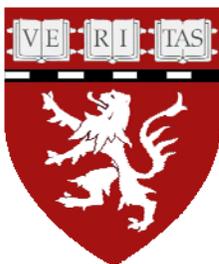


A Consortium of
Predoctoral Internship
Training Programs
Affiliated With:



Contact Us At:

Psychology Service (116B)
VA Boston Healthcare System
150 South Huntington Avenue
Boston, Massachusetts 02130

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The Boston Consortium in Clinical Psychology



Predoctoral Internship Training Brochure

2009 – 2010 Training Year
First Edition

The Boston Consortium In Clinical Psychology

The *Boston Consortium in Clinical Psychology* consists of a **predoctoral practicum training program**, American Psychological Association accredited **predoctoral internship training program**, and two affiliated American Psychological Association accredited **postdoctoral fellowship training programs**. This brochure describes the training opportunities available through the predoctoral internship program.

The Consortium consists of a cooperative arrangement among five major training facilities: the *VA Boston Healthcare System* - Jamaica Plain Campus, Brockton Campus, West Roxbury Campus, the VA Boston Healthcare System Community Based Outpatient Clinic in Worcester, and the *Boston Medical Center* that is the primary teaching hospital of the Boston University School of Medicine. For the 2009 – 2010 training year, the Consortium anticipates providing pre-doctoral internship training for *nineteen* fully funded interns. The Consortium is a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC) and is among the largest training programs (i.e., out of over 550 listed) in the *APPIC Directory*. The Consortium is Fully Accredited by the American Psychological Association (APA) and we have a Site Visit scheduled for November 2008. In 1998, the Consortium became one of the first internship training programs admitted to membership by the Academy of Psychological Clinical Science (APCS). The twelve-month, full time, internship year starts on **September 1, 2009** and ends on **August 31, 2010**.

The primary objective of the Boston Consortium in Clinical Psychology is to provide a comprehensive predoctoral training program that assures the development of adequate levels of proficiency across the basic areas of clinical psychology including assessment, behavior change and psychotherapy, consultation, attention to issues of diversity, and scholarly inquiry. We believe that the internship year is critical in the transition of the individual from graduate student to professional psychologist. We encourage the development of a professional identity, professional values, and a professional demeanor along with these competencies in the practice of psychology. Interns are encouraged to be innovative and creative in their problem-solving endeavors while using well-established principles, techniques, and procedures as a basis for their professional activities. The expectation is that by the end of the training year, an intern will be able to function competently and independently (i.e., entry level practice or better) in the core competencies, listed below. Within the training program, general skills are emphasized. However, within the context of a professional development plan, the development of specialist skills is encouraged.

Model and Philosophy of Training

The *Boston Consortium in Clinical Psychology* is committed to the **scientist-practitioner / evidence based** model in the delivery of clinical care, clinical research, and professional teaching. We strive to provide interns with a significant breadth and depth of experience working with a variety of clinical populations and to simultaneously apply an approach of utilizing innovative scientific information in conceptualizing, assessing, and treating these clinical problems. This goal is greatly facilitated by the rich and diverse clinical research setting offered by the Consortium sites. This wealth of research resources creates an atmosphere that embodies the scientist-practitioner model and infuses the internship training sites with a spirit of clinical empiricism that influences and guides both the staff and the interns.

Psychology internship training within the Consortium recognizes and values the unique skills and characteristics of doctoral level psychologists, and aims to impart these to interns. The doctoral psychologist has advanced and distinctive skills in assessment, diagnosis, intervention, consultation, attention to issues of diversity, supervision, and scholarly inquiry. These skills are practiced in key areas including Post-Traumatic Stress Disorder, Substance Abuse, Severe Mental Illness, Medical/ Rehabilitation Psychology, Behavioral Medicine, both general Clinical and Geriatric Neuropsychology, Geropsychology, Child Psychology, in specialty or general inpatient and outpatient settings. As such, the Consortium values diversity in psychological applications and orientations reflecting the strengths of the training faculty, and encourages interns to capitalize on this diversity in relation to their individual interests and aspirations to support the beginning of a process of specialization.

The professional psychologist has unique characteristics related to psychology's heritage as a theoretical discipline and science, principles of science, and methodological foundations of science in psychology. Our training affirms this heritage in emphasizing the interaction among conceptualization, science, and practice. This foundation is evident in the critical thinking process of the professional psychologist, which is simultaneously aware of the self, the needs of the patient/client and

community, the context, and knowledge base. This reflective process promotes ethical behavior in all areas of professional functioning, and excellence in clinical, educational, and research activities.

We believe that teaching interns in clinical service, scholarly thinking, and clinical research design is best received and maintained within a "junior colleague" model of training. Our commitment to the interns' professional growth and scholastic development is conveyed in a supportive training atmosphere emphasizing individual strengths. Interns are challenged to think critically, and constructive criticism is offered in a non-threatening manner to encourage the intern's full creative participation in all endeavors, both scientific and clinical.

We tailor our training to be consistent with the current climate of clinical practice and research. As we prepare students for professional practice of psychology, we are aware that interns must be trained for delivery of brief, empirically defensible treatments with a broad spectrum of patients. The Consortium's didactics, symposia, and seminars are utilized effectively towards this end to inform and support the current model of clinical practice. Internship offers a window to the realities of clinical research and practice, and we believe that the training that alerts interns to these external economic, social, and political forces is important for a successful career.

Approach To Training

The training objectives of the Consortium are to provide the necessary clinical experience and didactic education that ensures the development of professional skills and competencies in the basic areas of psychology including assessment, treatment, consultation, clinical research, sensitivity to diversity issues, and professional ethics. A particular emphasis of the Consortium training model is to give interns direct contact with a wide range of populations and a variety of psychological disorders. To this end, the intern will find the opportunity to apply basic psychological principles and techniques in many very active patient care settings that represent specific areas of psychology.

The Consortium operates utilizing the following principles:

- Emphasis on patient-centered care;
- Emphasis on goal-directed treatment and outcomes;
- Emphasis on maximizing individual strengths;
- Emphasis on self-respect and human dignity;
- Emphasis on the patient's right to adequate medical, psychological, housing, educational, recreational, and other community services;
- Emphasis on patient rights, self-determination, and right to choose;
- Emphasis on active patient and family participation in treatment and in the implementation of plans;
- Emphasis on culturally appropriate services;
- Emphasis on delivery of care in the least restrictive environment;
- Emphasis on the value of peer support and interaction;
- Commitment to personal growth and development.

To achieve these principles, the Consortium assists interns in the following ways:

- First, we provide a structured, coherent, and integrated training program designed to develop clinically and academically well-rounded clinical psychologists.
- Second, we provide intensive and systematic training in the application of psychological principles to human problems and expose the intern to a

variety of patients, techniques, and approaches. This provides an opportunity for interns to develop and refine adequacy in conceptual skills, skills in interpersonal interactions such as therapeutic intervention, systematic observation of behavior, and psychological assessment; to develop values of professional responsibility and ethical behavior; and to integrate scholarly research findings in clinical practice.

- Third, we expose interns to a diversity of approaches to help them develop critically in their assessment of mental health issues.
- Fourth, we place emphasis on the intern's assuming increasing responsibility for setting individualized training goals and in assuming responsibility for major professional functions and patient care on their assigned units. We see as one of our major responsibilities to integrate the didactic learning of the university with the practical knowledge and skills of the professional psychologist. Our major resource in this endeavor is the significant investment of enthusiasm, energy, and time of many doctoral psychologists, dedicated to the supervisory/training process.
- Fifth, we provide ample supervision throughout the internship year.
- Sixth, formal and informal teaching (seminars, lectures, etc.) are an integral component of the training program.

Core Competencies

The following descriptions of the Core Competencies provide an overall outline as to the knowledge and skills that all interns within the program are expected to demonstrate. Each area is broken down into multiple subgroups wherein the actual behaviors to be demonstrated are specified and that will ultimately serve as the basis for intern evaluation.

- **Ethical/Professional Issues:** Ethical/Professional Issues is a collective term that includes many behaviors inherent in the role of psychologist. As an example, interns will demonstrate an ability to engage effectively in the various processes involved in an internship (e.g., participation in case conferences and didactic core curriculum seminars; evaluation of rotations and supervisors; maintenance of all required records and documentation; participation in supervision; effective management of time, etc.) as well as observance of the APA *Ethical Principles of Psychologists and Code of Conduct*.
- **Assessment:** Interns must meet the training objectives in psychological assessment that are specified by their training rotations. By the completion of the internship, each intern should have a working proficiency in basic assessment areas, a beginning proficiency in the area of specialization, and the ability to recognize when professional supervision or referral should be sought.
- **Behavior Change/Psychotherapy:** Psychologists perform a wide variety of therapies. Each intern is required to demonstrate competence with the types of therapies required for a given rotation. As with assessment, interns should demonstrate a working proficiency in basic areas of therapeutic intervention, a beginning proficiency in their area of specialization, and the ability to recognize when professional supervision or consultation should be sought or a referral should be made. Key features include an understanding of the applications and limits of psychological interventions within interdisciplinary treatment contexts, and the ability to evaluate treatment options in terms of supporting empirical evidence.
- **Consultation:** The Consortium assumes that interns will have had little, if any, prior experience in the role of a professional consultant. Therefore, the training objectives here are directed toward grounding interns in the basic principles and “how to do” aspects of consultation. The training objectives are achieved through both didactic seminars in consultation theory and experience in settings wherein consultation activities are required. The specific involvement of each intern in consultation activities varies somewhat according to his/her rotation.
- **Attention to Issues of Diversity:** Each intern is expected to demonstrate sensitivity and competence in providing psychological services to individuals with diverse backgrounds, for example, different ethnic backgrounds, gender issues, sexual orientation issues, age, disabilities, and the unique experiences of veterans, etc. The training objective is achieved through both didactic seminars in diversity issues and experience in settings wherein contact with patients from diverse backgrounds and abilities is required.
- **Clinical Research:** While the Consortium training program has a primarily service focus, clinical research is strongly supported throughout the training sites. Throughout the internship, interns are assured of two hours of protected time within their regular schedules for activities related to the clinical research competency. These two hours are seen as a base, but interns can avail themselves of research opportunities beyond these dedicated hours. Members of the training staff achieve a

balance of scientist and practitioner in their professional lives which serves as a clinical-academic model for interns. As such, both our training setting and training model provide a rich context within which interns are invited and encouraged to show clinical science mastery in a content area of their choice in preparation for competitive job searches in academic, medical center, or clinical settings. Interns are exposed to various aspects of research and grant application procedures including coordination of data collection, analysis, and manuscript writing. Intern activities may include, but are not limited to, becoming familiar with the research area through reading and literature searches, consulting on and participating in some of the daily tasks of data collection

and coding, data entry and data analysis, developing posters or presentations, and manuscript preparation.

During their graduate training in psychology, predoctoral interns should have already obtained a general background in research methodology, design and applied statistics, APA Ethical Principles pertaining to research on human subjects, as well as the fundamentals of evaluating and writing research reports. The clinical research competency, then, really constitutes an opportunity to demonstrate and perhaps broaden these skills in the context of the clinical and research programs associated with the Boston Consortium.

Goals of the Internship

Each of the internship's rotations shares the common training goals of our internship program. However, as some of these rotations also represent a specialty or emerging specialty area of psychology, the faculty and staff also attempt to stimulate interest and professional development in them. Sample goals of the internship are:

- To develop a high standard of ethical practice and patient care.
- To promote active participation in the training, clinical services, didactic instruction, administrative, and the overall activities of the Consortium.
- To develop professional competence in psychological theory, evaluation, diagnosis, intervention, and assessment.
- To develop professional competence in the delivery of psychological services to a wide range of patients.
- To encourage the development of professional skills in working with, and providing consultation to, other health care specialists within a multidisciplinary medical setting.
- To promote an understanding of individual and cultural diversity and its impact on all components of professional practice.
- To enhance the understanding of the scientific foundations of psychology, including an appreciation of empirically validated interventions, and the ability to contribute to science through research endeavors.
- To prepare the intern to be competitive for postdoctoral training fellowships and entry level clinical and academic positions.
- To enable the intern to complete internship requirements necessary to apply for state licensure as a psychologist in most states.

Overview of Training Rotations

The *twelve-month*, full-time, 2080-hour training year is divided into two rotations (one eight-month and one four-month) that are located within and among the five training sites. Each intern applicant applies to the rotations or areas of emerging specialization that represent their career focus or interests. As an APPIC member program, the Consortium will be participating in the computer matching system that will be used again this year. Selected applicants will be given additional information during their personal interviews.

VA Boston Healthcare System Jamaica Plain Campus:

- General and Geriatric Neuropsychology
- JP General Mental Health Clinic
- Medical Psychology
- National Center for Post Traumatic Stress Disorder - Behavioral Sciences Division
- National Center for Post Traumatic Stress Disorder - Women's Health Sciences Division
- Substance Abuse Treatment Program

VA Boston Healthcare System West Roxbury Campus:

- Rehabilitation Psychology

Boston Medical Center:

- Clinical Child Psychology

VA Boston Healthcare System Brockton Campus:

- Geropsychology
- Severe Psychopathology
- Substance Abuse Treatment Program

Worcester VA Outpatient Clinic:

- Outpatient Treatment that includes experiences in Triage, Managing Anger Program, Neuropsychology, Smoking Cessation, and individual and group psychotherapy.

The Training Program

The *Consortium* enters a training agreement with the intern's university and graduate program. This collaborative effort is designed to ensure continuity in the intern's training and to facilitate communication between the programs.

The Consortium contacts each intern's University Director of Training before the beginning of the internship year, and requests input in the professional training needs of the intern. This information is integrated into an individualized training experience. Progress in the internship is communicated to the intern's doctoral program through a thrice annual written evaluation that includes a summation of evaluations by each intern's supervisors.

Supervision

Of the many ways to measure the strength of a pre-doctoral internship, the Consortium

emphasizes the importance of multidisciplinary supervision and "hands-on" experience. Our training methods include:

- ✓ Direct experience in performing clinical duties and responsibilities;
- ✓ One-to-one supervision as well as supervision in a group;
- ✓ Direct teaching in clinically oriented seminars and conferences;
- ✓ Supervised presentations at case conferences and seminars;
- ✓ Consultation to other Services and Departments;

- ✓ Experience in scholarly inquiry / clinical research;
- ✓ Observation of role model professional psychologists.

The clinical staff and consultants of the Consortium offer supervision in adult, adolescent, and child psychotherapy, directed toward both inpatients and outpatients. The range of areas in supervision is extensive and includes cognitive-behavior therapy, behavior therapy, psycho-dynamic psychotherapy, marital and family psychotherapy, group psychotherapy, and child and adolescent psychotherapy, among others. Experiences in behavioral and psycho-diagnostic assessment are offered within the context of different rotations and through didactics. Our neuropsychology staff offers supervision in neuropsychological screening and assessment as well as consultation on therapeutic interventions with the neurologically impaired patient. ***All interns receive a minimum of four (4) hours of supervision per week with a minimum of two (2) hours being spent in individual, face-to-face supervision.***

Each intern has the assistance of a Consortium Internship Advisor (CIA), a non-evaluative faculty mentor and resource, who may be selected by the intern based upon specific career interests or other factors (e.g., due to experiences balancing career and family). The CIA assists in the overall coordination of the intern's training experience throughout the internship across both major training rotations. The CIA ensures that the training objectives of the Consortium, as well as the individual objectives of the intern, are satisfied. At times, this may include arranging externships, encouraging research activities in areas of interest, and serving as an advocate for the intern to other training staff, if necessary. It is hoped that this will develop into a true mentoring relationship where the mentor remains involved in the intern's professional life beyond the internship year. We recognize the great potential value in the relationship between CIA/Mentor and intern and encourage interns to seek a suitable CIA/Mentor from among the Consortium's supervisors. We support the development of these relationships even if they

occur outside the intern's major training rotations. Finally, we recognize that the relationship between an intern and the CIA/Mentor may change in terms of focus and specific goals during the internship; thus, there is a continuing process of reevaluation in these roles. And, of course, interns often seek and obtain the assistance of additional mentors within the internship year.

The intern's primary and other case supervisors are assigned as determined by a given rotation training site and may include two non-intensive case supervisors, a testing supervisor, a group psychotherapy supervisor, or others. One particularly important training objective of the Consortium is that each intern gain experience with two or three long-term cases that can be followed over the full internship (*i.e.*, 8 or more months) with the same supervisor(s).

Instruction

The Consortium offers many opportunities for didactic educational activities. A Core Curriculum of seminars and presentations are provided for all interns who meet together one afternoon per week irrespective of site or training rotation. Three broad content areas are included in the Core Curriculum: Topics in Assessment, Topics in Psychotherapy, and Professional Issues. In addition, each site and most rotations define specific educational activities directly related to the given site and rotation. Interns are expected to attend the Core Curriculum series of seminars as well as rotation-specific activities. Attendance at seminars of other rotations and other general (VA Boston Healthcare System and Boston Medical Center) training events is also possible, depending upon training goals and the primary rotation's schedule.

Clinical Research

While the Consortium training program has a primarily service focus, at least two hours of protected time are provided for scholarly inquiry / clinical research activities, as this is an area of competency for interns. Members of the training staff provide a variety of professional models for interns, as both scientists and

practitioners, and serve as clinical-academic mentors for each intern. As such, both our training setting, and training model provide a rich milieu within which interns are invited and encouraged to show clinical science mastery in a content area of their choice in preparation for competitive job searches in academic, medical center, or clinical settings. Interns are invited to participate in various aspects of scholarly inquiry, program evaluation, dissemination, and clinical research activities, including grant application procedures, coordination of data collection and analysis, literature review, manuscript writing and conference

presentations. Intern activities may include, but are not limited to, becoming familiar with the research area through reading and literature searches, consulting on and participating in some of the daily tasks of data collection and coding, data entry and data analysis, and manuscript writing, and preparation of posters and other presentations. ***Dissertation work is not included in the protected research time. For interns interested in expanded scholarly inquiry and research opportunities, the option to pursue a research externship (up to 8 hours per week) in some rotations may be feasible.***

Candidates

Pre-Doctoral Interns

The Consortium **only** accepts students currently matriculated in an American Psychological Association (APA) approved doctoral program in Clinical Psychology or Counseling Psychology. *The Consortium does not differentiate between clinical and counseling psychology students either in the application/selection process or in their applied training.* Students will find doctoral-level psychologists from both applied areas on the training faculty.

In addition to APA accredited graduate program enrollment, all candidates for admission will also meet the following requirements:

- ✓ Eight hundred (800) hours of formal, supervised practicum training (see *APPIC Application Part 1, Section 2, item 3* “Summary of Practicum Hours”);
- ✓ Adequate preparation for Internship as indicated by a statement from the applicant’s Program Director *APPIC Application Part 2*);
- ✓ United States citizenship.

Respecialization Candidates

The Consortium welcomes applications from doctoral psychologists who are respecializing in Clinical or Counseling Psychology, that is, psychologists who hold doctoral degrees in areas other than Clinical or Counseling Psychology. Applicants for admission must meet APA requirements that state, in part, that these

psychologists must be certified by a director of an APA accredited “graduate professional psychology graduate program as having participated in an organized program in which the equivalent of pre-internship preparation (didactic and field experience) has been acquired.” *The Consortium does not differentiate between these students and other applicants in selection, stipend, or training.*

Minority Candidates

Applications are particularly welcomed from minority candidates. The cities of Boston, Brockton, and Worcester are vibrant, dynamic, multiracial, and multicultural cities. Taken as a whole, the patient population and professional staff of the five training sites reflect this diversity. As part of our Distinguished Lecturer Series in the Core Curriculum, we invite professionals with recognized expertise in cultural and individual differences to address the internship class. In addition, the Consortium has developed a unique training relationship with the independent, APA-accredited ***Center for Multicultural Training in Psychology Internship Program*** at Boston Medical Center/Boston University School of Medicine. On a semiannual basis, interns from both programs meet for a full day to participate in didactic seminar series. This combination of diversity of population, supervisory psychologists, and consultants provides interns the knowledge, skills, and sensitivities to practice in our pluralistic society.

Application Process

Procedure

We have tried to make the Application Form as clear as possible. Careful attention to these instructions will prevent delays in processing your application. Please note that the Consortium uses the *APPIC Application for Psychology Internship (AAPI)* and our own *Training Assignment Form (TAF)*. Both forms must be on file before any action can be taken on your candidacy.

- Please type all information.
- We ask that you answer all questions asked on the application forms without referring us to your Vita; we will review your Vita as well.
- Please take care in completing the Training Assignment Form. Please indicate each training rotation in which you wish to apply by placing an “X” to the left of its name. Due to the high volume of applications received and limitations on reviewer’s time, please choose 2 or 3 but not more than 4 rotations. In addition, for EACH program that you have checked, please rank order your preferences for interviews, placing a “1” in the “Interview Preference” column to the right of the program you most prefer to be interviewed, a “2” for the next preferred and so on. [NOTE: We are asking for your interview preferences in accordance with APPIC Match Policy 3d. We will use this information for the scheduling of interviews only, and we will not use it for any other purpose in the selection process. We need this information because we have limited interview slots, and must make choices about where and with whom applicants can interview.]

Required Materials

We require the original and two copies of all application materials! This includes the Application Form (3 copies total), Training Assignment Form (3 copies total), and Curriculum Vita (3 copies total). In addition, we require your graduate transcript* (3 copies total),

and three letters of recommendation (3 copies of each). One letter should be from an individual who is familiar with your academic work, and the other two familiar with your clinical work. Please have your Department Chair or Training Director complete the Academic Program’s Verification of Internship Eligibility and Readiness Form found in the AAPI package. Finally, please enclose a stamped, self-addressed postcard that will be mailed backed to you once your application has been received and entered in our database. This will take a few days after our receipt of your materials. (* We do require an official transcript – those indicated with “Issued to Student” are acceptable.)

Deadline

The deadline for the receipt of internship applications, transcripts, and letters of recommendation is **November 1, 2008**.

Interviews

Interviews are by invitation only.

We believe that the personal interview is critical in arriving at mutual decisions about selection. Candidates selected for interview will be contacted by mail and/or email on or before December 1, 2008.

We anticipate interviewing on December 15, 2008 and on five days in January 2009, as yet undetermined. To the extent possible and within the constraints of staff schedules, the convenience of the candidate will be considered in scheduling interviews.

Interviews last the full business day. During the interview day a photograph will be taken.

Upon notification of selection for interview, it is the candidates’ responsibility to arrange one by calling (857) 364 – 4035. **Selected candidates wishing to interview on December 15th should contact us as soon as possible after notification, but no later than December 8th.** Those wishing a **January** interview date should contact us no later than **December 15, 2008** to schedule a visit and personal interview.

Stipend and Benefits

The stipend for internship positions is \$24,418 for the training year. The stipend requires 2080 hours of training over 52 contiguous weeks during the internship. One frequently asked question concerns health insurance. At the present time, *all* of our internship positions offer health insurance benefits. Interns also receive emergency medical treatment for work-related illness or injury at the training sites.

It is anticipated that interns will receive faculty appointments at *Boston University School of Medicine* and at *Harvard Medical School* during the training year.

Interns earn 104 hours of paid discretionary time (vacation, etc.), 104 hours of paid sick leave, receive ten paid holidays, and are given up to 40 hours of paid educational leave to attend conferences, major professional meetings and symposia.

Submitting Applications

Applications must be submitted with the forms described above. We require that you submit the original and two copies (3 copies total) of all application materials. Send completed applications to:

Dr. Stephen R. Lancey
Director of Admissions
Psychology Service (116B)
VA Boston Healthcare System
150 South Huntington Avenue
Boston, Massachusetts 02130

Statement of Nondiscrimination

The Boston Consortium in Clinical Psychology Internship Training Program is committed to a policy of nondiscrimination on the basis of race, sex, age, religion, color, national origin, ancestry, handicap, marital status, arrest and court record, sexual orientation, and veteran status. Our policy covers admission and access to, and participation, treatment, and employment in, all programs and activities.

Contacting Us:

The Chief, Psychology Service, the Consortium Internship Director, and the Director of Admissions have their offices at the VA Boston Healthcare System – Jamaica Plain Campus. Office hours are from 8:00 AM to 4:30 PM Eastern Standard Time, Monday through Friday. The offices are located in the main building on the 4th floor. You can contact us by using the following:

Voice: (857) 364 – 4035 or

(857) 364 – 4074

Fax: (857) 364 – 4408

E-mail: stephen.lancey@va.gov

keith.shaw@va.gov

jennifer.vasterling@va.gov

Web:

<http://members.aol.com/intern04/TB.HTM>

(Case Sensitive)

APA Accreditation

The Boston Consortium in Clinical Psychology Internship Training Program is accredited by APA.

The American Psychological Association is located at:

750 First Street, NE,
Washington, DC 20002

Telephone: 800-374-2721; 202-336-5500

TDD/TTY: 202-336-6123

The Office of Program Consultation and Accreditation can be reached at:

Telephone: 202-336-5979

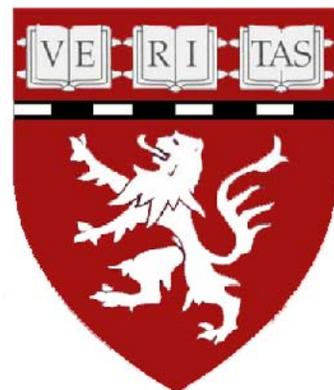
Fax: 202-336-5978

The Office of Program Consultation and Accreditation can be reached online at:

www.apa.org/ed/accreditation



Description of Training Rotations 2009 - 2010 Internship Year



Child Psychology

At the Boston Medical Center

Overview

For interns seeking clinical and research experiences that focus on children, adolescents, parents, and families, the consortium includes a Child Psychology rotation housed at the Boston Medical Center's (BMC) Department of Child and Adolescent Psychiatry. This rotation is offered as an eight-month or four-month placement and is designed to provide a range of training opportunities in the assessment and treatment of inner-city children presenting with psychiatric problems. The majority of BMC Child & Adolescent rotation clinical experiences occur within two primary settings, the Child and Adolescent Psychiatry Outpatient Clinic and Pediatric Neuropsychology. Interns experience a variety of valuable training opportunities including short-term and long-term therapy, evidenced-based practice, crisis intervention, neuropsychological assessment of psychiatric and neurodevelopmental disorders in children, multi-disciplinary collaboration, hospital-based consultation, community-based treatment, legal advocacy, and psychopharmacology.

Clinical Experience

Child and Adolescent Psychiatry Outpatient Clinic: Heather Walter, M.D., Chief of Child and Adolescent Psychiatry directs the BMC Child Psychiatry Outpatient Clinic and coordinates training with Cynthia Chase Ph.D., Director of Psychology Training. There are two other child psychologists who serve as primary supervisors, Dr. Cheryl Giles and Dr. Marcia Conant. The outpatient clinic provides interns with experience engaging in various modalities of treatment with patients displaying a variety of disorders, including PTSD, depression, conduct and oppositional disorders, anxiety, psychosis, neurodevelopmental disorders and ADHD. Interns work primarily with child and adolescent patients in individual treatment, but may also have the opportunity to conduct parent training, family, and individual adult counseling. Interns carry an ongoing caseload of 8-10 cases per week. Interns also conduct intake evaluations in 3 of 4 weekly intake clinics which use a multidisciplinary team format. In these clinics, interns assess children and adolescents presenting with a variety of clinical issues, establish diagnoses, conceptualize cases, and make appropriate treatment and referral recommendations. Weekly intake clinics and ongoing treatment focus on a broad range of clinical issues, with particular emphasis given to various types of trauma, within a family systems and social context

Pediatric Neuropsychology:

The Pediatric Neuropsychology Service and the Child Neurology Consultation Team provide comprehensive neuropsychological and neuropsychiatric assessments for children and adolescents with neurodevelopmental disability, including Mental Retardation, Pervasive Developmental Disorder, Learning Disability, ADHD, neurological disease, or neurological injury e.g. toxic exposure, HIV, Head Injury, and Epilepsy. The Team is headed by Cynthia Chase Ph.D., senior neuropsychologist at BMC. The Team is designed to serve children and adolescents referred from

	<p>Pediatrics and Pediatric specialty clinics, including Child Neurology. The Team serves as a clinical training site in neuropsychological assessment for psychology trainees at an extern, intern and postdoctoral level. It provides training for other disciplines in neurodevelopmental disability, its impact on families, and working with parents on a variety of issues, including advocacy.</p>
<p>Seminars</p>	<p>Training Seminar: All BMC child rotation interns participate in a weekly seminar, led by the clinical staff and designed to examine the topics and issues essential to effectively understanding and treating children and families. The seminar includes a variety of formats, including didactic lectures and case presentation across a range of topics and presentations by invited experts. A primary focus is family treatment models in a multicultural context. Advocacy Trainings are held several times per year and led by an attorney from the Medical-Legal Partnership for Children. These trainings focus on the ways in which clinicians may be able to assist children and families in various domains of functioning such as housing, welfare, education, etc. In addition, trainees are urged to attend weekly Grand Rounds in Psychiatry, Pediatrics, and Child Neurology.</p>
<p>Supervision</p>	<p>Interns receive three hours of individual supervision per week; at least one hour of weekly group supervision; and urgent consultation by staff attendings when needed. Interns also participate in weekly multidisciplinary team meetings and ongoing departmental seminars.</p>
<p>Training in Supervision</p>	<p>When possible, interns are given the opportunity to supervise graduate level practicum students. Interns then receive supervision for their supervision from a staff psychologist.</p>
<p>Research</p>	<p>Clinical research is integrated throughout the various intervention models currently utilized in the department. Interns have the opportunity to be involved in trauma-related research, to fulfill the internship program's scholarly inquiry / research competency requirements. The Department of Child Psychiatry is in the process of hiring a new Director of the Child Psychiatry Research Center.</p>

JP General Mental Health

At the VA Boston Healthcare System – Jamaica Plain Campus

Overview

The JP General Mental Health outpatient rotation is the product of merging two previous rotations (the Boston VA Outpatient Clinic operating at Causeway Street and Jamaica Plain, and the Boston VA General Mental Health Clinic operating at Jamaica Plain). The merging of the rotations allows opportunities for a cohort of three interns to obtain clinical training in multiple outpatient mental health programs that provide treatment for a range of psychological disorders, including The Center for Returning Veterans, the General Mental Health Clinic and the Mood and Anxiety Disorders Clinic. These clinical programs also offer interns multiple opportunities to treat patients in individual, group, and couples therapy formats. Interns may also have the opportunity to supervise externs or other trainees and to receive supervision of supervision. Interns are encouraged to participate in multiple ongoing federally-funded research studies in these program areas, as part of their scholarly inquiry (research) activities. (See the final section, entitled “Research,” below.)

The new rotation is located entirely on the Jamaica Plain campus of VA Boston HCS. It is staffed by clinical supervisors who have worked together to train Boston Consortium psychology interns for decades. The merging of these two rotations provides the interns with the opportunity to gain experience with a diverse client population. It also exposes interns to an expanded staff team with a variety of theoretical approaches and personal styles. Interns are encouraged to learn from multiple supervisors and to develop their own styles.

Clinical Experience

The JP General Mental Health rotation includes three major mental health programs listed above and described below. Intern assignments will be made with consideration for the needs and interests of the intern, in order to augment and broaden the intern’s clinical experience. Some additional options may be available as programs evolve. Assignments typically include involvement in at least two of the three following programs:

A. General Mental Health Clinic and

B. Mood and Anxiety Disorders Clinic

Primary Supervisors: Melanie Vielhauer, Ph.D., Barbara W. Kamholz, Ph.D., Stephen R. Lancey, Ph.D., Phillip Kleespies, Ph.D., and Gabrielle Liverant, Ph.D.

The **General Mental Health Clinic (GMHC)** serves several functions in the VA Boston Healthcare System, including evaluation and treatment of general mental health difficulties, and referral for treatment in specialty clinics. A primary focus of the GMHC is the provision of services to veterans with a variety of psychological disorders who could benefit from time-limited treatment (e.g., veterans with adjustment disorders, veterans dealing with loss and bereavement, veterans with

multiple mental health issues that are not best treated in a specialty clinic). The GMHC also houses the **Mood and Anxiety Disorders Clinic (MADC)**, which emphasizes differential diagnosis of mood disorders, non-PTSD anxiety disorders, and treatment of these disorders. The MADC is the primary referral clinic for veterans struggling with significant depressive, manic, or non-PTSD anxiety symptomatology. The staff and trainees are multidisciplinary with representatives from psychology, psychiatry, and social work. The Clinics also provide opportunities for interns to interact with staff from Nursing and Medicine.

Treatment in both the GMHC and MADC is geared toward reducing psychiatric symptomatology and patient distress, strengthening skills and coping resources, and improving psychosocial functioning and quality of life. A variety of theoretical approaches to treatment are utilized, including cognitive-behavioral, behavioral, interpersonal, psychodynamic, and systems. Cognitive-behavioral, behavioral, and other empirically-supported interventions are particularly emphasized in the MADC. Psychometrically-sound pre- and post-treatment assessment instruments are also used to evaluate treatment outcome.

Assessment and Consultation: Psychology interns in the GMHC and MADC have multiple opportunities to strengthen their diagnostic and assessment skills. Interns conduct in-depth mental health screening interviews on veterans referred to the clinic, with a focus on diagnosis, risk assessment, and case disposition. Interns also conduct more comprehensive biopsychosocial evaluations in selected cases, such as those involving more complex differential diagnosis questions. Consultation services are provided to other mental health and medical staff, based on the information obtained through these assessment activities. Interns also have the opportunity to provide mental health coverage for the **Urgent Care Clinic** at Jamaica Plain under the direct supervision of a senior clinical psychologist. This opportunity provides closely supervised experience in crisis management and the assessment of suicidal risk and risk for violence. In addition, it provides the intern with exposure to patients with a broad range of psychopathological conditions, including both acute and sub-acute symptoms (e.g., psychotic disorders, alcohol and drug intoxication).

Treatment: Interns are actively involved in the provision of both individual and group psychotherapy, with a focus on short-term, problem-focused treatment interventions. Interns will co-lead one or more psychotherapy groups with staff members and/or other trainees, typically using flexibly-administered, manual-based treatments. The following programs and groups are offered through the Clinics on a regular basis:

- ◆ **Unified Treatment for Anxiety Disorders:** This short-term group is based on behavioral principles and associated exposure-based interventions. The group is aimed at improving patients' functioning by facilitating habituation to, and acceptance of, anxiety responses.

Primary Supervisor: Barbara Kamholz, Ph.D.

- ◆ **Depression Management Group:** This short-term group utilizes a cognitive-behavioral approach to management of depression. The group is aimed at reducing depressive symptoms and improving psychosocial functioning, and incorporates treatment components such as behavioral activation and cognitive restructuring.
Primary Supervisor: Barbara Kamholz, Ph.D.
- ◆ **Anger Management Group:** This short-term (10 session) group provides treatment for veterans with anger management difficulties. Utilizing a cognitive-behavioral approach, the group is aimed at understanding and regulation of anger responses.
Primary Supervisor: Stephen R. Lancey, Ph.D.
- ◆ **Living with Bipolar Disorder:** This short-term (12 session), skills-based group is provided in conjunction with medication management for patients diagnosed with bipolar disorder. The group focuses on skills to facilitate prevention and management of extreme mood shifts, using behavioral and systems-oriented interventions.
Primary Supervisor: Stephen R. Lancey, Ph.D.

C. Center for Returning Veterans (OEF/OIF)

Primary Supervisors: Erin Scott Daly, Ph.D., Kevin Brailey, Ph.D., and Margaret Harvey, Psy.D.

The mission of the Center for Returning Veterans (CRV) is to serve the mental health needs of returning veterans from Operation Enduring Freedom and Operation Iraqi Freedom. This mission is accomplished through outreach to returning veterans, assessment and referral to specialty mental health services, and the provision of individual, group, and couples psychotherapy. Patients include male and female veterans and active duty service members who are experiencing a range of adjustment and mental health difficulties (e.g., adjustment disorders, PTSD, depression, anxiety disorders, interpersonal/marital difficulties, substance abuse). Interns will work as part of the CRV multi-disciplinary team and gain experience assessing and providing therapy for the wide range of adjustment and mental health issues seen in recently returned combat veterans. This includes training in the multimodal assessment of the range of psychiatric disorders, and individual, group, and couples therapy. Treatment offered includes psychoeducation, behavioral activation, skills training, cognitive therapy, motivational interviewing, trauma-focused treatment (including Cognitive Processing Therapy and Prolonged Exposure), and Seeking Safety treatment. Interns will also have the opportunity to participate in outreach events to returning veterans and their families.

Supervision

Interns will be assigned to a primary supervisory psychologist, as well as multiple additional supervisory psychologists across the clinics. The primary supervisor will be responsible for supervision of cases, and will also be available for consultation in

	<p>professional and career development issues. Interns are assigned to supervisors in this manner to ensure that the number of individual (one on one) hours is met or exceeded and to provide multiple points of view. In addition to individual supervision, interns may participate in group supervision (2 – 3 trainees) that includes trainees at different levels of experience. Interns also participate in weekly clinical team meetings, providing additional opportunities for case consultation.</p>
<p>Training in Supervision</p>	<p>The JP General Mental Health rotation offers training in delivery of clinical supervision subject to the availability of externs and other trainees. When available, interns are given the opportunity to supervise graduate-level students on one to two cases. Interns then receive supervision for their supervision, from a staff psychologist. Readings on the supervisory process are provided and constitute an important part of this training module.</p>
<p>Research</p>	<p>Interns who are interested have the opportunity to collaborate with staff on a number of clinical research projects that are at various stages of development. GMHC/MADC staff are currently collaborating with additional Boston Consortium staff members and others on several federally-funded clinical research studies, including:</p> <ul style="list-style-type: none"> Venlafaxine and CBT for Anxious Alcoholics (NIAAA; PI: David Barlow); Mood and Smoking: A Comparison of Smoking Cessation Treatments (VA; PI: Barbara W. Kamholz, Ph.D.); Phenomenology of the Psychiatric Smoker (NIDA; PI: Barbara W. Kamholz, Ph.D.); Evaluation of a Mindfulness Telehealth Intervention for PTSD (Samueli Institute; PI: Barbara Niles, Ph.D.); Moderators of Health Literacy in Diabetes Management (NIH; PI: Amy Silberbogen, Ph.D.); The Utility of Emotion Regulation Strategies in Unipolar Depression (VA; PI: Gabrielle Liverant, Ph.D.); Treating Schizophrenic Smokers: Effects on Craving, Cues, and Withdrawal (VA; PI: Gary Kaplan, M.D.); MTBI Effects on Emotion Symptoms, Neurocognitive Performance, and Functional Impairment: a Longitudinal Study of Deployed and non-Deployed Army Soldiers. Department of Defense Congressionally Directed Medical Research Program, TBI Concept Award (PI: Kevin Brailey) <p>Level of intern research involvement during the rotation may vary based on interest level, available resources, and training needs. Interns may choose to participate in an ongoing clinical research study, assist with program evaluation activities relevant to the Clinic, or independently propose and conduct a study under staff supervision. Intern candidates are encouraged to contact supervisors who share similar research interests to learn of the most current opportunities.</p> <p>Recent publications from this rotation include:</p> <p>Brief, D. J., Bollinger, A., R., Vielhauer, M. J., Berger-Greenstein, J. A., Morgan, E. E., Brady, S. M., Buondonno, L. M., & Keane, T. M. (2004). Understanding the</p>

interface of HIV, trauma, PTSD, and substance use and its implications for health outcomes. *AIDS Care*, 16(Supplement 1), S97-S120.

- Richardson, M.A., Morgan, E.E., Vielhauer, M.J., Cuevas, C.A., Buondonno, L.M., & Keane, T.M. (2005). Utility of the HIV dementia scale in assessing risk for significant HIV-related cognitive-motor deficits in a high-risk urban adult sample. *AIDS Care*, 17(8): 1013-1021.
- Cuevas, C. A., Bollinger, A. R., Vielhauer, M. J., Morgan, E. E., Sohler, N. L., Brief, D. J., Miller, A. L., & Keane, T. M. (in press). HIV/AIDS Cost Study: Construct validity and factor structure of the PTSD Checklist in dually diagnosed HIV-seropositive adults. *Journal of Trauma Practice*.
- Morissette, S. B., Gulliver, S. B., Kamholz, B. W., Duade, J., Farchione, T., Devine, E., Brown, T. A., Barlow, D. H., & Ciraulo, D. (2008). Differences between daily smokers, chippers, and nonsmokers with co-occurring anxiety and alcohol-use disorders. *Addictive Behaviors*, 33, 1425-1431.
- Daly, E. S., Gulliver, S. B., Zimering, R. T., Kamholz, B. W., & Morissette, S. B. (2008). Disaster mental health workers responding to ground zero: One year later. *Journal of Traumatic Stress*, 21, 227-230.
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- Liverant, G. I., Stoddard, J. A., Mueret, A., & Barlow, D. H. (2007). Clinical science and the revolution in psychological treatment: The example of anxiety disorders. In T. A. Treat, R. R. Bootzin, & T. A. Baker (Eds.), *Psychological clinical science: Recent advances in theory and practice. Integrative perspectives in honor of Richard M. McFall* (pp. 77-103). New Jersey: Lawrence Erlbaum Associates.
- Grisham, J. R., Brown, T. A., Liverant, G. I., & Campbell-Sills, L. (2005). The distinctiveness of compulsive hoarding from obsessive-compulsive disorder. *Journal of Anxiety Disorders* 19, 767-779.
- Liverant, G. I., Brown, T. A., Barlow, D. H., & Roemer, L. (in press) Emotion regulation in unipolar depression: The effects of acceptance and suppression of subjective emotional experience on the intensity and duration of sadness and negative affect. *Behavior Research and Therapy*.
- Taylor, S., Zvolensky, M. J., Cox, B. J., Deacon, B., Heimberg, R. G., Ledley, D. R., Abramowitz, J. S., Holaway, R. M., Sandin, B., Stewart, S. H., Coles, M., Eng, W., Daly, E. S., Arrindell, W. A., Bouvard, M., & Cardenas, S. J. (2007). Robust dimensions of anxiety sensitivity: Development and initial validation of the Anxiety Sensitivity Index-3. *Psychological Assessment*, 19, 176-188.

Neuropsychology

At the Geriatric Research, Education & Clinical Center (GRECC)
VA Boston Healthcare System – Jamaica Plain Campus

Overview

This rotation provides two broad settings, allowing for the intern to obtain a variety of training experiences. One is based within a multidisciplinary team setting, while the other is based primarily in an outpatient consult setting. As a trainee, the intern will be affiliated with the Geriatric Neuropsychology Laboratory Service that functions within the Geriatric Research, Education, and Clinical Center (GRECC). The Geriatric Neuropsychology Laboratory is part of an interdisciplinary clinical care team that provides comprehensive medical, cognitive, social, functional, and pharmacological assessment of the aging veteran. The GRECC team provides services to outpatients at multiple clinical centers within the VA Boston Healthcare system (Jamaica Plain, Brockton, West Roxbury, and Worcester Outpatient Clinic). The trainee plays a vital role in the interdisciplinary team by completing neuropsychological assessments and providing relevant feedback and recommendations to fellow team members, the veteran, his/her family, as well as the referral source. In addition to the GRECC team, the trainee provides neuropsychological assessment to patients referred for evaluation to the Neuropsychology Consult Service. The trainee also collaborates with providers in the Polytrauma Center in completing cognitive and mental health screens. Additionally, the trainee will be affiliated with the Harold Goodglass Aphasia Research Center.

William Milberg, Ph.D., ABPP/cn is the director of Neuropsychology and the Geriatric Neuropsychology Laboratory. He has trained interns since 1991, and has trained post-doctoral fellows since 1995. Dr. Milberg's research laboratory has been continuously funded since 1980, and has made significant contributions to the field of neuropsychology through studies of aphasia, stroke, memory, Alzheimer's disease, and more recently, cardiovascular disease.

Internship training for Neuropsychology may take place within a "Match" rotation (i.e., eight-month) or as part of the intern's second (i.e., four-month) rotation. For the 2009-2010 training year, three interns will Match with the Neuropsychology rotation, and another three interns will have the briefer (four-month) second-rotation training opportunity. Although not guaranteed, additional hours of neuropsychology training may be arranged in the form of an externship, for those interns who train in the Neuropsychology (four-month) second rotation. The combination of assigned and externship time spent in neuropsychology generally allows eight-month (and might also allow four-month interns to receive certificates in clinical neuropsychology).

Additionally, many scholarly inquiry / research opportunities exist within this rotation and allow for collaboration with a number of faculty members.

Training Experience

Interns on the Neuropsychology rotation will see patients in a variety of different clinical settings comprising a unique array of training experiences.

Geriatric Neuropsychology

- ♦ **GRECC Clinic:** The intern functions as part of a multidisciplinary team that includes a geriatrician, nurse practitioner, social worker, pharmacist, and geriatric medicine fellows. All patients assessed by the team are seen as outpatients and all neuropsychological assessments are completed within the outpatient clinic. Dr. Milberg has worked to develop innovative methods for the efficient and sensitive assessment of domain specific deficits in elderly adults. The neuropsychological assessment of elderly patients, who are often frail as well as physically and cognitively compromised, requires an alternative to the time consuming, multiple hour test batteries often used in clinical assessments. As such, our service employs a fixed-flexible approach. Assessments typically include the Geriatric Evaluation of Mental Status (GEMs), a standardized measure of cognitive functioning developed at the GRECC, with additional domain-specific measures added as needed. Most assessments involve 1-3 hours of formal testing. The trainee is responsible for the clinical interview, testing, scoring of test data, test interpretation, and written report of the neuropsychological evaluation, as well as feedback to the patient and the team. A strong emphasis is placed on the development of recommendations provided within the written report.

Neuropsychology

- ♦ **Neuropsychology Consult Service:** Interns will provide assessments as part of the neuropsychology consult service at the Boston VA Healthcare System. Patients are referred to this service from a variety of sources; referrals typically include ADHD, traumatic brain injury, epilepsy, memory loss, and cognitive dysfunction secondary to a medical condition. Neuropsychology consults involve a clinical interview, test administration, scoring of test data, test interpretation, and written report.
- ♦ **Polytrauma Center:** Over the past few years, the Neuropsychology Consult Service has received a number of referrals for evaluation of patients recently returning from deployment (both veterans and active duty personnel). These patients are referred to the Boston Healthcare System Polytrauma center for evaluation of physical injuries sustained in Iraq or Afghanistan. While deployed, most have been exposed to blast munitions (e.g., Improvised Explosive Device (IED) or Rocket Propelled Grenade (RPG)) either directly (pressure wave) or secondarily (shrapnel, blunt force trauma). Starting in the fall of 2008, Neuropsychology trainees have joined the Polytrauma clinical team and are providing cognitive and mental health screenings to outpatients seen by that service. The brief screenings are designed to quickly assess for mood and trauma as well as impairment in memory and executive functioning. This unique opportunity allows the trainee to utilize a broad range clinical of skills.

	<ul style="list-style-type: none"> ♦ Harold Goodglass Aphasia Research Center (HGARC): In addition to the responsibilities as part of the GRECC clinical team, the intern will also complete general neuropsychological assessments of individuals referred through Psychiatry Service and other medical services, averaging almost one per week. The intern will also conduct two to three neurobehavioral/aphasia assessments in conjunction with the HGARC. These assessments are generally more time consuming and include more extensive testing than those conducted in the GRECC clinics. The intern is responsible for the clinical interview, testing, scoring of test data, test interpretation, and presentation of findings at Neurobehavioral/Aphasia rounds at the Jamaica Plain campus.
<p>Rounds</p>	<p>During the course of the eight-month Neuropsychology rotation, the trainee is expected to attend a number of teaching conferences, seminars and teaching rounds. In addition to the mandatory meetings required of all trainees, the Neuropsychology intern will also attend the Neurobehavioral/Aphasia Rounds (twice monthly) Thursdays at 9 – 11:00am and the Neuropsychology Didactics (twice monthly) Thursdays at 9:00 – 10:30. During their Neuropsychology rotation, four-month interns attend these meetings and conferences, but involvement in those activities outside those four months depends upon arrangement for an externship.)</p> <p>The intern is invited to attend a number of other meetings and rounds, attendance to these are optional (times and dates may vary). Additional meetings include: monthly case presentations at the Boston University Memory Disorders Research Center (MDRC) and weekly Geriatric Grand Rounds located at the Beth Israel Deaconess Medical Center in the Longwood Medical Area on Tuesday afternoons, Neuroimaging Journal Club (twice monthly on Thursdays), and Brain Cuttings at the West Roxbury Campus (twice monthly). The intern will also receive free tuition to the Harvard Geriatric Medicine Review Course held in Boston each winter.</p>
<p>Supervision</p>	<p>Supervision in Neuropsychology is provided by lab director William Milberg, Ph.D., ABPP/cn, as well as clinical director Laura Grande, Ph.D.; Susan McGlynn, Ph.D., ABPP/cn; Christopher Brady, Ph.D.; and Betsy Leritz, Ph.D., neuropsychologists who trained with Dr. Milberg at the Geriatric Neuropsychology Laboratory. Supervision is also provided by Jennifer Vasterling, Ph.D.; Maxine Kregel, Ph.D.; and Catherine Fortier, Ph.D., neuropsychologists trained at the Boston Consortium. In addition, supervision is also available from other staff with particular areas of expertise (i.e., delirium, aphasia, amnesic disorders, etc.) A unique feature of the Neuropsychology rotation is that all trainees receive weekly feedback and participate in case related discussions with the clinical team that consists of physicians, nurses, social workers, pharmacists and other professionals. Supervision occurs both individually as well as in groups. Altogether, a minimum of four (4) hours of weekly supervision (i.e., individual and small group) is provided to interns. A minimum of two hours of individual supervision is scheduled per week, with additional individual supervision available, as needed or requested. In addition to individual supervision, the intern participates in small group (2 or 3 trainees) supervision with other interns and post-doctoral fellows.</p>

<p>Selection Criteria</p>	<p>Applicants interested in the Neuropsychology rotation should have experience administering, scoring and interpreting neuropsychological tests and, ideally, have an interest in pursuing a career in this field. While previous experience working with the older patient is desired, it is not mandatory. Applicants who seek academic careers and a potential commitment to neuropsychology are strongly encouraged to apply. Students who have developed a recent interest in neuropsychology, or those desiring less intensive training, can receive training in geriatric neuropsychology through the Consortium through a four-month rotation.</p>
<p>Research</p>	<p>Geriatric Neuropsychology Laboratory William Milberg, Ph.D.; Regina McGlinchey, Ph.D.; Christopher Brady, Ph.D.; Betsy Leritz, Ph.D.; David Salat, Ph.D.; Catherine Fortier, Ph.D.; Laura Grande, Ph.D.; and James Rudolph, M.D.</p> <p>The Geriatric Neuropsychology Laboratory has a strong research emphasis and maintains strong ties with the GRECC clinical team. The research laboratory includes seven principal investigators. Additionally, the laboratory includes a computer specialist, two geropsychology postdoctoral fellows, two two-year neuropsychology fellows, and six research assistants. A variety of interests are represented within the laboratory and currently funded projects include: investigations of the cardiovascular disease and frontal dysfunction in older African Americans; relating cortical functions to cerebrovascular disease and dementia risk; neuroanatomical changes associated with cardiovascular disease and dementia risk (diffusion tensor imaging); classical learning in memory disordered patients and in dementia risk; delirium and cognitive function after coronary artery bypass surgery; development of screening measures to identify cognitive impairment in the primary care setting; and the cognitive neuropsychology of vision and visual search in healthy and brain injured individuals. In addition, though influenced by Dr. Milberg’s training in the Boston Process Approach, the Geriatric Neuropsychology Laboratory focuses on updating assessment technology to reflect recent developments in cognitive neuroscience and psychometrics. The Geriatric Neuropsychology Laboratory is noted for developing useful applications of neuropsychological information for healthcare providers and families. The intern is expected to attend the weekly lab meeting and the laboratory is ideal for those interns who have completed their doctoral research prior to the start of the internship year and who also possess an interest in continuing research activities. A number of ongoing research projects provide the interested intern with a variety of research opportunities. The laboratory provides a supportive and collaborative atmosphere where trainees are viewed as colleagues.</p> <p>Neuropsychology of PTSD Jennifer J. Vasterling, Ph.D.; Susan P. Proctor, D.Sc.; Kevin Brailey, Ph.D., Brian Marx, Ph.D.; Helen MacDonald, Ph.D.; Laura Grande, Ph.D.</p> <p>Interests include neuropsychological, psychological, and health outcomes of war-zone deployment and other military health risks (e.g., neurotoxins, traumatic brain injury).</p>

Most of these studies employ longitudinal methodology and has been conducted within an epidemiological framework. Existing longitudinal databases include those relevant to (1) the Iraq War; (2) the Bosnian Peacekeeping Mission; and (3) the 1991 Gulf War. There are opportunities to participate in: preparation of empirical publications, preparation of invited chapters and literature reviews, attendance at weekly lab meetings/research discussions, one-on-one research mentoring, data analysis of existing data bases, development of new studies, assistance in preparing grants, journal peer reviews

Neurocognitive Studies

Maxine Krengel, Ph.D; Kimberly Sullivan, Ph.D.; Roberta F. White, Ph.D.; Amy Cahill-Hickey, MA.

Telehealth treatment initiative for returnees with mild TBI and PTSD – 10-week manualized based treatment to aid in improving attention, memory, and mood. The neuroimaging and neuropsychological correlates of pesticide exposure in Gulf War 1 veterans and the impact of Deep Brain Stimulation on cognitive functioning in patients with Parkinson's disease.

Geropsychology

At the VA Boston Healthcare System – Brockton Campus

Overview

The Geropsychology rotation provides interns with experiences to develop attitude, knowledge, and skill competencies for professional geropsychology practice, consistent with national standards. Geropsychology practice entails helping older persons and their families maintain well-being, overcome problems, and achieve maximum potential during later life. Goals of the rotation are for interns to develop skills in: (1) comprehensive mental health, cognitive, behavioral, and functional assessment with older adults; (2) psychological interventions with older adult patients with interacting medical, psychological, and psychiatric problems; and (3) consultation within complex systems (e.g., families, health care teams, community service networks), both to aid psychological assessment and to communicate psychological conceptualizations and recommendations to other care providers. Training focuses on helping interns to appreciate: the diversity of experience of older adults; the biopsychosocial and lifespan developmental perspectives critical for understanding older adult clients; the complex ethical dilemmas that can arise in geriatric care; the importance of interdisciplinary collaboration; and the growing research base that can inform geropsychology practice.

Geropsychology is a growing area of practice within professional psychology, given the demographics of our aging population, the need for mental health services for older adults and their families, and increasing opportunities for education and training in this field. The APA Guidelines for Psychological Practice with Older Adults (APA, 2004) helped to define the attitudes, knowledge, and skills recommended for competent geropsychology practice. More recently, the National Conference on Training in Professional Geropsychology (June, 2006) defined the Pikes Peak Model for Training in Professional Geropsychology, which further delineates competencies for geropsychology practice. The geropsychology rotation is informed by these national efforts, and aims to provide interns training consistent with a developing consensus on what makes a competent professional geropsychologist.

The Geropsychology rotation emphasizes closely supervised clinical experiences in outpatient mental health, long-term care, rehabilitation, and palliative care settings. We work closely with interns to assess their degree of prior training, experience, and competence in key geropsychology domains. This initial assessment helps to guide a training plan. We work to support the intern's development of an increased sense of confidence and autonomy in their varying geropsychology roles. Interns who complete an 8-month rotation should achieve a proficiency in geropsychology practice, while interns who complete a 4-month rotation will gain exposure and experience in professional geropsychology

Clinical Experience

The geropsychology intern works in two distinct clinical settings over the course of the rotation, an outpatient geriatric mental health clinic, and the Community Living Center, which includes long-term nursing home, rehabilitation, and palliative care services. Approximately one day per week will be devoted to the outpatient clinic, and 2.5 days devoted to the nursing home setting (some flexibility according to intern's interests and training needs).

Outpatient Geriatric Mental Health Clinic: This busy clinic offers psychotherapy, psychopharmacology, and care coordination services to veterans over the age of 60. The clinic team includes two psychologists (Dr. Jennifer Moye, Director; Dr. Michele Karel), a social worker, a part-time psychiatrist, and part-time service by three Geropsychology Postdoctoral Fellows and the Intern. The clinic receives referrals from primary care providers, psychiatry walk-in services, inpatient psychiatry, the geriatric evaluation team, and other specialty clinics. Veterans served in the clinic struggle with a range of mental health concerns, some long-term and others with onset in late life. Typical clinical issues include: depression, grief, generalized anxiety, late-life PTSD, dementia with behavioral concerns and/or caregiver distress, complex neuropsychiatric presentations requiring assistance with differential diagnosis and treatment planning, adjustment issues (e.g., coping with disability, role changes), and family stress/conflict. We provide individual, couple's and family, and group psychotherapy services, and coordinate closely with psychiatry, social work, primary care, and/or community-based providers as appropriate. The intern attends a weekly clinic team meeting, conducts initial psychodiagnostic evaluations, and follows cases for individual, family, and group psychotherapy. Video-taping of therapy sessions is required.

Primary Supervisor: Jennifer Moye, Ph.D.

Community Living Center (CLC): The Brockton campus offers both residential long-term care and inpatient rehabilitation services. Two ~40-bed units provide long-term, skilled nursing care; one of these units has a growing palliative care service (currently eight beds designated for palliative care). Veterans served on these units are mostly elderly, medically frail, and frequently psychiatrically and/or cognitively disabled. Two ~40-bed units provide rehabilitation or transitional care (and some long-term care on one unit), typically as a transition from inpatient acute medical/surgical care back to home, or to long-term care if needed. Veterans served on these units tend to be middle-aged or older, and frequently have complex, co-morbid medical, psychiatric, substance abuse, and social problems. The geropsychology intern consults to one long-term care (LTC) unit (with palliative care beds) and one transitional care unit (TCU). The intern attends team meetings for both settings, and provides psychological assessment, psychotherapy, and consultation services. On the LTC unit, skills developed include cognitive and mood screenings; differential diagnosis in complex geriatric patients; adapting psychotherapy interventions for frail elders; providing reminiscence group therapy; providing psychological services to patients and families at the end of life; and providing nursing staff education and support. On the TCU, skills developed

	<p>include rapid assessments with feedback to the care team and brief cognitive-behavioral and supportive therapies. Assessment issues include differential diagnosis, decision making capacity, and defining the impact of psychological issues on rehabilitation.</p> <p><i>Primary Supervisors: Kelly Trevino, Ph.D. and Michele Karel, Ph.D.</i></p>
Supervision	<p>The geropsychology intern receives three hours of individual supervision and one hour of group supervision each week. Dr. Moye meets with the intern for one hour to discuss outpatient work. Dr. Trevino meets with the intern for two hours during the week to discuss CLC work. Drs. Trevino and Karel run a weekly supervision group for the Geropsychology Fellows, and Intern, who are working in the CLC units. Two Fellows work in the CLC, each covering one of the other two units. The Intern will collaborate and consult with the Geropsychology Fellows.</p>
Seminar	<p>The geropsychology intern participates in a weekly geriatric mental health seminar/journal club run by Drs. Trevino, Karel, and Moye. The seminar is attended by the Geropsychology Fellows and Intern, as well as geriatric social workers, and geriatric psychiatrist and geriatric psychiatry resident. Interns have opportunities to attend other educational opportunities within aging offered through the GRECC program and Harvard hospitals.</p>
Selection Criteria	<p>The successful applicant will have had a minimum of one practicum experience with an older adult and/or medical population. Coursework and/or research in the areas of adult development and aging, clinical geropsychology, behavioral medicine, rehabilitation psychology, or neuropsychology or any similar demonstration of interest and commitment to the field of aging is beneficial. Previous exposure to cognitive or neuropsychological assessment of older adults is useful but not required.</p>
Professional Activities	<p>Interns are encouraged to collaborate on research and other professional activities with Drs. Karel, Moye, and Trevino, who collaborate actively with each other across various projects and interests.</p> <p>Dr. Michele Karel is a national leader in geropsychology training. She co-chaired the 2006 <i>National Conference on Training in Professional Geropsychology: Developing the Pike's Peak Model</i>. She has been the director of the Geropsychology Postdoctoral Program at VA Boston since 1998. Dr. Karel serves on VA Boston's Palliative Care Committee and is a long standing member of the Ethics Advisory Committee. Dr. Karel's research has focused on communication and advance care planning at the end of life, late life depression, and geropsychology training. She is particularly interested in ethical issues in geriatric care.</p> <p>Dr. Jennifer Moye has two primary areas of research interest: capacity and integrated health care. She is a nationally recognized expert in the assessment of</p>

decision making capacity in older adults. In this area her research focuses on improved methods for capacity assessment for medical decision making and guardianship. She was the VA Boston PI of the “UPBEAT” project, a multi-site study of integrated treatment and care management for adults with medical and behavioral health issues, and the VA Boston PI of the “Partners in Dementia Care” project, a multi-site study of collaborative dementia care with the Alzheimer’s Association. She is currently studying cancer survivorship focusing on gaps in integrated healthcare needs, related to the psychological and physiological consequences of primary cancer treatment for survivors across the adult developmental lifespan.

Dr. Kelly Trevino is leading the “Culture Change” effort at the Brockton Community Living Center, working with interdisciplinary staff, patients, families, and culture change committees at VA medical centers across the country to shift long-term care services towards a more patient-centered, residential model of care. Dr. Trevino’s research interests, in addition to nursing home culture change, are in the psychology of religion and spiritual coping in older adults. She has conducted projects on spiritual struggles, religious coping, religious prejudice, and confession and forgiveness. She is collaborating with Dr. Moyer on research on cancer survivorship in older adults, and plans to continue to integrate her interest in religious and spiritual coping with her interest in geropsychology.

Research

Recent publications include:

Karel MJ. Culture and medical decision making. (2007) In SH Qualls and M Smyer (Eds.), *Changes in decision-making capacity in older adults: Assessment and intervention*. Hoboken, NJ: John Wiley & Sons, Inc, 145-174.

Karel MJ, Moyer J. (2005) Geropsychology training in a VA nursing home setting. *Gerontology and Geriatrics Education*, 25:83-107.

Karel MJ, Moyer J. (2006) The ethics of dementia caregiving. In SM LoboPrabhu, V Molinari, and JW Lomax (Eds), *Caregiving in Dementia: A Guide for Health Care Professionals*. Baltimore: The Johns Hopkins University Press, 261-284.

Karel MJ, Moyer J, Bank A, Azar AR. (2007) Three methods of assessing values for advance care planning: Comparing persons with and without dementia. *The Journal of Aging and Health*, 19:123-151.

Karel MJ, Powell J, Cantor MD. (2004) Using a values discussion guide to facilitate communication in advance care planning. *Patient Education and Counseling*, 55:22-31.

Moyer J, Wood S, Edelstein B, Armesto JC, Bower EH, Harrison J, Wood E. (2007) Clinical evidence in guardianship of older adults in inadequate: Findings from a tri-state study. *The Gerontologist*, 47: 604-612.

Moyer J. (2003) Guardianship and conservatorship. In: Grisso T, editor. *Evaluating Competencies (2nd ed.)* New York: Plenum; 309-390.

Moyer J, Butz SW, Marson DC, Wood E. (2007) A Conceptual Model and Assessment Template for Capacity Evaluation in Adult Guardianship. *The Gerontologist*, 47:591-603.

- Moye J, Karel MJ, Azar AR, Gurrera RJ. (2004) Capacity to consent in dementia: Empirical comparison of three instruments. *The Gerontologist*, 44:166-175.
- Murray-Swank, A., McConnell (Trevino), K., & Pargament, K. I. (2007). Understanding spiritual confession: A review and theoretical synthesis. *Mental Health, Religion, and Culture*, 10, 275-291.
- Pargament, K. I., Trevino, K., Mahoney, A., & Silberman, I. (2007). They killed our Lord: The perception of Jews as desecrators of Christianity as a predictor of anti-Semitism. *Journal for the Scientific Study of Religion*, 46, 143-158.
- Trevino, K. M., Pargament, K. I., Cotton, S., Leonard, A. C., Hahn, J., Caprini, C. A., & Tsevat, J. (in press). Religious Coping and Physiological, Psychological, Social, and Spiritual Outcomes in Patients with HIV/AIDS: Cross-sectional and Longitudinal Findings. *AIDS & Behavior*.
- McConnell (Trevino), K. M., Gear, M. R., & Pargament, K. I. (2006). Transgression and transformation: Spiritual resources for growth following a personal offense. *Research in the Social Scientific Study of Religion*, 17.
- McConnell (Trevino), K. M., Pargament, K. I., Ellison, C. G., & Flannelly, K. J. (2006). Examining the links between spiritual struggles and psychopathology in a national sample. *Journal of Clinical Psychology*, 62, 1469-1484.
- Wood S, Moye J (Editors). (2008) American Bar Association/American Psychological Association. *Assessment of Capacity in Older Adults Project Working Group. Assessment of Older Adults with Diminished Capacity: A Handbook for Psychologists*. Washington DC: American Bar Association and American Psychological Association.

Medical Psychology

At the VA Boston Healthcare System – Jamaica Plain Campus

Overview

The primary objective of the Medical Psychology Service is to provide interns with broad exposure to different medical populations and to a variety of evidence-based behavioral medicine interventions. Interns will develop an appreciation for the complex interrelationship between behavior and health and gain a clear understanding of the role that psychologists can play in enhancing health outcomes and quality of life.

Interns with a primary focus in Medical Psychology (those who complete an eight-month rotation) will have the opportunity to obtain significant breadth and depth of training by taking part in many or most of the clinical activities on this service. The comprehensive training can also include opportunities to provide supervision to practicum students and participate in program development and research activities. Interns completing this rotation will achieve mastery in their ability to promote healthy behaviors, assist patients in adjusting to their medical condition and treatments, and teach effective coping skills. The eight-month Medical Psychology rotation provides excellent preparation for those interns seeking a career in behavioral medicine. Interns with a secondary focus in Medical Psychology (those who complete a 4-month rotation) will also obtain significant experience with medical and health-related issues.

Health concerns are salient in all patient populations. Consequently, understanding the critical link between health-related behaviors and psychosocial issues will enable interns to conceptualize cases, implement interventions, and design research protocols using a multifaceted approach that incorporates these principles.

Training Objectives

The activities of the Medical Psychology interns are much the same as that of a staff Medical Psychologist. The training objectives include developing competency in:

- ◆ Conducting psychological assessments and writing up reports for different medical populations including evaluations for pre-surgical and pre-treatment candidates, chronic pain, sexual dysfunction, and intake and triage.
- ◆ Conducting individual, couples, and group psychotherapy with a wide range of populations including those with medical conditions and those seeking healthy lifestyle assistance. The intern will learn to develop and carry out evidence-based behavioral medicine treatment plans.
- ◆ Providing consultation-liaison to multidisciplinary treatment teams throughout the healthcare system and developing expertise and confidence in presenting cases at team meetings.
- ◆ Various aspects of behavioral medicine research through their involvement in an array of clinical research programs. Interns who are interested in more intensive training can become involved in ongoing research projects or initiate their own.

Clinical Experience

The Medical Psychology Service provides a broad range of services to medical populations throughout the VA Boston Healthcare System. In addition to participating in the specific groups and programs delineated below, interns also work with individual patients on a broad range of behavioral medicine issues. Treatment is typically geared toward helping patients cope effectively with major medical illnesses and invasive treatments, promoting healthy lifestyles, encouraging treatment compliance, and enhancing overall quality of life. Much of the treatment provided on Medical Psychology is short-term, cognitive-behavioral, and problem-focused, although there is also the opportunity to do longer-term treatment. The following is an overview of current clinical programs:

End Stage Renal Disease Program: This program offers opportunities for interns to evaluate and provide follow-up treatment for patients on hemodialysis. The interns work closely with a multidisciplinary dialysis team to provide comprehensive services. On the renal dialysis unit, the interns become familiar with the range of problems this population confronts. The interns' primary role is to facilitate the patients' adjustment to dialysis and to consult with the multidisciplinary treatment team. Issues addressed with this population include needle phobias, anxiety disturbances, affective disorders, death and dying, coping with a chronic illness, quality of life, and family problems.

Primary Supervisor: DeAnna Mori, Ph.D.

Transplant Program: The intern will have the opportunity to evaluate patients who are being considered for organ transplantation. The purpose of these evaluations is to determine the candidates' psychological appropriateness for transplantation, and the evaluation consists of a chart review, psychometric testing, and a structured interview. The types of transplantation that patients may be considered for include: kidney, liver, heart, lung, and bone marrow.

Primary Supervisor: DeAnna Mori, Ph.D.

Hepatitis C Clinic: This program offers opportunities for interns to gain experience in assessment and treatment for patients diagnosed with hepatitis C. Interns will conduct comprehensive pre-treatment evaluations to determine a patient's psychological suitability to undergo treatment for hepatitis C.

Primary Supervisor: Amy K. Silberbogen, Ph.D.

Psychology Pain Management Clinic: This program provides veterans who experience chronic pain with multidisciplinary pain treatment, the goal of which is to decrease pain, disability, and associated distress. Interns will be actively involved in conducting comprehensive pain assessments, presenting assessment results at multidisciplinary team meetings, and providing short-term, individually-based cognitive-behavioral treatments for chronic pain management.

Primary Supervisor: John Otis, Ph.D.

Cognitive-Behavioral Pain Management Group: Using a standardized, manual-based format, interns conduct a ten-week skills focused group for patients with

chronic pain that has not been alleviated by medical or surgical means. Interns learn the skills of group facilitation in a cognitive-behavioral context, a greater appreciation of the psychological aspects of chronic pain, and proficiency in the provision of several pain management techniques.

Primary Supervisor: Stephen R. Lancey, Ph.D.

MOVE! Weight Management Programming: The MOVE! Weight Management Program offers 12-week groups co-led by the Medical Psychology and Nutrition Services. Group members receive education on healthy eating and lifestyle change and learn strategies that support weight loss and healthy living more generally. Groups are open to both male and female overweight and obese veterans. Interns involved in this program will gain experience working in a multidisciplinary setting and conducting cognitive-behaviorally based interventions to facilitate weight loss and health promotion. Opportunities for program development and to conduct individual-based interventions and/or weight management interventions with employees may also exist.

Primary Supervisor: Allison Collins, Ph.D.

Diabetes Group: This program offers an on-going, monthly group co-led by the Medical Psychology and Nutrition Services. The group provides health education on topics related to the management of diabetes through a multidisciplinary lecture series. Issues addressed include proper foot care, stress management, physical activity, and nutrition. The group also provides a forum for information sharing among group members and an opportunity to address patients' diabetes-related concerns. Interns will have the opportunity to co-lead the group in conjunction with the Nutrition Service, to learn about diabetes and diabetes management in a multidisciplinary context, and to provide education and support to veterans with diabetes.

Primary Supervisor: Allison Collins, Ph.D.

Andrology Clinic: The Andrology Clinic is an outpatient sexual dysfunction assessment and treatment service. The clinic provides comprehensive differential diagnostic workups and problem-focused sex therapy for veterans and their significant others. Interns have the opportunity to learn and develop expertise in the following areas: differential diagnostic interviewing, assessment and treatment of sexual dysfunction within a medical center context, and the role of psychological factors in sexual dysfunctions of various bio-medical etiologies.

Primary Supervisor: Amy K. Silberbogen, Ph.D.

Cardiac Rehabilitation Program: The Cardiac Rehabilitation Program provides services to patients who need physical, psychological, social, and nutritional rehabilitation due to disabilities resulting from MI, angina, coronary artery bypass graft, or congestive heart failure. The goal of the program is to improve the patients' daily functioning through intensive educational and behavioral interventions. Interns provide services to these patients by conducting group and individual therapy, family intervention, and psychological assessment, as well as extensive patient

education through a multidisciplinary lecture series. Interns are co-facilitators in the cardiac rehabilitation long-term support and education group. Interns apply behavioral intervention techniques to implement change in detrimental lifestyle habits such as smoking, nutritional needs, stress, and alcohol use. Involvement in program evaluation and research is encouraged.

Primary Supervisor: Stephen R. Lancey, Ph.D.

Smoking Cessation Program: Interns have the opportunity to co-lead pre-quit and post-quit smoking cessation groups with other psychology and pharmacy staff. The group approach offers support, motivational enhancement and cognitive-behavioral strategies, and nicotine replacement therapy. Interns will also be responsible for managing consults for the clinic. Didactics on smoking cessation are offered as a component of the Behavioral Medicine Seminar series.

Primary Supervisor: Amy K. Silberbogen, Ph.D.

Healthy Lifestyle Groups: The Medical Psychology Service conducts three different groups that are designed to promote healthy lifestyles. These groups focus on adaptive coping and are particularly important for individuals with major medical issues. The following groups are conducted regularly:

- ◆ **Stress Management Group:** A ten-week group for individuals interested in stress management skills. Patients learn cognitive-behavioral stress management and relaxation techniques.
- ◆ **Healthy Thinking Group:** A ten-week group for medical patients who also have symptoms of depression. Patients learn cognitive-behavioral strategies to address their negative thoughts and learn ways to cope more effectively with their medical illness.
- ◆ **Medical Issues Group:** An ongoing group for individuals who are coping with the stress of having major medical issues. This is an educational/support group that focuses on helping people find adaptive ways to cope with their medical condition and treatments. A sampling of topics includes, "Learning to Communicate Effectively with Your Health Care Professional," "Coping with Difficult Medical Treatments", and "Dealing with Loss."

Primary Supervisors: Medical Psychology Staff

HIV Program: Interns interested in HIV work as primary therapists in the weekly Infectious Disease Clinic. Interns conduct mental health assessments and conduct short-term and long-term psychotherapy with HIV+ veterans. In the Infectious Disease Clinic, interns work as part of a multidisciplinary team under the supervision of a licensed psychologist. Interns also make referrals for substance abuse and other mental health treatment, assist in case management, and provide consultation to clinic nurses and physicians. In addition, interns sometimes conduct family sessions, work on medication adherence, conduct pain evaluations, and follow more seriously ill patients on inpatient medical units for bedside therapy and support.

Primary Supervisor: Glenn R. Trezza, Ph.D.

<p>Instruction</p>	<p>In order to enhance the experience of Medical Psychology interns and to provide all other interns with exposure to this growing specialty area of psychology, a Behavioral Medicine Seminar Series is offered. This is a seminar series in which speakers are brought in to address a range of relevant medical psychology issues. Topics include eating disorders, pain disorders, substance abuse, traumatic brain injury, death and dying, pediatric consultation-liaison, cardiac rehabilitation, AIDS, smoking cessation, competency issues, delirium, cardiovascular stress reactivity, etc. The entire intern class attends the seminar.</p>
<p>Supervision</p>	<p>A staff psychologist serves as the primary advisor and training supervisor, with other supervisors being drawn from among staff psychologists and consultants to the program. As a result, interns are offered the opportunity to work closely with professionals with particular areas of expertise. Interns receive both individual and group supervision where clinical, career development, and research issues are addressed. In addition, the entire Medical Psychology team meets weekly to discuss clinical cases, research interests, and current issues in behavioral medicine.</p>
<p>Research</p>	<p>Several of the programs in Medical Psychology are part of a clinical research protocol, and all interns will have exposure to working in programs that follow a scientist/ practitioner model. Currently funded projects include: Evaluating a Telehealth Intervention for Veterans with Hepatitis C and PTSD, Telehealth Intervention to Promote Exercise for Diabetes, Promoting Physical Activity in Overweight and Obese Veterans, Improving Diabetic Treatment Adherence: A Telehealth Intervention, Moderators of Health Literacy in Diabetes Management, Improving Quality of Life for Veterans Undergoing Interferon Treatment, Efficacy of an Integrated CBT Approach for Treating Chronic Pain and PTSD, and A Cognitive-Behavioral Therapy Approach for the Treatment of Painful Diabetic Neuropathy. In addition, there are several other ongoing research projects in various stages of development. Interns who are interested have the opportunity to work collaboratively with staff from these projects.</p> <p>Several of the programs in Medical Psychology are part of a clinical research protocol, and all interns will have exposure to working in programs that follow a scientist/ practitioner model. Currently and recently completed funded projects include: Evaluating a Telehealth Intervention for Veterans with Hepatitis C and PTSD, Telehealth Intervention to Promote Exercise for Diabetes, Promoting Physical Activity in Overweight and Obese Veterans, Improving Diabetic Treatment Adherence: A Telehealth Intervention, Moderators of Health Literacy in Diabetes Management, Improving Quality of Life for Veterans Undergoing Interferon Treatment, Efficacy of an Integrated CBT Approach for Treating Chronic Pain and PTSD, and A Cognitive-Behavioral Therapy Approach for the Treatment of Painful Diabetic Neuropathy. In addition, there are several other ongoing research projects in various stages of development. Interns who are interested have the opportunity to work collaboratively with staff from these projects.</p>

Recent publications from this rotation include:

- Keane, T., Silberbogen, A. K., & Weierich, M. R. (2008). Assessment of posttraumatic stress disorder. In J. Hunsley & E. J. Mash (Eds.) *A Guide to Assessments that Work*. Oxford University Press: New York.
- Silberbogen, A. K., Janke, E. A., & Hebenstreit, C. (2007). A Closer Look at Pain and Hepatitis C: Preliminary Data from a Veteran Population. *Journal of Rehabilitation Research and Development*, *44*, 231-244.
- Silberbogen, A. K., Mori, D.L., & Sogg, S. (2005). The structured interview for the treatment of the hepatitis C virus (HCV-SIT). *Journal of Clinical Psychology in Medical Settings*, *12*, 57-69.
- Stepleman, L. M., Trezza, G. R., Santos, M., & Silberbogen, A. K. (2008). The integration of HIV training into internship curricula: An exploration and comparison of two models. *Training and Education in Professional Psychology*.
- Silberbogen, A. K., Ulloa, E., Janke, E. A., & Mori, D. L. (in press). Psychosocial Issues and Mental Health Treatment Recommendations for Patients with Hepatitis C. *Psychosomatics*.
- Sogg, S., & Mori, D. L. (2008). Revising the Boston interview: Incorporating new knowledge and experience. *Surgery for Obesity and Related Diseases*, *4*, 455-463.
- Wolf, E., & Mori, D. L. (In Press). Avoidant Coping as a Predictor of Mortality in Veterans with End-Stage Renal Disease. *Health Psychology*.
- Mori, D. L., Sogg, S., Guarino, P., Skinner, J. S., Williams, D. A., Barkhuizen, A., Engel, C. C., Clauw, D. J., Donta, S. T., & Peduzzi, P. (2006). Predictors of exercise compliance in individuals with Gulf War veterans illnesses: Department of Veterans Affairs Cooperative Study No. 470. *Military Medicine*, *171*, 917-923.
- Janke, E.A., Collins, A., Kozak, A.T. (2007). An overview of the relationship between pain and obesity: What do we know? Where do we go next? *Journal of Rehabilitation Research and Development*, *44*, 245-262.
- Merlo, L. J., Collins, A., & Bernstein, J (2008). An examination of clinical psychology student views regarding science training in scientist-practitioner programs. *Training and Education in Professional Psychology*, *2*, 58-65.
- Otis, J.D., & Pincus, D. B. & Murawski, M. (In Press). Cognitive Behavioral Therapy for Chronic Pain Management. Kerns, R.D. & Ebert M.E., (Eds.), Behavioral and Psychopharmacological Therapeutics in Pain Management, Cambridge University Press.
- Otis, J. D., (2007). *Managing Chronic Pain: A Cognitive-Behavioral Therapy Approach, Therapist Guide*. Treatments that Work Series, Oxford University Press, NY.

Rehabilitation Psychology

At the VA Boston Healthcare System – West Roxbury Campus

Overview

The Rehabilitation Psychology rotation provides interns with experiences to develop skills, knowledge, professional identity, and increase competence within the field of rehabilitation psychology, as defined by Division 22, American Psychological Association. Rehabilitation Psychology is an area of psychological practice concerned with assisting individuals with disabilities (congenital or acquired) in achieving optimal psychological, physical, and social functioning. Focus is on the entire network of biological, psychological, social, neuropsychological, environmental, and political factors that affect the functioning of persons with disabilities. Appreciation for the diversity and individual strengths of the individual and the individual's social network are incorporated into comprehensive care efforts. Training incorporates medical-health-rehabilitation psychology in the application of scientific knowledge of the inter-relationships among behavioral, emotional, cognitive, social and biological components in health and disease to the promotion and maintenance of health; the prevention, treatment and rehabilitation of illness and disability; and the improvement in access and function within the healthcare system. The intern will have training opportunities in the areas of clinical practice, research, consultation liaison, advocacy, administration, and education. A strength of the rotation is that the intern is an interdisciplinary team member of the CARF-accredited Spinal Cord Injury Inpatient Program, with disciplines that include nursing, medicine, occupational therapy, physical therapy, speech and language pathology, therapeutic recreation, social work, psychology, kinesiotherapy, nutrition, and case management. Psychiatry, as well as other medical services, provides on-going consultation to team members and patients.

The Rehabilitation Psychology rotation emphasizes closely supervised clinical experiences in inpatient and outpatient settings, within the Spinal Cord Injury Service (SCI) continuum of care. Building upon prior experiences and skills, the intern utilizes supervision to build increased skill level and comfort with increased professional autonomy. Interns who complete an 8-month rotation should achieve a proficiency in rehabilitation psychology practice, while interns who complete a 4-month rotation will gain exposure and experience in the area of rehabilitation psychology. The training for both the four- and eight-month rotation interns may also include opportunities to provide time-limited supervision to trainees.

Clinical Experience

The clinical application and training experience is primarily made available through the CARF- accredited Spinal Cord Injury Program (www.va.gov/spinalcorderboston), located at the West Roxbury campus of the VA Boston Healthcare System. The SCI Service is not only CARF-accredited, but also serves as a regional spinal cord center as a part of the Hub and Spokes" model of care for VISN 1. In recent surveys, the psychological care provided within the Spinal Cord Injury Service continues to be acknowledged for excellence in both the CARF re-accreditation surveys and New England Chapter-Paralyzed Veterans Association annual site visits.

	<p>The West Roxbury campus is the primary VA inpatient treatment site for Acute Medicine, Surgery, Neurology, Spinal Cord Injury, and Rehabilitation Medicine Services for the Boston area. The interns at West Roxbury campus learn the role of a psychologist in a general medical setting and as a member of an interdisciplinary team. The possibilities in working at this campus are exciting for interns with interests in rehabilitation, neuropsychology, crisis intervention, systems and family issues.</p> <p>Assessments and consultations emphasize good diagnostic interviewing skills. The intern's basic task is to understand the individual and the relationship between the physical, psychological, cognitive, and psychosocial concerns. It is then required that the intern communicate to the referring source an understanding of the person, complete with psychological treatment plan and specific recommendations to maximize rehabilitation outcome. Good relationship skills and superior oral and written communication skills are a must. Psychodiagnostic and neuropsychological testing are incorporated as clinically appropriate to address specific referral questions. Experiences available to interns include work with individual (time limited cognitive/behavioral and psychodynamic), group (psychoeducational and process oriented) and couples/family treatment. Veterans served in the clinic struggle with a range of mental health concerns, some long-term and others with onset late in life. Typical clinical issues include: depression, grief, generalized anxiety, late-life PTSD, dementia with behavioral concerns and/or caregiver distress, complex neuro-psychiatric presentations requiring assistance with differential diagnosis and treatment planning, adjustment issues (e.g., coping with disability, role changes), and family stress/conflict. We provide individual, couple's and family, and group psychotherapy services, and coordinate closely with team members, consulting services, and/or community-based providers as appropriate.</p>
Supervision	<p>The rehabilitation psychology intern receives at least four hours of weekly individual supervision. Dr. Hough meets with the intern for two hours during the week, and is the primary supervisor. Dr. Kleespies meets with the intern for one hour during the week to discuss outpatient work. An additional hour of supervision is provided by the long term case supervisor.</p>
Seminar	<p>The rehabilitation psychology intern participates in a biweekly Psychosocial / Medical Rehabilitation Psychology Journal Club seminar experience, chaired by Dr. Hough, and attended by trainees and staff. In addition to the weekly Spinal Cord Injury Physician / Fellow Lecture and Spinal Cord Injury Grand Rounds, interns can attend other educational opportunities such as the monthly Schwartz Rounds.</p>
Selection Criteria	<p>The successful applicant will have had a minimum of one practicum experience with a medical population. Coursework and/or research in the areas of behavioral medicine, rehabilitation psychology, medical psychology, or neuropsychology or any similar demonstration of interest and commitment to the field of rehabilitation psychology are beneficial. Previous exposure to cognitive or neuropsychological assessment is useful but not required.</p>

Research

Sigmund Hough, Ph.D., ABPP Clinical Neuropsychologist. Dr. Hough received his college and masters degree in Developmental Psychology from Columbia University, and doctorate in Clinical Psychology from Boston University. He is Assistant Professor at Harvard Medical School and Adjunct Assistant Professor in Psychiatry, Boston University School of Medicine. He serves as Training Site Reviewer for the American Psychological Association. He is also a CARF Surveyor for Medical Rehabilitation Division and conducts accreditation site visits nationwide. Dr. Hough is registered as a National Health Care Provider in Psychology, licensed in Massachusetts and Maine, Diplomate and Board Certified in Rehabilitation Psychology (ABPP) and holds Diplomate status in American Academy of Pain Management and Fellow status in the National Academy of Neuropsychology. He is an AASECT Certified Sex Therapist and Journal Editor of *Sexuality and Disability*. He is a member of the VA Boston Ethics Advisory Committee, Schwartz Center Rounds- Planning Committee, the Palliative Care Consult Team, Professional Standards Board, Chairs the Local Psychology Standards Board, and a member of Society for the Psychological Study of Ethnic Minority Issues, APA Div.45. Dr. Hough is author/webmaster for the Spinal Cord Injury Website, and past Chairperson of the Clinical Practice and Membership Committees, American Association of Spinal Cord Injury Psychologists and Social Workers.

Dr. Hough has co-authored a book chapter related to the process of JCAHO accreditation, presented nationwide and published articles related to the interface of psychological issues and neurological/rehabilitation/life conditions. He is on the editorial board of *PsycCRITIQUES*, as well as reviewer for *Journal of Spinal Cord Medicine*, *Achieves of Physical Medicine & Rehabilitation*, *Archives of Clinical Neuropsychology*, *Training and Education in Professional Psychology*, *Journal of Clinical Interventions in Aging*, *Journal of Rehabilitation Research and Development*, and *Spinal Cord*. Recipient of the *2004 Clinical Performance Award* from The American Association of Spinal Cord Injury Psychologists and Social Workers, and the *2005 Award for Excellence in Postdoctoral Training* from The Association of Psychology Postdoctoral and Internship Centers (APPIC). In 2007, he was elected to the Board of Directors, American Association of Spinal Cord Injury Psychologists and Social Workers. In 2008, Dr. Hough was elected to the office of Treasurer and Board of Directors of the Massachusetts Neuropsychological Society.

Phillip M. Kleespies, Ph.D., ABPP Clinical Psychologist. Dr. Kleespies was awarded his doctoral degree in Clinical Psychology by Clark University. He has an appointment as Assistant Clinical Professor of Psychiatry at Boston University School of Medicine. He is a Diplomate in Clinical Psychology of the American Board of Professional Psychology and a Fellow of the American Psychological Association. Dr. Kleespies is a member of the VA Boston Ethics Advisory Committee, the VA Boston Preventive Ethics Committee and author of the book *Life and Death Decisions: Psychological and Ethical Considerations in End-of-Life Care* (Washington, DC: APA Books, 2004). He has also co-authored book chapters on the refusal of life-sustaining treatment on end-of-life decisions and on ethical considerations in providing psychological services in

end-of-life care. He chaired the VA Boston Ethics Advisory Subcommittee on Informed Consent Policy (2002-2003, 2005-2006). He is a frequent participant on the VA Boston Ethics Consultation Team. He has been asked to participate on the VA Employee Education Service Planning Committee for a FY07 & FY08 End of Life Care Audio-conference Series. In addition to serving on the Ethics Advisory Committee, Dr. Kleespies is a member of the Palliative Care Consult Team where he consults on the psychosocial aspects of end-of-life care. Dr. Kleespies is a member of several other VA Boston committees including the Palliative Care Committee, the Disruptive Behavior Committee, and the Violence Prevention Committee. He is a member of the American Association of Spinal Cord Injury Psychologists and Social workers, the American Association of Suicidology, and the American Foundation for Suicide Prevention. He has extensive experience in the supervision of interns in clinical psychology and he is a past Director of Psychology Training for the Boston VA Medical Center.

Dr. Kleespies has extensive experience in the evaluation and management of behavioral emergencies (i.e., risk of suicidal behavior, risk of violence, vulnerability to victimization). He served for over 20 years as the Coordinator of Emergency and Urgent Care Services for Psychology at the Jamaica Plain campus of the VA Boston Healthcare System. He is the editor of the book, *Behavioral Emergencies: An Evidence-based Resource for Evaluating and Managing Risk of Suicide, Violence, and Victimization* (Washington, DC: APA Books, in press). He has numerous presentations, journal articles, and book chapters on the topics of suicide, suicidal behavior, and the impact of patient behavioral emergencies on clinicians. He has published on the topic of suicidal behavior in the medically ill. Dr. Kleespies was the founding President of the Section on Clinical Emergencies and Crises (Section VII of Division 12, American Psychological Association) and has remained on the Section's Advisory Board. His current research interest is in the development of a database for the analysis of correlates of self-injurious and suicidal behavior.

In addition, Dr. Hough and Dr. Kleespies are interested to support interns in program development/evaluation projects.

Sample of recent publications include:

- Denboer, J.W. & **Hough, S.** (2007) Rehabilitation intervention for an individual with spinal cord/brain injury and visual impairment. *SCI Psychosocial Process*, 20(1).
- Gill, K. M., **Hough, S.** (2007). Sexual health of people with chronic illness and disability. In VandeCreek, L., Peterson, F., Bley, J.W., editors. *Innovations in Clinical Practice: Focus on Sexual Health*. Sarasota, FL: Professional Resource Press, 223-243.
- Hough, S.**, DeGirolamo, S. (2005). The experience of military sexual trauma and rehabilitation for individuals with spinal cord injury/dysfunction. *SCI Psychosocial Process*; 18(3): 144-149.
- Hough, S.** (2008). Skin Wounds Do Not Live in a Vacuum: The Mind and Body Relationship to the World. *SCI Psychosocial Process* 21.1.

- Jackson, S. A., **Hough, S.** (2004). Adjustment to the process of grief following a spinal cord injury/dysfunction. *SCI Psychosocial Process* 17(3): 151-155.
- Kleespies, P.** (Ed.). (In press). *Behavioral Emergencies: Evaluating and Managing Risks of Suicide, Violence, and Victimization*. Washington, DC: APA Books.
- Kleespies, P.**, and Conroy, S. (2006). Advance care planning made specific for the individual with SCI/D. *SCI Psychosocial Process* (Submitted for publication).
- Kleespies, P.**, Miller, P., and Preston, T. (2006). End-of-life choices. In D. Blevins and J. Werth, Jr. (Eds.): *Decision-making near the end of life: Recent developments and future directions*. Routledge.
- Scherer, M., Blair, K., Bost, R., Hanson, S., **Hough, S.**, Kurylo, M., Langer, K., Stiers, W., Wegener, S., Young, G. & Banks, M. (in press). Rehabilitation Psychology. In I.B. Weiner & W. E. Craighead (Eds.). *The Concise Corsini Encyclopedia of Psychology and Behavioral Science, 4th edition*. Hoboken, NJ: John Wiley & Sons, Inc.
- Turner, B. W., **Hough, S.**, Sarkarati, M., Turner, E. A. (2005). A measure of life satisfaction after spinal cord injury at hospital discharge and community follow-up. *SCI Psychosocial Process* 18(3): 173-177.
- Werth, Jr., J., and **Kleespies, P.** (2005). Ethical considerations in providing psychological services in end-of-life care. In J. Werth, Jr., and D. Blevins (Eds.): *Psychosocial issues near the end of life: A Resource for professional care providers*. Washington, DC: APA Books.

National Center for PTSD Behavioral Sciences Division

At the VA Boston Healthcare System – Jamaica Plain Campus

Overview

The National Center for PTSD is the result of Public Law 98-528 enacted by the United States Congress. The National Center for PTSD has two Divisions housed within the Boston Department of Veterans Affairs Medical Center, the Behavioral Sciences Division (BSD), and the Women's Health Sciences Division (WHSD). Each division has a mandate to do clinical research on trauma, PTSD, and related topics, and to provide training to various professionals. Each division provides specialized clinical services for veterans as well. The BSD emphasizes war-zone trauma in males using a lifespan developmental framework. At the beginning of every rotation, interns are presented a series of training didactics on the assessment and treatment of PTSD. The didactics include presentations on: (a) the phenomenology of war-zone trauma, (b) specific assessment procedures, (c) a life-span developmental approach to assessing and treating trauma, (d) conceptual models of trauma and PTSD, (d) an introduction to the various research activities at the National Center, (e) and cognitive-behavioral methods of treating a range of problems in traumatized veterans.

Clinical Experience

Assessment: Veterans who present to the BSD are provided comprehensive multidimensional psychological evaluations. Methods include information gathered through structured and unstructured clinical interviews and psychological tests, and in some instances, psychophysiological assessments of reactivity to trauma-related cues in the laboratory). There is an emphasis on case conceptualization, differential diagnostic formulation, target identification, and prioritization of targets for intervention.

Case Conference: Starting the second month of the rotation, interns present their cases in a weekly case conference. Interns are required to present two cases per rotation. Case presentations provide an opportunity for trainees to demonstrate their clinical skills and sensitivities. Case conferences are attended by most clinical staff and post-doctoral fellows and they provide a forum for interesting and useful discussion of salient assessment, clinical management, treatment issues, and research issues.

Treatment at the Behavioral Sciences Division: The treatment of veterans requires considerable sensitivity to the complexity of their clinical presentation. The BSD uses a flexible cognitive-behavioral treatment model to target a range of clinical problems, depending on the level of patient functioning, their personal resources, and both their immediate and long-term needs. Interns learn skills to target various needs of patients with PTSD, including, but not limited to: (a) stabilization (e.g., crisis intervention), (b) psycho-education about PTSD, (c) stress management, (d) exposure therapy, (e) secondary prevention strategies (relapse prevention), and (f) attention to

	<p>aftercare. Interns provide individual, short-term, problem-focused treatment, and long-term psychotherapy. Interns also co-lead various psychotherapy groups with staff members or postdoctoral fellows.</p> <p>Consultation to the Medical Center: Interns provide ad hoc clinical consultation and liaison to psychiatry. Interns also assist in screening for trauma and PTSD in a Primary Care setting.</p> <p>Teaching: Each intern may participate in ad hoc conjoint presentations to professional groups. These groups generally consist of mental health professionals, veteran's organizations, or community groups seeking educational programs. Presentations are generally conducted with another staff member from the Division, and have as their goal the refinement of professional presentation skills. This experience prepares interns for work in community or academically oriented health settings.</p>
<p>Supervision</p>	<p>Each intern is assigned a primary supervisor and a secondary supervisor. Primary supervisors are responsible for designing the training to meet the specific needs of the intern. The primary supervisor is also the formal evaluator of the interns' progress in the program. Supervision for research or for individual assessment or treatment cases is also available from other National Center staff or through other faculty supervisors within the training program on an as-needed basis.</p>
<p>Research</p>	<p>Interns have the opportunity to become involved in ongoing clinical research activities. The intern's level of involvement can vary from a limited role in an ongoing project up to, and including, the design and implementation of their own project. Current projects in the two divisions are supported by a range of intramural and extramural grants representing medical, psychological, and health sciences research. Research topics span a large gamut including phenomenological studies, risk and resilience research, psychophysiology of PTSD, the study of emotion and cognition in trauma, health correlates of trauma, treatment outcome, and factors affecting health services utilization. Decisions about extent of research involvement typically are based on an intern's interest and available time, Division resources, and training needs. These decisions are made in consultation with the intern's primary supervisor and other staff.</p> <p>Select recent publications from the BSD include:</p> <p>Keane, T.M., Marshall, A., & Taft, C. (2006) Posttraumatic Stress Disorder: Etiology, Epidemiology, and Treatment Outcome in <i>Annual Review of Clinical Psychology</i>. APA Press: Washington DC.</p> <p>Litz, B.T., Williams, L., Wang, J., Bryant, R., & Engel, C.C. (2004). The development of an Internet-based program to deliver therapist-assisted self-help behavioral treatment for traumatic stress. <i>Professional Psychology: Science and Practice</i>, 35, 628–634.</p> <p>Marx, B. P., & Sloan, D.M. (2005). Experiential avoidance and peritraumatic dissociation as predictors of posttraumatic stress symptomatology. <i>Behaviour Research and Therapy</i>, 43, 569-583.</p>

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For staff biographies, see:

<http://64.232.148.76/sites/VA%20Boston%20Health%20Care%20System/Other%20Information%20and%20Resources/Investigator%20Biographies.aspx>

For information about the National Center for PTSD, see:

<http://www.ncptsd.va.gov>

National Center for PTSD Women's Health Sciences Division

At the VA Boston Healthcare System – Jamaica Plain Campus

Overview

The Women's Health Sciences Division is one of two Divisions of the National Center for PTSD housed within VA Boston Healthcare System. The National Center for PTSD is the result of Public Law 98-528 enacted by the United States Congress. The Women's Division has a mandate to conduct clinical research on trauma, PTSD, and related topics, and to provide training to various professionals. The division also provides specialized clinical services for women veterans through four affiliated clinical programs:

1. the Women's Stress Disorder Treatment Team (WSDTT), an outpatient mental health clinic specializing in the assessment and treatment of trauma-associated disorders, in particular the sequelae of sexual trauma;
2. the TRUST House, a therapeutic transitional residence program for women veterans with trauma- and substance-related problems;
3. the Women's Homelessness Program, which provides outreach, intensive case management, and treatment for homeless women veterans; and
4. the Women's Integrated Treatment and Recovery Program (WITRP), a residential program for women with comorbid PTSD and substance use disorders.

Women's Division interns conduct their clinical work within WSDTT, although they work closely with the staff of the other women's programs due to the fact that many patients are served by more than one program. At the beginning of every rotation, Women's Division interns attend a series of training didactics on the etiology, assessment, and treatment of trauma-related disorders. Many of these trainings are offered in conjunction with the Behavioral Sciences Division of the National Center for PTSD. The didactics may include presentations on:

- the prevalence and effects of military sexual trauma,
- specific assessment procedures used with this population,
- a life-span developmental approach to assessing and treating trauma,
- conceptual models of trauma and PTSD,
- cognitive-behavioral methods of treating a range of problems in traumatized women veterans, such as Cognitive Processing Therapy (CPT), Seeking Safety, and Dialectical Behavior Therapy (DBT), and
- an introduction to the various research activities within the Women's Division.

Clinical Experience

Treatment: Interns participate in WSDTT's comprehensive therapy program designed to address the complex clinical profiles with which women veterans present. Interns learn skills in providing treatment to women veterans in short-term individual

and group therapy, and, when appropriate, longer-term formats. These treatments focus on a wide range of clinical issues in addition to PTSD, including:

- skill building for individuals with Borderline Personality Disorder and other problems,
- crisis intervention,
- domestic violence,
- comorbid problems such as substance use disorders, eating disorders, major depression, and serious and persistent mental illness,
- comorbid medical problems,
- homelessness and employment problems.

Dr. Patricia Resick, the developer of Cognitive Processing Therapy (CPT), is also the Director of the Women's Division; interns have the opportunity to learn this empirically validated therapy for PTSD from Dr. Resick and Dr. Candice Monson – both through their two-day training at the start of every training year and through their weekly consultation groups – and to apply it in their work with their patients. Dr. Lisa Najavits, the developer of Seeking Safety therapy for PTSD and substance abuse, is on staff at WHSD and offers ongoing training/supervision on the model. The Women's Division also offers Dialectical Behavioral Therapy (DBT) skills-based group therapy for individuals with Borderline Personality Disorder and related issues. DBT is based on the extensive and ongoing treatment development and outcome research of Marsha Linehan, Ph.D., and colleagues. Along with CPT, Seeking Safety, and DBT, interns are exposed to a variety of other theoretical orientations and approaches to treatment during their time here.

Interns who complete an eight-month rotation with the Women's Division will have the opportunity for a training experience of both greater depth and greater diversity. For example, they might have the opportunity to co-lead different groups from those they led during the first four months. Alternatively, they might elect to become more expert in leading the same groups they co-led before. Matching with the Women's Division for eight months will also afford interns the chance to treat a greater number of patients with complex presentations, some of whom may benefit from longer-term work.

Assessment: Women veterans new to the WSDTT are often provided comprehensive psychological evaluations. Multiple methods are used to gather information (structured and unstructured clinical interviews, psychological tests, and, in some instances, psychophysiological assessments of reactivity to trauma-related cues in the laboratory). Interns provide several of these comprehensive assessments during their time in the WSDTT.

Consultation to the Medical Center: Interns provide clinical consultation and liaison to medicine and psychiatry. The Women's Division is closely affiliated with – and shares the VA's Program of Excellence designation with – VA Boston's Women Veterans Health Center, one of the first women's preventive and primary care centers

	<p>in the VA system. While seeing women veterans, interns work closely with the multidisciplinary medical and mental health staff of that Center to offer a broad continuum of care. Supervision is provided on methods of effective consultation within a medical center. WSDTT has interdisciplinary team meetings where patients are discussed, including a weekly team meeting with psychology, psychiatry, and social work; interns are an integral part of these team meetings.</p>
<p>Supervision</p>	<p>Each intern is assigned a primary supervisor and, typically, two secondary supervisors within the Women’s Division. In addition, interns obtain supervision from their group co-therapists. Primary supervisors are responsible for designing training to meet the specific needs of the intern. The primary supervisor is also the formal evaluator of the interns’ progress in the program. Interns also attend training and weekly group consultation in Cognitive Processing Therapy with either Dr. Resick or Dr. Monson. In addition, Dr. Najavits offers supervision in Seeking Safety therapy for PTSD and substance abuse.</p>
<p>Research</p>	<p>Interns have the opportunity to become involved in ongoing clinical research activities in the Women’s Division. The interns’ level of involvement can vary from a limited role in an ongoing project, up to and including the design and implementation of their own small project. Current projects in the Women’s Division are supported by a range of intramural and extramural grants. Decisions about extent of research involvement typically are based on an intern’s interest and available time, Division resources, and training needs. These decisions are made in consultation with the intern’s primary supervisor and other staff.</p> <p>Currently funded research in the Women’s Division includes:</p> <p><i>Further Development and Validation of the Deployment Risk and Resilience Inventory.</i> Principal Investigator: Dawne Vogt, Ph.D.; Co-Investigators: Jeffrey Knight, Ph.D., Patricia Resick, Ph.D., & Jennifer Vasterling, Ph.D. Department of Veterans Affairs Health Services Research and Development.</p> <p><i>MST Effects on PTSD and Health Behavior: A Longitudinal Study of Marines.</i> Principal Investigator: Jillian C. Shipherd, PhD; Co-Investigators: Patricia A. Resick, PhD, Suzanne Pineles, PhD., Dawne Vogt, Ph.D., Jaimie Gradus, M.P.H., & Ann Hendricks, Ph.D. Department of Veterans Affairs.</p> <p><i>Evaluation of Military Sexual Trauma Screening and Treatment.</i> Principal Investigators: Rachel Kimerling, Ph.D. & Amy Street, Ph.D. Veterans Affairs Health Services Research & Development.</p> <p><i>Efficacy of an Integrated CBT Approach to Treating Chronic Pain and PTSD.</i> Principal Investigators: John D. Otis, Ph.D. and Terence M. Keane, Ph.D.; Co-Investigators: Andreas Bollinger, Ph.D., Candice Monson, Ph.D., Barbara Niles, Ph.D., & Jillian Shipherd, Ph.D. Department of Veterans Affairs Rehabilitation Research and Development Merit Award.</p> <p><i>Effectiveness of screening and treatment for PTSD in SUD patients.</i> Principal Investigator: Rachel Kimerling, Ph.D.; Co-Investigator: Lisa Najavits, Ph.D. Department of Veterans Affairs.</p>

Selected recent publications from the Women's Division include:

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- King, L. A., King, D. W., Vickers, K., Davison, E. H., & Spiro, A., III (2007). Assessing late-onset stress symptomatology among aging combat veterans. *Aging and Mental Health, 11*(2), 175-191
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- Pineles, S.L., Shipherd, J.C., Welch, L.P. & Yovel, I. (in press). The role of attentional biases in PTSD: Is it interference or facilitation? *Behaviour Research and Therapy*.
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Severe Psychopathology

At the VA Boston Healthcare System – Brockton Campus

Overview

The Severe Psychopathology rotation offers an integrated clinical training experience across psychiatric inpatient, residential domiciliary, and outpatient treatment settings. This rotation is particularly appropriate for interns interested in learning or enhancing their knowledge of psychodynamic models, psychological and neuropsychological assessment, risk assessment, and work with acute and chronically mentally ill patients. The intern develops skills in diagnostic interviewing, psychological and neuropsychological assessment, risk assessment, individual and group psychotherapy, family consultation, treatment planning, research, consultation with other disciplines and liaison across sites of care. Psychotherapy training includes opportunities to develop short-term cognitive behavioral and motivational interviewing techniques to address issues of substance abuse/dependence and dual diagnosis, and the use of psychodynamic approaches in the treatment of chronic psychiatric conditions. The intern assumes a significant role in the treatment process, and confronts complex system dynamics and ethical and medical-legal dilemmas. Intensive supervision is provided to help interns develop competence and professional identity in these settings.

Clinical Experience

Training occurs in three clinical settings: Acute Inpatient Psychiatry; the Domiciliary, a residential treatment program for homeless veterans; and the SUPT (Substance Use Post Trauma) clinic, an outpatient PTSD program for military-related PTSD. In addition to work within each of these settings, interns will also have the opportunity to follow patients in a continuum of care through the initial phase of assessment and stabilization on the acute care units to the next phase of psychotherapeutic intervention and rehabilitation in the Domiciliary and/or SUPT clinic.

Acute Inpatient Psychiatry

The intern spends the majority of time in this setting, with training based primarily on the acute inpatient teaching ward (“2-3-C”). The intern gains experience with psychiatric patients who represent the full spectrum of psychopathology and functional impairment including Schizophrenia, Major Depression, Bipolar Disorder, Anxiety Disorders, PTSD, Substance Abuse, character pathology and co-morbid neurological disorders. There are also severe problems associated with social, neuropsychological, and medical functioning. Suicidal behavior and violence are also characteristic problems which patients confront. Patients range in age from 20-90 and represent a variety of ethnicities including Hispanic, African-American, Caucasian, and Asian. Although the majority of the patients are male, there are ample opportunities to work with women veterans on the Women's sub-unit (an 8-bed wing of 2-3-C). This is one of the few general admission psychiatric wards for women in the VA system. Interns participate in a wide range of assessment, intervention, and treatment planning activities in this setting. The intern spends 3 days a week (Monday, Thursday, and Friday) in this setting.

Domiciliary

The Domiciliary was designated in 1999 as one of two Centers of Excellence in VA for rehabilitative treatment of Homelessness. Working as a member of an interdisciplinary assessment and treatment team, and coordinating the implementation of a broad range of psychosocial strategies complements the inpatient training. Extensive assessment and treatment of the dually diagnosed patient is emphasized. The intern has opportunities to develop complex biopsychosocial formulations, implement relapse prevention approaches, and track the effectiveness of interventions over an extended period of time. The intern is expected to lead or co-lead a cognitive-behaviorally oriented relapse prevention group, and has the option of participation in program development and research in homelessness intervention. The longer length of stay (approximately three months) and reduced acuity for Domiciliary vets allow the intern to work with patients in greater depth, receive input from treatment teams under less pressure, and observe and assess changes in attitude, emotion, and functioning which occur in a typical psychotherapy. The intern spends about eight hours per week in this setting.

PTSD Clinic

The PTSD component of this rotation allows the intern to gain experience in treating war-related PTSD in an outpatient setting. The patients may be followed from the inpatient unit, domiciliary, or referred directly to the SUPT clinic from other outpatient programs. The intern is expected to conduct a comprehensive biopsychosocial evaluation leading to a diagnostic formulation and treatment plan. The intern will follow patients in individual therapy and may participate as a co-leader in group therapy. The therapy is adjusted to address phase-specific treatment of PTSD and co-occurring substance abuse problems. The intern is involved in treating outpatients over an extended period of time which allows for a deeper understanding of the complex problems associated with PTSD and substance abuse. The intern spends about four hours per week in this setting.

Summary

Interns typically find their experience on this rotation to be intense and challenging. The intern is expected to assume a clinical caseload of approximately 3-4 inpatients, 2-4 Domiciliary patients, and 2-3 SUPT patients per week. For the eight-month rotation the intern will complete eight full psychological and/or neuropsychological batteries (one per month), write four case formulations, lead and co-lead group psychotherapy, and participate in diagnostic interviews, treatment planning, family evaluations, risk assessments, and research. The intern on the 4-month rotation has the same clinical responsibilities as the eight-month rotation except that the intern will complete four full psychological and/or neuropsychological batteries (one per month), and two case formulations.

Supervision

Benjamin Presskreischer, Psy.D, ABPP and John Peple, Ph.D. provide supervision on the inpatient units. Both Drs. Presskreischer and Peple base their conceptual understanding on the interrelationship of psychodynamic, object relations/self

	<p>psychology, and neuropsychological functioning as it relates to the onset, development, and rehabilitation of patients with complex biopsychosocial problems. In addition to supervision, they are active participants in the activities of the ward and engage in treatment planning, group work, individual and family treatment, and assessment as is dictated by each patient's needs. James Curran, Ph.D. who uses a cognitive-behavioral perspective provides supervision on the Domiciliary. Dr. Curran is the Clinical Director of the Domiciliary and oversees admission, treatment, and crisis management. Dr. Curran also provides guidance for staff as patients make the transition to the community and attempt to readjust to life outside of the Domiciliary. Kenneth Weiss, Ph.D. works in the SUPT program for the assessment and treatment of veterans with PTSD and substance abuse problems, and their families. Dr. Weiss is interested in the integration of individual and family/systems perspectives, and mind-body perspectives. In addition, Dr. Weiss practices individual, group and family therapy, hypnosis, and conducts stress-management seminars.</p>
<p>Research</p>	<p>Opportunities for research on this rotation include: inpatient program evaluation activities, critical review of research literature in risk assessment, development of a self-injurious behavior risk assessment protocol and participation in ongoing research on this protocol within the Boston VA Healthcare System, psychological assessment and/or neuropsychological assessment of psychiatric disorders, or an area of interest for the intern. Pre-post case study reports, homelessness, and treatment outcomes are also areas of possible exploration.</p>
<p>Selection Criteria</p>	<p>The successful applicant will have administered, scored, and interpreted a minimum of two full psychological testing batteries which included the WAIS-III and the Rorschach. Additional experience with the MMPI-II and neuropsychological instruments is useful, but not required. It is not necessary to have had previous inpatient experience, or a specific theoretical orientation for this rotation.</p>

Brockton Substance Abuse Treatment Program

At the VA Boston Healthcare System – Brockton Campus

Overview

The Alcohol and Drug Treatment Program (ADTP) and affiliated programs at the Brockton campus of VA Boston Healthcare System comprise a comprehensive range of care, including medical detoxification, a residential treatment program, a domiciliary program for homeless veterans that provides time-limited housing for many veterans in recovery, a therapeutic community, a work therapy program, an outpatient clinic (ADTP Outpatient Clinic) that offers a wide range of treatment options, and a couples/family therapy clinic for veterans with addictions (Project CALM). Intern training is primarily focused on providing outpatient clinical care through the ADTP Outpatient Clinic and Project CALM (Counseling for Alcoholics' Marriages). Primary supervision and training in ADTP is provided by the Psychology Service, though treatment teams include a range of disciplines, including psychiatry, social work, and other medical disciplines. This rotation is offered both as an 8-month and as a 4-month experience.

Training Experiences

ADTP Outpatient Clinic

The outpatient clinic provides clinical care for veterans with a wide range of addictive, psychological, medical and life issues. Care includes primary substance abuse treatment for outpatients and short-term and long-term aftercare for veterans completing more intensive treatments (e.g., residential care). In this clinic, interns will develop their assessment, diagnostic, and intervention skills. Interns conduct comprehensive psychological evaluations and treatment planning with new and returning patients. Emphasis is placed on interns developing proficiency with motivational enhancement, relapse prevention, and cognitive-behavioral therapy approaches, both with individual patients and with groups. Interns also are supported in applying acceptance and mindfulness-based approaches to relapse prevention. Working in ADTP requires proficiency in providing care to patients with multiple concerns. Interns will learn to effectively deliver integrated care to patients with addictions and co-occurring PTSD, other anxiety disorders, mood disorders, medical complications (including HIV, diabetes, terminal illnesses), and a wide range of other life issues. Interns maintain a caseload of individual psychotherapy patients, co-lead long-term aftercare groups, and may develop and lead their own therapy group.

Project CALM (Counseling for Alcoholics' Marriages)

At Project CALM, staff and interns provide Behavioral Couples Therapy (BCT) for alcoholism and drug abuse patients. Project CALM research has demonstrated BCT's effectiveness in reducing substance use and partner violence and improving family functioning. CALM promotes recovery for the substance abuser and for the relationship. Interns learn state-of-the-art BCT techniques toward a goal of helping couples provide daily reinforcement for abstinence, decrease conflict about alcohol

	<p>and drugs, build positive feelings, plan fun activities together, and learn new ways to communicate about problems and disagreements. In Project CALM, interns will learn to deliver BCT, first in co-therapy with experienced clinicians, and then with their own caseload of couples and family cases. For more information about the clinical methods and evidence base of BCT, go to www.bhrm.org and click on clinical guidelines, then addiction guidelines for the guideline on couples therapy.</p> <p>Continuum of Care Services</p> <p>While intern training focuses on outpatient care, interns will have the opportunity to interact with patients in clinics across the continuum of substance abuse services at the Brockton site. Interns may opt to provide brief motivational enhancement interventions to patients on the medical detoxification unit and may assist with case management and treatment planning as patients progress through other substance abuse clinics.</p> <p>Opportunities exist for additional program development based on interns' particular clinical and research interests.</p>
<p>Supervision</p>	<p>In the ADTP Outpatient Clinic, interns receive primary individual supervision, co-therapy and group supervision from Judith Bayog, Ph.D. In Project CALM, interns receive primary individual supervision, co-therapy, and group supervision from Timothy O'Farrell, Ph.D.</p>
<p>Research</p>	<p>Development of research proficiencies is supported through ADTP and Project CALM. Clinical research is encouraged through Project CALM and much of the empirical support for Behavioral Couples Therapy in substance abuse has come from projects conducted here. Dr. O'Farrell currently has projects on behavioral couple's therapy for alcoholism and drug abuse, domestic violence among male and female alcoholic patients, and other aspects of families and addiction. He has a strong interest in collaborative research with trainees and fellows; 24 different fellows have co-authored at least one publication with him and over 90 of his publications have been co-authored with former fellows. Interns interested in joining ongoing projects or initiating small-scale projects with existing databases should make this interest known early in the training year. Interns with more modest research interests may opt to participate in ongoing Performance Improvement (PI) projects in ADTP.</p> <p>An example of publications from this rotation include:</p> <p>O'Farrell, T.J. & Fals-Stewart, W. (in press). <i>Behavioral couples therapy for alcoholism and drug abuse</i>. New York:Guilford Press.</p> <p>O'Farrell, T. J., Murphy, C. M., Stephen, S., Fals-Stewart, W. & Murphy, M. (2004). Partner violence before and after couples-based alcoholism treatment for male alcoholic patients: The role of treatment involvement and abstinence. <i>Journal of Consulting and Clinical Psychology, 72</i>, 202-217.</p> <p>O'Farrell, T. J., Fals-Stewart, W., Murphy, M. & Murphy, C. M. (2003). Partner</p>

	<p>violence before and after individually based alcoholism treatment for male alcoholic patients. <i>Journal of Consulting and Clinical Psychology</i>, 71, 92-102.</p> <p>Fals-Stewart, W., & O'Farrell, T.J. (2003). Behavioral family counseling and naltrexone for male opioid dependent patients. <i>Journal of Consulting and Clinical Psychology</i>, 71, 432-442.</p> <p>Chase, K., O'Farrell, T.J., Murphy, C.M., Fals-Stewart, W., & Murphy, M. (2003). Factors associated with partner violence among female alcoholic patients and their male partners. <i>Journal of Studies on Alcohol</i>, 64, 137-149.</p> <p>O'Farrell, T. J. & Fals-Stewart, W. (2003). Marital and family therapy. In R. Hester & W. R. Miller (Eds.), <i>Handbook of alcoholism treatment approaches: Effective alternatives</i> (3rd edition) (pp. 188-212). Boston: Allyn and Bacon.</p>
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JP Substance Abuse Treatment Program

At the VA Boston Healthcare System – Jamaica Plain Campus

Overview

The Substance Abuse Treatment Program (SATP) at the VA Boston Healthcare System - Jamaica Plain campus offers residential and outpatient treatment for veterans with alcohol and/or drug problems. Many of the veterans in our programs also have comorbid psychiatric conditions such as PTSD or depression, and are struggling with significant social problems including homelessness and unemployment. The staff of the SATP includes a multidisciplinary staff from psychology, psychiatry, and social work. The intern has clinical responsibilities in both the residential treatment program and the outpatient clinic.

Training Sites

Residential: There are 18 beds in the Substance Abuse Residential Rehabilitation Program (SARRTP). The length of treatment for patients in the SARRTP is approximately 6 weeks. Working in the residential program, interns have the opportunity to strengthen their skills in assessment, intensive group therapy, individual therapy, and consultation. Groups focus on relapse prevention, mindfulness, emotional regulation and interpersonal effectiveness, and the development of a range of life skills to promote lifestyle change. Individual therapy may focus on managing symptoms of depression, PTSD, other anxiety problems, or motivational concerns. Consultation is generally with inpatient psychiatry, medicine, or other substance abuse treatment programs and includes screening for admission. Daily staff meetings provide an opportunity for a high level of intern involvement in treatment planning, which may include consultation with other services in the hospital (e.g., National Center for PTSD) and development of appropriate aftercare plans.

Outpatient: The Alcohol and Drug Treatment Program provides individual, group, and marital therapy for veterans who are motivated to work on lifestyle change to maintain sobriety. In the outpatient program, interns will learn to conduct comprehensive intakes and to provide individual therapy on an outpatient basis focused on alcohol and drug problems as well as comorbid problems including sequelae of childhood abuse, adult victimization, or military trauma, grief, coping with illness, or relational problems.

Length of Rotation: All of the clinical training opportunities described above are available for the interns working within the SATP rotation as part of the 8-month (Match) or four-month rotation length. However, interns who train in this rotation for eight months will have an opportunity to develop more in-depth expertise in assessment and to have a wider array of therapy experiences with this population; in addition, that extended period of training also would provide additional opportunities for longer-term treatment for patients with other problems, such as PTSD.

<p>Skill Development</p>	<p>Interns should gain strong skills in consultation, assessment and therapy. The intern will become proficient in evidence-based treatments focused on substance use disorders including Relapse Prevention and Motivational Interviewing. Additional treatments that the intern will learn include Seeking Safety, Cognitive Processing Therapy, and Dialectical Behavioral Therapy. The intern should learn skills in both intensive group and individual therapy. The intern is an integral part of the treatment team and plays an important role in treatment and discharge planning.</p>
<p>Training Opportunities</p>	<p>The SATP currently provides training for interns and postdoctoral fellows in psychology, as well as practicum students in their second and third year of training. While on the rotation, the intern has the opportunity to interact with other trainees and participate in group as well as individual supervision with other trainees.</p>
<p>Supervision</p>	<p>The intern will be provided individual supervision by the major rotation supervisor and at least one other doctoral psychologist from the JP SATP. Altogether, interns receive at least four hours of supervision. Interns are also expected to participate in daily rounds and clinical team meetings.</p>
<p>Research</p>	<p>Rotation supervisors have research interests in the following areas: cognitive-behavioral treatments for substance use disorders, treatment for co-occurring PTSD and substance use disorders, application of new technologies to problem drinking in primary care, and risk reduction for individuals living with HIV. While on the rotation, interns have an opportunity to assist with grant submissions, research a topic of interest and write a review article for publication, and/or develop program evaluation and performance improvement research in the SATP.</p> <p>Examples of publications from this rotation include:</p> <p>Berger-Greenstein, J. A., Cuevas, C. A., Brady, S. M., Trezza, G. R., Richardson, M. A., & Keane, T. M. (2007). Major depression with HIV/AIDS in Patients with HIV/AIDS and Substance Abuse. <i>AIDS Patient Care and STDs</i>, 21, 942-955.</p> <p>Trezza, G. R., & Scheft, H. (in press). Contemporary issues in the evaluation and management of alcohol- and drug-related crises. In Kleespies, P. M. (Ed). <i>Evaluating and Managing Behavioral Emergencies: An Evidence-Based Resource for the Mental Health Practitioner</i>. Washington, DC: American Psychological Association.</p> <p>Stempleman, L. M., Trezza, G. R., Santos, M., & Silberbogen, A. K. (2008). The integration of HIV training into internship curricula: An exploration and comparison of two models. <i>Training and Education in Professional Psychology</i>, 2, 35-41.</p> <p>Brief, D., Bollinger, A., Vielhauer, M., Berger, J., Brady, S. M., Buondonno, L., & Keane, T. (2004). Understanding the Interface of HIV, Trauma, PTSD, and Substance Use and Its Implications for Health Outcomes. <i>AIDS Care</i>, 16(Supplement 1); S97-S120.</p> <p>Keane, T., Brief, D., Pratt, E., & Miller, M. Assessment of PTSD and its co-morbidities in adults (2007). In <i>Handbook of PTSD: Science and Practice</i>, 279-305.</p>

Friedman M, Keane, T., & Resick, P. (Eds.). Guilford Press, NY.

Cuevas, C., Bollinger, A., Vielhauer, M., Morgan, E., Sohler, N., Brief, D., Miller, A., & Keane, T. (2006). HIV/AIDS Cost Study: Construct validity and factor structure of the PTSD checklist in dually diagnosed HIV-seropositive adults. *Journal of Trauma Practice*, 5, 29-51.

Wagner, K.D., Brief, D., Vielhauer, M., Sussman, S., Keane, T. & Malow, R. (in press). The potential for PTSD, substance use, and HIV risk behavior among adolescents exposed to natural disaster: Implications for hurricane Katrina survivors. In *Globalization of HIV/AIDS: An Interdisciplinary Reader*. C. Pope, R. White, & R. Malow, Ed. Routledge.

Applebaum, A., Richardson, M., Brady, S. Brief, D. and Keane, T. (in press). Gender and other Psychosocial Factors as Predictors of Adherence to Highly Active Antiretroviral Therapy (HAART) in Adults with Comorbid HIV/AIDS, Psychiatric, and Substance-related Disorder. *AIDS and Behavior*.

Worcester Outpatient Clinic / Brockton Neuropsychology

At the VA Boston Healthcare System Community Based Outpatient Clinic – Worcester and the
VA Boston Healthcare System – Brockton Campus

Overview

Interns in this rotation spend three days per week at the Worcester Outpatient Clinic (WOPC), and one day per week at the Neuropsychology Clinic at the Brockton Campus. Miriam Rubin, Ph.D. is the primary supervisor at WOPC and John Pepple, Ph.D. is the primary supervisor at the Neuropsychology Clinic in Brockton.

The Worcester Outpatient Clinic (WOPC), a satellite ambulatory care facility, provides a broad range of psychological and medical services to veterans of greater Worcester County. Psychology services at WOPC are provided through the Mental Health Unit (MHU), administered by Lorraine Cavallaro, Ph.D., Chief of the MHU, and staffed by a multi-disciplinary team consisting of Psychology, Psychiatry, and Social Work. Due to its distance from VA medical centers, the WOPC-MHU functions largely as a free standing community mental health clinic, providing mental health consultation and support to medical staff within our clinic, and accepting referrals from community agencies and veterans themselves. The WOPC-MHU offers assessment and treatment including, but not limited to, the following areas: PTSD (combat and non-combat), mood and anxiety disorders, psychotic disorders, substance abuse, dual diagnosis, wellness (smoking cessation, stress management, sleep hygiene, weight management), anger management, medical psychology, marital, family and employment issues.

A unique aspect of this rotation is the opportunity for interns to gain true generalist training in an outpatient setting. The clinical experiences and supervision offered on this rotation are geared towards this perspective, i.e., the development and refinement of assessment, diagnostic, conceptual and treatment skills necessary to become an independent psychologist prepared to handle “whoever comes through the door” in an outpatient setting. In addition, each intern will develop individualized training goals for their rotation, which may relate to gaining specialized experience with particular populations, diagnoses, or modalities. The relatively small size of the WOPC-MHU allows interns to work autonomously (but with close supervision) as an important member of the multidisciplinary team. Interns are likely to engage in the specific clinical activities listed below. However, training is tailored to each intern's level of experience, interests, and goals, and new clinical opportunities are frequently developed at WOPC-MHU in response to changing demands of our clinical population.

The intern’s clinical experience at WOPC-MHU is complemented by an intensive one day/week experience in neuropsychological and psychodiagnostic assessment at the Brockton Neuropsychology Clinic. This experience is offered to extend the rotation’s generalist orientation into the realm of assessment. This experience focuses on training in neuropsychology, and is offered to provide an opportunity for interns with limited

	<p>experience in neuropsychology to gain more in-depth exposure to the activities and roles of the clinical neuropsychologist. The nature of the referrals, which typically includes patients with significant psychiatric co-morbidities, necessitates incorporation of standard psycho-diagnostic instruments such as the MMPI-2 or MCMI-2, and clinical interview data, into the typical assessment protocol.</p>
<p>Clinical Experience</p>	<p>Please note: most of following are available in both the eight- and four-month rotations, however, psychotherapy cases assigned to the four month rotations will be selected based on appropriateness for short-term work</p> <p>Assessment</p> <ul style="list-style-type: none"> ◆ Triage - Interns will have the opportunity to gain valuable experience in screening new consults sent to the WOPC-MHU from medicine, neurology, cardiology, pain clinic, private providers and self-referrals, including veterans newly returned from combat. Screenings typically include initial diagnosis, assessment of risk, military sexual abuse, and recommendations for initiation of pharmacotherapy and psychotherapy. The Triage component utilizes a developmental model, with the intern progressing from observation of the work of senior clinicians (psychology and psychiatry), ultimately to independent evaluation and disposition planning. ◆ Neuropsychology - In the Neuropsychology Clinic at the Brockton VAMC, interns will also have the opportunity to focus on the development of skills in comprehensive clinical neuropsychological assessment. Clinical assessments are completed on outpatients referred to the Brockton Neuropsychology Clinic from outpatient clinics in psychiatry, neurology, internal medicine, and rehabilitation medicine. The clinical approach to neuropsychological assessment is based on the Boston Process principles originally espoused by Dr. Edith Kaplan and others at the Boston VA Medical Center. The comprehensive assessment of the patient is designed to provide a highly individualized description of each patient's functional capacities and behaviors. This description is then used to assist in differential diagnosis, and to provide clinically meaningful, evidence-based treatment recommendations. <p>Psychotherapy</p> <ul style="list-style-type: none"> ◆ Individual Psychotherapy - Interns serve as the primary therapist for cases assigned to them, responsible for comprehensive bio-psychosocial assessments, treatment plans, progress notes, and discharge summaries. Supervision will emphasize the development of decision-making skills necessary for determining the type of therapy (duration, frequency, modality and technique) best suited to the unique needs of each client. Interns may also gain experience with couples and/or families as cases become available. ◆ Group Psychotherapy - In the WOPC-MHU, interns gain experience with a variety of groups (see list below), both process-oriented and psycho-educational. Interns at WOPC-MHU are encouraged to gain experience in developing their own psycho-educational groups by choosing and preparing materials

independently. Co-leading with supervisors is frequently used to benefit training, supervision, and group process.

WWII Veterans PTSD Group: This is a process-oriented psychotherapy group. This group is for veterans who have been unable to integrate their traumatic military experiences and who may engage in destructive coping strategies as a result. These can include withdrawal through isolation or anger, or self-medication through chemical numbing of intrusive imagery and emotions. The group focuses on providing concrete coping strategies to deal with veteran's sense of loss of self-esteem, and difficulty functioning in diverse life roles.

Primary Supervisor: Lorraine Cavallaro, Ph.D.

Managing Anger Program (MAP): This is a series of structured two-hour workshops utilizing developmental and cognitive behavioral approaches to anger management, including didactic presentation, aware-raising exercises and role play. The MAP was designed by Dr. Rubin with substantial input from previous WOPC-MHU interns.

Primary Supervisor: Miriam Rubin, Ph.D.

Smoking Cessation Program: This is a structured 6-week psycho-educational group, which integrates pharmacological intervention (nicotine patches and Zyban), with cognitive-behavioral strategies for overcoming addiction to nicotine. Group process is also an important component of the group as members are encouraged to use the social support of the group as motivation to break their nicotine addiction.

Primary Supervisor: Miriam Rubin, Ph.D.

Sleep Disorders and Stress Management: These topics are combined in a two-hour workshop, presenting classic stress reduction techniques and research-based cognitive behavioral methods for treating chronic insomnia. The workshop combines didactic presentations, worksheets, and relaxation exercises.

Primary Supervisor: Miriam Rubin, Ph.D.

Additional clinical experience is also available to interns through a partnership with WOPC medical staff: for example, interns may choose to co-lead the MOVE (weight management group), or the diabetes education group in conjunction with nutrition or primary care staff.

Supervision

At WOPC-MHU, each intern receives approximately three hours of weekly individual supervision with Dr. Rubin, and additional supervision from Dr. Cavallaro as determined by the interns' clinical responsibilities. By sharing supervision among psychology staff, interns are given the opportunity to be supervised from a psychodynamic / object-relations framework, and a more cognitive-behavioral approach. The clinic is equipped for both audio-taping and videotaping of sessions for supervision. The intern will also receive one and one-half hours of supervision in neuropsychological and psycho-diagnostic assessment with Dr. Pepple.

Research

Interns will have the opportunity to participate in a variety of scholarly inquiry and research-related activities, depending on their personal interests and prior experience. Dr. Rubin's current interests include reviewing intervention literature related to anger management, smoking cessation, and stress management, and creating clinical care algorithms to inform outpatient treatment decisions. Dr. Pepple's current interests include the neuropsychology of psychiatric disorders using the single case study design, and reviews of the literature regarding the interface between neuropsychology, psychopathology, and the brain mechanisms underlying psychotherapeutic change.

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Interns of the Boston Consortium in Clinical Psychology

Current Interns Class of 2008 – 2009

Heidi M. Barrett-Model of University of Massachusetts Boston
Rebecca Billings of Suffolk University
Elizabeth C. Carey of Suffolk University
Frank Castro of Temple University
John P. Dennis of Saint Louis University
Lisa K. Hankee of Argosy University – Twin Cities Campus
Kristin L. Gregor of the University of Vermont
Caitlin Holley of the University of Louisville
Julie E. Horwitz of the University at Albany – State University of New York
Jamie M. Howard of Northwestern University
Nathan R. Hydes of the Illinois Institute of Technology
Vyga G. Kaufmann of the University of Colorado at Boulder
Alexandra C. Kenna of Boston College
Angela M. Kuemmel of Nova Southeastern University
Jay A. Morrison of Boston College
Jason S. Moser of the University of Delaware
Janell G. Schartel of the University of Maine
Karen D. Sullivan of Boston University
Erika J. Wolf of Boston University

Interns – Classes of 1998 – 2008

Allegheny University of Health Sciences	Fuller Theological Seminary
Alliant International University ~ CSPP	George Washington University
Antioch/New England Graduate School	Georgia State University
Binghamton University ~ SUNY	Howard University
Brigham Young University	Illinois School of Professional Psychology
Boston College	Indiana University
Boston University	Kent State University
Bowling Green State University	Lehigh University
California School of Professional Psychology ~ Alameda	Louisiana State University
California School of Professional Psychology ~ Los Angeles	Michigan State University
California School of Professional Psychology ~ San Diego	New York University
Clark University	Northeastern University
Colorado State University	Northwestern University
DePaul University	Northwestern University Medical School
Drexel University	Nova Southeastern University
Duke University	Oklahoma State University
Emory University	Ohio State University
Fairleigh Dickinson University	Ohio University
Fordham University	Pacific Graduate School
Finch University of Health Sciences/ Chicago Medical School	Pennsylvania State University
Florida State University	Pepperdine University
	Rosalind Franklin University of Medicine and Science
	Rutgers ~ The State University of New Jersey

St. John's University
State University of New York at Buffalo
State University of New York at Stony Brook
Suffolk University
Syracuse University
Temple University
University of Alabama at Birmingham
University at Albany ~ SUNY
University of Arkansas
University of Arizona
University of California at Berkeley
University of California at Los Angeles
University of California at Santa Barbara
University of Central Florida
University of Cincinnati
University of Colorado
University of Connecticut
University of Denver
University of Florida
University of Georgia
University of Hartford
University of Hawaii
University of Houston
University of Illinois at Chicago
University of Illinois at Urbana/Champaign
University of Kansas
University of Kentucky
University of Maine
University of Maryland at College Park
University of Maryland ~ Baltimore County
University of Massachusetts at Amherst
University of Massachusetts at Boston
University of Memphis

University of Miami
University of Minnesota
University of Missouri ~ Columbia
University of Missouri at Saint Louis
University of Montana
University of Nebraska ~ Lincoln
University of Nevada ~ Reno
University of New Mexico
University of North Carolina at Chapel Hill
University of North Texas
University of Oregon
University of Pittsburgh
University of Rhode Island
University of Saskatchewan
University of South Carolina
University of South Dakota
University of South Florida
University of Southern California
University of Southern Mississippi
University of Tennessee
University of Texas
University of Utah
University of Vermont
University of Washington
University of Windsor
Vanderbilt University
Virginia Polytechnic Institute and State
University
Washington University in St. Louis
Wayne State University
Western Michigan University
West Virginia University
Yale University