



Predoctoral Internship in Health Service Psychology

VA Central Western Massachusetts Healthcare System

[General Mental Health Internship Track \(Leeds/Northampton\)](#) Match Number: 133511

[Community-Based Outpatient Psychology Track \(Springfield\)](#) Match Number: 133513

[Integrated Outpatient Behavioral Health Track \(Worcester\)](#) Match Number: 133512

<https://www.psychologytraining.va.gov/northampton/index.asp>

Applications due November 1, 2022

2023-2024 Training Year: July 10, 2023 – July 5, 2024

COVID-19 Update

In 2020 the VA Central Western Massachusetts psychology training program quickly transitioned to primarily telehealth, telework, telesupervision, and other virtual training. These capabilities have continued in some form ever since. Most psychologists and all interns are working primarily on-site, providing a blend of in-person and telehealth care. While it is difficult to predict how mental health service delivery and psychology training will continue to evolve for the 2023-2024 training year, it is likely that the use of telehealth and associated technology will continue to be a part of the experience. In recognition of this, our interns are provided with VA laptops in support of smoother telework and teletraining experiences.

Accreditation Status

The predoctoral internship in Health Service Psychology at the **VA Central Western Massachusetts Healthcare System** (VA CWM) is accredited by the Commission on Accreditation of the American Psychological Association, the next site visit is expected to occur in 2023. (The CoA can be reached at APA Office of Program Consultation and Accreditation, 750 First Street, NE, Washington, DC 20002-4242; apaaccred@apa.org, ph: (202) 336-5979, TDD/TTY: (202) 336-6123).

Application & Selection Procedures

For additional important information, please see the [Internship Admissions, Support, and Initial Placement Data](#) included at the end of this brochure.

To qualify for an internship at our VA Healthcare System, the applicant must meet the following criteria:

- 1) Graduate student in an APA-accredited, CPA-accredited, PCSAS-accredited, or provisionally-accredited Clinical or Counseling Psychology program
- 2) United States citizen
- 3) Successful completion of a minimum of 300 direct contact intervention hours and a minimum of 50 direct contact assessment hours*
- 4) Completion of all graduate prerequisites for internship candidacy, including passing of comprehensive exams and dissertation proposal approved by application deadline
- 5) In accordance with the Association of Professional Psychology Internship Centers (APPIC) guidelines, applicants must:
 - Possess interests and goals appropriate to our internship program
 - Show an ability to apply assessment/diagnosis and intervention/treatment knowledge under supervision
 - Demonstrate ethical conduct and interpersonal skills appropriate to the practice of professional psychology

**Due to the COVID-19 pandemic we will consider applicants whose experience approximates these minimum numbers.*

Additional Criteria of Interest

Progress in Doctoral Program: We are a clinically-focused internship that offers a deep level of exposure and engagement in all aspects of clinical work. In order to optimize their training experience, we have a strong preference for applicants who are in the advanced stages of progress on their dissertations.

Post-internship Placements: Our graduates aim for and attain clinical, clinical/research, program administration, and research post-doctoral fellowships and jobs.

Diversity: We have a strong commitment to recruiting to our training program members of historically underrepresented groups within the field of psychology. This is part of our larger commitment to promote diversity within the VA and within the field. Thus we hold it as a priority to develop and further the multicultural diversity and cultural competence of our trainees as well as our supervisory staff. We give attentive consideration to applicants who identify themselves as reflective of an element of diversity in terms of race, ethnicity, Veteran status, disability status, gender identity, and sexual orientation.

Respecialization: We welcome applications from respecialization students who have completed their doctoral degrees in non-clinical, non-counseling fields within psychology and have completed respecialization coursework in clinical or counseling psychology at APA or CPA accredited doctoral programs.

Application Procedures

- Note: Our VA Healthcare System has six internship positions available across 3 tracks:
 - General Mental Health track (match #133511) at Leeds/Northampton (Edward P. Boland VA Medical Center): 4 positions

- Integrated Outpatient Behavioral Health track (match #133512) at Worcester (Community-Based Outpatient Clinic): 1 position
- Community-Based Outpatient Psychology track (match #133513) at Springfield (Community-Based Outpatient Clinic): 1 position
- If you wish to apply for one or more of these positions, please submit a complete APPIC Universal Internship Application at <https://appic.org/> by November 1, 2022. This should include:
 - The APPIC Universal Internship Application – indicating the track(s) to which you are applying
 - A cover letter describing your interest in the particular track(s) to which you are applying
 - Current Curriculum Vita
 - Official transcripts of all graduate work
 - Three letters of recommendation from faculty or training supervisors

Interviews

Personal interviews are offered to those applicants still being considered after the review of their application and supporting materials. Invitations to interview will be made by December 15, 2022, and all-virtual interviews are tentatively scheduled for the following dates:

- January 6, 2023: Outpatient Clinic, Springfield, MA
- January 9, 2023: Outpatient Clinic, Worcester, MA
- January 10, 2023: Edward P. Boland VA Medical Center, Leeds/Northampton, MA
- January 11, 2023: Outpatient Clinic, Worcester, MA
- January 12, 2023: Edward P. Boland VA Medical Center, Leeds/Northampton, MA
- January 13, 2023: Outpatient Clinic, Springfield, MA

In addition to prioritizing safety for our interns, supervisors, and the larger community, we are committed to creating more egalitarian access to training experiences and reducing financial, geographic, and other potential barriers. Therefore, our interviews will be 100% virtual (video) again this year. We plan to have one of the interview days for each site in the afternoon as a courtesy to applicants from non-EST time zones. The other interview day programming will occur in the morning.

The VA CWM training program abides by APPIC and APA guidelines in the selection of interns. As required under APPIC policies, offers to interns may not be made before selection day. Further, the VA Medical Center is an Equal Opportunity Employer. The selection of interns is made without discrimination on the basis of race, color, religion, sex, national origin, politics, marital status, disability, or age.

After the applicant has officially accepted an offer, the applicant will be asked to submit a Declaration of Federal Employment (OF 306) and an Application for Federal Employment (OF 612), both of which are required for federal government employment.

Please contact the Co-Directors of Training, Christina Hatgis, PhD, and Brad Brummett, PhD, ABN, at (800) 893-1522, or by email at Christina.Hatgis@va.gov and Bradley.Brummett@va.gov, with any questions you might have.

Psychology at VA CWM

The Predoctoral Internship in Health Service Psychology at VA CWM is designed to advance the clinical training of future psychologists at the predoctoral level of their development. Internship training comprises the most intensive clinical training experience in the development of a psychologist's career up to that point. The training at VA CWM is generalist, broad-based within a medical center setting. This training program offers inpatient and outpatient settings, utilizes brief treatment and long-term treatment models, and allows for a variety of theoretical and application models. The program emphasizes the clinical practices of assessment and treatment with a variety of approaches in traditional settings. Interns are provided with extensive supervision so as to maximize their learning in each of the settings and modalities in which they train.

The Predoctoral Internship in Health Service Psychology at VA CWM is within the Mental Health Service Line. The program is operated by the Psychology Training Committee and is composed of the doctoral psychology staff of the Mental Health and Primary Care Service Lines. The Training Committee is composed of approximately 40 psychologists who work in a variety of settings. The program has enjoyed APA approval since 1979, and it has successfully passed the accreditation site visit process throughout the course of its existence. The VA Central Western Massachusetts Healthcare System is fully accredited by The Joint Commission and is affiliated with the UMass Chan Medical School.

Within VA CWM, psychologists are an integral part of the Mental Health and Primary Care Service Lines. Psychologists provide patient care, consultation, and teaching within the hospital. In the General Mental Health Internship track at Leeds/Northampton, Primary rotations occur in the following settings: Assessment, Inpatient Psychiatric Units, Health Promotion and Disease Prevention (HPDP) with Primary Care-Mental Health Integration (PC-MHI), outpatient Mental Health Clinic (MHC), Specialized Inpatient Posttraumatic Stress Disorder Unit (SIPU), and Substance Use Disorders Clinic (SUD-C). The Integrated Outpatient Behavioral Health track at Worcester and the Community-Based Outpatient Psychology track at Springfield are both 12-month training experiences. In addition, psychologists participate in the LGBTQ+ Care Committee, Employee Assistance Program, the Women's Advisory Committee, the Smoking Cessation program, the Ethics Committee, the Quality Assurance Committee, Military Sexual Trauma program, Sex Offenders program, and the Mental Health Council. The psychologists at VA CWM have varied educational backgrounds and theoretical perspectives, allowing for a range of styles for role modeling and professional development. They are involved in a variety of professional activities outside the VA Medical Center including consultation, private practice, teaching, and authorship.

VA CWM Setting

VA CWM provides psychiatric and medical care to a population of more than 120,000 men, women, and transgender Veterans (of which approximately 20,000 are actively enrolled in services) in western and central Massachusetts. Those Veterans served by the medical center are predominantly male; however, the number of female and transgender Veterans seeking services increases every year. The Edward P. Boland VA Medical Center in Leeds/Northampton operates acute and sub-acute inpatient units, a residential PTSD unit, an off-campus Compensated Work Therapy Transitional Residence Domiciliary, and a nursing home care unit. Outpatient treatment is provided through the Primary Care Service, the outpatient Mental Health Clinic, and Community-Based Outpatient Clinics (CBOCs) in Fitchburg, Greenfield, Pittsfield, Springfield, and Worcester. A comprehensive range of psychiatric treatment modalities includes (but is not limited to) individual and group therapies, comprehensive assessment procedures, preventive health and educational programs, rehabilitative medicine services and vocational rehabilitation programs. There are also specialized programs in neuropsychological assessment, long-term care psychiatry, geriatric evaluation, and the treatment of substance use disorders and posttraumatic stress disorder.

The Northampton VA Healthcare System was renamed in 2011 to VA Central Western Massachusetts Healthcare System following a realignment in which the existing VA CWM system was joined by two additional Community Based Outpatient Clinics (CBOCs)--Worcester and Fitchburg--which were formerly part of the VA Boston Healthcare System and the VA Bedford Healthcare System, respectively. VA CWM also then became affiliated with the University of Massachusetts Medical School (now UMass Chan Medical School) and resumed research activities. VA CWM consists of the Edward P. Boland VA Medical Center at the Leeds/Northampton campus and five CBOCs: Fitchburg, Greenfield, Pittsfield, Springfield, and Worcester, spanning a 75 mile radius. Over 1,000 employees, including teams of primary care physicians, medical and other specialists, psychiatrists, nurses, dentists, social workers, psychologists, and support staff combine with consultants and attending physicians to provide an interdisciplinary approach to patient care within the VA CWM.

The [Worcester](#) and [Springfield](#) Community-Based Outpatient Clinics (CBOCs) are each embedded in vibrant and culturally diverse, medium-sized New England cities. See their respective track descriptions for more detail about those locales.

Training Model and Program Philosophy

The central goal of the Predoctoral Internship in Health Service Psychology program at VA CWM is to provide a quality training experience designed to prepare predoctoral psychology interns for entry-level psychology positions or postdoctoral training. The training program seeks to help interns broaden, deepen, and integrate their current knowledge base with applied clinical experience with military Veterans. The internship prepares students to function as generalists within a medical center setting and it provides opportunities to develop skills in specialty areas such as the treatment of posttraumatic stress disorder, substance use issues, affective disorders, psychological/neuropsychological assessment, and psychological sequelae of medical conditions. It emphasizes the clinical practices of assessment, treatment, and consultation, and it provides training and experience with a variety of therapeutic approaches across a range of clinical settings. Interns are

provided extensive supervision so as to maximize their learning in each of the settings and modalities in which they train. The training program aims to assist predoctoral psychology interns in the process of forming professional identities as clinical psychologists, and it emphasizes professional development as a valued direction towards which all psychologists should continue to aspire.

The Psychology Training Program is committed to a practitioner-scholar model of internship training. We believe in the development of psychologists who have sufficient depth and breadth of knowledge and skills to provide empirically-supported treatments to diverse patient populations in interdisciplinary settings. We believe in the provision of patient-centered care that maximizes individual strengths, promotes human dignity, and values individual differences. We are committed to fostering a supportive, inquisitive, and open learning environment that places a premium on professional growth and scholarly development. We strive to model openly our own willingness to learn and to grow as psychologists as we examine and continually revise the services we provide to ensure that they remain current, relevant, and scientifically sound. We endeavor to create a training environment where the intern can develop the competencies and knowledge base needed to eventually practice professional psychology at the independent level, feel supported in the development of her/his/their sense of identity as a professional psychologist, and feel challenged and inspired to continue to question, learn, and grow across an entire professional career.

All training experiences follow a logical progression toward increased complexity and independence. The interns' overall knowledge base and theoretical sophistication are increased through didactic input in individual and group supervision, clinically-oriented seminars, and various lectures offered through the Education Department. Training experiences build gradually over the course of the year, with interns taking on more responsibility as the year progresses. Within several of the rotations, interns begin by co-facilitating groups with the supervisor. They are expected to be able to lead groups independently by the end of the rotation. Similarly, interns may first learn to administer unfamiliar assessment instruments via practice-administrations with their supervisor. As they gain competency with test administration and interpretation, they are presented with opportunities to continue to progress to a "monitoring" level of practice (e.g., they begin to administer tests to their clients and interpret them on their own, prior to supervision). Interns also take on more responsibility in the didactic component as the year progresses, leading case conferences and conducting a didactic seminar.

Before the end of internship orientation, interns complete a self-assessment, which is reviewed with the Co-Directors of Training. All rotations and training experiences are collaboratively selected with consideration for prioritizing training needs and taking intern preferences into consideration whenever possible. As each trimester comes to a conclusion, the interns review how their skills have developed with their individual supervisors. In rare cases, alterations of training plans may be made during the year if a rotation becomes unavailable or to address interns' training needs as these become clearer or change over time. Discussion of intern progress and training needs is ongoing with formal evaluations taking place at the midpoint and endpoint of each trimester. A primary supervisor is identified who will be responsible for ensuring completion of the 2 written evaluations during each trimester.

Program Goals

The training program emphasizes the active involvement of the intern in determining training assignments, participating in training seminars and workshops, and providing feedback and creative input to the internship program. We expect the intern to attain the following broad training goals over the course of the internship year:

1. Develop a sense of professional responsibility and an identity as an ethical psychologist who is a consumer of research, a critical thinker, and a practitioner of empirically-sound treatment.
2. Develop the ability to integrate empirically-supported interventions with theoretically-sound approaches to the treatment of culturally diverse patient populations.
3. Demonstrate proficiency in psychodiagnostic assessment.
4. Develop the ability to effectively evaluate programs/treatments, consult with colleagues/multidisciplinary staff/other interested parties, and provide clinical supervision.

Interns are given the opportunity to develop and demonstrate achievement in the following profession-wide competencies and program-specific aim: research and scholarly competence; ethical and legal standards; individual and multicultural diversity; professional values, attitudes, and behaviors; communication and interpersonal skills; assessment; intervention; supervision; consultation and interprofessional/interdisciplinary skills; and the program-specific aim is to develop competency to work with military Veterans in a VA setting.

Program Structure

In line with our commitment to foster a supportive, inquisitive, and open learning environment, our training program actively involves interns in decision-making processes about their education and training. Throughout the training year, interns collaborate with the Directors of Training and the Training Committee to discuss their training interests and development. These discussions include assessments of the intern's strengths and areas which may benefit from further development. Rotation selections are derived from this collaborative process. Near the beginning of the internship year, interns complete a self-assessment that is reviewed by the Directors of Training. This self-assessment is designed to help the intern identify and clarify broad goals for the upcoming internship year. At the beginning of each training experience, the supervisor and intern work collaboratively to develop a training agreement or contract.

Supervision and Didactic Training

Individual and Small-Group Supervision

The Clinical Psychology Internship is designed to offer each student the opportunity to receive individual supervision from a variety of licensed psychologists with different clinical expertise, theoretical orientations, and stylistic approaches. Interns and Supervisors are encouraged to review, specify details within, and sign a supervision agreement at the beginning of their work together.

Interns on all tracks will receive a minimum of four (4) hours per week of regularly scheduled individual or small group supervision, including supervision from primary and ancillary supervisors across all rotations and tracks. A minimum of two (2) of these supervision hours is provided as individual supervision by a licensed psychologist. Up to one-and-a-half (1.5) of these hours may be provided as small group supervision (3 or fewer trainees). Up to one-and-a-half (1.5) hours per week of supervision may be provided by an appropriately credentialed other health care provider, for example a licensed psychiatrist, registered nurse, or social worker with certification in an empirically based psychotherapy of interest to the trainee. However, a licensed doctoral level psychologist maintains overall responsibility for all supervision, including oversight and integration of supervision provided by other professionals. Interns have access to consultation and supervision during times they are providing clinical services, and primary or covering supervisors are available on-site whenever interns are meeting with patients and delivering services. This commitment to the development of clinical knowledge and experience affords each student the opportunity to work closely with at least six licensed psychologists during their internship, and often many more.

While the focus of individual supervision varies on different rotations, all students will receive feedback and consultation with regard to the direct patient care they provide. Supervision may involve conjoint treatment sessions, video/audio recordings, role-playing, and review of process notes. Our training program strongly holds the belief that improvement in clinical skills occurs through the provision of direct supervisory feedback. Therefore, students are highly encouraged to seek additional opportunities for coaching from their supervisors. In addition to improving the quality of therapeutic services provided to Veterans, we consider supervision to work most effectively when interns feel safe, supported, and challenged intellectually to develop their own independent professional identity and voice as a therapist. We encourage interns to be open to supervisory discussions that address the personal reactions that they may experience in the course of providing psychological services. We regard self-awareness, understanding, and the ability to use this information to further the therapeutic process as a valuable clinical skill worth cultivating within the boundaries of a safe professional environment.

Case Conference Presentations

[Dr. Malinofsky](#) serves as the Case Conference Facilitator. Formal case presentations provide an opportunity for interns and psychologists to openly share and reexamine their clinical work in a supportive, inquisitive, collegial environment. Interns and psychologists are encouraged to present cases which highlight specific clinical questions and interventions, and/or which provide participants an opportunity to explore the influence of culture and other aspects of diversity. Case presentations also provide presenters an opportunity to organize their thoughts/hypotheses about a particular case, and to practice presenting these in a formal manner to colleagues. Interns typically present multiple cases (at least three) throughout the course of the training year. Presentations are expected to be informed by relevant and current literature.

Didactic Seminars

[Dr. Tormey](#) serves as the Didactic Seminar Coordinator. Interns attend weekly didactic seminars which cover a range of clinical topics deemed to be central to the practice of psychology within a VA Medical Center. The didactic series is comprised of psychological assessment seminars, psychotherapy seminars, and specialty seminars which address specific areas of clinical interest, such as ethics, and

risk assessment, to name a few. Didactic seminars are scheduled in such a way that interns are provided essential seminars (e.g., ethics, risk assessment, military culture)) early in the training year. Interns are also expected to develop and present a didactic seminar drawing from current literature on a clinical topic of their interest.

Program Evaluation

Interns are expected to complete and present a formal program evaluation/quality improvement study (i.e., not original research) related to an assessment or treatment program. This may include a pre-post evaluation of an empirically-supported treatment as applied to group psychotherapy, or an “n of one” evaluation of an individual case, with multiple measures applied at pre-, mid-, and post-intervention. Examples of previous evaluations by interns are clinical efficacy of CPT; outcome evaluation of ACT protocol on PTSD unit; using the Acceptance and Action Questionnaire; evaluation of intern responses to didactic seminars; evaluation of Mood Monitor Implementation on Acute Inpatient Unit; outcome evaluation of ACT-based anger group; program evaluation of PTSD Unit's Family Day; evaluation of how to improve outreach efforts to Veterans through the OEF-OIF-OND program; and Evaluation of Care for Transgender Veterans at VA CWM.

Distance Technology

As of the writing of this brochure, we continue to operate under evolving pandemic circumstances. Prior to COVID-19, the Training Program did not typically employ distance education technologies for training. However, we now regularly use VA-approved video conference platforms. While the preference is for in-person attendance at all training activities, we are currently permitting the use of distance technologies, when deemed necessary/appropriate. The determination of whether clinical and training activities can occur in person versus remotely (using distance technology) involves a range of factors including judgment by supervisors and guidance from our governing bodies (APA, APPIC, VA/OAA, MA Board of Registration of Psychologists). As was the case prior to the pandemic, interns enrolled in certain Ancillary Rotations, (such as CPT or ACT) which teach empirically-based psychotherapies, may receive additional consultation by national experts via phone or video-conference. This consultation is integrated into their overall supervision by the primary supervisor overseeing that particular training experience. Although we think the training landscape has been permanently transformed by the pandemic, it remains unknown in what form (and to what extent) distance technologies will be used in the future.

Intern Resources

Office space is available for interns to conduct psychotherapy with Veterans and to complete administrative work. Each intern has their own telephone, VA laptop/computer, computer access codes, email account, and access to on-line services. VA relies on a computer-based electronic medical record, and during Orientation the interns receive training on the basics of this system. Technical support remains readily available throughout the year should they encounter problems or have questions. Strong emphasis is placed upon the careful use and transmission of electronic information.

The VA hospital system allows interns to access a national video conferencing system. They have access to live webinars and teleconferences. They are encouraged to use the on-line medical library, which is interconnected to a vast array of local colleges, universities, hospitals and national data

systems. VA and national health care bodies publish monthly newsletters and bulletins, and these are made available to the interns. Our librarian is always willing to obtain articles and to assist in literature searches for interns.

With respect to psychological testing materials and supplies, the program has VA and commercially available software to facilitate scoring and interpretation of numerous instruments and to help students learn to utilize these aids in their assessment work. The VA has many traditional, computer-administered, and virtually-administered psychological and neuropsychological tests. There is a large collection of assessment instruments available to each rotation that are appropriate to the populations treated.

Administrative Policies and Procedures

Stipend and Benefits

Interns earn an annual stipend for internship training positions of \$29,368. The internship training position entails 2080 hours of training, including holiday and leave, over 52 consecutive weeks. The training is structured as a full-time, 40-hour Monday through Friday week. Interns are eligible for health insurance (for themselves, their legally married spouse, and legal dependents) and for life insurance. State and federal income tax and FICA (Social Security) are withheld from interns' checks. Interns are not covered by Civil Service retirement or leave. The United States Government provides liability protection for trainees acting within the scope of their educational programs under the Federal Employees Liability Reform and Tort Compensation Act 28, U.S.C. 2679 (b) – (d). Interns who participate in training a minimum of 130 hours per month meet the eligibility requirements for Federal Employee Health Benefits (FEHB). Interns can enroll in FEHB on their first day at VA and be covered by the first pay period. Interns accrue 4 hours of vacation (Annual Leave) and 4 hours of sick leave for each full two-week pay period for a total of 13 days (104 hours) in each category. Interns are also allocated 6 days of Administrative Leave for professional activities such as conferences, educational experiences, and post-doctoral fellowship interviews. In addition, there are 11 federal holidays. Maternity/paternity leave is available with the caveat that alterations in training plans might be needed to ensure that interns complete a full 12-month training experience.

Due Process General Guidelines

Due process ensures that decisions about interns are not arbitrary or biased. It requires that the Training Program identify specific evaluative procedures, which are applied equally to all trainees, and provide appropriate appeal procedures to the interns. Due process guidelines are clearly communicated to interns during Orientation with opportunities for group and individual discussion. These procedures delineate the processes for notifying interns of a concern, providing a hearing, opportunity for appeal, methods of documentation, communication with doctoral program, remediation plans/timeframes, and methods of re-evaluation. There is also a grievance procedure for interns, which includes due process.

Evaluation of the Training Program

Throughout the year, interns are asked to informally provide evaluative feedback about rotations and other training experiences. At the conclusion of the training year, the interns will be asked to complete a formal/comprehensive End-of-Year Evaluation of their supervisors and of the program as

a whole. Graduate surveys are sent to graduates of our training program so that they have opportunities to provide feedback with regard to how well the program has prepared them for work as professional psychologists.

GENERAL MENTAL HEALTH INTERNSHIP TRACK – LEEDS/NORTHAMPTON

(4 Positions)

Edward P. Boland VA Medical Center Campus

Match Number 133511

Overview

The Predoctoral Internship Training Program has a long history of providing multiple training rotations, settings, and modalities during the course of the training year. As our program has grown we have added yearlong tracks in each of the Worcester and Springfield Community-Based Outpatient Clinics (CBOCs). These interns work as a part of their respective multidisciplinary teams for the entire twelve months of the internship and travel to the Medical Center in Leeds/Northampton once per week to attend training activities with the other interns. Further details about these interdisciplinary tracks at our [Worcester](#) and [Springfield](#) CBOCs are available in separate sections of this document. The following information on rotations pertains only to the General Mental Health Internship track at the Medical Center.



During our orientation, interns are able to meet with the rotation supervisors and learn about available rotations. They consult with the Training Directors and submit preferences for the four-month rotations they would like. Each rotation involves 28 hours per week over the course of four months. There are currently six options for Primary Rotations (note that training rotation availability may fluctuate from year-to-year based on factors such as staffing and programmatic changes): **Assessment, Health Promotion and Disease Prevention (HPDP) with Primary Care-Mental Health Integration (PC-MHI), Inpatient Psychiatry, Outpatient Mental Health Clinic (MHC), Specialized Inpatient Posttraumatic Stress Disorder Unit (SIPU), and Substance Use Disorders Clinic (SUD-C)**. It should be noted that VA CWM has more rotations than intern positions. This typically allows interns more of a choice in selecting training experiences that promote the development of necessary clinical skills. Rotations are designed to provide interns with training and practical experience in three broad areas essential to a clinical psychologist: assessment/ diagnosis, psychotherapy (including empirically-supported approaches to treatment), and consultation. Consultation typically involves discussion of particular cases and clinical problems; and also frequently involves program development, with a particular emphasis on the incorporation of evidence-supported approaches to treatment. For all intern training and educational activities, standardized evaluations occur at regular intervals. Interns are evaluated 6 times throughout the year (at the midpoint and endpoint of each trimester). A primary supervisor is identified who will be responsible for ensuring completion of the 2 written evaluations during each trimester. The rotations

that are offered currently and the training they provide in the three aforementioned areas are listed below:

ASSESSMENT

The intern on this Primary rotation will work closely with Dr. Fearing and Dr. Grant to provide specialized (forensic) neuropsychological and psychological assessment services, predominantly through the Compensation and Pension department, including inpatient, outpatient, home-based and incarcerated populations. Dr. Fearing is a clinical neuropsychologist and certified Mental Health Compensation & Pension (C&P) Examiner who, may receive assessment consults from providers throughout the VA system, including the TBI/Polytrauma team, Neurology, and Primary Care. Dr. Grant is a clinical psychologist, and certified Mental Health C&P Examiner who also serves as the Psychologist Consultant to the Community Living Center (a nursing care center) and provides assessment and care through the Outpatient Mental Health Clinic. As opportunities present themselves, the intern may also observe Dr. Brummett and Dr. Malinofsky, though they will not provide formal supervision on the rotation. There may also be an opportunity for Assessment interns to interact with our two Neuropsychology Residents who are on-site at the Medical Center in Leeds/Northampton one day per week, as well as Psychiatry Fellows from University of Massachusetts Chan School of medicine.

While the specific clinical settings vary, the underlying goal and training emphasis remain consistent. In each setting, the intern will be involved in clinical interviewing, test administration, scoring, report writing, providing feedback, and consultation with an interdisciplinary team. A training goal will be to complete at least 5 Compensation and Pension examinations with full reports. However, since students in different graduate programs have vastly different levels of training and experience in testing, this may be adjusted based on developmental level of competency. Skill level in testing and report writing will be assessed at the beginning of the rotation. Interns who require further training and/or experience to establish these skills are provided with testing assignments matched to their ability level with increasing independence and complexity.

Neuropsychology Service: Testing consults are submitted by a range of VA CWM providers including the TBI/Polytrauma team, Neurology, Primary Care, and Inpatient Psychiatry. To address referral questions, psychodiagnostic assessments will lead to meaningful DSM-5-based differential diagnoses and recommendations for treatment planning. The intern will have the opportunity to administer and interpret both objective and subjective personality tests including the Minnesota Multiphasic Personality Inventory-2-Restructured Form (MMPI-2-RF), Personality Assessment Inventory (PAI), Rorschach Inkblot Test, and Thematic Apperception Test (TAT), among others.

Compensation and Pension Service: Interns will be trained as a fully-certified Mental Health Compensation & Pension Examiners, and they will provide examinations under close supervision of Drs. Fearing and Grant. Requests for examinations are received from Veterans Benefits Administration (VBA) Regional Offices. Exam requests involve DSM-5 diagnostic assessment for PTSD and other mental disorders for Veterans who have filed mental health disability claims. This may include administering various screening measures, CAPS-5, symptom validity scales, response style assessment, and other psychological tests. Examiners conduct thorough psychosocial interviews and carefully review VA medical records and claims files. Reports are then written and submitted to the Regional Office, providing accurate diagnoses and offering medical opinions and rationale regarding possible service connection.

Consultation

The intern will provide consultation to multidisciplinary teams and providers including the TBI/Polytrauma team, which consists of neurology, physical therapy, occupational therapy, speech therapy, audiology, and social work providers. In the case of neuropsychological assessment, in-person testing feedback will be offered to the referral source in addition to written recommendations included in the report. Providers from across our VA healthcare system regularly contact providers in the Neuropsychology Service for consultation on cases and to explore options for program-level improvements (e.g., the substance use disorders clinic recently sought the expertise of an intern when considering options for a cognitive screening approach that could be used to inform the assignment of Veterans to a group intervention modality).

Supervision Training

The advanced intern will have the opportunity to learn and practice supervision skills when consulting with interns on other rotations. In the past, interns have been asked to provide (supervised) training to social work interns and other psychology interns who are learning to use new assessment instruments. According to the developmental level of the trainee, interns may also be asked to review a Supervisor's case and provide feedback to the Supervisor about their approach and interpretation. Assessment interns are invited to join the monthly Neuropsychology Service meeting, where they will have the opportunity to give feedback to Neuropsychologists on cases.

Supervision Provided

At least 3 hours of individual supervision will be provided to the intern each week. The intern will attend scheduled weekly individual supervision meetings with Drs. Grant and Fearing.. There will also be frequent debriefing that will occur as often as daily after exam sessions, while scoring/interpreting reports, and when learning new instruments. In addition to general clinical issues, supervision sessions will regularly include discussion of topics such as the following: ethical and legal standards, individual and cultural diversity, and professionalism (values, attitudes, behaviors, communication, and interpersonal skills). The intern will spend a considerable amount of time observing and being observed by the psychologists on this rotation. The intern is expected to come prepared for supervision with an agenda, organized test data, and/or specific questions for discussion.

Research

The intern will be expected to regularly conduct literature reviews and may sometimes incorporate findings into their reports. It is often necessary to review recent literature on a given condition to understand the neuropsychological effects and characteristics of a medical or psychiatric condition. It is also likely that the intern will need to research topics that may come up when providers seek their expertise in consultation. The intern will present this information during supervision and will upload key articles to a corresponding rotation folder on a shared computer drive (SharePoint).

HEALTH PROMOTION AND DISEASE PREVENTION (HPDP) WITH PRIMARY CARE-MENTAL HEALTH INTEGRATION (PC-MHI)

The Health Promotion and Disease Prevention (HPDP) rotation is supervised by [Jennifer Brown, PhD](#), [Courtney Morris, PhD](#), [Megan Brault, PsyD](#), and [Ariel Laudermith, PhD](#). This clinical experience offers interns the opportunity to work within multidisciplinary and interdisciplinary teams in the treatment of co-morbid medical and psychological conditions. Interns will gain exposure to and expertise in performing clinical work in both the Primary Care and Mental Health Service Lines. Working closely with the Primary Care Mental Health Integration (PC-MHI) psychologist, interns will receive “warm handoffs” from Primary Care team members and learn to do triage assessments and brief psychotherapy interventions. Additionally, interns selecting this rotation will work with Veterans dealing with the following Population Health concerns: chronic pain management, weight management, diabetes management, and tobacco cessation. Interns will be trained to conduct biopsychosocial assessments, provide time-limited individual psychotherapy, co-facilitate and facilitate behavioral medicine groups, and provide consultative services to various other disciplines.

Supervision Provided

Interns will be provided with a minimum of three (3) individual hours of supervision per week on this rotation. Each of the licensed psychologists will provide at least one hour of in-person scheduled supervision per week. In addition to scheduled supervision, there is ample opportunity for direct observation of clinical work. Supervision sessions will regularly include discussion of general clinical issues and topics such ethical and legal standards, individual and cultural diversity, and professionalism (values, attitudes, behaviors, communication, and interpersonal skills). Interns will also have many opportunities to learn from clinicians in other disciplines, as multidisciplinary collaboration is the cornerstone of this clinical rotation.

Research

On this rotation, interns will be provided opportunities to identify, apply, and disseminate applicable knowledge from research into their direct clinical service. They will be expected to assist in the collection and analysis of data in the service of programmatic evaluations. Additionally, interns will learn how to apply Evidence-Based Practices in working collaboratively with colleagues in the Primary Care, Pharmacy, and Sensory and Physical Medicine Rehabilitation Service Lines. Interns will gain expertise in patient-centered communication, cognitive-behavioral techniques and motivational interviewing strategies.

Assessment

Chronic Pain: Interns will participate in Interdisciplinary Pain Clinic simultaneous interviews with a physician, clinical pharmacist, physical therapist, social worker, and psychologist. Interns will have the opportunity to learn how to conduct biopsychosocial pain assessments with the expectation that they will take more of a leadership role toward the latter part of the rotation. Interns will also engage in ongoing therapy outcome assessment using several pain-specific and other questionnaire measures.

Weight Management: Interns may have the opportunity to observe and take a leadership role for pre and post-psychological evaluations for bariatric surgery.

Primary Care/Mental Health Integration (PC-MHI): Interns will learn how to triage presenting Veterans and help determine disposition at the end of assessment. Developing good clinical judgment

is paramount and includes assessment of patient needs and effective matching with a patient's level of willingness for treatment. The use of measurement-based care, including the VA's Clinical Reminders, and self-report questionnaires are incorporated into evaluation of all biopsychosocial factors affecting patient health outcomes and functioning. Determination of the presence and acuity of PTSD, along with other mental health diagnoses, will occur, and reliable screens will be utilized.

Tobacco Cessation: Interns will complete tobacco cessation telephone intake assessments and triage the Veteran to the appropriate treatment (e.g., hypnosis, individual counseling and/or medications). Interns will become familiar with measures and questionnaires relating to nicotine addiction and motivational interviewing.

Psychotherapy

Chronic Pain: Interns will have an opportunity to learn and utilize the Cognitive Behavioral Therapy for Chronic Pain (CBT-CP) protocol, an evidence-based psychotherapy for the treatment of chronic pain. Interns will also facilitate or co-facilitate classes in Pain School, a multidisciplinary program emphasizing education and self-management techniques for chronic pain. Since sleep difficulties are common in Veterans with chronic pain, interns may also have an opportunity to learn and utilize Cognitive Behavioral Therapy for Insomnia (CBT-I).

Diabetes: Interns may treat individual Veterans who are struggling with self-management of their diabetes, helping Veterans make successful and permanent lifestyle changes to benefit their health. Specifically, interns will learn Motivational Interviewing strategies and techniques to help Veterans lose weight (where appropriate) and lower their Hemoglobin A1C, thereby reducing diabetes-related complications. An additional opportunity may arise to co-facilitate a Diabetes Self-Management group.

Tobacco Cessation: Interns will have the opportunity to provide integrated tobacco cessation treatment in PC-MHI and through the tobacco cessation program which serves all Central Western Massachusetts VA locations. In collaboration with the Veteran's Primary Care team, and other mental health providers, interns will learn how to develop collaborative goals with Veterans (e.g., reducing intake of tobacco, working toward a quit date), integrate the use of Nicotine Replacement Therapy (NRT) medication, and provide brief behavioral individual treatment. Interns, utilizing a four-session protocol, will take a lead role in tobacco cessation groups (i.e., inpatient and outpatient).

Primary Care/Mental Health Integration: Interns will provide psychoeducation and brief, individual psychotherapy treatment protocols utilizing motivational interviewing, problem-solving therapy and cognitive behavioral therapy approaches.

Consultation

Chronic Pain: Interns will provide consultation to Interdisciplinary Pain Clinic and Mental Health colleagues regarding chronic pain. Interns will also be involved in writing consult reports for the Interdisciplinary Pain Clinic and participating in Stratification Tool for Opioid Risk Mitigation (STORM) reviews for Veterans deemed at high risk and very high risk for adverse outcomes related to their opioid medication use.

Diabetes: Interns may have the opportunity to work closely with the multidisciplinary Diabetes Management team from the fields of Endocrinology, Nursing, Pharmacy, Mental Health, Primary Care, and Nutrition. In this role, interns would attend team meetings and huddles when the schedule permits.

Tobacco Cessation: Interns will provide consultation to a variety of interdisciplinary teams within the Mental Health Service Line, Primary Care Service Line, and inpatient units. Interns will assist in advancing tobacco cessation initiatives within the VA. For example, interns will provide smoking cessation treatment psychoeducation to a variety of employees and providers.

Primary Care/Mental Health Integration: Interns will gain skills in effective interdisciplinary consultation and collaboration within the framework of Primary Care, first through shadowing the PC-MHI Psychologist. Curbside consultation takes place frequently, as does more formal consultation. The focus may be on cases, but in addition, cultivation of a mutual understanding and knowledge across disciplines. Interns will participate in huddles and preplanning meetings with the Primary Care teams.

Supervision Training

Interns will have the opportunity to learn how to provide feedback in a supervisory capacity on the HPDP rotation. In addition to learning supervision theory and evidence-based techniques, interns will obtain clinical experience through a variety of methods tailored to the intern's specific strengths and clinical goals.

RESIDENTIAL REHABILITATION TREATMENT PROGRAM (RRTP)

The intern on this rotation works closely with [Dr. Chris Jetton](#) to provide psychological services to veterans in a residential treatment setting. The RRTP offers residential mental health and substance abuse treatment, including group and individual programming, as well as ongoing medication management and recreation, occupational, and milieu therapy. The patient population consists primarily of male veterans, although increasing numbers of female veterans present for treatment. A broad range of psychotic, mood, anxiety, substance-related, and adjustment disorders are seen in the veterans. Many of the patients have comorbid Posttraumatic Stress Disorder and substance use disorders. There are currently two RRTP tracks, one primarily focused on substance use disorders, and a general track focused on mental health stabilization.

Intern responsibilities include co-facilitation of groups, diagnostic assessment and evaluation, treatment planning, individual psychotherapy, development and leading group(s) of the intern's choice, daily morning huddles, consultation with other disciplines, and occasionally, development of behavioral plans. Formal suicide/homicide risk assessment and safety plan development are also conducted with acute patients. Groups currently offered in the RRTP include CBT-SUD, psychoeducation, DBT skills, and mindfulness. Depending upon the patient population, programming may include such topics as grief and loss, anger, relationship boundaries and interpersonal assertiveness, shame, sleep skills, and tobacco cessation.

An intern selecting this rotation likely will participate in the following training experiences:

Assessment

The intern may be assigned some newly-admitted veterans for evaluation and assessment. These assignments will emphasize the development of the intern's ability to formulate diagnostic impressions based on clinical interviewing and testing, and to formulate realistic treatment plans. Neuropsychological screening and diagnostic clarification are common assessment referrals on this rotation. The intern will interact with the referral source, complete the assessment and integrated report, and provide feedback to both the Veteran and the treatment team. Assessment instruments used may include the Clinician-Administered PTSD Scale (CAPS), the PCL-5, the Montreal Cognitive Assessment (MOCA) and depression screens. Collaboration with the post-doctoral fellows will take place, as more extensive neuropsychological referral questions are also common on the unit. Other measures may be used depending on the referrals and the intern's experience.

Psychotherapy

Group psychotherapy is the primary form of treatment on the unit, and the intern will participate as a co-facilitator in the daily groups and will develop and implement at least one weekly group (with some flexibility on the topic and format). Normally, the intern will also work in individual psychotherapy with one to two veterans at a time. When individuals discharge, new patients may be assigned. Individual therapy is conceptualized primarily using behavioral or cognitive-behavioral approaches. Opportunities may also exist for the intern to participate in therapy/meetings with families and significant others.

Consultation

The intern will participate in the interdisciplinary daily huddles and interact regularly throughout each day with colleagues in the fields of Psychiatry, Nursing, Social Work, and Primary Care. Huddles focus on treatment planning, evaluation, and behavioral planning for our veterans. Huddles also provide the opportunity for the intern to provide assessment results to the treatment team. Essentially, there are a wide range of training opportunities on this rotation and Dr. Jetton will work with the intern to customize the rotation experience.

Supervision Training

Interns will have the opportunity to learn how to provide feedback in a supervisory capacity on the RRTP rotation. In addition to learning supervision theory and evidence-based techniques, interns will obtain clinical experience through a variety of methods tailored to the intern's specific strengths and clinical goals. Opportunities for collaboration and consultation with other disciplines offering mental health treatments (e.g. nursing, peer support) may be available.

Supervision Provided

Weekly, at least 3 hours of individual supervision will be provided to the intern on the Inpatient rotation. The intern will meet for scheduled individual supervision primarily with Dr. Jetton (3 hours) and will debrief after groups (approx. 10 minutes each). Supervision about risk assessments, safety planning and treatment planning will take place on an as-needed daily basis. The intern works closely with the psychologist on the inpatient rotation and there is quite a bit of collateral contact and "curbside consultation."

Research

The intern will be encouraged to do a literature review on an area of interest that is relevant to their inpatient rotation. This could range from researching treatment for a diagnosis, to researching an assessment instrument. The intern will present this information to a treatment team, and then select one or two articles and a list of references to be included in the reading for future interns for this rotation.

OUTPATIENT MENTAL HEALTH CLINIC (MHC)

The intern on this rotation works closely with a subset of supervisors from the MHC that includes: Drs. [Clark](#), [Cook](#), [Linderme](#), [Putnam](#), and [Tormey](#) to provide psychological services to Veterans in the outpatient Mental Health Clinic (MHC). The MHC serves Veterans with a broad range of problems. Treatment modalities may include individual and group psychotherapy, couples therapy, case management, pharmacotherapy, psycho-educational groups and consultation with other programs and staff. Currently, the MHC staff is comprised of clinical psychologists, clinical social workers, psychiatrists, clinical pharmacists, nurse practitioners, a nursing assistant and a Registered Nurse. Throughout the year, psychology interns, physician's assistant interns, nursing students, pharmacy students and social work interns may train in the MHC.

The MHC staff provides comprehensive evaluation and treatment for the full range of psychological diagnoses seen in adults. Both acute and chronic psychiatric patients are treated. Treatment duration may be limited to brief crisis intervention or may be longer-term. Psychology interns are encouraged, and sometimes required, to audio or video-record their therapy sessions. Additionally, when available, supervisors may observe live sessions over video telehealth or in-person. Supervision will be provided from various theoretical and practical frameworks, including cognitive-behavioral, mindfulness-based cognitive therapy, acceptance-based behavioral therapy (including ACT and behavioral activation for depression), psychodynamic, and interpersonal. Supervision will be available for relationship-focused integrative therapy as well as “evidence-based psychotherapies” (EBPs) that may include cognitive-behavioral therapy (CBT) for mood and anxiety disorders, acceptance and commitment therapy for depression (ACT), and interpersonal therapy (IPT) for depression. Interns will receive three hours of individual supervision per week, and additional informal supervision as warranted.

Assessment

The MHC experience allows for a strong focus on assessment skills. This is defined broadly and may include diagnostic interviews, use of selected personality testing as part of the treatment planning process, and training in the assessment of PTSD. Interns will develop their skills at conducting comprehensive clinical diagnostic interviews. These biopsychosocial evaluations will be used in developing meaningful DSM-5-based differential diagnoses and treatment planning.

As part of the rotation, interns will work mostly with Dr. Linderme in the Walk-In Clinic, which provides same-day access for meeting immediate needs and planning further treatment. In this clinic, there is opportunity to enhance skills in clinical decision-making, triage, and brief interventions. The range of functions is quite broad, and can include clinical assessment as part of the hospital admission process, and follow-up post hospital-discharge. Other functions include brief treatment for Veterans who are waiting for long-term treatment, or who need help in determining their ongoing treatment needs. Veterans presenting to the walk-in clinic include a high number of people who have co-morbid

SUD or SPMI. This is an interdisciplinary approach that involves working with medical providers, prescribers, and other mental health staff. There is an opportunity to learn about resources within the VA and beyond.

Psychotherapy

Interns will carry an outpatient caseload of approximately 8-10 individual psychotherapy cases, and possibly a couple. Treatment sessions typically are scheduled for 45 minutes on a weekly basis. Interns may also be expected to participate in group psychotherapy as a co-therapist, depending on group availability and training preferences. Possible group placements include PTSD Skills Group, Coping Skills Group, and interpersonal process groups. The choice of cases and treatment emphasis will be guided largely by the psychology intern's training needs and available cases.

Consultation

Interns will participate in weekly multidisciplinary MHC staff meetings during which cases are presented and individualized treatment planning may be conducted. The interns will have many opportunities to consult with members of the multidisciplinary staff as well as students rotating through the MHC regarding psychological symptoms, diagnostic assessment and treatment issues/concerns.

Supervision Training

Interns will have the opportunity to learn and practice supervision skills Outpatient Mental Health Clinic by:

1. Designating supervision time for reviewing articles and discussing supervision methods and competencies.
2. Setting up role plays between the intern and supervisor, using case examples, in order to provide modeling of supervision.

SPECIALIZED INPATIENT PTSD UNIT (SIPU)

The intern on this rotation works closely with [Dr. Cornelius](#) to offer services to Veterans who require treatment for war-zone related PTSD, utilizing the group format almost exclusively. Veterans in this inpatient PTSD program are placed initially in a cohort group that is put through six weeks of intensive treatment focusing on trauma-related problems of living. Upon completion, Veterans are given the opportunity to return for additional episodes of intensive treatment that typically last three weeks, and which build upon skills acquired during the initial stay.

The program offers extensive training in group psychotherapy for PTSD. Interns can expect to facilitate and co-facilitate therapy groups, work as part of a multidisciplinary team, perform risk assessments, develop safety plans and individualized treatment plans, and assist Veterans in developing a plan for discharge.

Assessment

Interns learn to conduct clinical interviews which gather pertinent diagnostic information as well as information pertaining to overall psychosocial functioning. Interns learn to identify comorbid factors that may impact treatment and which may need to be targeted for intervention as well. Additionally,

interns learn to detect psychological processes that are contributing to trauma-related problems in living (e.g., experiential avoidance, cognitive fusion, excessive attachment to a conceptualized sense of self). Assessment instruments include a biopsychosocial assessment, PCL, DES, BDI-II, OASIS, the AAQ2, and the Valued Living Worksheet.

Psychotherapy

The inpatient PTSD program places a premium on experiential learning in the context of a safe and supportive setting. Acceptance and Commitment Therapy (ACT) forms the foundation of the program, and is delivered primarily as a group intervention. Interns gain experience running large ACT groups (16-24 members) that follow a more structured class-like format, and running smaller “breakout” groups (8 members) utilizing the ACT model of psychological flexibility. Interns also gain experience leading extended mindfulness meditations, and facilitating discussions afterwards that model, instigate, and support mindful awareness and acceptance of the present moment.

Consultation

As members of the Inpatient PTSD treatment team, interns will consult regularly with other VA CWM programs, such as Inpatient Psychiatry, the outpatient Mental Health Clinic, the Intensive Outpatient Substance Abuse Program, and also the local Veteran’s Center.

Supervision

Interns on the Inpatient PTSD Rotation receive three hours of individual supervision with Dr. Cornelius per week. Supervision covers skills in assessment, psychotherapy, consultation, and issues related to professional ethics and values. Supervision also incorporates review and exploration of new developments and emerging research in the treatment of trauma-related problems of living.

Research

Interns gain practice as critical consumers of research in the field of psychological trauma. Current literature and emergent research in trauma and trauma treatment are reviewed and discussed with Dr. Cornelius with a particular eye towards modifying and adapting existing programming on the unit to be more in line with current developments in the field.

Recommended Reading

Baker, A., Mystkowski, J., Culver, N., Mortazavi, A., & Craske, M. (2010). Does habituation matter? Emotional processing theory and exposure therapy for acrophobia. *Behavior Research and Therapy*, 48, 1139-1143.

Batten, S., Orsillo, S., & Walser, R. (2005). Acceptance and mindfulness-based approaches to the treatment of posttraumatic stress disorder. In S.M. Orsillo & L. Roemer (Eds.), *Acceptance and Mindfulness-Based Approaches to Anxiety: Conceptualization and Treatment* (pp. 241-269). New York: Plenum.

Fontana, A., & Rosenheck, R. (1998). Effects of compensation-seeking on treatment outcomes among Veterans with posttraumatic stress disorder. *Journal of Nervous and Mental Disease*, 186, 223-230.

Hayes, S., Strosahl, K., and Wilson, K., (2011). *Acceptance and Commitment Therapy, Second Edition: The Process and Practice of Mindful Change*. Guilford Press: New York.

Polk, K., Schoendorff, B., Webster, M., and Olaz, F., (2016). *The Essential Guide to the ACT Matrix: A Step-by-Step Approach to Using the ACT Matrix Model in Clinical Practice*. Context Press: Oakland, CA.

Orsillo, S., & Batten, S. (2005). Acceptance and Commitment Therapy in the treatment of posttraumatic stress disorder. *Behavior Modification*, 29 (1), 95-129.

Segal, Z., Williams, J.M., & Teasdale, J. (2002) *Mindfulness-Based Cognitive Therapy for Depression: A New Approach to Preventing Relapse*. Guilford Press: New York.

Segal, Z., Teasdale, J., & Williams, M. (2004) *Mindfulness-Based Cognitive Therapy: Theoretical Rationale and Empirical Status*. In S. Hayes, V. Follette, and M. Linehan (Eds.), *Mindfulness and Acceptance: Expanding the Cognitive Behavioral Tradition* (pp. 45-65). Guilford Press: New York.

Walser, R. D. & Hayes, (2006). Acceptance and Commitment Therapy in the treatment of posttraumatic stress disorder. In V. M. Follette & J. I. Ruzek (Eds.), *Cognitive Behavioral Therapies Trauma* (pp. 146-172). Guilford Press: New York.

SUBSTANCE USE DISORDERS CLINIC (SUD-C)

The intern on this rotation works closely with [Dr. Joyce](#) to offer services to Veterans who have substance use disorders (SUDs), including Veterans who have co-occurring disorders. The intern gains experience in Cognitive Behavioral Therapy for SUD, Contingency Management, Motivational Enhancement Therapy, Transcending Self Therapy, comprehensive assessments, treatment plan development, individual and group psychotherapy, and case management. During the initial orientation phase, the intern observes groups focusing on recovery issues to become familiar with the biopsychosocial model of addiction. Depending on interests and training needs, the intern can develop a host of skills and knowledge central to the provision of treatment for the SUD population. This is an interdisciplinary team setting with staff from several disciplines: Psychology, Psychiatry, Social Work, and Nursing. The intake interview is followed by treatment planning with the multidisciplinary team. In addition to clinical needs, there is an emphasis on wellness and recovery planning at the SUD Clinic (SUD-C). The SUD-C includes a 21-day Intensive Outpatient Program as well as aftercare groups that target specific problems and utilize different treatment modalities. Exposure to diverse populations is one of the key features of the SUD-C that distinguishes it from many other treatment settings. Many of the Veterans in the SUD-C are unemployed and homeless, requiring them to reside at a homeless shelter on the grounds of the VA. Other SUD-C Veterans reside on a non-acute inpatient unit or commute from the community. Interns will discuss ethical and legal issues as they arise related to this specific population.

Supervision Provided

Three hours of scheduled individual supervision will be provided on this rotation. Supervisors will also be available for ad hoc supervision.

Assessment and Measurement Based Care

Interns will learn to conduct biopsychosocial intake evaluations. As part of that process, they will fine-tune their assessment skills to diagnose DSM-5 conditions and to identify key predispositions and habits that are relevant to treatment and recovery. Interns will learn to conduct a thorough SUD assessment as well as integrate techniques to monitor and assess the treatment of SUDs and co-

occurring disorders. Interns will use the Alcohol and Drug Feedback Tool (AFT) and Motivational Interviewing/ Motivational Enhancement Therapy (MI/ MET) to facilitate discussions on the goals and changes the Veterans are willing to make. They will also use the Brief Addictions Monitor-Revised (BAM-R) monthly and BAM-IOP weekly to identify and assess measurement-based care. In addition, interns will learn to evaluate PTSD with Veterans diagnosed with SUDs by utilizing the Clinician Administered PTSD Scale (CAPS). Opportunities to evaluate sleep disorders and additional self-report measures will be utilized based on identified problems.

Group and Individual Psychotherapy

Interns will facilitate and co-facilitate various evidence-based groups in the IOP and aftercare program from cognitive-behavioral and acceptance-based orientations. Individual therapy cases are varied, and the interventions provided may be brief or for the duration of the rotation. Interns will receive supervision in evidence-based approaches to treating SUDs, including contingency management, motivational enhancement therapy, and cognitive-behavioral therapy. Interns may also receive supervision in the treatment of a specific disorder or condition in the context of a SUD, including but not exclusive to pain, trauma, insomnia, and depression.

Consultation

Interns will have opportunities to consult with several VA Central Western Massachusetts Healthcare System clinics; most notably the outpatient Mental Health Clinic, the Pain Clinic, and Inpatient units, the five Community-based Outpatient clinics, Vocational Rehabilitation program, Soldier On homeless shelter, the Springfield Vet Center, community halfway houses, and other VAMCs where Veterans are referred to regularly.

Supervision Training

SUD-C rotation will provide psychology interns opportunities to develop supervision skills by working with other trainees and/or staff to learn and integrate specific clinical skills including diagnostic clarification, case conceptualization, and treatment planning.

Education

During this rotation, interns will present a 20-minute training to SUD-C staff during the Engaged Work Team meeting, based on both the intern's expertise and areas of interest and an observed need of the team. This requirement helps the intern to begin to consider their knowledge base, relative expertise and unique perspective as well as understanding the audience and needs of a multidisciplinary team. Previous interns have provided trainings in mental status exam, brief cognitive screening, and multicultural competence.

Program Evaluation

Some interns have developed their program evaluation project during this rotation. Two examples of recent program evaluations are 1) efficacy and cost of a three-week IOP as compared to a four-week IOP and 2) an evaluation of the language we use in the electronic medical records for individuals with substance use disorders.

Research

Interns will be expected to use various VA accessible tools including the VISN 1 Knowledge Library to research specific areas related to their work on the rotation (e.g., issues of diversity, medical comorbidities) to better inform their direct service and to disseminate current literature to colleagues via team meetings, didactic seminars and consultation.

Ancillary Rotations

Interns on the General Mental Health Internship Track at Leeds/Northampton are assigned an Ancillary training experience for the entire 12 months, taking their preferences and training needs into account. The supervisor provides clinical supervision for individual cases with specific emphasis according to the supervisor's area of clinical expertise. The Ancillary rotation consists of 8 hours per week, with fluid scheduling, depending on the primary and ancillary rotations and Veterans' availability. Interns meet with all supervisors offering ancillary rotations during orientation and rank their preferences for ancillary rotations. The Training Directors make the final decision on Ancillary rotation assignments, after considering the training needs of all interns, supervisor availability, and the Primary rotations selected by interns during the orientation period. At some point prior to or during orientation, interns will complete an initial self-evaluation of their strengths and targeted areas for growth during their internship training year, which will also inform Ancillary assignments. As noted above with Primary Rotations, the availability of a given rotation may fluctuate from year-to-year based on factors such as staffing and programmatic changes.

ACCEPTANCE AND COMMITMENT THERAPY ANCILLARY – Supervised by [Dr. Cornelius](#)

The ACT ancillary rotation is a year-long rotation that entails the application of Acceptance and Commitment Therapy to the treatment of outpatient Veterans who are struggling with depression, anxiety, and/or PTSD. Interns on this rotation will learn to deliver ACT in the form of a more structured protocol and, as skills develop, to deliver ACT in a more flexible manner, targeting key ACT-related processes as indicated in-the-moment with their clients. Interns typically have a caseload of three to four clients, and they work with these clients in a time-limited manner (e.g., 12-15 sessions). This approach affords the intern the opportunity to gain facility in ACT with a range of clients and client problems.

Assessment: Interns learn to conduct clinical interviews which gather pertinent diagnostic information as well as information pertaining to overall psychosocial functioning. Interns learn to identify comorbid factors that may impact treatment, and which may need to be targeted for intervention as well. Additionally, interns learn to detect psychological processes that are contributing to problems in living (e.g., experiential avoidance, cognitive fusion, excessive attachment to a conceptualized sense of self). Assessment instruments include a biopsychosocial assessment, PCL, DES, BDI-II, OASIS, the AAQ2, and the Valued Living Worksheet.

Psychotherapy: Interns typically carry a caseload of 3-5 clients throughout the year. Interns start with fewer clients at the beginning of the year, and their caseload builds as their skills in the ACT model grow.

Consultation: Interns on the ACT ancillary rotation work in collaboration with other providers from a range of disciplines in the VA system. Opportunities exist to present their cases to other psychology

staff and interns, and to the outpatient mental health team.

Supervision: Interns meet weekly with Dr. Cornelius for 1 hour of supervision. Supervision covers skills in assessment, psychotherapy, consultation, and issues related to professional ethics and values. Supervision methods include regular review and discussion of audio tapes of intern's sessions. Supervision also incorporates review and exploration of new developments in Acceptance and Commitment Therapy, and Relational Frame Theory.

Research: Interns gain practice as critical consumers of research related to mindfulness and acceptance-based treatments. Current literature, and emergent research are reviewed and discussed with Dr. Cornelius with an eye towards adapting clinical practice to be more in line with current developments in the field.

Recommended Reading

Baker, A., Mystkowski, J., Culver, N., Mortazavi, A., & Craske, M. (2010). Does habituation matter? Emotional processing theory and exposure therapy for acrophobia. *Behavior Research and Therapy*, 48, 1139-1143.

Fletcher, L., & Hayes, S.C. (2005). *Relational Frame Theory, Acceptance and Commitment Therapy, and a functional analytical definition of mindfulness*. *Journal of Rational Emotive and Cognitive Behavioral Therapy*, 23, 315-336.

Hayes, S., Strosahl, K., & Wilson, K. (2012). *Acceptance and Commitment Therapy: The Process and Practice of Mindful Change*. New York, NY. Guilford Press

Luoma, J. Hayes, S., & Walser, R. (2007). *Learning ACT: An Acceptance and Commitment Therapy Skills-Training Manual for Therapists*. Oakland, CA. New Harbinger Publications

Polk, K., Schoendorff, B., Webster, M., and Olaz, F., (2016). *The Essential Guide to the ACT Matrix: A Step-by-Step Approach to Using the ACT Matrix Model in Clinical Practice*. Context Press: Oakland, CA.

Strosahl, K. (2012). *Brief Interventions for Radical Behavior Change: Principles and Practice of Focused Acceptance and Commitment Therapy*. Oakland, CA. New Harbinger Publications

Wilson, K (2008). *Mindfulness for Two: An Acceptance and Commitment Therapy Approach to Mindfulness in Psychotherapy*. Oakland, CA. New Harbinger Publications

ASSESSMENT ANCILLARY – Supervised by [Dr. Grant](#) and [Dr. Fearing](#)

The Assessment Ancillary rotation provides experience in a few clinical settings, allowing interns to obtain a unique array of training experiences. While the specific clinical settings vary, the underlying goal and training emphasis remain consistent. In each setting, you will be involved in clinical interviewing, test administration, scoring, report writing, providing patient feedback, and consultation and collaboration with the interdisciplinary team. A training goal will be to complete at least 2 assessment batteries with full reports. However, because students in different graduate programs have vastly different levels of training and experience in testing, basic skills in testing are assessed at the beginning of the rotation. Interns who require further training and/or experience to

establish these basic skills are provided with testing assignments designed to develop these skills. If basic testing skills are already established at the beginning of the internship year, the assessment rotation takes the form of more advanced testing experiences working toward increasing levels of independence. Interns will participate in at least 1 hour of weekly supervision with additional time provided as needed for observation and didactic instruction. Our assessment services have shifted to virtual formats (videoconference and telephone) during the COVID-19 pandemic, and exposure to these methods may be possible.

Neuropsychology Service: Testing consults are submitted by a range of VA CWM providers with an established source of referrals coming from the TBI/Polytrauma team. To address referral questions, psychodiagnostic assessments will lead to meaningful DSM-5-based differential diagnoses and recommendations for treatment planning. In addition to a full range of neuropsychological measures, structured and semi-structured interviews may be utilized such as the Clinician-Administered PTSD Scale for DSM-5 (CAPS-5). Interns may also administer and interpret objective and subjective personality tests including the Minnesota Multiphasic Personality Inventory-2-Restructured Form (MMPI-2-RF), Personality Assessment Inventory (PAI), and Thematic Apperception Test (TAT), among others.

Compensation and Pension Service: Interns serve as consultants and provide examinations as part of the Compensation and Pension Service at VA Central Western Massachusetts Healthcare System. Requests for examinations are received from Veterans Benefits Administration (VBA) Regional Offices. Exam requests involve DSM-5 diagnostic assessment for PTSD and other mental disorders for Veterans who have filed mental health disability claims. This may include administering various screening measures, CAPS-5, symptom validity scales, and other psychological tests. Examiners conduct clinical interviews and thoroughly review VA medical records and claims files. Reports are then written and submitted to the Regional Office, providing accurate diagnoses and offering medical opinions and rationale regarding possible service connection.

The Assessment Ancillary psychology intern may develop supervision skills by any of the following (according to developmental level of supervisee):

1. Identify, review, and discuss relevant assessment supervision literature
2. Review supervisor evaluation reports and provide feedback
3. Observe supervisor administration of measures and provide feedback
4. Consult with intern(s) on other rotations on assessment cases
5. Consult with providers on ways to translate testing recommendations into therapy approaches

COGNITIVE PROCESSING THERAPY ANCILLARY – Supervised by [Dr. Putnam](#)

Cognitive Processing Theory (CPT) is an evidence-based manualized treatment protocol for post-traumatic stress disorder (PTSD) which is offered by the VHA as a first-line, trauma-focused, treatment. It explores the impact of trauma on one's self and one's belief structure with the themes of safety, trust, power/control, esteem, and intimacy. The therapy is largely based on cognitive theory and Piaget's developmental learning theory. Interns will start with two cases as this is, most likely, a

new therapy for them. After that, they will carry 3-4 cases. The population will be outpatients with PTSD who may present with comorbid diagnoses of mood, anxiety, or substance abuse disorders.

Research Application: Interns in this rotation will be provided with readings, including theoretical and original research, that are relevant to the practice of CPT, as well as understanding PTSD more broadly. Readings will be discussed in supervision with the aim of critically and effectively applying theoretical and research knowledge to clinical practice.

Supervision Provided: The CPT ancillary will consist of small group supervision (consisting of three or fewer trainees) that will be for 1 or 1.5 hour(s), depending on the size of the group. Individual supervision will be used to complement that work. Additionally, if a student attends the VA training, s/he will receive an additional 1-hour consultation per week. This may sound heavy on supervision, but we have found that interns really use that supervision time. In addition to direct patient-care and the application of CPT, supervision will include the discussion of ethical and legal standards, individual and cultural diversity, and professionalism. Communication and interpersonal skills will be enhanced by providing feedback to interns regarding both the supervisory (intern to supervisor; intern to intern) and clinical context (intern to patient).

Training in Supervision: Interns on the CPT Ancillary will receive training in supervision through several methods:

1. Participating in peer supervision in group of 2-3 interns. Dr. Putnam will provide feedback.
2. Listening to recordings of other interns' and Dr. Putnam's recordings and providing feedback.
3. Role play supervision scenarios; Dr. Putnam will provide feedback. Scenarios may include: giving feedback about ethical concerns, beginning supervision with a new supervisee, questioning trainee about ethical concerns, asking supervisee about his/her reaction to a patient or situation, and issues that interns are interested in exploring.

MENTAL HEALTH CLINIC-GENERAL PSYCHOTHERAPY ANCILLARY – Supervised by [Dr. Clark](#)

Embedded within the outpatient Mental Health Clinic (MHC), this ancillary is distinct from the primary rotation in that it is a year-long (8 hours per week). To develop breadth of clinical experience, cases will be transdiagnostic and approaches will be multimodal. This type of training will help interns to be marketable and adaptable generalist clinicians. Learning to thoughtfully and skillfully select the most appropriate treatments modalities to meet the needs of a wide range of clinical presentations will be a top priority in this ancillary. Treatment duration can range from a brief crisis intervention to an in-depth course of psychotherapy that spans the length of the ancillary. Without the same time constraints as the primary rotations, this ancillary may allow interns to gain more experience with natural endings to treatment episodes.

Assessment

Interns will have opportunities to complete thorough clinical interviews/intake assessments, using various assessment measures to inform an understanding of the patient's history, as well as diagnoses

and treatment. In many cases brief structured assessment measures will be utilized (PCL-5, PHQ-9, BAI, MoCA, etc.). Other times, if warranted, lengthier personality measures may be used to inform treatment (MMPI, MCMI, etc.). Supervision will be used to identify the utility of using these assessments on a case-by-case basis.

Psychotherapy

Interns will participate in up to 5 hours of weekly individual psychotherapy with clients. Cases will be selected in part by considering the intern's specific training needs and growth edges. Interns may also participate in an OIF/OEF/OND/Gulf War combat therapy group with Dr. Clark, depending on intern interest and availability.

Consultation

Interns will learn to consult with other professionals across disciplines, to assist with their client's various needs and to build good working relationships with others.

Supervision Received

Interns will get 1 hour per week of formal supervision based on a developmental model. This will be an opportunity to review cases, improve upon documentation, learn assessment and treatment skills, discuss any ethical concerns, and improve upon interpersonal skills. Informal supervision will also take place as needed, either in person or through electronic communication.

Supervision Training

Interns will have an opportunity to learn skills in the provision of supervision through readings, modeling, role plays, or discussion.

Research

Interns will be asked to incorporate relevant readings into their training, in order to facilitate their understanding of various clinical presentations or treatments.

Recommended Readings

Corrigan, J.-P., Fitzpatrick, M., Hanna, D., & Dyer, K. F. W. (2020). Evaluating the effectiveness of phase-oriented treatment models for PTSD—A meta-analysis. *Traumatology*. Advance online publication. <https://doi.org/10.1037/trm0000261>

Halder, N. (2010). An explanation of guided discovery in cognitive behavioural therapy. *Priory Lodge Education*. Retrieved from: http://www.priory.com/psychiatry/guided_therapy.htm

Laska, K.M., Gurman, A.S., and Wampold, B.E. (2013). Expanding the lens of evidence-based practice in psychotherapy: A common factors perspective. *Psychotherapy*, 51(4), 467-481. <https://doi.org/10.1037/a0034332>

Orazem, R.J., Frazier, P.A., Schnurr, P.P., Oleson, H.E., Carlson, K.F., and Litz, B.T. (2017).

Identity adjustment among Afghanistan and Iraq war Veterans with reintegration difficulty. *Psychological Trauma: Theory, Research, Practice, and Policy*, 9(S1), 4-11. <https://doi.org/10.1037/tra0000225>

PROLONGED EXPOSURE THERAPY ANCILLARY – Supervised by [Dr. Joyce](#)

Prolonged Exposure Therapy (PE) is a time-limited, evidence-based psychotherapy for PTSD consisting of weekly, 90-minute sessions for approximately 10-15 weeks. This experience is a year-long rotation that entails delivering PE to outpatient and residential Veterans with PTSD. Interns choosing this ancillary will participate in didactic training, including live and online modalities and experiential role plays to learn the fundamentals of PE. The goal of this ancillary is to develop competency in delivering PE by the end of the year.

Supervision Provided

The supervisor will provide one hour of weekly scheduled face-to-face individual or small group supervision for the year, plus ad hoc supervision. Supervision will cover: discussing the theory underlying PE, learning the protocol, role-playing various components of each session, case conceptualization, enhancing motivation, learning nuances of the treatment approach, finding your voice as a trauma therapist, and self-care. Each session will be recorded and reviewed by the supervisor. The supervisor may also ask the intern to review sessions to enhance learning and to enhance supervision skills.

Psychotherapy

Interns will carry a caseload of 3-4 patients throughout the year. The patients' trauma experiences, war era, and demographics will be varied to provide a wide range of experience for the intern. In addition, the intern's area of interest will be considered in choosing cases. If available, interns will also gain exposure to delivering PE multiple times per week.

Assessment

The intern will enhance their assessment skills as they will conduct a preliminary session evaluating the Veteran's symptoms and appropriateness for the treatment. This may entail reviewing previous PTSD evaluations, administering a Clinician Administered PTSD Scale, or utilizing the PTSD Checklist to guide a clinical interview.

Consultation

The intern will be encouraged to seek consultation both from the rotation supervisor and other resources in the VA system, including the PTSD Consultation team. As the year progresses, we will look for opportunities for the intern to provide consultation and education to colleagues on Prolonged Exposure specifically, evidence-based psychotherapy in general, exposure techniques, and enhancing motivation.

Training in Supervision

As the rotation proceeds, the supervisor will bring in session recordings and/or consultation questions for the intern to enhance the intern's ability to provide both content-specific feedback and to facilitate the supervisory relationship and process.

Research Application

Interns in this rotation will be provided with readings, including theoretical and original research, that are relevant to the practice of PE, as well as understanding PTSD more broadly. Readings will be discussed in supervision with the aim of critically and effectively applying theoretical and research knowledge to clinical practice.

RESEARCH & CLINICAL ANCILLARY AND RESEARCH MINI-ANCILLARY – Supervised by [Dr. Holzhauser](#)

The goal of this ancillary is to provide training in clinical trial and translational research. Interns will be engaged in research focused on women Veterans, substance use disorders (SUD) and alcohol use disorder (AUD), PTSD/MST, and gender differences in addiction treatment. The full ancillary (8 hours/week) will be offered to interns at Leeds, while a mini-ancillary (4 hours/week) is offered to interns at Springfield or Worcester. Combination of the SUD-C rotation and this ancillary is possible and encouraged to Leeds interns who want to specialize.

Research Activities

Training activities are tailored to the intern's level of experience and professional goals. Ongoing research with women Veterans with AUD examines mechanisms of behavior change and the role of stress reactivity and emotion regulation in drinking. PTSD is examined as well. Interns will act as study therapists for the ongoing clinical trial. Training includes novel study design, ecological momentary assessment, and psychophysiological assessment. Training on the topics of women Veterans, neuroendocrinology (ovarian hormones), and AUD/SUD research is inherent in the rotation. Interns will gain exposure to grant writing and institutional review board requirements. There are opportunities for publication and/or conference presentations, based on the intern's experience, interests, and professional goals.

Clinical Activities (Ancillary Rotation only)

Clinical training within the rotation includes structured clinical assessments of clinical disorders (including PTSD); assessing for and discussing substance use with patients; working with women Veterans, patients with various types of trauma; delivering empirically-based treatment protocols. Leeds intern in the full ancillary may also provide clinical services to Veterans in the SUD Clinic, depending on his/her training goals and primary rotations. Clinical training opportunities in the SUD Clinic as part of this rotation include delivery of cognitive-behavioral therapy for substance use disorders (CBT-SUD).

Supervision Provided (Ancillary and Mini-Ancillary Rotations)

The intern will work closely with Dr. Holzhauser on all aspects of the Rotation. Formal supervision of at least 1 hour per week (at times, ½ hour for mini-ancillary) will be provided. If engaged in

providing care in the SUD Clinic, Dr. Holzhauer will co-lead group and/or provide supervision of individual or couples cases. Supervision will include professional development, including pursuing a career in research, integrating research into one's career, strategies for staying current on research, and/or integrating research into clinical work.

Mini-Ancillary Rotations

Interns on the Springfield and Worcester tracks may be offered a Mini-Ancillary training experience for 6-12 months. Please note that these experiences change each year based on supervisor availability, so the following descriptions are provided only as examples of recent offerings.

RESIDENTIAL REHABILITATION TREATMENT PROGRAM (RRTP) MINI-ANCILLARY – Supervised by [Dr. Jetton](#) (Springfield and Worcester Tracks only)

Interns will be supervised by Dr. Chris Jetton. Interns will have the opportunity to select training experiences on this mini-ancillary that provide exposure to the unique population and clinical experiences available in a residential treatment setting. This is an excellent experience for an intern interested in substance use disorders, severe mental illness, complex diagnostic comorbidity, suicidal ideation, and medical comorbidities. The mini-ancillary enables development of group facilitation and management skills, as well as brief targeted psychotherapy interventions. Assessment is also an option. Interns will work closely with supervisors and learn to respond flexibly to the ever-changing clinical requirements of a residential treatment program. Interns will receive at least 30 minutes of individual supervision per week (or 1 hour of group supervision). They should expect 2-3 hours of direct service hours per week. The experience can be tailored to an intern's area of interest, including psychotherapy or assessment, developing a new psychotherapy or psychoeducation group, or co-facilitating a CBT or DBT group.

Individual therapy is usually not manualized but relies upon third wave behavioral principles, as well as narrative therapy and other modalities.

Assessment

If interested in gaining assessment skills for Veterans with severe or acute mental illness, the intern may be assigned some newly-admitted Veterans for evaluation. These assignments will emphasize the development of the intern's ability to formulate diagnostic impressions based on clinical interviewing and testing, as well as formulation of realistic treatment plans. Neuropsychological screening and diagnostic clarification are common assessment referrals on this rotation. The intern will interact with the referral source, complete the assessment and integrated report, and provide feedback to both the Veteran and the treatment team.

Psychotherapy

The intern will work with 1 or 2 patients at a time. Individual therapy is conceptualized primarily using behavioral, cognitive-behavioral, or ACT approaches; narrative therapy/time limited dynamic psychotherapy skills are used as well. The intern may also participate as a co-facilitator in the Wednesday morning group, chiefly DBT or ACT-oriented, or develop his/her own group around a therapeutic concept or educational topic of interest.

Consultation

The intern may participate in the interdisciplinary daily rounds and interact with colleagues in the fields of psychiatry, nursing, social work, and primary care. Rounds focus on treatment planning, evaluation, and behavioral planning for our Veterans. This is an excellent opportunity to learn about psychiatric medications and medical issues.

Supervision Training

This rotation offers ample opportunity for observation and feedback by the supervisors due to the units' teamwork and milieu setting.

Research

The intern may be given a question of interest to research and report back to the team, i.e., the impact of cannabis use on PTSD symptoms.

MILITARY SEXUAL TRAUMA (MST) MINI-ANCILLARY – Supervised by [Dr. Ofrat](#) (Springfield and Worcester Tracks only)

On the MST mini-ancillary rotation, the intern will gain experience in program development, consultation, and individual and group therapy for Veterans who have experienced military sexual trauma. The intern will develop an understanding of the emotional, cognitive, behavioral, moral, and social impacts of MST on Veterans, as well as some of the overlaps and distinctions in the treatment of sexual trauma compared with treatment for other types of trauma. Specific training experiences will be designed, within the 4-hours per week timeframe, based on the intern's particular interests and training needs. This training experience will ideally be offered to one student for 12-months. For the most part, this mini-ancillary will take place on Wednesday mornings. The MST mini-ancillary rotation will offer the following activities each week:

- 30 minutes: Individual Supervision (at minimum)

- 120 minutes: MST Group Therapy (90 minutes) & Group notes (30 minutes) (initially group meets every other week, with the option for every week). On alternate weeks, the intern will work on Program Development and/or Consultation.

- 90 minutes: Individual MST therapy/responding to consult requests

Total = 4.0 hours per week

Supervision Provided

The intern will receive a minimum of 30 minutes of scheduled individual supervision per week, with additional ad hoc supervision as needed.

Assessment

If interested in developing assessment skills for Veterans with MST, the intern will have the opportunity to learn to tailor standard assessment approach for PTSD for Veterans with MST, (initially by observing and then by conducting the assessment with observation, eventually being

able to administer independent assessments), as well as providing feedback. For individual cases, the intern will provide ongoing assessment to guide treatment.

Psychotherapy

The intern will learn group and individual therapy approaches for Veterans with MST.

Program Development

This component of the experience may include: creating an educational experience for staff, creating outreach materials, working on community partnerships, developing additional MST-focused programming, and potentially other activities based on the intern's interests.

Consultation

If interested, the intern may be involved in consultation to staff on their work with Veteran's with MST.

Research

Research is not part of this mini-ancillary. However, should the intern develop an idea for their program evaluation project that is relevant, this would be fully supported.

RESEARCH & CLINICAL MINI-ANCILLARY – Supervised by [Dr. Holzhauer](#) (Springfield and Worcester Tracks only)

(See [description in Ancillary Rotations](#), above.)

SERIOUS MENTAL ILLNESS/RECOVERY MODEL MINI-ANCILLARY – Supervised by [Dr. Mattison](#) (Springfield and Worcester Tracks only)

On this mini-ancillary, the intern will learn about Serious Mental Illness (SMI), including the opportunity to work with Veterans who have been diagnosed with schizophrenia, schizoaffective disorder, bipolar disorder, major chronic depression or longstanding PTSD. The intern will develop a better understanding of the recovery model versus the medical model of care. The overarching goals of this mini-ancillary are to develop skill and comfort in working with Veterans with SMI and a solid understanding of the recovery model. There is a wide variety of experiences available to the intern on this mini ancillary. Given the time frame of four hours per week, a specific plan will be developed with the intern based on their interests and Veteran availability. Supervision is a minimum of 30 minutes per week.

Assessment

If interested in developing assessment skills for Veterans with SMI, the intern will learn several measures and how to administer them (initially by observing and then by conducting the assessment with observation, eventually being able to administer them independently), as well as providing feedback. For individual cases, the intern will provide ongoing assessment to guide treatment.

Psychotherapy

The intern may opt to learn Social Skills Training for Schizophrenia, one of the few EBPs for SMI (Dr. Mattison is a regional master trainer for SST); learn CBT for psychosis; and/or provide individual therapy to one or more Veterans diagnosed with a SMI.

Consultation

If interested, the intern may be involved in inpatient nursing consultation in the Recovery model and/or consulting to outpatient mental health providers about treatment option for Veterans with SMI.

Research

Research is not part of this mini-ancillary. However, should the intern develop an idea for their program evaluation project that is relevant, this would be fully supported.

Local Information

About the Northampton Area

Situated on forested grounds in the center of the five-college area of Western Massachusetts and the foothills of the Berkshire Mountains, the Edward P. Boland VA Medical Center in Leeds/Northampton stands on 105 acres of “Old Bear Hill” and has 26 buildings in red brick colonial style. The greater Northampton area consists of several small towns with big-city offerings. Although a city of approximately 28,000 in population, the Northampton area contains many rural features and large public parks. [Northampton](#) has been rated as the most politically-liberal medium-size city (population 25,000–99,000) in the United States (based on U.S. Census demographics, election returns, and other criteria). The city has a high proportion of residents who identify as gay and lesbian, a high number of same-sex households, and is a popular destination for the LGBTQQIA+ community. Northampton has the most lesbian couples per capita of any city in the USA.

Western Massachusetts also boasts a superb mix of arts and culture, from theater and art galleries to museums, historic homes and world-class arts, including dance and fine crafts. One of several famous former residents was [Sojourner Truth](#), who once called the Florence area of Northampton home. There are also several homes in the area that were part of the Underground Railroad. We’re also a neighbor to the charming towns that are home to The Five Colleges Consortium, which are some of the leading academic institutions in the nation: University of Massachusetts at Amherst, Amherst College, Smith College, Hampshire College, and Mount Holyoke College. As a result, the local communities have a large college population and a bus system that regularly connects with each of the colleges in the area. There is also an extensive “rail trail” system that connects just across the road from the Medical Center and goes on for miles connecting several communities in the area. Our region has an amazing range of activities like snowboarding, skiing, biking, hiking, mountain climbing, rafting, canoeing and golfing. The unique and warm culture, matched with our remarkable setting, makes Western Mass a great place to live and work. In addition, the greater Springfield area is approximately 25 minutes away and offers major city events, Civic Center performances, and professional sports (see the description of the Springfield track for more information). Of course, Boston is also within 90 minutes from the Northampton area. New York City is approximately four hours away. Albany, New York is within two hour's drive. The Berkshires, with winter skiing and

summer festivals of dance, art, and concert series is less than one hour away. Montreal, Canada, is only a 4.5 hour drive.

Transportation

Air transportation by all major airlines is provided from Bradley International Airport, located near Hartford, Connecticut. Interstate highway Route 91 follows the Connecticut River from the airport to Northampton, a drive of approximately 45 minutes.

Housing

The presence of such a high college population makes the apartment rental vacancy rate very low throughout the year. Local realtors offer apartment finding services and the local colleges often post apartments to rent.

Recreation

Northampton is within easy driving distance of numerous lakes, streams, and rivers. Many mountain hiking trails are easily accessible, including the Appalachian Trail. Some of the best ski areas in the East are within a 100-mile radius. The Atlantic Coast is a two-hour drive away, offering visitors opportunity for saltwater fishing, boating, and swimming. Several well-maintained and challenging golf courses are located in or near Northampton.

COMMUNITY-BASED OUTPATIENT PSYCHOLOGY TRACK

(1 Position)

Springfield Community-Based Outpatient Clinic

Match Number 133513



The goal of the Community-Based Outpatient Psychology track at the Springfield CBOC is to experience the various aspects of a psychologist's role in a large VA Community-Based Outpatient Clinic, including but not limited to promoting the coordination of psychiatric and medical care, especially for those patients with multiple co-morbidities. Interns at this site will work alongside the outpatient mental health interdisciplinary team in the Behavioral Health Interdisciplinary Program (BHIP), within the Primary Care-Mental Health Integrated Clinic (PC-MHI), on the Home Based Primary Care (HBPC) Team, and with the Health Promotion and Disease Prevention (HPDP) program. Interns will hone skills for working with patients with primary mental health conditions, as well as those with co-morbid medical and psychological conditions.

Supervision Provided

During the training year, interns will work with a variety of supervisors. Interns will receive core supervision in the mental health clinic, affording them the opportunity to work with three primary supervisors over the course of the training year and gain exposure to a variety of styles and treatment approaches. In addition, interns will receive focused supervision from specialists consistent with their respective training offerings (e.g., CBT-Chronic Pain, PC-MHI, MOVE and Diabetes Self-Management, Tobacco Cessation, Neuropsychology). Overall, equating to no less than 4 hours weekly.

Supervision Training

The Psychology Intern on the interdisciplinary Springfield team is fortunate to also have opportunities to train alongside trainees of other disciplines, namely a psychiatry resident at SPOPC and a psychology practicum student at the Vet Center. There will be an opportunity to act in the role of supervisor with a fellow trainee, while receiving feedback from an observing licensed professional.

Research, Scholarship, and Professional Development

While the production of original research is not a focus of this training experience, the intern will be provided with ample opportunities to identify, apply, and disseminate applicable knowledge from research into their direct clinical service and consultation activities. The intern will also have an opportunity to develop an original program or group, and will be encouraged to measure outcomes to be presented to staff. Consultation with medical, mental health, and specialty staff throughout the CBOC is a corner-stone of this training experience, which offers ample opportunity to hone interpersonal skills and speak the language of a professional psychologist while developing a unique, personalized set of professional values. For interns with a strong interest in research, there is an opportunity to complete a mini-ancillary rotation with [Dr. Cathryn Holzhauser](#) in Leeds on Wednesday mornings. Dr. Holzhauser's current work involves translational research testing the efficacy of emotion regulation techniques for women Veterans with alcohol misuse and co-occurring PTSD, in the laboratory.

BEHAVIORAL HEALTH INTERDISCIPLINARY PROGRAM (BHIP) - 12-Month Rotation

Interns on this rotation work closely with the interdisciplinary mental health team at the Springfield Clinic. A goal of this rotation is to promote coordination of psychiatric and medical care, especially for those patients with multiple co-morbidities. Interns will develop skills in the assessment and treatment of patients with co-morbid medical and psychological conditions. They will also provide time-limited individual psychotherapy, including supportive counseling, psychoeducation, and cognitive-behavioral therapy, but will also have opportunities to provide long term therapy for more chronic mental health conditions. Interns will also facilitate various behavioral medicine and general mental health groups.

Psychotherapy

Interns will maintain a caseload of individual patients, including but not limited to those referred by Springfield Primary Care Providers, with co-morbid medical and psychological conditions, as well as general mental health issues. Interns will complete two (2) intake assessments per week and provide diagnostic impressions, treatment recommendations and referrals for psychological services. Interns will also have the opportunity to co-facilitate a number of psychotherapy and/or psychoeducational groups. In the past, such groups have included:

Relapse Prevention: A group which meets three times weekly, for Veterans contemplating a change in their substance use, new to recovery, or interested in recovery maintenance. Topics include: education on addiction, increasing motivation for changes, identifying triggers, and developing a relapse prevention plan. The group aims to provide a non-judgmental, accepting environment where Veterans can develop coping skills to deal with life stressors in a sober manner. It utilizes mindfulness,

DBT, ACT, CBT, and Seeking Safety curricula. This is a drop-in group and Veterans can attend any or all groups as needed.

Courage Group: This is a closed psychotherapy group for Veterans who have experienced Military Sexual Trauma or childhood sexual trauma. This small group (no more than 6 members) meets weekly for 12-13 weeks and is led by the CWM Military Sexual Trauma (MST) Coordinator.

Assessment

Interns will routinely complete brief mental health intake assessments and/or psychological examinations to aid the BHIP team in identifying treatment needs. There may be opportunities for more extensive psychological assessment using standard measures, such as the MMPI or MCMI, to aid in differential diagnosis. Interns will also have routine opportunities to conduct neurocognitive screenings to help develop more firm consultation referrals for neuropsychological testing. More advanced neuropsychological examinations also occur on site, and the intern may be involved based on interest and prior experience.

Consultation

Interns will routinely consult with members of the BHIP Team, including during daily team clinical huddles. They will also consult with Primary Care Providers as needed regarding Veterans on their individual or group caseload, providing input on the psychological sequelae of medical conditions.

PRIMARY CARE-MENTAL HEALTH INTEGRATION (PC-MHI) - 4-Month Rotation

Primary Care Mental Health Integration (PC-MHI) at the Springfield CBOC is co-located within Primary Care, where approximately 5,800 Veterans per year are seen by eight Primary Care teams, called “Patient-Aligned Care Teams” or “PACT.” This VA initiative supports VHA’s Universal Health Care Services Plan to redesign VHA healthcare delivery through increasing access, coordination, communication, and continuity of care. PACT provide accessible, coordinated, comprehensive, patient-centered care, and is managed by primary care providers with the active involvement of other clinical and non-clinical staff. PACT encourage patients to have a more active role in their health care and are associated with increased quality improvement, patient satisfaction, and a decrease in hospital costs due to fewer hospital visits and readmission.

PC-MHI in Springfield is currently staffed by one licensed psychologist, Dr. Jill Vinocour. Goals of PC-MHI are to increase patient accessibility to mental health care, and assist Primary Care staff with early identification and intervention of maladaptive health behaviors and mental health difficulties. Interns in PC-MHI will be expected to learn the role of a PC-MHI Psychologist. Foci of this rotation are individual assessment, treatment and consultation to PACT. Interns will assess patients referred to PC-MHI via warm hand-off from PACT and offer treatment recommendations; (e.g. treatment in PC-MHI, referral to Mental Health service). Interns will administer brief screening measures and symptom rating scales as clinically indicated.

Psychotherapy

Veterans who are not suffering acute mental health symptoms may be treated by PC-MHI staff with brief treatment until stabilization, and if medications are involved, may then be transitioned back to

Primary Care staff for ongoing medication management. Interns will provide brief, evidence-based treatment (1-6 visits, 30min in length) to Veterans presenting with general mental health concerns (e.g. depression, anxiety, stress, anger, adjustment to medical condition); as well as those with chronic health conditions that would benefit from behavioral intervention (e.g. diabetes, insomnia, chronic pain, obesity). The majority of clinical interventions are short-term, solution-focused, and cognitive-behavioral in nature. There will be an emphasis on using motivational interviewing to enhance patient-led activation. When appropriate, the intern will utilize empirically validated or evidence-based treatments.

Assessment

The PC-MHI intern will learn to triage presenting Veterans, and help determine disposition at the conclusion of assessment. Developing good clinical judgment is paramount in the PC-MHI rotation, and includes assessment of patient needs and effective matching with a patient's level of willingness for treatment. The use of screens, including the VA's clinical reminders, are incorporated into evaluation of all biopsychosocial factors affecting patient health outcomes and functioning.

Consultation

The function of consultation is a daily one for psychologists in PC-MHI. The intern will gain skills in effective interdisciplinary consultation and collaboration within the framework of Primary Care. Curbside consultation takes place frequently, as do more formal consultation contexts. The focus may be on cases, but in addition, cultivation of a mutual understanding and knowledge across disciplines is important. There are many opportunities to informally educate Primary Care staff, including Health Technicians, RNs, MDs, PAs, and clerks on mental health issues, and vice versa. As a member of the PACT teams, the intern will have daily opportunities for consultation, coordination of care, and provision of feedback to PACT teams through team huddles, one-to-one consults, and phone calls.

Elements of the PC-MHI rotation, such as huddles, warm hand-offs, and curbside consultation, etc. may be modified due to health precautions secondary to COVID.

HEALTH PROMOTION AND DISEASE PREVENTION (HPDP) - 4-Month Rotation

Interns will work alongside related multidisciplinary teams in providing individual and group interventions aimed at the treatment of co-morbid medical and psychological conditions. The specific focus of this experience relates to the following cornerstone Population Health concerns: Pain Management, Weight Management, Diabetes, and Tobacco Cessation. Interns will be trained to conduct biopsychosocial assessments, provide time-limited individual psychotherapy, co-facilitate and facilitate behavioral medicine groups, and provide consultative services to various disciplines and health coaching for Primary Care and Mental Health staff.

Psychotherapy

Chronic Pain: Interns will have an opportunity to learn and utilize the Cognitive-Behavioral Therapy for Chronic Pain (CBT-CP) protocol, an evidence-based psychotherapy for the treatment of chronic pain, that teaches skills to manage chronic pain and improve quality of life. CBT-CP encourages

Veterans to adopt an active, problem-solving approach to cope with chronic pain. Interns will co-facilitate this group with [Dr. Eileen Tam](#).

Weight Management: Interns will participate in the MOVE Weight Management Program to treat Veterans who are overweight or obese. The MOVE Weight Management Program was designed by the VHA National Center for Health Promotion and Disease Prevention to help Veterans lose weight, keep it off, and improve their overall health by positively impacting other related medical conditions. Interns will co-facilitate weight management classes and on-going support groups with behavioral health and nutrition staff, and conduct individual psychotherapy focused on health coaching. Interns will co-facilitate the group with members of the HPDP team along with other health professionals.

Diabetes: Interns will co-facilitate the 12-week Group Medical Appointment designed to help Veterans make successful and permanent lifestyle changes to benefit their health. Interns will use Motivational Interviewing, individually and in groups, to help Veterans lose weight (where appropriate) and lower their Hemoglobin A1C, thereby reducing diabetes-related complications. Interns will co-facilitate this group with members of the HPDP team along with other health professionals.

Tobacco Cessation: The Springfield Clinic provides individual and group interventions for Tobacco Cessation. Using an Integrated Care for Smoking Cessation treatment manual developed by VA for use in the mental health setting, Veterans learn about the underlying factors that perpetuate tobacco use, identify personal reasons for quitting tobacco, and practice skills related to identifying smoking triggers, implementing coping skills, and engaging in relapse prevention. Tobacco cessation providers also coordinate care with the Veteran's primary care provider to arrange for nicotine replacement or medication. Interns will develop skills in the areas of motivational interviewing, psychoeducation and SMART goal planning. Interns will co-facilitate this program with HPDP Psychologist, [Dr. Ariel Laudermitth](#).

Assessment

Interns will have opportunities to complete brief CBT-Chronic Pain and intake assessments with potential group members. There may also be opportunities to conduct transplant assessments with Dr. Ariel Laudermitth, depending upon availability.

Consultation

Interns will provide consultation to Primary Care and Mental Health colleagues regarding chronic pain, weight management, diabetes, and tobacco use and be involved in responding in writing to consults for these various behavioral medicine services. Interns will assist with programmatic data collection and share findings with the multidisciplinary MOVE staff in order to facilitate future program improvements. Interns will have the opportunity to work closely with the multidisciplinary Diabetes Management team from the fields of Endocrinology, Nursing, Pharmacy, Mental Health, Primary Care, and Nutrition. Interns will attend team meetings and huddles when the schedule permits. There may also be opportunities to offer health coaching to staff in other disciplines to improve their motivation-enhancing skills. Interns will assist in advancing tobacco cessation initiatives within the VA by providing psychoeducation and consultative services to colleagues.

HOME BASED PRIMARY CARE (HBPC) - 4-Month Rotation

Interns will work as part of the Home Based Primary Care team under supervision of the HBPC Psychologist. HBPC is an interdisciplinary primary care team with delivery of many services in the patient's home. HBPC teams provide patient-centered, collaborative care to address physical, emotional, behavioral, cognitive, and interpersonal aspects of well-being. Goals include maximizing Veterans' emotional and physical health, maintaining Veterans' safety and independence for as long as possible, and improving quality of life for Veterans and caregivers. The HBPC psychologist is an integral part of a team comprised of primary care providers, nurse case managers, social work, physical therapy, occupational therapy, nutrition, and pharmacy. With this integrated, stepped model of care, Veterans who are homebound can receive care that supports their quality of life. Mental health is an integral component of HBPC providing both direct services to Veterans and caregivers as well as consultation to the HBPC team. Most Veterans served by HBPC are geriatric and experience multiple medical conditions. The intern will have the opportunity to provide time-limited psychotherapy to Veterans, caregivers, and families. In addition, the intern will conduct psychological and neuropsychological assessments and consult with the HBPC team.

HBPC rotation may be suspended or modified due to health precautions secondary to COVID. Decisions regarding intern participation in HBPC rotation will be evaluated by HBPC Medical Director and Intern Training Committee in consultation with VA Leadership as needed.

Psychotherapy

Psychotherapy within the HBPC program encompasses a wide variety of modalities and referral questions. For HBPC Veterans, and with their informed consent, therapy primarily involves time-limited supportive counseling using a variety of approaches. The HBPC mission is also to support those who support the Veterans and, therefore, caregivers and family may engage in time-limited counseling and support. Psychotherapy may be provided to the Veteran alone, the caregiver alone, or Veteran with caregivers and family. Common reasons for therapy include working on behavioral changes to improve health, support for adapting to declining health, coping with grief and loss, support for cognitive decline, and psychoeducation. Some HBPC Veterans have long-standing mental health histories while others have never accessed treatment, making the types of psychotherapy very wide-ranging. For Veterans or caregivers who would benefit from long-term therapy, warm handoffs to appropriate treatment are made. Interns will be able to provide any of these types of therapy.

Assessment

Evaluations of HBPC Veterans usually involve assessing cognitive and memory abilities. Request for assessments may come from the Veteran, caregivers, HBPC team, or other health care providers and are conducted with the Veteran's informed consent. Providing concise feedback is usually a component of a complete assessment. Referral questions often relate to possible dementias. Other assessments involve psychological diagnostic evaluations and capacity evaluations. Interns can conduct assessments, score results, write comprehensive reports, and provide feedback to appropriate sources. There is an opportunity to use instruments particular to geriatric populations as well as dementia and capacity referral questions. Assessments can involve interview of or consultation with Veteran's family, caregivers, and other providers both within and outside the VA. Reports often include detailed chart reviews of both mental and physical health information.

Consultation

Consultation is another core area of service for HBPC psychologists. Within HBPC, psychologists provide consultation to the interdisciplinary team, which includes physicians, nurse practitioners, nurse case managers, social workers, physical therapists, occupational therapists, dieticians, and pharmacists. These consultations include discussion of care for Veterans in team meetings and individual consultation with team members. Psychologists may help develop a plan of care that will be implemented by another HBPC team member. HBPC psychologists also consult with members of the HBPC Veteran's family and other caregivers including elder services. Within the VA, HBPC psychologists may consult with other mental health professional or health care providers involved in the Veteran's care. Interns will join weekly interdisciplinary team meetings and provide other forms of consultation.

VET CENTER - 8- or 12-Month Rotation

VA readjustment counseling is provided at community-based Vet Centers located in easily accessible neighborhoods near Veterans, Service members, and their families, yet separate from VA organizational sites to ensure confidential counseling and reduce barriers to care. Vet Centers provide individual and group counseling for Veterans, Service members, and their families. They specialize in bereavement counseling for families, military sexual trauma counseling and referral, outreach and education, substance abuse assessment and referral. Interns will have the opportunity to work with the team at the nearby West Springfield Vet Center providing individual and group psychotherapy services, as well as marriage and family psychotherapy, while receiving clinical supervision from the team Psychologist, [Dr. Kelly McCallister](#). The intern will also have an opportunity to serve as a supervisor-in-training for a practicum student assigned to the Vet Center, with tiered supervision and supervision training provided by a licensed psychologist.

MINI-ANCILLARY ROTATION - 12 Months (Wednesday mornings, Leeds campus)

Interns spend Wednesdays in Leeds, where they engage in didactics, case conference, and Training Director lunches with their fellow interns. The CBOC interns (Springfield and Worcester) spend the morning hours engaged in a mini-ancillary rotation in Leeds. The current offerings include rotations in Research (Dr. Holzauer) or Inpatient Psychiatry ([Dr. Britton](#)). Rotations may range from 6-12 months, depending upon the intern's interest and the availability of the rotation.

Training Staff Located at Springfield Clinic

[Ariel Laudermitz, PhD](#)

[Jeffrey McCarthy, PsyD](#)

[Jessica Morris, PhD](#)

[Mark Schneider, PhD](#)

[Eileen Tam, PsyD](#)

[Jill M. Vinocour, PsyD](#)

[Josh Vinocour, PhD](#)

Local Information

About Springfield

Springfield is the third largest city in Massachusetts, and fourth in New England, and features all the amenities of a big city. Home of the famed Dr. Suess, Springfield sits on the bank of the Connecticut River. It is in close driving distance to Hartford, CT and Northampton, MA, and only a Massachusetts turnpike ride from Boston. The immediate

suburbs offer many housing options. Springfield is a short distance from Bradley International Airport. It is home to many institutions of higher learning, including Western New England University, Springfield College, and American International College. Just down the street from the clinic is the Quadrangle, home to five distinct museums, as well as the Springfield Symphony Orchestra. Most notably, the Naismith Memorial Basketball Hall of Fame (*pictured below*) can be found in Springfield where this popular sport was invented.



INTEGRATED OUTPATIENT BEHAVIORAL HEALTH TRACK – WORCESTER

(1 Position)

Worcester Community-Based Outpatient Clinic

Match Number 133512



Overview

The Worcester Community-Based Outpatient Clinic (W-CBOC), located in New England’s second largest city, functions largely as a free-standing community health clinic, striving to meet the diverse medical and mental health needs of all Veterans in Worcester and the surrounding areas. The 50 + clinical providers comprising Primary Care, Mental Health, Pharmacy and Medical Specialty Care work together on three campuses (within 1 mile of each other), as a close-knit community, to provide cohesive, evidenced-based, patient-centered care. The W-CBOC has a long history of prioritizing training across medical and mental health disciplines, having served as a training site for medical and psychiatric residents, social work interns, nursing students, and psychology trainees (interns and practicum students) for many years (continuously training psychology interns from 1988 to date). In order to prepare future psychologists for the highest levels of advanced training and employment opportunities, the Integrated Outpatient Behavioral Health track – Worcester (IOBH-W) utilizes a training approach that balances generalist with specialty training in Mental Health, Health Psychology, and Neuropsychological Assessment. Learning to function independently and as a member of a team, as well as in a variety of settings with diverse populations and treatment needs/diagnoses, are essential skills for today’s clinicians. As such, IOBH-W has developed a unique training model that utilizes 12-month and 6-month training tracks, that allow trainees the opportunity for greater continuity and consistency with supervisors, training experiences, and patients/clients.

Trainees will devote their clinical time in Worcester to the following programs: Generalist Mental Health Training Program, Behavioral Sleep Medicine Program, Home-Based Primary Care Program,

and opportunities to train with the Primary Care-Mental Health Integration Program (Lincoln Street location), Substance Use Disorder Program (SUD) and Neuropsychological Assessment Program. On Wednesdays they are engaged (either in person or remotely) in training activities offered at the Northampton VA campus, with the other five VA CWM interns, including didactics, case presentations, and other shared training activities.

The W-CBOC Mental Health Clinic, where most the internship training occurs, is currently located on the UMass Chan Medical School campus, on the 7th floor of the Ambulatory Care Building. This renovated treatment setting is a state-of-the-art facility incorporated within a hospital, training, and research campus in the heart of Worcester. Psychology trainees will get exposure and opportunities to learn evidenced-based treatment approaches such as: CBT-I, IRT, ERRT, MI, ACT, Seeking Safety, DBT, IPD, and CPT (may have opportunity for full certification) with diverse adult/geriatric patient populations and medical/psychiatric presentations (including PTSD/trauma, substance use, depression, anxiety, suicidality).

GENERALIST MENTAL HEALTH TRAINING PROGRAM

Interns on this rotation will work with the Mental Health Treatment Team consisting of 3 psychiatrists, a psychiatric resident, a psychiatric nurse practitioner, a psychiatric nurse, 5 psychologists, 2 neuropsychologists and 2 neuropsychology fellows, 2 clinical social workers, and a psychology practicum student. Trainees will be assigned a caseload of about 10 therapy cases (individual/couples) based on training goals/needs and will function as a full member of the Interdisciplinary Treatment Team providing short and long-term, evidenced-based psychotherapy to a general mental health treatment population, including Veterans with problematic substance use issues. Interns will also have the opportunity for informal and formal case presentations to the Treatment Team, consultation with medical and psychiatric/mental health providers, and participation in the monthly Journal Club.

Psychotherapy

As noted above, interns will have the opportunity to learn, implement and be supervised in a number of evidenced-based psychotherapy approaches with a diverse Veteran population and diagnostic presentations. Based on training goals and availability of formal training within VA, interns may have the opportunity to obtain certification in Cognitive Processing Therapy (CPT) for PTSD. Interns may also have opportunities to co-facilitate the following groups on the MHC:

Managing Anger Program (MAP): Six session, psychoeducational group designed to help Veterans recognize triggers, improve communication, and cope more effectively with anger.

Bereavement Group: Open, on-going support group for Veterans who have recently lost a loved one.

Overcoming Depression and Anxiety Group: Ten session, CBT-focused, psychoeducational group for Veterans experiencing depression/anxiety.

Relapse Prevention Group: Time-limited, CBT-focused group for Veterans in recovery in which measurement-based care is used to track progress while triggers, red flags and risky situations for substance use are identified and more adaptive coping skills are taught and implemented.

Dual Diagnosis Group: Open, ongoing group for Veterans with co-occurring mental health and substance use disorders using psychoeducation, motivational interviewing and CBT-based techniques with progress tracking via measurement-based care. **MAT Support Group:** Open, ongoing support group for Veterans on medication assisted therapies for substance use disorders.

Assessment

Interns will routinely have the opportunity to administer/interpret specific psychological tests/screening instruments to assist in diagnosis and assessment of treatment progress with their assigned psychotherapy cases on each rotation. Formal neuropsychological and personality test batteries and full reports will be performed as part of the Neuropsychological Assessment Program. Interns may also have the opportunity to participate in Mental Health Intake assessments during the training year (initial new patient evaluations/triage).

Consultation

Interns will be expected to, and will have ample opportunity to consult with other mental health and primary/specialty care treatment providers regarding coordination of patient care. Interns will function as part of various treatment teams, and will participate in formal consultation with team members, and in “open-door, informal consultation as needed.

Supervision

Interns may have the opportunity to begin developing supervision skills, as they participate in a tiered supervisory role, supervising a practicum student during the year, while receiving meta-supervision from one of the MHC psychologists. Some of our past interns have considered the opportunity to begin developing their supervisory “voice” as one of the highlights of the training year.

Staff: The Generalist Mental Health Treatment Program is coordinated and supervised by [Dr. Rubin](#), [Dr. Chick](#), and [Dr. Parkin](#).

BEHAVIORAL SLEEP MEDICINE PROGRAM

Sleep plays a core role in maintaining physical, cognitive, and emotional health. Providing effective interventions for sleep disorders is of particular importance in Veteran populations: sleep disruption has been implicated in the development and maintenance of PTSD, substance use, and depressive disorders, and has been described as the “hallmark” of PTSD. Sleep disruption is also highly correlated with Traumatic Brain Injury, and predictive of suicidality (Ribeiro et al., 2011). The WLA Sleep Disorders Program was established by Dr. Rubin to provide assessment, interdisciplinary consultation and treatment to Veterans with a variety of presenting complaints related to sleep disturbance. Frequent presenting issues are severe, chronic insomnia, nightmares and circadian disruption related to PTSD, other psychiatric disorders, , sleep-disordered breathing, chronic pain, or substance use disorders. By combining comprehensive assessments with practice in a variety of individual and group treatments, interns develop a holistic approach to behavioral sleep medicine, learning to form diagnostic conceptualizations regarding the etiology and maintenance of sleep issues, make treatment recommendations, and provide evidence-based treatments including CBT-I, IRT, ERRT, and PAP Treatment Adherence. These assessments and treatment methods can be offered

via telehealth in order to comply with client preferences and restrictions due to COVID-19. Interns will have the opportunity to share this training with the neuropsychology fellow and may offer tiered supervision in BSM to a practicum student.

Psychotherapy

Interns will have the opportunity to learn a variety of evidence-based techniques as follows:

Cognitive Behavioral Therapy for Insomnia (CBT-I): Brief, individualized treatment typically lasting 4-8 sessions, combining cognitive and behavioral approaches that are individualized to the client's presentation.

Better Sleep Group: Utilizes CBT-I and relaxation exercises adapted for group modality, with additional psychoeducation to address coping with nightmares and assessing for possible sleep-breathing disorders.

Nightmare Processing: Interns will have the opportunity to learn Imagery Rehearsal Therapy (IRT) and Exposure, Relaxation, and Rescripting Therapy (ERRT) for treatment of idiopathic and trauma-related nightmares.

PAP Adherence Therapy: This brief CBT approach combines an assessment-based conceptualization regarding the nature of the adherence issue with interventions which may include psychoeducation, systematic desensitization, cognitive therapy, and motivational interviewing to help resolve compliance issues.

Assessment

Behavioral Sleep Screening: Typically lasting 1-2 sessions, these consult-driven comprehensive assessments combine a structured interview with self-report measures (including, but not limited to Insomnia Severity Index, PTSD Checklist, Epworth Sleepiness Scale, Beck Depression Inventory, and Beliefs about Sleep). Interns learn to select and score appropriate self-report measures, and write up results in reports that include conceptualizations and treatment recommendations.

Consultation

The WLA Sleep Disorders Program serves as a resource for providers in both MHU and Primary Care (PC) for patients with sleep-related issues. Interns learn to respond to consults from both MHU and PC by conducting Behavioral Sleep Screenings to address diagnostic and treatment questions. Interns also have the opportunity to provide consultation on shared cases, in MH staffings, and by offering educational presentations on sleep related topics.

Staff: The Sleep Disorders Program is coordinated and supervised by [Dr. Rubin](#), who received her Certification in Behavioral Sleep Medicine (CBSM) in 2014 and Diplomate in Behavioral Sleep Medicine (DBSM) in 2019.

HOME-BASED PRIMARY CARE (HBPC) PROGRAM

With continued advances in medical technology and with Baby Boomer's reaching retirement age, mental health providers are needed to provide psychiatric and behavioral medicine services to a rapidly expanding geriatric population. The HBPC program provides comprehensive, primary care services at home to a largely geriatric population of homebound Veterans with complex, disabling diseases such as heart disease, diabetes, COPD, dementia, stroke, ALS, Parkinson's Disease, MS and cancer. A goal of the program is to maximize independence and reduce hospital and nursing home admissions for patients (including those in more rural settings) within a 30 mile radius of Worcester and Fitchburg. The treatment team consisting of primary care, nursing, dietary, social work, pharmacy, physical and occupational therapy and psychology staff members meets weekly to review patients, problem-solve treatment challenges, and coordinate services. The HBPC psychologist is uniquely positioned to provide mental health care to an underserved and at-risk population and to function as a liaison and consultant to team members, physicians, Veterans and their families/support systems.

Psychotherapy/Assessment

Interns will make home (or currently, virtual) visits with Dr. Chick, to assess mental health treatment needs, provide short-term psychotherapy to patients and their families, and make additional referrals as necessary. This unique training experience allows interns to see patients from a macro level that includes functioning within their home environment and within the family system. Also, interns will function as co-therapists with Dr. Chick, which allows for direct observation, immediate feedback, and the opportunity to conceptualize/plan treatment collaboratively.

Consultation

The HBPC Psychologist functions as part of a larger team. Consequently, the intern will gain experience consulting with members of the HBPC Team and helping them understand patients from a holistic perspective which includes patient, family, and environmental dynamics.

Staff: The Home-Based Primary Care Program is coordinated and supervised by [Dr. Chick](#).

PRIMARY CARE-MENTAL HEALTH INTEGRATION (PC-MHI) PROGRAM

Primary Care Mental Health Integration (PC-MHI) Program at the W-CBOC Primary Care Clinic is a co-located, integrated behavioral health setting where approximately 6500 Veterans are seen by nine Primary Care teams, called "Patient-Aligned Care Teams" or "PACT." The PACT VA initiative supports VHA's Universal Health Care Services Plan to redesign VHA healthcare delivery through increasing access, coordination, communication, and continuity of care. PACT provide accessible, coordinated, comprehensive, patient-centered care, and is managed by primary care providers with the active involvement of other clinical and non-clinical staff. PACT encourage patients to have a more active role in their health care and is associated with increased quality improvement, patient satisfaction, and a decrease in hospital costs due to fewer hospital visits and readmission.

Goals of PC-MHI are to increase patient accessibility to mental health care, and assist Primary Care staff with early identification and intervention of maladaptive health behaviors and mental health difficulties. Foci of this rotation are interdisciplinary consultation, individual assessment and treatment. Interns will assess patients referred to PC-MHI via warm hand-off from PACT and offer treatment recommendations; (e.g. treatment in PC-MHI, referral to Mental Health service).

Psychotherapy

Veterans may be treated by PC-MHI staff with brief treatment, and if medications are involved, may then be transitioned back to Primary Care staff for ongoing medication management. Some Veterans are seen through the Mental Health Clinic for their medication managements, and see PC-MHI for short-term therapy. Interns will provide brief, evidence-based treatment (no session ‘limits’ but averaging 1-8 visits, 16-30-min in length) to Veterans presenting with general mental health concerns (e.g. depression, anxiety, PTSD, substance concerns, stress, anger, adjustment to medical condition); as well as those with chronic health conditions that would benefit from behavioral intervention (e.g. diabetes, insomnia, chronic pain, obesity). The majority of clinical interventions are short-term, solution-focused, and cognitive-behavioral in nature. There will be an emphasis on using motivational interviewing to enhance patient-led activation. There is a large emphasis on the use of empirically validated or evidence-based treatments within the short-term model of primary care.

Assessment

The PC-MHI Intern will learn how to triage presenting Veterans, and help determine disposition at the conclusion of assessment. Developing good clinical judgment is paramount in the PC-MHI rotation, and includes assessment of patient needs and effective matching with a patient’s level of willingness for treatment. The use of screens, including the VA’s Clinical Reminders, are incorporated into evaluation of all biopsychosocial factors affecting patient health outcomes and functioning.

Consultation

Interns will provide consultation to Primary Care and Mental Health colleagues regarding mood concerns, chronic pain, weight management, diabetes, and tobacco use and will be involved in responding in writing to consults for these various behavioral medicine services. Interns will have the opportunity to work closely with the multidisciplinary Diabetes Management team from the fields of Endocrinology, Nursing, Pharmacy, Mental Health, Primary Care, and Nutrition. Interns will attend team meetings and huddles when the schedule permits.

Staff: The Primary Care – Mental Health Integration (PC-MHI) Program is coordinated and supervised by [Dr. Laura Rathke](#).

Training Staff Located at Worcester CBOC

[*Lee Ashendorf, PhD, ABPP-CN*](#)

[*Megan Brault, PsyD*](#)

[*Lorraine Cavallaro, PhD*](#)

[*David Chick, PhD*](#)

[*Christina Hatgis, PhD*](#)

[*Stacy Parkin, PhD*](#)

[*Laura Rathke, PhD*](#)

[*Miriam L. Rubin, PhD, DBSM*](#)

[Sarah Ward, PhD, ABPP-CN](#)

Local Information

About Worcester

The Integrated Outpatient Behavioral Health track takes place at the W-CBOC in New England's second largest city, centrally located within 60-90 minutes' drive to Boston, Amherst, Northampton, and Providence. Worcester is rich with intercultural diversity, with many ethnic festivals, markets, and food purveyors catering to its diverse population. Worcester boasts eleven area colleges and



universities, including: UMass Chan Medical School, Clark University, the College of the Holy Cross,

Worcester State University, Worcester Polytechnic Institute, Assumption College, Becker College, Anna Maria College, Massachusetts College of Pharmacy, Cummings School of Veterinary Medicine at Tufts University, and Quinsigamond Community College. The Worcester Art Museum, Tower Hill Botanic Gardens, and the Worcester Center for Crafts are among the city's treasured cultural institutions. A burgeoning LGBT community offers an annual Pride Celebration that is uniquely integrated within Worcester's historic Canal District neighborhood. For some quiet time, the Insight Meditation Society (IMS) in Barre, MA, 30 minutes from Worcester, hosts internationally renowned Buddhism and mindfulness instructors, offering talks and meditation retreats of any length. Hiking, skiing, rivers, lakes, fishing areas, and rural agricultural towns rich with orchards and world-famous antiques venues surround the city. With a vibrant arts and music scene, world-class performance spaces, such as the Hanover Theater and Mechanics Hall—known for its excellent acoustics, many small music venues across the city, and several annual music festivals, such as the nearby Lowell Folk Festival (the oldest free music festival in the US) there is, maybe, too much to do in one's leisure time.

Transportation

Air transportation by all major airlines is provided from Logan International Airport, located in Boston, Massachusetts. Interstate highway Route 90 connects Boston to Worcester, a drive of approximately 50 miles.



Housing

The presence of such a high college population makes the apartment rental vacancy rate very low throughout the year. Local realtors offer apartment finding services and the local colleges often post apartments to rent.

VA CWM TRAINING STAFF

The Training Committee is primarily comprised of licensed, doctoral-level psychologists, a number of whom are experts, national consultants, board certified, and/or leaders in their respective specialty areas. All members of the Training Committee were trained in APA-approved programs. Many of our staff are former VA CWM interns (indicated with an *) and/or have served as training directors (indicated with a +). A brief description of each psychologist's educational history and professional interests follows:

Lee Ashendorf, PhD, ABPP-CN⁺, Neuropsychologist, Neuropsychology Postdoc Program Director, Worcester Lake Avenue Clinic – Mental Health Unit

Dr. Ashendorf earned his Ph.D. in 2005 from the University at Albany, State University of New York, completing his internship training in neuropsychology with a minor in health psychology through the VA Connecticut Healthcare System's West Haven Campus. He completed a 2-year postdoctoral fellowship in neuropsychology at the Edith Nourse Rogers Memorial Veterans Hospital. He worked there as a clinical neuropsychologist for several years, until 2016, when he joined the Worcester Outpatient Clinic in the VA Central Western Massachusetts Healthcare System. He functions as a clinical neuropsychologist and oversees neuropsychology referrals to this clinic. He is also a member of the VA CWM Polytrauma/TBI and Caregiver Program teams. He holds a faculty appointment as Assistant Professor of Psychiatry in the UMass Chan Medical School. He is a proponent and advocate of the Boston Process Approach to neuropsychological assessment and has presented locally and nationally on this topic. He was elected a Fellow of the National Academy of Neuropsychology in 2014 and was the 2015 recipient of the Massachusetts Neuropsychological Society's Edith Kaplan Award. He has over 25 publications and has served as Associate Editor of the Archives of Clinical Neuropsychology and Developmental Neuropsychology. His research interests include psychometric applications of the Process Approach and implementation of forensic neuropsychological tools in Veteran populations. In addition to directorship of the VA-CWM Neuropsychology Postdoctoral Fellowship Program, Dr. Ashendorf provides clinical supervision in neuropsychological and psychological assessment to the neuropsychology postdoctoral fellow and occasional consultation to the Worcester psychology intern.

Megan E. Brault, PsyD, PC-MHI Psychologist, Rotation Supervisor, Worcester CBOC

Dr. Brault received her Doctorate in Clinical Psychology from La Salle University in Philadelphia in 2014. She completed her Internship training at the University of Central Florida Counseling Center and a Post-Doctoral Fellowship in Primary Care Behavioral Health at the Edith Nourse Rogers Memorial Veterans Hospital in Bedford, MA. She also completed training through The Department of Family Medicine of the University of Massachusetts in Worcester, MA and is certified in Primary Care Behavioral Health through the Center for Integrated Primary Care. Dr. Brault has worked in adult, family medicine and pediatric primary care settings and has training in weight management, bariatric surgery evaluations, smoking cessation, diabetes management and pain management. Dr. Brault is currently the PC-MHI Psychologist at the Worcester CBOC.

Emily Britton, PsyD*, Staff Psychologist, Inpatient Psychiatry, Rotation Supervisor, Leeds VAMC

Dr. Britton joined the psychology staff at the VA Central Western Massachusetts Healthcare System in 2008, after completing her Doctoral internship here. She received her PsyD from The Wright Institute in Berkeley, California, formerly the psychoanalytic community's west coast bastion, but she focused on Schema and CBT therapy there. She gained three years of experience working with acute, dual diagnosis, and geriatric patients at a community psychiatric hospital in Berkeley, and her research and community-based clinical work was focused on anxiety disorders, Asperger's Disorder, ADHD, and family therapy. Her theoretical orientation most closely matches Acceptance and Commitment Therapy (ACT), and she has additionally been VA-trained in Motivational Interviewing and Problem-Solving Training. She works on the inpatient units in a psychology consultant role. She facilitates groups and organizes the group program on the sub-acute unit, while also completing diagnostic screening, PTSD assessment, and cognitive screening. She is a Green Belt LEAN-trained facilitator for internal projects, and values system redesign procedures, having been a multimedia producer for online technology companies in San Francisco during the "dot.com boom." The subsequent "bust" was one reason for her career change, but if she'd been aware of ACT principles then, she'd say that the change illustrated a shifting toward what is important to her.

Jennifer L. Brown, PhD, Health Psychologist, Rotation Supervisor, Leeds VAMC

Dr. Brown earned her doctoral degree from the University of Florida's Department of Clinical and Health Psychology in 2005, completing her internship training in health psychology with a minor in neuropsychology through the VA Connecticut Healthcare System's West Haven Campus. Her postdoctoral training occurred at Hartford Hospital, within both the Department of Preventive Cardiology and Psychology Testing Service. Dr. Brown joined the VA Central Western Massachusetts Healthcare System in August 2007, working in Primary Care for two years and then Home-Based Primary Care for five years. In her current position as psychologist for the Pain Clinic, Dr. Brown participates in multidisciplinary pain evaluations, coordinates and co-facilitates the Pain School program, and provides both individual and group Cognitive Behavioral Therapy for Chronic Pain (CBT-CP). Dr. Brown is also a member of the Pain Management Oversight Committee and represents VA CWM at VISN pain meetings. Her other responsibilities include providing psychotherapy to individuals with co-morbid medical and psychiatric conditions, conducting pre-surgical evaluations (e.g., bariatric surgery), and serving as Didactics Coordinator for the internship program. Dr. Brown's treatment approach combines psychoeducation, motivational interviewing, and cognitive behavioral techniques. She is a supervisor for the Health Promotion and Disease Prevention Primary Rotation.

Brad Brummett, PhD, ABN⁺, Neuropsychologist, Co-Director of Training, Neuropsychology Service Coordinator, Leeds VAMC

Dr. Brummett completed his clinical psychology PhD at Fordham University in Bronx, New York, with training in neuropsychology, substance abuse treatment, multicultural issues, and Schema Therapy. While completing his degree, he spent a year providing counseling services at a methadone clinic in the heart of San Francisco, and he lived overseas. Dr. Brummett completed a 2-year, clinical neuropsychology postdoc and was employed as a staff neuropsychologist at Kaiser Foundation Rehabilitation Center from before moving back East to Massachusetts. Prior to joining our medical center in 2012, he worked at VA Boston Healthcare System as a neuropsychologist and as a research scientist with the Translational Research Center for Traumatic Brain Injury and Stress Disorders (TRACTS). Dr. Brummett serves as a site-PI for funded studies involving Veterans. He maintains

research interests in the areas of disability examinations, chronic pain, and neuropsychology. Dr. Brummett provides clinical services for Neuropsychology, TBI/Polytrauma, and Compensation & Pension. He is a clinical supervisor for the neuropsychology postdoctoral fellowship program. He holds faculty appointments as Assistant Professor of Psychiatry at the UMass Chan Medical School and Adjunct Lecturer at UMass-Amherst.

Sabina Camponogara, PsyD*, Staff Psychologist, Leeds VAMC

Dr. Camponogara earned her PsyD in Clinical Psychology from the University of Indianapolis School of Professional Sciences in 2019 after completing her pre-doctoral internship at VA Central Western Massachusetts Healthcare System. Her dissertation focused on the role of the victim-offender relationship in the development of PTSD for women who experienced interpersonal violence. Following the completion of her internship, Dr. Camponogara joined the Mental Health Clinic team at the Leeds campus as a Staff Psychologist. In this role, she completes outpatient therapy using primarily an evidence-based, cognitive-behavioral approach. Dr. Camponogara is VA certified in Cognitive Processing Therapy for PTSD (CPT) and Cognitive Behavioral Therapy for Insomnia (CBT-I). She also has training and experience with a variety of other therapies, including Cognitive Therapy, Exposure Therapy, Dialectical Behavioral Therapy, Motivational Interviewing, Solution Focused Brief Therapy, and Acceptance Based Behavioral Therapy. Dr. Camponogara serves as a supervisor for the Mental Health Clinic primary rotation.

Lorraine A. Cavallaro, PhD*, Psychologist, Central Massachusetts Outpatient Mental Health CBOCs Manager, VA Central Western Massachusetts Healthcare System

Dr. Cavallaro received her degree in Clinical Psychology from the University of Maine and she completed her doctoral internship in the VA Connecticut Healthcare System, VAMC West Haven. She has published in the areas of non-verbal communication and emotional expression in schizophrenia. Her interests are currently focused on non-verbal learning disorders, particularly along the Autism Spectrum. Clinically, Dr. Cavallaro is interested in the integration and application of both psychodynamic and cognitive behavioral interventions. Her primary clinical duties within the WOPC MHU include Triage and Clinical Consultation with the Primary Care Teams and Subspecialties. Dr. Cavallaro is a member of the Disruptive Behavior Committee and the Suicide Prevention Committee. Dr. Cavallaro is the Manager of Mental Health Services for the Central Massachusetts CBOCs within VA-CWM in Worcester and Fitchburg.

David Chick, PhD, Home-Based Primary Care Psychologist, Rotation Supervisor, Worcester Lake Avenue Clinic – Mental Health Unit

Dr. Chick received his degree in Clinical Psychology from the University of Southern Mississippi and did his internship at the Bay Pines VA in Florida. Following training he remained at the VA as the Coordinator of the Domiciliary-based Substance Abuse Treatment Program (SATP) and later worked at Bayfront Medical Center, a Level II trauma center, providing the full-range of psychological services to medical rehab patients and their families. Dr. Chick has also maintained a private psychotherapy practice throughout his career, including 15 years as a full-time outpatient practitioner. In a world of specialization, Dr. Chick proudly describes himself as generalist, able to

provide services across the life-span from adolescence to the elderly, in individual and couples' formats. As a supervisor he brings a broad range of inpatient and outpatient experience, work in substance abuse, medical psychology, and home-based care practiced from an integrated, but predominantly empirically based cognitive-behavioral, theoretical treatment framework. Dr. Chick is also trained in Interpersonal Therapy for Depression (IPT) and in Cognitive Processing Therapy (CPT).

Ian Clark, PsyD, Staff Psychologist, Mental Health Clinic, Rotation Supervisor, Leeds VAMC

Dr. Clark earned his PsyD in Clinic Psychology from The Arizona School of Professional Psychology at Argosy University in 2015 after completing his pre-doctoral internship at the Carson Center for Adults and Families in Westfield, MA. Dr. Clark then went on to complete a post-doctoral residency at the Albany Stratton VA Medical Center where he received specialized training in PTSD treatment. Following his residency, he worked as a staff psychologist for the PTSD program, primarily treating combat-related trauma in both individual and group formats. He is trained and certified two trauma focused treatments: Prolonged Exposure (PE) and Eye Movement Desensitization and Reprocessing (EMDR). He also has training and experience with a variety of other therapies; such as, Dialectical Behavioral Therapy, Strength at Home, Motivational Interviewing, and Seeking Safety. He joined the Central Western Massachusetts VA in the winter of 2018 and has enjoyed broadening his clinical focus in the Mental Health Clinic.

Allison Cook, PhD⁺, Staff Psychologist, Intake Coordinator, Mental Health Clinic, Rotation Supervisor, Leeds VAMC

Dr. Cook Graduated from Tufts and completed her doctoral work at the University of Massachusetts in 1980. She worked in Community Mental Health for many years, and ultimately was the director of several outpatient clinics run by the Carson Center in Westfield Mass, as well as a program serving Department of Mental Health clients with SPMI. She is intensively trained in DBT, and had oversight responsibilities for Carson's Doctoral Internship Program, which has a focus on integrative approaches, particularly with dually diagnosed clients who have co-morbid mental health and substance use disorders. In 2015 she moved to her current position at the VA, where she is the psychologist attached to a multi-disciplinary team that responds to mental health concerns on a same-day basis. This service involves immediate treatment planning, triage, and brief treatment services. Students in the MHC rotation work with Dr. Cook in this role in progressively more independent ways, starting with shadowing, and ultimately seeing Vets who present to this Walk-In Clinic independently with immediate support available.

Scott Cornelius, PsyD⁺, Staff Psychologist, Specialized Inpatient PTSD Unit (SIPU), Rotation Supervisor, Leeds VAMC

A graduate of the Illinois School of Professional Psychology-Chicago, Dr. Cornelius worked for six years as a psychologist in community mental health in Colorado and Southeast Alaska. In 2005, Dr. Cornelius accepted a position as a civilian psychologist with the United States Department of Defense and was stationed in Vilseck, Germany, where he worked with military personnel involved in the

Global War on Terror (GWOT). In 2006, he joined the psychology staff at the VA Central Western Massachusetts Health Care System, with a specific focus on the treatment of Posttraumatic Stress Disorder. In 2007 he stepped into his current position as the psychologist on the Specialized Inpatient PTSD Unit, where he treats Veterans who are suffering from war zone-related PTSD.

Dr. Cornelius utilizes a mindfulness- and acceptance-based approach to behavioral treatment and provides trainings in Acceptance and Commitment Therapy (ACT) around the Northeast. He has been a National Consultant for the VA Acceptance and Commitment Therapy for Depression (ACT-D) rollout since 2010 and became a Regional Trainer for the VA ACT-D rollout in 2017. In addition to ACT, Dr. Cornelius utilizes Prolonged Exposure and is a certified teacher of Integrative Restoration (iRest) Yoga Nidra. iRest is research-based transformative practice of deep relaxation and self-inquiry that has been identified as a Tier 1 Complementary and Alternative Medicine approach to the treatment of PTSD by the Department of Defense. Dr. Cornelius is also a certified yoga instructor who is interested in the application of yoga, mindfulness and iRest to the treatment of PTSD and other problems of living. He is a supervisor for the SIPU Primary Rotation.

Michael A. Fearing, PhD, Staff Psychologist, Compensation & Pension Service, CLC Psychology Consultant, Leeds/Northampton Supervisor

Dr. Fearing conducts Compensation and Pension evaluations, as well as psychological and neuropsychological evaluations, at the Leeds/Northampton VA Medical Center. Dr. Fearing has extensive experience in assessment, as well as in individual psychotherapy with patients across the lifespan. Dr. Fearing completed his graduate training in clinical psychology at Brigham Young University in Provo, UT. He completed his internship at the Boston VA Consortium in 2006, with an emphasis in Geropsychology and assessment. He attended a combined research and clinical postdoctoral fellowship through Harvard Medical School/Boston VA and Beth Israel Deaconess Medical Center from 2006-2008, utilizing neuroimaging techniques (e.g. MRI and fMRI) to explore the relationship between delirium and dementia in the aged. Prior to joining the Central Western Mass VA, Dr. Fearing worked in private practice in Boston and Victoria B.C. Canada for approximately the past 10 years, providing individual and group psychotherapy, as well as psychological and neuropsychological assessments to children, adolescents, and adults. His specialties include ADHD, traumatic brain injury, toxic exposure, Alzheimer's disease, and vascular disease and dementia. Dr. Fearing also has experience in forensic evaluations and has served as an expert witness in court testimony for both plaintiff and defense cases. He also had the opportunity to supervise pre-doctoral candidates in the areas of psychological and neuropsychological assessment while in private practice in Boston. Dr. Fearing's practice has focused heavily on working with Veterans from the Canadian Armed Forces, as well as with first responders both in the United States and Canada. Psychotherapy interests include mindfulness-based CBT and ACT.

Laura D.M. Grant, PsyD, Staff Psychologist, Compensation & Pension Service Mental Health Lead, CLC Psychology Consultant, Leeds/Northampton Supervisor

Dr. Grant was awarded her Doctorate in Clinical Psychology in 2010 by Nova Southeastern University in Davie-Fort Lauderdale, Florida. She completed her pre-doctoral internship at the

South Florida State Hospital, where she received intensive training in the areas of Forensic Psychology, Personality Assessment, and Behavior Modification and experience with neuropsychological assessment and evaluation. Other pre-doctoral training included an 18-month rotation at the Palm Beach Vet Center and 2 years providing assessment and outpatient therapy at South County Mental Health Center, Inc. (Community Mental Health). Dr. Grant finished her postdoctoral work at Mount Holyoke College (Counseling Service) in 2014.

Having a rich range of training and interests, Dr. Grant has worked in multiple areas of practice, including Forensic Examination, Consultation and Therapy (Outpatient Sex Offenders), Community Mental Health, Private Inpatient Psychiatric Hospitals, and Private Addiction Treatment Facilities. Prior to joining our staff in August 2016, she maintained a busy full-time private practice in South Hadley, MA, providing individual and group therapy to adults and adolescents with a strong focus on gender identity, mood disorders, anxiety disorders, PTSD, grief, and life transitions. She also maintains an Equine Assisted Psychotherapy/Learning practice in Western MA and is a certified Mental Health provider and Equine Specialist via EAGALA. Special interests include Intersectionality of LGBTQIA+, Racial/Ethnic/Citizenship Identities, Age, Life Stage/Health Stage and Veteran Identities, and Ethics. Dr. Grant is a supervisor in the Assessment Primary and Ancillary rotations.

Christina Hatgis, PhD⁺, Co-Director of Training, VA CWM; Staff Psychologist, Mental Health Unit, Worcester Lake Avenue Clinic

Dr. Hatgis joined the Worcester VA CBOC in 2008, having completed her PhD at Clark University in 2006, internship at the Boston VA Consortium in 2005, and attended post-doctoral fellowship at Brown University / Providence VAMC 2005 - 2007, focusing on PTSD, substance abuse disorders, and behavioral health factors in HCV and HIV/AIDS treatment and prevention. She developed the ongoing Practicum Training Program at the Worcester CBOC and has supervised interns and practicum students at the Worcester CBOC since 2009. Dr. Hatgis provides assessment, individual, and group psychotherapy for a full range of presentations including mood and anxiety disorders, substance use disorders, and PTSD. She is trained in empirically-based therapies for PTSD, mood disorders, substance abuse, and chronic pain disorders, including CPT, PE, CBT, ACT, and MI. She is a certified provider of ACT and PE. Dr. Hatgis is an Affiliate Assistant Professor / Part-time Instructor at the Clark University Clinical Psychology Graduate Program.

Cathryn Glanton Holzhauer, PhD, Research Psychologist, Leeds/Northampton Rotation Supervisor

Dr. Holzhauer completed her doctoral degree in Clinical Psychology at the University at Albany, and a postdoctoral fellowship at the University of Massachusetts Medical School (UMMS) in the Division of Addiction Psychiatry. She joined VA CWM as a Research Psychologist in 2017 and has a dual appointment as Assistant Professor at UMMS. Her research is focused on understanding and treating the effects of stress and emotion dysregulation on the health of women Veterans, with a focus on unhealthy alcohol use and alcohol use disorders. She was awarded the NIDA Women & Sex/Gender Differences and NIAAA Research Society on Alcoholism Junior Investigator Awards and a NIAAA Loan Repayment grant. She is a co-Investigator on four National Institute of Alcohol Abuse and Alcoholism (NIAAA) /VA funded projects, three of which are currently recruiting Veterans at

VACWM. Clinically, Dr. Holzhauer provides supervision for the rotation in the Substance Use Disorder Treatment Clinic (SUD-C) at the Leeds campus. Her work is most informed by her training in Cognitive Behavior Therapy for SUD (CBT-SUD), Alcohol Behavior Couples Therapy (ABCT), Dialectical Behavior Therapy (DBT), and Motivational Interviewing (MI).

Christopher Jetton, PhD, Staff Psychologist, RRTP/Domiciliary, Rotation Supervisor, Leeds VAMC

Dr. Jetton grew up in Washington, DC and attended college in Oberlin, OH; he later completed his degree in clinical psychology in 2009 at the University of California, Los Angeles. His primary background is in working with individuals with serious mental illness (particularly psychosis) as well as substance use disorders. He completed his internship and post-doc at the West Los Angeles VA Medical Center, then started as a staff psychologist there in 2013. At the West LA VA he worked in a clinic offering CBT for Psychosis service to Veterans with serious mental illness, before transitioning to work in a medical clinic supporting homeless veterans (Homeless Patient Aligned Care Team, or HPACT). He served as the Mental Health Lead for the Los Angeles HPACT program and then as the Director of the Los Angeles HPACT program for several years. He joined our staff in 2022 and serves as a psychologist in the RRTP/Domiciliary, offering treatment to Veterans with substance use disorders, PTSD, and serious mental illness. He is very glad to be back on the East Coast and closer to family, and to be able to go out hiking in the lush forests of Western Massachusetts.

Jennifer Joyce, PsyD*, Staff Psychologist, Substance Use Disorders Clinic, Rotation Supervisor, Leeds VAMC

Dr. Joyce joined the psychology staff as the PTSD/SUD psychologist in January 2009. She received her degree in clinical psychology from the University of Hartford in Connecticut, where she primarily gained academic and clinical experience providing Cognitive-Behavioral therapy for anxiety disorders and substance use disorders in outpatient and inpatient settings. Her dissertation focused on the subjective experience of individuals with obsessive-compulsive disorder. Her work with World Trade Center and Hurricane Katrina survivors contributed to her growing interest in the treatment of PTSD and trauma-related issues. Dr. Joyce works with the inpatient and outpatient PTSD programs and the Substance Use Disorders Program to ensure integrated treatment and continuity of care. She is dedicated to the dissemination of Evidence-Based Psychotherapies and serves as the facility's local Evidence-Based Psychotherapy Coordinator and a National VA consultant for Prolonged Exposure Therapy for PTSD. She is a supervisor for the Substance Use Disorder Clinic Primary Rotation and the Prolonged Exposure Therapy Ancillary Rotation.

Ariel Laudermith, PhD, Staff Psychologist, Lead Tobacco Cessation Clinician, Health Promotion and Disease Prevention Program, Rotation Supervisor, VA CWM

Dr Laudermith serves as the Central Western Mass VA lead tobacco cessation clinician, working within the Health Promotion Disease Prevention Program (HPDP). She provides group and individual evidence based smoking cessation services in-person, over the phone, as well as through VA Video Connect. Dr. Laudermith also serves other roles on the HPDP team including Motivational Interviewing training and psychological evaluations for bariatric surgery. Prior to joining Central

Western Mass VA, she worked as the mental health program manager within the Home-Based Primary Care (HBPC) program and the psychology supervisor within the Palliative Care Consult Team at the Hines VA Hospital for over 8 years. She is certified as a REACH VA (resources for Enhancing Alzheimer's Caregiver Health in VA) provider and is a VA certified PST-HBPC (problem solving techniques in HBPC) therapist. She served as national consultant and trainer for PST-HBPC for several years. Dr. Laudermitth earned her M.A. in Forensic Psychology from CUNY John Jay and her PhD in clinical psychology with a specialization in disaster mental health from the University of South Dakota. She currently provides clinical supervision to interns placed at Northampton and the Springfield CBOC in the areas of smoking cessation and Health Promotion Disease Prevention.

Kayla Linderme, PsyD*, Staff Psychologist, Leeds VAMC

Dr. Kayla Linderme earned her PsyD in Clinical Psychology from Alliant International University San Francisco in 2019 after completing her pre-doctoral internship at VA Central Western Massachusetts Healthcare System. Her interest in working with the Veteran population started while completing her clinical work at practicums in the VA Northern CA Healthcare System. In addition, her dissertation focused on the impact deployment has on military families with young children. Following the completion of internship at VA CWM, Dr. Linderme joined the Mental Health Clinic team at the Leeds campus as a Staff Psychologist. She offers individual and couples therapy utilizing evidence-based treatments through the outpatient clinic, including Cognitive Processing Therapy and Cognitive Behavioral Therapy for Insomnia. Dr. Linderme also works as a provider in the Mental Health Walk-In Clinic where she helps connect Veterans to mental health services, provides brief individual therapy, and conducts crisis management.

Teresa H. Malinofsky, PhD, Neuropsychologist, Case Conference Coordinator, Rotation Supervisor, Leeds VAMC

Dr. Malinofsky earned her PhD in Clinical Psychology from the University of Cincinnati in 1991. Prior to becoming a clinical psychologist and neuropsychologist, she was a music therapist. Past psychology positions include a fellowship position at Harvard Medical School for several years, geriatric neuropsychology (under Marilyn Albert, Mass. General, Harvard Medical School), Weldon Center for Rehabilitation of the Mercy Hospital (as Director of Neuropsychology and Chief Psychologist for the Inpatient Brain Injury Unit), neuropsychology consultant to Statewide Head Injury Program/MRC, geriatric neuropsychology consultant to Baystate Franklin Medical Center. Currently, she is neuropsychology consultant to the Acquired Brain Injury program at MHC, Inc, and LifePath Elder Services. Past teaching includes Biopsychology and Neuropsychology courses and training of practicum students for the PsyD program of Antioch New England Graduate School. She co-edited a book, *The Psychotherapist's Guide to Neuropsychiatry: Diagnostic and Treatment Issues* (1994). Now at VAMC, Leeds, Dr. Malinofsky does neuropsychological assessments, some psychotherapy, and a weekly C&P exam. She has developed a new interest in dissociation, a symptom of PTSD. She coordinates the Intern Case Conference and is a supervisor for the Assessment Primary and Ancillary Rotations.

Michelle Mattison, PsyD⁺, Staff Psychologist, Local Recovery Coordinator, EAP Coordinator, Leeds VAMC

Dr. Mattison recently transitioned to the position of Local Recovery Coordinator (LRC) after serving many years as the primary rotation supervisor on the Inpatient Psychiatry Rotation. As such, Dr. Mattison's role on the Training Committee is evolving. In her role as LRC, she works primarily with Veterans with Severe Mental Illness (SMI) and promotes the concepts of Recovery. She obtained her doctorate degree from the California School of Professional Psychology - Alameda in 1999 and her undergraduate degree from Smith College in 1989. Her dissertation research was on ego development in female characters in best-selling fiction. She returned to this area to complete her Doctoral internship at this VA, where she trained in the Substance abuse IOP as well as health psychology. Dr. Mattison was then hired as the staff psychologist for the Inpatient units. She also provided Mental Health services for the Nursing Home Care Unit. She served as Psychology Internship Training Director from 2002-2006. She also serves as the Employee Assistance Program (EAP) coordinator for this VA. Motivational Interviewing, Seeking Safety and Social Skills Training for Schizophrenia (SST) are the primary therapies she provides; she is also trained in Integrative Restoration (iRest) and is in the process of becoming a regional trainer for SST. In addition to working with severe and persistently mentally ill, she is interested in psychological assessment; geriatric, and health psychology; cultural diversity; and suicide risk assessment and prevention.

Kelly McAllister, PsyD^{*}, Clinical Psychologist, Rotation Supervisor (Off-site, Other Agency Supervisor), Springfield Vet Center

Dr. McAllister completed her doctorate in clinical psychology at the American School of Professional Psychology, Washington DC. Her dissertation was focused on Veteran reintegration from combat zones into civilian life. Dr. McAllister is a Veteran of Operation Iraqi Freedom and served in the U.S. Army. Her clinical internship was with VACWM from 2013-2014. Dr. McAllister was hired at the Springfield Vet Center, which specializes in readjustment issues, in 2015. Additionally, the Vet Center provides therapeutic services for couples, families, and bereavement issues. Dr. McAllister conducts outpatient therapy using a cognitive behavioral approach and has some experience with ACT. She is trained in PE and CPT and utilizes these evidence-based approaches to trauma for both combat and military sexual trauma (MST). Dr. McAllister is a supervisor for the Springfield CBOC.

Jeffrey McCarthy, PsyD^{*}, Supervisory Psychologist; Western Massachusetts Outpatient Mental Health CBOC Program Manager; Chair, Disruptive Behavior Committee (DBC); Rotation Supervisor, Springfield CBOC

Dr. McCarthy is the Program Manager for Outpatient Mental Health Services provided at the Western Massachusetts Community Based Outpatient Clinics (CBOCs) of the VA CWM. He serves as Chair of the Disruptive Behavior Committee for the VA-CWM Healthcare System. He also provides clinical services in the Mental Health Clinic at the Springfield CBOC including individual and group psychotherapy, as well as psychological and neuropsychological assessment services. He is an intern supervisor for the Community Based Outpatient Psychology Track located at the Springfield Clinic. He previously worked as the psychologist on the TBI/Polytrauma team and has provided numerous

lectures in several venues in the local area on the subject matter. He has been actively involved on the OEF/OIF Interdisciplinary Team tasked with improving the integration of Mental Health and Primary Care. He received his doctoral degree in Clinical Psychology in 2004 from the Adler School of Professional Psychology in Chicago, while also completing a specialty in Neuropsychological Assessment. He completed his internship training at the VA Central Western Massachusetts Healthcare System, and a portion of his postdoctoral training in the Psychosocial Rehabilitation Fellowship program at the West Haven VAMC. He then worked for almost two years at Neuro-Psychology Associates of Western Massachusetts evaluating and treating patients with various neurological conditions, including traumatic head injuries, progressive dementing disorders, and neurobehavioral disorders, before returning to the VA CWM.

Courtney R. Morris, PhD*, Staff Psychologist, Primary Care Mental Health Integration (PC-MHI) Program, Rotation Supervisor, Leeds VAMC

Dr. Morris joined the psychology staff at the VA CWM in 2016. She received her PhD from the University of Denver in Counseling Psychology in 2014 with an emphasis in health psychology. She completed her pre-doctoral internship training at VA Central Western Massachusetts Healthcare System in 2013/2014, engaged in an APA accredited health psychology fellowship in PC-MHI at the Louis Stokes Cleveland VA in 2014/2015, and was employed with the Syracuse VA working at a CBOC prior to gaining this position. At the CBOC in NY, she provided 50% PC-MHI services and 50% outpatient mental health psychotherapy as well as psychological assessment supervision for the pre-doctoral psychology interns. At her current position in PC-MHI, she provides brief assessment, frequent consultation, referral management, motivational enhancement and brief psychotherapy treatment for Veterans with chronic disease management and traditional mental health concerns. Dr. Morris incorporates evidence-based psychotherapy in PC-MHI and is VA certified in cognitive processing therapy for PTSD, cognitive behavioral therapy for chronic pain, and problem-solving therapy for PC-MHI. In addition, she facilitates a weekly, motivational interviewing tobacco cessation group. She is published in areas related to chronic pain and behavioral health. Moreover, she has previous clinical experience as a health coach for Denver Health, and as a permanency social worker with at-risk youth in foster care for a community-based organization in NYC. She is a supervisor for the Health Promotion and Disease Prevention Primary Rotation.

Jessica Morris, PhD, Staff Psychologist, Home Based Primary Care, Rotation Supervisor, Springfield CBOC

Dr. Morris received her PhD in Clinical Psychology from the University of Vermont in 1997 with an internship at the University of Massachusetts, Amherst. Dr. Morris joined VA CWM in 2016 as Psychologist for the Home-Based Primary Care (HBPC) programs based at the Springfield Community Based Outpatient Clinic and at the VA CWM main campus. In HBPC, Dr. Morris provides a range of psychological services to older Veterans and their families in the home throughout Western Massachusetts including psychotherapy, caregiver support, family therapy, and neuropsychological evaluations, as well as consultation with HBPC multi-disciplinary teams. Dr. Morris is certified in Problem-Solving Training, an evidence-based intervention for HBPC. Prior to joining VA CWM, Dr. Morris worked in community mental health and substance abuse providing

individual, group, and family therapy as well as conducting psychological, neuropsychological, and educational assessments as a consultant to school districts. For two decades, Dr. Morris taught psychology and counseling at the graduate level with a specialization in lesbian, gay, bisexual, transgender, and gender expressive people. In the community, she has worked with Veterans providing therapy and assessment as well as teaching and training Veterans to work in mental health. Dr. Morris has trained and supervised psychologists, pre-doctoral interns, practicum students as well as mental health providers in all disciplines including social workers, mental health counselors, marriage and family therapists, and psychiatrists. Dr. Morris has published and presented in the area of LGBT mental health and volunteered at the national level in professional organizations with awards for research and service.

Shani Ofrat, PhD, Military Sexual Trauma Care Coordinator and Springfield Outpatient Mental Health Psychologist, Rotation Supervisor, Springfield CBOC,

Dr. Ofrat serves as a supervisor for the outpatient mental health clinic at the Springfield CBOC, where she provides individual and group therapy and assessment to Veterans with a wide range of presenting concerns. Her primary treatment modalities are third-wave behavioral approaches such as Dialectical Behavioral Therapy and Acceptance and Commitment Therapy. She is also interested in Narrative Therapy approaches, and Motivational Interviewing. She also serves as the Military Sexual Trauma treatment coordinator for VA CWM, a role that includes assessment, treatment, education, and advocacy for Veterans with MST, as well as education and consultation for all CWM clinicians. Shani completed a trauma-focused postdoctoral fellowship at the Minneapolis VA, where she also completed internship. She received her clinical psychology doctorate from the University of Minnesota and went to Oberlin College as an undergraduate. She has developed several additional specialty areas, including training medical students and psychology residents in responding to sexually inappropriate behavior in patients, transgender mental health care, and treating sexual health after trauma. She is also passionate about increasing health parity for LGBT Veterans, and sits on the Multicultural training subcommittee and the Women Veterans Health Committee. She is passionate about supervision and training and enjoys exploring multicultural issues and counter-transferential reactions with trainees.

Stacy L. Parkin, PhD, Staff Psychologist, Worcester Lake Avenue CBOC Supervisor

Dr. Parkin completed her graduate training in clinical psychology at Fairleigh Dickinson University in Teaneck, NJ, in 2015, during which time she did externships at Four Winds Hospital, Memorial Sloan Kettering Cancer Center, Youth Development Clinic, Bellevue Hospital and North Shore Long Island Jewish Hospital. She completed a generalist pre-doctoral internship at the Gulf Coast Veterans Health Care System in Biloxi, MS, after which she was hired as a staff psychologist on the acute inpatient psychiatric unit. She subsequently was the clinical team lead for the Substance Abuse Psychosocial Residential Rehabilitation Treatment (SARRTP) program at the Biloxi VA, a 30-bed, 28-day inpatient alcohol and drug rehab intensive treatment program, for three years. In 2018, Dr. Parkin transferred to the Southeast Louisiana Veterans Health Care System, where she was the outpatient Substance Use Disorder (SUD) and Ambulatory Mental Health (AMH) psychologist at the Baton Rouge Community Based Outpatient Clinic (CBOC). Prior to returning to her home state of

Massachusetts, Dr. Parkin was a detailed psychologist in the outpatient SUD clinic in New Orleans, LA. Her current role as a SUD specialist within a general mental health clinic at the Worcester Lake Avenue CBOC fosters her continued interests in integrating evidence-based treatment modalities as well as measurement-based care in individual and group formats as part of a multi-disciplinary treatment team to assess and treat Veterans who present with primary substance use disorders, serious and persistent mental illnesses, and dual diagnoses.

Katherine Putnam, PhD⁺, Staff Psychologist, PTSD Specialist, Mental Health Clinic, Leeds/Northampton Supervisor

Dr. Putnam earned her PhD from Stony Brook University, completed her Internship at Tufts University/Boston VA Consortium, and completed two postdoctoral fellowships – the first in Neuroscience at Hillside Hospital, NY, and the second in Emotion and Affective Neuroscience (mentor=Dr. Richard Davidson), in a NIMH-funded program at the University of WI, Madison and the University of CA, Berkeley. She remained at the University of WI as an Asst. Research Scientist and Asst. Clinical Professor of Psychiatry and received 3 grants from the National Alliance for Research on Schizophrenia and Depression as well as a Young Investigator Award from the Borderline Personality Disorder Research Foundation. Her research focused on the neural and psychophysiological substrates of emotion regulation in psychopathology. She joined the staff of the National Center for PTSD at the Behavioral Sciences Division at the Boston VA in 2003 and was an Asst. Professor of Psychiatry as well as Behavioral Neuroscience at the BU School of Medicine. She transferred to the Madison VA as the PTSD/Substance Use Disorder Specialist and served as the Training Director of the newly-awarded Psychology Internship. She assisted in the development of several programs, including a canine training program for Veterans with PTSD, a mindfulness-based relapse prevention program, and a recovery-focused dual diagnosis clinic for Veterans with PTSD/SUD. Dr. Putnam has been trained in DBT, ACT, CPT PE, CBT, and Mindfulness-Based Cognitive Therapy. She joined the CWM VA in 2012 and primarily conducts evidence-based individual and group psychotherapy with mood disorders and PTSD. She has been trained by the CPT Training Program (Dr. Kate Chard) to be a CPT Trainer and Consultant and is active in this role in VISN1. Dr. Putnam has a strong interest in the link between science and practice and “common factors” across psychotherapy models; this includes the role of clinical supervision in effective practice.

Laura Rathke, PhD, Staff Psychologist, Rotation Supervisor, Worcester CBOC

Dr. Rathke earned her PhD in clinical psychology at Palo Alto University (Pacific Graduate School of Psychology), participating in training in VA and community mental health settings. She completed her pre-doctoral internship at the White River Junction VA in Vermont, engaging in rotations in outpatient psychotherapy, PC-MHI, inpatient, residential substance use, health psychology, and neuropsychological assessment. She also completed her post-doctoral fellowship at the White River Junction VA in Vermont with an emphasis in health psychology and integrated primary care, while continuing to do outpatient psychotherapy. She has worked at the Manchester VA in New Hampshire, where she worked in PC-MHI doing brief treatment and Urgent Care performing emergency mental health assessments. She joined the Worcester Community-Based Outpatient Clinic in 2019 and has served as the Primary Care Mental Health Integration (PC-MHI)

psychologist since 2020, facilitating brief individual therapy and warm handoffs from primary care providers.

Karen Regan, PsyD, Staff Psychologist, off-site Greenfield CBOC Supervisor

Dr. Regan received her degree in Clinical Psychology from Nova Southeastern University in Fort Lauderdale, Florida in 2009. She completed her pre-doctoral internship at the University of Miami/Jackson Memorial Hospital Mental Health Center where she specialized in providing mental health treatment and psychological evaluations to individual with various levels of hearing loss. Her post-doctoral fellowship at the VA Pittsburgh Healthcare System specialized in evidence-based treatments for substance use disorders and addictive behaviors. Training and clinical practice include Acceptance and Commitment Therapy (ACT), Motivational Interviewing (MI)/ Motivational Enhancement Therapy (MET), Dialectical Behavior Therapy (DBT), Cognitive-Behavioral Therapy for Substance Use Disorder (CBT-SUD), CBT, Cognitive Processing Therapy (CPT), Prolonged Exposure (PE), and Seeking Safety. Special interests include diversity/ cultural competency, Deaf and Hard-of-Hearing, LGBTQI+ populations, and EAGALA (Equine Assisted Growth and Learning Association, Inc.). Dr. Regan provides clinical services at the VA Greenfield Community Based Outpatient Clinic (CBOC).

Henry Rivera, PsyD+, Program Manager for Outpatient Mental Health, Leeds VAMC

Dr. Rivera was awarded his PsyD in 2004 by the University of Hartford. Prior to joining our staff, he managed the Substance Use Treatment Program at the Carson Center for Adults and Families, a community mental health center in Westfield, MA, where he also completed his Doctoral internship. Since then, he has also worked at Noble Hospital's Partial Hospitalization Program in Westfield, as a clinical supervisor for the Mental Health Counseling graduate program at Westfield State College, and at his former private psychotherapy practice in Westfield. He was Director of the Substance Use Disorders Clinic at our Northampton Campus from 2008-2012 where he trained clinicians in Motivational Interviewing, conceptualizing cases using the Stages of Change Model, and in providing Solution-Focused Brief Therapy. He also has training and experience with Dialectical Behavior Therapy, treating domestic violence offenders, and Client-Directed Outcome-Informed (CDOI) therapy and supervision.

Miriam L. Rubin, PhD, CBSM, Staff Psychologist, Coordinator of Sleep Disorders Program, Rotation Supervisor, Worcester Lake Avenue Clinic – Mental Health Unit

Dr. Rubin received her PhD in Clinical Psychology from the University of Missouri-Columbia. Dr. Rubin has served as supervisor to pre-doctoral psychology interns with the VA Brockton - West Roxbury Medical Center from 1992 to 2005, the VA Boston HCS from 2005 to 2011, and VA CWM HCS since 2013. When the Worcester Outpatient Clinic was re-aligned to the VA CWM HCS in 2011, she led the team in developing a proposal for a VA Interprofessional Mental Health Education Expansion Initiative resulting in the acquisition of 2 recurring full-time training positions (one Psychology and one APRN intern). She has VA certification training in CBT-I and Exposure, Relaxation, and Rescription Therapy for Military populations (ERRT-M) for the treatment of

trauma nightmares, and VA training in CPT, EMDR, and Seeking Safety. She supervises interns in the provision of empirically-based diagnostic assessments and CBT-oriented psychotherapy including Seeking Safety, CPT, anger management, smoking cessation, stress management, and weight management. She developed the Managing Anger Program, a series of workshops that combine psycho-educational and experiential techniques. She has provided staff trainings in anger management and the prevention of violence in clinical settings, including PMDB. Dr. Rubin received Certification in Behavioral Sleep Medicine (CBSM) in 2014. Her interest in sleep disruption related to psychological trauma led her to establish the WLA Sleep Disorder Program, which offers evidence-based assessment and treatment of insomnia, nightmares, and sleep-disordered breathing, including CBT-I, ERRT(M), and C-PAP compliance treatment. Her research interests include behavioral and pharmacological treatment of trauma-related sleep disturbances, and she is currently the PI of an IRB-approved VA study examining factors impacting adherence to Prazosin for sleep disturbance in combat Veterans with PTSD. She is a member of the American Psychological Association, the Sleep Research Society, and the Society of Behavioral Sleep Medicine (SBSM) and serves on the SBSM Membership Committee.

Mark Schneider, PhD⁺, Primary Care Psychologist, Whole Health Program Manager, VA CWM

Dr. Schneider graduated from Loyola University of Chicago in 2000. He serves as the Health Promotion Disease Prevention Program Manager for our healthcare system and is in the Primary Care Service Line. Dr. Schneider was previously a supervisor on the Health Promotion and Disease Prevention rotation on the Leeds campus, and he provided supervision to the year-long intern at the Springfield Community-based Outpatient Clinic. Prior to joining our staff, he served as coordinator for the Psychosocial Rehabilitation and Recovery Center and Compensated Work Therapy programs at the Jesse Brown VA Medical Center in Chicago, Illinois. In addition to his prior VA experience treating Veterans with serious mental illness, Dr. Schneider's clinical interests include health psychology, consultation and liaison with primary care, group/family psychotherapy, and supervision of psychology and medical students. He formerly served as a staff psychologist, consultant to specialty clinics, and Director of Clinical Training in the Mount Sinai Hospital Medical Center in Chicago for several years. This community mental health program located in a hospital setting specialized in the treatment of abused and neglected children and their families. Dr. Schneider's clinical approach is integrative, incorporating elements of psychodynamic theory and Motivational Interviewing techniques within a recovery-oriented framework.

Eileen Tam, PsyD, Staff Psychologist, Rotation Supervisor, Springfield CBOC

Dr. Tam completed her graduate training in clinical psychology at Loyola University Maryland. She completed practicum placements at the Baltimore VA Medical Center in the Outpatient Mental Health Clinic as well as at the Perry Point VA Medical Center in the Psychosocial Rehabilitation and Recovery Center for Veterans with severe mental illness. Dr. Tam's interest in continuing to work with Veterans resulted in the completion of a pre-doctoral internship at the Northport VA Medical Center. She then continued working with Veterans during a post-doctoral fellowship at the West Haven VA Medical Center. Following the completion of her fellowship, Dr. Tam joined the Mental Health team at the Springfield Community-Based Outpatient Clinic as a staff psychologist. In this

role, she completes outpatient therapy using primarily a cognitive-behavioral approach. She also facilitates a Relapse Prevention group for substance use disorders as well as a CBT for Chronic Pain group. In addition, she currently serves as a co-supervisor to interns placed at the Springfield CBOC health psychology rotation.

Dorothy Tormey, PhD*, Staff Psychologist, Didactics Coordinator, Leeds/Northampton Supervisor

Dr. Tormey earned her doctoral degree in Counseling Psychology from Lehigh University in 2012 following an internship at the VA Central Western Massachusetts Healthcare System (VA CWM). She completed practicum placements at the Allentown State Psychiatric Hospital in Pennsylvania for adults with severe mental illness and the Allentown Community-Based Outpatient Clinic (CBOC) in Pennsylvania. Her previous experience as a retired Air Force Veteran led to her interest in working with Veterans and shaped the focus of her research and dissertation, identifying and forecasting behavioral health challenges facing returning combat Veterans. Dr. Tormey returned to VA CWM both as a post-doctoral trainee and staff psychologist. She was recently appointed by the Training Directors to be Didactics Coordinator. Combined experiences from post-doctoral work to staff psychologist include providing services to Veterans in the 21-day Intensive Outpatient Program in the Substance Use Disorder Clinic (SUD-C), offering Individual Therapy for Veterans via Tele-Mental Health for the Greenfield CBOC, and (in her current position in the Mental Health Clinic) providing evidence-based therapies for Veterans diagnosed with PTSD and other emotional or behavioral challenges.

Jill M. Vinocour, PsyD+, PC-MHI Psychologist, Rotation Supervisor, Springfield CBOC

Dr. Vinocour serves as the Primary Care – Mental Health Integration (PC-MHI) Psychologist at the Springfield CBOC, where she provides brief evidence-based treatment to Veterans presenting to primary care with emotional or behavioral difficulties and/or chronic health conditions. She weaves together a background in adult outpatient mental health, psychological assessment, and health psychology to provide Veteran-centered approaches to consultation and treatment in the primary care setting. Dr. Vinocour completed her graduate training in clinical psychology at Antioch University in Keene, NH. She interned at the Albany Psychology Internship Consortium, where she completed rotations in outpatient mental health, inpatient palliative care, and hospice at the Stratton VA Medical Center. She completed her post-doctoral fellowship in the Department of Psychiatry at Albany Medical Center, where she trained medical students and residents in brief assessment and intervention for substance abuse, stress management, and CBT. Prior to joining the Central Western Mass VA, Dr. Vinocour directed the Postdoctoral Fellowship Program in Clinical Psychology at Community Psychological Service (CPS), a community-based mental health center at the University of Missouri-St. Louis. She provides clinical supervision to interns placed at the Springfield CBOC in the areas of PC-MHI, Smoking Cessation, and General Mental Health.

Joshua Vinocour, PhD, Staff Psychologist, Rotation Supervisor, Springfield CBOC

Dr. Vinocour earned his doctorate from the University of Missouri – St. Louis in 2011. He completed his internship at the Albany Psychology Internship Consortium and a post-doctoral fellowship at Community Psychological Service, a community mental health clinic affiliated with the University of

Missouri – St. Louis. Prior to joining the VA in 2019 he worked in a private group practice in South Hadley, MA. Dr. Vinocour is a generalist but specializes in psychological assessment. He also has an interest in group, couples and family therapy. His therapeutic orientation is integrative and draws heavily from psychodynamic traditions, interpersonal process approaches and emotion-focused therapy. He provides supervision to interns placed at the Springfield CBOC outpatient mental health clinic.

Sarah Ward, PhD, ABPP-CN, Neuropsychologist, Worcester Lake Avenue

Dr. Ward earned her doctorate in clinical psychology at the University of Minnesota-Twin Cities in Minneapolis, where she focused on neuropsychological assessment and research in behavioral genetics. During graduate school, she trained in neuropsychological and psychological assessment at the University of Minnesota Medical School, the Minneapolis VAMC, and in private practice. She completed her pre-doctoral internship at Massachusetts Mental Health Center/Beth Israel Deaconess Medical Center/ Harvard Medical School, in the neuropsychology track, and with an additional focus on outpatient therapy to individuals with serious mental illness. She completed a two-year clinical neuropsychology post-doctoral fellowship at Beth Israel Deaconess Medical Center/ Harvard Medical School, with rotations in outpatient psychiatry, outpatient neurology, the Massachusetts Department of Mental Health, and Boston HealthCare for the Homeless. She works as an assessment psychologist at the Worcester VA. She provides clinical neuropsychological and psychological evaluations for Veterans as part of the Worcester Mental Health Clinic and the Polytrauma team. She also completes mental health compensation and pension evaluations for the Veterans Benefits Administration. In 2017, Dr. Ward co-wrote the grant application for the newly created postdoctoral program in clinical neuropsychology (based at the Worcester VA). She provides clinical supervision in neuropsychological and psychological assessment to the neuropsychology post-doctoral fellow and occasional consultation to the Worcester psychology intern. She is board certified in clinical neuropsychology (through the American Board of Professional Psychology-ABPP).

Trainees

Doctoral Programs of Prior Interns

- Adelphi University – Derner School of Psychology
- Adler School of Professional Psychology – Chicago
- Alliant International University/California School Of Professional Psychology – San Diego, Alameda, Los Angeles
- Antioch/New England Graduate School
- Argosy University-Atlanta
- Binghamton University, State University of New York
- Boston College
- Chicago School Of Professional Psychology
- Duquesne University
- Fielding Graduate University
- Florida Institute of Technology

- Idaho State University
- Illinois School of Professional Psychology
- La Salle University
- Lehigh University
- Massachusetts School of Professional Psychology
- Miami University
- Michigan State
- Minnesota School of Professional Psychology
- Northeastern University
- Northern Illinois University
- Nova Southeastern University
- Pacific Graduate School of Psychology
- Pacific University
- Pepperdine University
- Roosevelt University
- Rutgers University
- Spalding University
- Springfield College
- State University of New York – Albany
- State University of New York – Buffalo
- Southern Illinois University
- Suffolk University
- University of Albany
- University of California – Los Angeles
- University of Denver
- University of Hartford
- University of Indianapolis
- University of Iowa
- University of Maine
- University of Massachusetts
- University of Memphis
- University of Missouri – St. Louis
- University of Montana
- University of Pittsburgh
- University of Rhode Island
- University of South Dakota
- University of Tennessee – Knoxville
- University of Toledo
- University of Vermont
- University of Virginia
- University of Wisconsin – Madison
- Virginia Consortium
- William James College

- Wright Institute
- Yeshiva University

Placements of Prior Interns (mostly postdocs, but some are staff positions)

- Allpert Medical School of Brown University (Postdoc, Research Fellow T32, ACT Fellow), Providence, RI
- Austin Riggs, Stockton, MA
- Bay State Hospital, Springfield, MA
- Behavior Therapy and Psychotherapy Center, University of Vermont, Burlington, VT
- Boston College Counseling Center, Boston, MA
- Brown University Clinical Psychology Training Consortium, Post-Deployment and Readjustment Program, Providence VA, Providence, RI
- Career Development Center of SUNY at Albany, Albany, NY
- Child Guidance Clinic, Springfield, MA
- Community Support Options, Franklin County
- Cutchin's Institute, Northampton, MA
- Fletcher Allen Health Care, Burlington, VT
- Headspace Health, Santa Monica and San Francisco, CA
- Institute of Living, Hartford, CT
- Little Rock VAMC, Little Rock, AR
- Lumberg Elementary School, Lakewood, CO
- McLean Hospital/Harvard Medical School, Belmont, MA
- Medical Psychology Center, Beverly, MA
- Menninger Clinic, Topeka, KS
- MultiCare Health System/Good Samaritan Hospital, Puyallup, WA
- Neuropsychology Associates of Western Massachusetts, Springfield, MA
- Pain Clinic, Portland, OR
- Pacific Anxiety Group, Menlo Park, CA
- Portland Psychotherapy Clinic, Portland, OR
- ServiceNet Inc., Northampton, MA
- Tarzana Treatment Center, Tarzana, CA
- The Weight Center, MA General Hospital, Boston, MA
- University of New Haven Counseling Center, West Haven, CT
- University of Rochester's Mt. Hope Family Center, Rochester, NY
- US Air Force
- VA Bedford Medical Center, Bedford, MA: LGBTQ Fellowship, Primary Care Behavioral Health (PCBH) Track, Interprofessional Mental Health Track, MH Clinic
- VA Boise Medical Center, Boise, ID
- VA Boston Healthcare System, Boston, MA
- VA Central Western Massachusetts Healthcare System, Northampton, MA
- *We have proudly hired multiple interns as full-time staff
- VA Houston, Michael E. DeBakey Medical Center, Houston, TX
- VA Longbeach Healthcare System, Long Beach, CA

- VA Milwaukee Medical Center, Milwaukee, WI
- VA North Texas Healthcare System, Dallas, TX
- VA Phoenix Healthcare System, Phoenix, AZ
- VA Quality Scholars Fellowship, Ralph H. Johnson VA Medical Center, Charleston, SC
- VA Salem Healthcare System, Salem, VA
- VA San Francisco Healthcare System, San Francisco, CA
- VA Togus Medical Center, Togus, ME
- VA West Haven Medical Center, West Haven, CT
- VA West LA Medical Center, Los Angeles, CA
- Wayne County Behavioral Health Network, Rochester, NY
- Yale Child Study Center- Anxiety and Mood Disorders Program, New Haven, CT

INTERNSHIP ADMISSIONS, SUPPORT, AND INITIAL PLACEMENT DATA

Date Program Tables are updated: 08/24/2022

Program Disclosures

<p>Does the program or institution require students, trainees, and/or staff (faculty) to comply with specific policies or practices related to the institution’s affiliation or purpose? Such policies or practices may include, but are not limited to, admissions, hiring, retention policies, and/or requirements for completion that express mission and values?</p>	<p>Yes</p>
<p>If yes, provide website link (or content from brochure) where this specific information is presented:</p>	
<p>https://www.va.gov/oaa/hpt-eligibility.asp</p>	

Internship Program Admissions

<p>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:</p>
<p>We are a clinically-focused internship that offers a deep level of exposure and engagement in all aspects of clinical work. In order to optimize their training experience, we have a strong preference for applicants who are in the advanced stages of progress on their dissertations. Our graduates aim for and</p>

attain clinical, clinical/research, program administration, and research post-doctoral fellowships and jobs. We have a strong commitment to recruiting to our training program members of historically underrepresented groups within the field of psychology. This is part of our larger commitment to promote diversity within the VA and within the field. Thus we hold it as a priority to develop and further the multicultural diversity and cultural competence of our trainees as well as our supervisory staff. We give attentive consideration to applicants who identify themselves as reflective of an element of diversity in terms of race, ethnicity, Veteran status, disability status, gender identity, and sexual orientation. We welcome applications from respecialization students who have completed their doctoral degrees in non-clinical, non-counseling fields within psychology and have completed respecialization coursework in clinical or counseling psychology at APA or CPA accredited doctoral programs.

Does the program require that applicants have received a minimum number of hours of the following at time of application? If Yes, indicate how many:

Total Direct Contact Intervention Hours	Yes		Amount: 300
Total Direct Contact Assessment Hours	Yes		Amount: 50

Describe any other required minimum criteria used to screen applicants:

Our training program provides an excellent fit for applicants with an interest in developing empirically-supported clinical skills for working with military Veterans in a VA setting. In accordance with VA Central Office, APPIC, and our training program, eligibility criteria for our internship include:

- U.S. citizenship
- Male applicants born after 12/31/1959 must have registered for the draft by age 26 to be eligible for selection as a paid VA trainee.
- Submitting to fingerprint and background checks (APPIC Match result is contingent on passing these screens)
- Enrollment in an APA or CPA accredited doctoral program in clinical, counseling, or combined clinical-counseling psychology
- Approval for internship status by graduate program training director
- Having interests and goals appropriate to our internship program within a VA setting
- Showing an ability to apply assessment/diagnosis and intervention/treatment knowledge under supervision
- Demonstrating ethical conduct and interpersonal skills appropriate to the practice of professional psychology

After accepting an offer, intern applicants will be asked to submit a Declaration of Federal Employment (OF 306) and Application for Federal Employment (OF 612) both of which are required for federal government employment. The VA CWM abides VA Directive 5383 – VA Drug Free Workplace Program, which includes a prohibition against staff and health professions trainees’ recreational and medical use of marijuana/cannabis, regardless of its legal status on the state level. More information is available here: [VA Drug-Free Workplace Program Guide for Veterans Health Administration Health Professions Trainees](#).

Financial and Other Benefit Support for Upcoming Training Year*

Annual Stipend/Salary for Full-time Interns	\$29,368
Annual Stipend/Salary for Half-time Interns	N/A
Program provides access to medical insurance for intern?	Yes
If access to medical insurance is provided:	
Trainee contribution to cost required?	No
Coverage of family member(s) available?	Yes
Coverage of legally married partner available?	Yes
Coverage of domestic partner available?	Yes
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
Other Benefits (please describe): federal holidays, 6 days of administrative leave for professional activities, maternal/paternity leave.	

*Note. Programs are not required by the Commission on Accreditation to provide all benefits listed in this table

Initial Post-Internship Positions

	2018-2021	
Total # of interns who were in the 3 cohorts	18	
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree	0	
	PD	EP
Academic teaching	0	0
Community mental health center	1	0
Consortium	0	0
University Counseling Center	0	0
Hospital/Medical Center	3	0
Veterans Affairs Health Care System	10	0
Psychiatric facility	2	0
Correctional facility	0	0
Health maintenance organization	0	0
School district/system	0	0
Independent practice setting	0	1
Other	1	0

Note: "PD" = Post-doctoral residency position; "EP" = Employed Position. Each individual represented in this table should be counted only one time. For former trainees working in more than one setting, select the setting that represents their primary position.