# Table of Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychology Postdoctoral Residency</td>
<td>3</td>
</tr>
<tr>
<td>Accreditation Status</td>
<td>3</td>
</tr>
<tr>
<td>APPIC Member Status</td>
<td>3</td>
</tr>
<tr>
<td>Training Setting</td>
<td>4</td>
</tr>
<tr>
<td>Residency Program Tables</td>
<td>7</td>
</tr>
<tr>
<td>Didactic Experiences and Administrative Opportunities</td>
<td>16</td>
</tr>
<tr>
<td>Eligibility</td>
<td>17</td>
</tr>
<tr>
<td>Selection Process</td>
<td>17</td>
</tr>
<tr>
<td>Interview Process</td>
<td>17</td>
</tr>
<tr>
<td>Stipend and Benefits</td>
<td>18</td>
</tr>
<tr>
<td>APPLICATION PROCEDURES</td>
<td>18</td>
</tr>
<tr>
<td>Psychology Training Program Residency Rotations</td>
<td>31</td>
</tr>
<tr>
<td>Psychology Training Program Staff</td>
<td>46</td>
</tr>
</tbody>
</table>
One-Year Residency in Clinical Psychology

APPLICATIONS DUE: DECEMBER 18, 2017 11:59 (CST)

Accreditation Status
The psychology residency at the Michael E. DeBakey VA Medical Center (MEDVAMC) is fully accredited by the Commission on Accreditation (CoA) of the American Psychological Association (APA). Our next site visit is scheduled to be held in 2027. The MEDVAMC Psychology Training Program subscribes fully to the guidelines and principles set forth by the APA. The APA Code of Ethics provides another important guiding structure for our professional conduct.

Questions related to the program’s accredited status should be directed to the Commission on Accreditation:

Office of Program Consultation and Accreditation
American Psychological Association
750 1st Street, NE, Washington, DC 20002
Phone (202) 336-5979/ E-mail: apaaccred@apa.org
Web: www.apa.org/ed/accreditation

APPIC Member Status
The internship at MEDVAMC is an APPIC member program. Questions related to the membership status of the program should be directed to APPIC Central Office:

APPIC Central Office
17225 El Camino Real, Suite #170
Houston, TX 77058
E-mail: appic@appic.org
Phone: (832) 284-4080
Fax: (832) 284-4079
Psychology Residency Overview

Training Setting

The Michael E. DeBakey Veterans Affairs Medical Center (MEDVAMC) is a federally funded teaching hospital dedicated to clinical care, education, research. As a member institution of the Texas Medical Center, the world’s largest integrated health care system, the Michael E. DeBakey VA Medical Center (MEDVAMC) provides comprehensive outpatient and inpatient services, including acute and residential treatment programs, to Veterans in southeast Texas. Including its outpatient clinics located in the neighboring areas of Beaumont, Conroe, Galveston, Houston, Katy, Lufkin, Richmond, Tomball and Texas City, MEDVAMC logged more than 1.1 million outpatient visits during the 2015 fiscal year. The MEDVAMC serves a predominately Caucasian and African American, male population. Approximately 7% of the Veterans served are women and 65% are returning Veterans from Operation Iraqi Freedom and Operation Enduring Freedom.

Located on a 118-acre campus and built in 1991, MEDVAMC is a state-of-the-art facility with 357 acute care beds, a 40-bed Spinal Cord Injury Center, and a 141-bed Community Living Center. Veterans from around the country are referred to the MEDVAMC for specialized diagnostic care, radiation therapy, surgery, and medical treatment including cardiovascular surgery, gastrointestinal endoscopy, nuclear medicine, ophthalmology, and treatment of spinal cord injury and diseases. The MEDVAMC is one of few sites in the country to house specialized residential treatment programs specifically for women Veterans and returning male Veterans with posttraumatic stress disorder (PSTD). Veterans from other states within our catchment area (e.g., Oklahoma, Arkansas) attend these specialized treatment programs. The MEDVAMC is also home to many nationally recognized programs including, a Spinal Cord Injuries and Disorders System of Care Hub site for the south Central VA Health Care Network; Network Polytrauma Center; an award-winning Cardiac and General Surgery Program; VA Epilepsy and Cancer Centers of Excellence; Health Services Research & Development Center of Innovation; Mental Illness Research, Education and Clinical Center; and one of the VA’s six Parkinson’s Disease Research, Education, and Clinical Centers. The MEDVAMC also has several mental health specialty care programs, including a Substance Use Treatment Program; PTSD Specialty Clinic with a Sexual Trauma Track for men and women Veterans; and the Women’s Center in Primary Care.

Over 4,500 health care professionals provide high quality care to our Veterans. For more than 50 years, the MEDVAMC has provided clinical training for health care professionals through our major affiliate, Baylor College of Medicine (BCM). MEDVAMC operates one of the largest VA residency programs in the country with 269.7 slots in 40 sub-specialties. Each academic year, almost 2,000 students are trained through 144 affiliation agreements with institutions of higher learning in 19 states. Students from allied health professions such as psychology, nursing, dietetics, pharmacy, social work, occupational therapy, physician assistants, and a wide variety of medical specialties receive training here each year.
The MEDVAMC has received national awards and honors including accreditation from Joint Commission for hospital, long-term care, behavioral health care, home care, and substance abuse. In early 2014, the MEDVAMC was awarded re-designation for Magnet Recognition for Excellence in Nursing Services by the American Nurses Credentialing Center. In 2011, the medical center’s Pathology and Laboratory Medicine was awarded accreditation by the Accreditation Committee of the College of American Pathologists and its Psychosocial Rehabilitation and Recovery Center was awarded a 3-year accreditation by Rehabilitation Accreditation Commission (CARF). The MEDVAMC earned the Gold Seal of Approval in 2011 from the Joint Commission as an Advanced Primary Stroke Center. The MEDVAMC is the first VA medical center with this designation. The Psychology Internship and Clinical Residency programs at MEDVAMC are fully accredited by the American Psychological Association (APA) Commission on Accreditation, and in 2012, the Clinical Neuropsychology Postdoctoral Program was awarded APA specialty accreditation. The MEDVAMC’s Health Care for Homeless Veterans, and Vocational Rehabilitation Programs; Comprehensive Integrated Inpatient Rehabilitation Program; and Inpatient and Outpatient Amputee System of Care Program were all awarded 3-year accreditations by CARF.

Research conducted by MEDVAMC staff ensures Veterans access to cutting-edge medical and health care technology. With 615 active research projects, the MEDVAMC Research & Development (R&D) Program is an integral part of the medical center’s mission and plays an important role in the health care Veterans receive. The production of new knowledge, techniques, and products has led to improved prevention, diagnosis, treatment, and control of disease. In 2012, the Center for Health Services Research and Development (HSR&D) was selected by VA as one of six sites for a Collaborative Research to Enhance and Advance Transformation and Excellence initiative, which is a collaborative effort with a wide variety of VA system partners to address high-priority, VA system-wide issues. VA is a leader in many areas of research and participates in national research initiatives such as The Million Veteran Program (MVP) and the Network of Dedicated Enrollment Sites (NODES), one of ten NODES Centers funded throughout the country to increase the efficiency of local coordination of the VA Cooperative Study Program (CSP) studies at MEDVAMC. The MEDVAMC Neurorehabilitation: Neurons to Networks (N:N2N) Traumatic Brain Injury (TBI) Center of Excellence is dedicated to investigating brain injury and deployment-related conditions among service members and Veterans deployed to Iraq and Afghanistan.

The Mental Health Care Line (MHCL) is the predominant area in which psychology residents complete rotations throughout the year. The Care Line is organized into mental health programs as the primary management structure. Programs within the Care Line serve specific mental health patient populations, with particular attention to populations of special interest to VA. Specific programs include: General Mental Health Outpatient Clinic; PTSD Specialty Clinic; Mental Health Community Integration Program, Substance Dependence Treatment Program, and Health Care for Homeless Veterans. Inpatient programs consist of an acute care unit and inpatient care for older adults. Residential programs include the Women’s Inpatient Specialty Evaluation and Recovery and the Returning OEF/OIF Veterans Environment of Recovery.
programs. The MHCL offers comprehensive mental health services to eligible Veterans in a variety of inpatient and outpatient settings.

The MEDVAMC sponsors hospital-wide programs to increase awareness and understanding of culturally diverse populations. The Multicultural Diversity Subcommittee (MDSC) of the Psychology Training Program develops stimulating didactic/experiential training opportunities that are informed by the empirical literature, for our trainees. Professional development seminars and workshops (e.g., preparing for licensure, applying for post-docs and jobs) are timed throughout the year in accordance with the developmental milestones expected during the training year. The MDSC also sponsors a Mentoring Program in which students may choose a staff or post-doc to provide mentoring for a broad range of issues throughout the year. Residents have the opportunity to participate in the Mentoring program both as mentees and mentors to junior-level trainees. The MEDVAMC has an active EEO Program and sponsors hospital-wide programs such as: Houston Hispanic Career Day Forum, Black and Hispanic Mentoring Programs, Cultural Diversity Training, and various celebrations and ethnic heritage programs.

Within the hospital, an active program of medical and clinical research is conducted that is designed to explore problems on all frontiers of medical science. Animal laboratories, special facilities for observation and study in the behavioral sciences, and clinical trial research in PTSD and other mental health issues are examples of the available opportunities for research.

The MEDVAMC has a small library with computerized links to a network of virtual library resources. The Jesse Jones Library located within the Texas Medical Center is equipped with reference books and current journals in the medical sciences, psychology, and other related disciplines. The MEDVAMC is near other hospitals within the Texas Medical Center and several teaching institutions, including Rice University and University of Houston.

Our Medical Center is conveniently located near several residential areas, and an excellent choice of affordable rental apartments or houses is available. Houston is often listed as one of the nation’s most affordable cities to live in, with many urban attractions, museums, parks, zoo, and a vibrant and diverse restaurant scene. For sports aficionados, Houston hosts the Texans, Astros, Rockets, and Dynamo sports teams. Houston is also the home of the Johnson Space Center, NASA’s mission control center of many space missions, including the Orion mission to Mars.
Postdoctoral Program Admissions

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

We use a "goodness of fit" model in selecting Residents, and look for applicants whose training backgrounds and interests are consistent with the scientist-practitioner model. Applicants are pre-screened based on the quality and strength of their previous training and how well their stated interests fit the goals and objectives of our residency program. Specifically, we seek applicants who have a solid breadth of intervention and assessment experience, and appropriate depth and cultural sensitivity in these skills as it relates to their chosen emphasis area; a solid background in research with evidence of scholarly productivity; experience with empirically supported interventions; and prior experience working in VA settings.

The MEDVAMC is an Equal Opportunity Employer, and the Psychology Training Program is committed to ensuring a range of diversity among our trainees. We select candidates representing different ethnic/racial backgrounds, sexual orientations, disabilities, geographic locations, and life experiences.

**Describe any other required minimum criteria used to screen applicants:**

Qualifications for the postdoctoral residency include: U.S. citizenship, as per nation-wide VA guidelines; successful completion of an APA or CPA accredited internship and academic program; earned a Ph.D. or Psy.D. in clinical or counseling psychology; and applicants’ dissertation must be completed, or expected to be completed, by the beginning of the postdoctoral training year (August 20, 2018).

Appointment is also contingent upon successfully passing standard federal employment screening (e.g., security background check, passing employment physical, electronic fingerprinting, etc.). Prior to starting, Residents are required to have immunizations (or proof of immunity) for measles, mumps, rubella, and varicella. 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.
Financial and Other Benefit Support for Upcoming Training Year

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<th>Financial Support</th>
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<tr>
<td>Annual Stipend/Salary for Half-time Residents</td>
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Program provides access to medical insurance for Resident?

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<tbody>
<tr>
<td>Yes/No</td>
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<td>No</td>
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If access to medical insurance is provided:

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<td>No</td>
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<tr>
<td>Yes/No</td>
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<td>No</td>
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<tr>
<td>Yes/No</td>
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Hours of Annual Paid Personal Time Off (PTO and/or Vacation)

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<tbody>
<tr>
<td>Hours of Annual Paid Sick Leave</td>
<td>104</td>
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In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?

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<tr>
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<tbody>
<tr>
<td>Yes/No</td>
<td>Yes*</td>
<td>No</td>
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Other Benefits (please describe): *Determined on a case by case basis

Initial Post-Residency Positions

(Provide an Aggregate Tally for the Preceding 3 Cohorts)

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<tbody>
<tr>
<td>Total # of residents who were in the 3 cohorts</td>
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</tr>
<tr>
<td>Total # of residents who remain in training in the residency program</td>
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<tr>
<td>Community mental health center</td>
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<tr>
<td>Federally qualified health center</td>
<td>NA</td>
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<tr>
<td>Independent primary care facility/clinic</td>
<td>NA</td>
</tr>
<tr>
<td>University counseling center</td>
<td>NA</td>
</tr>
<tr>
<td>Veterans Affairs medical center</td>
<td>NA</td>
</tr>
<tr>
<td>Military health center</td>
<td>NA</td>
</tr>
<tr>
<td>Academic health center</td>
<td>NA</td>
</tr>
<tr>
<td>Other medical center or hospital</td>
<td>NA</td>
</tr>
<tr>
<td>Psychiatric hospital</td>
<td>NA</td>
</tr>
<tr>
<td>Academic university/department</td>
<td>NA</td>
</tr>
<tr>
<td>Community college or other teaching setting</td>
<td>NA</td>
</tr>
<tr>
<td>Independent research institution</td>
<td>NA</td>
</tr>
<tr>
<td>Correctional facility</td>
<td>NA</td>
</tr>
<tr>
<td>School district/system</td>
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Introduction

The Postdoctoral Residency Program in Clinical Psychology is administered by the Psychology Training Program which is part of the Psychology Practice at the MEDVAMC. There are currently seven clinical residency positions distributed across the clinical focus areas of Trauma/Anxiety Disorders (Preceptors: Helen (Minette) Beckner, Ph.D., Ashley Clinton, Ph.D., Nancy Jo Dunn, Ph.D.), Serious Mental Illness (Preceptors: Amy Cuellar, Ph.D., Justin Springer, Ph.D.), Primary Care Mental Health Integration (Preceptor: Paul Sloan, Ph.D.), General Mental Health (Preceptor: Jennifer O’Neil, Ph.D.), and LGBT (Preceptor: Michael Kauth, Ph.D.). The Trauma/Anxiety, SMI, Primary Care, GMH, LGBT Residency emphasis areas have a one year training term. The Postdoctoral Residency in Clinical Psychology is APA accredited.

We also have a two-year Neuropsychology Specialty Residency Program which offers four positions. This program is directed by Robert Collins, Ph.D., ABPP-CN. The Neuropsychology Residency is separately accredited by APA as a neuropsychology specialty. For specific information about the Clinical Neuropsychology Residency, please refer to the Clinical Neuropsychology brochure, which can be accessed through a link provided on the home page for psychology training.
Training Model and Program Philosophy

The Psychology Residency Program is based on a scientist-practitioner model of training. Residents are expected to engage in clinical and didactic training 80% of their time and be actively involved in research 20% of the time. We view research and scholarly activities as informing and directing clinical practice, and clinical practice, in turn, guiding research questions and activities. We view the vital inter-dependence of science and practice in clinical psychology as a core principle upon which the training system is structured. Whereas our internship program is designed to provide a broad range of clinical experiences, the Residency program aims to prepare Residents for an advanced level of competency through focused training experiences in the clinical applications of psychology. This model of training fully supports the mission of the Department of Veteran’s Affairs by providing training and research opportunities that further the quality of clinical care provided to Veterans.

Goals and Competencies

The primary goal of the MEDVAMC Psychology Residency Program is to provide a foundation in advanced clinical service delivery (and other relevant professional skill areas) in preparing our Residents to become licensed psychologists qualified to work in public sector medical settings. This is accomplished by providing a systematic and sequenced program for developing advanced skills that expand and build upon the existing knowledge bases developed during graduate and internship training. By the completion of their training term, Residents will have the preparation necessary to function as autonomous professional psychologists in a variety of settings, including VA medical centers and other public sector environments. The eight competencies of the Residency include advanced skills in: (1) Research/Scholarly Work; (2) Ethical and Legal Standards; (3) Individual and Cultural Diversity; (4) Professional Values, Attitudes, and Behaviors; (5) Communication and Interpersonnel Skills; (6) Assessment; (7) Intervention; and (8) Consultation and Interprofessional/Interdisciplinary Skills.

Individualized Training Plan (ITP)

During the first week of training, preceptors meet with Residents to discuss potential rotation options based on the Resident’s interests and needs. Over the next two weeks, Residents, in consultation with their preceptors, will create an individualized training plan (ITP) and subsequently present the ITP to the Postdoctoral Steering Committee (consisting of the Training Director, select members of the Psychology Training Committee, including focus area Preceptors) for approval. In addition to determining the arrangement of rotations across the training term, Residents must allow for time to engage in research activity (up to 8 hours per week) and regularly scheduled didactics. As per APA guidelines, Residents will receive a minimum of 4 hours of supervision per week, with a minimum of 2 hours of individual supervision per week provided by a psychologist. In this manner we view the ITP as a negotiated document that outlines the primary means by which 1) Residents will meet the
goals of the training program as well as 2) ensuring that the training experiences will meet the needs of the Resident.

The initial training plan outlined on the ITP is not necessarily final, and Residents can petition for changes later in the training term in accordance with their interests and training needs. The Postdoctoral Steering Committee will review the ITP at regularly scheduled intervals to ensure training is proceeding in accordance with Residency guidelines. In addition, the Steering Committee may, at any time, require changes in a Resident’s schedule to address deficits in core competency areas that are identified through the evaluation process.

A sample ITP can be found in the Appendix. The ITP outlines the eight training competencies across all focus areas (in addition to two competencies from the Guidelines & Principles of Accreditation) and includes methods for attaining advanced knowledge and skills in these areas.

Successful performance across competency areas is assessed by supervisory ratings on Resident evaluation instruments. Residents are also required to present a competency demonstration toward the end of their training year. The specific objectives for each clinical emphasis and specialty area are listed in the following sections.

**Resident Evaluations and Program Feedback**

Residents are expected to evaluate the quality of their supervisory and preceptor experience at the end of each rotation by completing evaluation forms. These forms should be submitted to the Training Director, who will then review the ratings and to monitor the quality of the supervisory experience. Situations in which supervisors/preceptors receive a consistent pattern of low ratings (i.e., below "3") will be addressed by the Training Director.

Residents are also expected to provide program feedback during their Residency and during their exit interview with the Training Director. Residents are also asked to complete hospital-wide surveys monitoring the quality of education and training.

**Competencies for Clinical Psychology Residency**

1. **Research/Scholarly Work** - Residents are expected to engage in ongoing scholarly inquiry as it relates to their clinical work. This includes consulting the literature and integrating relevant theories and practices generated from empirically derived data into the psychological services they provide to patients. It is expected that residents will be actively and productively involved in research and program evaluation related to mental illness and health.

2. **Ethical and Legal Standards** - Residents are expected to respond professionally in increasingly complex situations with a greater degree of independence across levels of training including knowledge and in accordance with the APA Code and relevant laws, regulations, rules, policies, standards, and guidelines.
3. **Individual and Cultural Diversity** - Residents are expected to develop depth and breadth in the understanding and knowledge of issues pertaining to diversity across the training year. Appreciation of the broad issues of diversity is an important competency that is required for adequate professional conduct in every aspect of psychological endeavor. Residents should demonstrate understanding of how self and others are shaped by cultural diversity and context and effectively apply this knowledge in professional interactions including assessment, treatment, and consultation.

4. **Professional Values, Attitudes, and Behaviors** - Residents should demonstrate continued professional growth, which includes movement toward licensure, production of scholarly material, participation in professional activities (e.g., attendance at regional and national conferences), and progress toward securing a position subsequent to completion of residency training. Residents are expected to exhibit professionalism in all endeavors and across settings.

5. **Communication and Interpersonal Skills** - Residents should demonstrate effective communication skills and the ability to develop and maintain successful professional relationships.

6. **Assessment** - Residents are expected to assess patient’s needs and assets accurately and develop advanced diagnostic formulations relevant to offering the most effective treatment. Greater depth of assessment skill is expected within the resident’s focus area. Residents are expected to develop more refined abilities to respond to referrals for assessment by selecting, administering and interpreting a set of assessment instruments that are pertinent to answering complex referral questions from members of the interdisciplinary team. Evaluations will provide a diagnostic opinion, discuss both assets and limitations in the person’s overall functioning and offer recommendations relevant to intervention planning, as appropriate. Assessment should reflect a sensitivity to cultural and diversity issues. Residents should communicate findings in a manner appropriate to an interdisciplinary setting.

7. **Intervention** - Residents are expected to demonstrate a capacity to work effectively with a broad range of patients with diverse treatment needs and concerns. This includes gaining knowledge and experience in providing evidence-based treatments to specific populations, particularly in the resident’s focus area. Therapeutic modalities may include individual and group therapy. The resident is expected to be aware of diversity issues as they impact on the selection and implementation of therapeutic interventions.

8. **Consultation and Interprofessional/Interdisciplinary Skills** - Residents are expected to reflect the intentional collaboration of professionals in health service psychology with other individuals or groups to address a problem, seek or share knowledge, or promote effectiveness in professional activities. These skills may be demonstrated through direct or simulated consultation opportunities.
Minimum Levels of Achievement

The program has several “exit criteria” or requirements for successful residency completion. Acceptable competency and performance levels must be demonstrated in the multiple areas which supervisors rate at the end of each quarter (see Resident Quarterly Evaluation Form and relevant training standards in the Appendix).

In order for Residents to maintain good standing in the program they must:

• At the conclusion of the first quarter, a resident must achieve a minimum rating of “2” [full competency, typical of residents at the beginning of the training year; sound critical thinking and judgment is evidenced; consultation needed only on complicated or specialized areas] or higher on all items in each competency area. Any ratings of “1” [basic-to-intermediate levels of competency, typical of interns in the early part of the training year; further growth is needed; regular supervision required on challenging cases and in new skills areas] will trigger a remediation plan.

• At the conclusion of the second quarter, a resident must achieve a minimum rating of “3” [full-to-advanced levels of competency typical of residents in the middle of the training year; sound critical thinking and judgment is evidenced overall; some consultation needed only on complicated or specialized areas] or higher on the majority of items in each competency area. Any competency areas in which the majority of ratings are “2” or any item ratings of “1” will trigger a remediation plan.

• At the conclusion of the third quarter, a resident must achieve a minimum rating of “3” or higher on all items in each competency area. Any ratings of “1” or “2” will trigger a remediation plan.

• To complete the residency program successfully, a resident must achieve a minimum rating of “4” [advanced levels of competency typical of residents at the end of the training year; sound critical thinking and judgment consistently evidenced; little consultation need only on very complicated or specialized areas] or higher on all items in each competency area. Ratings of “4” or higher indicate advanced levels of competency.

• Not be found to have engaged in any significant unethical behavior.

In order for Residents to complete the program successfully, they must:

• Complete the one-year training term in no less than 12 months.

• By the end of the last training quarter, obtain ratings of at least a “4” [advanced levels of competency typical of residents at the end of the training year; sound critical thinking and judgment consistently evidenced; little consultation need only on very complicated or specialized areas] for all competencies on the Resident Quarterly Evaluation Form.

• Successfully pass the Competency Demonstration in Intervention by obtaining ratings of at least a “4” on the Intervention Competency Demonstration Evaluation Form.

• Not be found to have engaged in any significant unethical behavior.
Failure to demonstrate minimal competency across quarterly evaluations as defined above, will require successful remediation with supervision assistance and training committee monitoring (see relevant training standard in the Appendix). Other completion requirements include a separate competency demonstration in intervention conducted toward the end of the year. Residents select a work sample of a therapy case within their focus areas to present to staff and peers and are rated in articulated competencies. Ratings on any item below a “4” [advanced levels of competency typical of residents at the end of the training year; sound critical thinking and judgment consistently evidenced; little consultation need only on very complicated or specialized areas] will require successful remedial action and one opportunity to repeat the competency demonstration (see competency demonstration rating standards in the Appendix). The evaluation of Residents, staff, and the program is a continuous and reciprocal process promoting positive development. Residents are asked to offer verbal feedback on ideas for program refinement throughout the year. Supervisors are evaluated formally at 3 month intervals (see supervisor evaluation form in the Appendix) and the program is evaluated at year’s end (see relevant rating in the Appendix).

Formal problem identification and resolution guidelines are in place as are grievance procedures and due process provisions (see Appendix). APA ethical principles of mutual respect and courtesy are key aspects of problem resolution along with an environment supporting open communication and early approach versus avoidance of areas of disagreement. Training leadership at all levels sincerely and strongly encourages an “open door policy in the entire problem arena whether it be a personal difficulty or a perceived problem with the program. To date, we have an excellent track record of rapidly resolving problems at the most proximal levels. Through rarely required in our experience, formal grievance procedures, student sanction guidelines and due process provisions are included in the Appendix.

Program Overview

In order to meet the goals of the program, Residents are required to spend a minimum of 50% (20 hours/week) time throughout the training year in their focus areas. Focus areas often encompass several different training rotations, which will provide Residents depth of training across different settings and allow them to work different supervisors. For most focus areas, the duration of the major rotation will typically span 6 months (e.g., PTSD Clinical Team, Psychosocial Rehabilitation and Recovery Center; General Mental Health Clinic) whereas some major rotations within each focus area will span 3 months (e.g., ROVER, PCMHI, PTSD/SUDS). Residents may also elect minor rotations, which are typically areas outside of their focus areas, for a maximum of 20% time throughout the training year. The duration of minor rotations is 3-months (8 hours/week) and may be extended for an additional 3-months, based on availability. Below are sample configurations for each Resident focus area:
The Training Director, who works closely with the Assistant Training Director, Senior Psychology Leader, and other training committee members, leads the Psychology Training Program. A Postdoctoral Steering Committee is established under the Training Committee, and Steering Committee meetings are held once per month, with additional meetings scheduled as needed. Although the Training Director supervises the day-to-day workings of the Residency, the Training Committee, with input from the Postdoctoral Steering Committee, makes all major program decisions including Resident selection and ranking, evaluation, and monitoring of progress (in consultation with the Senior Psychology leader as appropriate). All Residents meet monthly with the training directors to provide feedback and suggestions as well as being updated on any program and/or service information. Residents also complete formal evaluations of each rotation supervisor’s role in their training. Training leadership and other supervisors have an “open door policy” regarding disagreements, problems and opportunities for improvement at any time during the training year. We would like to encourage you to take advantage of this “open door” policy at any time. It is particularly encouraged that this be done as early as possible when a problem is identified as satisfactory resolutions are typically more likely at the earlier stages in the process.

The Residency offers several didactic opportunities, including a year-long advanced seminar series covering a broad range of practice-relevant issues in assessment, interventions, and professional development (see Appendix for schedule). A national Diversity Seminar Series is hosted monthly using video-teleconferencing with several other VA Residency Programs across the country. There is also a monthly Diversity Journal Club meeting, where Residents rotate taking the lead to facilitate a discussion on a diversity topic of their choosing. Residents within each focus area will also have opportunities to attend additional seminars, journal clubs, and related case conferences specific to the focus area.

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<thead>
<tr>
<th>Month</th>
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<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
<th>Jan</th>
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The patient population at the MEDVAMC is quite diverse and is reflective of the rich diversity of the city of Houston. Patients come from various cultural, ethnic, and socioeconomic backgrounds, range from young to older adults, and have varied psychiatric and physical disabilities. Thus, one goal of the Residency program is to help Residents enhance their awareness, appreciation, and understanding of diversity issues related to patient care and allow Residents ample opportunities to work with patients from various backgrounds. A wide selection of rotations, opportunities to work in outpatient and inpatient units and to conduct individual and group psychotherapy, weekly training seminars, close supervision, case conferences and unit staff meetings, and regularly scheduled mental health and hospital-wide conferences provide opportunities for Residents to gain the skills necessary to work effectively with diverse patient populations.

Didactic Experiences and Administrative Opportunities

All Residents participate in regular training and didactic opportunities including weekly Resident seminars addressing advanced psychotherapy, assessment, professional development, and other related training topics, Baylor College of Medicine Psychiatry Grand Rounds, interdisciplinary MEDVAMC Mental Health Conferences, and multicultural/diversity training activities. A strength of our program is in multicultural and diversity training. Our Multicultural and Diversity Sub-Committee (MDSC), fosters increased multicultural competence through Resident-led diversity journal clubs, participation in the National VA Diversity video/teleconferencing series, staff heritage-exploration meals, a yearly Diversity conference, and regular cultural immersion outings. The MDSC also sponsors a mentorship match program, in which Residents can be paired with staff psychologist mentors to facilitate personal and professional growth throughout the year. Residents with interest in diversity issues may apply to participate as a committee member on the MDSC. Additional administrative opportunities include serving as a Resident-Representative on the Post-doctoral Steering Committee and other major and minor rotations that can be developed with the Resident’s training plan.
Application & Selection Procedures

Eligibility
Qualifications for the postdoctoral residency include: U.S. citizenship, as per nation-wide VA guidelines; successful completion of an APA or CPA accredited internship and academic program; earned a Ph.D. or Psy.D. in clinical or counseling psychology; and applicants’ dissertation must be completed, or expected to be completed, by the beginning of the postdoctoral training year (August 20, 2018).

Appointment is also contingent upon successfully passing standard federal employment screening (e.g., security background check, passing employment physical, electronic fingerprinting, etc.). Prior to starting, Residents are required to have immunizations (or proof of immunity) for measles, mumps, rubella, and varicella. 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 Residency and fit the above criteria, you will have to sign it.

Selection Process
All complete applications received by the deadline will be reviewed by members of the Postdoctoral Steering Committee, including preceptors. We use a "goodness of fit" model in selecting Residents, and look for applicants whose training backgrounds and interests are consistent with the scientist-practitioner model. Applicants are pre-screened based on the quality and strength of their previous training and how well their stated interests fit the goals and objectives of our residency program. Specifically, we seek applicants who have a solid breadth of intervention and assessment experience, and appropriate depth and cultural sensitivity in these skills as it relates to their chosen emphasis area; a solid background in research with evidence of scholarly productivity; experience with empirically supported interventions; and prior experience working in VA settings.

Qualified applicants who appear to be a "good fit" with our training program will be invited to interview with our selection committee consisting of training leadership, residency preceptors, and current Residents. The MEDVAMC is an Equal Opportunity Employer, and the Psychology Training Program is committed to ensuring a range of diversity among our trainees. We select candidates representing different ethnic/racial backgrounds, sexual orientations, disabilities, geographic locations, and life experiences.

Interview Process
We strongly encourage on-site interviews and typically do not conduct telephone interviews. This year, applicants will be notified of selection results on February 27, 2017. Full-day interviews will be conducted on the following dates: Jan. 29, Feb. 2, and Feb. 5, 2018. They will include a meeting and orientation with training leadership and interviews with different psychology staff members, including preceptors and current Residents. Applicants with a
disability who require accommodations for the application process or interview are encouraged to contact the Training Director to discuss their needs. We will make reasonable accommodations upon request. General questions regarding the residency should be directed to the Training Director or Assistant Training Director.

**Stipend and Benefits**

Stipend and benefits are competitive with similar training programs nationally and consistent with VA personnel policies. The salary for all first-year Residents is set at $47,771 by VA Central Office. Residents are expected to work full-time, accruing 2080 hours per year. Benefits include 10 federal holidays, plus sick and annual leave accrual totaling 26 days for the year and reasonably priced medical insurance. Residents are granted up to seven days of authorized absence for professional conferences and approved educational activities. The Residency also provides a faculty appointment at the level of Instructor at Baylor College of Medicine in the Department of Psychiatry and Behavioral Sciences.

**APPLICATION PROCEDURES**

Click on the following link to access the [APPA CAS](https://www.appic.org/applications/applications.html) (APPIC Psychology Postdoctoral Application), a service of the Association of Psychology Postdoctoral and Internship Centers (APPIC). Complete the basic demographic, education, clinical training information and transcripts required of all applicants for all APPA CAS programs. Then select the appropriate programs (focus area) within the MEDVAMC residency program. APPA CAS allows you to request letters of recommendation electronically, which are then uploaded by the letter writer. Note: APA CAS refers to letters of recommendation as “Evaluations.” More instructions can be found within the APPA CAS website.

**Please submit (upload to APPA CAS) the following application materials. Applications are due by December 18, 2017 11:59 PM (CST).**

1. An official graduate transcript.
2. A complete, up-to-date curriculum vitae.
3. A cover letter describing your career goals, clinical, and research interests. Be sure to include information pertaining to your experience with interventions, psychological assessment, and your research experience. If you are applying to more than one clinical focus area, please submit a separate cover letter for each focus area.
4. Three letters of recommendation from professionals familiar with your clinical training and background (at least one letter must be from an internship supervisor).
5. If not included as one of your three recommendation letters, please submit a separate letter from your dissertation chair regarding dissertation status and anticipated completion date.

The Michael E. DeBakey VAMC Psychology Training Faculty appreciates your interest in our programs and wishes you the best in your professional development in psychology. For
general inquiries, please e-mail VHAHOUMHCLPsychologyTraining@va.gov. If you have further questions or comments, please do not hesitate to contact the following individuals:

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Ellen.Teng@va.gov

**Ashley Clinton, Ph.D.**  
Assistant Director, Psychology Training  
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Ashley.Clinton@va.gov

**Ms. Tina Herron**  
Program Support Assistant  
Psychology Training  
(713) 791-1414 ext. 23594  
Tina.Herron@va.gov
Overview

The Serious Mental Illness emphasis area provides training opportunities to Residents in developing advanced knowledge of theoretical models and empirical studies related to the etiology, epidemiology, and evidence-based interventions for Veterans with major affective disorders, severe schizophrenic spectrum disorders and other chronic psychotic disturbances. Residents learn through direct clinical service delivery and educational seminars to assess, diagnose, and treat persons with serious mental illness, develop knowledge of family systems, comorbidities, and support groups relevant to this patient population. There are also opportunities to engage in program evaluation, research, and administrative experiences. The Resident in the serious mental illness area works with the preceptor throughout the year and typically has rotations of varying lengths with other emphasis supervisors. The Resident must commit a minimum of 50% time throughout the training year to this emphasis area. Additional rotations outside of the emphasis area are encouraged and may be arranged as mutually acceptable with any psychology staff member approved to serve as a supervisor. These additional rotations may not exceed 20% (i.e., 8 hours) of a regular work week. Residents in the SMI emphasis area will gain:

- Knowledge of theoretical models and empirical studies related to the etiology, epidemiology, usual course and efficacious treatment interventions with respect to serious mental illness (i.e., major affective disorders, severe schizophrenic spectrum disorders and other chronic psychotic disturbances).
- Abilities to correctly assess, diagnose, and treat persons with serious mental illness.
- Knowledge of family systems issues relevant to fuller understanding of persons with serious mental illness and modes of intervening systemically in a way that is helpful to family members and the identified patient.
- Knowledge of important co-morbidities (e.g. Substance Abuse, Axis II Disorders) of serious mental illness, and effective treatment planning and intervention skills with these multiply diagnosed patients.
- Knowledge of program evaluation skills with this population translated into program evaluation activities.
- General knowledge of pharmacotherapeutic aspects of treatment.
- Knowledge of and abilities to collaborate with relevant support groups (e.g., National Alliance for the Mentally Ill, relevant 12-step groups) that provide patient/family support and advocacy.
- Awareness of current trends in efficacy research and the latest research findings with respect to best intervention approaches with this population and its various subsets.
- Knowledge of program management and administrative aspects of effective psychological practice.
Site/Resources
The primary training sites for this specialty area occur on our Mental Health Inpatient Units, Psychosocial Rehabilitation & Recovery Center, and General Mental Health Clinic. Residents in this area have the following emphasis area supervisors: Amy Cuellar, Ph.D., Quang (Charlie) Nguyen, Ph.D., Justin Springer, Ph.D., Jennifer O’Neil, Ph.D., and Joyce McKinney, Ph.D. Please see the Training Staff section for supervisor background descriptions.

SMI Residents are responsible for supervised group therapy leadership for Veterans with different types of complicated affective disturbance. Individual therapy cases are also selected from the aforementioned programs. Residents will also provide supervision of interns and practicum students who may serve as co-therapists in the two groups or as individual therapists for patients. This supervision will occur under the supervision of the Resident’s direct supervisor.

Residents choosing a rotation with Dr. Cuellar in the PRRC will have the opportunity to learn how to deliver recovery-oriented services to a population with serious mental illness. Residents will learn and become adept with the principles and application of psychiatric rehabilitation that focuses on helping Veterans achieve self-identified goals for recovery, better psychosocial functioning, and greater integration in their communities. Residents will conduct screening assessments that focus on helping Veterans identify recovery goals, individual recovery coaching sessions to help them problem solve around goal achievement, and psychoeducational and skills-based groups, such as Social Skills Training for Schizophrenia, Illness Management & Recovery, and Wellness Recovery Action Plan development. There may also be an opportunity to engage in research activities.

The Acute Recovery Treatment Environment (ARTE) Inpatient rotation under Dr. Springer provides Residents with exciting opportunities to develop professional skills on the MEDVAMC's primary, 32-bed acute psychiatric specialty unit. During Veteran hospitalization, the primary aims of the unit are to foster and support recovery journeys and to assist Veterans with successful, safe transition to outpatient services. The ARTE inpatient rotation offers Residents opportunities to engage in a variety of ongoing treatment and administrative activities related to delivery of evidence- and recovery-based services to Veterans on the ARTE unit. Clinical responsibilities include involvement in a multi-disciplinary team, treatment planning, development of recovery-based case conceptualization, best practice staff-Veteran interactions, and evidence-based group psychotherapy [e.g., SAMHSA toolkit implementation, CBT for psychosis (CBTp), DBT Skills, and Family Education, Social Skills Training, and Cognitive Rehabilitation]. Clinical opportunities include behavioral assessment, aggression prevention, team feedback, as well as individual psychotherapy consistent with the Veterans' individualized treatment plans and recovery objectives. Additional opportunities include assessment to support decision-making/track Veteran progress, Care Monitoring Meetings, and examination of relevant peer-reviewed literature to improve practices.
Overview

The Trauma/Anxiety Disorders emphasis area provides training opportunities to Residents in developing advanced knowledge of theoretical models and empirical studies related to the etiology, epidemiology, and treatments for Veterans with PTSD and related anxiety problems such as panic disorder. Residents learn through direct clinical service delivery and educational seminars to assess, diagnose, and treat these patient populations. Residents also will advance their understanding of how psychiatric and medical comorbidities impact treatment and learn to incorporate family systems and support groups in treatments with this patient population. There are also opportunities to engage in program evaluation, research, and administrative experiences.

Residents in the Trauma/Anxiety Disorders emphasis area work with the preceptor throughout the year. Residents must commit a minimum of 50% time throughout the training year to this emphasis area. Rotations offered in this emphasis area include: PTSD Clinical Team (PCT), WISER, Returning OEF/OIF Veterans Environment of Recovery Program (ROVER), PTSD/SUDS dual diagnosis, and Sexual Trauma Track. The PCT rotation is required for a 6-month duration and will be staggered across the three Residents to maximize the training experience. The Women's Inpatient Specialty Evaluation & Recovery Program (WISER), ROVER, PTSD/SUDS dual diagnosis, and Sexual Trauma Track (STT) are a 3-month rotation, and Residents have the option of choosing which of these rotations they wish to complete as part of their training in the trauma emphasis area. Additional rotations outside of the emphasis area are encouraged and may be arranged as mutually acceptable with any psychology staff member approved to serve as a supervisor. These additional rotations may not exceed 20% (i.e., 8 hours) of a regular work week. Residents in the trauma emphasis area will work with Veteran populations from the Gulf, Vietnam, and Korean wars, and returning Veterans from Operation Iraqi Freedom/Operation Enduring Freedom/Operation New Dawn (OEF/OIF/OND). Residents in the Trauma/Anxiety Disorders emphasis area will gain:

- Knowledge of theoretical models and empirical studies related to the etiology, epidemiology, usual course and efficacious treatment interventions with respect to PTSD and related anxiety disorders.
- Abilities to correctly assess, diagnose, and treat persons with PTSD and related anxiety disorders.
- Knowledge of family systems issues relevant to fuller understanding of persons with PTSD and related anxiety disorders and modes of intervening systemically in a way that is helpful to family members and the identified patient.
• Knowledge of important co-morbidities (e.g. Substance Abuse, Axis II Disorders) of PTSD and related anxiety disorders, and effective treatment planning and intervention skills with these multiply diagnosed patients.

• Knowledge of program evaluation skills with this population translated into program evaluation activities.

• General knowledge of pharmacotherapeutic aspects of treatment.

• Knowledge of and abilities to collaborate with relevant support groups (e.g., national, regional, and local Veteran’s organizations, relevant 12-step groups) that provide patient/family support and advocacy.

• Awareness of current trends in efficacy research and the latest research findings with respect to best intervention approaches with this population and its various subsets.

• Knowledge of program management and administrative aspects of effective psychological practice.

Site/Resources

PTSD Clinical Team (PCT):
Primary opportunities for this emphasis area are provided through the PTSD Clinical Team (PCT). This program provides specialized care to Veterans with PTSD and related disorders. The PCT is a specialty program that provides evidence-based psychotherapy to Veterans with PTSD. Prolonged exposure and cognitive processing therapy are the primary treatments offered to Veterans in this clinic; however, additional groups are available to Veterans (e.g., nightmare/insomnia, anxiety management for PTSD, meditation, group based exposure therapy). Residents may also have the opportunity to develop a new group that fulfills a clinical need for Veterans served in the PCT. Residents interested in doing this are encouraged to talk with their preceptors and clinical supervisors. The goal of all treatments is to reduce the intensity of symptoms and to maximize social and vocational functioning. Psychiatric comorbidity is common in this patient population and includes anxiety, substance abuse/dependence, mood disorders, personality disorders.

Supervisors:
The primary supervisors for the PTSD emphasis area are Drs. Beckner, Dunn, Hiatt, Phillips, Teng, Thompson, and Williams. Please see the Training Staff section for supervisor background descriptions.

Women’s Inpatient Specialty Evaluation & Recovery Program (WISER)
The Women’s Inpatient Specialty Environment of Recovery (WISER) rotation provides Residents with a unique opportunity to work with women Veterans in a trauma-informed, intensive 4-week long inpatient program. WISER provides comprehensive evaluation and intensive specialized treatment using evidence-based treatments, such as, Dialectical Behavior Therapy Skills, Cognitive Processing Therapy, and Seeking Safety. Residents have the opportunity to: attend treatment team rounds (multidisciplinary meeting with each individual patient on the unit lasting approximately 1.5 hours); co-facilitate and potentially lead a 1.5 hour process group
each day; conduct individual psychotherapy specific to the individualized treatment plan of the Veteran; conduct and interpret psychological evaluations (mini-reports); participate in other evidence-based groups such as Cognitive Processing Therapy, Seeking Safety, and DBT; and participate in research with IRB approved protocols for evaluation of clinical outcomes.

**Returning OEF/OIF Veterans Environment of Recovery Program (ROVER)**
This rotation provides opportunities to work with male combat Veterans from the OEF/OIF era in a trauma-informed, intensive 4-week long inpatient program. This program provides comprehensive evaluation and intensive specialized treatment using evidence-based treatments, such as, Dialectical Behavior Therapy Skills, Cognitive Processing Therapy, and Seeking Safety. ROVER Veterans typically have a diagnosis of PTSD, substance abuse (SUD), interpersonal difficulties and/or personality disorder. Residents will have the opportunity to: Attend Treatment Team Rounds (multidisciplinary meeting with each individual patient on the unit lasting approximately 2 hours); Participate in Treatment Team staffing where patient applications are reviewed for acceptance into the program; Co-facilitate and potentially lead a 1.5 hour process group each day; Conduct individual psychotherapy specific to the individualized treatment plan of the Veteran; Conduct and interpret psychological evaluations (mini-reports); Attend Patient Care Monitoring (Wednesday only); Participate in other evidence-based groups such as Cognitive Processing Therapy, Seeking Safety, and DBT; and participate in research opportunities with protocols for post-treatment evaluation.

**Posttraumatic Stress Disorder/Substance Use Disorder treatment**
This rotation focuses on integrated dual diagnosis treatment of substance use problems and PTSD. Residents will have the opportunity to participate in group and individual therapy on inpatient and outpatient settings, working with clients in a variety of age groups, combat eras, and stages of change regarding substance use. Patients seen will be part of the general mental health clinic, PTSD clinical team, substance dependence treatment program, and inpatient treatment program for OEF/OIF veterans. Clinical experiences include Seeking Safety treatment, Acceptance and Commitment therapy, Motivational Interviewing, and other cognitive-behavioral interventions including more trauma-focused treatments. Residents can also be involved in case consultations and assessments.

**Sexual Trauma Track (STT)**
This rotation provides opportunities to work with male and female Veterans who have experienced sexual trauma. The STT is an intensive 12-week outpatient program for Veterans struggling with issues related to history of sexual traumas, including childhood, adult and/or military sexual trauma. This is a cohort based group that meets on Tuesdays and Thursdays. Interventions include skills-based groups and Cognitive Processing Therapy.

**General Mental Health Clinic** Specific opportunities to provide time-limited individual and group therapy to Veterans with trauma and related anxiety disorders may be available through the General Mental Health Clinic.
Overview

The Resident in the GMH emphasis area will dedicate a minimum of 50% time in the GMH Clinic throughout the training year. Consistent with the overall Residency structure, this new Resident may elect to complete external rotations in other areas including specialty clinics such as the PTSD Clinic, Substance Use Disorders Clinic, and the Infectious Disease Clinic. Other outpatient rotations through the Behavioral Health program will complement this new Residency position. In addition to experiential learning opportunities, the Resident will participate in advanced didactics.

The General Mental Health Clinic at the Houston VA is a large specialty mental health outpatient clinic. Veterans seen in this clinic have a wide range of diagnoses and presenting problems including: psychotic spectrum disorders, bipolar disorder, major depressive disorder, generalized anxiety disorder, PTSD, readjustment issues, and family or couple relational problems. Many have comorbid substance use and chronic health problems. Staff in this program represent a variety of disciplines including, psychology, psychiatry, nursing, physician's assistants, social work, marriage and family therapy, addictions therapist, and peer support. The psychologists in this clinic offer rotations that teach evidence based treatment approaches, including dialectical behavior therapy, interpersonal therapy for depression, acceptance and commitment therapy.

Interprofessional Teams: Services in the General Mental Health Clinic are provided within an interdisciplinary team based model known as the Behavioral Health Integrated Program (BHIP). BHIP teams are patient centric and recovery oriented. These teams aim to promote coordinated and comprehensive mental health services consistent with patients’ values and goals pertaining to their care and best practices in mental health treatment. BHIP teams offer a wide range of services including: psychological assessment, medication management, case management, & individual, group, couples and family therapy. Therapy referrals are directed within the team for general cases but due to the size of the program and the range of presenting concerns, staff and clinicians within the program continue to have opportunities to develop more specialized therapy skills consistent with their own interests and past experiences. Telehealth services, especially Clinical Video Teleconferencing to the Home (CVT-Home), are also a growing component of the care provided in this clinic. CVT-Home services are offered in the same interdisciplinary framework.

Residents in the General Clinical emphasis area learn from a combination of modeling of staff psychologists, applied clinical practice, and learning through didactic seminars. Residents participate in the delivery of direct patient care in the form of advanced evidence based interventions and psychological assessments. Training in this emphasis area is designed to prepare Residents for future employment in a general mental health outpatient program,
especially those that employ interdisciplinary team models such as BHIP. The Resident will also participate in regularly scheduled didactics, seminars and research opportunities that promote the scientist practitioner model and which are consistent with the overall goals of the Residency program.

**Supervisors:**
The primary supervisors for the GMH emphasis area are Drs. Clinton, O’Neil, Hoang, Dodrill, McKinney, and Hiatt. Please see the Training Staff section for supervisor background descriptions.
CLINICAL FOCUS AREA: Interprofessional Lesbian, Gay, Bisexual, Transgender Health Care

Overview

The LGBT Resident will develop advanced skills in psychological assessment and interventions specific to the LGBT Veteran population, and engage in scholarly empirical inquiry, program evaluation, consultation, supervision, and teaching. The Resident will spend approximately 75% time in delivery of clinical services and 25% time in research, education, and leadership development activities. The MEDVAMC has several primary training sites that provide integrated care to Veterans and offer wonderful training opportunities to the LGBT Resident. Supervisors from various disciplines with specific interest and expertise in LGBT health will participate in the Resident’s training. These include the Primary Care HIV and HCV specialty clinics, which offer comprehensive interprofessional care and the General Mental Health Clinic (Kaki York, PhD; Timothy Baker MD). Jeff Pixler, LCSW specializes in working with transgender Veterans. Additional training opportunities are available through the Women’s Residential Program, Women’s Health Clinic, and Primary Mental Health Clinics.

Clinical experiences include conducting assessments, individual psychotherapy, group psychoeducation, psychotherapy, and support groups. These skills are taught through a variety of teaching methods with the primary modality being experiential learning from direct clinical service delivery. Trainees learn about LGBT informed care through didactic seminars led by providers directly involved in delivering these treatments and are provided with empirical readings from the literature. The Resident will also receive supervision on a regular basis (i.e., weekly minimum of 2 hours of individual supervision).

The MEDVAMC Psychology Training Program has several other established rotations that provide excellent interprofessional training opportunities. Clinical training within most of these rotations involves coordinating Veterans’ care in a collaborative environment consisting of social workers, nurses, physicians, and psychiatrists. The Resident will also have the opportunity to interact with medical students and residents, and social work interns from other programs. Michael R. Kauth, PhD, is Co-Director of the South Central MIRECC and LGBT Program Coordinator for Patient Care Services in Central Office. He will serve as the preceptor for the LGBT Resident throughout the training year. Dr. Kauth is well-known as an educational leader in the VA and as a sexology scholar. He has published a variety of journal articles and book chapters on homosexuality and sexual orientation, as well as a single-authored book on the evolution of same-sex attraction. Dr. Kauth has guest edited a special issue of the *Journal of Psychology & Human Sexuality* on the evolution of human sexuality and guest edited a special issue of the *International Journal of Sexual Health* on Veterans’ sexual health and functioning. Dr. Kauth is Director of the Human Sexuality course for first year medical students at Baylor College of Medicine, where he is an Associate Professor of Psychiatry. Dr. Kauth also hosts a quarterly sex research seminar for Houston area researchers, scholars, and students that draws
an interdisciplinary faculty from the VA, Baylor, UT School of Public Health, University of Houston, Walden University, and MD Anderson. Most recently, Dr. Kauth was appointed to a .375 FTE position (along with Jillian Shipherd) as an LGBT Program Coordinator for Patient Care Services. He leads LGBT training initiatives, serves on national workgroups on LGBT issues, and advises Patient Care Services on policy and procedures related to LGBT Veteran care. Several teaching opportunities are available to the LGBT Resident, including presenting in the National VA Diversity video/teleconference series, participating and presenting in the Sexuality, Science & Sandwiches sex research seminar series, and assisting with a Human Sexuality course given to 1st year medical students at Baylor College of Medicine. The Resident would also have unique opportunities to learn about systemic and administrative processes within VA through working with Dr. Kauth on national LGBT training activities and workgroups.
Overview

The primary training site for the Primary Care emphasis area is in the Primary Care Mental Health Integration Program (PCMHI). The primary care Resident spends a minimum of 20 hours per week involved in behavioral health treatment. Potential rotation supervisors for this emphasis area include several psychologists. Each psychologist provides expertise in a specific area that offers specialized training experiences in addition to the provision of behavioral medicine services for mood, anxiety, and adjustment disorders. Candy Smith, Ph.D. is the Program Director of the Behavioral Health Program. Shiquina Andrews, Ph.D. conducts pre-surgical evaluations for organ transplants. Paul Sloan, Ph.D., specializes in pain management. Angelic Chaison, Ph.D. has a specific focus treating anxiety disorders. Octavia Jackson, Ph.D. specializes in health psychology and Allison Sweeney, PsyD provides services within the Women’s Clinic. Daniel DeBrule, Ph.D. is the Health Behavior Coordinator and is working with trainees in the MOVE! (weight loss) program and is involved in smoking cessation. The PCMHI includes psychiatrists, registered nurses, licensed clinical social workers, physician assistants, nurse practitioners, and supports three medical residency/Residency positions. This diversity provides psychology trainees with an interdisciplinary work environment.

The primary care emphasis area provides training opportunities to Residents in developing advanced knowledge of theoretical models and empirical research related to the bio-behavioral etiology and epidemiology of co-morbid medical and psychiatric disorders, as well as, evidence-based interventions for Veterans with these conditions. Residents learn through direct clinical service delivery and educational seminars to assess, diagnose, and treat individuals with co-morbid medical and psychiatric illnesses in an interdisciplinary team setting. Trainees have many opportunities to plan and coordinate activities with primary care providers, nursing, psychiatry, social work, and psychology. There are also opportunities to engage in research, program evaluation, and administrative activities consistent with the trainee's interest and experience.

Below is a sample of some of the many opportunities in intervention and research:

- Knowledge of theoretical models and empirical research on bio-behavioral etiology and epidemiology of co-morbid medical and psychiatric disorders (i.e., depression and anxiety in the context of cardiovascular disease, diabetes and chronic pain) and evidence-based interventions for these conditions.
- Abilities to correctly assess, diagnose, and treat persons with comorbid medical and psychiatric illness in individual and group settings, as well as within the context of a family or community.
- Abilities to conduct evaluations and provide interventions to support surgical candidacy and other specialty medical procedures, including multiple transplant/implant procedures and bariatric surgery.
- Advanced training in Motivational Interviewing skills, Mindfulness Based interventions and Cognitive Behavioral Therapy Techniques, with an emphasis on brief intervention modalities.
- General knowledge of pharmacotherapeutic aspects of treatment.
- Skills related to the delivery of recovery-oriented services with a focus on helping Veterans achieve self-identified goals for recovery, better psychosocial functioning, and greater integration in their communities.
- Interdisciplinary communication by participating on treatment teams within PCMHI and throughout the hospital.
- Knowledge of program evaluation skills with this population and to ability to disseminate information learned in these evaluation activities.
- Analytical and research skills through the development and dissemination of performance improvement projects and grant funded research on interventions to enhance treatment outcomes in medical patient populations and implementation of evidence based practices.
- Participation in ongoing projects or design his/ her own project with the expectation of presenting results in an appropriate venue.
Primary Care-Mental Health (PC-MH)  
Angelic Chaison, Ph.D.  
The goal of this rotation is to provide interns an opportunity to increase proficiency in assessing and providing brief clinical services to a variety of Veterans in primary care (primarily Clinic 3). Trainees will be presented with a variety of cases with some emphasis on mild- to- moderate depression, anxiety, and/or alcohol/substance misuse, which are potentially co-morbid with health problems such as diabetes, chronic pain, and obesity. Opportunities exist for interns to (1) conduct diagnostic assessments for walk-in and/or scheduled patients referred by their primary care providers, (2) conduct short-term, brief individual therapy (typically cognitive-behavioral or solution focused) with the aim of transferring patients’ care to their primary care providers as appropriate, (3) develop and/or co-facilitate various behavioral medicine psychotherapy groups (including interactive psychoeducational or cognitive-behavioral groups with a focus on anxiety, depression, and healthy lifestyles), and (4) collaborate with other professionals within primary care including mental health and general practice providers. Opportunities also exist for the intern to participate in program evaluation as well as ongoing education efforts for primary care providers regarding mental health services.

Primary Care Mental Health Integration / Health Services Research  
Jeffrey A. Cully, Ph.D.  
This rotation is designed to provide interested interns and fellows with applied research and clinical training opportunities in the area of primary care mental health and medical psychology (the application of psychological principles to medically ill patient populations). Interns electing this rotation will largely serve in the capacity of a research clinician with experiences ranging from the provision of direct clinical service (e.g. individual psychotherapy within the context of externally funded clinical research protocols), project oversight/design, patient recruitment, data management, and preparation of scientific manuscripts. Because interns will vary in their exposure and comfort with research, rotation goals and expectations will be based upon each student’s individual interests and ongoing professional development. Although interns will be provided with authorship on submitted manuscripts, publications are not required for successful completion of the rotation. The primary research emphasis for this rotation is on improving mental health care for depressed and/or anxious chronically ill patients. Current research projects range from observational studies (the prevalence and impact of mental health factors in chronic medical conditions) to manual-based psychotherapy intervention trials for Veterans with chronic medical conditions. Past projects have also included studies of mental health care in the VA specifically related to acute care for depression and adequacy of psychotherapy exposure in integrated health care settings.

Health Promotion Disease Prevention (HPDP) / Primary Care Administration Rotation
Daniel DeBrule, Ph.D., Health Behavior Coordinator
This rotation is supervised by the Health Behavior Coordinator, who works closely with various providers and administrators in primary care clinics and various care lines to deliver a variety of services and HPDP programs. The trainee will have the opportunity to select several opportunities from the three areas of HPDP involvement: clinical, research/evaluation, and administrative. Much of the rotation involves clinical opportunities, such as leading smoking cessation classes, leading MOVE (diet and exercise) classes, Motivational Interviewing/Patient communication consultation for providers/patients, Personalized Health Plan assessments. Much of the rotation also involves individual sessions for health behavior change (smoking, weight, compliance) among veterans referred by their PCP/Nurse or from existing programs such as MOVE; These sessions focus on the interface of physical and mental health and provide a unique opportunity for trainees to help veterans reach health goals and improve conditions such as MDD or PTSD concomitantly. The trainee may also gain experience in administration of health psychology programs, HPDP committee involvement, Primary Care administration meetings, medical ethics consultation, employee wellness committee involvement, and HPDP outreach. The rotation may also entail training opportunities in community based outpatient clinics in the Houston VA catchment area. Motivational Interviewing skills, particularly those applied to Prime Care settings, and the smoking cessation/health behavior program will be heavily emphasized. The trainee will be able to conduct individual therapy sessions, group therapy sessions, and some assessments (for health behavior, stages of change, or personalized health planning) but will also devote a portion of time to administrative efforts, HPDP promotion, and program evaluation at the direction of the supervisor. This rotation will allow the trainee to understand the relationship of clinical/health psychology to medicine, nursing, and social work in a primary care setting. The trainee will also gain an understanding of how programs are developed, disseminated, revised, and evaluated based on existing hospital policy, Primary Care needs, and VA directives.

The Pain Evaluation Center
Paul A. Sloan, Ph.D.
The Pain Evaluation center is a combined Step One/Step Two Pain evaluation and management clinic which specializes in Psychological, Medical, and Psychiatric evaluation of a variety of chronic pain conditions and the Psychological management of chronic pain conditions. Interns participating in this rotation will have the opportunity to participate in clinical interviews and psychological assessments focused on the impact of pain on Quality of Life. From a therapeutic perspective, interns will have the opportunity to participate in both individual and group interventions with a CBT or ACT framework. They will be participating in multidisciplinary treatment team meetings with Psychology, Psychiatry, Internal Medicine, and Nursing and there may be an opportunity to meet with other disciplines in Rehabilitation Medicine and Anesthesiology. By the end of the rotation, interns will have a good understanding of the biopsychosocial aspects of chronic pain, with exposure to a variety of medical conditions which create chronic pain and various treatment strategies for addressing these issues.

Primary Care – Mental Health Integration (PC-MHI)
Vincent Tran, Ph.D.
This rotation entails assessment and the provision of brief clinical services to a variety of Veterans based out of the primary care clinics (particularly Clinic 1). Trainees will be presented with a variety of cases including mild- to- moderate depression, anxiety, and/or alcohol/substance misuse, which are potentially co-morbid with health problems such as diabetes, chronic pain, and obesity. Opportunities exist for trainees to conduct focused diagnostic assessments and provide treatment recommendations particularly for walk-in patients referred by their primary care providers; conduct short-term, brief
individual therapy (often cognitive-behavioral or solution focused) with the aim of transferring patients’ care to their primary care providers as appropriate; co-facilitate psychotherapy groups; collaborate with other professionals within primary care including mental health and general practice providers; and facilitate smooth linkages with specialty services as needed. Opportunities also exist for trainees to participate in program evaluation as well as ongoing education efforts for primary care team members regarding mental health services.

Chronic Pain
Jeffrey West, Ph.D.
This rotation involves training experiences in assessment and treatment for Veterans experiencing chronic pain. Direct involvements with a broad range of Veteran characteristics and pain etiologies will be assured. The trainee will gain experience in both individual and group assessment and intervention, including participation as co-leader in regular groups such as Initial Assessment for Pain Clinic, Fibromyalgia, Complex Pain Conditions, “Alumni Pain/Coping Lab” (i.e., for Veterans who have already participated in introductory level education and groups). An important facet of this training rotation involves regular interaction and treatment planning with a variety of disciplines and care line staff outside as well as inside Mental Health, including Anesthesia Pain Clinic and Physical Medicine & Rehabilitation. The rotation will offer education and exposure to ongoing developments in chronic pain assessment and treatment following the Stepped Care Model at regional and national VHA levels. In addition, the MH PC Complex Chronic Pain Program is committed to continual evidence-based development, expansion and improvement efforts. This affords options within rotations for significant training involvements in administrative and program development and evaluation activities related to chronic pain services and service delivery.

PRIMARY CARE – HEALTH PSYCHOLOGY

Pre-Surgical Assessment
Shiquina Andrews, Ph.D.
This rotation provides trainees the opportunity to gain experience in performing pre-surgical assessments. As MEDVAMC is a VA-approved Transplant Center for liver and kidney transplant patients, the bulk of pre-surgical assessments will pertain to evaluating both local and remote (i.e., Veterans from other VA facilities) patients, as well as potential living kidney donors, for transplant candidacy. Trainees will also have the opportunity to complete pre-transplant evaluations for bone marrow, heart, and lung patients, who will be referred to other facilities for transplantation. Trainees will provide consultation to an interdisciplinary team of health professionals by presenting recommendations at twice-weekly Solid Organ Transplant Medical Review Board (MRB) meetings. Trainees may also have the opportunity to perform other types of pre-surgical evaluations as available and per trainee interest. The time commitment for this rotation is flexible (major or minor rotation). However, trainees interested in completing a major rotation must be available for MRB attendance.

Spinal Cord Injury Care Line Psychological Services
Herb Ames, Ph.D., ABPP and Thomas Anderson, Ph.D.
This rotation occurs within the Spinal Cord Injury Care Line and centers on assessment, treatment planning, intervention, and consultative services in the treatment of a very heterogeneous mix of inpatient and outpatient veterans with spinal cord injuries or dysfunction (SCI/D) of varied anatomical
levels and completeness. The rotation is in a rehabilitation context but also has elements of behavioral medicine, health psychology and generalist psychological practice. Assessment experiences include interview based, objective personality assessment, and neuropsychological screening. Neuropsychological and projective testing experiences are not routine but may be available based on trainee interests and veteran need. Intervention experiences may include individual, family and group contexts. Occasional crisis related assessments and interventions are components of the typical rotation. System competency (i.e. knowledge related to accessing needed general and specialty services) development is an important training objective. SCI Care Line service delivery focuses on reducing obstacles to recovery, mobilizing assets, and fostering optimal adaptation on the part of the veteran with SCI/D. Identifying and mitigating the negative effects of co-morbid cognitive/psychological limitations are major psychological roles. An overview of medical and pharmacological aspects of rehabilitative medicine will be gained through supervision and interactions with a range of other professionals on the SCI team. The supervisors have many years of experience offering direct service delivery to a broad range of veterans as well as a long-term commitment to the evolving MEDVAMC Psychology Training program. Both have pragmatic and integrative orientations, an appreciation of empirical and conceptual bases of practice, and focus on individualized training. Dr. Ames is Board Certified in Rehabilitation Psychology and has an emphasis in CBT approaches and is also privileged to provide neuropsychological assessments. Dr. Anderson has more Interpersonal and Psychodynamic emphases. There are opportunities to be involved in research regarding psychological outcomes in spinal cord injured veterans.

**Primary Care Mental Health Integration—Health Psychology Focus**
**Dorothy Octavia Jackson, Ph.D.**
This rotation is designed to provide interested trainees with clinical training opportunities in the area of primary care mental health, with an emphasis on health psychology cases. The Primary Care Mental Health Integration (PCMHI) program supports primary care providers in identifying and treating patients with a variety of mental health diagnoses. This rotation will offer opportunities, where available, to focus on cases of mild-to-moderate mood and anxiety disorders with co-morbid health-related problems such as cardiovascular disease, pulmonary diseases, diabetes, and/or obesity. Trainees will have the opportunity to provide evidence-based, time-limited individual therapy sessions in a fast-paced primary care setting. Opportunities may also exist for trainees to co-facilitate the following groups: 1) Health Behavior Change Class: a 6-week curriculum that integrates motivational interviewing, mindfulness, and general behavioral health strategies to help veterans set and reach specific health-related behavior changes or 2) Living with Chronic Health Conditions Class: a 6-week process-oriented group that primarily utilizes Acceptance and Commitment strategies to provide support around the emotional distress and lifestyle demands associated with living with a chronic health condition.

**Health Psychology Minor Rotation in GMHC**
**Tara Steinberg, PhD**
Trainees will be involved in the treatment of Veterans in the General Mental Health Clinic setting. The rotation will offer brief therapy utilizing empirically-based techniques to help Veterans cope with psychological factors impacting medical conditions that affect quality of life. Treatment will focus on reducing mild to moderate anxiety, depression, adjustment, substance/alcohol abuse and cognitive disorders, as well as interpersonal deficits and personality structures. Medical conditions include cardiovascular disease (i.e., stroke, CHF), diabetes, cancer, HIV, hepatitis C, chronic pain, metabolic and autoimmune disorders.

**Infectious Diseases and Consult & Liaison Psychiatry**
Tara Steinberg, Ph.D.
The HIV/HCV rotation provides training in Clinical Health Psychology using innovative models of care, including the Medical Home Model and Patient Aligned Care Team system. Trainees develop advanced skills in the Specialty Medical Clinics within Primary Care Mental Health Integration (PCMHI). Trainees will gain knowledge of theoretical models and empirical research related to the bio-behavioral etiology and epidemiology of co-morbid medical and psychiatric disorders, as well as evidence-based interventions for Veterans with these conditions. A special focus is on the application of these skills to infectious disease populations. There are opportunities to conduct brief bedside psychotherapy for Veterans in the medical inpatient units through the Consult & Liaison Psychiatry Service. Trainees will function in an interdisciplinary team setting and have opportunities to plan and coordinate activities with infectious disease providers, nurses, psychiatrists, social workers, and psychologists from other clinics. Trainees will gain knowledge in the assessment, diagnosis, and treatment of Veterans living with comorbid medical and psychiatric illnesses, in both individual and group settings, as well as within the context of a family or community. Trainees will have the opportunity to conduct evaluations and provide interventions to support surgical candidacy and other specialty medical procedures, including liver, bone marrow, kidney, heart, and lung transplant procedures, and implant procedures, as referred. Advanced training is also possible in the areas of Motivational Interviewing, Mindfulness, and Cognitive-Behavioral Therapy, with an emphasis on brief intervention modalities.

Women’s Health Center
Alison C. Sweeney, Psy.D.
The Women’s Health Center is a specialty primary care clinic at the Michael E. DeBakey VA Medical Center dedicated to providing a full range of high-quality, compassionate health care services to women Veterans in a comfortable and inviting environment. This rotation focuses on the delivery of gender-sensitive, trauma-informed mental health care in a co-located, integrated and collaborative model with primary care providers. Common mental health concerns addressed in the Women’s Health Center include depression, anxiety, sexual trauma, combat trauma, intimate partner violence, sleep disruption, disordered eating, chronic pain, and difficulties with chronic disease management. Trainees will have the opportunity to develop assessment, intervention, and consultation competencies through (1) conducting brief functional assessments (2) providing brief individual interventions within an evidence-based framework (3) co-facilitating group therapy interventions and (4) engaging in consultation with primary care teams and psychiatry in the Women’s Health Center.

Home-Based Primary Care (HBPC)
Kevin Jacques Siffert, Ph.D.
The rotation in Home Based Primary Care (HBPC) provides trainees with the opportunity to work closely within a Patient Aligned Care Team (PACT) model. PACT is the cornerstone of the New Models of Care transformation initiative intended to transform the way Veterans receive their care. Trainees on this rotation will learn how to provide patient-driven, proactive, personalized, team-based care oriented toward wellness and disease prevention. Common problems presented during individual psychotherapy center on the Veteran’s struggle to adaptively manage anxious and affective symptoms. In addition, Veterans in this program are often seeking to achieve and/or maintain an optimal level of functioning and quality of life, in the wake of biopsychosocial losses associated with aging, increased dependency, and fear of disease process. Trainees will have the opportunity to conduct and provide: initial mental health evaluations, brief individual therapy, family psychotherapy, crisis intervention, safety planning, psychoeducation, and caregiver support. There are also, some opportunities to help Veterans with serious mental illness (e.g., major affective and severe schizophrenic spectrum disorders). It is anticipated that trainees will actively plan for and participate in weekly PACT meetings. The HBPC
psychologist will accompany the trainee off site, as mental health services are conducted in the Veteran’s own home, medical foster home, personal care home, and assisted living facility. Taken together, this rotation offers great flexibility and will be tailored to the trainee’s interests and stage of professional development.

**Home Based Primary Care (HBPC)-Health Psychology Focus**  
**Xuan V. Nguyen, Ph.D**

HBPC is an interdisciplinary program which provides opportunities for collaboration with other disciplines such as primary care providers, nursing, social work, dietician, psychiatry, occupational therapy, and pharmacy. Trainees are offered opportunities to develop skills in geriatric care by delivering mental health services in patients’ homes. Trainees work with mental health concerns such as neurocognitive disorders, mood disorders, and substance use disorders that are co-morbid with health-related problems such as diabetes, chronic pain, sleep, cardiovascular disease, and terminal illnesses. This rotation offers experiences in initial mental health evaluations, brief individual therapy, family psychotherapy, caregiver support, crisis intervention, safety planning, psychoeducation, and participation in interdisciplinary treatment team meetings. In addition to conducting in-person home visits, trainees who are interested, will have the opportunity to conduct Clinical Video Telehealth (CVT) psychotherapy sessions, where providers conduct telehealth sessions directly into veterans’ homes. Trainees with an interest in mindfulness practices will have the opportunity to develop skills in delivering mindfulness interventions as well as participate in Healthy Staff, Healthy Vet, a bimonthly mindfulness practice for hospital staff. This training rotation allows for development of skills in cognitive behavioral approaches, motivational interviewing, and integrated elements of acceptance commitment therapy.

**Neuropsychology**

**Community Integration Program (CIP) - Neuropsychology Clinic**  
**Jane Booth, Ph.D., ABPP-CN and Nicholas Wisdom, Ph.D., ABPP-CN**

The Neuropsychology Clinic receives inpatient and outpatient referrals from all the Care Lines within MEDVAMC and satellite clinics, excluding Rehabilitation and Neurology, to include Mental Health, Primary Care, Spinal Cord Injury, General Medicine, and Long Term Care. Populations served include dementias (e.g., Alzheimer’s, Vascular, Lewy Body, Frontotemporal Lobar Dementia), psychopathology, cerebrovascular disease, parkinsonism, substance abuse, ADHD, HIV, demyelinating diseases, toxic-metabolic, and brain tumor. In addition, capacity evaluations are routinely requested from various providers. Evaluations are tailored to individual patient needs and referral questions, using a flexible battery approach. The trainee will have the opportunity to learn techniques of neuropsychological investigation and principles of interpretation and specific recommendations with regard to the functional and diagnostic significance of findings. It is understood that trainees have varying degrees of assessment experience/exposure to neurological populations and every effort will be made to address each trainee’s individual needs or interests. Additional didactic opportunities are available including the MEDVAMC Neuropsychological Seminar Series, Houston Neuropsychological Society meetings and other relevant educational meetings. There may be opportunities to participate in ongoing research projects with the goal of generating a product.

**Neuropsychology, Neurology Care Line**  
**Robert Collins, Ph.D., ABPP-CN**
The Clinical Neuropsychology Service within the Neurology Care Line primarily receives consultation through various neurology outpatient clinics (e.g., cognitive disorders clinic, stroke clinic, seizure clinic, etc.). Less frequently there are requests for inpatient evaluations, usually for the purpose of addressing competency/limitations to independence. The patient population is typically older and the primary questions being asked are diagnostic in nature (e.g., differentiation of various dementias, cognitive disorders in the context of psychiatric illness, recovery of cognitive functioning following head injury or stroke, malingering, etc.). This service has direct involvement in the MEDVAMC epilepsy surgery program and there may be opportunities for trainees to assist in the pre- and post-surgical evaluation of these patients as well as assisting with intracarotid amobarbital (e.g., WADA) studies. There may be opportunities to collaborate on research projects and to provide psychotherapy to patients with CNS disease and psychiatric illness. This is a rotation where the emphasis is on teaching the basics of neuropsychological assessment (including interviewing, test selection, interpretation of data, etc.) and exposure to different neurological/psychiatric populations. The assessment approach utilized on this rotation is one that is hypothesis driven to guide test selection with a flexible battery. Test findings are compared to normative data and interpreted within an information processing framework. It is understood that trainees have varying degrees of assessment experience/exposure to neurological populations and every effort will be made to individually tailor each training experience. Trainees at all experience levels will be expected to complete readings in neuropsychology and to attend neuropsychology seminars. Trainees will have an opportunity to work with the Clinical Neuropsychology Postdoctoral Fellows.

Neuropsychology Clinic and Polytrauma Network Site
Brian Miller, Ph.D.

The Neuropsychology Clinic receives inpatient and outpatient referrals from all the Care Lines within MEDVAMC and satellite clinics, excluding Rehabilitation/Extended and Neurology, to include Mental Health, Primary Care, Spinal Cord Injury, General Medicine, and Long Term Care. Populations served include dementias (e.g., Alzheimer’s, Vascular, Lewy Body, Frontotemporal Lobar Dementia), psychopathology, cerebrovascular disease, parkinsonism, substance abuse, ADHD, HIV, demyelinating diseases, toxic-metabolic, and brain tumor. In addition, capacity evaluations are routinely requested from various providers. The neuropsychology service in the Polytrauma Network Site primarily provides outpatient assessment and treatment to Veterans with polytrauma from Operation Enduring Freedom/Operation Iraqi Freedom, referred from the Rehabilitation and Extended Care Line. These active duty soldiers and Veterans are typically in the post-acute stage of recovery from brain injury and often have suffered other injuries. Interns may have the opportunity to work with patients referred from both the Neuropsychology Clinic and Polytrauma Network Site over the course of a single rotation. Evaluations are tailored to individual patient needs and referral questions, using a flexible battery approach. The trainee will have the opportunity to learn techniques of neuropsychological investigation and principles of interpretation and specific recommendations with regard to the functional and diagnostic significance of findings. It is understood that trainees have varying degrees of assessment experience/exposure to neurological populations and every effort will be made to address each trainee’s individual needs or interests. Additional didactic opportunities are available including the MEDVAMC Neuropsychological Seminar Series, Houston Neuropsychological Society meetings and other relevant educational meetings. There may be opportunities to participate in ongoing research projects with the goal of generating a product.

Polytrauma Network Site
Nicholas Pastorek, Ph.D., ABPP-CN
The neuropsychology service in the Polytrauma Network Site primarily provides outpatient assessment and treatment to Veterans with polytrauma from Operation Enduring Freedom/Operation Iraqi Freedom. These active duty soldiers and Veterans are typically in the post-acute stage of recovery from brain injury and often have suffered other injuries. Assessment and treatment of the polytrauma survivors entails monitoring cognitive functioning through neuropsychological assessment, improving cognitive functioning and maximizing independence through individual and group therapies, and facilitating psychological adjustment of the patients and caregivers through psycho-educational sessions. Consults are also routinely received from general inpatient rehabilitation clinics. Neuropsychological evaluation in this context is typically requested to assess competency and to make recommendations regarding assistance and supervision for older adult Veterans recovering from stroke or other acquired brain injuries. This is a rotation where the emphasis is on teaching the basics of neuropsychological assessment (including interviewing, test selection, test administration, interpretation of data, etc.) and exposure to different neurological/psychiatric populations. Test selection is hypothesis driven and findings are compared to normative data and interpreted within an information processing framework. It is understood that trainees have varying degrees of assessment experience and exposure to neurological populations and every effort will be made to individually tailor each training experience. The experiences of trainees on this rotation may vary considerably depending on their familiarity with neuropsychological testing, availability, and goals. In general, it is expected that trainees will become reasonably proficient in administering, scoring, and interpreting test results within a neuropsychological framework by the end of the rotation. Trainees will also learn about the cognitive sequelae following brain damage, especially traumatic brain injury and stroke, and will become adept at using this knowledge to make functional recommendations and to educate the patients and their families. Trainees will also be expected to attend and to actively participate in neuropsychology seminars. Trainees may have the opportunity to work with extern students and to work under the guidance of the neuropsychology post-doctoral fellows.

Parkinson’s Disease Research Education and Clinical Center (PADRECC)-Neuropsychology
Michele York, Ph.D.

The Parkinson’s Disease Research Education and Clinical Center (PADRECC) is one of 6 centers of excellence across the United States for the treatment of Parkinson’s disease and other movement disorders. The Neuropsychology service in the PADRECC receives consultation through the three Movement disorder neurologists. The referrals are for differential diagnosis of dementia and to determine surgical candidacy for deep brain stimulation surgery for the treatment of essential tremor or Parkinson’s disease. There may be opportunities to collaborate on research projects In this rotation some experience with Neuropsychological assessment is a requirement due to the specific nature of the patient population being assessed. There is an opportunity for trainees to observe neurological evaluations for movement disorder patients, observe a deep brain stimulation surgery, and participate in interdisciplinary team meetings. Trainees will also be expected to attend and to actively participate in neuropsychology seminars.

COMPENSATION & PENSION
Compensation and Pension
Gregory Beaulieu, Ph.D., Valorie King, Ph.D., Avila Steele, Ph.D.,
Compensation and Pension (C&P) Examinations are an integral step in the claims process through which Veterans may be awarded support services related to disabilities incurred or exacerbated by military service. While these supports most often center upon direct financial benefits, other supports include eligibility for medical services, specialized treatment programs, and in-home care for acute medical and mental health conditions. Mental health C&P examination requests typically require the psychologist to determine (1) if a Veteran currently meets DSM-5 criteria for a mental disorder and (2) the direct or indirect relationship between a Veteran’s claimed mental disorder and their military service. Opinions may be requested as to whether a Veteran’s claimed disability renders him/her unable to maintain gainful employment. Examiners also conduct competency exams to determine whether veterans are able to manage VA funds in their own best interest.

Trainees on this rotation will gain exposure to all aspects of completing Compensation and Pension (C&P) Examinations. Trainees will be provided opportunities to review military treatment and personnel records, conduct chart reviews, conduct diagnostic clinical interviews, and write final reports. The role of C&P and its implications for approaching mental health through the recovery model will be addressed throughout the rotation. At the beginning of the rotation, trainees will complete online Compensation and Pension Examination Program (CPEP) certification courses. At the conclusion of this rotation, trainees will demonstrate a working knowledge of relevant legal statutes that guide the VA’s Compensation and Pension system; competence in using structured clinical interviewing; and proficiency with differential diagnoses using DSM-5 criteria. Trainees will use VA’s electronic CAPRI system to complete integrated reports.

GENERAL MENTAL HEALTH

General Mental Health Clinic – Posttraumatic Stress Disorder and Readjustment Issues
Ashley Clinton, Ph.D.
This rotation focuses on treating Veterans with PTSD and related comorbidities, including readjustment issues. Interns will have opportunities to conduct mental health screenings and follow several Veterans for short term individual therapy. A main focus of the rotation will be on diagnostic assessment and treatment planning skills as well as short-term therapeutic interventions. Interns will also be able to participate in multidisciplinary treatment team activities.

General Mental Health Clinic – Mood Disorders
Carrie Dodrill, PhD
Trainees will have the opportunity to gain experience with individual therapy, group psychotherapy (for Bipolar Disorder), treatment planning, and interdisciplinary team consultations. Patients in the General Mental Health Clinic may be diagnosed with a wide variety of issues and levels of functioning. The theoretical orientation of the supervisor combines Cognitive-Behavioral Therapy, Acceptance and Commitment Therapy, Motivational Interviewing, and Dialectical Behavior Therapy. Emerging interests include Narrative Psychotherapy and Positive Psychology. The rotation will be tailored to meet the individual needs and interests of the supervisee. This rotation is for a maximum of 8 hours per week.

Dialectical Behavior Therapy
Carrie Dodrill, Ph.D., Charity Hammond, Ph.D., Emily Hiatt, Ph.D., & Allison Sweeney, Psy.D.
Trainees involved in this rotation will have an opportunity to participate in a DBT program for veterans in the Mental Health Care Line. Patients in the DBT program either meet full criteria for Borderline Personality Disorder or have significant problems in emotional and behavioral regulation, including self-harm behavior, frequent hospitalizations, or high utilization of crisis services. The DBT program consists of individual therapy, skills group, phone coaching, and team consultation meetings. For rotations less than six months, trainees will be introduced to aspects of DBT through co-facilitating a skills group, conducting assessments for Veterans referred for the program, and attending the case consultation meeting. For rotations longer than six months, trainees can learn the full DBT model by having 1-2 individual therapy patients in addition to the above clinical opportunities. For longer rotations, trainees can also choose to start with an 8 hour rotation and then reduce to 4 hours in order to allow for other rotations in their training year.

**General Mental Health Clinic – Posttraumatic Stress Disorder/Substance Use Disorder treatment**
**Charity Hammond, Ph.D.**
This rotation focuses on integrated dual diagnosis treatment of substance use problems and PTSD. Interns will have the opportunity to participate in group and individual therapy on inpatient and outpatient settings, working with clients in a variety of age groups, combat eras, and stages of change regarding substance use. Patients seen will be part of the general mental health clinic, PTSD clinical team, substance dependence treatment program, and inpatient treatment program for OEF/OIF veterans. Clinical experiences include Seeking Safety treatment, Acceptance and Commitment therapy, Motivational Interviewing, and other cognitive-behavioral interventions including more trauma-focused treatments. Interns can also be involved in case consultations and assessments.

**General Mental Health Clinic – Anxiety**
**Emily Hiatt, Ph.D.**
This rotation is housed in the General Mental Health Clinic and offers opportunities to work with veterans with different anxiety disorders, including social anxiety, panic, generalized anxiety, specific phobias and posttraumatic stress, and related conditions. Trainees may gain experience providing individual therapy and participating in interdisciplinary team meetings.

**General Mental Health Clinic**
**Chloe Hoang, Ph.D.**
The GMHC rotation offers trainees experience in diagnostic interviewing, treatment planning, individual and group psychotherapy, and case conceptualization. In this rotation, the emphasis is on learning and applying evidence-based treatments, primarily Cognitive-Behavioral Therapy (CBT), Acceptance and Commitment Therapy (ACT), Dialectical Behavior Therapy (DBT), and Motivational Interviewing (MI) in group and individual treatment modality in an outpatient setting offered to veterans who struggle with emotion regulation, substance use problems, interpersonal relationships, and pervasive inflexible coping responses. By the end of the rotation, trainees will achieve the following learning objectives: (1) increase both skills and confidence in conducting descriptive and explanatory levels of case conceptualization and (2) gain both declarative and procedural knowledge in selecting and implementing conceptualization-based interventions in a culturally sensitive manner.

**General Mental Health Clinic**
**Jennifer O’Neil, Ph.D.**
The General Mental Health Clinic (GMHC) is an outpatient clinic that provides services to Veterans with affective, psychotic, anxiety, and cognitive disorders. A major goal of the programs in GMHC is to provide recovery-oriented care that helps Veterans achieve the highest possible level of functioning, productivity, independence, interpersonal effectiveness, and overall satisfaction with life. Trainees will have the opportunity to participate in evidence-based, time-limited, group and individual therapy and psychosocial and psychological assessments. Interns have the opportunity to co-facilitate a 12 week Cognitive Behavioral Therapy for Depression group. Trainees will also be able to participate in multidisciplinary treatment team activities and case consultations. If desired, the trainee can tailor the rotation around the assessment and treatment of mood disorders with a special focus on learning evidence-based treatments such as Cognitive Behavioral Therapy and Interpersonal Therapy for Depression. Supervision is generally provided in a mentoring atmosphere with more independence coming later in the rotation.

CLC and Gero Outpatient Rotation
Jessica Freshour, Ph.D.

The Clinical Geropsychology rotation provides a training experience with a broad range of geriatric patients. This rotation involves both inpatient and outpatient training opportunities. The inpatient experience is in the Community Living Center (CLC). The CLC is home to 105 beds for Veterans needing long term extended medical care or rehabilitation following an acute hospital stay (e.g. stroke, amputation, fall). The trainee will work in an interdisciplinary team comprised of physician, nurse practitioner, social worker, recreational therapist, nursing staff and the psychologist. Trainees on this rotation are expected to follow veterans for individual therapy, complete mood, anxiety and brief cognitive assessments and attend multidisciplinary treatment team meetings. Behavioral interventions for dementia, staff consultation and psychoeducation to staff and families are also elements of this rotation. Other opportunities for this rotation may include participating in family meetings, and plans or facilitating a group. Initial focus is often on assessment of psychological factors which are either caused by or are now complicating a range of medical problems and rehabilitation goals. Common examples include alterations in mental status, mood, cognitive functioning, coping skills, and socialization. In addition, there is opportunity to follow geriatric outpatient cases in the General Mental Health Clinic. The geriatric referrals often have presenting concerns of new medical diagnosis, end of life and aging anxiety, worry, and depression. The dominant treatment modality on this rotation is Behavioral and Cognitive Behavioral with a focus on adapting CBT to fit the needs of older adults with complex health challenges and adults with cognitive impairment.

Community Living Center Rotation
Karen Benson, Ph.D

The Community Living Center (CLC) rotation provides a clinical training experience with a broad range of primarily geriatric patients. The CLC is home to ~130 beds for veterans needing long term extended medical care, rehabilitation, or palliative care following an acute hospital stay (e.g., stroke, amputation, fall). The CLC manages the following: Residents with complex medical problems that require long-term skilled nursing care, residents with a terminal illness, residents with relatively short-term problems in need of rehabilitation and discharge planning into the community, residents staying short term for caregiver respite, residents in mental health recovery awaiting guardianship and/or placement following acute hospitalization.

The psychology trainee in the CLC rotation will function as a member of an interdisciplinary team comprised of physician, nurse practitioner, physician assistant, pharmacist, social worker, recreational therapist, physical therapist, occupational therapist, dietitian, nursing staff, and the psychologist. Interns
are encouraged to tailor the experience to meet his or her training objectives and will be expected to conduct psychological assessments with veterans including the screening of cognition, mood and behavior symptoms, and determine an appropriate plan of care as well as follow veterans for individual therapy. Interns have the opportunity to provide psychoeducation and caregiver support to family members, develop and implement behavioral interventions for veterans with major neurocognitive disorders, and engage in staff consultation and education. The dominant treatment modality on this rotation is Behavioral and Cognitive Behavioral with a focus on adapting CBT to fit the needs of older adults with complex health challenges and/or cognitive impairment. Trainees may have the opportunity to develop, facilitate, or co-facilitate a group. The trainee will have the opportunity to attend weekly interdisciplinary team meetings to discuss cognitive, mood, and behavioral functioning in the context of a holistic care planning process.

Mental Health Intensive Case Management (MHICM)
Angela Romeo, Psy.D.
The rotation in Mental Health Intensive Case Management (MHICM) provides trainees the opportunity to work as a member of an interdisciplinary mental health treatment team serving veterans with serious mental illness. MHICM functions as a comprehensive mobile treatment team providing psychiatry, psychology, social work, nursing, social service, and peer support services to veterans and their families in the veterans’ places of residence or other community-based locations. Veterans served have a primary diagnosis of a psychotic spectrum disorder or severe mood disorder often with other mental health, substance use, and/or medical comorbidities. These veterans, in various stages of their primary illness, have been determined to likely benefit from an intensive, community-based approach to care in order to foster treatment adherence, reduce hospital stays, and enhance recovery and community integration. Trainees will have the opportunity to provide or conduct individual and family therapy, psychoeducation, crisis intervention, safety planning, behavioral health interventions, brief screenings, and case management. Trainees will attend and contribute to interdisciplinary team meetings allowing opportunity to learn about the program’s treatment milieu and the role of other disciplines within the model of care as well as contribute to treatment planning. Training will emphasize the role of psychology within the Assertive Community Treatment (ACT) model of care. Given the community-based nature of the program, the MHICM psychologist will accompany the trainee for all off-site service provision. Training will be tailored to a trainee’s stage of development and interests within the program.

TRAUMA & POSTTRAUMATIC STRESS DISORDER

PTSD Clinical Team
Helen Minette Beckner, Ph.D.
The PTSD Clinical Team (PCT) rotation offers trainees experience in assessment and treatment of psychological trauma and, more specifically, the diagnosis of PTSD. The clinic serves Veterans of all ages and combat eras presenting with military-related trauma (combat trauma, military sexual trauma), as well as non-military-related trauma histories. The clinical training experiences on this rotation would involve assessment focused on the diagnosis of PTSD (e.g., Clinician-Administered PTSD Scale for DSM-5/CAPS-5) and psychotherapy interventions with an emphasis on evidence-based therapies to include Prolonged Exposure Therapy (PE) and Cognitive Processing Therapy (CPT). Therapy training experiences include individual therapy, as well as group therapy. Within this rotation, trainees would have the
Posttraumatic Stress Disorder Clinical Team (PCT)
Nancy Jo Dunn, Ph.D.
The PTSD Clinical Team (PCT) rotation offers trainees the opportunity to work in a specialized assessment, consultation, and treatment program designed to address psychological trauma (e.g., combat trauma, military sexual trauma, non-military-related trauma) in Veterans of all ages and combat eras in an outpatient setting. Assessment experiences include a focus on the diagnosis of PTSD (e.g., Clinician-Administered PTSD Scale for DSM-5/CAPS-5) and consideration of other comorbid conditions (e.g. depression). The rotation also focuses on evidence-based psychotherapy, including Cognitive Processing Therapy (CPT) and Prolonged Exposure Therapy (PE). Trainees have the opportunity to co-facilitate an In Vivo Group for Veterans who have completed CPT or PE, and an Insomnia/Nightmare Group. Clinical activities within the PCT occur within the context of a multidisciplinary treatment team.

PTSD Clinical Team (PCT)
M Ashton Phillips-Benesh, PhD
This rotation involves participating in the assessment and treatment of Veterans who have experienced psychological trauma due to combat trauma, military sexual trauma, or other lifetime traumas in an outpatient setting. The population includes Veterans of all areas, and offers a focus on evidence-based psychotherapy, including prolonged exposure therapy (PE) and cognitive processing therapy (CPT) within the context of a multidisciplinary treatment team. Other opportunities may include group therapies such as skills training for affective and interpersonal regulation (STAIR) and utilizing telehealth technology to provide trauma-focused EBPs to individual patients.

Posttraumatic Stress Disorder (PTSD) Clinical Team
Lisa Robinson, Ph.D.
This rotation affords the opportunity to work in a specialized assessment, consultation, and treatment program designed to address psychological trauma (e.g., combat trauma, military sexual trauma) in veterans of all eras in an outpatient setting. The rotation offers a focus on evidence-based psychotherapy, including prolonged exposure therapy and cognitive processing therapy (applied in both group and individual psychotherapy formats) within the context of a multidisciplinary treatment team.

Clinical Research in Posttraumatic Stress Disorder and Comorbid Anxiety Disorders
Ellen J. Teng, Ph.D.
This rotation provides a number of opportunities for trainees to learn more about assessment, time-limited individual and group psychotherapy, and clinical research. Diagnostic clinical interviewing using standardized structured interviews such as the Structured Clinical Interview for DSM (SCID), Anxiety Disorders Interview Schedule for DSM (ADIS), and Clinician Administered PTSD Scale (CAPS) is emphasized. Trainees interested in applied clinical research will also have the opportunity to become involved in treatment outcome research that involves innovative methods of delivering cognitive behavioral therapy. Additional experiences in providing trauma-focused therapy using evidence-based approaches (e.g., Prolonged Exposure Therapy, Multiple Channel Exposure Therapy) are also available. Administrative experiences are also available in conducting program evaluation and participating in the management and organization of the Psychology Training Program.

Posttraumatic Stress Disorder (PTSD) Clinical Team
Karin Thompson, Ph.D.
This rotation affords the opportunity to work in a specialized assessment, consultation, and treatment program designed to address PTSD or subthreshold PTSD in veterans of all eras in an outpatient setting. Common traumatic experiences including combat trauma, sexual trauma, childhood trauma, natural disasters, and accidents. The rotation offers a focus on evidence-based psychotherapy, including prolonged exposure therapy and cognitive processing therapy, within the context of a multidisciplinary treatment team. Other opportunities may include cognitive-behavioral treatment of tobacco use disorder and PTSD-related sleep disturbances as well as coping skills training; assessment and treatment planning; program development and evaluation; community outreach; and mental health administrative experiences.

**PTSD Clinical Team (PCT), with telehealth option**  
Emily Voelkel, Ph.D.

This rotation provides trainees with the opportunity to provide various evidence based therapies for veterans requesting treatment for symptoms of PTSD. In particular, the trainee can learn to provide Cognitive Processing Therapy (CPT) and/or Prolonged Exposure (PE). If the trainee has an interest in learning to provide these services via telehealth, this opportunity can also be provided to the trainee. In addition to these more well-known EBPs, the trainee may have the opportunity to observe the supervisor deliver CBCT for PTSD, a couple’s therapy intervention for PTSD that is now widely promoted by the VA system. If the trainee is interested in group psychotherapy, there is an opportunity to learn STAIR and participate in the delivery of this treatment in group format. Beyond therapy opportunities, the trainee will engage in assessment of new patients to the clinic to advance competency in differential diagnosis, treatment planning, and report writing. Depending on the trainee’s experience, availability, and interests, Dr. Voelkel can also discuss opportunities for program development and evaluation. Overall, this rotation would be a good training experience for an individual who is interested in the various typical activities of a psychologist working in a PCT setting.

**Posttraumatic Stress Disorder (PTSD) Clinical Team**  
Wright Williams, Ph.D., ABPP

The rotation focuses on refining skills in group and individual psychotherapy for Veterans with PTSD. Trainees will carry a caseload of up to four clients participating in individual PE or CPT while leading a long term group of Vietnam combat Veterans, a support group for Korean War Veterans and co-leading an 8 session Meditation group teaching Veterans to develop their personal meditation practice. Opportunities on this rotation include learning how to customize empirically supported treatment to fit the Veteran, and videotaped supervision is provided. There may be additional opportunities to participate in research focused on how psychotherapy changes the brain and the relationship between interpersonal trust and treatment success in Veterans with PTSD.

**SUBSTANCE DEPENDENCE**

**Substance Dependence Treatment Program**  
Jill K. McGavin, Ph.D.

The Substance Dependence Treatment Program (SDTP) is an outpatient program which helps Veterans recovery from addictions to alcohol and drugs (primarily cocaine, but also opioid and marijuana). In addition to addictions, many Veterans receiving treatment in SDTP also struggle with homelessness, unemployment, other mental illnesses, and medical and legal problems. Veterans are assessed using the Brief Addictions Monitor at the outset of treatment and the SDTP is moving towards measurement-based care for addictions. The major treatment modality of SDTP is group-based education on early
recovery and relapse prevention skills using the MATRIX model of the Substance Abuse and Mental Health Services administration (SAMSHA). Support groups and a variety of specialty groups (Sober Seniors, Grief Group, Smoking Cessation, Coping Skills, Sexual Addiction, and others) are also available. Depending on their particular schedule, trainees have the opportunity to serve as co-leaders, and possibly leaders, of various groups as well as gain experience in individual therapy, psychological assessment, breathalyzer testing, treatment planning, discharge planning, and interdisciplinary treatment team meetings within SDTP and with community partners. The main training goal is to increase trainees’ knowledge base and comfort level in assessing and treating substance use disorders.

**PSYCHOSOCIAL REHABILITATION & RECOVERY**

**Psychosocial Rehabilitation and Recovery Center (PRRC)**
Amy Cuellar, Ph.D.
Trainees on this rotation will have the opportunity to learn how to deliver recovery-oriented services to a population with serious mental illness. Interns will learn the basics of psychiatric rehabilitation that focuses on helping Veterans achieve self-identified goals for recovery, better psychosocial functioning, and greater integration in their communities. Trainees will conduct screening assessments that focus on helping Veterans identify recovery goals, individual recovery coaching sessions to help them problem solve around goal achievement, and psychoeducational and skills-based groups, such as Social Skills Training for Schizophrenia, Illness Management & Recovery, and Wellness Recovery Action Plan development.

**Psychosocial Rehabilitation and Recovery Center (PRRC)**
Charlie Nguyen, Ph.D.
Trainees on this rotation will have the opportunity to learn about the Recovery Model of mental illness and deliver recovery-oriented services to Veterans with serious mental illness. Trainees will learn about the definitions, principles, and domains of “recovery” and the basics of psychiatric rehabilitation that focus on helping Veterans achieve self-identified goals for recovery, better psychosocial functioning, and greater integration in their communities. Trainees will conduct screening assessments that focus on helping Veterans identify recovery goals, individual recovery coaching sessions to help them problem solve around goal achievement, and psychoeducational and skills-based groups. Depending on their schedule, trainees will have the opportunity to participate in recovery practice activities and outings in the community.

**INPATIENT & RESIDENTIAL TREATMENT**

**Geropsychology Inpatient Unit**
Cynthia Kraus-Schuman, Ph.D.
This rotation involves working with veterans in an inpatient psychiatric setting. As the unit population permits, the focus of this rotation will be working with older adults and adults with dementia. Treatment teams on 6F are comprised of psychiatrists, social workers, physician assistants, and nursing staff. Interns on this rotation are expected to conduct groups, follow veterans for individual therapy, and attend multidisciplinary treatment team meetings. Other opportunities for this rotation may include participating in family meetings, administering dementia assessments, program development, and research. The dominant treatment modality on this rotation is Cognitive Behavioral Therapy.
Acute Recovery Treatment Environment (ARTE) Inpatient Rotation  
Justin Springer, Ph.D.

The Acute Recovery Treatment Environment (ARTE) Inpatient Rotation provides psychology interns exciting opportunities to develop professional skills on the MEDVAMC's primary, 32-bed acute psychiatric specialty unit. During Veteran hospitalization, the primary aims of the unit are to foster and support recovery journeys and to assist Veterans with successful, safe transition to outpatient services. The ARTE inpatient rotation offers trainees opportunities to engage in a variety of ongoing treatment and administrative activities related to delivery of evidence- and recovery-based services to Veterans on the ARTE unit. Clinical responsibilities include involvement in a multi-disciplinary team, treatment planning, development of recovery-based case conceptualization, best practice staff-Veteran interactions, and evidence-based group psychotherapy [e.g., SAMHSA toolkit implementation, CBT for psychosis (CBTp), DBT Skills, and Family Education, Social Skills Training, and Cognitive Rehabilitation]. Clinical opportunities include behavioral assessment, aggression prevention, team feedback, as well as individual psychotherapy consistent with the Veterans' individualized treatment plans and recovery objectives. Additional opportunities include assessment to support decision-making/track Veteran progress, Care Monitoring Meetings, and examination of relevant peer-reviewed literature to improve practices.

Returning OEF/OIF Veterans Environment of Recovery Program (ROVER)  
Jill Wanner, Ph.D.

This 4-month rotation will provide psychology trainees with a unique opportunity to work with male combat Veterans from the OEF/OIF/OND era in a trauma-informed, intensive 4-5 week long inpatient program. This program will provide comprehensive evaluation and intensive specialized treatment using evidence-based treatments, such as, Dialectical Behavior Therapy Skills, Cognitive Processing Therapy, and Seeking Safety. ROVER Veterans typically have a diagnosis of PTSD, substance abuse (SUD), interpersonal difficulties and/or personality disorder. The trainee can co-create the rotation goals. Trainees will have the opportunity to: Attend Treatment Team Rounds (multidisciplinary meeting with each individual patient on the unit lasting approximately 2 hours); Participate in Treatment Team staffing where patient applications are reviewed for acceptance into the program; Co-facilitate and potentially lead a 1.5 hour CPT or DBT group most days; Conduct individual CPT trauma account sessions; Conduct and interpret psychological evaluations (mini-reports); Participate in other evidence-based groups such as Cognitive Processing Therapy, Seeking Safety, and DBT.

ADDITIONAL EXPERIENCES

Sex Offender Group  
Sara (Su) Bailey, Ph.D.

The trainee on this rotation will co-lead a group for sex offenders who have been referred from the probation and parole departments. In conjunction with this population, the trainee will be involved in the initial assessment of patients entering the long-term outpatient sex offender group.

Psychology Training Program Staff
HERB AMES, Ph.D., ABPP: Spinal Cord Injury
Indiana State University, 1993. Texas licensure, 1994-present. Supervisor, Spinal Cord Injury Care Line services. Theoretical Orientation: Integrative—Cognitive-Behavioral emphasis. Clinical Interests: Rehabilitation, Older Adults, Cognitive Disorders. Research Interests: post-SCI psychological adjustment; screening for cognitive/psychological disorders. Academic Appointments: Assistant Professor, Menninger Department of Psychiatry and Behavioral Sciences, Baylor College of Medicine; Assistant Professor, Department of Physical Medicine and Rehabilitation, Baylor College of Medicine. Professional Memberships: APA (Div 12;40), ASCIP, NAN, ACPN, HNS.

THOMAS ANDERSON, Ph.D.: Spinal Cord Injury

SHIQUINA ANDREWS, Ph.D.: Behavioral Health Program

SARA (Su) D. BAILEY, Ph.D.: Senior Psychology Consultant; Program Director, Community Integration Program (CIP)
Texas A&M University, 1984. Texas licensure. Senior Psychology Consultant; Program Director, Community Integration Program; Supervisor, Sex Offender Group. Theoretical Orientation: Eclectic. Clinical interests: group and individual therapy, assessment and treatment of sex offenders, treatment of substance abusers. Research interests: substance dependence treatment (prognostic indicators, personality characteristics), sex offender characteristics as they relate to treatment Academic appointments: Clinical Associate Professor, Menninger Department of Psychiatry, Baylor College of Medicine; University of Houston, Department of Psychology, Adjunct Assistant Professor. Professional Memberships: APA, TPA, Houston Group Psychotherapy Society. Other: Sex Offender Provider Designation. Certificate of Proficiency in the Treatment of Alcohol and Other Psychoactive Substance Use Disorders. Trainer, various hospital programs.

GREGORY R. BEAULIEU, Ph.D.: Community Integration Program (CIP) - Compensation & Pension

HELEN (MINETTE) BECKNER, Ph.D.: PTSD Clinical Team (PCT)
Texas A&M University, 2005. Kansas licensure. Clinical psychologist in the PCTSeRV-MH program which provides psychotherapy to Veterans with PTSD. Theoretical Orientation: Eclectic. Clinical interests: Assessment, individual therapy, group therapy, and couples therapy with a primary focus on

KAREN BENSON, PhD: General Mental Health Clinic

JANE E. BOOTH, Ph.D., ABPP: Neuropsychology, Community Integration Program (CIP)

ANGELIC CHAISON, Ph.D.: Behavioral Medicine Program (BMP)

ASHLEY CLINTON, Ph.D.: General Mental Health Clinic; Assistant Training Director

ROBERT COLLINS, Ph.D., ABPP-CN: Neuropsychology, Neurology Care Line; Director of the Clinical Neuropsychology Postdoctoral Fellowship
University of Houston, 2004; Postdoctoral Fellowship Clinical Neuropsychology, 2006 (Department of Neuro-Oncology, MD Anderson Cancer Center); Texas licensure; Supervisor, neuropsychology and Preceptor for the clinical neuropsychology postdoctoral fellowship. Areas of specialization: The dementias, Epilepsy, the relation between medical illness and cognition. Academic appointments: Assistant Professor, Baylor College of Medicine, Department of Neurology. Professional Memberships: International Neuropsychological Society, Houston Neuropsychological Society.

AMY CUELLAR, Ph.D.: Community Integration Program (CIP) – Psychosocial Rehabilitation and Recovery Center
JEFFREY A. CULLY, Ph.D.: Behavioral Medicine; Health Services Researcher

DANIEL DEBRULE, Ph.D., H.S.P.P.: Health Behavior Coordinator, Primary Care Administration

CARRIE DODRILL, Ph.D.: Psychologist (Primary Care Mental Health; General Mental Health)
University of Houston, 2003. Texas licensure. Clinical Psychologist in three programs: Primary Care Mental Health Integration; Dialectical Behavior Therapy Team; General Mental Health Program. Theoretical Orientation: Cognitive-Behavioral, Dialectical Behavior Therapy, Acceptance and Commitment Therapy, Motivational Interviewing. Clinical Interests: emotional, behavioral, and cognitive change across a wide spectrum of diagnoses; group and individual Therapy; Motivational Interviewing for substance use disorders. Research interests: The effect of Expressive Writing on mood and functioning among people with mood disorders. Academic appointments: Assistant Professor, Menninger Department of Psychiatry, Baylor College of Medicine. Professional memberships: Association for Behavioral and Cognitive Therapies; Association for Contextual Behavioral Science; Houston Psychological Association.

NANCY JO DUNN, Ph.D.: PTSD Clinical Team (PCT)

JESSICA FRESHOUR, PhD: General Mental Health Clinic

CHARITY HAMMOND, Ph.D., General Mental Health Clinic
EMILY HIATT, Ph.D.: General Mental Health Clinic, PTSD Clinical Team

CHLOE HOANG, Ph.D.: General Mental Health Clinic

DOROTHY (OCTAVIA) JACKSON, Ph.D.: Primary Care Mental Health Integration

MICHAEL R. KAUTH, Ph.D.: Co-Director and Associate Director for Education, South Central (VISN 16) Mental Illness Research, Education, and Clinical Center (MIRECC)

VALORIE KING, Ph.D.: Compensation and Pension

CYNTHIA KRAUS-SCHUMAN, Ph.D. Geriatric Inpatient Psychologist (6F)
University of Nebraska-Lincoln, 2006. Texas Licensure. Theoretical Orientation: Cognitive Behavioral. Clinical and Research Interests: Anxiety in Adults and Older Adults, Treatment of Anxiety in Individuals with Dementia. Academic Appointment: Assistant Professor, Menninger Department of Psychiatry and Behavioral Sciences, Baylor College of Medicine.

JILL MCGAVIN, Ph.D.: Substance Dependence Treatment Program (SDTP)

BRIAN MILLER, Ph.D.: Rehabilitation Care Line and Mental Health Care Line - Neuropsychology

QUANG (CHARLIE) NGUYEN, Ph.D.: Community Integration Program

XUAN V. NGUYEN, Ph.D.: Home Based Primary Care

JENNIFER O’NEIL, Ph.D. General Mental Health Clinic

NICHOLAS PASTOREK, Ph.D., ABPP-CN: Polytrauma Network Site - Neuropsychology
M ASHTON PHILLIPS-BENESH, PH.D.: PTSD Clinical Team

LISA ROBINSON, PH.D.: PTSD Clinical Team

ANGELA ROMEO, PSY.D.: Mental Health Intensive Case Management (MHICM)

KEVIN JACQUES SIFFERT, PH.D.: HOME BASED PRIMARY CARE (HBPC)

PAUL SLOAN, Ph.D.: Behavioral Health Program (BHP)

JUSTIN R. SPRINGER, Ph.D.: Inpatient Program - Acute Recovery Treatment Environment (ARTE, 6A)

AVILA STEELE, Ph.D.: Community Integration Program (CIP) - Compensation and Pension
treatment of psychiatric problems among patients with chronic medical illnesses. Supervisor: Compensation and Pension disability examinations.

**TARA C. STEINBERG, Ph.D.: Infectious Diseases Clinic; General Mental Health Clinic; Infectious Disease Clinic**

**ALISON SWEENEY, PSY.D.: Behavioral Health Program**

**ELLEN J. TENG, Ph.D.: Director of Training-Psychology Pre-Doctoral Internship and Clinical Post-Doctoral Fellowship**

**KARIN THOMPSON, Ph.D, ABPP.: Program Director, PTSD Clinical Team**

**VINCENT TRAN, Ph.D.: Behavioral Health Program (Behavioral Health Program)**
EMILY VOELKEL, Ph.D.: PTSD Clinical Team (PCT)

JILL WANNER, Ph.D.: Mental Health Inpatient Program Returning OEF/OIF/OND Veterans Environment of Recovery (ROVER)

JEFFREY WEST, Ph.D.: Behavioral Medicine Program (BMP) - Pain Program
University of North Carolina at Greensboro, 1988. Louisiana licensure. Staff Psychologist and Pain Psychologist, Primary Care Mental Health Unit; Supervisor, Chronic Pain Rotation. Theoretical Orientation: Cognitive/Behavioral/Eclectic. Clinical interests: group and individual therapy, assessment and treatment of chronic pain and coping, health psychology consultation, pain and co-morbidities, treatment of posttraumatic stress disorder (PTSD). Research interests: coping with chronic pain, program development re: chronic pain treatment and coping, stepped care model of chronic pain treatment, pain and PTSD, sleep and pain. Clinical Associate Professor, Menninger Department of Psychiatry, Baylor College of Medicine; Clinical Assistant Professor, Department of Psychiatry and Neurology, Tulane University School of Medicine. Professional Memberships: APA. Other: Site POC to the National VHA Pain Committee (and outgoing POC to the National VHA Pain Committee, VISN 9); National Mental Health Lead for Behavioral Health Section, Disaster Emergency Response Personnel System; Founding Member VHA National Emergency Management Steering Committee; Certified Provider for Prolonged Exposure (PE) evidence-based treatment for PTSD.

WRIGHT WILLIAMS, Ph.D., ABPP: PTSD Clinical Team

NICHOLAS M. WISDOM, Ph.D., ABPP: Neuropsychology, Community Integration Program (CIP)
Department of Psychiatry & Behavioral Sciences. Professional memberships: International Neuropsychological Society; Houston Neuropsychological Society.

MICHELE K. YORK, Ph.D.: Parkinson’s Disease Research, Education and Clinical Center (PADRECC), Neurology Care Line