Michael E. DeBakey VA Medical Center
Houston, Texas

Psychology
Postdoctoral Residency Program
2020 - 2021
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Psychology Postdoctoral Residency
Department of Veterans Affairs

Michael E. DeBakey VA Medical Center (MEDVAMC)

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Training Website
http://www.houston.va.gov/Education/Psychology_Internship_and_Postdoctoral_Fellowship/Psychology_Internship_and_Postdoctoral_Fellowship.asp

One-Year Residency in Clinical Psychology

APPLICATIONS DUE: DECEMBER 16, 2019 11:59 (CST)

Accreditation Status
The psychology postdoctoral program at the Michael E. DeBakey VA Medical Center (MEDVAMC) is fully accredited by the Commission on Accreditation (CoA) of the American Psychological Association (APA). 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 clinical psychology residency 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 2018 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; and the Women’s Center in Primary Care. The Center for Innovative Treatment of Anxiety and Stress (CITRAS) is a clinical research program within the Mental Health Care Line dedicated to the development and evaluation of cutting-edge evidence-based treatments for Veterans with anxiety and stress-related disorders.

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 2019, 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, Residency in Clinical Psychology and Specialty Residency in Clinical Neuropsychology at MEDVAMC are each fully accredited by the American Psychological Association (APA) Commission on 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 hundreds of 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 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 psychology trainees and staff. 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. 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.

The MEDVAMC has a small library with computerized links to a network of virtual library resources including the Jesse Jones Library located within the Texas Medical Center, which 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 Residency Admissions, Support, and Initial Placement Data

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, before the beginning of the postdoctoral training year.

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

| Annual Stipend/Salary for Full-time Residents | $52,643 |
| Annual Stipend/Salary for Half-time Residents | N/A |
| Program provides access to medical insurance for Resident? | Yes No |
| If access to medical insurance is provided: | |
| Trainee contribution to cost required? | Yes No |
| Coverage of family member(s) available? | Yes No |
| Coverage of legally married partner available? | Yes No |
| Coverage of domestic partner available? | Yes No |
| Hours of Annual Paid Personal Time Off (PTO and/or Vacation) | 104 |
| Hours of Annual Paid Sick Leave | 104 |
| In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave? | Yes* No |
| Other Benefits (please describe): *Determined on a case by case basis |

Initial Post-Residency Positions

(Provide an Aggregate Tally for the Preceding 3 Cohorts)

<table>
<thead>
<tr>
<th></th>
<th>2016-2018</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total # of residents who were in the 3 cohorts</strong></td>
<td>21</td>
</tr>
<tr>
<td><strong>Total # of residents who remain in training in the residency program</strong></td>
<td>0</td>
</tr>
<tr>
<td><strong>PD</strong></td>
<td><strong>EP</strong></td>
</tr>
<tr>
<td>Community mental health center</td>
<td>NA</td>
</tr>
<tr>
<td>Federally qualified health center</td>
<td>NA</td>
</tr>
<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>
<td>NA</td>
</tr>
</tbody>
</table>
Independent practice setting | NA | 2
Not currently employed | NA | NA
Changed to another field | NA | NA
Other | | 1
Unknown | NA | NA

Note: “PD” = Post-doctoral residency position; “EP” = Employed position

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., Nancy Jo Dunn, PhD.), Anxiety & Stress (Preceptor: Ashley Clinton, 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 Bogwu, Ph.D.), and LGBT (Preceptor: Angela Romeo, Psy.D.). The Trauma/Anxiety, Anxiety & Stress, 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 Nicholas Pastorek, PhD, 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 2 hours of individual supervision per week provided by psychologists. 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.

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 focus 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, CITRAS) 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.

**Didactic Experiences and Mentoring Program**

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 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.

**Administrative Opportunities**

For residents interested in pursuing administrative and leadership positions in the future, the MEDVAMC residency includes built-in administrative experiences and additional opportunities to prepare for these types of positions. All residents will rotate in serving as a Resident-Representative on the Postdoctoral Steering Committee. In this role, residents attend Postdoctoral Steering Committee meetings and facilitate discussion of the cohort’s training needs throughout the year. Residents may also become involved in administrative experiences within their clinical rotations based on their interests and training goals. Minor rotations focused primarily on administration are also available. See below for a list of recent administrative experiences and projects completed by MEDVAMC residents.

<table>
<thead>
<tr>
<th>Administrative Interest Area</th>
<th>Experience</th>
<th>Staff Supervisor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leadership Involvement</td>
<td>Attend weekly Mental Health Leadership Advisory Committee (MHLAC) meetings</td>
<td>Karin Thompson, PhD, ABPP</td>
</tr>
<tr>
<td></td>
<td>Serve as Resident member of Disruptive Behavior Committee (DBC)</td>
<td>Justin Springer, PhD</td>
</tr>
<tr>
<td></td>
<td>Serve as Resident-Representative on Postdoc Steering Committee</td>
<td>Ellen Teng, Ph.D.</td>
</tr>
<tr>
<td></td>
<td>Attend PTSD Mentoring Program National Calls with PCT Clinic Directors</td>
<td>Karin Thompson, Ph.D., ABPP</td>
</tr>
<tr>
<td></td>
<td>Attend LGBT Advisory Committee meetings</td>
<td>Michael Kauth, Ph.D.</td>
</tr>
<tr>
<td></td>
<td>Serve as postdoctoral liaison at Houston Neuropsychology Society</td>
<td>Jane Booth, Ph.D.</td>
</tr>
<tr>
<td>Program Development/ Evaluation</td>
<td>Analyze data from Primary Care Same Day Mental Health Access program</td>
<td>Candy Smith, Ph.D.</td>
</tr>
<tr>
<td></td>
<td>Update and expand group material for psychoeducational groups</td>
<td>Elizabeth Conti, Ph.D.</td>
</tr>
<tr>
<td></td>
<td>Help develop and co-facilitate a new group intervention for moral injury</td>
<td>Ellen Teng, Ph.D.</td>
</tr>
<tr>
<td></td>
<td>Conduct LGBT Veterans Needs Assessment and present to hospital leadership</td>
<td>Michael Kauth, Ph.D.</td>
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<tr>
<td>Clinic Management</td>
<td>Restructure mental health screening process for new patients in Hematology/Oncology clinic</td>
<td>Elizabeth Conti, Ph.D.</td>
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<td>Complete risk assessments for DBC</td>
<td>Justin Springer, PhD</td>
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<td>Develop service-specific Behavioral Medicine CPRS consults</td>
<td>Candy Smith, Ph.D.</td>
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<tr>
<td>In-Service and Outreach</td>
<td>Baylor Grand Rounds: “Evidence-Based Practice in the Treatment of Schizophrenia: Promoting Recovery with Psychosocial Interventions”</td>
<td>Justin Springer, Ph.D.</td>
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| MEDVAMC staff in-service presentations: | - preventing burnout among nurses  
- implementation of measurement-based care in PCT  
- suicide risk assessment procedures | Various supervisors |
| CITRAS representative at MHCL – All Care Line Meeting | Ellen Teng, Ph.D. |

**Summary of Postdoctoral Training at MEDVAMC**

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.
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 (the week of August 16, 2020).

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 24, 2020. Half-day interviews will be conducted on the following dates: Jan. 27 and 31, 2020. 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 Residents is set at $52,643 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.
APPLICATION PROCEDURES

Click on the following link to access the APPA CAS (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 16, 2019 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:

Ellen J. Teng, Ph.D.                  Ashley Clinton, Ph.D.
Director, Psychology Training       Assistant Director, Psychology Training
(713) 578-5513                      (713) 791-1414 ext. 24602
Ellen.Teng@va.gov                    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 focus 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. The primary training sites for this focus area occur on our Acute Recovery Treatment Environment (ARTE) Inpatient Unit, Psychosocial Rehabilitation & Recovery Center, and General Mental Health Clinic- CLIMBS. 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, supervised supervision, 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 focus area. Additional rotations outside of the focus 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.

The primary supervisors in the SMI focus are: Jared Bernard, Ph.D., Amy Cuellar, Ph.D., Joshua Johnson, Ph.D., Elaine Savoy, Ph.D., and Randy Whittles, Ph.D. Please see the Training Staff section for supervisor background descriptions.

Residents in the SMI focus 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.
• Exposure to EBPs for SMI including: SAMHSA toolkit implementation, CBT for psychosis (CBTp), DBT Skills, and Family Education, Social Skills Training, and Cognitive Rehabilitation
Overview

The Trauma/Anxiety Disorders focus 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. 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. There are also opportunities to engage in program evaluation, research, and administrative experiences.

Residents in the Trauma/Anxiety Disorders focus area work with the preceptor throughout the year. Residents must commit a minimum of 50% time throughout the training year to this focus area. Rotations offered in this focus area include: PTSD Clinical Team (PCT), WISER, Returning OEF/OIF Veterans Environment of Recovery Program (ROVER), and PTSD/SUDS dual diagnosis. The PCT rotation is required for a 6-month duration. The Women's Inpatient Specialty Evaluation & Recovery Program (WISER), ROVER, and PTSD/SUDS dual diagnosis can be either 3- or 6-month rotations, and Residents have the option of choosing which of these rotations they wish to complete as part of their training in the trauma focus area. Additional rotations outside of the focus 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 focus 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) on issues related to combat trauma and Military Sexual Trauma as well as other non-combat related traumas.

The primary supervisors in the PCT are Drs. Beckner, Dunn, Hammond, O’Byrne, Robinson, Szydlowski, Teng, Thompson, Wanner, and Williams. Please see the Training Staff section for supervisor background descriptions.

Residents in the Trauma/Anxiety Disorders focus 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, with an emphasis on Evidenced Based Practices.
- 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.
• 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.
CLINICAL FOCUS AREA: Anxiety & Stress

Overview

The Resident in the Anxiety & Stress focus area will dedicate a minimum of 50% time throughout the year in rotations that are clinically focused in treating anxiety and stress-related disorders. Training can take place through The Center for Innovative Treatment of Anxiety and Stress (CITRAS), GMHC rotations focusing on anxiety, and the PTSD Specialty Team (PCT). Consistent with the overall Residency structure, the Resident may elect to complete external rotations in other specialty areas such as ROVER/WISER and the Substance Use Disorders Clinic. Additional rotations outside of the focus 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.

The Center for Innovative Treatment of Anxiety and Stress (CITRAS) is a clinical research program within the Mental Health Care Line focused on developing, evaluating, and enhancing measurement-based care for Veterans with anxiety and stress-related disorders. This rotation is geared toward Residents interested in applied clinical research. The majority of clinical training will occur via participation in treatment outcome research accompanied by weekly research team meetings. The CITRAS rotation requires a 6-month duration as a major rotation.

The PCT provides opportunities to develop advanced skills in the assessment and treatment of PTSD. Evidence-based treatments such as Prolonged Exposure and Cognitive Processing Therapy are the main treatments provided. There are additional opportunities to participate in group-based treatments such as meditation, in-vivo exposure, and PTSD recovery. When electing the PCT rotation, consideration should be given to developing a training plan that allows enough time for completion of evidence-based treatment protocols.

Rotations in the GMHC are provided within an interdisciplinary team-based model. The GMHC incorporates 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. Telehealth services, especially Clinical Video Teleconferencing to the Home (CVT-Home), are also a growing component of the care provided in these clinics. CVT-Home services are offered in the same interdisciplinary framework.

Residents in the Anxiety & Stress focus 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 interested in anxiety specialty positions and clinical research. 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.

The primary supervisors for the Anxiety & Stress focus emphasis area are Drs. Beckner, Clark, Dunn, Hiatt, Szydlowski, Teng, Thompson, and Williams. Please see the Training Staff section for supervisor background descriptions.

Residents in the Anxiety & Stress focus area will gain:

- Knowledge of theoretical models and empirical studies related to the etiology, epidemiology, usual course and efficacious treatment interventions with respect to anxiety and stress-related disorders.
- Abilities to correctly assess, diagnose, and treat persons with anxiety disorders, with an emphasis on Evidenced Based Practices.
- Knowledge of common co-morbidities associated with anxiety and stress-related 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.
- Awareness of current trends in efficacy and effectiveness 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.
CLINICAL FOCUS AREA: General Mental Health

Overview

The Resident in the General Mental Health focus area will dedicate a minimum of 50% time in the GMH Clinic throughout the training year. Consistent with the overall Residency structure, this 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 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 cognitive behavioral therapy, dialectical behavior therapy, interpersonal therapy for depression, and acceptance and commitment therapy.

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 however are directed through a clinic wide process focusing on matching the veteran with a therapist that can offer them the area of expertise or evidenced based therapy best suited for their needs. 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 focus area learn from a combination of modeling of staff psychologists and applied clinical practice. Residents participate in the delivery of direct patient care in the form of advanced evidence-based interventions and psychological assessments. Training in this focus 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.

The primary supervisors for the GMH focus area are Drs. Benson, Clark, Clinton, Bogwu, Glosch, Hiatt, Lamkin, and Teng. Please see the Training Staff section for supervisor background descriptions.

Residents in the GMH focus area will gain:

- Knowledge of theoretical models and empirical studies related to the etiology, epidemiology, usual course and efficacious treatment interventions with respect to mood, anxiety, and psychotic-spectrum disorders.
- Abilities to correctly assess, diagnose, and treat persons with affective disorders, with an emphasis on Evidenced Based Practices.
- Knowledge of common comorbid psychiatric and medical conditions 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.
- 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.
CLINICAL FOCUS AREA: Interprofessional Lesbian, Gay, Bisexual, Transgender Health Care

Overview

The Veterans Health Administration uses LGBT as a term inclusive of all gender and sexual minorities. 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 MEDVAMC has several primary training sites that provide integrated care to Veterans and offers 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 under the supervision of Dr. Tara Steinberg, and the General Mental Health Clinic (GMHC), under the supervision of Dr. Ashley Clinton. Additional training opportunities are available through the Women’s Residential Program, Women’s Health Clinic, and Primary Care Mental Health Clinics.

Clinical experiences include conducting cross-sex hormone evaluations, individual psychotherapy, group psychoeducation, psychotherapy, and support groups. The “Pride and Courage” group is a drop-in, process-oriented support group for LGBT Veterans in the General Mental Health Clinic. The “Bravely Becoming Real” group is a cohort-based group for transgender Veterans that focuses on psychoeducation, skills acquisition, and support and is run through the Primary Care- Mental Health Integration clinic. Clinical 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 treatment delivery 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) and participate in monthly national calls with LGBT residents from other VA medical centers.

The MEDVAMC Psychology Training Program also has 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 may also interact with medical students and residents, and social work interns from other programs.

The Resident is afforded several other training experiences, including the opportunity to assist the LGBT VISN Care Coordinator in various projects and related activities. 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 offering seminars and trainings to hospital staff. Opportunities for outreach in the community may also exist.

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 a consultant for the LGBT Resident training experience throughout the training year. Dr. Kauth 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. The Resident will 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.

The primary supervisors for the LGBT focus area are Drs. Clinton, Kauth, Mercado-Rivera and Steinberg. Please see the Training Staff section for supervisor background descriptions.

Residents in the LGBT focus area will gain:

- Knowledge of theoretical models and empirical studies related to the etiology, epidemiology, usual course and efficacious treatment interventions with respect to LGBT individuals.
- Abilities to correctly assess, diagnose, and treat persons with concerns stemming from LGBT issues.
- Knowledge of important medical and psychiatric co-morbidities in LGBT Veterans, 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.
- 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.
CLINICAL FOCUS AREA: Primary Care Mental Health Integration

Overview

The primary training site for the Primary Care focus 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 focus 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. Rotations include pre-surgical evaluations for organ transplants, the Pain Evaluation Center, anxiety treatment, health psychology, oncology, and health promotion. 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 focus 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 past experience.

The primary supervisors for the PCMHI focus area are: Shiquina Andrews, Ph.D., Angelic Chaison, Ph.D., Elizabeth Conti, Ph.D., Frances Deavers, Ph.D., Octavia Jackson, Ph.D., Paul Sloan, Ph.D., Allison Sweeney, PsyD, Vincent Tran, Ph.D, and Jeff West, Ph.D.

Residents in the PCMHI focus area will gain:

- 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.

Pain Evaluation Center
Elizabeth Hentschel, Ph.D.
This rotation provides an opportunity to assess and treat Veterans with chronic pain. Trainees will complete evaluations of Veterans initiating care in the Pain Evaluation Center. This process involves inquiring about someone’s pain experience to help develop treatment goals and a treatment plan, as well as interpreting assessments completed by the Veteran. Trainees will gain experience in individual therapy, focusing on evidence-based treatments for chronic pain, creating Personalized Health Plans, and using telehealth if desired (with VA-mandated training). They may also participate and co-lead groups, such as Relaxation Group or Pacing group. The rotation offers an opportunity for trainees to interact directly with an interdisciplinary team by attending weekly treatment planning meetings and consulting with other clinicians regarding initial and follow-up appointments. Trainees may also interact with staff in other MEDVAMC care lines (e.g., Anesthesia Pain Clinic, Physical Medicine & Rehabilitation). Should program development projects arise during the time of the rotation, trainees would be welcome to participate.
Cross-Sex Hormone and Gender Confirming Surgical Assessments
Michael Kauth, Ph.D.
This rotation provides trainees the opportunity to gain experience in conducting cross-sex hormone evaluations for transgender patients, which includes determining a diagnosis of Gender Dysphoria, assessing readiness to initiate hormone therapy, and making recommendations to support positive health outcomes. Trainees communicate the results of the evaluation to transgender patients and coordinate follow up with the patient’s providers and other clinical services, such as Endocrinology. In addition, trainees may have the opportunity to conduct gender confirming surgical assessments for a letter of support to the patient’s non-VHA surgeon. Most commonly assessments focus on chest reconstructive surgeries but may involve genital reconstructive surgeries. Gender confirming surgeries are not conducted by nor paid for by VHA. The time commitment for this rotation is flexible (major or minor rotation).

Women’s Health Administrative Rotation
Deleene Menefee, Ph.D.
The Women’s Health Center (WHC) is a specialty comprehensive 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. Trainees will gain administrative and program development experience with the facilities designated Women Veteran’s Program Manager. Opportunities exist to polish interprofessional/interdisciplinary skills interacting with facility-wide committees and national VA initiatives. The overall goal of the rotation is to expose the trainee to women Veterans as an underserved, minority population with unique mental and physical healthcare needs. This rotations is designed so that trainees will: 1) be exposed to extant literature on the needs of women Veterans; 2) gain knowledge VHA directives at a national, VISN, and facility level; 3) participate in the ongoing development, implementation, and evaluation of these directives, including reproductive health across the life span, maternity care coordination, infertility, breast health imaging, and gender-specific primary care teams; and, 4) and gain exposure to SAIL/HEDIS performance measures that guide program development. Although this rotation is not focused on the assessment or provision of mental health services, the trainee will have brief, interventional opportunities to manage patients in distress, mediate relationships between patients and providers, interact with the patient experience office to balance the expectations of providers with patient requests. Trainee will have the opportunity to develop a short-term women’s mental health focused project for evaluation and dissemination. Research opportunities are available, but largely dependent on the trainee’s interest.

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.

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 trainees interests and stage of professional development.

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 perspectives, interns will have the opportunity to participate in both individual and group interventions with primarily 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.
Pre-Surgical Assessment  
Shiquina Andrews, Ph.D.

This rotation allows 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 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. Finally, the MEDVAMC was approved in 2016 to perform kidney donor surgery. Thus, trainees will have the opportunity to perform donor mental health assessments, many of which are “civilians” (i.e., non-Veterans). 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  
Sarah Beckwith, Ph.D. and Herb Ames, Ph.D., ABPP, ABN

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, geropsychology, and generalist psychological practice. Assessment experiences include interview-based assessment, Whole Health assessment, clinical syndrome testing, objective personality testing, and neuropsychological screening. Neuropsychological assessment experiences are not routine but may be available based on trainee interest and Veteran need. Intervention experiences may include individual, relationship/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, health promotion (& secondary condition prevention), and fostering optimal adaptation/adjustment. Improving adaptivity of appraisals and coping skills, as well as identifying and mitigating the negative effects of co-morbid cognitive/psychological limitations, are major psychological roles. Improving motivation and treatment adherence is a common theme when psychological assistance is sought. Since all care occurs in the context of an interdisciplinary team, psychology is often consulted to assist in optimizing patient-provider interaction patterns should these become strained. 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 care team. Both supervisors have a strong commitment to the MEDVAMC Psychology Training program. Both have pragmatic and integrative orientations, an appreciation of empirical and conceptual bases of practice, and a focus on individualized training. Dr. Ames is ABPP board certified in Rehabilitation Psychology & Geropsychology, as well as a Diplomate in Professional Neuropsychology through the ABN (American Board of Professional Neuropsychology). Dr. Beckwith’s background is in clinical health psychology and behavioral medicine and she takes an integrative approach using CBT, ACT, Motivational Interviewing, mindfulness and relaxation training. Dr. Beckwith is also interested in multicultural and diversity-related issues and serves on the Multicultural Diversity Subcommittee for the Psychology Training Program. Dr. Ames and Dr. Beckwith also have experience with evidence-based CBT for chronic pain (CBT-CP). Depending on the trainee’s interests and time availability, there are opportunities to be involved in research-related products (e.g., posters; presentations; journal submissions) regarding psychological processes and outcomes in our Spinal Cord Injury Center.

**Oncology/Hematology**  
**Elizabeth Conti, Ph.D.**  
This rotation provides opportunities to learn about different types of cancers and hematological conditions, treatments, side effects of treatments, and typical psychological reactions to cancer. Trainees will have the opportunity to provide assessment, individual therapy, and group therapy to Veterans with cancer and hematological conditions, as well as consultation to their physicians, nursing staff, dietitian, social worker, and other team members. Most activities occur in the Cancer Center, a multidisciplinary specialty medical clinic. Additional experiences may be available in Urology, ENT, and the Women’s Health Center. In addition to weekly Tumor Board meetings, trainees will participate in psychosocial distress screening, walk-in/same day and scheduled assessment, as well as a broad range of individual therapies (e.g., CBT, ACT and mindfulness training, supportive, therapy for end-of-life concerns). Issues typically addressed during therapy are depression, anxiety, adjustment, managing side effects, smoking/alcohol cessation, pain, insomnia, death and suicidal ideation, and caregiving relationships. Therapy is flexible and provided with attention to treatment burden and the Veteran’s individual needs (i.e., may be short term or longer-term, weekly or monthly). Group therapies include support groups co-led with the Onc/Hem social worker and a skills-based stress management group for individuals with urologic cancers. Trainees may also provide services to individuals referred by palliative care. Opportunities to be involved in quality improvement projects may also be available.

**Cardiology**  
**Francis Deavers, PhD.**  
This rotation provides opportunities to learn about different cardiac conditions and treatments, their impact on quality of life and functioning, and the interrelationship between psychological and physical health. Trainees will have the opportunity to provide assessment and individual therapy to Veterans with cardiac conditions, both on an outpatient basis and in the cardiac
intensive care unit (CCU). Issues typically addressed during therapy are depression, anxiety, adjustment, smoking/alcohol cessation, insomnia, and health behavior change. This rotation will emphasize use of the biopsychosocial model in case conceptualization, as well as flexible implementation of evidence-based interventions (e.g., ACT, CBT, MI) alongside supportive and meaning-focused therapies. As part of this rotation, trainees will consult with physicians, nursing staff, social workers, and other team members through various activities including: participating in rounds on CCU, shadowing a cardiologist in clinic, participating in Behavioral Health Program consultation meetings, and attending cardiology case presentation meetings. Additional experiences may be available including facilitating a heart failure support group and engaging in program development activities.

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.

Mental Health Intensive Case Management (MHICM)
Joshua Johnson, Ph.D.
MHICM serves Veterans with a diagnosis of SMI in a wide range of settings, most often in community settings such as their homes. Trainees on this rotation will gain experience with assessment, clinical intervention, case management, and case consultation, within an interdisciplinary team including MDs, NPs, RNs, SWrs, LMFTs, VRS, and peer support specialists. We are recovery oriented and provide Veteran-centered care; we use our expertise to deliver intervention, support, and guidance, through a collaborative and flexible approach, to help Veterans progress towards their goals. The MHICM service is holistic in scope which means we not only address mental and physical health challenges, but we also assist with progress towards a self-chosen purposeful life. Specific tasks which define a psychologist’s contribution to the service include: recovery goal plan generation/review/updates, measurement based care tasks, clinical diagnostic assessments, program specific assessments, program screening
evaluations, suicide risk assessments, delivery of evidence based interventions, psychoeducation to Veterans and their families/significant-others, clinical case management, and suicide prevention safety planning tasks, as well as appropriate documentation of clinical encounters. Particular focus is given to how issues such as cultural diversity and stigma may impact an individual Veteran’s recovery and how to provide culturally-informed clinical care.

**Infectious Diseases and Consult & Liaison Psychiatry**  
**Tara Steinberg, Ph.D.**  
The HIV, Hepatitis C, HIV/STD prevention (Pre-Exposure Prophylaxis Treatment) rotation is a minor rotation for 8-16 hours that 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 treatment evaluations and psychological assessments, and gain specialty training in therapeutic techniques such as Motivational Interviewing, Mindfulness, and Cognitive-Behavioral Therapy, with an emphasis on brief intervention modalities for health populations.

**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.

Neuropsychology

General Neuropsychology
Jonathan M. Grabyan, Ph.D.; Adam Christensen, Ph.D.
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.

General Neuropsychology and Polytrauma
Brian Miller, Ph.D.
Interns may have the opportunity to work with patients referred to the General Neuropsychology Clinic (as described above) and Polytrauma Network Site over the course of a single rotation. 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. 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.
Rehabilitation and Extended Care Line
Nicholas Pastorek, Ph.D., ABPP-CN

The neuropsychology service in the Rehabilitation Extended Care Line primarily provides outpatient assessment and treatment to Veterans with polytrauma from Operation Enduring Freedom/Operation Iraqi Freedom in collaboration with the interdisciplinary Polytrauma Support Clinic Team. 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 therapy, and facilitating psychological adjustment of the patients and caregivers through psycho-educational feedback 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 residents.

COMPENSATION & PENSION

Compensation and Pension
Kristy Hoyuela, Ph.D., Samoan Johnson, 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**

**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.

**Bipolar and Schizophrenia Treatment (BeST) Clinic**
**Jared Bernard, Ph.D.**
The Bipolar and Schizophrenia Treatment (BeST) Clinic, under Dr. Jared Bernard, is a specialty clinic within the General Mental Health Clinic (GMHC) that provides evidence-based outpatient services to Veterans with serious mental illness (SMI). Trainees working with Dr. Bernard will have the opportunity to provide individual and group psychotherapy to Veterans with psychotic disorders and bipolar disorder. Examples of available therapeutic approaches include Cognitive Behavioral Therapy for Psychosis (CBTp), Acceptance and Commitment Therapy (ACT), Social Skills Training for Schizophrenia (SST), Life Goals for Bipolar disorder, and Illness Management and Recovery (IMR). Trainees will have the opportunity to work closely with interdisciplinary treatment team members conducting initial assessments and treatment planning, as well as to provide consultation and liaison services to other programs for coordination of care. There may also be opportunities for comprehensive psychological assessment to provide diagnostic clarification and treatment recommendations to Veterans, as well as research and program development.

**General Mental Health Clinic**
**Caitlin Clark, Ph.D.**
The General Mental Health Clinic (GMHC) is an outpatient clinic that provides services to Veterans with a wide range of presenting concerns, including mood, anxiety, trauma-related, psychotic, and cognitive disorders. This rotation focuses on the assessment and treatment of anxiety disorders, including social anxiety, generalized anxiety, panic disorder, phobias (e.g., claustrophobia), and trauma-related disorders (e.g., PTSD, depression). Emphasis will be placed on differential diagnosis and case conceptualization skills as well as flexible implementation of evidence-based interventions. Trainees may opt to focus their rotation on a particular type of clinical presentation (e.g., generalized anxiety disorder, subthreshold PTSD, co-occurring anxiety and depression), or more broadly on a particular type of intervention (e.g., exposure). Trainees will have the opportunity to carry an individual therapy caseload, conduct diagnostic and psychosocial assessments, and participate in interdisciplinary team and case consultation meetings. Additionally, trainees may have the opportunity to co-facilitate a moral injury group for Veterans with psychological and spiritual distress secondary to morally injurious events.

**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 – Anxiety**  
**Jessica Freshour, Ph.D.**  
This rotation is a minor rotation 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 co-occurring disorders. A focus on late life anxiety is available. Trainees also have the opportunities to co-facilitate a CBT for Anxiety group.

**General Mental Health Clinic- Geropsychology Rotation**  
**Caryn Glosch, Ph.D.**  
This Geropsychology rotation takes place within the General Mental Health Clinic and serves outpatient veterans. Referrals typically include older adults struggling to adjust to late-life stressors, such as retirement, complex medical problems, grief and loss, etc., in addition to traditional mental health issues like depression, anxiety, and PTSD. Although the primary focus is on using and adapting evidence-based psychotherapies to older adults, there are opportunities to deliver brief, problem-focused psychotherapy or psychoeducation to veterans who have been diagnosed with dementia and their caregivers, providing education about diagnoses, resources, and caregiving. Interns have the opportunity to co-facilitate the 10-week Memory Skills group, which provides education about how memory works and cognitive compensatory strategies to help veterans deal with memory and attentional complaints. There are limited opportunities to engage in cognitive testing (brief assessments of memory, attention, language, and functional abilities) and capacity evaluations based on interest and availability. Supervision is generally provided in a mentoring atmosphere with more independence assumed as proficiency is demonstrated.

**Dialectical Behavior Therapy**  
**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.

GMHC Psychological Testing Clinic
Joanna Lamkin, Ph.D.
The Psychological Testing Clinic receives referrals for diagnostic clarification for Veterans currently receiving treatment in the General Mental Health Clinic (GMHC). The clinic addresses a range of referral questions, including differential diagnosis using DSM-5 criteria, personality assessment, evaluation of difficulties with attention and concentration, and evaluation of difficulties in academic domains. Trainees will have the opportunity to strengthen skills in assessment, including: (1) selection of empirically supported test batteries to address the unique referral question, (2) structured administration of test materials and diagnostic clinical interviews, (3) scoring and interpretation of test results, (4) report writing, (5) developing treatment recommendations, and (6) providing feedback to Veterans. Trainees can expect exposure to a variety of presenting concerns and the opportunity to strengthen general diagnostic competency in addition to the domains outlined above.

General Mental Health Clinic
Jennifer Bogwu, 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.

General Mental Health Clinic – Lesbian, Gay, Bisexual, and Trans Identities Related Concerns
Hiram Rivera-Mercado, Psy.D.
The goal of this rotation is to train future psychologists in being sensitive, innovative, and knowledgeable in working with issues related to LGBT identified Veterans (e.g. mood disorders, trauma, coming out experience, impact of internalized stigma, minority stress, identity development, among others). Trainees will learn ways to help LGBT Veterans navigate the VA system and help advocate for appropriately informed care. Trainees will have opportunities to provide individual treatment using affirming and evidence-based practices (e.g. CBT, IPT, ESTEEM). Also, trainees will have the opportunity to participate in Pride & Courage LGBT group, where they will be able to provide psychoeducation regarding LGBT issues to Veterans. Trainees will work in interdisciplinary teams and develop consultation skills in regards to LGBT identities. Program development opportunities and outreach participation may be available depending on interest and training committee approval.

General Mental Health Clinic- BeST Clinic
Randy Whittles, Ph.D.
BeST clinic, is a specialty clinic within the General Mental Health Clinic (GMHC) that provides evidence-based outpatient services to Veterans with serious mental illness (SMI). Trainees working in this rotation will have the opportunity to provide individual and group psychotherapy to Veterans with psychotic disorders and bipolar disorder. Examples of available therapeutic approaches include Cognitive Behavioral Therapy for Psychosis (CBTp), Acceptance and Commitment Therapy (ACT), Social Skills Training for Schizophrenia (SST), Life Goals for Bipolar disorder, and Illness Management and Recovery (IMR). Trainees will have the opportunity to work closely with interdisciplinary treatment team members conducting initial assessment and treatment planning, as well as to provide consultation and liaison services to other programs for coordination of care. There may also be opportunities for comprehensive psychological assessment to provide diagnostic clarification and treatment recommendations to Veterans, as well as research and program development.
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 opportunity to facilitate CPT groups, with one group focused on providing treatment for female Veterans. The PCT functions as a specialty clinic staffed by a multidisciplinary treatment team.

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.

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.
The Center for Innovative Treatment of Anxiety and Stress (CITRAS)
Ellen J. Teng, Ph.D.
This rotation offers trainees experiences in assessment and time-limited individual and group psychotherapy within the context of clinical research. The Center for Innovative Treatment of Anxiety and Stress (CITRAS) is a research program within the Mental Health Care Line focused on developing, evaluating, and enhancing measurement-based care for Veterans with anxiety and stress-related disorders. Trainees will engage in 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). There are also opportunities to participate in treatment outcome research examining innovative methods of delivering evidence-based treatments for anxiety and stress-related disorders such as moral injury, using intensive weekend treatment formats and transdiagnostic cognitive behavioral approaches. As part of this rotation, trainees will participate in weekly research team meetings that focus on preparing for academic and clinical research careers. Research meetings also include a structured writing team to support trainees in developing a manuscript ready for submission by the end of the training year.

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 include 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 assessment and treatment planning; program development and evaluation; community outreach; and mental health administrative experiences. A specialized opportunity for a subset of trainees involves engagement in the VA’s Prolonged Exposure rollout training. This involves completion of a 4-day workshop combined with successful completion of cases under consultation.

PTSD Clinical Team (PCT) – with Telehealth option
Kathleen Szydlowski, Ph.D.
This PTSD Clinical Team (PCT) rotation provides trainees the opportunity to conduct assessments of trauma-related symptoms and to provide frontline, evidence-based psychotherapies to Veterans with PTSD. In terms of assessment experiences, trainees can advance their competency in making differential diagnosis, administering the Clinician-Administered PTSD Scale for DSM-5 (CAPS-5), and utilizing measurement-based care to inform treatment planning. Trainees on this rotation will gain focused experience providing Prolonged Exposure Therapy (PE) and/or Cognitive Processing Therapy (CPT) individually to Veterans with a range of military- and non-military-related trauma histories. Consistent with the VA’s commitment to enhance access to care for Veterans, trainees on this rotation have the option
of learning to provide these services via telehealth. Other experiences include the opportunity to attend weekly multidisciplinary team meetings and engage in case consultation.

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 Disorders Treatment Program
Jocelyn Abrams, Ph.D.
Trainees on this rotation will primarily provide care facilitating Veterans’ recovery from substance use disorders. Trainees will gain experience working collaboratively on an interdisciplinary treatment team, while also doing individual therapy, case management, treatment planning, and assessment with Veterans presenting with a Substance Use Disorder diagnosis. This rotation encompasses gaining experience with group with the possibility of either co-facilitating or leading a group. Groups include early recovery and relapse prevention skills using the MATRIX model of the Substance Abuse and Mental Health Services administration (SAMSHA), support group and coping/stress management group are available. There is also the opportunity for trainees to learn CBT-SUD (CBT for substance use disorders), and gain experience with motivational interviewing (MI)/motivational enhancement therapy (MET). Trainees may be interested in experiences with consult liaison services on inpatient medical and psychiatric units. There are also opportunities to treat co-occurring PTSD and substance use within SDTP on this rotation using evidenced based treatments.

Substance Disorders Treatment Program
Mercedes Carswell, Ph.D.
Trainees on this rotation will gain experience in psychotherapy, case management, treatment planning, and assessment with Veterans presenting with a primary Substance Use Disorder diagnosis. A typical rotation schedule will include individual psychotherapy, case management sessions, and psychotherapy/psychoeducational groups. Trainees will have the opportunity to attend, and participate in, a weekly interdisciplinary patient staffing. Additionally, trainees
interested in providing early intervention can assist with inpatient consults as the rotation schedule allows. Training in evidence-based interventions for SUD is emphasized during the rotation. Focused training in MET and/or CBT-SUD is available for interested trainees. Trainees will also be asked to complete at least one psychological assessment during the rotation which will include a personality instrument (e.g., PAI, MMPI-2-RF). Trainees on this rotation will work collaboratively in a multidisciplinary environment. They will have opportunities develop their skills in case conceptualization, assessment of SUD, treatment planning, facilitating groups, and providing psychotherapy and case management for Veterans with SUD.

**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.

**Substance Disorders Treatment Program**  
**Paige Morrison, Psy.D.**

Trainees will learn to function as a member of an interdisciplinary team including social workers, addictions therapist, and psychologist. The Substance Dependence Treatment Program is an outpatient subspecialty of the General Mental Health Clinic, with experiences consulting with inpatient teams. Within the program, trainees will learn to function as a member of an interdisciplinary team including social workers, addictions therapists, physicians, Pas and psychologists. Trainees will have the opportunity to engage in group and individual therapy, telehealth services, and consult services at bedside for medicine units and within psychiatry inpatient units. Trainees will learn about addiction and co-occurring mental health and physical disorders. Trainees can gain exposure to the intensive outpatient and outpatient levels of care, as well as learn to determine the level of care needed by the patients. Trainees can gain familiarity with motivational interviewing, 12 step facilitation, CBT-SUD, measurement based treatment using the Brief Addictions Monitor, and the Substance Abuse & Mental Health Service Administration’s (SAMSHA’s) Matrix Model curriculum. Specific
to this rotation: Dr. Morrison runs an ACT for SUD group (Friday) which trainees can observe, co-facilitate or lead depending on personal interest. Trainees are likely to gain experience in consultation liaison and recent research in this area (Wednesdays and Fridays). Telehealth case management and therapy experience will likely be available on this rotation. Trainees can work with Dr. Morrison to better integrate technology into patient care.

Substance Disorders Treatment Program
Jessica Spofford, Ph.D.
This rotation is within a specialty outpatient clinic, Substance Disorders Treatment Program (SDTP), designed to help Veterans recover from addiction. Trainees will have the opportunity to develop an understanding of the complexities with which many of the Veterans in this clinic often present, such as homelessness, unemployment, relational strain and interpersonal difficulties, medical and legal concerns, and other mental health related illnesses. Training experience includes gaining experience in diagnostic interviewing, with a focus on substance use history, upon the initial referral of a Veteran to SDTP. This rotation also encompasses learning how to assess a Veteran’s recovery progress using the Brief Addictions Monitor – Revised (BAM-R). A significant focus on this rotation is in gaining experience with group, with the possibility of either co-facilitating or leading a group, including psychoeducational groups with use of the MATRIX model of the Substance Abuse and Mental Health Services administration (SAMSHA), as well as with evidenced-based treatment groups such as Interpersonal Therapy (IPT) for Depression and Substance Use Disorders and Dialectical Behavior Therapy (DBT). There is also the opportunity for trainees to learn how to implement contingency management (CM) for treatment of stimulant use disorders. Other experiences on this rotation may encompass individual therapy, psychological assessment, treatment and discharge planning, offering consult liaison services on inpatient medical and psychiatric units, and engaging in interdisciplinary SDTP treatment team meetings. The primary goal of this rotation is for trainees to develop basic understanding of assessment and treatment, etiology, and case conceptualization of 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.
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.

Women’s Inpatient Specialty Evaluation & Recovery Program (WISER) and Returning OEF/OIF Veterans Environment of Recovery Program (ROVER)  
Katie O’Byrne, Psy.D. & Jill Wanner, Ph.D.  
The WISER rotation will provide trainees with a unique opportunity to work with female combat Veterans from all era’s 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. WISER Veterans typically have a diagnosis of PTSD, substance abuse (SUD), interpersonal difficulties and/or personality disorder. There is some flexibility within the rotation to tailor to the experience to the trainee’s goals. Opportunities include participating in: Treatment Team Rounds (multidisciplinary meeting with each individual patient on the unit lasting approximately 2 hours) and Treatment Team staffing where patient applications are reviewed for acceptance into the program; conducting CPT group and individual CPT trauma account sessions; Administering and interpreting psychological evaluations (mini-reports); and Participating in other evidence-based groups such as Seeking Safety, and DBT.

The ROVER 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.

**Inpatient Program, 6A Rotation**

**Elaine Savoy, Ph.D.**

The 6A Inpatient rotation under Dr. Savoy provides trainees 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 6A 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 6A 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, Acceptance and Commitment Therapy, 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.

**Workplace Violence Prevention Program (WVPP) Rotation Description**

**Justin Springer, Ph.D.**

The WVPP rotation is designed to provide Psychology Trainees with an opportunity to develop proficiencies in mitigating risk associated with violent behavior throughout the MEDVAMC and CBOCs. Trainees on this rotation will have the opportunity to be a part of the Disruptive Behavior Committee (DBC), which is an executive committee designed to ensure safety in the hospital. Trainees on this rotation will have the opportunity to conduct threat assessments on patients and to mitigate threats via consulting with care teams in conjunction with the Threat Triage Team. Trainees will have the opportunity to work on a multidisciplinary team to establish Orders of Behavioral Restriction (OBRs) and Patient Record Flags (PRFs) in conjunction with the DBC’s Incident Review and Assessment Committee (IRAC). Though the DBC’s Employee Threat Assessment Team is currently unavailable to trainees due to privacy concerns, there are opportunities to develop an understanding of issues surrounding detection and mitigation of employee threats. Finally, trainees will be able to engage in numerous performance improvement opportunities using Disruptive Behavior Reporting System (DBRS) and Workplace Behavioral Risk Assessment (WBRA) data that are designed to provide the DBC with actionable recommendations to enhance safety. In sum, this rotation seeks to provide trainees with a foundational understanding of the Workplace Violence Prevention Program Model, of the components and committees that work in concert to maintain safety at work, and of risk mitigation strategies.
ADMINISTRATION OF PSYCHOLOGY TRAINING PROGRAM

Ellen J. Teng, Ph.D.

Trainees on this rotation will have opportunities to participate in the management and organization of the Psychology Training Program. Trainees will be exposed to the various regulating and accrediting bodies for psychology training, engage in program evaluation, and gain in-depth experience in the recruitment and selection process of new trainees.
Psychology Training Program Staff

JOCELYN ABRAMS, Ph.D.: Substance Disorders Treatment Program (SDTP)

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.

SHIQUINA ANDREWS, Ph.D.: Behavioral Health Program

HELEN (MINETTE) BECKNER, Ph.D.: PTSD Clinical Team (PCT)

SARAH BECKWITH, Ph.D.: Spinal Cord Injury
Memberships: American Psychological Association (Divisions 12, 22, 38), Association of VA Psychologist Leaders, Academy of Spinal Cord Injury Professionals.

KAREN BENSON, PhD: General Mental Health Clinic

JARED BERNARD, Ph.D.: Bipolar and Schizophrenia Treatment (BeST) Clinic, General Mental Health Clinic

MERCEDES CARSWELL, Ph.D.: Substance Dependence Treatment Program

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

ADAM CHRISTENSEN, Ph.D.: Neuropsychology, Community Integration Program (CIP)

CAITLIN CLARK, Ph.D.: General Mental Health Clinic

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

ELIZABETH CONTI, Ph.D.: Behavioral Health Program

AMY CUELLAR, Ph.D.: Community Integration Program (CIP) – Psychosocial Rehabilitation and Recovery Center
FRANCIS DEAVERS, Ph.D.: Behavioral Health Program
Theoretical Orientation: Cognitive Behavioral approach within a biopsychosocial framework.
Clinical and research interests: medical and mental health comorbidities, integrated healthcare,
chronic medical conditions, quality of life, brief evidence-based interventions, program
development and evaluation. Academic Appointments: Assistant Professor, Baylor College of
Medicine, Menninger Department of Psychiatry and Behavioral Sciences. Professional
Memberships: Association for Contextual and Behavioral Sciences, American Psychological
Association, Society for Behavioral Medicine.

NANCY JO DUNN, Ph.D.: PTSD Clinical Team (PCT)
University of Pittsburgh, 1984. Texas licensure. Supervisor, PCT. Theoretical Orientation:
Cognitive-Behavioral. Areas of specialization: PTSD and related disorders. Academic
appointments: Associate Professor, The Menninger Department of Psychiatry and Behavioral
Sciences, Baylor College of Medicine, and Department of Psychology, University of Houston.
Past Associate Professor of Psychology at Bowling Green State University. Professional
memberships: APA, ABCT, Association of VA Psychologist Leaders, and International Society for
Traumatic Stress Studies.

JESSICA FRESHOUR, PhD: General Mental Health Clinic
University of Houston, Clinical Psychology, 2008. Texas Licensure. Theoretical Orientation:
Cognitive-Behavioral. Clinical and Research Interests: Geropsychology, Anxiety disorders (GAD,
Social Anxiety, Panic). Academic appointments: Assistant Professor, Menninger Department of
Psychiatry, Baylor College of Medicine. Professional Memberships: American Psychological
Association, Division 12 Section II (Society of Clinical Geropsychology)

CARYN GLOSCH, Ph.D.: General Mental Health Clinic
University of Houston, Clinical Psychology (Neuropsychology emphasis), 2010. Puget Sound VA
Healthcare System Post-Doctoral Fellowship in Neurocognitive Disorders Across the Lifespan,
2011. Louis Stokes Cleveland VA Medical Center Post-Doctoral Residency in Geropsychology,
Interests: Geropsychology, Caregiver Burden interventions, cognitive assessment and capacity
evaluations, health psychology, health literacy. Professional Memberships: American
Psychological Association, Division 12 Section II (Society of Clinical Geropsychology), Houston
Psychological Association, Gerontological Society of America.

JONATHAN M. GRABYAN, Ph.D.: Neuropsychology, Community Integration Program
University of Houston, 2016. Postdoctoral Residency Clinical Neuropsychology (MEDVAMC),
2018. Kansas licensure. Areas of clinical interest: dementia, cerebrovascular disease, and
mental health comorbidities. Research interests: performance and symptom validity testing.
Supervisor, Clinical Neuropsychology Postdoctoral Residency. Academic appointments: Assistant Professor, Baylor College of Medicine, Department of Psychiatry & Behavioral Sciences. Professional Memberships: International Neuropsychological Society, Houston Neuropsychological Society.

CHARITY HAMMOND, Ph.D., General Mental Health Clinic

ELIZABETH HENTSCHEL, Ph.D.: Behavioral Health Program

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

KRISTY HOYUELA, Psy.D.: Community Integration Program (CIP) - Compensation and Pension

DOROTHY (OCTAVIA) JACKSON, Ph.D.: Primary Care Mental Health Integration
Association of VA Psychologist Leaders (AVAPL), Houston Psychological Association (HPA). Research Interests: Quality improvement of the management of mental health disorders in primary care settings. Academic Appointment: Assistant Professor, Baylor College of Medicine.

**JOSHUA JOHNSON, Ph.D.: Mental Health Intensive Case Management (MHICM)**  


**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.

JOANNA LAMKIN, Ph.D.: General Mental Health Clinic

DELEENE MENEFEE, Ph.D.: Women Veterans Program Manager
University of Houston, 2007. Texas Licensure. Clinical and Research Interests: Mental Health and well-being of women veterans deployed to combat theatres; PTSD and trauma-informed health care; Outcomes of violence against women. Academic Appointment: Assistant Professor, Department of Psychiatry, Baylor College of Medicine. Professional Membership: American Psychological Association and APA Divisions 18 (AVAPL) and 38 (Health Psychology).

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

BRIAN MILLER, Ph.D.: Rehabilitation and Extended Care Line and Mental Health Care Line - Neuropsychology
PAIGE MORRISON, Psy.D. Substance Dependence Treatment Program (SDTP)
Indiana University of Pennsylvania, 2017. Texas Licensure. South Texas Veterans Health Care System Postdoctoral Fellowship in Substance Dependence and Homelessness. Theoretical Orientation: Transtheoretical. Clinical/research interests: Individual, group and family therapy; substance dependence and co-occurring disorders; Medically assisted treatment (MAT); consult/liaison services.

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

KATIE-SCARLETT O’BYRNE, PSY.D.: Mental Health Inpatient Program Women’s Inpatient Specialty Environment of Recovery Program (WISER)

JENNIFER BOGWU, Ph.D. General Mental Health Clinic

NICHOLAS PASTOREK, Ph.D., ABPP-CN: Rehabilitation and Extended Care Line - Neuropsychology
and cognitive rehabilitation. Academic appointments: Assistant Professor, Baylor College of Medicine, Department of Physical Medicine and Rehabilitation; Assistant Professor, Baylor College of Medicine, Menninger Department of Psychiatry and Behavioral Sciences. Professional memberships: International Neuropsychological Society; Houston Neuropsychological Society.

HIRAM RIVERA-MERCADO, PSY.D. – General Mental Health Clinic and LGBT Veteran Care Coordinator.

LISA ROBINSON, PH.D.: PTSD Clinical Team

ELAINE SAVOY, Ph.D.: Acute Inpatient Program

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

PAUL SLOAN, Ph.D.: Behavioral Health Program (BHP)
The University of Southern Mississippi, 2005. Kansas licensure. Supervisor, Primary Care-Mental

JESSICA SPOFFORD, Ph.D.: Substance Disorders Treatment Program

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

AVILA STEELE, Ph.D.: Community Integration Program (CIP) - Compensation and Pension

TARA C. STEINBERG, Ph.D.: Infectious Diseases Clinic; General Mental Health Clinic; Infectious Disease Clinic
therapies for health-related behaviors in Veterans living with chronic illnesses, particularly HIV and liver diseases; pre-surgical evaluations for transplant and other medical procedures; bedside psychotherapy for medically ill, hospitalized Veterans. Research interests: psychophysiological effects of stress on HIV and HCV; HIV-associated neurocognitive disorders. Academic appointments: assistant professor, Menninger Department of Psychiatry, Baylor College of Medicine. Professional Memberships: APA, APS, SBM.

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


**KATHLEEN SZYDLOWSKI, Ph.D.: PTSD Clinical Team (PCT)**

University of Wisconsin – Milwaukee, 2016. Texas licensure. Clinical psychologist in the PCT which provides psychotherapy to Veterans with PTSD. Theoretical Orientation: Cognitive-Behavioral. Clinical interests: assessment, individual therapy, group therapy, with a primary focus on Posttraumatic Stress Disorder. Research Interests: Evidence-based treatments for PTSD; negative affect associated with PTSD including shame and guilt. Academic Appointment: Assistant Professor, Menninger Department of Psychiatry and Behavioral Sciences, Baylor College of Medicine. Professional Memberships: APA, ISTSS, ABCT.

**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**

enhancement. Academic appointments: Associate Professor, Menninger Department of Psychiatry and Behavioral Science, Baylor College of Medicine; University of Memphis, Department of Psychology, Affiliate Graduate Faculty Member. Professional Memberships: APA, International Society for Traumatic Stress Studies, Southeastern Psychological Association.

VINCENT TRAN, Ph.D.: Behavioral Health Program (Behavioral Health Program)

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.
Randy Whittles, Ph.D.: General Mental Health Clinic; Bipolar and Schizophrenia Treatment Clinic (BeST)
Theoretical Orientation: Cognitive-Behavioral, Acceptance and Mindfulness Based Approaches.
Clinical and Research Interests: Serious mental illness; Social Anxiety; Psychological Testing and Assessment. Academic Appointments: Assistant Professor, Menninger Department of Psychiatry, Baylor College of Medicine. Professional Memberships: APA, ACBS.

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