

## Psychology Postdoctoral Fellowship Program



**Salem VA Medical Center**  
Postdoctoral Fellowship Coordinator (116C)  
1970 Roanoke Boulevard  
Salem, Virginia 24153  
(540) 982-2463, extension 4188  
<http://www.salem.va.gov/>



**Applications due: January 1, 2017**  
**Salary: \$42,310**

### **Accreditation Status**

The Clinical Psychology postdoctoral fellowship at the **Salem VA Medical Center** is accredited by the Commission on Accreditation of the American Psychological Association. Our last site visit was in September 2014 and we received seven years of accreditation. Our next site visit is anticipated for 2021. Our Clinical Neuropsychology specialty is not accredited by the Commission on Accreditation of the American Psychological Association at this time. Questions related to the program's accreditation status should be directed to the Commission on Accreditation:

Office of Program Consultation and Accreditation  
American Psychological Association  
750 1<sup>st</sup> Street, NE  
Washington, DC 20002-4242  
(202) 336-5979  
[APAACCRED@APA.COM](mailto:APAACCRED@APA.COM)  
<http://www.apa.org/education/grad/program-accreditation.aspx>

### **Application & Selection Procedures**

Candidates for the fellowship must be U. S. Citizens from APA-accredited programs in clinical or counseling psychology who have completed an APA-accredited internship. No applicants from programs awarding degrees in areas other than psychology will be accepted. All requirements for the doctoral degree, including dissertations, must be completed prior to starting. This program supports and adheres to Equal Employment Opportunity policies and the Americans with Disabilities Act. Applications from racial, ethnic, and sexual minorities and women are strongly encouraged. No applicant will be discriminated against on the basis of race, color, creed, religion, sex, place of national origin, or age.

The application materials of candidates are reviewed by the staff psychologists and current fellows. **Early submission of applications is encouraged as interview slots will be filled on a rolling basis.** Reviewers evaluate the applicant's ability, record of achievement, and degree of potential compatibility with the fellowship program. These rankings are used to prioritize interview offers. Applicants who do not qualify for consideration will be notified promptly. Telephone interviews and V-tel interviews may be used. In-person interviews **are recommended** for our Clinical Psychology program. Our start date is expected to occur between late-August and early-September. Communication with applicants for the clinical psychology fellowship will follow the suggested APPIC guidelines for residency selection.

The Clinical Neuropsychology fellowship is a 2-year position and will not be recruiting for the 2017-18 year. Applicants to our Clinical Neuropsychology program may be able to interview in person at the Salem VA and/or at INS. Telephone and V-tel interviews may also be conducted. The Neuropsychology

fellowship will not be participating in the APPCN match process and an offer may be made before the APPIC and APPCN February deadlines.

For the Academic Year starting in 2017 we are recruiting for the following five emphasis area positions in our 1 year Clinical Psychology Program:

1. Posttraumatic Stress Disorder (PTSD)
2. Primary Care-Mental Health Integration (PC-MHI)
3. Anxiety & Depression: Evidence-Based Psychotherapy (EBP)
4. Geropsychology
5. Substance Use Disorders (SUD)

## **Application Procedures**

### **All applicants for fellowship must submit the following:**

- A letter of intent which specifies your future professional goals and details how the fellowship will contribute toward their achievement – please identify emphasis area for which you are applying
- Curriculum Vitae
- Three letters of reference from faculty or other professionals who are well acquainted with you and your qualifications
- One **official** copy of graduate school transcripts
- If at the time of application your dissertation has not been completed, please submit a letter from your dissertation chair documenting the timeline for completion of the dissertation
- Please submit a letter from your internship Director of Training documenting your status as an intern, whether any probationary or remedial actions have been taken, whether you are on track to successfully complete your pre-doctoral internship, and your anticipated internship completion date.

**This year we will be using the APPA CAS Online Application. Applicants for fellowship must submit their materials at <https://appicpostdoc.liasoncas.com/applicant-ux/#/login>.**

**THE DEADLINE FOR RECEIPT OF MATERIALS FOR ALL FELLOWSHIPS IS JANUARY 1, 2017. EARLY SUBMISSION OF MATERIALS IS ENCOURAGED.**

If there are questions about the fellowship program or if you need to check the status of your application, please call the psychology office at (540) 982-2463, extension 4188, and indicate that you wish to speak with the Postdoctoral Fellowship Coordinator about the fellowship program. **You may also contact Dr. Belkonen via email at [stacy.belkonen@va.gov](mailto:stacy.belkonen@va.gov).**

*\*Note: The VA requires all selected applicants to complete a Certification of Citizenship in the United States as well as other personnel forms prior to beginning VA training. A male applicant born after 12/31/1959 must have registered for the draft by age 26 to be eligible for any US government employment, including selection as a paid VA trainee. Male applicants must sign a pre-appointment Certification Statement for Selective Service Registration before they can be processed into a training program. Exceptions can be granted only by the US Office of Personnel Management; exceptions are very rarely granted. Fellows are subject to fingerprinting and background checks. Match result and selection decisions are contingent on passing these screens. VA conducts drug screening exams on randomly selected personnel, including trainees. Fellows are not required to be tested prior to beginning work, but once on staff they are subject to random selection for testing.*

## **Psychology Setting**

The Salem VAMC psychology staff is comprised of thirty-three doctoral level staff. Psychology falls under the



Mental Health Service Line (MHSL) and the Executive Psychologist, Dr. Shenal, provides administrative direction and supervisory oversight for all staff. Supervisory staff is a particular strength of the program. Psychology has an exceptional reputation in the medical center and psychologists are members of the Medical Staff. A number of our staff psychologists have completed post-doctoral fellowships with emphasis/specialty areas including neuropsychology and behavioral neurology, neuropsychology and rehabilitation psychology, primary care-mental health integration, general mental health and evidence based practices, geropsychology, and posttraumatic stress disorder. Behavioral, cognitive, and interpersonal approaches to clinical practice are all represented among staff and there is a strong emphasis on evidence-based assessment and treatment strategies. Psychologists actively involve trainees in ongoing programs of clinical research, resulting in multiple peer-reviewed co-authored papers and conference presentations. Salem VAMC psychologists are leaders in our field nationally and regularly present at national conferences and serve on VISN, National, and Medical Center committees, such as the Evidence-Based Practice subcommittee of the VA Psychology Training Council, the VHA Women's Health Subgroup, Mental Health Strategic Plan Workgroup, and the Salem VAMC Institutional Review Board. Several psychologists have been national consultants for best practice initiatives, such as the Prolonged Exposure Training Initiative. Psychology staff members are also involved in the psychiatry or medical residency programs as educators and/or supervisors. Overall, the psychology service is dedicated to contributing to best practices guidelines, providing high quality direct professional care, being informed by and/or informing clinical research, and providing an exceptional training experience.

Psychologists are deployed throughout the medical center and serve in a number of leadership positions. First and foremost, the Executive Psychologist also serves as the Associate Chief/Clinical Services of the MHSL. In addition, psychologists are employed in supervisory positions in the following interdisciplinary programs: Center for Traumatic Stress, Behavioral Medicine and Primary Care-Mental Health Integration Teams, and the Substance Abuse Treatment Program and Inpatient PTSD Treatment Program. Staff psychologists also coordinate and/or staff the following specialized services: Substance Abuse Residential Rehabilitation Treatment Program, Inpatient PTSD Treatment Program, Mental Health Clinic, Psychosocial Rehabilitation and Recovery Programs, Palliative Care, Home Based Primary Care, Community Living Center, Compensation and Pension, Polytrauma Support Clinic Team and the Employee Assistance Program.

In addition to offering the postdoctoral fellowship training, we offer an APA-accredited pre-doctoral internship program, training four interns each year. We also supervise practicum level students from Virginia Polytechnic Institute and State University and Radford University and undergraduate research practicum students from Roanoke College. Finally, members of our psychology staff are actively involved in our medical residency training program. Many hold faculty appointments at the University of Virginia School of Medicine and the Virginia Tech-Carilion School of Medicine. Staff provide didactic training and clinical supervision to psychiatry and medical residents and medical students through multiple program areas.

In addition to psychology and psychiatry training programs, the Salem VA Medical Center is a major training facility in the region and has many students, interns, and residents in most areas and in all phases of health care education. Students come from a variety of programs including Virginia Tech-Carilion School of Medicine, Edward Via College of Osteopathic Medicine, Jefferson College of Health Sciences, and Radford University.

The Salem VAMC's commitment to educational programs is evident in the generous funding made available for professional continuing education, development, and training activities. The psychology staff offers their own continuing education program, with over 20 scheduled hours per year. Psychology is provided with approximately \$5,000 per year to bring in a variety of speakers for presentations, seminars, research consultation, and specialty training for staff and interns. To complement our regularly scheduled trainings, MHSL has also sponsored and/or hosted trainings by nationally regarded experts in evidence-based treatments, including Dialectical Behavior Therapy, Cognitive Processing Therapy, Prolonged Exposure Therapy, and Acceptance and Commitment Therapy. Additionally, psychology staff participates in Grand Rounds offered by the Hospital and Psychiatry as well as other non-VAMC training opportunities

in the community. Both staff and trainees are granted ample authorized absence to attend educational activities outside the medical center. In addition, we host a psychology journal club and clinical case conference, as well as specialized didactic series in neuropsychology, geropsychology, general mental health, and substance use disorders. Due to the quality of staff, strong leadership, and the priority placed on training, we have been able to attract our top candidates in recruitment of staff, interns, postdoctoral fellows, and practicum students.

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

### **Training Model**

The Scientist-Practitioner model guides our psychology training programs. Our ideal is that of a psychologist who is skilled in the understanding and application of clinical research and scientific methods to her/his practice. Barlow, Hayes and Nelson (1984) speak of three roles of scientist-practitioners: that of research consumers and implementers, practice evaluators, and research generators and disseminators. The first two roles are expected of all of our professional psychologists, fellows, and interns. The majority of our doctoral staff also participates in research production and/or information dissemination. Fellows are expected to participate in these opportunities throughout their training year. Fellows are also expected to participate in the mentoring and training of interns, psychiatry residents, pharmacy students, and practicum students in the areas of research design and ethics when these opportunities are available.

We also value a developmental approach to training in which tasks of increasing difficulty and complexity are given to fellows throughout the course of their fellowship as they demonstrate their ability and readiness to take on new responsibilities. Supervision is expected to match the needs of the fellow in a way that facilitates professional development and progression.

### **Program Philosophy**

A special focus of our fellowship is fostering the growth and integration of fellows' personal and professional identities. We emphasize the need for balance in our lives. This results in our insistence on a 40-hour work week and encouraging our fellows to pursue interests outside of psychology, such as recreation, exercise, family, and friendships. Professional identity development, especially in the areas of employment location and selection, is assisted by seminars about job searches, licensure, program development, mental health administration, and supervision. In addition, psychology staff are very open to providing informal assistance in these areas. Finally, the atmosphere in the Mental Health Service Line at the Salem VAMC is quite collegial. We value our fellows highly, appreciating them both as professional colleagues and as fellow human beings.

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

The overarching goal of the fellowship experience is to provide the fellow with advanced skills that will enable him/her to function effectively as a scientist-practitioner in his/her emphasis area. The five ***emphasis areas*** of our clinical psychology postdoctoral training program are **Geropsychology, Post-Traumatic Stress Disorder (PTSD), Primary Care-Mental Health Integration (PC-MHI), Anxiety & Depression Evidence-Based Practices (EBP), and Substance Use Disorders (SUD)**. We also have one position in our 2 year **Clinical Neuropsychology Specialty**. The Geropsychology, PTSD, PC-MHI, SUD and MHC/EBP programs are each one year in length. The neuropsychology and geropsychology positions emphasize the provision of services to rural populations and telemental health. The overall program provides comprehensive training and clinical experiences designed to teach, develop, and enhance the requisite skills for effective practice in PTSD, primary care, evidence based practices, geropsychology, substance use disorders, and neuropsychology settings, as well as for effective leadership in these areas. In addition, the program focuses on ensuring competency in the more general practice areas of psychological assessment, diagnosis, treatment, consultation, supervision, leadership, and clinical research.

A second goal of the program is to equip fellows with the research training and consultative/liaison, teaching, leadership/administration and supervisory skills to be prepared for the market place and be able to incorporate research and the aforementioned skills into their practice.

Consistent with our Scientist-Practitioner model, our aim is to provide fellows with training in the areas of empirically supported treatment (EST) and evidence-based practices in each emphasis area; develop specific clinical, assessment, and research skills in each of these emphasis areas and promote training which ensures that clinical research and clinical practice inform one another. Our developmental approach to training also informs our purpose for the program, including the following: improve each fellow's confidence in clinical, research, consultative, teaching, administration/leadership, and supervisory skills over the course of the fellowship year and aid each fellow in her/his shift from student to professional.

To meet these goals, **the core objectives** for the **Geropsychology, PTSD, PC-MHI, SUD, and EBP fellow** include: ethical practice and sensitivity to diversity; quality and responsible professional practice; quality psychotherapeutic interventions skills; perform competent assessment and diagnostic evaluations; use of empirically-derived clinical knowledge in treatment. Additional objectives include: proficiency in research skills; consultation and liaison skills; administration/leadership skills; solid teaching and quality supervisory skills.

**Core objectives** for the **Neuropsychology fellow** include: ethical practice and sensitivity to diversity; quality and responsible professional practice; quality neurocognitive interventions skills; and the ability to perform competent neuropsychological evaluations. Additional objectives include: proficiency in research skills; consultation and liaison skills; administration/leadership skills; solid teaching and quality supervisory skills.

Specific responsibilities of the fellow are, in part, determined by his or her individual needs, interests, and level of readiness. Fellows should complete the program with a sense of expertise and competence in the emphasis area of their choice. Specific training experiences are highlighted below.

## **Program Structure**

Fellows have clinical and assessment experiences that comprise the majority of their training time. Approximately 50% of time is spent on clinical and assessment duties. This is individualized somewhat by each fellow at the onset of the fellowship year. The specific experiences for each fellow are articulated below but, at minimum, the Geropsychology, PTSD, PC-MHI, SUD and MHC/EBP fellows receive both group and individual therapy experience and the Neuropsychology fellow receives experience in neuropsychological evaluation. All clinical psychology fellows are also required to be involved in the provision of at least (3) comprehensive testing batteries. This can include the provision of testing or the supervision of interns providing testing to veterans, with such tests as the MMPI-2, MCMI-III, WAIS-IV, or WMS-IV, as well as numerous other measures appropriate for the presenting problem. Fellows also take the lead on, complete, and present a research and/or program development project over the course of the year (approximately 20% of time). Fellows function in the role of clinical supervisor to psychology interns, practicum trainees, and/or social work staff (approximately 10%). Interprofessional treatment team participation and consultation (10%) includes being active members of the Psychology Staff, as well as participation in weekly Psychology Staff meetings, monthly Training Committee meetings, and interdisciplinary meetings specific to their emphasis area. They provide regular consultation to fellow members of the psychology team, as well as to medical providers and other mental health staff. To enhance their understanding of the literature and prepare them to supervise, mentor, and/or teach as leaders in their respective fields, the fellows are responsible for offering at least two didactic seminars. For clinical psychology fellows, one seminar is on Empirically Supported Treatments and one is on a topic relevant to their emphasis area. The clinical neuropsychology fellow presents two didactics relevant to clinical neuropsychology. Each fellow also serves in at least one leadership/administration position (e.g., co-leader of an inter-disciplinary team, coordinator of Journal Club, Project Manager of a Performance Improvement Project, etc.). Lastly, fellows participate in our Postdoctoral Fellowship Seminar Series. This

includes didactics on relevant topics for the fellows, including Research and Grant Writing, Administration of Mental Health, Professional Development Issues, and Supervision. Fellows also participate in didactic series that occur within their own emphasis and specialty areas. These seminars are taught by staff or psychologists in the community with specific expertise in each area. Teaching, leadership, and didactics account for approximately 10% of the fellow's time.

Fellows receive a minimum of four hours of training and supervision per week. At least two of these hours includes supervision with a licensed clinical psychologist. Supervision of clinical therapy cases emphasizes the provision of treatments with empirical support (e.g., Prolonged Exposure Therapy, Cognitive Processing Therapy, Cognitive Behavioral Therapy for Depression, Motivational Interviewing). Supervisory techniques available include: co-leading of groups, direct observation, audio/video taping, bug-in-the-ear, and clinical case presentation. On occasion, supplementary supervision may be provided by members of other professional disciplines when desired and appropriate.

Teaching methods include a mentorship model of supervision in which the fellow functions as a junior colleague under the direction and guidance of our staff psychologists. Each fellow develops a comprehensive training plan for the year, with the help of their assigned Primary Mentor, Research Mentor (if different from the Primary Mentor), and the Fellowship Coordinator. Specific training and teaching modalities include modeling in clinical and research team meetings, use of focused readings in the fellow's areas of emphasis, review of administrative and policy issues governing the VHA and specific program areas, and regular participation in educational opportunities, such as Grand Rounds, training workshops and professional conferences. In addition, the fellows participate in the bi-weekly Postdoctoral Fellowship Seminar Series, didactics within their emphasis and specialty areas, and meet monthly with the Postdoctoral Fellowship Coordinator (PFC).

A priority of our training program is the provision of exceptional educational experiences for all trainee levels. We, therefore, place a high value on evaluating the efficacy of our training efforts. This is reflected in a multifaceted program evaluation process that includes evaluation of mentors, the program, and each fellow. To evaluate our fellowship mentors and program, fellows: a) meet with the Postdoctoral Fellowship Coordinatory (PFC) every month which includes a discussion on whether her/his expectations and goals for the training year are being met and to offer suggestions for improvement; b) evaluate all didactic seminars using our Seminar Evaluation Presenter and Training Feedback Forms; c) complete formal written evaluations of each primary mentor at the end of the year and of the fellowship program at the midpoint and end of the year; d) complete two year follow-up evaluations that assess: type of career/ position of the fellow (e.g., research, clinical, combined), type of setting/employment (e.g., VA, medical school, university), research productivity (e.g., peer-reviewed journal articles, conference presentations, grants), leadership roles, teaching experiences, supervision experience, consulting experience, perceived preparedness for leadership roles in the emphasis area, and any recommendations for program improvement. To evaluate whether clinical psychology fellows have met set out goals and objectives, clinical psychology fellows are formally evaluated by their primary mentors twice, once at the mid-point and once at the end of the fellowship. Our neuropsychology fellow is evaluated at 6 months, 12 months, 18 months, and 2 years to ensure that s/he has met set out goals and objectives . This is done by using our Postdoctoral Fellowship Competency Assessment Form and Neuropsychology Postdoctoral Fellowship Competency Form. The Postdoctoral Fellowship Competency Assessment Form requires fellows to demonstrate competency in each of the following areas: Ethics and Sensitivity to Diversity, Professional Practice, Scholarly Inquiry, Psychotherapeutic Interventions, Assessment and Diagnosis, Consultation/Liaison, Supervision, Teaching, and Administration. The Neuropsychology Fellowship Competency Assessment Form requires the fellow to demonstrate competency in the following areas: Ethics and Sensitivity to Diversity, Professional Practice, Scholarly Inquiry, Neurocognitive Interventions, Neuropsychological Assessment and Diagnosis, Consultation/Liaison, Supervision, Teaching, and Administration. To ensure fellows are achieving our set standards, the PFC remains in direct contact with all supervisors and facilitate necessary interventions as soon as problems are recognized. In addition, informal verbal feedback is given to fellows throughout the course of the year and formal 6 month, 1 year, 18 month (if applicable), and 2 year (if applicable) evaluations are used to provide fellows with written feedback on whether they are meeting program expectations. For fellows who are not meeting competency standards, a stepped intervention system is in place to address issues expeditiously and is

clearly delineated in our Psychology Training Policy. Finally, fellows are also evaluated by trainees for whom the fellow provides supervision using our Supervisor Competency Assessment Form.

The fellowship program is administered and governed by the PFC and a Training Committee comprised of the DOT, the Executive Psychologist (EP), staff psychologist representatives from each of the major internship rotations, a postdoc fellow representative, and an intern representative. All fellows may attend the training committee meetings.

Our fellowship begins early-August to mid-September. A fellow is on duty 40 hours per week and works 52 weeks (Geropsychology, PTSD, PC-MHI, EBP, SUD Fellows) or 104 weeks (Neuropsychology Fellow). Fellowship positions are designed to provide sufficient time to complete the required duties within a 40-hour workweek. However, it is reasonable to anticipate spending some off-duty hours reviewing professional literature, treatment manuals, etc. Fellows may only work 40 hours in their normal work week. It is expected that the fellows will be available for duty for essentially the full 52- and 104-week period. Excessively early completion or long, non-emergent absences are discouraged.

## **Training Experiences**

The Geropsychology, PTSD, PC-MHI, EBP, SUD, and Neuropsychology fellow are involved in activities appropriate for each emphasis or specialty area.

### **Geropsychology Fellow**

The Rural Geropsychology Fellow will be exposed to training that is consistent with the Pikes Peak Model for training in professional geropsychology. The provision of services to older Veterans living in rural areas will be emphasized. This position will provide the opportunity to address and resolve the unique difficulties presented by an aging population by providing psychological interventions targeting issues relevant to aging including dementia, caregiver stress, depression, anxiety, pain, grief, and adjustment in lifetime developmental stages. Evidence-based interventions, such as REACH-VA (for caregivers of individuals with dementia) and STAR-VA (an interdisciplinary, non-pharmacological approach to the management of dementia-related behaviors in Community Living Centers\* (CLC)) are emphasized. The Fellow will also further refine his/her skills in assessing psychological and cognitive functioning (including evaluation of psychiatric disorders, dementia, stroke). These services will be provided in a variety of inpatient and outpatient treatment settings in a diversity of clinics including the Center for Neurocognitive Services' (CNS) Geropsychology Outpatient Program, the Community Living Center (CLC), the Memory Assessment Clinic, Palliative Care, Home-Based Primary Care, Primary Care-Mental Health Integration, Neuropsychology, and the Evidence-Based Practice Interprofessional Team in the Mental Health Clinic. The Rural Geropsychology Fellow will also work with patients through telehealth in a particular effort to enhance services for Veterans living in rural settings. In addition to the Postdoctoral Fellow training seminar, the Geropsychology Fellow will attend a weekly videoconference seminar, presented in collaboration with several VA geropsychology postdoctoral fellowship programs nationwide. Fellows will be expected to complete a research and/or program development project related to aging, dementia care, or other area of interest. The Rural Geropsychology Fellow is involved in the training and supervision of psychology interns and students, as well as psychiatry residents in CNS. Further, the fellow assumes a leadership role in managing performance improvement activities within CNS. The Rural Geropsychology Fellow will be expected to consult on a regular and frequent basis with staff on interdisciplinary teams in CNS, in the CLC, and throughout the medical center to provide comprehensive, person-centered care for geriatric Veterans and their families.

### **PTSD Fellow**

The PTSD fellow is exposed to best practice treatments and assessments for PTSD, as well as clinical research. In addition, fellows gain a solid understanding of the needs of veterans with chronic PTSD, those who are recently returning from deployment, and those exposed to Military Sexual Trauma. Fellows may also be exposed to the use of technology to aid treatment of veterans and to reduce barriers to care. Fellows may choose to focus his/her training in one of these areas, resulting in more clinical and/or research time being devoted to this area. Fellows are trained in at least two of the following treatments, under the supervision of licensed clinical psychologists skilled in these approaches: Prolonged Exposure

Therapy, Cognitive Processing Therapy, Dialectical Behavior Therapy, Acceptance and Commitment Therapy, STAIR/NST, and Seeking Safety. Fellows are trained in at least two of the following modalities: group, marital, and individual treatments. Fellows also conduct psychological assessments. Fellows are also exposed to research and readings on treatments for PTSD and will learn the benefits and limitations of using manualized treatments. Fellows serve as active team members on our PTSD research projects. There are several ongoing projects in which the fellow may become involved. Some examples include: the role of shame and guilt in maintaining PTSD symptoms, predictors of resiliency following traumatic exposure, the effects of computer-based attention retraining on PTSD symptoms, and an examination of mechanisms of change in PTSD treatment. There are several research databases the fellow also has access to, including a longitudinal study of outpatient PTSD patients. The fellow is expected to complete one research or program development project over the course of the year, resulting in a submission to a peer-reviewed journal, grant submission, and/or a presentation at a national conference. Fellows consult with other providers throughout the Medical Center regarding referrals and treatment of referred patients. In addition, fellows fully participate in interprofessional team meetings, present clinical cases to team members, and are active in team discussions. The fellow is a member of the Center for Traumatic Stress (CTS) Team, which meets weekly for both administrative and clinical purposes. This meeting is essential for increasing the fellow's understanding of the administrative complexities of an outpatient PTSD clinic, as well as aiding in her/his clinical and consultative skills. In addition, the fellow will participate in at least one of the following interdisciplinary teams: a) the DBT Consultation Team; b) OEF/OIF/OND Team; and/or c) the Inpatient PTST Program Team, which meets daily for clinical and weekly for administrative purposes. Some opportunities are also available for leadership positions in the area of trauma/PTSD, including organizing outreach opportunities to returning servicemen and women, co-coordinating our PTSD web and tele-mental health programs, and facilitating transition to a hospital-wide DBT program.

#### **Primary Care-Mental Health Integration Fellow**

The PC-MHI fellow is exposed to a nationally recognized primary care-mental health integrated program. This co-located, collaborative care service delivery model of PC-MHI provides full-time, accessible mental health providers to primary care staff and patients. Evidence indicates that key aspects of successful primary care-mental health integration are mental health involvement in addressing depression, anxiety, substance abuse, chronic pain, health behaviors, and provider-patient communication. As a member of Salem's PC-MHI team, the PC-MHI fellow, therefore, focuses practical and didactic training in these six areas. A primary responsibility for the fellow is consultation to primary care staff. Fellows also have the opportunity to provide treatment for a range of psychological and/or medical conditions/problems, including depression, stress/adjustment difficulties, grief, insomnia, diabetes, obesity, hypertension, cardiovascular disease, and gastrointestinal disorders. Patients who are high service utilizers, engaging in health compromising behaviors, and/or in need of safety assessment/planning are also referred to the PC-MHI fellow. Primary treatment and intervention approaches include: Cognitive-Behavioral Therapy, Motivational Interviewing, brief interventions for alcohol use, supportive therapy, and patient and family education. For more severe psychiatric disorders (e.g., psychosis, bipolar disorders), the fellow assists in brief symptom screenings, identification, specialty referral, and specialty adherence monitoring/assistance. The fellow also receives training and experience in population-specific patient assessment and monitoring using empirically validated and supported instruments, such as the Patient Health Questionnaire-9 (PHQ-9; Kroenke, Spitzer, & Williams, 2001), Beck Anxiety Inventory for Primary Care (BAI-PC; Beck, Guth, Steer, & Ball, 1997), and the Functional Pain Scale (Gloth, Scheve, Stober, Chow, & Prosser, 2001). The fellow will complete a research or program development project during the post-doctoral year. Fellows may participate in research involving pain interventions, provider-patient communication, program evaluation of PC-MHI and shared medical appointments, or other program development and assessment projects identified as a need in the primary care setting. Furthermore, the fellow can participate on related integrated interprofessional treatment teams. These teams include Salem's Center for Interdisciplinary Pain Management (CIPM) and a multidisciplinary weight management (MOVE!) team. Finally, the fellow has the opportunity to participate with primary care and mental health leadership on projects aimed at improving provider-patient communication.

#### **Anxiety and Depression: Evidence-Based Practices (EBP) Fellow**

As a member of the EBP Interprofessional Team, the Fellow is exposed to a team that fosters the provision of mental and behavioral health services using a patient-centered, interprofessional model. The team is comprised of staff from various disciplines (psychologists, psychiatrists, social workers, and pharmacists) and trainees (psychiatry residents, pharmacy residents, social work interns, and psychology interns). As a part of the team, the Fellow will have a variety of experiences. The Fellow will provide time-limited, evidence-based treatment to Veterans with a range of anxiety and depressive disorders. Additionally, there may be opportunities to provide evidence-based therapies to Veterans presenting with other disorders, such as OCD and PTSD, as well as to patients requesting couples therapy. The Fellow will track patient's progress through on-going assessments and present successes and challenges to the EBP team. The Fellow will provide individual supervision to one psychology intern and/or psychiatry resident on the EBP Team. The Fellow will be engaged in didactics on evidence-based practices, presenting one on an area within their expertise as well as a research article related to a disorder they are treating. The Fellow will conduct one weekly intake assessment and discuss treatment planning with the EBP Psychology staff. In addition to participating in the EBP Interprofessional Team meetings, the Fellow will consult with other providers in the Medical Center regarding referrals and treatment of referred patients. The Fellow, with the mentorship of a staff psychologist, will also be involved in a research project or program development. Some possibilities include identifying improvements in the team or evaluating the success of specific treatment approaches.

### **Substance Use Disorder Fellow**

The Substance Use Disorder Fellow will work with clients throughout the entire continuum of care for substance use disorders, providing services that include assessment, education, group therapy and individual therapy. The Fellow will work with an interdisciplinary team that fosters the provision of mental and behavioral health services using a patient-centered, recovery oriented model. The team is comprised of staff supervisors from various disciplines (psychologists, psychiatrists, social workers, and pharmacists) and trainees (psychiatry residents, pharmacy residents, social work interns, psychology externs, and psychology interns). The Fellow will provide time-limited, evidence based treatment to Veterans with a range of substance use and other mental health disorders. These services typically include daily CBT-based relapse prevention groups, and weekly outpatient, aftercare, and dual diagnosis groups, as well as individual Motivational Enhancement Therapy sessions. The Fellow will provide supervised individual supervision to trainees. The Fellow will be exposed to didactics on evidence-based practices as well as the opportunity for in-depth, on-going supervision in the provision of motivational interviewing that includes coding of session tapes for competency. The Fellow will also be required to be involved in a research project. There are opportunities to be involved in ongoing research on basic-science, and treatment and implementation research, as well as application for research grants.

### **Neuropsychology Fellow**

The Neuropsychology fellow is exposed to training consistent with the Division 40 Houston Conference guidelines. The fellow works primarily as part of the Neuropsychology Program in the Center for Neurocognitive Services (CNS). This program provides neuropsychological consultation to a diversity of inpatient and outpatient clinics throughout numerous services including Mental Health (e.g., Center for Traumatic Stress, Mental Health Clinic, Primary Care-Mental Health Integration), Neurology, the Community Living Center, and Primary Care. Fellows can expect to work with a variety of patients with diagnoses including dementia (e.g., Alzheimer's disease, vascular dementia, frontotemporal dementia), brain injury (ABI & TBI) and other neurological disorders, as well as psychiatric disorders (e.g., Bipolar Disorder, Post-traumatic Stress Disorder). The Fellow also works in the TBI Program, an interdisciplinary Polytrauma Support Clinic Team for patients with TBI; and the Memory Assessment Clinic, a interprofessional clinic that treats patients with Mild Cognitive Impairments and Dementia. In addition, the fellow has opportunities to provide cognitive rehabilitation to inpatient and outpatients with cognitive impairment and to provide both testing and rehabilitation services in the Community Living Center (CLC). Fellows gain experience in the administration, interpretation and feedback of neuropsychological evaluation through the use of a flexible and hypothesis-testing method in order to address specific referral questions. Assessment procedures include standardized test instruments, elements of Luria's syndrome analysis process, selected behavioral neurology examinations, and special purpose instruments and scales. Training will expand fellows' knowledge base of neuroanatomy, neuropathology, and related neurosciences. Fellows are involved in the implementation of psychoeducational and cognitive

rehabilitation strategies that are supported by the best available research evidence. In addition to the Postdoctoral Fellowship Series Seminar, Neuropsychology fellows have additional seminars in neuropsychology and neuroanatomy as well as neuropsychology case conferences. Fellows will supervise interns and/or practicum students in neuropsychology. The Fellow, with the mentorship of a staff psychologist, is required to carry out a research or program development project. Current opportunities include the application of neuropsychology in a rural setting, the use of tele-health in neuropsychology, and a diversity of opportunities related to memory disorders and TBI.

## **Training Sites**

The core training site for the PTSD fellow will be the Center for Traumatic Stress (CTS). Within CTS, there are three clinical programs, each of which can be an area of clinical and/or research focus. An additional training site for a PTSD-focused experience is the Post-Traumatic Stress Treatment Inpatient Program (PTST). The primary training site for the PC-MHI fellow is the Primary Care-Mental Health Integration clinic. In addition, the fellow works with the Behavioral Medicine programs. The core training site for the EBP fellow is the Outpatient Mental Health Clinic which serves as the outpatient clinic for mental health needs related to anxiety and depression, and at times comorbid disorders. The core training site for the Geropsychology and Neuropsychology fellows is the Center for Neurocognitive Services, which includes the Clinical Neuropsychology Program, Memory Disorders Program, Traumatic Brain Injury Program and Geropsychology Program. The core training site for the SUD fellow is within the Substance Abuse Treatment Program, which includes inpatient, outpatient, and consultation services. Fellows may also elect to complete additional minor rotations in areas outside of their primary focus to complement his/her training. Each of these clinics is described in detail below, listed alphabetically.

### **Behavioral Medicine Service (BMED)**

The Behavioral Medicine Service is a multidisciplinary clinic which co-manages medical conditions and identifies and co-manages psychiatric disorders that initially present in Primary Care or other medical contexts (e.g., Acute Care, Extended Care). It is coordinated by a clinical psychologist, and staffed with psychology interns, a psychology technician, and a program support assistant. BMED provides a full range of clinical and consultative services to medical specialty clinics, such as Interventional Pain Clinic, Cardiology, Infectious Disease (HIV), Oncology, and Sleep Clinic. BMED also conducts psychological evaluations to assess candidacy, and assist in treatment planning, for patients anticipating organ transplantation, bariatric surgery, and spinal cord stimulator implants. Treatment approaches include skills training for specific patient populations, psycho-educational groups for patients and families, techniques for increasing health enhancing behaviors, individual cognitive-behavioral therapy, biofeedback, hypnosis, motivational interviewing, and lifestyle change support groups. BMED Team members also serve as consultants and educators for other multi-disciplinary teams throughout the hospital, including the Center for Interdisciplinary Pain Management (CIPM), the Metabolic Assistance Group Intervention Clinic (MAGIC) and MOVE! A strong component of this rotation is regular opportunities to work with staff and trainees from numerous disciplines, including Psychology, Medicine, Social Work, Pharmacy, Rehabilitation, Psychiatry, Nutrition, and Nursing.

### **Center for Neurocognitive Services (CNS)**

The Center for Neurocognitive Services is an interdisciplinary clinical, education and research center that is comprised of the Clinical Neuropsychology Program, Memory Disorders Program, Traumatic Brain Injury Program, and the Geropsychology Program. In addition, cognitive rehabilitation and other intervention services are provided through the CNS. The Clinical Neuropsychology Program provides assessment and treatment for the patients, caregivers and families of veterans with suspected neurocognitive disorders. The Memory Disorders Program provides assessment and treatment of patients, caregivers, and families of veterans with Alzheimer's disease, dementia, and other memory disorders. The TBI Program is a Polytrauma Support Clinic that delivers assessment and treatment of patients, caregivers, and families of veterans with suspected traumatic brain injury. The Geropsychology Program provides both inpatient and outpatient assessment and intervention services to aging veterans and their families. The staff in CNS includes: three neuropsychologists, a geropsychologist, two psychiatrists, a clinical social worker, and a medical support assistant. Psychology fellows, interns,

practicum students, pharmacy residents, and psychiatry residents are regularly involved in the team. In addition, team members consult with nursing, neurology, radiology, audiology, speech-language pathology, PM&R, physical therapy, and occupational therapy. Current research opportunities include the application of neuropsychology in a rural setting, tele-health in neuropsychology, and mindfulness in caregivers.

### **Center for Traumatic Stress (CTS)**

The Center for Traumatic Stress is an interdisciplinary clinical, education, and research center comprised of three programs: Outpatient PTSD Treatment Program (OPTP), the Military Sexual Trauma Treatment Program (MSTTP), and the Telemental Health and Outreach PTSD Program (THOPP). OPTP specializes in providing evidence-based care to veterans diagnosed with PTSD secondary to military-related traumatic events. The MSTTP offers extensive and gender-specific clinical services for male and female veterans who have experienced sexual trauma(s) while in the military. THOPP offers telemental health services, including use of video conferencing to patients in need of clinical services closer to their home. THOPP also delivers educational programs off-site to increase understanding of trauma-related sequelae and reduce barriers to seeking care for PTSD and other mental health conditions. CTS offers comprehensive clinical services to veterans through these three programs, each beginning with an advanced access orientation clinic, diagnostic assessment, and comprehensive treatment planning. Psychosocial interventions offered are generally time-limited, empirically supported treatments. Groups include psycho-educational, skills training, and trauma-focused treatments (e.g., Prolonged Exposure and Cognitive Processing Therapy). Treatments for specialized populations, such as those abusing substances and individuals with borderline personality disorder, are also included (e.g., Seeking Safety, Dialectical Behavior Therapy). Education is provided by CTS staff to patients, family members, returning reservists, hospital staff, and the community. The Center also conducts clinical research focusing on post-deployment mental health, PTSD and shame, as well as other clinical studies. Staff include: five clinical psychologists, one staff psychiatrist, one licensed clinical social worker, and one medical support assistant. Psychology interns, practicum students, social work students, pharmacy residents and psychiatry residents round out our treatment team. Team members regularly consult with staff and trainees from Psychiatry, Substance Abuse, Social Work, Primary Care, Supported Employment, and Psychology. In addition, we communicate and consult with staff from our local Vet Center and the Inpatient PTSD Treatment Program (PTST). Fellows are expected to be full team members, interacting with other staff, participating in administrative meetings, and presenting clinical and research topics during weekly team meetings.

### **Community Living Center (CLC)**

The Community Living Center provides patient-centered (according to the HATCH model), interdisciplinary team-based delivery of short-term, rehabilitative care and longer term care for Veterans who require end of life care, prolonged active rehabilitation, or lack clinically appropriate community alternatives. Veterans in the CLC are referred for psychological and/or neuropsychological assessment, as well as short-term or long-term individual and/or caregiver support. Psychology provides assistance with the implementation of an interdisciplinary, non-pharmacological approach to management of challenging dementia-related behaviors (i.e. the STAR-VA program). The CLC psychologist also collaborates with recreation therapists to provide a twice-weekly cognitive stimulation/reminiscence therapy group for residents with dementia and/or depression. Finally, psychology provides regular consultation to the CLC's interdisciplinary team (consisting of nursing staff, physicians, physical therapists, occupational therapists, recreation therapists, speech and language pathologists, kinesiotherapists, pharmacists, etc.).

### **Home-Based Primary Care (HBPC)**

Home-Based Primary Care is a comprehensive, interdisciplinary primary care program that provides services to veterans in their homes. The team is composed of physicians, nurse practitioners, social workers, psychology, an occupational therapist, a recreational therapist, a pharmacist and a dietician. The clinic provides long-term medical, social, rehabilitative and behavioral care to veterans who are unable to come to one of our facilities. Psychology provides assessment and intervention to veterans and their families to address mental health issues that are affecting their medical care, health status and/or functional capacity.

### **Mental Health Clinic (MHC)**

The Mental Health Clinic (MHC) at the Salem VA Medical Center is an interdisciplinary program that provides outpatient psychological, medical, psychiatric, and social work services to Veterans. The EBP interprofessional team housed within this outpatient clinic is coordinated by a clinical psychologist. Staff in the MHC includes clinical psychologists, clinical social workers, psychiatrists, clinical pharmacists, and nursing staff. This is also a training site for outpatient psychiatry residents through the Virginia Tech/Carilion School of Medicine and Research Institute, who provide medication treatment and management along with psychiatric staff. Psychologists in the MHC provide time-limited, evidence-based psychotherapy to Veterans with various psychological concerns and symptoms (e.g., depression, anxiety, bipolar, post-traumatic stress disorder, adjustment stress, couples treatment). Individual, couples and group therapy are offered, and primarily target anxiety and depressive disorders. Team members regularly consult about referrals from Primary care, Psychiatry, Substance Abuse, Social Work, and other Psychology specialty areas.

### **Motivational Interviewing/Motivational Enhancement Therapy**

Training in Motivational Interviewing (MI) and Motivational Enhancement Therapy (MET) is offered through the medical center's substance- abuse treatment program. Training consists of a half-day seminar followed by four two-hour training sessions which are spaced over two months. Individual clinical practice supervision and tape coding using the Motivational Interviewing Treatment Integrity (MITI) scale is provided by VA certified MI/ MET trainers. Although substance use is a frequent target behavior, there is also opportunity to use MI skills to facilitate changes to a variety of health-relevant behaviors.

### **Palliative Care (PC)**

Palliative Care provides services to terminally-ill veterans and their families enrolled in the inpatient Hospice Program. Psychology is part of an interdisciplinary team that provides veterans and their families with care addressing a variety of needs related to end of life issues, grieving and bereavement.

### **Post-Traumatic Stress Treatment Inpatient Program (PTST)**

The Salem VAMC Inpatient PTSD Program is a 15-bed inpatient unit that has been providing group treatment for PTSD since 1990. We provide PTSD treatment in two tracks: 1) PTSD Education & Coping (3-week rolling program)- provides foundational knowledge of PTSD and coping skills to prepare Veterans for intensive trauma treatment. Recommended for Veterans new to PTSD treatment and in need of some stabilization. Groups typically have 4-5 Veterans. 2) Trauma Processing (7-week cohort program) provides intensive trauma treatment in specialty groups (e.g., non-combat Male, Female and LGBTQI) for Veterans who need a more intensive environment following outpatient trauma treatment. Groups typically have 9-10 Veterans. The Trauma Processing program uses Acceptance and Commitment Therapy (ACT) to address PTSD as well as comorbid issues (e.g., depression, physical pain, etc.). An emphasis is placed on the 6 core processes of ACT: contact with the present moment, acceptance, defusion, self-as-context, values, and committed action. In vivo exposure therapy is used to decrease avoidance and increase willingness, acceptance, and valued living. Veterans also explore places where they are "stuck," using the core processes of ACT to facilitate new perspectives about their traumatic experiences. Additional education addresses anger, guilt, boundaries, self-care, self-compassion, forgiveness, and relationship building. This program offers the following cohorts: male combat trauma groups, male MST groups, mixed male groups (various types of trauma), mixed female groups (various types of trauma), and LGBTQI groups. During this rotation, the trainee would be integrally involved in the Trauma Processing program. They would become a full member of a multidisciplinary treatment team that includes representatives from all involved services (psychology, psychiatry, social work, and nursing). The fellow will be expected to participate in all program activities, assist in facilitating group sessions, attend staff team meetings, be designated as the primary "case manager" for certain veterans, participate in program development, and evaluate veterans for the program.

### **Primary Care-Mental Health Integration Team (PC-MHI)**

Salem's Primary Care-Mental Health Integration Team (PC-MHI) is comprised of three psychologists, two licensed clinical social workers, three licensed practical nurses, one psychology technician, one part-time

psychiatrist, and one program support assistant. The psychologists, social workers, and psychiatrist provide MH services located within VAMC Salem's three Primary Care clinics and the Women's Health Clinic. The Primary Care Service Line has a total of 22 full-time primary care providers, all members of Patient Aligned Care Teams. The PC-MHI team provides full-time, open-access, predictable, integrated availability of mental health staff to these providers and primary care patients. Specifically, the PC-MHI team assists primary care providers with screening and identification of mental health issues, as well as provision of brief, evidence-based treatment. The PC-MHI team supports coordination of care among primary care, mental health specialty clinics, and other sub-specialty clinics (e.g., neurology and pain clinics, gastroenterology, nutrition, emergency departments). The PC-MHI team works with the Health Promotion Disease Prevention Program, as well as primary care providers, to develop planned, population-specific programs using evidence-based strategies. These include developing shared medical appointments, creating patient education materials, and providing communication consultation and training to medical center staff. The team also has an active role in providing targeted training regarding mental illness identification, management, communication skills, and behavioral management to primary care providers, primary care staff, residents, interns, and [nursing](#) students. Research is an integral part of the PC-MHI program. Projects that fellows have taken the initiative on have included service utilization and patient adherence, behavioral health outcomes around pain management, and metabolic issues such as diabetes and obesity.

### **Substance Abuse Treatment Program (SATP)**

The Salem VAMC Substance Abuse Treatment Program (SATP) offers a variety of services for veterans experiencing substance use disorders. Primary programs include: the Substance Abuse Residential Rehabilitation Treatment Program (SARRTP), Partial Hospitalization, Outpatient, and Substance Use Disorder Aftercare. Modes of treatment include individual and group psychotherapy and educational classes. Evidenced-Based Treatment approaches include Cognitive-Behavioral (relapse prevention), Motivational Enhancement Therapy, 12-Step Facilitation, and Contracts, Prompts and Reinforcement. Funded and unfunded applied clinical research is a key part of these treatment programs. The team is comprised of staff supervisors from various disciplines (Psychology, Psychiatry, Social Work, and Pharmacy, among others) and trainees (psychiatry residents, pharmacy residents, social work interns, psychology externs, and psychology interns).

### **SCAN-ECHO**

The Salem VAMC has been successful at implementation of the SCAN-ECHO (Specialty Care Access Networks-Extension for Community Healthcare Outcomes) program. SCAN-ECHO is a patient-centered model that leverages telehealth, specifically by clinical videoconferencing equipment, to allow healthcare specialists from a regional health center to provide expert advice to providers in rural healthcare settings, making it possible for patients with complex medical conditions, such as diabetes, chronic pain, Hepatitis C, Rheumatoid arthritis, etc. to receive health care from their local providers without the inconvenience of traveling to a referral center.

## ***Requirements for Completion***

To successfully complete the fellowship, fellows must demonstrate competency in all core areas identified on the Postdoctoral Fellowship Competency Assessment Form and Neuropsychology Fellowship Competency Assessment Form. Competency standards require that fellows meet exit criteria in each core competency area. If a fellow's performance falls below competency standards, the procedures established in the Psychology Training Due Process Procedures are followed. The fellow needs to meet competency standards by the conclusion of his/her training. In addition, the Geropsychology, PTSD, PC-MHI, SUD, and EBP fellows must complete a full year of training (2080 hours). The Neuropsychology fellow must complete two full years of training (4160 hours).

## ***Facility and Training Resources***

The Salem VAMC has the infrastructure in place to facilitate a strong learning environment for our fellows. Fellows each have private offices equipped with telephones and networked PC's, providing access to an

extensive array of information and materials. This includes patient care databases, on-line mental health test instruments and interviews, the internet, and library databases and materials. Also available are numerous hard-copy psychological assessment instruments, as well as a library of empirically validated treatment manuals, self-help materials, and other treatment resources. Funds are available for purchasing additional materials on an as needed basis. Fellows also have access to service line clerical support staff, basic office supplies, and office equipment, such as fax machines, voice mail, and copy machines. Several research databases from staff-initiated research projects are available to fellows, as is statistical software, such as SPSS. Our fellows are able to use the medical center's library services, which provide access to on station journals and those accessed through inter-library loan. Four group therapy rooms are set up with equipment for either live and/or videotaped supervision. We also have equipment for supervision using "bug-in-the ear." Additionally, a portable video camera and audiocassette or digital recorders allow for the taping of sessions in individual offices. Fellows have access to study materials for the Examination of Professional Practice in Psychology (EPPP). The fellows also have administrative support, including program support assistants (one who is specifically assigned to the Psychology Training Program) and one psychology technician. A variety of more personal facilities housed on-station and available to fellows include a fitness center, canteen and retail store, credit union, post office, and barber shop.

## **Administrative Policies and Procedures**

### **Authorized Absence**

Fellows may be granted Authorized Absence (AA) for educational and professional activities outside the medical center, including attendance at training workshops, outreach events, licensing examinations, seminars, professional conferences, and conventions, or for employment interviews at Federal government agencies (e.g., VA Medical Centers, Federal Bureau of Prisons).

### **Due process**

As psychology fellows are not part of the VA's Bargaining Unit, the established Veterans Affairs Grievance Procedure is not applicable. We have developed internal procedures which are reviewed extensively during orientation to safeguard due process for the interns, staff, and the integrity of the training program. As this is a training program, the primary goal is to provide comprehensive training to trainees. Whenever feasible, supervisors are urged to address any potentially problematic areas with a trainee as early in the rotation/internship year as possible so steps can be taken to address the problem quickly and thoroughly.

### **Collecting personal information**

We do not collect any personal information when someone visits our website.

### **Self-disclosure**

An area of professional competence assessed by our "Postdoctoral Fellowship Competency Assessment Form" and "Neuropsychology Fellowship Competency Assessment Form" is a fellow's ability to manage stressors, both professional and personal, so as to minimize the potential negative impact on her/his professional relationships. The fellow is expected to demonstrate positive coping strategies to manage personal and professional stressors to maintain professional functioning, so that quality patient care continues uninterrupted. The fellow is also expected to cope with professional challenges, such as new responsibilities or patient crises, and to demonstrate awareness of any personal and professional problems, issues, and/or stressors that may impact his/her professional practice. The fellow is expected to seek supervision and/or personal therapy to resolve issues if needed. Personal stressors can include the impact of emotional issues stemming from the fellow's prior and current personal and professional history and relationships. The willingness to openly and non-defensively address the potential impact of one's emotional issues on professional practice and relationships, therefore, is an expected and essential aspect of the supervisory process.

### **Licensure**

The program structure, training experiences, and level of supervision results in fellows more than meeting licensing requirements for the Commonwealth of Virginia. If fellows plan on pursuing licensing in another

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state, accommodations are made, when possible, to ensure eligibility for licensing in the chosen state. Fellows are encouraged to sit for the licensing exam during the training year. Some study materials for the licensing exam are available for the fellows and are updated as funds are available. To date, all fellows have earned licensure during, or very shortly after, completion of the fellowship.

## **Training Staff**

Listed below is our supervisory staff, along with their degree, university, and year of graduation. Also listed are clinical and/or research interests.

### **SELECT SALEM VAMC PSYCHOLOGY STAFF-**

**Derek Bacchus, Ph.D.**, Loma Linda University, 2009. Mental health integration, motivational interviewing, CBT for chronic pain and insomnia, health psych assessment, geropsychology.

**Stacy M. Belkonen, Ph.D.**, Fuller Theological Seminary, 2007. Post-Doctoral Fellowship Coordinator. Neuropsychology, traumatic brain injury, cognitive rehabilitation, executive dysfunction, aging, dementia, and stroke.

**Esther Brahmstadt, Psy.D.**, Philadelphia College of Osteopathic Medicine, 2012. Primary care mental health, brief CBT in primary care, chronic pain, adapting to chronic illness.

**Jennifer Caldwell, Ph.D.**, University of South Carolina, 2012. Evidence-based therapy for depression and anxiety, early intervention, women's health, couples therapy, intimate partner violence, screening for partner violence, health consequences of partner violence, and gender differences in partner violence.

**Neena T. Cassell, Ph.D., CSP** University of Maryland, Baltimore County, 2015. Neuropsychology, assessment, dementia, traumatic brain injury, stroke, epilepsy, cognitive rehabilitation, and tele-mental health.

**Ashley Engels Dibble, Ph.D.**, Virginia Commonwealth University, 2013. Substance Use Disorders, Acceptance and Commitment Therapy, Cognitive Behavioral Therapy, Cognitive Processing Therapy, and Behavioral Couples Therapy for Substance Use Disorders.

**Betty Gillespie, Ph.D.**, Virginia Polytechnic Institute and State University, 1993, Bereavement, End-of-Life Care, Family and Couples Therapy, Substance Abuse Treatment, Psychological Assessment.

**Sarah Lucas Hartley, Ph.D.**, Florida State University, 2009. Integrating mental health into medical settings, primary care mental health, chronic pain, adaptation to chronic illness, weight management, interprofessional education.

**Dana Rabois Holohan, Ph.D.**, American University, 2000. Director of Training for Psychology. Sexual trauma, treatment of personality disorders, shame, DBT, PTSD, and empirically supported treatments.

**Mark E. Jones, Ph.D.**, Virginia Polytechnic Institute and State University, 2007. Behavioral medicine, Geropsychology, Home-Based Primary Care (HBPC) Psychology.

**Steven J. Lash, Ph.D.**, Virginia Polytechnic Institute and State University, 1992. Substance abuse research & treatment, motivational interviewing, and cognitive-behavior therapy.

**Philip K. Lehman, Ph.D.**, Virginia Polytechnic and State University, 2008. PTSD/Substance use disorder dual diagnoses, motivational interviewing, and social influence-based interventions, such as normative feedback and commitment strategies.

**Michael Leibow, PsyD, DrPH.**, Loma Linda University, 2012. Primary Care-Mental Health Integration, Tobacco Cessation, Weight Management, Motivational Interviewing, and Health Behavior Change.

**Katherine Luci, Psy.D.**, James Madison University, 2010. Aging, dementia-related behaviors, capacity evaluations, caregiving, life review/reminiscence therapy, mindfulness, ACT, multicultural therapy, resilience.

**Emily Marston, Ph.D.**, University of Virginia, 2011, Exposure-based anxiety treatments, Acceptance and Commitment Therapy, Mindfulness, Interpersonal Psychotherapy (IPT) for Depression, Motivational Interviewing, STAIRS/NST and other empirically-supported treatments.

**Kimberly M. Pratt, Ph.D.**, Utah State University, 2012, Health Psychology, Chronic Pain, Complementary and Alternative Medicine, Acceptance and Commitment Therapy, Dialectical Behavior Therapy, and Integrated Primary Care Psychology.

**Gina Raza, Ph.D.**, Northern Illinois University, 2012. Empirically supported treatments (CBT, ACT, BA, IPT) for anxiety and depression, motivational enhancement, couples therapy (IBCT), and PTSD treatments (CPT, PE, STAIR), diversity issues, interdisciplinary work, and treatment efficacy.

**Jennifer A. Self, Ph.D.**, Washington State University, 2010. Substance Use Disorders, Cognitive Therapy for Relapse Prevention, Mindfulness and Recovery, and Computer-Based Attention Retraining for PTSD.

**Brian V. Shenal, Ph.D., ABPP** Virginia Polytechnic Institute & State University, 2001. Associate Chief, Mental Health Service Line and Executive Psychologist. Board Certified in Clinical Neuropsychology. Neuropsychology, tele-neuropsychology, emotion and cardiovascular correlates, traumatic brain injury, and disaster/emergency psychology.

**Sarah Voss Horrell, Ph.D.**, University of Wyoming, 2008. Prolonged Exposure Therapy, Cognitive Processing Therapy, Dialectical Behavior Therapy, and treatment efficacy.

## **Trainees**

Our six current fellows are from a variety of sites. All received their doctorates in the past year or two. We also previously offered a one year postdoctoral fellowship with a focus on post-deployment mental health. This fellow successfully completed his training in 2006 and is now employed as an Assistant Professor. All of our trainees have traditionally done quite well in their job searches, receiving multiple offers. Our feedback from our graduates is that they feel quite prepared for the job market and have been very successful in their careers.

<b>Year and Graduate Program</b>	<b>Emphasis Area</b>	<b>Employment after Fellowship</b>
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### **2016-2017**

Long Island University	Geropsychology	Current Fellow
University of Wyoming	EBP	Current Fellow
University of Kansas	Neuropsychology	Current Fellow
Philadelphia College of Osteopathic Medicine	PC-MHI	Current Fellow
University of South Carolina	PTSD	Current Fellow
Binghamton University-SUNY	SUD	Current Fellow

### **2015-2016**

Yeshiva University	Geropsychology	Staff Psychologist-VA
-Ferkauf Graduate School Of Psychology	Psychology	
Tennessee State University	EBP	Staff Psychologist-VA
University of Maryland	Neuropsychology	Staff Psychologist-VA
-Baltimore County		
Georgia Southern University	PC-MHI	Staff Psychologist-VA
University of Central Florida	PTSD	TBD
Texas Woman's University	SUD	TBD

### **2014-2015**

University of Alabama	Geropsychology	Staff Psychologist-VA
University of North Carolina-Greensboro	EBP	Staff Psychologist-VA
Purdue University	Neuropsychology	Staff Psychologist-VA
East Carolina University	PC-MHI	Staff Psychologist-VA
University of Toledo	PTSD	Staff Psychologist-VA

### **2013-2014**

Virginia Commonwealth University	EBP	Staff Psychologist-VA
Purdue University	Neuropsychology	Second Year Neuropsychology Fellow
University of North Texas	PC-MHI	Psychologist-VA
University of Tulsa	PTSD	Staff Psychologist-VA

### **2012-2013**

Antioch University	Neuropsychology	VA Fellowship
University of South Carolina	PC-MHI	Staff Psychologist-VA
Northern Illinois University	PTSD	Staff Psychologist-VA

### **2011-2012**

University of Louisville	Geropsychology	Staff Psychologist-VA
James Madison University	Neuropsychology	Staff Psychologist-VA
Philadelphia College of Osteopathic Medicine	PC-MHI	Staff Psychologist-VA

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University of Virginia

PTSD

Staff Psychologist-VA

**2010-2011**

James Madison University

Geropsychology

Neuropsychology Fellowship

LaSalle University

PC-MHI

Staff Psychologist-VA

Washington State University

PTSD

Staff Psychologist-VA

**2009– 2010**

Florida State University

PC-MHI

Staff Psychologist-VA

Pepperdine University

PTSD

Psychologist-DOD

**2008- 2009**

Virginia Tech

PC-MHI

Staff Psychologist-VA

Temple University

PTSD

Staff Psychologist-VA

## **Local Information**

Roanoke is at the southern edge of Virginia's Shenandoah Valley. It is in the heart of the Blue Ridge Country, with the Blue Ridge Mountains to the east and the Alleghenies to the west. The cities of Roanoke, Salem, and Vinton are politically separate but geographically contiguous. Along with surrounding suburban Roanoke County, the Roanoke Valley represents a population of about 300,000 people. This active, productive metropolitan area is the center of health care, finance, trade, services, and transportation for most of Southwestern Virginia, as well as parts of West Virginia and North Carolina.

Recreational activities are numerous and varied. Two municipal Civic Centers present a broad spectrum of public entertainment from opera to sports. The Center in the Square offers an art center, live theater, a science museum, and planetarium. Area colleges maintain their own schedule of cultural events and invite speakers with national and international reputations. Spring brings minor league professional baseball to a state of the art ballpark in Salem. Fall brings college football, and the mountains turn to color along the Blue Ridge Parkway and beyond. Nearby, Smith Mountain Lake boasts 500 miles of shoreline with sailing, water skiing, and twenty pound plus striped bass. Stocked trout streams flow through the cities themselves. Golf, tennis, and hiking are minutes from most any doorstep. Educational facilities include two private colleges and a community college that are in the immediate area. Within reasonable commuting distance are a number of other colleges, including Virginia Polytechnic Institute and State University, Virginia Military Institute, Mary Baldwin College, and Washington and Lee University.

Retail shopping opportunities are plentiful. There are many interesting shops in downtown Roanoke and Salem, as well as a quaint Farmer's Market. There are two major shopping malls and many smaller, older shopping centers as well. Numerous restaurants serving a variety of American, traditional southern and multi-ethnic cuisines suit nearly every diner's taste. Housing is plentiful and reasonably priced. Apartments meeting the needs of most of our interns can be rented for \$550 to \$850, including utilities, depending on size and location. These are generally unfurnished garden style apartments, which often provide laundry facilities, pools, clubhouses, and tennis courts. More basic, less expensive accommodations can be found with some looking, and there are houses for rent for those so inclined or who need greater space. Furniture rental is available.

Though the urban Roanoke Valley is a modern metropolitan area of some size and complexity, it retains some of the slower pace of former times. It is truly a wonderful place to live, work, and learn. Usually, our trainees who come here from all over the country fall in love with the area and never want to leave!