunities for advanced clinical practice. Therefore, fellows should expect to receive training primarily in one of the three primary outpatient teams in Seattle described below (Teams 1, 2, 4). Clinical expertise and faculty are drawn from the entire ATC, however, and additional assignments in other settings can be arranged in order to participate in time-limited or specialized projects.

Addictions Treatment Center Services

Services offered at the Seattle Division include:

- Assessment, Engagement, and Consultation Clinics
- Intensive Stabilization Services / IOP (Intensive Outpatient Program)
- Team 1 (Opioid Dependence Treatment)
- Team 2 (General Substance Abuse Treatment)
- Team 4 (High psychiatric co-morbidity, or Dual-disordered)
- Women's Team (WATC; A Women's Centered Program)

Assessment, Engagement & Consultation Clinics (AEC). The AEC is the first contact a veteran has with the addiction services. The AEC provides initial assessment, screening, and treatment planning to all veterans seeking addiction treatment and provides consultation services to other units within the facility. Outpatient stabilization and coordination of detoxification services in the community can also be provided. Clients are typically referred to one or more of the outpatient programs described below. The AEC Orientation Clinic, which meets twice a week, evaluates approximately 100 patients per month. Fellows typically participate in the Orientation Clinic one day (morning) each week. The veteran is assessed by a member of the interdisciplinary team, and disposition and referral decisions are made by the team based on the assessment and the availability of treatment.

The Seattle ATC Outpatient Programs are organized into five treatment teams.

Intensive Stabilization Services (ISS) A brief, time-limited outpatient program primarily designed to provide care for patients in the initial stages of recovery who require increased support and structure not provided in a regular outpatient setting. The patient population consists of male and female veterans with psychoactive substance dependence and a high degree of co-occurring disorders. While with ISS, Veterans attend at least nine hours of individual and group programming over each five day treatment week. The program is designed to: assist in establishing initial abstinence (including support via outpatient detoxification as indicated); assess and initiate care for co-occurring medical and mental health disorders; support psychosocial stability; assist in developing initial recovery goals; provide initial alcohol and drug education; and promote engagement in continuing care. The average length of stay is twenty-one days.

Team 1 is licensed by the federal government to provide Opioid Agonist Treatment for veterans with opioid dependence. The largest clinical track within the team, Clinic Based treatment, utilizes methadone for opiate agonist therapy (also called methadone maintenance, opioid substitution or replacement therapy). Clients in the Clinic Based treatment participate in a behavioral contingency management system tied to the results of urine toxicology screening in concordance with federal regulations. Additionally, we have an Office Based treatment track utilizing buprenorphine for opioid agonist therapy. Because the use of buprenorphine has fewer regulatory requirements, the Office Based track offers much more treatment planning flexibility. Group and individual psychoeducation, case management, and psychotherapy services are provided in both tracks. Because anyone on methadone for opioid substitution treatment must by law be on Team 1 we serve patients that span the full range of psychiatric severity.

Team 2 is responsible for treating patients with low to moderate psychiatric severity who also have a primary substance disorder other than opioids. Common co-occurring psychiatric conditions include depression, PTSD, and anxiety disorders. Team 2 services include an intensive outpatient treatment track primarily for alcohol and marijuana, a specialized stimulant track for cocaine and amphetamine dependence, a motivational enhancement/harm-reduction track, a monitoring track, aftercare and extended care. Treatment options range in intensity from one to five times a week initially, to monthly groups, depending on a patient's stage of treatment and individual needs. The team also provides the Collaborative Pain Program (CPP) for patients having both chronic pain and addiction treatment needs. This program offers individual assessment and therapy, process support group, and a series of group modules focused on reactivation.

Team 4 treats patients with high psychiatric severity. This team provides specialized combined treatment for dual-disordered veterans—those with both substance use disorders and significant psychiatric disorders. A variety of services are offered including therapy groups, skills groups, psychiatric medications management, urine toxicology screens, assistance with social services, and monitoring of Antabuse and other medications.

Female veterans can receive all of their addictions treatment within a women-only framework in the **Women's Addictions** track of the **Women's Trauma and Recovery Center**. From the entry point into treatment (AEC), female veterans are evaluated by a female staff member, assigned a female care coordinator and treated in women-only groups. Currently, the team serves approximately 25-30 female veterans, providing continuing care groups, psychoeducational groups, individual therapy, medication management, and social services (referrals for housing and financial resources).

All patients being treated by Teams 2, 4 and WATC are expected to embrace an abstinence model for the treatment of their substance abuse problems. All three teams provide comprehensive programs that offer varying levels of treatment intensity. Patients may receive up to 14 hours of treatment per week or as little as an hour a month in continuing care groups, psychoeducational groups, individual therapy, medication management, and social services (referrals for housing and financial resources). Although all clients are assigned one treatment staff person as their case manager, most treatment services are provided in a group format.

CESATE. The Center of Excellence in Substance Abuse Treatment and Education provides support for ATC faculty to develop, evaluate, and disseminate state-of-the-art addictions' treatment. Fellows can develop individual collaborative research and program improvement projects with several ATC faculty as part of the fellowship.

CESATE provided leadership in development and implementation of the VA/DoD Clinical Practice Guideline for the Management of Substance Use Disorders (SUD's) in Primary and Specialty Care Settings that was revised in 2009. In terms of guideline implementation efforts, CESATE staff serves as primary consultants to the VA Office of Quality and Performance and the field for national performance measures related to SUD including evidence-based screening for alcohol misuse in primary care and retention in specialty care.

Recent and anticipated developments in pharmacotherapy of substance use disorders have major implications for improved treatment effectiveness and efficiency. CESATE faculty members continue direct involvement in a number of projects evaluating the integration of psychopharmacologic and behavioral interventions for substance use disorders. Ongoing and recently completed projects involve combinations of pharmacotherapy (including buprenorphine, acamprosate, Naltrexone, selegiline, bupropion, divalproex, prazosin, nalmefene) and behavioral interventions for treatment of alcohol, cocaine, opioid, and nicotine dependence; alternative alcohol and opioid detoxification methods in specialty addiction and general medical settings; innovative approaches to identify and address risk of early relapse or drop-out; effectiveness of contingency management to promote treatment retention and abstinence; care management for non-engaged patients with SUD and co-occurring major psychiatric disorders; and an evaluation of integrated primary care medical services within the addiction specialty clinic vs. referral to the general internal medicine clinic.

CESATE staff are investigating issues related to prevalence and psychiatric co-morbidity among women veterans; validating efficient and gender-specific screening methods in primary care settings; incorporating computerized clinical reminders in primary care for brief intervention or specialty referral of patients with alcohol misuse; and gender-specific treatment in addiction specialty settings.

In addition to the Interprofessional Training Fellowship, CESATE is active in developing technology transfer strategies to address standardization and integration of services including development of provider "toolkit" products, specialized conferences (e.g., preceptorships for integrating tobacco use cessation within mental health and addiction clinics; motivational interviewing to address continued alcohol use in patients with hepatitis C), and ongoing telephone consultation or video teleconferencing.

2. PTSD Fellowship

The PTSD Fellowship provides advanced training in clinical psychology, with an emphasis in the scientific investigation of PTSD and clinical care of veterans with this disorder. Our primary aim is to provide fellows with advanced training in clinical research methods -- informed by their own clinical experience with complex patients and supervised by experts in the field -- that leads to their becoming independent investigators. Fellows are expected to generate publishable research during their training, under close mentorship, that will position them to obtain grant funding in pursuit of a research career. Because the fellow is expected to devote 75% of their time to academic and scientific activities, in addition to 25% of their time in clinical service, the Fellowship is renewable for a second year so that fellows can accumulate the necessary clinical hours for professional licensure, while still having sufficient time to initiate and complete independent research projects.

The PTSD Fellowship is supported by specialized funding for advanced training in Psychology and Psychiatry through the Mental Illness Research, Education and Clinical Center (MIRECC). Established in 1997, the MIRECC is a regional resource throughout the Northwest VA Network that provides innovative academic research, education and clinical demonstration projects in the areas of PTSD, schizophrenia and behavioral genetics.

Fellows can expect to join a vital and creative clinical research environment that currently involves approximately 10 psychologists and psychiatrists who are actively engaged in funded research investigations. Fellows are mentored to develop their own independent research project(s). Additionally, they also may join the research teams of senior investigators engaged in ongoing projects as a means of gaining research experience and academic products. Currently, ongoing research projects include:

- Clinical treatment trials. MIRECC investigators are currently conducting clinical trials involving (1) behavioral activation forms of psychotherapy for PTSD, (2) integrated models of care aimed at reducing health risk behaviors (e.g., smoking, alcohol use) in veterans with PTSD, (3) examining mechanisms of change associated with brief experiential acceptance and cognitive restructuring interventions for individuals with comorbid PTSD and alcohol dependence, (4) pharmacological and psychotherapeutic treatment of nightmares and sleep disturbance in men and women with PTSD, and (5) pharmacological treatment of PTSD and alcohol dependence. MIRECC postdoctoral fellows have recently conducted (or are currently conducting) research in the following areas: (1) evaluation of Acceptance and Commitment Therapy for PTSD, (2) translating basic research on the phenomena of over-general autobiographical memory among individuals with PTSD into a brief intervention, (3) increasing access to treatment for female Veterans, and (4) establishing benchmarks for evaluating the effectiveness of VA's empirically supported treatments for PTSD. Additionally, there is an increased emphasis on health promotion and studies of "wellness" interventions in veterans with chronic mental illness. These studies aim to identify excessive health risk behaviors in mentally ill veterans that aggravate serious medical diseases (diabetes and heart disease) and develop and test treatments for improving healthy life styles.

Recently completed treatment outcome research of MIRECC investigators includes: (1) a multi-site outcome study of group psychotherapy for PTSD, (2) a recently published randomized trial using a community psychiatry intervention to improve access to specialized mental health treatment for veterans with PTSD, (3) a study of guideline-administered smoking cessation treatment integrated into ongoing clinical care for patients enrolled in a PTSD primary mental health care team, and (4) a cross-over trial of the alpha-1 adrenergic antagonist drug Prazosin in treating PTSD combat trauma nightmares.

- Health services research. MIRECC investigators have initiated a growing research program in health services studies focusing on PTSD. They have successfully completed and published research examining the prevalence of PTSD, substance use, and health problems among women veterans seeking VA primary care. They have also completed a number of studies on the prevalence of psychopathology among Gulf War patients cared for by the VA and Department of Defense, health care costs and treatment utilization by clinical subtypes of Gulf War patients, and influence of psychopathology on physical symptom reporting and functional impairment among

this population of veterans. Empirical papers concerning the prevalence and correlates of violence among veterans with PTSD have been published. Also, MIRECC investigators are funded to study the role of health risk behaviors in predicting of health care costs in veterans with chronic PTSD and/or depression. Most recently, MIRECC investigators have demonstrated that veterans with PTSD who have chronic health conditions such as diabetes have deficient health care habits and require specialized intervention.

- Research into the interface between PTSD and substance use disorders. In collaboration with faculty from our addictions programs, MIRECC investigators are addressing the topic of PTSD co-morbid with substance use disorders. In addition to the projects referenced above, they have published a manuscript reporting prevalence of PTSD and substance use among incarcerated veterans, and have implemented a novel methodology to obtain real-time, prospective assessments of the course and co-variation of PTSD and substance use relapses in veteran and community samples.
- Research into the neurobiology and psychophysiology of PTSD. A number of physician members of the PTSD research program are investigating neuroendocrine abnormalities of sympathetic nervous system functioning and HPA axis activity in veterans with PTSD. Another component of this team is conducting psychophysiological studies of aberrations in the architecture of sleep and dreaming in veterans with PTSD, and pharmacological treatments that may block disruptions of sleep and dreaming.
- Research on the rehabilitation psychology of PTSD and Polytrauma. The Polytrauma Program provides rehabilitation care services to military personnel returning with physical injuries from the wars in Afghanistan and Iraq. The Polytrauma Program treats the physical, cognitive, and psychological impairment associated with such medical trauma. Commonly these military personnel return with PTSD and traumatic brain injury (TBI). Rehabilitation psychologist members of the Rehabilitation Care Service line are involved in neuropsychological research on co-occurring TBI, PTSD and other psychological disorders.

Goals of PTSD fellowship training

Our primary goal is to provide fellows an excellent training experience in the science and clinical treatment of trauma disorders – one that will prepare them for eventual leadership roles in clinical services, research, and education -- particularly in VA, Medical Center, public sector health care, and academic settings. The Postdoctoral program provides learning experiences deemed essential for advanced training in professional psychology. The curriculum provides a range of structured clinical and didactic activities that allow individualized training, through the use of individualized learning contracts, in order to meet more specialized goals and interests of the Fellow.

Psychology fellows can expect to develop advanced levels of knowledge and skills in assessment and intervention, research strategies, teaching, and administration. Moreover, they can expect continued professional development, including further consolidation of professional identity, increased confidence in assuming an advanced level of professional responsibility, and advanced knowledge and skills in ethics, professional and legal standards, and in culturally competent practice. In addition to attaining these advanced skills in professional psychology, postdoctoral Fellows in PTSD will also participate in additional experiences designed to develop specific competencies in trauma treatment, and advanced skills in scientific, educational and administrative practice.

Research opportunities

The PTSD fellowship provides many opportunities to develop advanced knowledge and skills in clinical research and strategies of scientific investigation:

Overview of research experiences. In order to provide a solid foundation for a successful research career, a tailored research curriculum is designed to develop the fellows' knowledge in the area of their chosen research topic. Formal didactics and individualized mentoring address each of the following essential components for developing a successful career as a scientist-practitioner psychologist:

- identification of an interest area and appropriate research questions that will serve as the focus for the fellow's independent research program
- selection, design, and initiation of a programmatic series of experiments that will significantly advance knowledge of this area of interest
- obtaining resources to carry out the planned research program
- establishing a presence in the scientific community through communicating one's work and developing a network of colleagues and potential collaborators with similar research interests.

These essential components are accomplished by 1) undertaking a mentored research project, 2) attending formal didactics and courses, 3) participating in research seminars and journal clubs, 4) presenting research findings at a national scientific meeting, and 5) writing a pilot research grant and junior faculty training award grant. Oversight of fellows' primary research project, educational experience, and career development will be provided by a mentoring committee composed of content experts in fellows' topics of interest as well as core training, administrative, and supervisory staff.

Mentored research project. At the time of recruitment, each fellow's interests are ascertained and matched with a primary faculty mentor. At the start of the postdoctoral year, fellows are immediately invited to join in ongoing research studies. Concurrently, they work with their mentors and mentoring committee to develop their own research project. Under the guidance of the research mentor, fellows formulate testable and meaningful hypotheses relevant to the veteran with mental illness; design a research project to test these hypotheses; prepare a statistical analysis plan and create a database; understand and respond to the ethical, cultural, and legal issues involved in clinical research, and in institutional review board applications (for human or animal use); prepare VA Research and Development applications (including approvals for biohazards, radiation, etc.); determine research staffing and materiel requirements; recruit, screen, and evaluate potential subjects (as appropriate); perform the research experiments; enter data into the database; perform statistical analyses; and present research findings as oral presentations and written reports for publication.

Formal didactics and courses. In preparing for careers in clinical research, fellows may participate in coursework at the nearby University of Washington (tuition is waived for Fellows in our University-affiliated program). Fellows have the opportunity to take a variety of relevant courses, depending on their interests, background, and training needs (for example, courses in statistics or research methodology). Fellows may also attend three workshops sponsored by the School of Medicine: "Biomedical Research Integrity Lecture Series (course in the responsible conduct of research)," "Walking through an NIH Grant," and "Forming Partnerships with Industry." Moreover, fellows participate in a nationwide VA web-based Fellowship curriculum, designed to augment and enhance their clinical and research experiences. This curriculum consists of 4-hours of didactic training each month, delivered by national experts through a V-tel medium that allows interaction with fellows across multiple sites. This curriculum includes an orientation to health care systems; research methodology; statistics; development, management and finance of mental health services; ethical, legal and cultural issues in mental health programming; and mental health databases and information management.

Research seminars and journal clubs. Fellows and faculty participate in a monthly PTSD Research Forum. This combination research conference and journal club provides an interdisciplinary forum in which fellows can present their research plans, progress, and findings for feedback, brainstorming and advice in a supportive environment. Participants in this ongoing conference consist of basic science and clinical research faculty, as well as postdoctoral and pre-doctoral trainees in psychology and fellows and residents in psychiatry. This unique forum provides for stimulating cross-fertilization of ideas among the participants and an optimal opportunity for all participants to learn and practice the vocabularies and thought processes of clinical and basic science. It also provides a means for keeping abreast of important basic and clinical developments in mental health and related disciplines.

Fellows may take advantage of a number of other didactic activities as time constraints and interest dictate, including additional lab meetings, seminars, lecture series, research conferences, journal clubs, and rounds. A wide array is available at the Seattle VA and nearby University of Washington, depending on the Fellow's specific research interests. These include such offerings as the UW Psychiatry Grand Rounds, Gerontology Grand Rounds, Women's Health Care Rounds, Behavioral Neuroscience Seminar, and Ethics Forum. Overall, this curriculum provides fellows with a strong foundation in the principles and applications of investigative approaches in professional psychology.

Presentation of research findings. An important objective of the PTSD Fellowship is to foster the trainees' ability to effectively communicate the results of his/her work through peer-reviewed publications and presentations at scientific meetings. Fellows can expect to receive individual mentoring in manuscript preparation, as well as editorial assistance and review. In addition, fellows can attend courses in technical writing and writing strategies specific to particular topics or types of journals. Ensuring that each fellow has the opportunity to obtain an adequate publication record during the Fellowship is an important consideration for each faculty mentor. Toward this end, fellows are expected to present their research at regional and national scientific meetings, as well as at a number of local venues attended by staff and trainees. Such presentations are invaluable in helping fellows to develop a presence for themselves in the scientific community and to develop a network of colleagues who work on topics related to their own. Funds to support travel to a scientific meeting are available.

Grant writing. Fellows receive didactic and mentored training in grant writing. Didactic instruction is provided for beginning researchers. Experiential training first involves having fellows assist with the preparation of mentors' grants, and subsequently applying for their own pilot grant to support an independent study. It is expected that fellows will submit a pilot grant application by the end of their first year, which serves as a transition to independent investigator status. In addition to training regarding VA, NIH, foundation grants, and other granting agencies, fellows receive training in developing appropriate collaborative relationships with industry. The benefits and pitfalls of such relationships are nicely summarized in the UW-sponsored workshop entitled "Forming Partnerships with Industry" that Fellows may attend. In addition, members of the training faculty have experience in developing such relationships. During the second year of the postdoctoral program, fellows are expected to prepare and submit a VA or NIH K-award junior faculty career development grant application. This application is the final component in a structured scientist-practitioner training program, facilitating the transition from fellow to junior faculty status, and is designed to ensure a successful career in professional psychology.

Educational opportunities

The PTSD Fellowship provides many opportunities to develop advanced and cutting-edge skills in teaching and education.

Teaching opportunities. Fellows can expect to develop their teaching, supervision, and administrative skills in health care education. They will have the opportunity to attend seminars taught by senior faculty, co-lead these seminars, and eventually conduct seminars under observation, as their level of expertise permits. Fellows receive instruction in teaching methods, evaluation of learning, medical informatics, cutting edge academic applications of the personal computer to enhance educational presentations, and the design of web-based courses. Fellows lecture to medical students, psychiatry residents, and psychology interns, as well as allied health professionals. Fellowship faculty attends these lectures to provide fellows with feedback and instruction on teaching skills. Fellows are also active participants in all MIRECC education efforts, including a twice-monthly video-teleconference series. Fellows present lectures in this series annually. In their clinical settings, fellows have the opportunity to provide adjunctive supervision for psychology interns and psychiatry residents, under the instruction and supervision of a senior psychologist.

Healthcare informatics. Fellows have the opportunity to learn, work with, and conduct research with an advanced clinical computing system that includes our computer-based medical record (CPRS). VA Puget Sound was the third test site nationally for CPRS, and continues to be one of the leading sites for this

comprehensive system, which is used in inpatient and outpatient settings at both the Seattle and American Lake divisions. It is also used remotely in outreach clinics and in the two veterans' homes in western Washington. Over 11,000 orders and 3200 notes are entered into CPRS at VA Puget Sound each weekday. Imaging and telemedicine applications are also heavily used in clinical care, allowing radiographs, photographs, and other clinical images to be stored in the record and communicated between clinicians. Our computer-based medical record is used as the foundation for an extensive collection of decision support features, providing a powerful tool for implementing practice guidelines. Fellows are welcome to attend operational and support meetings, assist with tailoring CPRS and decision support features to the domain of mental health, and to conduct research using the enormous collection of clinical data that are gathered from these heavily used clinical computing applications.

Telehealth. VA Puget Sound offers several opportunities for involvement with telemedicine programs. The recently funded Geriatric Telemedicine Demonstration project links patients at the two State Veterans homes with geriatric psychiatry staff at both our Seattle and American Lake divisions. The initial focus is on screening and diagnosis of dementia with expansion potential to other areas of mental health evaluation and management. Use of telemedicine capabilities to support primary care and home care are also areas of active interest. We are committed to expanding telemedicine applications and have active committees supporting these programs. Fellows can participate in devising innovative applications for this new and powerful technology.

Training in mental health administration. At VA Puget Sound, operational decisions for the Mental Health Service are discussed and decided by consensus of an Operations Committee. This committee is an interdisciplinary management team comprised of Mental Health Service Line leaders, which oversees a budget of approximately \$22 million a year. Fellows can be included in monthly meetings of the Operations Committee, where they become familiar with the budgetary process in mental health programming, with multidisciplinary management of mental health systems, with application of the quality improvement (QI) process to evaluating and refining clinical services, and with preparation for external evaluation reviews of mental health services and the health care system by the Joint Commission for Accreditation of Health Care Organizations. In this context, fellows also become familiar with practical, ethical, legal and cultural issues in health care management and have an opportunity to observe their resolution in a complex hospital system.

Clinical opportunities

The PTSD Fellowship provides many opportunities to develop advanced knowledge and clinical skills in assessment, intervention, and consultation.

Overview. The PTSD Patient Care Line offers an integrated set of residential and outpatient clinical care programs that provide comprehensive treatment for veterans with military-related trauma disorders. This includes veterans with PTSD symptoms related to any war zone theater of operations, as well as veterans with symptoms resulting from exposure to non-combat traumas during military service. The PTSD Patient Care Line is a regional resource in the Northwest, both as a tertiary treatment site for patients with complex disorders, and as a resource for education and consultation.

The following settings describe the many programs in which PTSD services are provided. Fellows in Psychology can receive primary training only in those settings staffed with a supervising psychologist, and which provide opportunities for advanced clinical training in a quarter-time placement. Clinical expertise and faculty are drawn from all of the PTSD programs, however, and additional assignments in other settings can be arranged in order to participate in time-limited or specialized projects.

PTSD Outpatient Clinic (POC). The PTSD Outpatient Clinic (POC) provides outpatient treatment of patients who can profit from brief intervention, as well as patients who require long-term care for chronic psychiatric disabilities. In addition to a primary diagnosis of PTSD, patients enrolled in this clinic represent a wide range of concurrent Axis I and Axis II disorders. While most of the patients treated in

the clinic have PTSD related to combat, there are also specialized groups for other military-related PTSD. Services offered by the clinic include: interpersonal psychotherapy groups; dual disorder groups for PTSD patients who are primarily treated within the Addiction Treatment Center; case management groups for the chronically impaired patient; time-limited, topic-focused groups; individual and marital therapy and medication clinic. Interns can receive focused supervision in evidence-based psychotherapies, including exposure therapy and behavioral activation. The POC primarily serves Vietnam era veterans, though special services are also available for Afghan, Iraq and Gulf War vets, Korean War vets, WWII vets, and former POWs.

The POC clinic staff consists of psychologists, psychiatrists, a social worker, a nurse, an addictions therapist and a mental health technician. A rotation in the PTSD Outpatient Clinic will provide an intern with an opportunity to participate in all the functions of the psychologist, including individual, marital and group psychotherapy, psychological assessment, case management, team consultation and treatment planning. This rotation is offered as a full-time or half time placement.

Women's Trauma Recovery Program (WTRP). Women who serve in the military are exposed to a variety of traumatic stressors. Recent military scandals have made the public aware that many women in the military are sexually traumatized through harassment and sexual assault. Some women in the military worked in health care fields where they witnessed the physical costs of war. In the Gulf War, Somalia, Bosnia, Afghanistan, and Iraq, women were also exposed to combat in front line positions.

The WTRP is a treatment track within the Women's Trauma and Recovery Center (Women's ATC is the other track). The WTRP track is designed for women veterans with military trauma histories who wish to address their military trauma and who are not currently engaged in problematic substance use. The majority of the women treated in the clinic have PTSD as the result of sexual trauma in the military, though many suffer from other emotional difficulties including mood disorders, agoraphobia, panic disorder, eating disorders, somatization, and dissociative behaviors. The emphasis is on group treatment, as this is a powerful tool in treating women who experienced such a private, isolating trauma as rape. In addition to time-limited individual therapy, a number of groups are offered for women veterans with histories of military trauma, both sexual and duty related, including: interpersonal learning group psychotherapy, coping skills groups, a group for women with dysfunctional eating patterns, and a personal safety/self-defense training group for women with PTSD.

Postdoctoral fellows function as primary mental health providers who coordinate and case manage the care for a panel of patients. Additionally, they have the opportunity to provide individual and group psychotherapy, and to work closely with experienced co-therapists in delivering evidenced-based treatments using state-of-the-art approaches. The POC and WTRP operate over 100 distinct therapy groups, including trauma-focus treatment, acceptance-based treatment, prolonged exposure, mindfulness, emotion regulation, interpersonal psychotherapy, case management, problem-focused, coping skills, symptom-management, dual-disordered, and alumni groups. The professional duties of the psychology fellow -- including assessment, therapy, consultation/liaison, crisis intervention, interdisciplinary collaboration, and clinic administration -- are supervised by the Team Leader or other appropriate psychology faculty. In addition, consultation from providers of other disciplines is easily obtained.

3. Primary Care Fellowship

The Primary Care Fellowship provides advanced training in clinical psychology, with an emphasis in providing care for Iraq and Afghanistan Veterans within an interdisciplinary setting. An integrative biopsychosocial model of health, addressing the intersection of mental and physical health, provides a common foundation for the services delivered and the role of the psychologist across clinical settings. Each of the clinics address adjustment to health problems or other life circumstances, problems interacting with the health care system, mental health disorders, chronic pain, and family problems.

Additional commonalities include: co-location and collaboration with medical providers; consultation to providers of other disciplines; assessment, treatment planning, individual, family and group therapies; a diverse patient population presenting a broad range of clinical concern; improved access to care when stigma of referral to specialty mental health care may be a barrier (particularly relevant to recently deployed veterans, those with sexual trauma histories and those with stress related somatic problems); opportunity for staff teaching and supervision of psychological service delivery; and collaboration in clinical research and program evaluation. Differences in the clinic missions, as well as diversity among the supervising faculty, result in unique training options across the clinics.

Primary Care Clinic-Mental Health and Deployment Health Clinic (PCC-MH; DHC)

The Primary Care Clinic (PCC) is a fast-paced outpatient primary care medical setting. Psychologists and fellows provide consultation to primary care providers, as well as provide scheduled and urgent evaluations and treatment for patients with a wide range of mental and behavioral health issues. Additionally, PCC houses the Deployment Health Clinic (DHC) which is an outpatient specialty clinic established for the follow-up care of combat veterans returning from Iraq and Afghanistan (OEF/OIF Veterans). The Primary Care Clinic-Mental Health team consists of 4 psychologists, 2 psychiatrists, a licensed clinical social worker, and nurse care managers who implement telephone based interventions.

Patients present with broad-ranging clinical presentations that provide the opportunity to learn or hone wide-ranging skills to address presented problems. Common presentations include trauma history and other psychological sequelae associated with military service, anxiety and mood spectrum disorders, psychotic disorders, substance abuse, adjustment disorders, relationship concerns, grief and loss, psychosis, and sexual concerns. Behavioral health treatment targets include medication and treatment compliance and can address the interaction between patients and their medical providers as well as the interaction between medical and mental health disorders, and can focus on such issues as weight management, sleep hygiene, and establishing and maintaining other healthy life choices. In addition to working with the patient, treatment interventions may also include working with the veteran and his/her family members.

Fellows can also gain experience providing evaluation and follow-up care of combat veterans returning from Iraq and Afghanistan. These veterans are often dealing with post-combat experiences and learning to adjust to civilian life. A primary goal is to assist these veterans with this transition which often includes providing post-combat risk assessment and risk communication, psycho-education about post-combat reactions, and addressing challenges in engaging in care. As part of the training opportunities available, fellows interested in neuropsychological evaluations and /or traumatic brain injury (a common concern following combat blast exposures) can gain experience completing these evaluations with the neuropsychologist who specializes in assessing these returning veterans.

Since patient presenting problems encompass a wide range of concerns, fellows will strengthen their psycho-diagnostic skills and learn to develop appropriate treatment plans based on their assessments. Fellows will also have the opportunity to utilize a range of brief treatment interventions (e.g., motivational enhancement, anxiety management, acceptance-based interventions, mindfulness-based interventions, hypnosis, behavioral activation, communication skills). As part of a fast-paced primary care setting, providers' duties include meeting with unscheduled patients. While serving in this manner, fellows will learn to adapt to different needs and acuity levels, and provide succinct assessment and treatment planning, which offers the opportunity to learn the skills necessary to function in a medical setting. Given the high frequency of consultation between different disciplines, the fellow will also have the opportunity to become more familiar with psychotropic medications, and biological and physiological influences on mental health disorders.

Women's Health Clinic

The Women's Health Clinic (WHC) is an outpatient primary and specialty (ob/gyn) care setting that addresses the healthcare needs of women veterans. This clinic currently serves approximately 1500 women veterans, including a growing number of veterans who have served in Iraq or Afghanistan. The clinic is staffed by an interdisciplinary team including internal medicine physicians, a gynecologist, nurse

practitioners, other nursing staff, a social worker, pharmacist, health tech and several part time behavioral/mental health practitioners (psychologist and psychiatric social worker). In addition to the permanent staff, trainees and residents from various disciplines work in the clinic and the clinic is one site of the OIF/OEF Primary Care Postdoctoral Fellowship training.

The WHC embraces an integrative and holistic approach to health care in which the role of behavioral and psychological health care is highly regarded. While the VA is now expanding the integration of mental health services into primary care settings across the country, mental/behavioral health practitioners have been part of Women's Health Clinic since 1999. Integration of services reflects the holistic model and addresses the mutually influential spheres of physical and psychological well-being. The veterans referred for behavioral/mental health consultation represent a wide range of concerns including positive screens for depression and PTSD, problems dealing with the health care environment/procedures, somatization, chronic pain syndromes including fibromyalgia, high utilization of health care resources, relationship and/or sexual problems, gender transition issues, mood disorders, anxiety and trauma related problems, strained patient-provider relations, and non-adherence with health care recommendations. Veterans are also referred for adjustment to serious health problems and age-related decline. Since multiple trauma exposure is so common in the histories of women veterans, and since these histories are associated with significant physical health impairments, the mind-body connection is a natural focal point of assessment and care in the WHC.

The WHC psychologist and fellow provide assessment, consultation, and interventions, including individual, family and group therapies. Consulting to the physicians and nurse practitioners on issues of effective patient management is a central function of the psychologist. In addition, the psychologist participates in monthly Care Coordination Rounds with the WHC primary providers. This forum is used to consult with primary care providers regarding psychological factors and treatment strategies for somatic and psychological manifestations of illness and regarding the counter transference issues that arise in their practice.

Overview of the Fellowship Training Year

The Primary Care Fellow will work with staff to customize a training year that will complement and extend their individualized abilities with placements selected from the primary care clinics. Although the fellowship is primarily a clinical fellowship, fellows are encouraged to develop an additional project that furthers professional development. Some project ideas from past fellows include developing and starting a group to address an as-yet unmet need, creating a didactics seminar for medical providers, residents, or nurses, implementing programmatic changes to increase efficiency within the clinic, or participating in research avenues. The Primary Care Fellow will also participate in a didactic seminar with topics that incorporate clinical concerns within a behavioral health setting, considerations unique to returning Iraq and Afghanistan Veterans, opportunities for case presentations, and implementation of empirically-supported treatments for presenting complaints. Monthly national conference calls and presentations on mental health-primary care integration in Iraq and Afghanistan Veterans are also available for further learning and exposure to leading professionals in this area.

4. Neuropsychology Fellowship

This position is a 2-year Neuropsychology fellowship that is focused on developing advanced skills in the specialized assessment and treatment of cognitive disorders that are acquired via injury, illness, or neurodegeneration that can occur across the adult lifespan. Training will emphasize interviewing skills with a wide variety of Veterans and their families, neuropsychological assessment, understanding the contribution of physical and mental health conditions to cognitive dysfunction, differential diagnosis of neurodegenerative conditions, providing feedback, treatment planning, and cognitive rehabilitation interventions. This fellowship is designed to be consistent with the Houston Conference for Training in Clinical Psychology recommendations, and aims to provide the foundation for individuals to pursue ABPP certification in clinical neuropsychology.

Clinical: This position will primarily offer training in neuropsychological evaluation in two clinics, the **Mental Health Neuropsychology Clinic** and the **Geriatric Research Education and Clinical Center (GRECC) Memory Disorders Clinic (MDC)**. The patient population in these clinics ranges from OIF/OEF Veterans with newly acquired traumatic brain injuries (TBI) to older Veterans who present with concerns about cognitive/behavioral change that might indicate a neurodegenerative condition. Patients with learning disabilities, other neurologic conditions (such as epilepsy, multiple sclerosis, Parkinson's disease), multiple medical conditions contributing to reduced cognitive functioning, and complex psychiatric disorders are often seen for evaluation as well. Cognitive skills groups for Veterans with PTSD and a range of neurologic conditions is also offered.

Additional training experiences in rehabilitation psychology interventions will be available through rotations in the **Rehabilitation Care Service**, including with the polytrauma outpatient clinic, acute inpatient rehabilitation unit, outpatient rehabilitation medicine clinic, and the spinal cord injury unit.

Supervising faculty include three neuropsychologists (Drs. Pagulayan, Trittschuh and Parmenter) as well as six rehabilitation psychologists (Drs. Bambara, Dong, Lincoln, Tackett, Turner, and Williams) (see Training Faculty section below).

Research: Research activity is considered to be an important element of the postdoctoral training experience, and fellows will be expected to participate in some aspect of research that is ongoing at the VAPSHCS (up to 20% of their time). At the end of the fellowship, fellows will be expected to have a tangible research product, such as a co-author on at least one paper/poster or a completed grant. Several of the neuropsychologists and rehabilitation psychologists associated with this fellowship have active research programs, and additional possible research opportunities are available throughout the Seattle VA. Current ongoing research projects include multimodal assessment of outcome after repeated blast-related mild traumatic brain injury, assessment of a cognitive rehabilitation intervention, and dementia.

Didactics: In addition to the core clinical activities, this fellowship includes educational components aimed at increasing knowledge regarding brain-behavior relationships, neuropsychological and psychodiagnostic test interpretation, rehabilitation psychology interventions, and psychiatric and neurologic disorders and syndromes. Required didactics will include:

1. The Memory Disorders Clinic of the GRECC has a training-focused didactic series which occurs every other week. This series covers an introduction to dementias, cognitive assessment and report writing, basic neuroanatomy, behavioral challenges/caregiver issues, pharmacotherapy, the role of geropsychology after the diagnosis of dementia, and the association of diabetes with the development of Alzheimer's disease.
2. Weekly Neuropsychology Seminar, which includes didactic presentations, journal article reviews, case presentations, and fact-finding practice sessions. This seminar covers key concepts in neuropsychology and is designed to assist with preparation for Board Certification in Neuropsychology.
3. Weekly Rehabilitation Psychology Seminar, which covers a wide range of topics that are central to rehabilitation psychology.
3. Monthly clinico-pathological conference (CPC) that is jointly run by the VA and University of Washington faculty; it offers a rare chance to conceptualize cases from the vantage point of having initial symptoms and clinical data, cognitive testing, information on the course of illness, genetics, and neuropathological findings.

Further, optional didactics are plentiful at VAPSHCS, Harborview Medical Center, and the University of Washington. These include, but are not limited to, Psychiatry and Neurology grand rounds, MIRECC and GRECC regular didactic series, the Brain Aging and Neurodegenerative Disease (BAND) monthly seminars, brain cuttings, and neuroradiology seminars.

Supervision: The advanced competencies described above will be developed over the course of the fellowship through a combination of supervised clinical experiences and didactics, and professional mentoring over the duration of the training. The fellow will devise an individualized learning plan with the help of his or her supervisors, outlining the proposed learning experiences that will help them attain advanced skill and knowledge in each of the required competency areas (assessment, intervention,

consultation, education, and research). The development of this learning plan requires each fellow to conduct a self-assessment of his or her prior skill level in each area. Mentors are responsible for identifying those training experiences that will help the fellow develop advanced abilities in each area, while taking into account the fellow's prior level of experience and demonstrated competence. Fellows will receive a minimum of two-hours per week of individual, face-to-face, regularly scheduled supervision for the entire training period.

Training Goals

It is our goal to provide comprehensive training in clinical neuropsychology and brain-behavior relationships during the fellowship period, through both didactic and experiential training. The major training areas are outlined below. In order to fulfill the goals of postdoctoral training, the fellow must demonstrate an advanced level of skill and knowledge in the following areas by the completion of the Fellowship program, as measured by supervisors' evaluations of the specific competencies.

- 1. Neuropsychological assessment:** Fellows will receive training in all aspects of neuropsychological assessment, including test selection, test administration and scoring, report writing, and provision of feedback/education. Intensive supervision will be provided at the beginning of the fellowship, with the aim of developing skills to function independently over time. Fellows will learn to identify and adjust for sources of bias in test results (e.g., poor effort, English as a second language, cultural issues). Guidance will also be provided so that assessments are practiced in a culturally competent manner and conducted with an awareness of current ethical and professional standards.
- 2. Cognitive Rehabilitation Interventions:** Fellows will participate in both individual and group based cognitive rehabilitation interventions. Current cognitive rehabilitation interventions offered at the Seattle VA are based on empirical literature and have been adapted to the needs of our current Veterans. The Fellow will be expected to become proficient with this literature and common cognitive rehabilitation interventions.
- 3. Consultation/liaison with family members and healthcare professionals:** Fellows will be able to consistently demonstrate the ability to effectively work with diverse populations, and provide appropriate intervention in response to a range of presenting problems and treatment concerns. Fellows will also be able to demonstrate skill in applying and/or adapting evidence-based interventions with a specialized population, and be able to provide clinical leadership when working with junior providers. Fellows should demonstrate effective consultation skills with other professionals, particularly those in other disciplines, by providing expert counsel regarding difficult clinical matters.
- 4. Scientific thinking and research skills:** Psychology training at the Seattle VA is based on the scientist-practitioner model and a high value is placed on providing evidence-based care. Fellows should consistently demonstrate the ability to base clinical decisions on the scientific literature, and to generate evidence-based principles to guide practice in areas that lack an empirical literature. The supervisors will promote the fellows' learning by sharing knowledge, readings and resources regarding the empirical basis of their practice. In turn, fellows are expected to be familiar with the empirical literature related to their patient care duties, and to incorporate this knowledge base in their daily practice.
- 5. Education, teaching and supervision skills:** Fellows should demonstrate the ability to give presentations in a formal didactic setting, to teach skills to medical students, residents, psychology interns, and allied health trainees in medical center training settings, and to educate and support other professionals in medical center settings.

5. Rehabilitation Fellowship

Rehabilitation services for OIF/OEF veterans with Traumatic Brain and other injuries are integrated within two large services at VAPSHCS (Rehabilitation Care and Spinal Cord Injury), and are provided on a consultation basis to the outpatient Deployment Health Clinic (described above).

Rehabilitation Medicine and Center for Polytrauma Care

The Rehabilitation Care Service (RCS) line is an energetic and collegial service that provides inpatient and outpatient care to veterans with a variety of medical conditions, such as multiple sclerosis (MS), traumatic brain injury (TBI), stroke (CVA) and amputation. Psychologists and fellows are appreciated

members of interdisciplinary teams, providing an array of neuropsychological and diagnostic assessment, group and individual psychotherapy, and team training and consultation.

Many of the patients in RCS have psychiatric disorders in addition to physical and neurocognitive changes. Psychologists in RCS have the challenging responsibility of integrating information about personality, emotional functioning, and cognition in a way that facilitates treatment and enhances patients' motivation and ability to participate in rehabilitation.

Inpatient clinical services typically include providing assessment and brief intervention for adjustment to illness and disability, depression, and anxiety, as well as brief cognitive assessment. The inpatient unit provides an excellent opportunity to provide psychological and neuropsychological consultation to a diverse interdisciplinary team that includes physicians, nurse specialists, social workers, and speech and language pathologists as well as physical, occupational, and recreational therapists.

Outpatient clinical services in RCS are offered in four main ways, including structured psychoeducational groups, individual and couple/family therapy, neuropsychological evaluation services, and consultation in various specialty medical clinics.

Clinical activities in RCS are supported by active research engagement of several faculty members. RCS is home to two national Centers of Excellence within the VA system -- the Multiple Sclerosis Center of Excellence and the Center for Limb Loss Research.

Center for Polytrauma Care. RCS is also home to one of 20 national Polytrauma Network Sites. The Center for Polytrauma Care is a rehabilitation team dedicated to caring for veterans who are returning from OIF/OEF with multiple injuries. Most commonly, psychology fellows will work with both active duty service members and veterans of the Iraq/Afghanistan War who have multiple co-occurring conditions including TBI, PTSD, chronic pain, sleep problems, and cognitive impairments. The Center for Polytrauma Care also sees veterans from the four state regions of Alaska, Idaho, Oregon, and Washington in its role as a regional polytrauma rehabilitation resource.

Inpatient and Outpatient Spinal Cord Injury

The Spinal Cord Injury Service (SCIS) is a regional spoke facility, consisting of a 38-bed inpatient unit for veterans with spinal cord injuries, as well as an outpatient clinic serving over 600 active patients in 5 states. Seattle is also the home of the VA's National Office for SCI care and a large SCI research department. Due to the unique services offered in this area, the Seattle SCIS has been receiving active duty military personnel from Iraq and Afghanistan, in addition to the usual flow of veteran referrals. An interdisciplinary treatment team works to meet the comprehensive medical and mental health needs of outpatients and inpatients. The psychologists on this service are highly valued members of the treatment team and provide psychological and neuropsychological assessment, psychotherapy, and program development. Both staff psychologists are active in APA division 22 (Rehabilitation Psychology) and encourage participation in national meetings related to rehabilitation psychology and disability.

Issues that often face SCI patients include vocational changes, cognitive deficits secondary to traumatic brain injury, difficulties in coping with chronic illnesses/disabilities/stress, sexual dysfunction, grief reactions, family/relationship problems, chronic pain, and substance abuse. Fellows rotating on this service develop skills in working closely with an interdisciplinary team, clarifying and responding to referral questions, formulating appropriate assessment batteries, presenting treatment recommendations, and providing psychotherapy in a behavioral medicine context. The work setting is very dynamic, and a psychology fellow takes a leadership role in helping veterans with both recent and remote spinal cord injuries get the most from medical care. Most fellows have the opportunity to provide assessment and treatment to newly injured patients, who are followed closely throughout initial rehabilitation.

There are a variety of educational opportunities available on the unit related to the medical and psychosocial aspects of spinal cord injury. Also, fellows are encouraged to attend weekly Rehabilitation Psychology group supervision as well as weekly Neuropsychology journal club.

Consultation services

The neuropsychologist in the mental health service, Dr. Pagulayan, provides neuropsychological evaluation and cognitive rehabilitation planning on a consultation basis to OIF/OEF veterans with TBI, particularly those with co-morbid mental health conditions. These consultation services are provided to patients receiving care in affiliated mental health programs in which OIF/OEF veterans are concentrated, including the Women's Trauma and Recovery Program (WTRP) and the PTSD Outpatient Clinic (POC). This service will provide Fellows with intensive supervised experience in consultation and liaison.

Specific skills taught in the Rehabilitation Fellowship

Core Knowledge of Rehabilitation Psychology. Training is provided over the course of the year that reflects the core competencies of Rehabilitation Psychology. This training is provided via individual and group supervision, through directed self-study, and through a monthly journal club. Fellows will be encouraged to participate in relevant national societies/organizations during their fellowship year.

Neuropsychological assessment. All of the rotations that comprise the Rehabilitation/Polytrauma Fellowship provide opportunities to hone assessment skills. Training is available at all levels, including test administration and scoring, evaluation planning (i.e., selection of appropriate tests given a particular referral question), report writing, providing feedback/education to veterans and families, and planning and implementing treatment recommendations. We have resources for intensive 1:1 supervision at all stages of assessment, allowing fellows to develop skills to function independently and write reports that would be sufficient for disability & compensation evaluations or forensic purposes. We have an extensive repertoire of state of the art neuropsychological tests and support from a full-time psychometrist.

Individual and group psychotherapy. Fellows will have an opportunity to develop advanced psychotherapy skills using both individual and group-based interventions, including evidence-based treatments for PTSD, depression, anxiety and other co-morbid disorders common among OIF/OEF veterans (e.g., Cognitive Processing Therapy, Behavioral Activation, Motivational Enhancement). Particular attention is paid to adapting empirically-validated treatments to make them accessible and useful for veterans with cognitive impairment due to TBI, blast-related injury, or other acquired cognitive problems; to accommodate sensory or physical disabilities, such as blindness and quadriplegia; and to accommodate veterans who are difficult to engage.

Interprofessional team participation. Fellows will have extensive opportunities to participate on interprofessional treatment teams, serving a variety of roles ranging from brief consultation to daily collaborative care. Some examples include: inpatient and outpatient interdisciplinary teams; intra-facility teams assembled as clinically indicated on a person-by-person basis, (e.g., treatment of complex post-deployment issues may include providers from CPC, DHC, and ATC); and c) inter-facility teams assembled as clinically indicated, including DoD and VA members, VBA, and community resources or facilities (e.g., colleges).

Cognitive rehabilitation. The Seattle VA provides training opportunities that integrate the evidence base regarding treatment of specific cognitive deficits in clinical practice (e.g., Mittenberg, Tremont., et al., 1996, for post-concussive syndrome, Cicerone et al., 2006 for executive function deficits, and Cicerone et al. 2000 and NIH Consensus Development Panel, 1999 for more general cognitive rehabilitation). These strategies are integrated into the treatment milieu for inpatient programs and comprise the structure of outpatient psychology-based treatments.

Clinical research. While this fellowship is predominantly clinical in nature, up to 20% of a fellow's time can be spent in research. Research involvement can range from active participation in a project to a deliberate study of a particular literature and practice integrating this knowledge into clinical practice. For those fellows who are interested in active research participation, Several of the identified supervisors have active funded research programs, providing a rich environment of qualified and available mentors. Myriad training opportunities are available to meet fellows' programmatic training goals, including

supervised grant-writing to fund independent research (e.g., VA Career Development Awards) or participation in mentors' grant-writing activities, participation in all aspects of funded/ongoing research activities (e.g., study design, administration, data analyses, authoring/co-authoring manuscripts, and disseminating findings at national meetings). A fellow's program of research can be oriented around a topic of their choosing, around activities selected to address particular skill/training needs, or a combination of these factors. We have resources to provide research training that matches the learning needs of the fellow regardless of their prior experience. Additional collaborative opportunities exist with other psychologists, physicians and health scientists in Mental Health, the MIRECC, the GRECC, VA Rehabilitation R&D, and VA Health Services R&D. It is routine for projects to include investigators from several of these programs.

Systemic interventions. Fellows will hone their sensitivity to issues most relevant to recently deactivated military personnel, so that they become adept in: a) methods to decrease stigmatization through partnering with relevant organizations (e.g., VBA, Department of Labor, state and local vocational rehabilitation programs and services); b) methods to improve access to care and outreach (e.g., familiarity with telemedicine technology and resources); and c) knowledge of organizational systems, their operation, and their management.

6. Telehealth and Rural Outreach Fellowship

Overview

The Telehealth and Rural Outreach fellow may work across several clinics at the Seattle VAMC including the Telemental Health Program (TMH), PTSD Outpatient Clinic (POC), Mental Health Clinic (MHC) and Women's Health Clinic. The majority of clinical work will be performed within the Telemental Health Program and PTSD Outpatient Clinic. Components of each program will form the base of this integrated training experience with the primary focus on providing mental health services to medically underserved and rural populations.

The primary goal of the training year is to provide advanced clinical training experience in the provision of clinical services using telehealth technologies. Clinical training emphasizes the treatment of PTSD and related comorbid disorders, the development of clinical generalist skills, and knowledge of interventions geared toward medically underserved communities. The training year will also focus on the skills required to design, implement and evaluate clinical and administrative outcomes of telehealth programming in rural communities.

The Telemental Health Program

A significant portion of the fellow's clinical time will be allocated within the Telemental Health Program. The Puget Sound Healthcare System Telemental Health (TMH) provides mental health care to Veterans served in VA community-based outpatient clinics (CBOCs). The program is employing in-home videoconferencing to serve those Veterans who reside too far away from care or are too medically ill to travel to their local clinic. The program aims to improve Veteran care access, and to reduce the number of miles that patients must travel to receive mental health services.

Using secure videoconferencing technology, the TMH program connects psychiatrists, psychologists and social workers to clinics that require additional mental health services, including: consultation, initial patient assessments, medication management, individual psychotherapy, group psychotherapy, compensation and pension examinations, and specialized interventions (e.g., evidence-based therapies, addictions treatment, others). The TMH provider then collaborates with the patient's other, local providers to ensure comprehensive care. The TMH program aims to serve traditionally underserved Veteran populations, including rural communities, Native American Veterans and female Veterans. Provision of services to OEF/OIF Veterans is also a program priority.

Contributing TMH staff currently includes staff psychologists and staff psychiatrists. The Telemental Health program includes three licensed psychologists available for supervision with expertise in PTSD, substance abuse, women's health, and mental health treatment using telehealth technology. The

Telemental Health Program currently supports training of 1 psychology postdoctoral fellow and offers training to psychology predoctoral interns. Psychiatry fellows from the VA Puget Sound Addictions Treatment Center may elect to receive training on the service, as well.

The PTSD Outpatient Clinic

The Telehealth and Rural Outreach postdoctoral fellow will also receive clinical training and supervision in the PTSD Outpatient Clinic (POC). The POC provides outpatient treatment to veterans with primary diagnoses of PTSD, as well as a range of comorbid Axis I and Axis II disorders. While most of the patients treated in the clinic have PTSD related to combat, there are also specialized groups for other military-related PTSD. The POC provides short-term interventions for patients and long-term care for chronic psychiatric disorders. Clinical services offered by the POC include: interpersonal psychotherapy groups; dual disorder groups for PTSD patients who are primarily treated within the Addiction Treatment Center; case management groups for the chronically impaired patient; time-limited, topic-focused groups; individual and marital therapy and medication clinic. Fellows will receive training in evidence-based interventions for PTSD and its comorbidities. The POC primarily serves Vietnam era veterans, though special services are also available for Afghan, Iraq and Gulf War vets, Korean War vets, WWII vets, and former POWs.

The POC clinic staff consists of psychologists, psychiatrists, a social worker, a nurse, an addictions therapist and a mental health technician. The Telehealth and Rural Outreach fellow will work in-person with all clients, and provide an array of various clinical services: individual, marital and group psychotherapy, psychological assessment, case management, team consultation and treatment planning.

The Fellowship Training Year

The Telehealth and Rural Outreach Postdoctoral Fellowship is a one year training program. Because the TMH program serves an array of different outpatient clients with variable clinical needs, the placement may align with a diversity of training goals. Telemental health represents a technology through which a variety of specialties, including Prolonged Exposure, ACT, CBT, hypnosis and others, may be delivered through different modalities (e.g., individual therapy, group therapy, consultation, etc.). Emphasis is placed on the provision of empirically supported treatments to an outpatient population with a variety of different clinical needs.

The fellow will work closely with TMH staff to ensure a diversity of clinical cases to meet her trainings interests and needs. The fellow will also participate in various scholarly activities, including participation in a fellowship/quality improvement project, training on issues of program development, participation in the national Telemental Health Journal club and presentations at the monthly Telemental Health Lunch and Learn meetings. The fellow will also have the opportunity to participate in ongoing research activities within the service. The fellow will have the opportunity to provide individual therapy, group therapy, marital therapy, case consultation and other clinical services addressing a variety of psychiatric diagnoses using the telehealth technology.

Whereas the Telehealth and Rural Outreach fellow will also work closely with the PTSD Outpatient Clinic, the fellow will focus a significant portion of training on the assessment and treatment of PTSD within a veteran population. Again, emphasis will be on the provision of empirically supported treatments. A trainee will have the opportunity to receive training in assessment, consultation, individual therapy and group therapy. The fellow will have the opportunity to receive training and supervision in empirically supported treatment for PTSD, including Prolonged Exposure and other modalities. Supervision resources within the PTSD Outpatient Clinic include six licensed psychologists with expertise in Prolonged Exposure, Cognitive Processing Therapy, Native American culture and care, Recovery Model, and substance abuse.

The Telehealth and Rural Outreach fellow will have the option of customizing their clinical training to meet their training goals. Fellow may also choose to pursue training in the outpatient Mental Health Clinic or Women's Health Clinic according to their interests. The fellow will work with her supervisors in the TMH and POC services to define a balanced, well coordinated training program.

Goals of Fellowship training in Telehealth and Rural Outreach

Clinical Goals:

- Development of clinical skills related to the assessment and treatment of PTSD, depression, pain and other common mental health problems in veteran outpatient populations
- Development of clinical skills employing evidence-based treatments for PTSD and other common outpatient disorders
- Development of advanced clinical skills in individual and group therapy
- Development of clinical skills specific to the service of returning OIF/OEF veterans
- Development of clinical skills specific to the service of female veterans
- Development of clinical skills specific to service of Native American veteran communities
- Development of clinical skills related to delivery of care using telehealth modality, including certification in Telemental Health by the VA Rocky Mountain Telehealth Training Center
- Development of clinical skills that utilize other technology resources (e.g., online, others)
- Development of clinical skills reaching out traditionally underserved veterans, including those too medically ill to travel

Scholarly and Administrative Goals:

- Familiarity with empirical literature regarding the use of telehealth technology to employ empirically supported treatments
- Knowledge of program design, implementation and evaluation in telehealth
- Development of a Quality Improvement/ Fellowship Project that significantly contributes to the health of the Telemental Health Program
- Understanding of larger national network of VA Telemental Health Programs
- Participation in larger national community discourse regarding the future of telemental health programming
- Development of skills forging and growing relationships relevant to community outreach in rural and other traditionally underserved communities
- Development of skills related to the administration of telehealth programming
- Participation and contribution to national and local journal club activity relevant to Telemental Health
- Optional participation in ongoing research efforts in the Telemental Health and PTSD Outpatient programs

Academic Opportunities

The fellow is required to complete a fellowship project for the purposes of program quality improvement. Fellows may join existing quality improvement efforts or design their own projects. In addition, the fellow is required to participate in a regular didactic seminar addressing a variety of research and clinical topics, as well as the national journal club for Telemental Health.

The Telehealth and Rural Outreach postdoctoral fellowship is a clinical fellowship, and does not require or promise formal research experience. However, because a number of ongoing research projects related to telehealth are ongoing at the VA Puget Sound, a fellow may have the opportunity to join ongoing clinical research in the Telemental Health Program. Up to 20% of a fellow's time may be allocated to research activities.

7. Hepatitis C and HIV Fellowship

This Fellowship track is aimed at increasing opportunities for the training of psychologists in the care of Veterans with HCV and HIV. Addressing the significant psychiatric needs of these patient populations promotes health, wellness, and successful treatment and disease management. This is especially timely given the likelihood that new HCV treatments will become available in 2012 and are expected to greatly increase treatment response rates for eligible patients.

The Hep C fellow will have the opportunity to work across several clinics providing services to HCV/HIV infected patients at the Seattle VA, overviewed in the table below. The guiding principle in selecting placements for an individual fellow will be to provide her/him with intensive and quality training in the care of HCV/HIV patients with co-occurring psychiatric and substance use disorders. The specific training plan will be individualized to most effectively build upon a fellow's prior experience and background. The core experience will include 20% time in the Addictions Treatment Center (ATC), described in detail above. Setting aside an additional 20% time for research/policy activities and 10% time for educational activities (including local fellowship didactics and national HCV/HIV core curriculum didactic training), the remaining 50% time will be devoted to supervised clinical activities in the Hepatitis C Resource Center (HCRC) (including Hepatitis Clinic), Infectious Disease (ID) clinic, and Behavioral Health services (BH). Finally, the Seattle VA hosts an active and nationally-prominent Telehealth program (TMH), which also supports a Psychology Fellowship in Telemental Health. While not specific to HCV/HIV, this clinic can provide the fellow with training and experience in a method of care delivery that has great relevance for medically compromised patients undergoing intensive treatment regimens. In these settings, the HCV/HIV fellow will be a member of an interprofessional team of senior providers, other psychology fellows and medical fellows/residents, and junior trainees (from psychology, social work, nursing, clinical pharmacy and chaplaincy).

Setting	Clinic faculty & consultants	Special Opportunities
<u>ATC</u>	<p>Assessment and Engagement Clinic Team I – Opioid Agonist Tx Ann Cotton, PsyD Norah Sullivan, ARNP</p> <p>Team II – Moderate co-morbidity Carl Rimmel, PhD</p> <p>CESATE Dan Kivlahan, PhD John Baer, PhD</p>	<p>Motivational Enhancement training and practice Co-lead HCV support group (led by ARNP) Provide HCV monitoring integrated in clinic Rapid HIV screening (integrated provider from Infectious Disease) Contingency Management Relapse Prevention/Harm Reduction Integrated Pain/SUD clinic Dual-disordered patients</p> <p>Research & policy mentors MI train-the-trainers CESATE Fellowship didactics</p>
<u>HCRC:</u>	<p>Jason Dominitz, MD –National program director for GI Michael Chang, MD – Director, HCRC Lauren Beste, MD – Hep C Lead Clinician for VAPSHCS, telemedicine George Ioannou, MD -Hepatology</p>	<p>Participate in Hep C clinic, patient education classes, telehealth support; provide psychological evaluation, alcohol screening and assessment; brief alcohol and drug interventions and/or referral; ongoing patient support (e.g., manage depression, medication adherence). Assist telemedicine team in managing difficult liver patients, manage SUD, and provide education/didactics.</p>
<u>ID:</u>	<p>Provides Infectious Disease clinic, as well as integrated services in Addictions Treatment Center (ATC) and Primary Care Clinic (PCC)</p>	<p>Integrate fellow in these two settings (PCC already hosts a Psychology Primary Care Fellow). Provide same-day services. Assist with issues re: stigmatization, depression, sexual behavior and orientation, as well as HIV health management behavior. Assist in expanding the rapid HIV testing clinics.</p>
<u>BH:</u>	<p>Draws upon the Health Behavior</p>	<p>Co-lead Liver Transplant Support Group</p>

	<p>Coordinator and psychology providers in Rehab and Primary Care to assist with Hepatology services.</p> <p>Tiffanie Fennell, PhD - Health Behavior Coordinator</p> <p>Jan Tackett, PhD, ABPP</p> <p>Kate Hoerster, PhD, MPH</p> <p>Autumn Paulson, PhD</p> <p>Miles McFall, PhD</p>	<p>Assist with liver transplant evaluations</p> <p>Conduct individual, group and staff education regarding health behavior change</p> <p>Rehab and Health Psych Fellowship didactics</p> <p>Mentoring in multi-level and epidemiological research</p> <p>VA Central Office sponsored national training program for integrated smoking cessation</p>
<p><u>TMH:</u></p>	<p>Provides services to rural/highly rural areas, as well as to patients who are physically unable to access Medical Center treatment due to medical or psychiatric conditions.</p> <p>Sara Smucker-Barnwell, PhD</p>	<p>Innovative care delivery technology</p> <p>Policy research (supervisor is a member of the APA Presidential Task Force on Telehealth)</p> <p>Telehealth Psychology Fellowship didactics</p>

Caseload statistics The Seattle VA is an extremely active Medical Center with a diverse patient population, providing a rich resource for training. Seattle treated 80,609 unique Veterans in 2010, and currently provides services to 3951 Veterans in the HCV Case Registry and 297 Veterans in the HIV Case Registry.

1) The Addictions Treatment Center (ATC) – Includes an Assessment and Enhancement Clinic (AEC), and four specialized outpatient teams. These teams constitute the clinical arm of our Center of Excellence in Substance Abuse Treatment and Education (CESATE). In the past year, more than 800 patients were evaluated and received Motivational Enhancement (ME) as a first step in treatment engagement, and more than 1800 patients were actively involved in ATC across the four teams. One of the four teams provides Opiate Agonist treatment within the context of a Contingency Management program. Most recent available data indicate that more than 220 patients on this single team are Hepatitis C Antibody positive.

2) The Hepatitis C Resource Center (HCRC) is a regional resource for the 12,760 Veterans with Hepatitis C in the Pacific Northwest. The HCRC benefits from an interprofessional collaboration of Hepatology, Gastroenterology, Infectious Disease and Nursing -- supporting individual care, patient education, telemedicine, and clinical research -- in an active teaching environment. Current Hepatology capacity in Seattle can accommodate up to 40 patients per week, and as of today, 135 patients await evaluation and treatment initiation with protease inhibitors, the next generation of HCV therapy.

3) Infectious Disease (ID) provides specialty medical care integrated in the Primary Care Clinic, treating 258 HIV-infected patients and 30 HCV/HIV co-infected patients in this past year.

4) Psychologists in Rehabilitation Services conduct 1-2 liver transplant evaluations per month. In concert with our Health Behavior Coordinator (HBC), they also conduct a Liver Transplant Support Group (~10 patients) in Hepatology. The HBC is central to implementing facility-wide a nationally-recognized Integrated Smoking Cessation program -- first developed at this site (McFall, M., Saxon, A.J., Malte, C. et al. Integrating Smoking Cessation into Mental Health Care for PTSD. *Journal of the American Medical Association* 2010; 304: 2485-2493) -- that is a critically important behavioral health contribution to the overall health status of HCV/HIV infected Veterans.

Supervision Eleven of our psychologists have expertise and availability to provide supervision and mentoring to the HCV/HIV fellow, augmented by consultation and mentoring from six core medical providers integral to HCV/HIV care in our facility. All psychologists are credentialed and privileged members of the facility's Medical Staff. Their biographical information (see below) highlights their qualifications and accomplishments. The combination of leadership, academic, and clinical accomplishment apparent in these sketches demonstrate that all supervisory psychologists responsible

for training the HCV/HIV fellow are exemplary models of scientist-practitioners, educators, and direct service providers of evidence-based treatments..

Methodology for teaching evidence-based practice Psychology training at the Seattle VA is based on the scientist-practitioner model. Throughout the entire psychology service, a high value is placed on providing evidence-based care (as defined in the 2005 APA Presidential Task Force Report on Evidence-based Practice). Consequently, there are extensive opportunities to learn (cutting-edge) evidence-based practices and empirically-supported treatments from nationally prominent scientist-clinicians. Greater than 80% of our faculty completed doctoral training with originators of VA 'roll-out' treatments (e.g., Neil Jacobson, Steven Hayes), have completed VA training/certification in one or more empirically supported treatments, are trained consultants in a VA 'roll-out' treatment, and/or are national faculty for a VA 'roll-out' treatment (e.g., Acceptance and Commitment Therapy, Integrative Behavioral Couple Therapy).

Science and practice are integrated in multiple training program components. Supervisors have demonstrated expertise in their practice area and promote the fellows' learning by sharing knowledge, readings and resources regarding the empirical basis of their practice. In turn, fellows are expected to be familiar with the empirical literature related to their patient care duties, and to incorporate this knowledge base in their daily practice. This expectation is established at the beginning of the training year and is measured repeatedly in Fellowship evaluations. Clinical experience is augmented by extensive didactics in each area of emphasis, which frequently focus on the scientific underpinnings of clinical care. The HCV fellow will have the opportunity to participate in already-established weekly didactics specific either to Behavioral Health or Interprofessional Treatment of Substance Abuse.

Finally, science and practice are necessarily integrated in the conduct of clinical research activities. While primarily clinical in nature, the HCV/HIV fellow will be provided 20% release time to participate in collaborative research and/or policy development (including participation in programmatic evaluation data), under the mentoring of a senior psychologist. The extensive research infrastructure at the Seattle VA (particularly within the CESATE and HCRC) provides invaluable support for the fellow's scientific activities, as illustrated in the following example.

In 2006, the VA Public Health Strategic Health Care Group, in collaboration with the VA Hepatitis C Resource Center Program and Seattle's CESATE, initiated a program to support Screening and Brief Intervention and Referral to Treatment (SBIRT) for alcohol use for Veterans with HCV. National program goals were to increase VA providers' utilization and skills in screening and brief interventions for alcohol use for Veterans with HCV, and to increase mental health and substance abuse practitioners' screening for HCV and the use of brief intervention and Motivational Interviewing (MI) techniques to address alcohol use in Veterans with HCV. John Baer, Ph.D., CESATE faculty, has been instrumental in the design and implementation of the training program since its inception, which to date has delivered nine SBIRT training-with-evaluation cycles, reaching 359 trainees from multiple VA facilities. Trainees are taught methods of alcohol screening and assessment, provision of HCV related health information and feedback (using a specifically developed information toolkit), and the use of MI in brief interventions. Dr. Baer maintains a monthly conference call for coaching and supervision of those who have attended the workshops, as well as maintains a database for the evaluation of the training effort. Dr. Baer is eager to integrate postdoctoral fellows into this training program, to engage fellows in evaluation analyses, and to supervise clinical brief interventions that fellows would likely complete in HCV and other medical clinics. Numerous other research initiatives are available to the fellow in this academically productive facility.

Facility and Training Resources

All Fellows are provided with offices equipped with state-of-the-art computing services that support clinical, educational and research needs. The Medical Center hosts an extensive library with the latest

journals, sophisticated electronic search capabilities, and essentially unlimited capability to locate and borrow materials world-wide. Medical librarians are easily accessible and readily available to assist fellows in library research and information searches. The Psychology service maintains up-to-date assessment and test instruments for the use of all faculty and trainees, and the VA networked computer system maintains an extensive array of instruments and measures available on-line. Our local HSR&D and ERIC facilities provide exceptional faculty consultation and support regarding methodological and statistical questions. Clerical support is available to fellows in each clinical setting.

Administrative Policies and Procedures

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

Due Process procedures:

Trainee grievances We believe that most problems are best resolved through face-to-face interaction between fellow and supervisor (or other staff), as part of the on-going working relationship. Fellows are encouraged to first discuss any problems or concerns with their direct supervisor. In turn, supervisors are expected to be receptive to complaints, attempt to develop a solution with the fellow, and to seek appropriate consultation. If fellow-faculty discussions do not produce a satisfactory resolution of the concern, a number of additional steps are available to the fellow.

1. **Informal mediation** Either party may request the Training Director to act as a mediator, or to help in selecting a mediator who is agreeable to both the fellow and the supervisor. Such mediation may facilitate a satisfactory resolution through continued discussion. Alternatively, mediation may result in recommended changes to the learning environment, or a recommendation that the fellow change placements (or make some other alteration in their learning contract) in order to maximize their learning experience. Fellows may also initiate a request to change placements, following the procedures described in a previous section. Changes in placements must be reviewed and approved by the Training Committee.

2. **Formal grievances** In the event that informal avenues of resolution are not successful, or in the event of a serious grievance, the fellow may initiate a formal grievance process by sending a written request for intervention to the Training Director.

- a. The Training Director will notify the Psychology Service Director of the grievance, and call a meeting of the Training Committee to review the complaint. The fellow and faculty will be notified of the date of the review and given the opportunity to provide the Committee with any information regarding the grievance.
- b. Based upon a review of the grievance and any relevant information, the Training Committee will determine the course of action that best promotes the fellow's training experience. This may include recommended changes within the placement itself, a change in supervisory assignment, or a change in clinical placement.
- c. The fellow will be informed in writing of the Training Committee's decision, and asked to indicate whether they accept or dispute the decision. If the fellow accepts the decision, the

recommendations will be implemented. If the fellow disagrees with the decision, they may appeal to the Director of the Psychology Service, who as an ex-officio member of the Training Committee will be familiar with the facts of the grievance review. The Service Director will render the appeal decision, which will be communicated to all involved parties and to the Training Committee.

- d. In the event that the grievance involves any member of the Training Committee (including the Training Director), that member will recuse himself or herself from serving on the Training Committee due to a conflict of interest. A grievance regarding the Training Director may be submitted directly to the Director of the Psychology Service for review and resolution in consultation with the Training Committee.
- e. Any findings resulting from a review of a grievance that involves unethical, inappropriate or unlawful staff behavior will be submitted to the Director of Psychology Service for appropriate personnel action.

Probation and termination procedures

1. *Insufficient competence* The fellowship program aims to develop advanced professional competence. Conceivably, a fellow could be seen as lacking the competence for eventual independent practice due to a serious deficit in skill or knowledge, or due to problematic behaviors that significantly impact their professional functioning. In such cases, the training program will help fellows identify these areas and provide remedial experiences or recommended resources in an effort to improve the fellow's performance to a satisfactory degree. Conceivably, the problem identified may be of sufficient seriousness that the fellow would not get credit for the fellowship unless that problem was remedied.

Should this ever be a concern, the problem must be brought to the attention of the Training Director at the earliest opportunity in order to allow the maximum time for remedial efforts. The Training Director will inform the fellow of staff concern, and call a meeting of the Training Committee. The fellow and involved fellowship faculty will be invited to attend and encouraged to provide any information relevant to the concern.

- a. A fellow identified as having a serious deficit or problem will be placed on probationary status by the Training Committee, should the Training Committee determine that the deficit or problem is serious enough that it could prevent the fellow from fulfilling the exit criteria, and thereby, not receive credit for the fellowship.
- b. The Training Committee may require the fellow to participate in particular learning experiences or may issue guidelines for the type of experiences the fellow should undertake in order to remedy such a deficit.
- c. The fellow, the fellow's supervisor(s), the area emphasis Director, the Training Director, and the Training Committee will produce a learning contract specifying the kinds of knowledge, skills and/or behavior that are necessary for the fellow to develop in order to remedy the identified problem.
- d. Once a fellow has been placed on probation and a remedial learning contract has been written and adopted, the fellow may move to a new clinical placement if there is consensus that a new environment will assist the fellow's remediation. The new placement will be carefully chosen by the Training Committee and the fellow to provide a setting that is conducive to working on the identified problems. Alternatively, the fellow and supervisor may agree that it would be to the fellow's benefit to remain in the current placement. If so, both may petition the Training Committee to maintain the current assignment.

- e. The fellow and the supervisor will report to the Training Committee on a regular basis, as specified in the contract (but not less than every two months) regarding the fellow's progress.
- f. The fellow may request that a representative of their choosing be invited to attend and participate as a non-voting member in any meetings of the Training Committee that involve discussion of the fellow and his/her status in the fellowship.
- g. The fellow may be removed from probationary status by a majority vote of the Training Committee when the fellow's progress in resolving the problem(s) specified in the contract is sufficient. Removal from probationary status indicates that the fellow's performance is at the appropriate level to receive credit for the fellowship.
- h. If the fellow is not making progress, or, if it becomes apparent that it will not be possible for the fellow to receive credit for the fellowship, the Training Committee will so inform the fellow at the earliest opportunity.
- i. The decision for credit or no credit for a fellow on probation is made by a majority vote of the Training Committee. The Training Committee vote will be based on all available data, with particular attention to the fellow's fulfillment of the learning contract.
- j. A fellow may appeal the Training Committee's decision to the Director of the Psychology Service. The Service Director will render the appeal decision, which will be communicated to all involved parties, and to the Training Committee. Should the Service Director be recused from deliberation due to a conflict of interest, the Associate Chief of Staff for Mental Health will render the appeal decision.
- k. These procedures are not intended to prevent a fellow from pursuing an appeal of the Training Committee decision under any other applicable mechanisms available to VA employees, including EEO, or under the mechanisms of any relevant professional organization, including APA or APPIIC.

2. *Illegal or unethical behavior* *Illegal or unethical conduct* by a fellow should be brought to the attention of the Training Director in writing. Any person who observes such behavior, whether staff or fellow, has the responsibility to report the incident.

- The Training Director, the supervisor, and the fellow may address infractions of a very minor nature. A written record of the complaint and action become a permanent part of the fellow's training file.
- Any significant infraction or repeated minor infractions must be documented in writing and submitted to the Training Director, who will notify the fellow of the complaint. Per the procedures described above, the Training Director will call a meeting of the Training Committee to review the concerns, after providing notification to all involved parties. All involved parties will be encouraged to submit any relevant information that bears on the issue, and invited to attend the Training Committee meeting(s).
- In the case of illegal or unethical behavior in the performance of patient care duties, the Training Director may seek advisement from appropriate Medical Center resources, including Risk Management and/or District Counsel.
- Following a careful review of the case, the Training Committee may recommend no action, probation or dismissal of the fellow. Recommendation of a probationary period or termination shall include the notice, hearing and appeal procedures described in the above section on the problematic trainee. A violation of the probationary contract would necessitate the termination of the fellow's appointment at VA Puget Sound Health Care System, Seattle Division.

Training Staff

The psychology faculty at the Seattle VA is committed to excellence in patient care, research and training. Our staff actively pursues a variety of roles available to psychologists, and works to serve the larger profession and community by participating on Medical Center and University committees, VA Headquarters committees, community boards, committees of the Washington State Psychological Association, and boards and committees of national professional organizations.

The following psychologists serve as primary mentors and supervisors of Fellows in the various branches of the program. In our interdisciplinary setting, additional consultation and case supervision is easily obtained from professionals of other disciplines with expertise to offer. The following brief biographical sketches highlight the qualifications and accomplishments of each faculty member. The combination of leadership capability, academic productivity, and clinical accomplishment is apparent in these sketches. The postdoctoral faculty provides models for professional psychologists in the scientist-practitioner mold.

John Baer, PhD is the **Associate Director for Training and Education** of the VA's Center of Excellence in Substance Abuse Treatment and Education (**CESATE**). In this role, he directs the Interdisciplinary Fellowship in the Treatment of Substance Abuse within the Addiction Treatment Center. He is a Research Professor in the Department of Psychology at the University of Washington. He received his PhD in Clinical Psychology from the University of Oregon in 1986 after completing an internship in the Department of Psychiatry and Behavioral Sciences at the University of Washington from 1985-86. From 1988 to 1995 he was Associate Director of the Addictive Behaviors Research Center at the University of Washington. He has been licensed since 1988 in the State of Washington, and is a member of APA and the Washington State Psychological Association. His clinical approach includes social learning, family systems and motivational interventions for addictive problems. His research interests include prevention and brief interventions for substance use and abuse, addiction treatment and relapse, and training in motivational interviewing. For the past several years, Dr. Baer has received support from NIDA for several research projects, including a study of brief interventions with high-risk youth, an evaluation of training models for Motivational Interviewing, and the development of assessment methods for MI skills. Dr. Baer also serves as a Co-Investigator and Director of Training for the Washington Node of NIDA's Clinical Trials Network.

Jenny Bambara, PhD is a psychologist in the **Rehabilitation Care Service**. She obtained her PhD in Medical/Clinical Psychology from the University of Alabama at Birmingham and completed her internship at the VA Puget Sound Healthcare System, Seattle. Additional post-doctoral training and specialization was completed in Rehabilitation Psychology at the University of Washington in the Department of Physical Medicine and Rehabilitation. She is licensed in the state of Washington. Clinically, she is interested in optimizing response to chronic disabilities and currently conducts brief outpatient neuropsychological assessments and provides individual and group psychotherapy. Her intervention approaches tend to include cognitive-behavioral, behavioral activation, and problem-solving techniques to promote behavioral change within a rehabilitation setting. As for research, she is most broadly interested in examining response to chronic medical conditions among patients and their family members. Her most recent research efforts have included assisting with projects examining factors impacting medication adherence among those with multiple sclerosis as well as a project reviewing the literature on peer support interventions for individuals with brain injuries.

Monique Cherrier, PhD is a psychologist in the **Memory Disorders Clinic** (under the auspices of the MIRECC and UW Alzheimer's Disease Research Center (ADRC) located at the VA) and is a Research Associate Professor in the Department of Psychiatry and Behavioral Sciences at the University of Washington. She obtained her PhD in Clinical Psychology from Washington State University and completed her internship at the University of Washington and additional Post Doctoral training and

specialization in Neuropsychology at the University of California, Los Angeles. She is licensed in Washington State. Her clinical interests include medical psychology, aging, hormones, cancer and medical treatment effects. Her research interests broadly include neuropsychology, cognition and aging, and more specifically include the role of hormones in cognition and aging, dementias, neuroimaging and spatial memory. She has several ongoing studies examining the role of androgens in cognition in older men, as well as studies examining cognition in cancer and neurocognitive effects of pain medications in older adults.

Ann Cotton, PsyD is the **Team Leader of Team 1** in the **Addiction Treatment Center (ATC)**. She received her PsyD in Clinical Psychology from Pacific University in 2000. She completed her internship at the VA Hudson Valley Health Care System, NY followed by the CESATE Postdoctoral Fellowship in substance abuse treatment at the Seattle VA. She provides administration and management of ATC Team 1 and provides clinical services for Team 1 and the Women's Team. She is licensed in the state of Washington and is an Acting Assistant Professor in the Department of Psychiatry and Behavioral Sciences at the University of Washington. In addition, Dr. Cotton is involved in research related to substance abuse, program evaluation, PTSD, and prostitution. If there is sufficient interest among interns and fellows she is available to lead a popular year-long seminar on Women's Leadership Skills, recently featured in the APA Monitor.

Wendy David, PhD is a psychologist in the **Women's Trauma and Recovery Center**. She received her PhD in Clinical Psychology from the University of Washington in 1991, and completed her internship at the American Lake VA. She is licensed in Washington State, and is a Clinical Associate Professor with the Department of Psychiatry and Behavioral Sciences at the University of Washington. She also consults and frequently presents on various aspects of disability, personal safety, and mental health. Dr. David's specialty is trauma treatment with both male and female veterans. She is skilled in Cognitive Behavioral and Evidence Based treatments for PTSD, depression, and eating disorders. In the Women's Trauma Recovery Program, she focuses on conducting individual and group psychotherapy and developing innovative programs for women with histories of sexual trauma. She supervises both psychology interns and psychiatry residents and is engaged in a line of research involving the use of an original, exposure based, therapeutic self defense program for women with PTSD and histories of sexual trauma. The development, research and implementation of this personal safety program, "Taking Charge", is adapted from her previous work on personal safety and crime prevention strategies for visually impaired individuals. Her book, *Safe without Sight: Crime Prevention and Self Defense Strategies for People who are Blind*, serves as the foundation of personal safety curricula in schools and agencies for visually impaired individuals around the country and in Australia. In "Taking Charge", female veterans with PTSD and histories of sexual trauma have the opportunity to confront their fears by replacing avoidant behaviors with proactive strategies, thus gaining mastery and empowerment over their feared memories and limited life involvement. "Taking Charge" provides several group, research, and grant writing opportunities for interested trainees. In addition, Dr. David has initiated a number of alternative treatment approaches in this clinic, including: telephone group therapy with women who are either too sick or who live too far away to attend hospital based treatment; community projects for female veterans including hand-made quilts for sick veterans; and group therapy promoting alternative healing strategies.

Tiffanie Fennell is a psychologist in the **Primary Care Clinic**. She earned her PhD from Texas Tech University in 2008. She completed her internship at the Missouri Health Science Psychology Consortium in 2008 followed by her postdoctoral fellowship in primary care psychology at the Louis Stokes Cleveland DVAMC in 2009. Prior to transferring to the Seattle VA in 2010, Dr. Fennell worked as a psychologist in the Primary Care Mental Health Integration and outpatient PTSD programs at the Central Texas Veterans Health Care System. Her clinical interests include tobacco use cessation, weight management, and chronic disease self-management. Dr. Fennell is involved in program development, staff education, and facility-level activities related to health promotion and disease prevention. She is licensed in the states of Ohio and Texas.

Diane Greenberg, PhD is a psychologist in the **Primary Care Clinic**. She has worked in several different treatment programs (outpatient substance abuse and inpatient psychiatry) at the Seattle VA since receiving her PhD in Counseling Psychology from the University of Iowa and completing her internship at the Seattle VA. Dr. Greenberg is on the clinical faculty at the University of Washington and is licensed as a psychologist in the state of Washington. Dr. Greenberg helped establish mental health services in primary medical care at the Seattle VA. She currently coordinates much of the mental health services in the PCC, providing brief individual and family psychotherapy on a consult basis, urgent care patient consults and provider education and consultation. She also facilitates ongoing support groups on coping with chronic illness and depression, a psycho-educational group on anxiety and stress management, and is developing a psychoeducational group on mindfulness and depression management. She has interests in hypnosis, existential and interpersonal psychotherapy, and research in diabetes and behavioral interventions for weight loss and how to bridge the gap between medicine and psychology. Dr. Greenberg has worked in primary care for the last 14 years. She completed her doctorate at The University of Iowa, working with Betsy Almaier, Ph.D. in behavioral health approaches. Dr. Greenberg has a phenomenological orientation which is consistent with ACT and other treatment modalities. Dr. Greenberg consults with a Diabetes Research Team and has interests in the co-morbidity of psychological and medical disorders

Eric Hawkins, PhD is a **Research Health Science Specialist** in the Center of Excellence in Substance Abuse Treatment and Education (**CESATE**). He received his PhD in Clinical Psychology from Brigham Young University in 2004, under the mentorship of Dr. Michael Lambert, and his internship at the Seattle VA. His postdoctoral training includes fellowships in the Interdisciplinary Treatment of Substance Abuse (CESATE) and Health Services Research (HSR&D). His primary research responsibilities and interests include evaluating and improving behavioral health and substance use outcomes of patients in addiction treatment. Ongoing research interests include prevention of alcohol misuse and development of a collaborative care management intervention for patients with complex, recurrent substance use disorders (SUD) and high utilization of hospital services. His research interests also include trends in use of benzodiazepines and opioid analgesics among patients with PTSD and SUD. He is licensed in Washington State, and is an Assistant Professor in the Department of Psychiatry and Behavioral Sciences at the University of Washington.

Matthew Jakupcak, PhD is a psychologist in the **Deployment Health Clinic**. He holds the rank of Assistant Professor in the Department of Psychiatry and Behavioral Sciences at the University of Washington School of Medicine. He received his PhD in Clinical Psychology from the University of Massachusetts Boston in 2003, under the mentorship of Dr. Elizabeth Roemer, and received clinical and research training at the Boston VA Behavioral Science Division at the National Center for PTSD from 2000 to 2002. He completed his internship training and served as a research fellow in the Mental Illness Research Education and Clinical Center (MIRECC) at the Seattle VA. Dr. Jakupcak is the Seattle site Investigator for a study of primary care-based delivery of Behavioral Activation for the treatment of PTSD and depression in OIF/OEF veterans and is a co-investigator for an implementation study of primary care-based, collaborative care for Veterans with depression and comorbid PTSD. His other research interests include barriers to mental health care utilization in returning Iraq and Afghanistan War Veterans, gender differences in traumatic response, emotion dysregulation, high risk behaviors, and physical health functioning associated with PTSD. He is licensed in Washington State.

Daniel Kivlahan, PhD is **Director** of the VA National Center of Excellence in Substance Abuse Treatment and Education (**CESATE**) and **Associate National Mental Health Director for Addictive Disorders in the Office of Mental Health Services at VA Central Office**. He holds the rank of Associate Professor in the Department of Psychiatry and Behavioral Sciences at the University of Washington Medical School and Adjunct Associate Professor, Department of Psychology, University of Washington. He completed his internship at the Seattle VA in 1981, his PhD in Clinical Psychology at the University of Missouri at Columbia in 1983, and a Post-Doctoral Fellowship at the Addictive Behaviors

Research Center, UW Department of Psychology in 1986. He is licensed to practice in Washington. With over 100 data-based publications, Dr. Kivlahan has been an Investigator on multiple NIH- and VA-funded research projects and serves as a research mentor for junior faculty and Fellows. He co-chaired the work group that revised the VHA/DoD Clinical Practice Guideline for the Management of Substance Use Disorders in the Primary and Specialty Care Setting. Prior to accepting his current Central Office position, he served as Clinical Coordinator for the Substance Use Disorders Quality Enhancement Research Initiative (QUERI) funded by VA Health Services Research & Development and he remains on the Executive Committees of the SUD and MH QUERI's. He is a Fellow of the APA Divisions on Addictions and Psychopharmacology and Substance Abuse. In 2008, the Division on Addictions honored him for Distinguished Scientific Contribution to Public Interest. He recently completed his term as Associate Editor of the Journal of Consulting and Clinical Psychology with a focus on manuscripts related to addictive behaviors. Effective methods of guideline implementation and performance monitoring are major research interests.

Randi Lincoln, PhD is a neuropsychologist in the **Spinal Cord Injury Service (SCIS)**. She received her PhD in Clinical and Health Psychology, with a concentration in neuropsychology, at the University of Florida in 1999. She completed a Geriatric Research and Education Clinical Center (GRECC)/neuropsychology internship in 1998 and a GRECC/neuropsychology postdoctoral fellowship in 2000 at the VA Medical Center in Gainesville, FL. She subsequently worked in a forensic neuropsychology practice for one year. She provides administrative and clinical duties on the SCI unit, with interests in posttraumatic growth and resiliency after injury, geropsychology, dementia, TBI, , and chronic pain management in the rehabilitation setting. She is involved in research related to chronic pain and depression in the SCI population, peer support, and the effects of alcohol related cognitive impairment on measurement of alcohol use in substance use disorders research. She is a Clinical Assistant Professor in the Dept. of Rehabilitation Medicine at the University of Washington and is licensed as a psychologist in Washington.

Jane Luterek, PhD is a psychologist in the **Women's Trauma and Recovery Center**. She received her PhD in Clinical Psychology from Temple University in 2005, under the mentorship of Dr. Rick Heimberg. She completed her internship training and served as a research fellow in the Mental Illness Research, Education, and Clinical Center (MIRECC) at the Seattle VA. She is a Clinical Assistant Professor in the Department of Psychiatry and Behavioral Sciences at the University of Washington and is licensed in Washington State. Dr. Luterek is currently a co-investigator of a NIAAA funded study that's aim is to initially investigate whether two different coping strategies, experiential acceptance and cognitive restructuring, are mechanisms of change in decreasing alcohol use in individuals with Alcohol Dependence and PTSD. Her theoretical orientation is radical behavioral, and clinical interests include the use of acceptance- and mindfulness-based therapies as well as Prolonged Exposure in healing from the psychological sequelae associated with trauma.

Mary Jean Mariano, PhD is a psychologist in the **Women's Health Clinic and the Mental Health Clinic** in addition to her limited association with the **Women's Trauma Recovery Program..** She received her PhD in Clinical Psychology from the University of New Mexico in 1988. She completed her internship at the Seattle VA in 1984, and remained as a Health Services Research Fellow (1984-86). She is a Clinical Associate Professor in the Department of Psychiatry and Behavioral Sciences at the University of Washington, and is licensed as a psychologist in Washington. Prior to joining the staff in 1990, she worked in the area of head injury rehabilitation. She has special interest in biopsychosocial models of health and illness, including the connection of trauma exposure to chronic pain and other physical symptoms, and in the social and health systems factors which foster and mitigate illness behavior. In addition, Dr. Mariano is interested in group and individual psychotherapy based on an integration of theoretical models which recognizes the power of the relationship factors in the therapeutic process. and

Steve McCutcheon, PhD is the **Director of Internship and Postdoctoral Training, and Team Leader of the Women's Trauma Recovery Center**. He received his PhD in Clinical Psychology from the University of Washington, under the mentorship of Dr. Marsha Linehan. He completed his internship at the Seattle VA in 1982, and subsequently remained for a two-year fellowship in Health Services Research. He is licensed to practice in Washington, holds the rank of Clinical Professor in the Department of Psychiatry and Behavioral Sciences at the University of Washington, and is a member of the National Register of Health Service Providers. As a psychologist in the PTSD Outpatient Clinic, he conducts individual and group therapy, diagnostic evaluation, staff consultation, and intern and resident supervision. His major interests are in group psychotherapy; psychotherapy common factors and integration; implementation of evidence-based practices; psychotherapy training and supervision, and educational policy. In recognition of his teaching activities, Dr. McCutcheon received the Chief Resident's Award in 2001 and the Clinical Faculty Award for Excellence in Teaching in 2006 from the UW Department of Psychiatry and Behavioral Sciences, the APA Division 18 award for Outstanding Training Director in 2006, and the Distinguished Psychologist Award from the Washington State Psychological Association in 2010. Dr. McCutcheon is active in national professional organizations, having served as **Chair of the VA Psychology Training Council (VAPTC)**, four terms as **Chair of the APPIC Board of Directors** and two terms as **Chair of CCTC (Council of Chairs of Training Councils)**.

Miles McFall, PhD is **Director of Psychology Service** and **Director of the PTSD Patient Care Line**. He is a Professor in the Department of Psychiatry and Behavioral Sciences at the University of Washington. He received his PhD in Clinical Psychology from the University of Montana in 1981, and completed his internship at the University of Washington School of Medicine. He is licensed in the State of Washington. Dr. McFall's clinical interests include behavioral health psychology for veterans with PTSD and chronic medical conditions, such as diabetes and hypertension, health risk behavior change interventions, and novel methods for delivering psychological services. He is busy with a number of research projects involving the assessment and treatment of PTSD, and has funded projects in the area of reducing health risk behaviors (e.g., smoking) in veterans with mental illness. He is an active research mentor for numerous junior psychologists and psychiatrists. His primary duties involve program development and evaluation, consultation, diagnostic evaluation, and group psychotherapy for veterans in the PTSD Outpatient Clinic.

Scott Michael, PhD is a psychologist in the **PTSD Outpatient Clinic**. He received his PhD in Clinical Psychology from the University of Kansas in 2002, under the mentorship of Dr. C.R. Snyder. He completed his internship at the Palo Alto VA in 2002 and subsequently completed a postdoctoral fellowship with a specialty in PTSD at the Mental Illness Research, Education, and Clinical Center at the Seattle VA in 2003. He is an Acting Assistant Professor in the Department of Psychiatry and Behavioral Sciences at the University of Washington, and is licensed in Washington State. Dr. Michael's theoretical orientation is cognitive-behavioral, and his clinical interests include individual and group psychotherapy, including trauma exposure and CBT skills groups. Additionally, he has a broader interest in exposure therapy for other anxiety disorders and provides training in empirically-supported CBT protocols for anxiety disorders.

Kati Pagulayan, PhD is a neuropsychologist for the Mental Health Service. She received her PhD in Clinical Psychology (Neuropsychology focus) from the University of Cincinnati in 2004, after completing an internship in Rehabilitation Psychology and Neuropsychology at the University of Washington. She subsequently completed a two-year fellowship in neuropsychology and traumatic brain injury (TBI) in the Department of Rehabilitation Medicine at the University of Washington. She is an Assistant Professor in the Department of Psychiatry and Behavioral Sciences at the University of Washington and is licensed in Washington. Her clinical responsibilities primarily involve neuropsychological assessment for Veterans with a wide range of neurological and psychiatric conditions, including OIF/OEF Veterans with mTBI. She also has a strong interest in cognitive rehabilitation, and has adapted a group-based cognitive rehabilitation intervention for individuals with PTSD who are experiencing cognitive difficulties. Her research interests are in the area of neurobehavioral and neuropsychological outcome following TBI, and

she is the recipient of a Career Development Award to investigate the neuroanatomical substrates of working memory deficits in Veterans with repeated blast-related mild TBI. She is also a co-investigator on studies evaluating a cognitive rehabilitation intervention for individuals with mTBI, biomarkers of neurodegeneration in mTBI, and pituitary dysfunction in mTBI.

Brett Parmenter, PhD, ABPP is a neuropsychologist for the Mental Health Service. She received her PhD in Clinical psychology from the University of Kansas in 2004 after completing an internship at Yale University School of Medicine. She subsequently completed a two-year fellowship in neuropsychology in the Department of Neurology at the State University of New York, University at Buffalo School of Medicine and Biomedical Sciences. She is a Clinical Assistant Professor in the Department of Psychiatry and Behavioral Sciences at the University of Washington. She is licensed in Washington and is board certified in clinical neuropsychology through the American Board of Professional Psychology/American Board of Clinical Neuropsychology. Her clinical responsibilities involve neuropsychological assessment for Veterans with a wide range of neurological and psychiatric conditions, including OIE/OEF Veterans with mild traumatic brain injury.

Autumn Paulson, PhD is a staff psychologist in the **Primary Care Clinic (PCC)**. She received her PhD in Clinical Psychology from the University of Maryland, College Park in 2008, under the mentorship of Carl Lejuez. She completed her internship at the Seattle VA in 2008, and remained as a Fellow in Primary Care. Currently, her major clinical duties include assessment across a broad range of presenting problems, treatment planning and coordination, individual and group treatment, and inter-disciplinary consultation. Dr. Paulson's theoretical approach is contextual behavioral and she frequently utilizes acceptance-consistent approaches in her work with patients. Her clinical interests include emotion dysregulation, trauma, and integrated mental health/primary care. Dr. Paulson also serves as a therapist for a randomized clinical trial examining Behavioral Activation for the treatment of PTSD in OEF/OIF veterans.

Heather Pierson, PhD is the **Team Leader** of the **Addictions Treatment Center's Team 4**. She received her BA in Psychology from the University of New Mexico and her PhD in Clinical Psychology from the University of Nevada, Reno in 2008 under the mentorship of Steven Hayes. She completed her internship at the Seattle VA in 2008 after which she began a postdoctoral fellowship at the Palo Alto VA in homelessness and substance use disorders prior to returning the Puget Sound VA. She is licensed in Washington. She is a member the Motivational Interviewing Network of Trainers and is involved nationally in consultation and coaching for MI. Her clinical interests involve the treatment of veterans with co-occurring addiction and mental health diagnoses. She draws on Acceptance and Commitment Therapy, Motivational Interviewing, Relapse Prevention, and mindfulness-based treatments.

David L. Pressman, PhD is the **PTSD-SUD Specialist** for the Seattle Division of VA Puget Sound. He facilitates integrative care groups in both the PTSD Outpatient Clinic and the Addictions Treatment Center for Veterans with co-occurring PTSD and substance use disorders. He also acts as a liaison between these two clinics and provides individual therapy and Motivational Interviewing in these clinics as well. He received his BA in Psychology from Brown University and his PhD in Clinical Psychology from Columbia University-Teachers College in 2007 after completing his internship at Montefiore Medical Center in the Bronx. He subsequently worked in the Soldier and Family Readiness Service in Behavioral Health at Madigan Army Medical Center at Joint Base Lewis-McChord. Also, Dr. Pressman has a strong interest in mindfulness-based interventions and psychodynamic psychotherapy. He is a licensed psychologist in the State of Washington.

Carl Rimmel, PhD is the **Team Leader** of the **Addictions Treatment Center's Team 2**. He received his BS and MS from San Diego State University, and his PhD in Clinical Psychology from the University of New Mexico in 1988. He completed his internship at the Palo Alto VA, and a postdoctoral fellowship in

the Clinical Pain Service at the University of Washington. He is licensed in Washington, and is a Clinical Associate Professor in the Department of Psychiatry and Behavioral Sciences at the University of Washington. His orientation is primarily cognitive-behavioral. He has experience in the treatment of substance abuse, behavioral medicine and chronic pain. Clinical research interests include the use of behavioral and cognitive-behavioral brief interventions in the treatment of substance abuse disorders. He has a particular interest in addressing substance abuse in rehabilitation medicine populations.

Gail Rowe, Ph.D. is a psychologist in the Addictions Treatment Center's **Team 4 (Dual Disorders)**. In 1991, she received her PhD in Clinical Psychology from Washington State University after completing her internship at the Seattle VA. She is licensed in Washington, and is a Clinical Instructor in the Department of Psychiatry and Behavioral Sciences at the University of Washington. Her daily responsibilities include administration and management of the Dual Disorders program, conducting clinical work (mainly groups), and teaching and supervision. Dr. Rowe has participated in two major clinical research studies, serving as a clinical research therapist. The first was with Dr. Marsha Linehan at the University of Washington, leading cognitive-behavioral therapy groups for individuals with Borderline Personality Disorder. She has implemented part of the DBT skills approach in the Dual Disorders and Women's Programs. She was also a research therapist with Project Combine, an NIAAA-funded multi-site investigation of combined behavioral and pharmacological treatment of alcohol dependence. In addition, she maintains a part-time private practice.

Craig Santerre, PhD is a psychologist in the **Primary Care Clinic**. He received his BA in Psychology from Cornell University, and his PhD in Clinical Psychology from the University of Arizona (2007) with a specialty in Health Psychology. He completed his internship at the Seattle VA in 2007, and a Clinical Fellowship in PTSD at the Seattle VA in 2008. Before returning to Seattle, he also worked as a psychologist at the Providence VA Medical Center, providing mental health care in the Returning Veterans Program. His current position involves working in the Primary Care Clinic, as well as the Community Based Outpatient Clinics (CBOC) in Federal Way and Bellevue. His areas of interest include providing integrated mental health and primary care, with a specialty in OIF/OEF veterans. His theoretical orientation is primarily cognitive-behavioral, but also includes an interest in emotion-focused and Motivational Interviewing techniques. He is licensed in Washington.

Tracy Simpson, PhD is a psychologist in the **Center of Excellence in Substance Abuse Treatment and Education (CESATE)** and a staff psychologist in the WTRC. She assumed directorship of the Seattle Mental Illness Research, Education and Clinical Center (MIRECC) fellowship program in the fall of 2008. She received her PhD in Clinical Psychology from the University of New Mexico in 1999, under the mentorship of Dr. William Miller. She completed her internship at the University of Washington in 1998 and completed a postdoctoral fellowship under the mentorship of Dr. Alan Marlatt at the University of Washington in 2000. She is an Associate Professor in the Department of Psychiatry and Behavioral Sciences at the University of Washington, and is licensed in the State of Washington. Dr. Simpson's current primary responsibility is conducting research and she devotes half a day a week to clinical work. She currently has two R01's from NIAAA. The first is a randomized double-blind placebo controlled trial of prazosin for alcohol dependence that is based on promising pilot results. The second is randomized clinical trial evaluating the sequence of symptom changes associated with Cognitive Processing Therapy and with Relapse Prevention for individuals with comorbid PTSD and an alcohol use disorder. Moderators of treatment response will also be evaluated. She is launching a fourth study funded by the CDMRP/DoD that is designed to better understand the impact of prazosin and naltrexone, each individually and together, on reward and relief craving using a script driven personalized craving induction protocol. She also recently completed an R21 from NIAAA to compare a brief mindfulness/acceptance intervention to a brief cognitive restructuring intervention and an attention control for individuals dually diagnosed with an alcohol use disorder and PTSD. The study is evaluating mechanisms of behavior change and involves a laboratory experimental craving induction. All four studies involve the use of an innovative telephone system to monitor daily changes in use and craving to provide further details about course and response to the interventions. Dr. Simpson is also conducting research on Mindfulness-based Stress Reduction

and Loving Kindness Meditation for PTSD with Dr. David Kearney in the Gastroenterology Division. Dr. Simpson has additional data sets available for secondary analyses. She is available to supervise research details.

M. Jan Tackett, PhD, ABPP is a psychologist in the **Spinal Cord Injury Service (SCIS)**. He received his PhD in Counseling Psychology from the University of Denver in 1998, after completing his internship at the Seattle VA in 1997. He provides assessment, rehabilitation, education, and counseling for inpatient and outpatients with spinal cord injuries. Dr. Tackett is a Clinical Assistant Professor in the Department of Rehabilitation Medicine at the University of Washington. He is active in research projects involving PTSD, peer support among people with disabilities, and health behavior issues following a traumatically acquired disability. His interests include co-morbid SCI/TBI, PTSD treatment, CBT of anxiety disorders, psychotherapy outcome, and ethical decision-making. Another area of interest is adventure therapies for people with disabilities including kayaking and adaptive ropes courses. He is licensed in the State of Washington, and provides ethics consultations as a member of the Washington State Psychological Association's Ethics Committee.

Sara Smucker Barnwell, PhD is the **Director of the Telemental Health Program**, and a clinical psychologist in the Mental Health Clinic. She received her doctorate in clinical psychology from the University of Southern California under the mentorship of Dr. Mitch Earleywine in 2007. Dr. Smucker Barnwell completed her internship at the West Los Angeles VA Healthcare System. She completed her postdoctoral fellowship in interdisciplinary substance abuse treatment at the Center for Excellence in Substance Abuse Training and Education at the Seattle VA in 2009. She is a licensed clinical psychologist in the state of Washington, and serves as an Acting Assistant Professor at the University of Washington's Department of Psychiatry. Dr. Smucker Barnwell's research and clinical interests center on the development and dissemination of empirically based treatments in telehealth.

David Tarver, PhD is the **Team Leader** of the **PTSD Outpatient Clinic**. He completed his internship at the Seattle VA in 1988, and received his PhD in Clinical Psychology from the University of South Dakota in 1988. He subsequently completed a postdoctoral fellowship at the University of Washington Department of Psychiatry in 1989, with an emphasis on the diagnosis and treatment of PTSD. He is licensed in the state of Washington, and is a Clinical Assistant Professor in the Department of Psychiatry and Behavioral Sciences at the University of Washington. His theoretical orientation is interpersonal and psychodynamic. His clinical interests include clinical hypnosis, co-therapy and group psychotherapy for dual-disordered psychiatric patients.

Emily Trittschuh, PhD, is a Clinical Neuropsychologist with the Geriatrics Research, Education, and Clinical Center (GRECC), a "Center for Excellence" at the VA Puget Sound Health Care System. She is also an Assistant Professor with the Department of Psychiatry and Behavioral Sciences, University of Washington School of Medicine. Dr. Trittschuh completed her Ph.D. in Clinical Psychology at Northwestern University after Internship at Brown University. She completed a two-year postdoctoral fellowship in neuropsychology at Northwestern University. Dr. Trittschuh's clinical interests involve neuropsychological assessment, with research interests in the prevalence/incidence of Mild Cognitive Impairment, aging, dementia, as well as functional/structural MRI. She directs a Clinical Demonstration project focused on Memory Skills training in older Veterans with PTSD. Education is a special focus – she develops educational programs in geriatrics for other VA Providers and for Trainees, as well as providing Veteran and community education on a regular basis. She is a licensed psychologist in the states of Illinois and Washington.

Aaron Turner, PhD, ABPP is **Director of Rehabilitation Psychology** in the Rehabilitation Care Service. He received his PhD in Clinical Psychology from the University of Washington in 2001, after completing

his internship at the University of Washington Department of Psychiatry and Behavioral Sciences. He is licensed in Washington and is an Associate Professor in the Department of Rehabilitation Medicine at the University of Washington. He is the recipient of a VA Career Development Award examining telehealth-based behavioral interventions in chronic illness. Dr. Turner serves as the **Assistant Director of Research** for the **VA Multiple Sclerosis Center of Excellence**, is an investigator in the Center of Excellence in Substance Abuse Treatment and Education (**CESATE**), and is the attending psychologist of the Inpatient Rehabilitation Program. Current funded research projects include a brief telehealth intervention using motivational interviewing to promote health behavior change in multiple sclerosis (PI), a longitudinal examination of functional outcome following amputation (co-I), and a clinical trial of alternative medicine to promote cognitive functioning in MS (co-I). He serves as the research point of contact and has ongoing involvement in data analysis using the VA Multiple Sclerosis National Data Repository to examine health behavior and psychosocial outcomes. Additional clinical and research interests include depression, exercise, medication adherence, alcohol use and smoking in rehabilitation populations. In 2009, Dr. Turner received the Early Career Award from APA's Division 22 (Rehabilitation Psychology).

Rhonda Williams, PhD, ABPP is a psychologist in the **Rehabilitation Care Service** and **Center for Polytrauma Care**. She received her PhD in Clinical Psychology from Arizona State University in 1999, after completing her internship with an emphasis in Rehabilitation Psychology at the University of Washington. She subsequently completed a postdoctoral fellowship in Rehabilitation Psychology at the University of Washington's Harborview Medical Center in 2000. Dr. Williams is an Associate Professor in the Department of Rehabilitation Medicine at the University of Washington, and is licensed in the State of Washington. She provides neuropsychological assessment and individual and group psychotherapy to veterans with a variety of medical conditions and physical injuries, especially traumatic brain injury. Her research interests include adjustment to disability, self-management interventions, positive psychology and protective factors following disability. She is the PI of several funded research projects that center on developing peer visitor interventions for veterans of OIF/OEF who have sustained polytraumatic and/or blast-related injuries, as well as their family members. She is also an investigator on several projects related to limb loss, funded by the VA Rehabilitation Research & Development service and the Centers for Disease Control.

Trainees

Doctoral programs represented in recent fellowship classes:

Emory University
Florida State University
San Diego State/UC San Diego Joint Program
Seattle Pacific University
Temple University
University of California, Los Angeles
University of Illinois at Chicago
University of Iowa
University of Kansas
University of Massachusetts, Boston
University of Mississippi
University of Montana
University of Nevada, Reno
University of Oregon
University of Rhode Island
University of Tennessee

University of Utah
University of Wisconsin-Madison
University of Washington

Given our program's purpose, rich training resources and high caliber of our applicants, the five-year outcomes of our postdoctoral graduates are not surprising: 37% remain in the VA as clinical or research faculty (including a considerable number who were retained at VA Puget Sound), 27% are in tenure-track academic positions (e.g., Univ of Colorado at Boulder, Univ of North Carolina, University of Utah), 23% are research scientists in public & private institutions (e.g., Seattle's Group Health Cooperative, Fred Hutchinson Cancer Research Center), 9% are in practice (e.g., Seattle Evidence-Based Treatment Center), and 4% are in Medical School departments.

Local Information

An unconventional benefit of training at the VA Puget Sound is the opportunity to live in Seattle—one of the most beautiful and sophisticated cities in North America. Located on Puget Sound, a 3-hour drive from the Pacific Ocean and one hour from the Cascade Mountain Range, Seattle is an energetic urban environment, surrounded by small neighborhoods with distinct personalities. Cultural activities include theaters, dance, ballet, opera, visual art, and a thriving music and club scene. Recreational opportunities include hiking, backpacking, mountain climbing, downhill and cross-country skiing, bicycling, kayaking, sailing, fishing, and more. Seattle is a diverse city, known for its physical beauty and accepting attitudes.

For more information about Seattle and the locale:

<http://www.cityofseattle.net>

<http://www.seattle.com>