

## Psychology Internship Program



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

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

Applications due: November 15, 2013

### **Accreditation Status**

The predoctoral internship 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 **2016**. The Commission can be contacted at:

APA Commission on Accreditation  
750 1<sup>st</sup> Street NE  
Washington, DC 20002  
202-336-5979

### **Application & Selection Procedures**

#### **Eligibility**

Doctoral students in APA-accredited Clinical or Counseling Psychology programs are eligible to apply. All coursework required for the doctoral degree must be completed prior to the start of the internship year, as well as any qualifying, comprehensive, or preliminary doctoral examinations. We prefer candidates whose doctoral dissertations will be completed, or at least well under way, before the internship. However, because internship is part of the pre-doctoral training requirement, interns must not be granted their degree by their academic institution prior to successful completion of the internship year. Premature granting of the degree by the graduate program could endanger the intern's pre-doctoral stipend. Persons with a PhD in another area of psychology who meet the APA criteria for respecialization training in Clinical or Counseling Psychology are also eligible. Applicants must be U.S. citizens. As an equal opportunity training program, the internship welcomes and strongly encourages applications from all qualified candidates, regardless of gender, age, 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 intern. 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 internship and fit the above criteria, you will have to sign it. All interns will have to complete a Certification of Citizenship in the United States prior to beginning the internship. 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. Interns 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.

### **Application procedure**

Our program utilizes the AAPI Online. Applicants are required to submit: 1) a completed AAPI, 2) three letters of recommendation, 3) a current Vita, and 4) a transcript from all graduate programs attended. No additional materials are required.

ALL APPLICATION MATERIALS FOR THE 2014-2015 YEAR MUST BE RECEIVED BY NOVEMBER 15, 2013.

### **Selection**

Our selection criteria are based on a goodness-of-fit model. On the one hand, we look for interns whose academic background, clinical experience and personal characteristics give them the knowledge and skills necessary to function well in a fast-paced, academically oriented Medical Center internship setting. At the same time, we look for interns whose professional goals are well suited to the experiences we have to offer such that our setting would provide them with a productive internship 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 in working with complex patients, as well as a track record of research productivity as graduate students. In addition to these selection factors, we like to compose our incoming class with a variety of interns: from different kinds of programs; from different geographic areas; of different ages, backgrounds, and life experiences. This approach is a reflection of our commitment to diversity in psychology.

All applications are initially reviewed for eligibility in the order that they are submitted. We notify all applicants as to the status of their applications by December 15. Subsequently, our Selection Committee (composed of staff and trainee representatives) closely reads all applications remaining under consideration. The Selection Committee provides multiple readings of each application as we proceed to compose our Match list.

Each year we have many more qualified applicants than we can accommodate. For the 2013-2014 year, we received 225 completed applications. From the initial pool, we retain a list of finalists after multiple readings. These finalists are invited to an Open House. All finalists are included on our Match list, from which nine positions are filled.

### **Open House**

The Seattle VA does not interview prospective interns. Because travel expenses are a serious financial burden for applicants, we choose not to interview any candidates. Instead, in the interest of fairness - and because we question the predictive validity of interviews - we prefer to make our selection decisions based on the "level playing field" of the written application materials. At the same time, we recognize that intern applicants often want to visit a site before making their own ranking decisions. In order to accommodate applicants who wish to visit our site, we offer an Open House each year.

The Open House offers applicants an opportunity to learn about the internship program and the rotation placement options, to tour the facility, to have questions answered, and to meet psychology staff and interns. Perhaps most importantly, it provides an opportunity to experience the atmosphere and attitude of the program, which we believe is fairly distinctive.

**This year's Open House will be held on Monday, January 6, 2014.** This date is coordinated with other Psychology Internship Open Houses in the Northwest region, including the University of Washington. By December 15, applicants will be notified as to whether or not they remain finalists at our site. Those who are selected as finalists will be invited to attend the Open House, and may then register for that event by calling the Internship and Residency Office at (206) 768-5218.

**Contacting current interns**

Current interns are one of the best sources of information about our internship program. We strongly encourage applicants to talk with current interns 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 an intern. If our Training Program Coordinator, Lisa Canady, is unable to find an intern to talk with you at that time, she will have an intern return your call.

**Couples**

We are happy to consider applications from couples. The APPIC computer match system is capable of accommodating couples who wish to intern in the same geographic area. There are four other APA-accredited programs within commuting distance of our program (the University of Washington Medical School, the American Lake VA, Madigan Army Medical Center, and Western State Hospital).

**Schedule**

The internship is full time for a year beginning August 11, 2014. Interns are given credit for 2080 hours of training for the full year, which is designed to meet all state licensure requirements, including those states that require a 2000-hour internship. Interns work a 40-hour week, and exceed this only in the unusual clinical situation, or by personal choice (in order to conduct dissertation or extracurricular research, or to pursue some other individual goal).

**Stipends**

By February 1, 2014, we expect VA Central Office to confirm the stipend level we will receive for the 2013-2014 internship year. While this information will be available prior to the Match Rank Order List submission deadline, at this time we cannot guarantee the amount of funding we will receive. For the current year, we received seven stipends of \$25,580 each.

**Benefits**

Interns are eligible to receive health, dental and life insurance coverage (a nominal co-pay is required). Interns accrue 13 days of vacation and 13 days of sick leave in addition to 10 Federal holidays, and are granted up to 10 days of additional release time to attend professional conferences and educational programs. Interns are provided professional liability coverage under the Federal Tort Claims Act while on internship placements.

**Notification of acceptance** As a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC), the Seattle VA internship abides by the APPIC Policy on Internship Offers and Acceptances, and participates in the APPIC computer-matching program. No person at this facility will offer, solicit, accept or use any ranking-related information regarding any intern applicant.

## ***Psychology Setting***

The Seattle VA (officially known as VA Puget Sound, Seattle) is located in a large General Medical and Surgical facility atop Beacon Hill, a residential neighborhood of Seattle. The Medical Center overlooks the Seattle downtown area and Puget Sound, and offers a sweeping view of the Cascade and Olympic Mountains to the east and west.

The Medical Center campus consists of two large hospital structures, surrounded by a variety of outpatient facilities. The main hospital tower, which opened in 1985, has an inpatient capacity of 274 beds. Inpatient services include General Medicine, Medical Intensive Care, Cardiac Care and Rehabilitation, Bone Marrow Transplant, Hemodialysis, Neurology and Neurosurgery, General Surgery, Surgery Intensive Care, Physical Medicine and Rehabilitation, Oncology, Spinal Cord Injury, Addictions Treatment, Inpatient Psychiatry, and Nursing Home Care. In addition, the Medical Center has busy emergency and consultation-liaison services. Outpatient programs include a large Mental Health Clinic, PTSD clinics for both men and women, extensive outpatient substance abuse programs, and multiple medical clinics offering training in behavioral health psychology. This extensive range of services is part of the reason that the Seattle VA is recognized as an outstanding example of public sector health care.

The VA's patient care mission is supported and enhanced by an extremely active research environment. The Seattle VA is closely affiliated with the University of Washington School of Medicine, and has the third largest research budget in the entire VA health care system. Our Medical Center has been awarded ten VA National Centers of Excellence, which bring together experts in a given field to support specialized interprofessional training and clinical research. These include: the Center of Excellence in Substance Abuse Treatment and Education (CESATE), the Mental Illness Research, Education and Clinical Center (MIRECC), the Epidemiology Research and Information Center (ERIC), the Parkinson's Disease Research, Education and Clinical Center (PADRECC), the Center of Excellence in Multiple Sclerosis, the Center of Excellence in Prosthetics and Amputation Services, the Center of Excellence in Spinal Cord Injury Services, the Geriatric Research, Education, and Clinical Center (GRECC), and the Center of Excellence for Primary Care.

***The Psychology Service*** 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 consists of 44 doctoral level psychologists.

Psychologists work in patient care settings as members of interprofessional 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 and evaluation; clinical research; staff supervision; and 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—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 (including the UW Department of Psychology and UW Department of Rehabilitation Medicine). 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 – one barometer of 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 high level leadership positions throughout the Medical Center (and within the national VA system), reflecting both the capabilities of individual psychologists and the high regard in which psychologists are held. 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 complex public sector health care system.

## ***Training Model and Program Philosophy***

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

**Training is the focus of the internship year.** Service delivery is an essential vehicle through which training occurs, but is secondary to the educational mission of the internship. Toward this end, interns are encouraged in a variety of ways to make decisions and plan their experiences in a manner that maximizes their learning (for example, *interns choose their own rotation placements in order to meet their individual training needs*). Supervision is an integral part of the overall learning experience -- staff is committed to providing intensive supervision of the clinical experience, appropriate to the level of the interns' need.

**Generalist training is an important foundation for professional competence.** Our program is based on the view that a professional psychologist must be broadly competent before she or he can become a skillful specialist. While graduate school prepares students to master the body of knowledge and principles of psychological science, the internship year allows interns to apply this body of common knowledge to new clinical situations and problems.

This intensive clinical experience is designed to help interns master the common principles and practices that form the foundation of clinical patient care. Moreover, the program recognizes that a professional psychologist must be capable of thoughtfully applying psychological principles to the solution of complex problems, rather than merely applying prescribed solutions to narrowly defined complaints. In this regard, our aim is to provide training that not only prepares an intern for the problems of today, but also assists them to develop the thinking and personal skills

needed to successfully tackle the problems and challenges that will arise in the course of a long professional career.

Generalist training provides a broad view of psychological practice, intended to encourage creative problem solving of real-life dilemmas, utilizing evidence-based psychological principles and good judgment. It is intended to help interns think and practice as psychologists and to prepare them for careers in a variety of settings. The acquisition of specific skills, techniques, and conceptual models are considered as means in the service of this aim, rather than as ends in themselves.

**Training is based on the scientist-practitioner model.** Our program accepts the view that good clinical practice is based on the science of psychology. In turn, the science of psychology is influenced by the experience of working with real patients. As a consequence, our approach to training encourages clinical practice that is evidence-based and consistent with the current state of scientific knowledge. At the same time, we hope to acknowledge the complexities of real patients and the limitations of our empirical base. We aim to produce psychologists who are capable of contributing to the profession by investigating clinically relevant questions through their own clinical research. While individual interns may ultimately develop careers that emphasize one aspect of the scientist-practitioner model more than the other, our expectation is that clinicians will practice from a scientific basis and that scientists will practice with a clinical sensibility.

**Training prepares interns for a variety of professional roles.** Historically, assessment and intervention have been the cornerstones of psychology practice. In modern health care, the roles available to psychologists are considerably broader. While assessment and intervention skills remain important competencies, our program additionally provides experience and training in consultation, supervision, clinical research, administration, leadership, and program development & evaluation. Broad training in psychology practice is the best preparation for the future.

**Training is sensitive to individual differences and diversity.** 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 improved further 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 occurs, our practice can be more responsive to the needs of individuals and less constrained by our biases.

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 such as the VA. On the one hand, the VA provides care to a great diversity of patients, many of whom are socially disenfranchised or marginalized, and some of whom are disabled as a direct consequence of social policy (e.g., combat). At the same time, for many patients, we must understand that the VA itself is an example of the institutional forces that have negatively impacted their lives.

For these various reasons, the internship program places high value on attracting a diverse group of interns and on maintaining an awareness of diversity issues during the internship year. In this regard, differences in ethnicity, race, class, sexual orientation, disability status, age, and gender are prominent dimensions that contribute to diversity. The internship program recognizes that attracting a diverse group of interns is important in providing quality patient care, in providing a quality educational environment, and in creating a fair and respectful work atmosphere.

**Training prepares interns for professional responsibility.** The internship provides an opportunity for full-time involvement in a professional role that requires personal commitment.

Interns are accorded increasing responsibility for decision-making during the course of the year, eventually approximating that of staff members in many respects. In turn, they are expected to confront problems in a professional manner, formulate courses of action appropriate to their assessment of situations, follow through on decisions, and keep their supervisors informed. Decisions must be made in the face of time pressure and very real pragmatic considerations, which include the patient and his/her family, Medical Center and community resources, and the preferences of other providers. Understanding and operating within this system in a manner that benefits the patient are important aims of this professional training.

While competency training is a primary goal of the internship, we also strive to build professional identity and responsibility through involvement in the process of the internship program itself. In addition to assuming responsibility for clinical care, interns are called upon to take responsibility for many decisions that impact their learning experiences. Most importantly, interns are responsible for selecting the settings in which they work. As in any professional setting, such decisions are impacted by a myriad of factors: the needs and preferences of other interns and supervisors, institutional opportunities and constraints, as well as the training needs of the individual intern. We believe that an important part of modern professional training includes just such experience in decision-making in the context of a complex medical care system.

Interns are expected to be active participants in shaping their training experiences in a variety of other ways. Interns are asked to take responsibility for their own learning by identifying individualized learning goals, by self-reflection and self-evaluation, by participation in continuing education, and by providing feedback and evaluation of supervisors and training experiences. Interns are also expected to participate in the development and improvement of the training program itself. They are called upon to take active and responsible roles in their clinical placements, on the Training Committee that formulates internship policy and procedures, and on various other internship committees that conduct the business of the program, including intern selection and seminars. Interns' attention is also focused on professional standards, ethical issues, and laws bearing on the responsibilities of professional psychologists. Through these means, our intent is to approximate full professional functioning in so far as is possible during the internship year.

## ***Program Goals & Objectives***

### **Purpose and goals**

Internship provides a year of intensive, supervised clinical experience, intended as a bridge between graduate school and entry into the profession of psychology. The clinical immersion that is made possible only by an extended, time-intensive clinical experience propels the development of doctoral students in a manner that cannot be duplicated by clinical experiences of shorter duration and intensity. The degree of challenge and responsibility possible only in an immersion experience are two major factors that make an internship year the *integrative* experience that pushes doctoral students to think and act in ways that are more complex, articulated, and higher-order. While usually referred to as the “capstone” of doctoral education, internship is better described as the “keystone” -- a phrase that evokes the image of an arch that when completed with the insertion of the final keystone, creates a bridge that links and strengthens two pillars (practice and science) that otherwise might stand alone, such that the entire archway is now an integrated whole.

The primary **purpose** of our internship program is to prepare interns for successful entry into postdoctoral or entry-level professional positions, particularly in academic departments or Medical Center and public sector health care settings.

In order to achieve this primary purpose, internship training is designed to accomplish two major goals: **competence in psychological practice and development of a professional identity.**

**Professional competence** is primarily achieved through supervised practice in a variety of treatment settings over the course of the internship year. Seminars, case conferences and workshops augment this intensive clinical experience. Our intention is to build upon an intern's knowledge base of psychological science, and to extend this knowledge to specific situations and problems encountered during the internship year. Interns are closely involved in patient care in all treatment settings, taking increasing responsibility for treatment decisions as their skill and knowledge increase. Our experience is that the combination of intensive clinical practice, supervision, didactic instruction, research involvement and self-reflection provides interns with the necessary building blocks for later independence.

By the end of the internship year, interns can expect to have developed and refined their skills in psychological assessment and evaluation, as well as in a variety of treatment modalities, including group and individual psychotherapy. Interns will learn to effectively communicate their observations and opinions in interprofessional settings, and to polish those interpersonal skills needed to work effectively with patients and other professionals. Interns will be able to generalize these skills to other settings, problems, and populations. Interns can also expect to further develop their knowledge of, and sensitivity to, the cultural, ethical and legal issues that impact on psychological practice. Finally, interns can expect to develop a more accurate understanding of their own strengths and limitations, and to become more confident in deciding when to act independently, and when to seek consultation. Taken together, these skills constitute the objectives by which we measure professional competence in the internship setting.

The intern's developing sense of him or herself as a professional is as important as the development of skills. **Professional identity** includes a number of components. In part, it involves understanding the unique skills and perspective one brings as a psychologist to an interprofessional environment, while at the same time, appreciating how these qualities intersect with the contributions of other disciplines. A second component involves an understanding and demonstration of professional behavior and conduct, including the ethical and legal guidelines related to professional practice. An additional component involves navigating the transition from the student role to the professional role, and all that this implies in terms of self-image, responsibility, decorum and demeanor. In short, our internship program emphasizes that **how** we practice is as important as **what** we practice.

Differences in life experience, theoretical orientations, belief systems, and career goals are often important factors that add depth to the learning environment. Because we learn a great deal from each other as colleagues, we encourage diversity in opinion and practice. This is grounded in the belief that our professional understanding and compassion is deepened when we engage with those who are different from ourselves. The program also recognizes that the development of professional identity takes a different course for each individual, and that our discipline is enriched by the variety of career pathways available to psychologists. Internship provides a time for each person to experiment with the variety of roles and activities available in psychology. Interns are encouraged to develop their individual strengths, and at the same time, enjoy the freedom of "trying on" new or foreign roles.

## ***Program Structure***

**Rotation Structure** The internship year is divided into three 4-month rotations. This division of time is designed to allow for breadth of experience, while still providing sufficient time within a setting to achieve depth of experience. Since most clinical settings are available on a full-time basis, the simplest rotation schedule would consist of three different placements during the year, thereby maximizing depth of experience in each of these three settings. Currently, 23 clinical placements are available to choose from, each with different strengths and opportunities, and many having multiple supervisors with whom to work.



Other rotation options are available that increase the flexibility of this basic plan, further allowing interns to individualize their training experiences. For example, interns can put together two half-time placements in most settings, or augment a full-time placement by working one day per week in a different setting to pursue a specialized interest. Previous interns have most commonly used this latter opportunity to follow individual patients or groups for the entire year, or to participate in clinical research.

In order to further increase the range of opportunities, or to pursue a particular interest not available at the Seattle VA, interns may also complete one entire four-month rotation at the American Lake VA (located in nearby Tacoma, WA). Alternatively, interns may also receive training in a placement entirely outside the VA system in order to work with other populations. Such outside placements are limited to a maximum of 316 hours, usually two days per week for a four-month rotation. This description might be easier to understand by looking at some actual intern schedules from the past. In the first example, the intern begins the year in the Women's Trauma program, and then carries a handful of cases from this clinic throughout the remainder of the year, while working in two additional settings in the second and third rotations. In the second example, the intern devotes one day per week to clinical research in the first part of the year, while receiving clinical training in a variety of distinct settings, both full and part-time. In the final example, the intern focuses on clinical training and foregoes research involvement.

#### Intern A

1st rotation	Women's Trauma Recovery Program
2nd rotation	Women's Addictions Treatment (4 days/week) Women's Trauma continuing detail (1day/week)
3rd rotation	Primary Care Clinic (4 days/week) Women's Trauma continuing detail (1 day/week)

#### Intern B

1st rotation	Outpatient PTSD (4 days/week) Clinical Research (1 day/week)
2nd rotation	Spinal Cord Injury (4 days/week) Clinical Research (1 day/week)
3rd rotation	Addictions Treatment (half-time) Clinical Research (half-time)

#### Intern C

1st rotation	Addictions Treatment (full-time)
2nd rotation	Primary Care Clinic (full-time)
3rd rotation	Women's Trauma Recovery Program (half-time) Inpatient Spinal Cord Injury Unit (half-time)

**Rotation selection** The internship year begins with a week of orientation during which interns are acquainted with the internship program, the training staff, and the placement opportunities. Interns hear presentations from each supervisor regarding the learning experiences available in

different settings, as well as the expectations for interns within the various programs. During the course of the week, interns are asked to review their own training needs, and are advised with reference to their individual interests, prior experience, and demonstrated technical, interpersonal, and organizational skills. At the end of the orientation week, interns select placements for the first four-month rotation. Interns negotiate their rotation choices with each other and present a plan that meets their training needs to the Training Committee. Interns choose and propose the second and third rotation placements to the Training Committee a month before the beginning of those rotations.

One of our seven internship positions comes from specialized Central Office funding designed to provide training in addictions treatment within the Center of Excellence for Substance Abuse Treatment and Education (CESATE). These special funds require that an intern be trained in one or more of the Addiction Treatment teams during each rotation. Because the Addictions rotations have consistently been popular selections, interns have always fulfilled this funding obligation by voluntary selection of rotations. Thus, practically speaking, history suggests that this one encumbered position will likely have little or no impact upon your choice of rotations. *However, please be advised that submitting an application for internship indicates your willingness to accept such an assignment under such circumstances.*

**Patient population** The majority of clients served at the Seattle VA are adult male Veterans, ranging in age from 18 to 80+. Due to the consequences of the wars in Iraq and Afghanistan, an increasingly large proportion of our patients are newly-returning Veterans. An increasing number of female veterans also receive treatment at the VA, although they comprise a minority of patients seen (~12%). There are a number of programs exclusively for women Veterans, including specialized medical services (e.g., Women's Health Clinic) and treatment programs in the PTSD Clinic and the Addictions Treatment Center. Interns have opportunities to work with couples and families in a number of treatment settings. About a third of the clients seen are ethnic and racial minority, including African-American, Asian American, Latino/a, and Native American. Community services devoted to other patient populations are available in a host of outside placements in the Seattle metro area (limited to one-sixth of the internship year). For example, past interns have augmented their training in outside placements that provide specialized services to children, adolescents, Native Americans, sexual minorities, Asian Americans, HIV-infected patients, and Southeast Asian refugees.

**Supervision** Training is provided through an "apprenticeship" model in which interns gain skills and knowledge by working side-by-side with supervising psychologists. All of our supervisors have major patient care responsibilities, and many of them also provide leadership in administration, training, and research. Because treatment is provided by interprofessional teams in most clinical settings, interns also have frequent and close contact with faculty and trainees from many other disciplines. This apprenticeship model allows for frequent direct observation of supervisors, as well as immediate consultation, feedback, and instruction.

Interns can expect regular and intensive individual supervision that challenges them to thoughtfully examine what they do. Supervisors provide a minimum of two hours per week of scheduled, face-to-face individual supervision for each intern. Styles of supervision vary from unit to unit. By far, co-therapy and direct observation are the most common sources of supervisory information. Interns can expect that their supervisors will have plenty of opportunity to develop the sort of first-hand knowledge of their work that is necessary to provide helpful feedback and instruction. In addition, interns receive at least two more hours of supervision each week (and often, considerably more) through other structured activities, including patient care rounds, co-therapy, case review, post-group "debriefing", and "on the fly" consultation (with supervisors, other psychology staff, and treatment unit staff).

**Evaluation** Supervisors provide on-going and specific feedback as a part of the "apprentice" relationship. In addition, written evaluations are completed at the mid-point and end of each four-month rotation by each supervisor working with the intern in a full- or half-time placement. Evaluations focus on the learning goals identified by each intern, on the professional skills and abilities required in a particular setting, and on the overall learning objectives of the internship year. Evaluations are discussed between the intern and the supervisor and may be modified by their consensus before being placed in the intern's file. At the end of each rotation, the final written evaluation is also sent to the Director of Clinical Training at the intern's doctoral program. Supervisors meet together once each rotation to discuss interns' progress, and to build consensus about supervisory goals and methods. In addition, interns are asked to critique themselves in accordance with their own goals, and to provide both verbal and written evaluation of placements and supervisors.

**Seminars** An extensive array of didactic offerings is available to interns, designed to complement the experiential nature of internship training. Didactics are offered in two forms:

The Internship Program sponsors at least fifty hours of seminar specifically oriented to the training needs and interests of the intern class. While specific topics vary from year to year depending on the particular needs of the intern group, the seminar series always includes 1) a review of foundational skills necessary for clinical practice in a Medical Center, 2) extension of already-learned skills to new practice settings, 3) a review of professional, cultural, legal and ethical issues related to Medical Center practice, and 4) preparation for entry into the job market. The overarching goal of the internship seminars is to provide an integrative experience at the culmination of graduate training.

In order to meet the individualized needs of interns, the Program also requires each intern to attend fifty additional hours of education in any area of personal interest. These hours can be accrued by attending seminars that are offered by various departments on almost any given day throughout the Medical Center, or by attending professional conferences and conventions. For example, 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. Interns are given release time to take advantage of the Medical Center's educational offerings, both to enrich their clinical training and to build the habit of life-long learning.

**Research activities** Research in the VA has always provided a valuable tool for improving patient care, and in the recruitment of clinical providers and scientific staff. Currently, more than 150 staff members at VA Puget Sound are principal investigators involved in medical and behavioral science research. We receive approximately \$12 million annually in VA intramural funding and another \$13 million in non-VA funds (including support from NIH, NIMH, private foundations, and biomedical and pharmaceutical industries) to support over 400 active research projects throughout the Medical Center.

While the primary focus of the internship is on the development of clinical skills and professional behavior, interns are strongly encouraged to continue some involvement in research activities. Internship provides a unique opportunity to become involved in on-going research projects, or to generate and initiate research derived from your own clinical experience. A number of staff encourage and make available part-time rotations specifically focusing on research (on-going projects are likely to be at different stages of development, including grant preparation, data collection, data analysis, and manuscript preparation). Such collaborative research efforts have led to a large number of publications and professional presentations by interns. Faculty members are also often available to provide editorial assistance to interns in the process of finalizing their own manuscripts for submission. Interns especially interested in developing research careers can take advantage of many resources associated with our postdoctoral program, including web

based education, research mentoring, postdoctoral didactics, research workgroups and teaching opportunities. Because we aim to support research activities that build upon the graduate school experience, we do not provide release time for dissertation work, preferring that these responsibilities are completed prior to, or outside the internship.

**Postdoctoral Residencies** The Seattle VA supports an extensive, APA-accredited postdoctoral training program. The purpose of the 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. Postdoctoral 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 the science of psychology complemented by intensive clinical experience in a special area of emphasis. A postdoctoral fellowship also serves as preparation for licensure and independent functioning as a professional psychologist.

For the 2013-2014 year, we offered two 1st-year and one 2<sup>nd</sup> year fellowships in the interprofessional treatment of substance abuse, as well as 1<sup>st</sup> and 2<sup>nd</sup> year fellowships in Neuropsychology; three fellowships in Primary Care; one fellowship each in Rehabilitation Care,, Telehealth, and HCV/HIV; and one 1<sup>st</sup> year and one 2<sup>nd</sup> year research fellowship in PTSD.

The Seattle VA also houses a Center for Health Services Research and Development (HSR&D). This Center funds research projects related to health care service and delivery (e.g., provider-patient communication, cost-effective interventions). As part of its training function, it offers Health Services Research Fellowships, which can provide postdoctoral funding for up to two years. In addition, the Geriatric Research, Education and Clinical Center (GRECC) supports postdoctoral positions in Neuropsychology, in conjunction with the University of Washington. Finally, numerous additional postdoctoral positions are available in other local training sites, including the UW Department of Psychiatry, UW Department of Psychology, UW Department of Rehabilitation Medicine, Western State Hospital, Madigan Army Medical Center and private clinical research centers.

Postdoctoral fellowships at the Seattle VA are advertised nationally and awarded on a competitive basis. Positions are not reserved for internal applicants. However, because we are able to attract exceptionally competent interns to our training program, our own interns tend to compare very favorably with candidates from other programs applying for these postdoctoral positions. As a consequence, a large majority of our postdoctoral fellows have been graduates of our own internship program.

## ***Training Experiences (Rotations, Seminars)***

**Internship Placements** Interns select placements from among the treatment programs described below. These treatment programs are most easily described by grouping them into four broad categories: Addictions Treatment, Health Psychology, Mental Health, and Post Traumatic Stress Disorder Programs.

Descriptions in this brochure are accurate as of August 2013.

## **Addictions Treatment Placements**

**Team 1** (Opioid Agonist Therapy)

**Team 2** (General Substance Abuse Treatment)

**Team 4** (High psychiatric co-morbidity, or Dual-disordered)

**Women's Team** (WATC – one track in the Women's Trauma and Recovery Center)

**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, social work, and psychology. In addition, the ATC is host for research projects evaluating treatment methods, treatment outcome, and examining biological and psychosocial factors associated with addictive behaviors.

Addictions treatment at VA Puget Sound, at both Seattle and American Lake Divisions, is delivered through a variety of inpatient and 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.

Patients compose a very 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, inpatient stabilization, methadone maintenance, 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.

### **Seattle Addictions Treatment Center Services**

Services offered at the Seattle Division include:

- Assessment, Engagement, and Consultation Clinic
- Intensive Stabilization Services (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, and Consultation Clinic (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 addictions treatment. The AEC "Orientation Group", which meets twice a week, evaluates approximately 100 patients per month. During this time each Veteran is assessed by a member of the interdisciplinary team. Disposition and referral decisions are subsequently made with input from the AEC team. In addition to Orientation Group, the AEC team is responsible for inpatient and outpatient consult response, coordination of inpatient and outpatient medically managed withdrawal services, and coordination of care with other parts of the medical center. Additionally, AEC providers offer individual, group, and ongoing assessment services designed to promote engagement in substance use treatment. Interns are often a part of the assessment process, although AEC is not a primary placement.

**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 duration of ISS treatment involvement 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, Office Based treatment track utilizes buprenorphine for opioid agonist therapy. Group and individual psycho-education, case management, and psychotherapy services are provided in both tracks. Team 1 serves 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, crisis management, 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, psycho-educational groups, individual therapy, medication management, and social services (referrals for housing and financial resources).

ATC Patients are usually encouraged to embrace an abstinence goal for the treatment of their substance abuse problems, although all teams also adjust treatment goals based on individual clinical issues. Comprehensive programs, both across and within teams 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, psycho-educational 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. CESATE supports one of our internship positions by granting special funds to support the training of predoctoral interns in the assessment and treatment of substance abuse disorders. These special CESATE funds require that during each rotation, at least one intern receive full-time training in an Addictions Treatment clinic. Any of the Addictions Treatment team placements described below can be used to fulfill the CESATE requirement.

**Supervising psychologists** in the ATC include: Carl Rimmel, PhD (Director; CAPP; Team 2); Josie Tracy (Team 2); Heather Pierson, PhD (Team 4); Gail Rowe, PhD (Team 4), Jane Luterek (WATC) and Ann Cotton, PsyD (Team 1 & WATC). Daniel Kivlahan, PhD, John Baer, PhD, and Eric Hawkins, PhD are researchers and educators in the CESATE, and are available as mentors and research supervisors.

## Health Psychology Placements

The Health Psychology placements include programs that serve patients with medical, surgical, and physical rehabilitation concerns. Psychologists in these programs offer psychological approaches to the management of medical problems, consultation and teaching to medical practitioners, and psychological assessment and psychological care within medical settings. Psychologists are active team members in the Primary Care Clinic, Women's Health Clinic, Marrow Transplant Unit, Rehabilitation Care Service, and Spinal Cord Injury Unit. In addition to placements described in the program descriptions below, combinations of these placements are also possible.

### Neuropsychology Services

Comprehensive neuropsychological evaluations are available through the Mental Health Service and Geriatrics Research, Education, and Clinical Center (GRECC). A wide range of patients are seen in these clinics, with a primary focus on individuals with cognitive changes secondary to acquired injury or illness, psychiatric disorders, and neurodegenerative disorders. Cognitive rehabilitation services are also provided for individuals with comorbid psychiatric conditions in the Mental Health Service. The primary clinical neuropsychologists for these clinics are Kati Pagulayan, PhD (Mental Health Service) and Emily Trittshuh, PhD (GRECC). Interns can

participate in neuropsychological evaluations on a case by case basis or, for individuals with more assessment experience, as a part time rotation.

### **{Pain Clinic**

The Pain Clinic is an interprofessional outpatient pain-management program for Veterans with chronic pain. Psychologists work closely with pain clinic medical providers to deliver a variety of services including individual and group treatments, evaluation, consultation, and coordination of care for complex patients. Pain psychologists also serve on a variety of hospital, VISN, and national VA/DoD pain committees and are active in program development and pain education at all levels.

Patients are referred from medical, surgical and psychiatric services. Psychologists perform comprehensive pain evaluations on patients referred for interventions and consult on a wide spectrum of problems related to pain such as medication misuse, excessive illness behavior, or noncompliance with medical recommendations. Patients and their spouses may receive group, individual, or marital therapy, cognitive behavioral therapy, or other evidence-based therapies for chronic pain. Most patients also receive medical treatments such as Physical Therapy, medications, or CAM treatments.

Our program is unique in the provision of a pre-clinic pain education series and the use of a co-disciplinary model of care. All new referrals are required to attend a series of classes before being scheduled for an intake evaluation. Our “collaborative self-management” model is being widely adopted as a foundation of pain education in the VA.

Interns have a unique opportunity to learn to conduct co-disciplinary evaluation and treatment interviews with medical providers who see patients simultaneously with psychologists. Our wide range of patients allows interns with interests in special populations to customize their caseload. For example, our Collaborative Addictions and Pain Program provides an opportunity to work with patients who are at high risk for misusing opioid medications or have pain in addition to problems with substance use.

Interns will gain a working knowledge of various pain syndromes and both psychological and medical treatments for chronic pain. Interns are encouraged to collaborate in ongoing research projects or to propose their own research ideas.

Tony Mariano, PhD and Ryan Henderson, PhD are the psychologists in the Pain Clinic.

### **Marrow Transplant Unit**

The Seattle VA Medical Center is one of only three stem cell/marrow transplant centers in the nationwide VA system. Our patient population is comprised mostly of veterans who have been referred to Seattle from VA centers across the country. The Seattle Marrow Transplant Unit (MTU) is a combined inpatient and outpatient medical unit that specializes in stem cell/marrow transplantation. Patients arrive to the MTU for a full Transplant Candidate Assessment (physical and psychological) If approved, they are provided medical and psychological services until they return to their referring VAMC. Depending on the subtype of transplant and post-transplant complications, patients are usually treated on the MTU anywhere between 3 and 12 months, sometimes longer. These veterans are required to have a caregiver with them throughout their treatment on the MTU.

The primary role of the psychologist in the MTU is to facilitate psychological adjustment and adherence to essential post-transplant regimens throughout the transplant journey. Psychological services are provided to both patients and their caregiver(s). Each patient receives a Transplant Candidate Mental Health Assessment. Typically, patients are provided a combination of individual and/or marital behavioral health focused interventions.. Weekly supportive group



therapy is offered to the caregivers and two Interdisciplinary Transplantation Classes are required for both patients and caregivers. Issues often addressed include symptom management, adjustment to illness, depression, anxiety, medication interactions with cognitive functioning and mood, relationship disturbances, communication, and death and dying. The MTU is an interdisciplinary unit in which patient management is coordinated with members of social work, nursing, physician, dietetic, and pharmacy staff. Psychiatry Service is consulted for psychotropic medication issues. The psychologist is the liaison between Psychiatry Service and the MTU staff.

Interns who elect this rotation function as primary therapists and case managers with individual patients, caregivers, and as consultants to medical staff. Interns are encouraged to develop a working knowledge of interdisciplinary treatment planning, cognitive evaluation, symptom management, and death and dying. Interns also have the opportunity to teach didactic classes, co-lead weekly group therapy, and complete Transplant Candidate Mental Health Assessments. A half-time rotation is offered for the 2<sup>nd</sup> and 3<sup>rd</sup> rotations only.

Dawn I. Sternstein, PhD is the clinical psychologist on the Marrow Transplant Unit.

### **Primary Care Clinic/Deployment Health (PCC/DH)**

The Primary Care Clinic (PCC) is a fast-paced outpatient primary care medical setting. Psychologists and interns 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 Deployment Health Services which is an outpatient specialty service established for the assessment and brief follow-up care of combat veterans returning from Iraq and Afghanistan. The Primary Care-Mental Health team consists of 5 psychologists, 4 psychiatrists, 2 licensed clinical social workers, and nurse care managers who implement telephone based interventions. Psychology interns work as active members of the team and work with increasing autonomy throughout the rotation.

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, the interaction between medical and mental health disorders, weight management, sleep hygiene, smoking cessation, and establishing and maintaining other healthy life choices. Interventions can also address the interaction between patients and their medical providers with the goal of facilitating collaboration towards treatment needs and goals. In addition to working with the patient, treatment interventions may also include working with the veteran and his/her family members.

Interns 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. Treatments offered in this venue are typically brief. This often includes present-centered problem-solving therapy and time-limited CBTs (e.g., Behavioral Activation, CBT skills training, stress reduction). However, given the unique needs of the veterans who have served in Afghanistan and Iraq, initial treatment efforts often focus on reducing stigma associated with mental health treatment, providing creative and flexible options to improve access to treatment and treatment retention, and working closely with an interdisciplinary team to ensure that medical and social needs are also met. As part of the training opportunities available, interns 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 patients' presenting problems encompass a wide range of concerns, interns will strengthen their psycho-diagnostic skills and learn to develop appropriate treatment plans based on their assessments. Interns 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, behavioral activation, communication skills, hypnosis). Consistent with many mental health-primary care models of treatment, mental health providers also meet with unscheduled patients often referred following an appointment with their primary care provider. While serving in this manner, interns 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, interns will also have the opportunity to become more familiar with psychotropic medications, and biological and physiological influences on mental health disorders.

An intern interested in this rotation need not have previous experience with medical patients, but can benefit from having strong psycho-diagnostic skills, as he/she will be exposed to various levels of functioning among patients. Interns have flexibility in organizing their time and priorities. There are many activities of which to take advantage, including working with returning veterans, working within a behavioral health setting, interfacing with other disciplines and clinics within the VA, family therapy, stress management and relaxation/hypnosis, and group work. Interns also have the option of working in an Community Based Outpatient Clinic (CBOC) which is a satellite primary care clinic established to reach veterans in more rural areas. Interns work with medical providers, learning about psychopharmacology, and various approaches to symptom management. The intern has an opportunity to experience and explore different ways of functioning as a psychologist in a medical setting and also has the opportunity to explore his or her own concepts of physical illness.

Autumn Paulson, Ph.D. is the team leader of the Primary Care-Mental Health Team. Diane Greenberg, Ph.D., Mathew Jakupcak Ph.D., Craig Santerre, Ph.D., and Tiffanie Fennell, Ph.D. are the psychologists in the Primary Care Clinic.

### **Rehabilitation Care Services and the 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 amputations. Psychologists and interns are appreciated members of interdisciplinary teams, providing an array of neuropsychological and diagnostic assessment, group and individual psychotherapy, and team training and consultation. RCS includes a 12-bed inpatient acute rehabilitation unit, the Center for Polytrauma Care, as well as several large specialty outpatient clinics, focusing on conditions such as Multiple Sclerosis, Stroke, TBI, and limb loss.

Research and clinical work are frequently blended in RCS, and several of the training faculty members are involved with significant research activities. The Rehabilitation Care Service (RCS) is home to two national Centers of Excellence within the VA system -- the Multiple Sclerosis Center of Excellence and the VA RR&D Center of Excellence in Limb Loss Prevention and Prosthetic Engineering.

RCS is also home to one of 20 national Polytrauma Network Sites - the Center for Polytrauma Care - which is a rehabilitation team dedicated to caring for Veterans who are returning from the Middle East with multiple injuries. Most commonly, psychology interns 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.

Many of the Veterans seen 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 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 include neuropsychological assessment and rehabilitation psychology interventions, which are offered in both individual and group formats. This rotation provides an opportunity to hone assessment skills, as psychologists provide neuropsychological evaluation services for a wide variety of patients; such evaluations can range from brief cognitive screening to full neuropsychological battery approaches. Second, individual therapy is available, usually offered in a brief therapy model but available for longer-term interventions as indicated. Third, several structured groups [e.g., Enhancing Cognitive Skills after TBI] and ongoing groups (Amputee support group) are offered. Finally, psychologists are present in the various specialty medical clinics and provide consultation to patients and medical staff. Trainees are welcome to participate in any of these assessment or treatment activities.

Interested interns need not have had previous experience in a rehabilitation setting, but strong assessment and general clinical skills are helpful. This rotation is offered as a full-time clinical rotation. Approximately fifty percent of interns who complete this rotation go on to accept local post-doctoral fellowships in Rehabilitation Psychology. Interns who are particularly interested in Rehabilitation may also participate in a number of research initiatives on this service as part of a full-time rotation, or as part of a research detail. Interns may also elect to participate in a neuropsychological assessment detail. There is also weekly specialized didactic focusing on Rehabilitation and Health Psychology; all interns are invited to attend whether or not they are currently doing a Rehabilitation rotation.

Aaron Turner, PhD, ABPP, Rhonda Williams, PhD, ABPP, Natalie Dong, PhD, ABPP, Sarah Noonan, Ph.D., and Jennifer Bambara, PhD are the psychologists on this service.

### **Inpatient and Outpatient Spinal Cord Injury**

The Spinal Cord Injury Service (SCIS) consists 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. 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. Interns 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. Interns have the opportunity to facilitate a weekly support group for veterans with SCI in addition to forming individual and family therapy relationships. This rotation is an immersion

experience focused on disability response from a personal and societal perspective. The work setting is very dynamic, and a psychology intern takes a leadership role in helping veterans with both recent and remote spinal cord injuries, in addition to many other medical comorbidities, get the most from medical care. Most interns have the opportunity to provide assessment and treatment to newly injured patients, who are followed closely throughout initial rehabilitation. The Spinal Cord Injury and Disorders Service takes on primary care for all SCI patients in the VA, making this rotation exemplary in providing training in interprofessional medical care. Skills in interprofessional care can be generalized to any work setting in the new health care economy,

There are a variety of educational opportunities available on the unit related to the medical and psychosocial aspects of spinal cord injury. Also, interns are encouraged to attend a monthly Rehabilitation Psychology journal club. Prospective interns need not have prior experience in a rehabilitation setting; however, prior assessment experience and good clinical skills are helpful. Supervision occurs in a collegial relationship designed to challenge the intern in areas of their choice. Interns may also choose to participate in several research projects on this rotation, and there are opportunities to participate in the hospital ethics consultation service. Seventy-five percent of interns who have completed this rotation have gone on to accept post-doctoral fellowships in rehabilitation psychology. A rotation in Spinal Cord Injury Service is available on a full or half-time basis.

Jan Tackett, PhD, ABPP and Randi Lincoln, PhD are the psychologists in the SCI Inpatient and Outpatient Programs.

### **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 clinical social worker). In addition to the permanent staff, trainees and residents from various disciplines work in the clinic and the clinic is one placement site of the Primary Care Postdoctoral Fellowship and the Telemental Health Fellowship.

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 has recently expanded 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 1990s. 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 nonadherence with health care recommendations. Veterans are also referred for adjustment to serious health problems and age-related decline. Since multiple trauma exposure, including childhood abuse, military sexual trauma and combat trauma, 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 intern 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 an important 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 and behavioral/communications issues that arise in their practice.

A rotation in the WHC is available for full or half-time or one day per week detail. Male interns are welcome in the clinic but Veteran's preferences would likely make a detail the most viable option for male interns. This placement offers an opportunity for interns to refine assessment and formulation skills, to hone skills for communicating effectively with medical providers, and to address the intersection of physical and mental health in consultation as well as in group, individual and couple therapies. Groups offered in the WHC include- the Health Self-Management group and many interns have opted to participate in groups for women offered in other clinics while rotating in WHC. In addition, a monthly group for transgender veterans is offered. An intern especially interested in health psychology in primary care or in women's health could maximize their learning opportunity by continuing a 4-8 hour placement through the internship year.

Mary Jean Mariano, PhD is the clinical psychologist in the WHC.

## **Outpatient Mental Health Clinics**

The Outpatient Mental Health Clinics provide care to a broad range of patients with a variety of mental health concerns. Treatment is offered by a host of providers, practicing a variety of approaches and modalities. Training opportunities include group, individual and family therapy, in both short- and long-term settings. Rotations are available in the following outpatient clinics.

### **Mental Health Clinic**

The Mental Health Clinic (MHC) offers outpatient mental health care, providing treatment for a broad range of problems, utilizing a variety of treatment approaches. The caseload is large, approximately 20,000 visits per year by veterans, their spouses and families. Patients represent all diagnostic categories, and a full range of education, socioeconomic, and ethnic statuses. The current staff consists of three social workers, five psychologists, seven part-time psychiatrists, two psychiatric nurses, and five support staff, plus psychology interns, social work students, and psychiatric residents.

The Mental Health Clinic atmosphere is informal and friendly. The therapeutic orientation is highly varied, encouraging supervised experimentation with a broad variety of treatment techniques and approaches, with numerous opportunities for both individual and group therapy.

In addition to the primary duties of individual and group psychotherapy, an intern in MHC may also participate in intake interviews, present cases for referral at interdisciplinary team meetings, conduct psychological testing and assessment, and psycho diagnostic evaluation of selected patients. There is some opportunity for marital and relationship counseling. MHC also offers the opportunity to conduct long-term individual psychotherapy. A detail can be arranged for an intern to treat one or two patients for the entire year.

Although the MHC psychologists primarily provide supervision, interns are encouraged to consult with members of other disciplines. The differences in therapeutic orientation among the supervisors in MHC provide an intern with the opportunity to become involved with treatment and supervision from a variety of contrasting perspectives. The intensity and format of supervision,

including the use of process notes, tapes, or observation, will depend on the style and approach of the supervisor as well as the needs and skills of the intern.

Richard Reed, PhD, Michelle Esterberg, PhD., Mark Engstrom, PhD, and Mary Jean Mariano, PhD are psychologists in MHC.

### **Psychosocial Rehabilitation and Recovery Center**

The Psychosocial Rehabilitation and Recovery Center (PRRC) delivers mental health care utilizing an interprofessional team approach to eligible Veterans with serious and persistent mental health issues. The rehabilitative services offered are based on the Recovery Model. The focus is to restore patient functioning with the goal of increasing participation in the community. Treatment is informed by goals established collaboratively between patients and their Recovery Coaches.

Patients in the PRRC present with a variety of diagnoses, and a range of education, socioeconomic, and ethnic backgrounds. The PRRC provides individual and group psychotherapy, case management, psychiatric care, and vocational counseling. At the present time, PRRC staff consists of one psychologist, two psychiatrists, psychiatric residents, four social workers, two psychiatric nurses, a peer recovery staff, and three mental health professionals. In addition, three support staff provide services in the PRRC..

A rotation in the PRRC will provide an intern with opportunities to participate in all the functions of the psychologist, including individual and group psychotherapy, psychological assessment, case management, team consultation and treatment planning. The PRRC is offered as a half-time rotation. Interested interns have the option of combining a half-time PRRC rotation with a half-time Intensive Outpatient Program (IOP) placement that would the intern with a view of both intensive and long-term treatments for individuals with serious mental illness.

Chris Miller, PhD is the psychologist in PRRC.

### **Telemental Health Program (TMH)**

Technology is expanding the ways in which the VA may reach out to Veterans with mental health needs. The Puget Sound Healthcare System Clinical Video Teleconferencing (CVT) team provides outpatient mental health care to Veterans served in rural VA community-based outpatient clinics (CBOCs) and Veteran residences. The program aims to increase access to mental health primary care and specialty care in rural and underserved areas, and to reduce the number of miles that Veterans must travel to receive mental health services. Using secure videoconferencing technology, the CVT team connects mental health providers to clinics that require additional services for their patients, including consultation, initial patient assessments, individual psychotherapy, group psychotherapy, and specialized interventions (e.g., evidence-based therapies, others). Commonly requested services include brief intervention, Prolonged Exposure, Cognitive Processing Therapy, ACT, CBT, and others. The CVT provider collaborates with the patient's other, local providers to ensure quality comprehensive care. CVT providers also deliver care into Veterans' residences via video teleconferencing. Because the CVT team serves an array of different clients with variable clinical needs, the placement may align with a diversity of training goals.

In addition to these clinical opportunities, an intern would have the option of contributing to several ongoing educational, administrative, quality improvement and research projects. The CVT team exists as part of the larger Promoting Access to Telemental Health (PATH) service. The PATH service is comprised of behavioral health providers throughout VA Puget Sound who use technology to deliver patient care (e.g., telephone, home monitoring, CVT, web-based services,

etc.) PATH aims to provide education and training opportunities to VA Puget Sound clinicians interested in learning more about telehealth. Interns will receive training in the technology used in telemental health, as well as specialized clinical and programmatic considerations for this mechanism of service delivery. Interns may participate in an interdisciplinary group supervision that addresses ethical considerations in telehealth.

Sara Smucker Barnwell, PhD oversees education and training for the PATH service, and is the primary supervisor for the CVT rotation. Mark Engstrom, PhD and Sari Gold, PhD are staff psychologists on the service. TMH program staff also includes ancillary psychologists and psychiatrists.

### **Family Therapy Program**

The Family Therapy Program (FTP) is a specialized service within the larger Mental Health Clinic, providing treatment for veterans with their partners and/or families. Couples and families seen in the Family Therapy Program are referred from other mental health programs, medical clinics and inpatient units. The veteran is most often the identified patient although he/she may be the child, parent or grandparent within the family system. As many as four family generations as well as unrelated significant others may be present at a therapy session. The FTP treats not only mental health patients and their families, but also families in crisis due to life cycle stresses or a family member's medical problems. However, at least 85% of the cases involve couples therapy. The treatment orientation is based on structural/strategic and integrative behavioral approaches. Interns can focus their entire rotation on learning Integrative Behavioral Couple Therapy (IBCT, Jacobson and Christensen), an empirically based approach to treating couples that combines traditional behavioral approaches with acceptance based strategies.

Interns in the FTP are expected to participate fully in patient treatment and MHC team functions. Interns in FTP receive didactic and experiential training and supervision in family and couples interviewing, assessment and therapy. Family Therapy is available as a half-time rotation.

Peter Fehrenbach, PhD is the Director of the Family Therapy Program and training faculty for the VA national dissemination of IBCT.

### **Intensive Outpatient Program (IOP)**

The Intensive Outpatient Program (IOP) delivers mental health care to Veterans in need of intensive services for stabilization. The IOP serves Veterans in a less restrictive environment by offering a level of care between traditional outpatient mental health programs and the acute psychiatry unit. Treatment goals are established collaboratively with the Veteran and often focus on symptom stabilization, crisis management, and psychosocial rehabilitation. The IOP is a 4 week program that provides assessment, group therapy, individual treatment, medication management, and case management services.

Veterans in the IOP present with a wide range of difficulties including depression, PTSD, psychosis, and mania. Many of the Veterans in the program have recently discharged from the acute psychiatry unit or have presented for psychiatric emergency services within the last 24 hours. The IOP team is multidisciplinary and consists of psychology, psychiatry, social work, nursing, and peer support staff.

Psychology interns are involved in all aspects of care and have many opportunities including: individual and group psychotherapy, diagnostic evaluation, crisis intervention, case management, team consultation, treatment planning, and program evaluation. Due to the fast pace and complexities of a short-term treatment program, IOP is recommended as a full-time rotation. Depending on an intern's training goals, a half-time IOP rotation may be combined with a half-time Psychosocial Rehabilitation and Recovery Center (PRRC) rotation, which would provide the intern with a view of both intensive and long-term treatments for individuals with serious mental

illness.

Kristen Strack, PhD is the psychologist and team leader in IOP.

## **Post-Traumatic Stress Disorder Programs**

Two different outpatient PTSD programs are available at the Seattle VA. One treats male veterans with combat- and military-related PTSD, while one provides services for female veterans, most of whom have PTSD related to sexual and/or combat trauma in the military. (Additionally, the Deployment Health Clinic is a primary care clinic that serves veterans from the Afghan and Iraq wars. This clinic provides primary medical care integrated with mental health services, and is housed within the Primary Care Clinic described above).

### **PTSD Outpatient Clinic (POC)**

The PTSD Outpatient Clinic (POC) provides outpatient treatment of patients who can profit from brief and long-term treatment of PTSD and co-occurring disorders. It is the largest and most active outpatient PTSD clinic in the nation. 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 sources of military-related PTSD. Services offered by the clinic include individual, couple and group therapy. Groups include a wide array of evidence-based approaches (including MBCT, ACT, BA, DBT skills, CBT, Motivational Enhancement), interpersonal psychotherapy groups, dual disorder groups for PTSD/SUD patients, case management groups for the chronically impaired patient; time-limited, topic-focused groups; and an array of health behavior and 'complementary medicine' groups. Interns can receive focused supervision in evidence-based psychotherapies, including Prolonged Exposure (PE), Cognitive Processing Therapy (CPT), Motivational Interviewing/Enhancement, Dialectical Behavior Therapy (DBT), Mindfulness-Based Cognitive Therapy (MBCT), and Behavioral Activation (BA). The POC primarily serves Vietnam and Iraq/Afghan Veterans, though special services are also available for Gulf War, Korean War and WWII vets, and former POWs.

The POC clinic staff consists of psychologists, psychiatrists, and social workers. 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, couple and group psychotherapy, psychological assessment, case management, team consultation and treatment planning. This placement is offered as a full-time, half-time, or detail placement.

Dave Tarver, PhD is the Team Leader of the PTSD Outpatient Clinic. Scott Michael, PhD, David Pressman, PhD, Katherine Hoerster, PhD, MPH and Jennifer Plumb Vilaradaga, PhD are psychologists in the POC.

### **Women's Trauma Recovery Center (WTRC)**

The WTRP is also under the umbrella of the PTSD Care Line and serves women veterans who have experienced any type of trauma during their military service and who are interested in addressing subsequent mental health difficulties. The WTRP is a treatment track within the Women's Trauma and Recovery Center (Women's ATC is the other track). The majority of WTRP patients experienced military sexual trauma (MST), though many of these women also experienced duty-related trauma. Other types of military trauma experienced by our patients include, but are not limited to, combat, nursing or medical trauma, accidents, domestic violence, and body recovery. Approximately half of WTRP patients also experienced childhood sexual and/or physical abuse, and many sustained trauma post military.



The majority of WTRP patients meet diagnostic criteria for PTSD and many have Major Depression, while a minority meets diagnostic criteria for such difficulties as bipolar disorder, schizoaffective disorder, eating disorders, other anxiety disorders (e.g., obsessive compulsive disorder, panic disorder) and substance use disorders (SUDs). A substantial minority of our patients also has Axis II disorders or meets criteria for Disorders of Extreme Stress Not Otherwise Specified. The majority of our patients have significant physical health problems that often include chronic pain and mobility difficulties.

Veterans treated in the WTRP typically receive a combination of individual therapy/case management and group therapy as well as medication management. We follow Judith Herman's general model for trauma treatment: 1) addressing safety and stabilization; 2) addressing mourning and integration of trauma material, and 3) working toward establishing a meaningful and satisfying life. Because recovery does not generally follow this pattern neatly, our approach flexibly addresses each of these major tasks as is appropriate for each veteran. Services offered by the clinic include individual and group therapy. Groups include a wide array of evidence-based approaches (including ACT, BA, DBT skills, CBT, Motivational Enhancement), interpersonal psychotherapy groups, case management groups for the chronically impaired patient; time-limited, topic-focused groups (e.g., mindfulness skills, relationship skills, Dialectical Behavior Therapy skills, CBT for dysfunctional eating patterns, and a trauma-focused personal safety/self-defense training group that is offered yearly. Interns can receive focused supervision in evidence-based psychotherapies, including Prolonged Exposure (PE), Cognitive Processing Therapy (CPT), Motivational Interviewing/Enhancement, Dialectical Behavior Therapy (DBT) skills, Acceptance and Commitment Therapy (ACT) and Behavioral Activation (BA).

This rotation is offered as a full-time or half time placement. Given the clinical population and prevalence of sexual trauma history (with often preference for female provider), we likely would only be able to provide clinical opportunities to male interns with a detail or half-time placement.

Wendy David, PhD and Jane Luterek, PhD, are supervising psychologists in the program. There are also two Social Workers and often Social Work Interns and Fellows on the team. Tracy Simpson, PhD is also affiliated with the program.

**Summary of clinical placements** To summarize the previous descriptions, 22 different placements are currently available at the Seattle VA. Each placement is for a four-month period, and may be full-time, half time, or one-day per week, depending on setting. Additionally, many of these settings provide research opportunities and training.

### **Substance Use Disorders**

Addictions Treatment--Team 1  
Addictions Treatment--Team 2  
Addictions Treatment--Team 4  
Addictions Treatment--Women's Team

### **Health Psychology**

Neuropsychology Clinic  
Marrow Transplant Unit  
Primary Care Clinic  
Deployment Health  
Inpatient Rehabilitation Services

Outpatient Rehabilitation Services  
Polytrauma Care  
Inpatient Spinal Cord Injury  
Outpatient Spinal Cord Injury  
Women's Health Clinic  
Pain Clinic

### **Mental Health**

Mental Health Clinic  
Family Therapy Program  
Intensive Outpatient Program  
Telemental Health  
Psychosocial Recovery and Rehabilitation Center

### **PTSD**

PTSD Outpatient Program  
Women's Trauma Recovery Center

## ***Requirements for Completion***

The Psychology Internship at the Seattle VA is a generalist program. It is our expectation that interns will utilize their internship year to broaden and extend their practice of psychology, rather than narrow their focus. While interns have the opportunity to refine skills already developed in graduate school, we strongly encourage interns to try new approaches, new techniques, and new perspectives, in pursuit of a well-rounded education.

As a foundation for independent professional practice, interns should have demonstrated competence in the following areas by the completion of the internship year, as measured by supervisors' evaluations.

***Assessment skills*** Interns should be able to competently assess patients with a broad variety of problems, utilizing a variety of instruments and evaluation methods. Selection and use of assessment tools should be appropriate to the clinical needs of the patient and the clinical setting, and responsive to the referral needs of other professionals.

***Intervention skills*** Interns should demonstrate the ability to effectively work with diverse populations, and provide appropriate intervention in response to a range of presenting problems and treatment concerns. Interns should demonstrate competent psychotherapy skills in a variety of modalities (including group, individual, and crisis intervention), as well as skills in consulting with other professionals.

***Communication skills*** Interns should be able to conceptualize and clearly communicate their assessments, strategies, opinions, and recommendations to other professionals, in verbal and written form. Documentation should be timely, responsive to the needs of other professionals, and sensitive to issues of confidentiality and patient respect.

***Interpersonal skills*** Interns should demonstrate effective interpersonal functioning with peers, professional staff, colleagues from other disciplines, and support staff. Interns should conduct themselves in a professionally appropriate and ethical manner, consistent with the

guidelines of the profession.

**Professional judgment** Interns should demonstrate sound professional judgment. In particular, they should be able to accurately interpret clinical information in high-risk situations, make sound decisions, and take appropriate action. They should be able to recognize and respond appropriately to severe psychopathology, potential self-injury, and dangerousness to others.

**Awareness of ethical, legal and cultural issues** Interns should demonstrate knowledge of ethical and legal principles bearing on psychological practice, and show an awareness of these principles in their daily practice. Interns should show an awareness of, and sensitivity to, cultural issues that impact patient lives and the practice of psychology.

**Receptivity to feedback** Interns should be receptive to feedback received from supervisors, peers, other professional colleagues, and patients. They should be able to examine feedback objectively, and to respond with appropriate behavior changes. Interns should also show the ability to self-monitor, and to change their behavior in response to experience.

**Development of professional identity** Over the course of the internship year, interns should continue to develop a sense of themselves as psychologists. They should show an understanding of the unique contribution and perspective one brings as a psychologist, and put this into practice by assuming an increasing level of professional responsibility.

**Recognition of strengths and limitations** Interns should be able to accurately recognize their strengths and limitations. They should practice within their capabilities, and recognize when to seek supervision, consultation, or training in response to clinical situations beyond their capabilities. They should demonstrate a commitment to continued self-education, and to their continuing growth as a professional.

## **Facility and Training Resources**

**Seminars and continuing education** The training derived through direct clinical experience is augmented by internship seminars and by educational programs offered in the larger Medical Center community. The Internship Program sponsors 50 hours of seminars during the "academic" year, specifically oriented to the training needs and interests of the interns. Interns are actively involved in choosing seminar topics and speakers.

In order to support the pursuit of individual interests, and to encourage the professional habit of life-long learning, interns are also expected to complete 50 hours of additional education through any offering of the Medical Center, University, affiliated institution, or professional organization (e.g., APA, SBM, ABCT).

The Mental Health Service, MIRECC, CESATE, ERIC and various medicine services sponsor numerous educational offerings of interest to psychologists that fulfill this requirement. These include, but are not limited to the following: Psychiatry/Psychology Case Conference, Psychiatry Grand Rounds, PTSD Research Forum, Rehabilitation Medicine Journal Club, CESATE Interdisciplinary Fellowship Seminar, MIRECC Grand Rounds, GRECC Grand Rounds, Women's Health Care Grand Rounds, GIMC Journal Club, Rehabilitation Medicine Grand Rounds, and Ethics Forum. The Training Director can be another source of information regarding educational offerings in specialized areas.

Additionally, interns have been welcome to attend seminars and didactics at the American Lake division and at the University of Washington School of Medicine. Interns are also welcome to

organize their own study groups or journal clubs.

Interns are released from their clinical duties during scheduled internship seminars. Release time to attend other educational programs is coordinated with the supervisor, taking into account patient-care responsibilities and unit coverage issues. Authorized absence can be granted for attendance at professional meetings..

***Intern meeting*** One hour per week is set aside for interns to meet together as a group, in order to provide peer supervision, a forum for mutual professional support, and as an opportunity to learn about the development of collegial professional relationships. Interns are released from competing activities at this time.

***Research*** While the internship year is intended primarily as an intensive clinical experience, interns are encouraged to participate in clinical research if they choose. The internship provides a unique opportunity to become involved in the generation and testing of hypotheses derived from one's clinical experience. More frequently, interns choose to become involved in research as part of a full-time or primary rotation on a unit with an ongoing research program. In addition, a number of staff makes available part-time rotations specifically focusing on applied research. Such collaborative research efforts consistently result in publications and professional presentations by interns.

***Staff meetings*** Interns are encouraged to participate as members of the Medical Center's professional community in a variety of ways. Interns are expected to attend the monthly Psychology Service staff meetings, as well as the staff meetings of the unit(s) on which they work. Staff meetings provide interns with an opportunity to learn about pragmatic issues of professional relationships in a complex organization, and the kinds of institutional and political considerations that affect professional work.

***Library and information resources*** The Medical Center library is a valuable resource to interns and staff. The library contains a large selection of current materials and periodicals, as well as providing extensive assistance for information searches and inter-library loans. Interns are issued library cards that give them access to the University of Washington libraries. The Medical Center also provides state-of-the-art computer resources, Internet access, and computer-support personnel, to assist in patient care and research.

***Professional meetings*** Interns are encouraged to attend professional meetings and conventions of their choice, as a means of participating in the larger professional world, and to pursue individual professional interests. Authorized absence is granted for such activities in an amount comparable to other Psychology staff. Absences for such meetings is coordinated with the supervisor and subsequently approved by the Director of Training.

## ***Administrative Policies and Procedures***

Statement regarding disclosure of personal information: Our privacy policy is clear --we will collect no personal information about you when you visit our website. Enrollment in the training program does not require disclosure of sensitive or personal information.

## Due Process Procedures

**Intern grievances** We believe that most problems are best resolved through face-to-face interaction between intern and supervisor (or other staff), as part of the on-going working relationship. Interns 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 intern, and to seek appropriate consultation. If intern-staff discussions do not produce a satisfactory resolution of the concern, a number of additional steps are available to the intern.

**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 intern 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 intern change rotations in order to maximize their learning experience. Interns may also request a change in rotation assignment, following the procedures described in a previous section. Changes in rotation assignments 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 intern may initiate a formal grievance process by sending a written request for intervention to the Training Director.

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 intern and supervisor will be notified of the date that such a review is occurring, and given an opportunity to provide the Committee with any information regarding the grievance. The Director of Clinical Training at the intern's graduate school will be informed in writing of the grievance and kept apprised of the review process.

Based upon a review of the grievance, and any relevant information, the Training Committee will determine the course of action that best promotes the intern's training experience. This may include recommended changes within the placement itself, a change in supervisory assignment, or a change in rotation placement.

The intern will be informed in writing of the Training Committee's decision, and asked to indicate whether they accept or dispute the decision. If the intern accepts the decision, the recommendations will be implemented and the intern's graduate program will be informed of the grievance outcome. If the intern 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. The intern's graduate program will be informed of the appeal and appeal decision.

In the event that the grievance involves any member of the Training Committee (including the Training Director), that member will excuse 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.

Any findings resulting from a review of an intern grievance that involve unethical, inappropriate or unlawful staff behavior will be submitted to the Director of Psychology Service for appropriate personnel action.

These procedures are not intended to prevent an intern from pursuing a grievance under any other mechanisms available to VA employees, including EEO, or under the mechanisms of any relevant professional organization, including APA or APPIC. Interns are also advised that they may pursue any complaint regarding unethical or unlawful conduct on the part of psychologists licensed in Washington State by contacting the office of the Examining Board of Psychology.

#### Probation and termination procedures

**1. *Insufficient competence*** The internship program aims to develop professional competence. Rarely, an intern is 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 internship program will help interns identify these areas, and provide remedial experiences or recommended resources, in an effort to improve the intern's performance to a satisfactory degree. Very rarely, the problem identified may be of sufficient seriousness that the intern would not get credit for the internship 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, so as to allow the maximum time for remedial efforts. The Training Director will inform the intern of staff concern, and call a meeting of the Training Committee. The intern and involved supervisory staff will be invited to attend, and encouraged to provide any information relevant to the concern. The DCT of the intern's graduate program will be notified in writing of the concern, and consulted regarding his/her input about the problem and its remediation.

An intern 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 intern from fulfilling the expected learning outcomes, and thereby, not receive credit for the internship.

The Training Committee may require the intern to take a particular rotation, or may issue guidelines for the type of rotation the intern should choose, in order to remedy such a deficit.

The intern, the intern's supervisor, 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 intern to develop in order to remedy the identified problem.

Once an intern has been placed on probation, and a learning contract has been written and adopted, the intern may move to a new rotation placement if there is consensus that a new environment will assist the intern's remediation. The new placement will be carefully chosen by the Training Committee and the intern to provide a setting that is conducive to working on the identified problems. Alternatively, the intern and supervisor may agree that it would be to the intern's benefit to remain in the current placement. If so, both may petition the Training Committee to maintain the current assignment.

The intern and the supervisor will report to the Training Committee on a regular basis, as specified in the contract (not less than twice during the four month rotation) regarding the intern's progress.

The DCT of the intern's graduate program will be notified of the intern's probationary status, and will receive a copy of the learning contract. It is expected that the Internship Training Director will have regular contact with the Academic Training Director, in order to solicit input and provide updated reports of the intern's progress. These contacts should be summarized in at least two written progress reports per rotation, which will be placed in the intern's file. The intern may request that a representative of the graduate program be invited to attend and participate as a

non-voting member in any meetings of the Training Committee that involve discussion of the intern and his/her status in the internship.

The intern may be removed from probationary status by a majority vote of the Training Committee when the intern's progress in resolving the problem(s) specified in the contract is sufficient. Removal from probationary status indicates that the intern's performance is at the appropriate level to receive credit for the internship.

If the intern is not making progress, or, if it becomes apparent that it will not be possible for the intern to receive credit for the internship, the Training Committee will so inform the intern at the earliest opportunity.

The decision for credit or no credit for an intern 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 intern's fulfillment of the learning contract.

An intern 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, to the Training Committee, and to the DCT of the graduate program.

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

The Training Director, the supervisor, and the intern may address infractions of a minor nature. A written record of the complaint and action become a permanent part of the intern's file.

Any significant infraction or repeated minor infractions must be documented in writing and submitted to the Training Director, who will notify the intern 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, including the intern and DCT of the graduate program. 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 either probation or dismissal of the intern. Recommendation of a probationary period or termination shall include the notice, hearing and appeal procedures described in the above section pertaining to insufficient competence. A violation of the probationary contract would necessitate the termination of the intern's appointment at the Seattle VA.

## ***Training Staff***

The psychology staff 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 Central Office committees, community boards, committees of the Washington State Psychological Association, and boards and committees of national professional organizations.

The following psychologists provide education and training within our program. . Psychologists on staff who are in the process of obtaining licensure may not serve as primary supervisors, but

may consult with interns on individual cases or projects. Additionally, Washington State requires that internship supervision must be provided by psychologists with two or more years of experience post-licensure. In our interprofessional setting, additional consultation and case supervision is easily obtained from professionals of other disciplines with expertise to offer.

**Lyle Anderson, PhD** is a psychologist at the VA Community Based Outpatient Clinic in North Seattle. He received his BA from the University of Washington in 1970, and his PhD in Clinical Psychology from Oklahoma State University in 1975. He interned at the Seattle VA in 1974-5, and is a Clinical Assistant Professor in the Department of Psychiatry and Behavioral Sciences at the University of Washington. He is licensed to practice in Washington and is a long-time member of APA. Most of his time and energy at the CBOC is spent doing consultation, evaluation and individual psychotherapy with a large, diverse caseload. His orientation is predominantly cognitive-behavioral. He has a particular interest in evaluating and treating veterans with combat-related disorders, and sees many Vietnam and OIF/OEF veterans. In addition to his clinical work he provides consultation to the Medical Center staff in the treatment of difficult and disruptive patients.

**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 the development of peer support program for individuals with limb loss as well as a project examining social support and depressive symptoms among caregivers of Veterans with multiple sclerosis.



**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 interns. 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.

**Peter Fehrenbach, PhD** is the **Director** of the **Family Therapy Program** and a Clinical Associate Professor in the Department of Psychiatry and Behavioral Sciences, and the Department of Psychology, at the University of Washington. He completed his internship at the Seattle VA in 1980, and received his PhD in Clinical Psychology from the University of Missouri-Columbia in 1981. He subsequently completed a postdoctoral fellowship in Child Clinical Psychology at the University of Washington, with an emphasis on the interface of medical and mental health problems of children and families. His clinical interests include couples and family therapy. He utilizes a variety of approaches including structural, strategic, and integrative behavioral techniques in his work with families. He is licensed as a psychologist in Washington, and maintains a part-time private practice. Dr. Fehrenbach has been active in the Washington State Psychological Association for a number of years, formerly serving as President of the Association.

**Tiffany Fennell, PhD** 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 development and evaluation of health education programs, coordinating health fairs and outreach campaigns, medical staff education in motivational interviewing and health coaching, and co-chairs the facility's Health Promotion and Disease Prevention Program Committee. She is licensed in the states of Ohio and Texas and Clinical Assistant Professor at the University of Washington's School of Medicine Department of Psychiatry and Behavioral Sciences.

**Sari Gold, PhD** is a clinical psychologist and the Assistant Director of the **Mental Health Clinic**. She received her PhD from Temple University in 2007 and completed her internship at the Seattle VA in 2007. She completed a postdoctoral fellowship at the Boston VA's National Center for PTSD in 2008, under the mentorship of Patty Resick. Prior to graduate school, she worked for 4 years with domestic violence and sexual assault survivors. Dr. Gold's current clinical work includes cognitive behavioral therapy for anxiety and depression and cognitive processing therapy for PTSD. Her research interests include trauma, PTSD, sexual assault, and multicultural/LGBT issues. She is licensed in the state of Washington and is an acting instructor at the University of Washington's School of Medicine Department of Psychiatry and Behavioral Sciences.

**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 Psychology from the University of Iowa and completing her internship at the Seattle VA. Dr. Greenberg is Clinical Assistant Professor at the University of Washington and is licensed as a psychologist in the state of Washington. Dr. Greenberg provides brief individual and family psychotherapy and urgent care patient consults and provider education and consultation. She also facilitates ongoing support groups on coping with depression, and a psycho-educational group on mindfulness and cognitive behavioral approaches to stress management. 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 also teaches psychiatry residents an introductory course on psychotherapy and helps train medical residents in the Primary Care Clinic.

**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.

**Mark Hawley, PhD** is a psychologist with Mental Health in Primary Care part-time and with the Mental Health Caregivers Program for the remainder. He received his PhD in Clinical Psychology

from the University of New Mexico in 1995, after completing his internship at the Seattle VA. Following internship, he remained at the Seattle VA for two years as a Health Services Research Fellow. After spending five years with the Addictions Treatment Center, Dr. Hawley joined the Pain Clinic from 1998 to 2010, and since then has been with the Mental Health Service. He still has special interests in addiction and chronic pain, particularly the frequent co-occurrence of both disorders. He is a Clinical Instructor at the University of Washington.

**Ryan Henderson** is a psychologist in the **Pain Service** and clinical director of the Opioid Safety Program, which specializes in providing care to chronic pain patients with co-occurring SPMI and/or SUD. After completing his predoctoral internship at the Salt Lake City VA, he received his PhD in counseling psychology from the University of Utah in 2010. Dr. Henderson then completed a postdoctoral fellowship at the Seattle VA in the Center of Excellence in Substance Abuse Treatment and Education (CESATE). He subsequently joined the pain service in 2012 and is currently licensed in the state of Washington. His research and clinical interests are primarily focused in the areas of assessment and treatment of chronic pain and addiction. Dr. Henderson utilizes an integrative approach to treatment drawing heavily from interpersonal, cognitive behavioral, and motivational enhancement approaches. Dr. Henderson has also been certified by the VA in evidence based cognitive behavioral therapy for chronic pain and provides this treatment in both individual and group treatment settings.

**Katherine Hoerster, PhD, MPH** is a psychologist in the **PTSD Outpatient Clinic**. She holds the rank of Acting Assistant Professor in the Department of Psychiatry and Behavioral Sciences at the University of Washington School of Medicine. She received her PhD in Clinical Psychology from the SDSU/UCSD Joint Doctoral Program in 2010. 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. Dr. Hoerster's research focuses on the influence of socio-cultural and environmental factors on health and health behavior, particularly in the context of PTSD. She is currently Principal Investigator for an HSR&D- and MIRECC-funded survey study that will examine the role of social and neighborhood factors in prevention and management of chronic disease among Veterans with and without PTSD. She also co-leads a national QUERI collaboration focused on evaluating effectiveness of VA weight management interventions for Veterans with psychiatric conditions. Other work focuses on using VA and public databases to identify disparities in health and access to care. She is licensed in Washington State.

**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 Acting National Mental Health Program 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, Psychologists in Public Service 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 clinical and administrative 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 serves as Chair of the VA Puget Sound Psychology Professional Standards Board. 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**, with part-time duties in the Women's Health Clinic. 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 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.

**Anthony J. Mariano, PhD** is a Clinical Assistant Professor in the Department of Psychiatry and Behavioral Sciences at the University of Washington, and is licensed in the state of Washington. He received his PhD in Clinical Psychology from the University of New Mexico in 1986. After completing his internship at the Seattle VA in 1984, he completed a two-year research fellowship in the Health Sciences Research and Development Program at the Seattle VA in 1986. Before joining the Psychology Service staff in 1987, he worked as a Research Scientist at the University of Washington. He is active on national pain committees in both the VA and DoD and leads efforts in patient pain education. His current research interests include web-based pain education

for providers and patients and the development of clinical models to address the problem of prescription medication misuse.

**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**. 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. 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, the Distinguished Psychologist Award from the Washington State Psychological Association in 2010, and in 2012, the David M. Worthen Award for Lifetime Achievement in Education. Dr. McCutcheon is active in national professional organizations, having served a record four terms as **Chair of the APPIC Board of Directors** and a record two terms as **Chair of CCTC (Council of Chairs of Training Councils)**. He recently completed a term as **Chair of the VA Psychology Training Council (VAPTC)**, and currently serves as a **Commissioner on APA's Commission on Accreditation (CoA)**.

**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. He is currently a national trainer and consultant in Prolonged Exposure as part of the VA Central Office initiative to disseminate Evidence-Based Psychotherapies.

**Christopher Miller, PhD** is a psychologist in the **Psychosocial Rehabilitation and Recovery Center (PRRC)**. Dr. Miller received his PhD in Clinical Psychology from the University of Montana in 2008. He completed his internship at the Seattle VA in 2008, and in 2009 he completed a Rehabilitation Psychology postdoctoral fellowship in the Center for Polytrauma Care and Spinal Cord Injury units at the Seattle VA. Dr. Miller is licensed in Washington State. He conducts individual and group psychotherapy, and his theoretical orientation is primarily cognitive-behavioral. His clinical and research interests include PTSD, TBI and psychometrics.

**Sarah Noonan, PhD** is a psychologist in the **Center for Polytrauma Care**. She earned her Ph.D. in Clinical Psychology, with a specialization in neuropsychology, from the San Diego State University/University of California, San Diego joint doctoral program. She completed her internship and postdoctoral fellowship within the VA Boston Healthcare System, where she received advanced training in neuropsychological assessment, cognitive rehabilitation, and evidence-based treatments for PTSD, and conducted research within the Boston Attention and Learning Laboratory and the VA Boston Neuroimaging Research Center. Her overarching research and clinical interests center on the nature of plasticity and functional reorganization in neurological and psychiatric disorders, and designing and evaluating methods to maximize cognitive functioning. She is licensed in Washington State.

**Kati Pagulayan, PhD** is the clinical 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 include providing neuropsychological assessment and cognitive rehabilitation interventions to individuals with cognitive impairment secondary to TBI, other medical conditions and/or and psychiatric illness. Her research interests are in the area of neurobehavioral and neuropsychological outcome following TBI, and she currently has a VA Career Development Award to investigate the neural substrates of working memory deficits in Veterans with repeated blast-related mild TBI.

**Autumn Paulson, PhD** is the **Team Leader** of the Primary Care-Mental Health Team (**Primary Care/Deployment Health Clinic**). 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 for the Postdoctoral Fellowship 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, integrated mental health/primary care, and transition challenges experienced by Veterans recently separated from military service. 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 (Co-Occurring Disorders)**. 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 to 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 drawing on a contextual behavioral theoretical background. Acceptance and Commitment Therapy, Motivational Interviewing, Relapse Prevention, and mindfulness-based treatments heavily inform her clinical practices.

**Jennifer Plumb Vilardaga, PhD** is a psychologist in the **PTSD Outpatient Clinic**. She received a BS from the University of Massachusetts, Amherst and a PhD in Clinical Psychology at the University of Nevada, Reno in 2012 under the mentorship of Steven Hayes. After completing internship at Seattle VA, she served as a psychology fellow at Seattle VA in the Center for Excellence in Substance Abuse Treatment and Education (CESATE) with a clinical placement on the Co-Occurring Disorders Treatment Team, and supporting the ongoing development of the Collaborative Addictions and Pain Program. She has an extensive clinical and research background in Acceptance and Commitment Therapy (ACT). She is in the process of completing licensure in Washington State and is active in the local, VA, and international ACT communities. Her clinical interests include ACT as well as the broader mindfulness and acceptance-based CBTs, conducting clinical work with using evidence based practices, and treating co-occurring conditions such as PTSD, SUD, and chronic pain.

**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.

**Richard Reed, PhD** works in the **Mental Health Clinic**. He received his PhD in Counseling Psychology from the University of Oregon in 1978, and completed a predoctoral psychology internship at the Palo Alto VA. He is licensed in Washington, and is a Clinical Instructor in the Department of Psychiatry and Behavioral Sciences at the University of Washington. He conducts individual and group psychotherapy and specializes in the treatment of depression. He is especially interested in Acceptance and Commitment Therapy and Functional Analytical Psychotherapy.

**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 clinical work (mainly groups, process and psychoeducational), 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 Program. 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 on the **Mental Health Primary Care** team. 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.

**Alex Schut, PhD** is a psychologist at the **CBOC Mount Vernon**. He received his PhD in Clinical Psychology from Pennsylvania State University in 2002, where he conducted research investigating the interaction between technical and relationship factors in effective forms of cognitive-behavioral and psychodynamic psychotherapies. Dr. Schut completed his internship and post-doctoral fellowship at McLean Hospital/Harvard Medical School, where he provided individual and group cognitive-behavioral therapy, including dialectical behavior therapy (DBT), for patients diagnosed with varied mood, anxiety, eating and personality disorders. As a faculty member Dr. Schut was involved in program development for the Personality Disorders track of the Behavioral Health Partial Hospital Program and the McLean Center for the Treatment of Borderline Personality Disorder. After completing his intensive training in DBT, Dr. Schut expanded his private practice and became Program Director of the Adult Intensive DBT Day-Treatment Program at Two Brattle Center in Cambridge, MA, where he provided individual and group DBT for adolescent and adult patients, as well as clinical supervision to psychology practicum students, interns and post-doctoral fellows. After moving to Washington State Dr. Schut joined the VA at CBOC Mount Vernon. There he provides evidenced-based mental health care integrated in a primary care clinic. Dr. Schut has received advanced VA training in Prolonged Exposure for PTSD, Acceptance and Commitment Therapy for Depression, and Motivational Interviewing, and he is a national consultant for the VA in Motivational Interviewing and Motivational Enhancement Therapy as part of the VA Central Office Initiative on Disseminating Evidence Based Psychotherapies. He is licensed in Washington State.



**Dawn I. Sternstein, PhD** is the psychologist on the **Marrow Transplant Unit**. She received her PhD in Clinical Psychology from Oklahoma State University and completed her internship at the Department of Veterans Affairs – Vanderbilt University Consortium in 1996. Following internship, she took a postdoctoral position in private practice at Healing Connections, L.L.C., Psychological Services where she later became the Assistant Director before moving to Seattle in 1998 to accept her current position. She has been licensed as a psychologist in Tennessee since 1998. Outside of the VAMC, Dr. Sternstein is a certified teacher of Dharma Mittra Yoga and AcroYoga.

**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 a day a week to clinical work. She currently has two R01s from NIAAA: 1) a randomized double-blind placebo controlled trial of prazosin for alcohol dependence that is based on promising pilot results, and 2) a randomized clinical trial comparing Cognitive Processing Therapy and Relapse Prevention Treatment to assessment only for individuals with comorbid PTSD and alcohol dependence. 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. All three 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. She and her colleagues are also undertaking a meta-analysis of the mindfulness/acceptance treatment outcome literature with regard to substance use disorders. Dr. Simpson has additional data sets available for secondary analyses. She is available to supervise research details.

**Kristen Strack, PhD** is the **Mental Health Local Recovery Coordinator (LRC)**. She works primarily in the **General Psychiatry Inpatient Unit (7E)**. She received her doctorate in Clinical Psychology from the University of Mississippi in 2008 and completed her internship at Fulton State Hospital in 2008. She completed her postdoctoral fellowship in psychosocial rehabilitation and recovery at the Palo Alto VA Healthcare System in 2009. She is licensed in the state of Washington. Her responsibilities on the General Psychiatry Inpatient Unit include group psychotherapy, brief individual psychotherapy, staff training, and program development and evaluation. Her theoretical orientation is primarily cognitive-behavioral. Her interests include psychosocial rehabilitation for individuals with serious mental illness, cognitive-behavioral therapy for psychosis, systems change and transformation, and implementation of the recovery model in mental health services.

**Sara Smucker Barnwell, PhD** is a clinical psychologist and oversees training and education initiatives for the Promoting Access to Telemental Health (PATH) service. 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 and Behavioral Sciences. Dr. Smucker Barnwell's research and clinical interests center on the development and dissemination of empirically based treatments in telehealth.

**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 internship and fellowship training in medical settings. He is licensed in the State of Washington, and provides ethics consultations as a member of the Washington State Psychological Association's Ethics Committee. He also serves on the VAPSHCS Ethics Consultation Service.

**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 **Psychologist with specialty privileging in neuropsychology**, with the Geriatrics Research, Education, and Clinical Center (GRECC), a "Center for Excellence" at the VA Puget Sound Health Care System (VAPSHCS). She is also cross-appointed as 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 her internship at Brown University. She completed a two-year postdoctoral fellowship in neuropsychology at Northwestern. Dr. Trittschuh's clinical interest is the early diagnosis of neurodegenerative disease. Her research interests are in the prevalence/incidence of Mild Cognitive Impairment, longitudinal studies of aging, and provision of dementia education. She is currently Co-Chair of the Psychology Professional Standards Board and a member of the IRB for VAPSHCS. 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, particularly younger OIF/OEF Veterans with comorbid traumatic brain injury history and PTSD. Williams is the site PI of CO-I for several intervention studies, including a telephone-based CBT intervention for pain management, and a self-management class for Veterans with new limb loss. She is actively developing a peer mentorship program within Polytrauma

## ***Trainees***

Recent interns have attended the following doctoral programs:

Arizona State University  
Brigham Young University  
Catholic University  
Emory University  
Florida State University  
Oklahoma State University  
San Diego State University/UC San Diego  
Seton Hall  
Syracuse University  
Temple University  
University of Alabama  
University of Arizona  
University of British Columbia  
University of California, Los Angeles  
University of Florida, Gainesville  
University of Iowa  
University of Maryland, College Park  
University of Miami  
University of Montana  
University of Nebraska-Lincoln  
University of Nevada – Reno  
University of North Carolina, Chapel Hill  
University of Rhode Island  
University of South Florida  
University of Tennessee  
University of Texas – Austin  
University of Utah  
University of Washington

University of Wisconsin – Madison  
University of Wyoming

### ***Local Information***

A less conventional benefit is the opportunity to live in Seattle -- one of the most physically beautiful, socially tolerant and culturally 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 a city with a vital urban core, surrounded by small neighborhoods with distinct personalities. Cultural activities include mainstream and fringe theaters, dance, ballet, opera, visual art, and a thriving music and club scene. Seattle is home to the Mariners, Seahawks, and Sounders Soccer. Recreational opportunities are too numerous to mention but include hiking, backpacking, mountain climbing, downhill and cross-country skiing, bicycling, kayaking, sailing, fishing, and more. The Seattle metropolitan area is home to more than 2 million people, and is known for the beauty of its setting and the accepting attitudes of its citizens.