

PSYCHOLOGY POSTDOCTORAL BROCHURE



Phoenix VA Healthcare System
Psychology Postdoctoral Fellowship Program
Psychology Section (116B)
650 East Indian School Road
Phoenix, Arizona 85012



Director of Training: Kris Kratz, Ph.D., ABPP (CN/CL)
Chief of Psychology: Leslie Telfer, Ph.D.



Application Due Date: December 1, 2016
Start Date: August 21, 2017

Psychology Postdoctoral Fellowship Programs

Fellowship Training Brochure | 2016 - 2017 Training Year

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PROGRAM OVERVIEW

Dear Applicant,

Thank you for your interest in the Phoenix VA Healthcare System Psychology Postdoctoral Fellowship Programs! It is a true honor to work with our Veterans, and to provide high quality services to them as a token of our appreciation for what they have done for us. In addition to helping those who have sacrificed so much, the clinical services we provide afford excellent training opportunities to develop advanced competencies in clinical psychology and clinical neuropsychology, further preparing today's psychologists to serve within the VA or the nation at large.

We are offering eight fellowship positions that will begin in August 2017. **Seven** of these positions are in our **Clinical Psychology Fellowship Program**, and include the following areas of emphasis:

- Primary Care-Mental Health Integration (PCMHI) (2 fellows)
- Chronic Pain Management Program (2 fellows)
- General Mental Health (1 fellow)
- Posttraumatic Stress Disorder (1 fellow)
- Combined PTSD/Women Veterans Program (1 fellow)

These fellowships are organized with a goal of producing advanced competencies in the practice of clinical psychology so graduates have the requisite knowledge, skills and abilities necessary to assume a number of different roles as professional psychologists, yet also a depth of experience within a particular area of emphasis. We believe that graduating fellows should exhibit behavior that is consistent with professional standards, and be able to provide competent assessment, interventions, consultation and supervision.

Additionally, fellows will become highly trained in working with a specific Veteran population. These fellows will be well-positioned to continue their professional careers in areas of high need within the VA system.

We are also pleased to offer a two-year fellowship in our **Clinical Neuropsychology Fellowship Program**. We will accept **one fellow** into this program for the 2017-2018 academic year, who will continue through the 2018-2019 academic year. This fellowship meets the requirements recommended by the Houston Conference Guidelines, and is an APPCN member program.

We are excited about your interest in our psychology fellowship program and look forward to reviewing your application! Please feel free to contact us with questions as you progress through the application process.

Very Respectfully,

The Psychology Fellowship Training Committee

APA ACCREDITATION STATUS

The Postdoctoral fellowship at the Phoenix VA Healthcare System (PVAHCS) is a newly funded program, and as such has not yet been accredited by the American Psychological Association (APA). APA Accreditation will be sought at the earliest opportunity. As demonstrated by our Predoctoral Internship Program, a program that is accredited by APA, we are very committed to quality training and strive to meet all the guidelines set forth by APA. Questions related to the program's accredited status should be directed to the Commission on Accreditation at:

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

APPIC MEMBERSHIP

The PVAHCS is a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC). Our fellowship site agrees to abide by the APPIC postdoctoral selection guidelines.

APPCN MEMBERSHIP

The PVAHCS is also a member of the Association of Postdoctoral Programs in Clinical Neuropsychology (APPCN). Our fellowship site agrees to abide by APPCN postdoctoral selection guidelines and those of the National Match Service.

COMMITMENT TO DIVERSITY

Our fellowship site maintains a strong commitment to psychology fellow and staff diversity. This is exemplified by our past success in recruitment and retention of individuals of diverse backgrounds at both the intern, fellow, and staff levels. As a federal employer, the facility and Department of Psychology take a strong stance regarding policies on non-discrimination and accommodations for success in our fellowship. As an equal opportunity training program, our internship welcomes and strongly encourages applications from all qualified applicants, regardless of racial, ethnic, religion, sexual orientation, disability, or other minority status.

APPLICATION & SELECTION PROCEDURES

Application materials are due by midnight EST on **1 December 2016**. All applications must be submitted via APPA CAS, except under unusual circumstances and consultation with Dr. Kratz.

Eligibility Criteria:

1. United States Citizenship
2. Verification of Selective Service Registration (Male applicants born after 12-31-1959 must sign a pre-appointment Certification Statement for Selective Service Registration) and consent to participate in a background verification check to verify your application information and/or criminal history
3. Completion of all degree requirements from an APA or CPA accredited doctoral program in Clinical or Counseling Psychology prior to the start of postdoctoral training.
4. Completion of an APA accredited predoctoral internship
5. Consent to complete a drug screening

Application Materials:

1. **Personal Statement of Interest:** If you are applying to more than one track, you must submit a separate statement of interest for **each track**. Please upload your Personal Statement under Documents and title it "Personal Statement". If you are submitting more than one personal statement, submit additional statements under the "Other Documents" option and add the alternate emphasis area to the title of your personal statement (e.g. "Personal Statement – PTSD"). The personal statement should contain the following information:
 - a. The history of your interest in the area of emphasis
 - b. Any relevant educational, clinical, and/or research experience
 - c. A self-assessment of your training needs and goals for the fellowship year
 - d. A statement of your overall career goals
2. **Postdoctoral Fellowship Information Form:** Please upload under the "Other Document" option and title "Fellowship Information Form." This is available on-line at http://www.phoenix.va.gov/docs/Phx_Psychology_Fellowship.docx.

3. **A detailed Curriculum Vitae**
4. **Official Graduate Transcripts**
5. **Three Letters of Recommendation:** One must be from a faculty member personally familiar with your graduate school performance, and at least one from a primary clinical supervisor during the predoctoral internship. Letters of recommendation from two clinical supervisors are encouraged.

Application Submission Procedure:

1. Submit all application materials electronically by **1 December 2016**. All materials should be uploaded to the APPA CAS system.
2. We encourage applicants to be selective and thoughtful when considering submitting applications to multiple areas of emphasis. As indicated above, if you do submit an application for more than one area of emphasis, **you must submit a separate statement of interest to be considered.**
3. Applicants will be notified of interview offers by **30 December 2016**. Interviews may be conducted in-person at the PVAHCS in late January, telephonically, or in the case of the clinical neuropsychology fellowship, at the International Neuropsychological Society annual meeting in early February.
4. Selection guidelines for APPIC will be followed for the Clinical Psychology Fellowship Program. Selection guidelines for APPCN and the National Matching Services (NMS) will be followed for the Clinical Neuropsychology Fellowship Program.
5. Offers will be made for the Clinical Psychology Fellowship Program on 27 February 2017 at 10:00am EST. We will be prepared to make reciprocal offers in advance of this, if necessary. We will notify applicants when they are no longer under consideration, or when all positions to which they have applied have been filled. The Clinical Neuropsychology Fellowship Program will provide the program's rank ordered list to the NMS (typically one week after INS).
6. Please don't hesitate to contact Dr. Kratz with specific questions about the training program, or the above eligibility criteria and application procedures. He can be reached at 602-277-5551 ext. 2583 or kris.kratz@va.gov.

PHOENIX VA HEALTHCARE SYSTEM

The Phoenix VAHCS has been providing services to Veterans in Maricopa County since 1951. In 2014, the medical center had a total enrollment of over 78,000 Veterans, over 21% of which had a confirmed mental health disorder. The hospital is a tertiary care and training facility with 150 medical/surgical beds, 48 psychiatric beds, and a 110-bed community living center. The hospital is a well-equipped urban facility located in central Phoenix. The hospital's computer system supports fully automated patient records, facilitating interprofessional communication. The VA medical library can provide literature searches for education or patient care. In addition, literature searches through Medline and PsycINFO can be conducted by psychology fellows from their office desktop.

Department of Psychology

The Psychology Service of the Phoenix VAHCS is committed to excellence in training and service. The Psychology Service has grown significantly in the last few years, which reflects the commitment of the Phoenix VA to quality mental health service delivery and training. The faculty members are heterogeneous in terms of evidence-based treatment modalities, which makes possible a wide range of orientations for instruction, observation, role modeling, and professional development. The Psychology Service faculty contributes to the larger community through donation of personal and professional services to community groups, participation in university and professional activities, and private practice outside the Medical Center. Several faculty currently hold elected and appointed leadership positions in local, state and national professional associations and groups.

Program Administration

Kris Kratz, Ph.D., ABPP (CN/CL) is the Director of Training for the Psychology Postdoctoral Fellowship Programs. Michelle Melton, Psy.D. is the Assistant Director of Training. Together, they are responsible for the coordination, oversight, and day-to-day operations of the Clinical Psychology Fellowship Program and the Clinical Neuropsychology Fellowship Program. An Executive Training Committee periodically reviews all aspects of the training program, and when necessary, recommends changes in procedures and policy. Additionally, each area of emphasis training has a track leader who is a member of the Training Committee. This committee meets monthly to monitor the progress of fellows, and to address issues as they surface in the training program. The committee also attempts to ensure continuity of training among various rotations and training settings, and is responsible for all routine training activities. Final decisions regarding the Psychology Postdoctoral Fellowship Programs are the responsibility of the Chief of Psychology, Leslie Telfer, Ph.D.

OVERALL TRAINING MODEL AND PROGRAM PHILOSOPHY

The Psychology Postdoctoral Fellowship Program at the Phoenix VA Healthcare System (PVAHCS) is a Multiple Practice Program as defined by APA's Implementing Regulations for the Standards of Accreditation (Section C). As such, the Fellowship Program is organized into two separate areas:

1. Major area of training in **Clinical Psychology**
2. Specialty practice area of **Clinical Neuropsychology**

Both programs are newly funded at the PVAHCS and are part of the overarching structure of the fellowship. We plan to seek independent accreditation by APA for each program. Both programs are described in detail below.

Within the **Clinical Psychology Fellowship Program**, we offer training for 7 fellows across 5 areas of emphasis ("tracks"):

1. Primary Care/Mental Health Integration (PCMHI) (2 fellows)
2. Chronic Pain Management (2 fellows)
3. General Mental Health (1 fellow)
4. Posttraumatic Stress Disorder (1 fellow)
5. Combined PTSD/Women Veterans Program (1 fellow)

Within the **Clinical Neuropsychology Fellowship Program**, we offer a two-year fellowship for one neuropsychology fellow with the opportunity to specialize based on training needs and professional goals. This fellowship is described on page 19 of the brochure.

Clinical Psychology Fellowship Program

Within the **Clinical Psychology Fellowship Program**, our approach includes training fellows to inform their practice through review of relevant scholarly literature, program development, ongoing program evaluation, and when possible, participation in ongoing research projects in the medical center. We aim to provide training consistent with APA's Standards of Accreditation for programs in professional psychology at the postdoctoral level. Fellows, in comparison to our interns, develop advanced competence in a number of areas, to include the integration of science and practice, legal and ethical issues, individual and cultural diversity, assessment, intervention, consultation, and supervision, to name a few. We aspire to train future psychologists who will bring these skills to the VA system, and further strengthen our changing health care environment.

We do this under the framework of the practitioner scholar model, which emphasizes clinical practice and the importance of using theory and research to inform practice (Rodolfa, Kaslow, Stewart, Keilin & Baker, 2005). The primary goal of training in a practitioner scholar model is the delivery of human services that take into account

individual, cultural, and societal considerations. Additionally, our program is built around the benchmark competencies defined by the APA's Assessment of Competency Benchmarks Work Group (Fouad et al., 2009; Hatcher et al., 2013; Rodolfa et al., 2005). The benchmark competencies define "the knowledge, skills, attitudes, and values that serve as the foundation for the functions a psychologist is expected to carry out, (e.g., an understanding of ethics, awareness and understanding of individual and cultural diversity, knowledge of the scientific foundations of psychology)." They also include the major functions that psychologists are expected to perform, "each of which requires reflective integration of foundational competencies in problem identification and resolution" (e.g., assessment, intervention, consultation, supervision).

The philosophy of the Phoenix VAHCS Clinical Psychology Fellowship Program is consistent with the Association of Counseling Center Training Agencies' (ACCTA) definition of practitioner scholar programs that includes "empirically supported treatments, a value on the psychologist as a consumer of research, recognition of the importance of generating knowledge through practice, and an expectation that trainees participate in scholarly activities." Our style of instruction utilizes a developmental model that nurtures trainees in making the transition from recent psychology doctoral program graduates to competent autonomous professionals, thus helping them to integrate their personal and professional selves; places a high value on respecting the diversity and uniqueness of every individual; and underscores the importance of the supervisory relationship and the mentoring process (Rodolfa et al., 2005). Our program maintains a generalist focus, fostering advanced competence in the practice of clinical psychology, while also affording training in an area of emphasis that is a high priority in the VA healthcare system.

Program Aim and Competencies

The overall aim of the Clinical Psychology Fellowship Program is for fellows to develop advanced competence in clinical psychology for independent practice and board eligibility, making them ready to function in a wide range of multidisciplinary settings, to include future service within the VA. This is accomplished through training in specific areas of emphasis that are currently a high priority for our Veterans. To accomplish the above aim, several Level 1 and Level 2 competencies were developed, with behavioral exemplars for each competency informed by several publications related to APAs benchmark competencies (Rodolfa et al., 2005; Hatcher et al., 2013) and the Standards of Accreditation profession-wide competencies. Together, the advanced competencies that fellows are expected to develop over the course of the Clinical Psychology Fellowship Program include the following:

A. Level 1 Competencies (required of all programs)

1. Develop advanced competence in the interface of science and practice
2. Develop advanced competence in individual and cultural diversity

3. Develop advanced competence in legal, ethical and professional standards

B. Level 2 Competencies (program specific)

1. Develop advanced competence in professionalism, to include professional values and attitudes, reflective practice, and self-care
2. Develop advanced competence in communication and interpersonal skills in all aspects of one's professional responsibilities
3. Develop advanced competence in program evaluation
4. Develop advanced competence in the assessment of adult Veterans presenting with diverse psychological problems and treatment needs
5. Develop advanced competence in psychological interventions, to include empirically-based interventions, for adult Veterans with diverse psychological problems and treatment needs
6. Develop advanced competence in consultation
7. Develop advanced competence in education, to include supervision and didactic instruction
8. Develop advanced competence in the Veteran Affairs system, to include managing administrative responsibilities and participating in interdisciplinary teams

Training Methods

Direct Patient Care and Clinical Areas of Emphasis:

Fellows can expect to spend about 35% of their time in direct patient care. While each area of emphasis will equally focus on the advanced competencies noted above, the specific clinical experiences are distinctive. For example, fellows will have an opportunity to provide evidence-based psychotherapies relevant to their area of emphasis (e.g., PE, EMDR, and CPT for PTSD, DBT for personality disorders, and CBT and ACT for depression in the PTSD/Women Veterans Program track; Problem-Solving Training (PST), MBSR and MI in the PCMHI setting; and CBT and ACT for pain in Chronic Pain Management). Fellows will triage patients, complete diagnostic interviews, provide relevant treatment, measure treatment progress, and complete other more formalized assessment batteries relevant to each area of emphasis. Consultation will occur frequently across disciplines within each clinic setting and, when relevant, across clinic settings and training tracks. Further information regarding each area of emphasis is provided below:

1. Primary Care Mental Health Integration. The PVAHCS has a blended Primary Care Mental Health Integration (PCMHI) program, which combines co-located collaborative

care and evidence-based care management components. Mental health professionals are an integral part of the primary care based interprofessional team and provide assessment and psychosocial treatment for a variety of problems, such as depression, anxiety, adjustment issues, and problem drinking. In this track, fellows work as part of the Primary Care Patient Aligned Clinical Team (PACT) and work closely with Depression Care Managers (Nursing), PCMHI Psychiatry and Social Work. PCMHI fellows are also part of an Interprofessional Trainee Program (ITP) clinical team with pharmacy residents, social work interns, psychiatry residents, and occasionally nursing students. They participate in weekly informal interprofessional training meetings and attend a monthly Interprofessional Didactic presentation provided by ITP supervisors across disciplines. Further, they see patients jointly with their ITP colleagues in a weekly half-day clinic to assess patients, develop a treatment plan with the patient and family member if present, and schedule follow-up. This clinic offers a combination of in vivo and post-hoc supervision for the trainees, who experience first-hand what each discipline offers, as they develop skills in working independently as a team. Fellows may also be involved in Shared Medical Appointments in diabetes management and chronic heart failure management. Fellows provide individual and group therapy, including short-term evidence-based treatments relevant for this care setting, such as Problem-Solving Training, Motivational Interviewing, Mindfulness-Based Stress Reduction and CBT for Insomnia. Fellows complete diagnostic assessments and triage Veterans to the appropriate levels of care in collaboration with PCMHI Depression Care Managers (DCMs) and other PACT team members.

2. Chronic Pain Management. To best address the needs of the estimated 50% of male Veterans and 78% of female Veterans with chronic pain, the Phoenix VA began developing an interdisciplinary Chronic Pain Management Program in 2013. The Program is projected to include twenty full-time interdisciplinary staff members by the end of 2016. The treatment goals for this interdisciplinary program are to enhance quality of life and functioning despite pain. The Program includes passive biomedical interventions such as medications and injections, but also goes beyond them, emphasizing the multimodal, biopsychosocial approach that is most effective for long-term chronic pain management. This includes active treatments such as exercise and psychotherapy emphasizing self-management. Fellows in this emphasis area develop a deeper understanding of interdisciplinary treatment planning, and the role that each discipline plays in the treatment of complex chronic pain. Psychology fellows conduct both individual intake assessments and concurrent intakes with other disciplines, developing case conceptualization skills to generate maximally effective treatment plans. Motivational Interviewing is frequently employed to assist Veterans who are ambivalent about engaging in active treatments for chronic pain. Treatment is largely offered through group psychotherapy, with individual psychotherapy utilized when groups are not appropriate. Group treatment programs include Cognitive Behavioral Therapy (CBT) and Acceptance and Commitment Therapy (ACT) for chronic pain; CBT for insomnia; and mindfulness-based groups for women Veterans. In addition, fellows co-lead Chronic Pain Management Groups and participate in our Veterans Pain School, a drop-in series of multidisciplinary lectures about chronic pain. Fellows also may participate in the creation of a new, intensive rehabilitation program with specific admission and discharge dates.

3. General Mental Health. The Phoenix VAHCS has a dynamic, large outpatient mental health clinic devoted to broadly serving the needs of the Veteran population in Phoenix. Trainees in this area of emphasis are able to explore and evaluate the implementation of evidence-based psychotherapies (EBPs) for the treatment of PTSD, depression and many other general mental health issues. Fellows also gain experience with diagnostic evaluation and both individual and group psychotherapies. Fellows participate in regular interprofessional huddles in a team-based treatment model for a panel of patients (Behavioral Health Interdisciplinary Program teams). This model follows the national model for behavioral health interdisciplinary teams, with each team including two to three psychiatrists, a nurse, a psychologist, a social worker and a pharmacist, in addition to the fellow. The teams work collaboratively to plan for the care of Veterans shared by the multiple providers on the team. Fellows on this rotation also spend one day a week in our emergency care clinic that triages Veterans in immediate need of care and in crisis. Fellows are also able to work on a current project to utilize CBT for Insomnia groups as a gateway into treatment for people who are unsure of their desire to pursue outpatient mental health care.

4. Posttraumatic Stress. Trainees in this area are provided an opportunity to explore and evaluate the implementation of evidence-based psychotherapies (EBPs) for the treatment of PTSD, both in-person and via telehealth. Faculty in this clinic include a national trainer for CPT. Fellows will also gain experience with diagnostic evaluations, individual psychotherapy and group psychotherapy for PTSD. They will also work as a member of our PTSD Clinical team, which is an interdisciplinary team that meets weekly to build programming, address clinical issues and improve clinic functioning. During the team meeting, staff regularly integrate professional articles relevant to the work of the clinic and consult with one another about challenging cases. Opportunities for participation in national research projects is also possible.

5. Combined PTSD/Women Veterans Program. This fellow will split their time between both the Women Veterans Program (WVP) and PTSD Clinic settings (roughly 50% time in each). In addition to working therapeutically with the Veterans in both settings, fellows in this emphasis have the opportunity to work on issues related to the administration of different types of outpatient clinics. In the WVP, fellows are able to work with Veterans who are receiving care in our gynecological and mammography services. This work addresses emergent issues for Veterans in a medical care milieu. Fellows also gain experience working in short-term (e.g., Cognitive Behavioral Therapy; Acceptance and Commitment Therapy) and longer-term treatment modalities (e.g., Dialectical Behavior Therapy), and have the ability to develop needed programming for the women Veterans we serve. In the PTSD clinic, fellows are able to gain experience working with combat trauma and MST using evidence-based treatment approaches such as Cognitive Processing Therapy and Prolonged Exposure.

Personalized Training Plans:

Fellows will meet with their primary supervisor at the start of the fellowship and develop a specific training plan for one's area of emphasis. The plan will include opportunities within the area of emphasis, and if feasible, any additional training experiences one might be

interested in pursuing over the course of the fellowship year. Possible additional training experiences might include a focus on specific behavioral medicine or health promotion activities, participation in local EBP trainings, additional seminars, or focused experience working with a targeted population.

Supervision:

Fellows will receive a minimum of 2 hours of individual face-to-face supervision with one's primary supervisor each week. Individual supervision will involve clinical case supervision (i.e., case conceptualization, didactics on particular interventions), collaborative input regarding administrative duties and projects, team interactions, research opportunities that are explored, and career planning/career development. Group supervision will additionally be provided on the fellows' supervision of more junior trainees (6 months out of the year). Fellows will receive formative feedback throughout individual supervision, as well as summative feedback at the end of each trimester.

One of the strengths of our internship program is the variety and quality of supervision offered. We have a training committee that consists of seasoned clinicians with diverse clinical expertise (see Table 1). The vast majority of the training committee has received formal training in one or more of the evidenced-based therapies (e.g., Cognitive Behavioral Therapy (CBT), Cognitive Processing Therapy (CPT), Prolonged Exposure (PE), Eye Movement Desensitization and Reprocessing (EMDR), Motivational Interviewing (MI), Problem-Solving Training (PST), CBT for Insomnia (CBT-I), Interpersonal Processing Therapy (IPT), Dialectical Behavior Therapy (DBT) and Acceptance Commitment Therapy (ACT)). Furthermore, we are proud to have faculty that serve as national trainers in PE and CPT. This type of quality supervision affords the fellow an exposure to a variety of theoretical orientations, techniques and skills.

Audiotapes, direct observation, role-plays, process notes, and co-therapy are among the tools used to aid in supervision. Fellows receive supervision on their clinical work, reports, case presentations, consultative/supervisory work, and overall professional conduct. Fellows should expect to be assigned readings and literature reviews as part of their supervision. The supervision provided meets the requirements for licensure as a psychologist in the state of Arizona.

Interprofessional Training:

Fellows will participate in regular interprofessional activities in their clinical work. Examples of this work include the weekly PCMHI Interprofessional Training Program (ITP) half-day clinic described in detail previously, shared medical appointments, interdisciplinary work in Chronic Pain Management, the BHIP team huddles/meetings, collaborative treatment planning, functioning with a team in our emergency care walk-in clinic, and attending didactic trainings with one's respective interprofessional teams (please see below). Additional interprofessional activities may include collaboration with joint Health Promotion Disease Prevention/PCMHI ongoing projects, including Employee Stress Management and Healthy Living programs.

Team Meetings:

In each area of emphasis, the fellow will participate in an interdisciplinary treatment team that meets weekly to discuss shared cases, program development, collaborative treatment planning, and interdisciplinary topics. This will provide a unique opportunity for fellows to learn from professionals in different disciplines and fine-tune their understanding of the role of a psychologist in the specific areas of emphasis in which they are being trained.

Development of Administrative Skills:

Fellows will attend administrative meetings within the Psychology Department and within one's area of emphasis. Fellows will also be required to complete an administrative/program evaluation project over the course of the fellowship, and to present this to the training committee, at a clinic meeting, and/or to the other fellows. If appropriate, opportunities to present the project more broadly to the healthcare system leadership and staff will also be explored. These projects will be evaluated based on their thoughtfulness, link to relevant theory, attentiveness to specific areas of concern to our hospital, plan for evaluation, ability to disseminate the findings, and likelihood to make substantive changes that are maintained within our system. The fellows will also be asked to, periodically, manage consults, lead team meetings and/or consult with other programs in the hospital.

Assessment:

Fellows will regularly participate in the types of assessment normatively done within their area of emphasis. For instance, fellows in each area of emphasis will complete weekly diagnostic intake interviews in their respective clinics. They will also be asked to complete more comprehensive personality assessment batteries when indicated, and will be required to utilize outcome measures to monitor treatment progress in their ongoing psychotherapy cases. Required didactics noted below ensure adequate knowledge base for various assessment instruments, as well as a practical lab where fellows can integrate assessment data into their cases.

Research:

Fellows may also participate in ongoing research, and/or develop program evaluation projects relevant to their areas of emphasis. Current research projects within the Service include an investigation of traumatic brain injury screening within a primary care setting, the role of social support in treatment adherence with Veterans who are engaging in CPT or PE therapies, and program evaluation of evidence-based practices at the VA (e.g., CBT for Insomnia). Given the clinical nature of the fellowship, limited time may be allocated toward this based on one's interest.

Mentorship Program:

Fellows will also have the opportunity to participate in our mentorship program. The mentorship program has been developed and instituted to support our fellows' professional development in a non-evaluative and collegial environment, which is independent of the supervisory relationship, program evaluation process/procedures, and any communication with training committee members. Primary aspects of the mentor's role are to foster the fellow's personal and professional development, help the fellow

negotiate the fellowship program, and plan for entry into the profession at the conclusion of training.

Required Didactics:

Required didactics take place throughout the fellowship year, and include shared training across emphasis areas, as well as didactics that take place within one's emphasis area. Didactics support the competencies our program trains, ensuring a firm knowledge-base as well practical opportunities to demonstrate the associated skills during one's rotations. Fellows will also be required to lead a didactic, to include presenting one's program evaluation project to faculty. Fellows may also have the opportunity to present at a broader professional setting (e.g., Grand Rounds, the Psychology Department Continuing Education Series, or to other Mental Health staff such as social work or psychiatry). Required didactics include the following:

1. Fellow Didactics. Each week fellows will attend 2 hours of structured didactics. Topics include assessment, consultation, training or exposure to various empirically-based psychotherapies (CPT, PE, DBT, CBT-I, CBT for depression/anxiety, MI, EMDR...), program evaluation, interprofessional training, communicating across disciplines, ethics, leadership/management in the VA, and EPPP preparation. In addition to didactic presentations on the above topics, there will also be a lab portion to some didactics where fellows can bring cases for advanced integrative learning (e.g. assessment cases with MMPI-2-RF, MCMI-III, and/or other cognitive or projective testing).

2. Diversity Series. A series of 6 progressive talks on issues of multicultural competency that will be led by Drs. Nademin and Caraballo. The diversity trainings will include building a basis for approaching cases from a multi-culturally competent framework. Training recommendations given in the APA Multicultural Guidelines in Education, Training, Research Practice and Organization change paper (2002) are integrated. Dr. Nademin and Dr. Caraballo are well-versed in working with diverse populations, and are recognized leaders both within and outside the VA in integrating competence in individual and cultural diversity in all aspects of psychological practice. We also have invited speakers at times, to include subject matter experts from the broader Phoenix community to speak about working with Native American populations.

3. Supervision Clinic. The fellows will be paired with a predoctoral psychology intern within their area of emphasis to provide practical experience in supervision (while still under the supervision of a licensed psychologist), which will last for about six months (roughly November to May; weekly supervision sessions). The supervision clinic is then a weekly group for the fellows for the supervision of supervision, which will include reviewing recorded supervision sessions, and discussing supervision process, theory, issues, and procedures. Within the supervision experience, fellows will learn to perform an initial assessment of a trainee's skill, implement informed consent, develop a supervision plan, complete weekly supervision record forms, provide formative and summative feedback, and appropriately terminate the supervisory relationship.

4. Journal clubs/specialty seminar. Each fellow will attend a specialty area journal

club/seminar to review and link relevant research findings to their clinical practice. These journal clubs may include interns, fellows and faculty in a specific area of emphasis. Fellows will review classic and relevant research articles in their area of emphasis and discuss treatment issues specific to those populations.

5. Psychology Department Continuing Education Series. The Psychology Department hosts a one-hour monthly APA-approved continuing education series that the fellows are required to attend. These presentations are designed to meet the needs for licensure within Arizona, as well as the needs of professionals working at the medical center and in the broader community. These CEs include local subject matter experts, as well as outside speakers. On occasion, longer CEs are offered to cover topics in greater detail (e.g. ethics, supervision, domestic violence; 2-4 hours).

6. Breakfast Club. The “breakfast club” meetings are one-hour a month, and are designed to be a place fellows can more freely discuss topics of professional relevance and meet with the Director of Training. In the past, this has included a time for peer support, informal case consultation, and practical discussions about early career independent practice (e.g. licensure process/procedures, licensure mobility, hospital credentialing, and board certification). This will also be a time for the Director of Training to pass relevant information to the fellows on any fellowship-related matters, as well as a forum where the fellows can provide feedback as a class to the Director of Training to address any concerns.

Optional Didactics:

In addition to the didactics noted above, additional didactics opportunities are available within the fellowship program, within the Phoenix VA Healthcare System (PVAHCS) more broadly, or through local/national conferences. Attendance at these can be discussed with one’s primary supervisor and factored into one’s individual training plan. Optional didactics include:

1. PVAHCS Mental Health Grand Rounds. The fellows may attend the Mental Health Grand Rounds presented once a month by various speakers from within the medical center and the broader community.

2. PVAHCS Medical Grand Rounds. The fellows may also attend the Medical Service Continuing Medical Education presentations if the topic is an area of interest.

3. Approved Absence for Educational Opportunities. Fellows may take 5 days a year to attend local or national conferences to further their educational objectives. A paper or poster presentation at such conferences is not required, although would increase the likelihood of being funded for the conference.

4. Alternate PVAHCS Journal Clubs/Specialty Seminars. Several journal clubs and specialty seminars are available outside one’s area of emphasis within the Clinical Psychology Fellowship Program, Clinical Neuropsychology Fellowship Program, and our Predoctoral Internship Program. Fellows may discuss attending offerings of interest with one’s supervisor.

Progress and Exit Criteria

Fellows are evaluated at three points during the year on the previously described competencies. Copies of the fellowship evaluation tools and associated policies are available for review upon request. In evaluating a fellow's performance and progress, applicable policies and procedures concerning due process and fair treatment are followed. In terms of each trimester evaluation, behavioral exemplars for each Level 1 and Level 3 competency are rated as either "Not at all/Slightly", "Somewhat", "Moderately", "Mostly", or "Very", characteristic of the fellow's behavior. For those with a particular strength, supervisors also have the option to recognize this by rating a behavioral exemplar as being a "Unique Strength." The percentage of behavioral exemplars that fall at the "Very" characteristic level, or above, is calculated and used to help determine progress throughout the fellowship (e.g. rated as "Very" characteristic of the fellow's behavior, or considered a "Unique Strength").

To help determine if a fellow is on trajectory to graduate during the fellowship, each fellow will receive an evaluation at the end of Trimester 1 and 2 before needing to meet exit criteria at the completion of Trimester 3. Expectations at the end of Trimester 1 are that 60% of the behavioral exemplars for each Level 1 and Level 2 competency are rated as "4" or above, with none being rated as "Not at All/Slightly" characteristic of the fellow's behavior (e.g. 60% rated as "Very" characteristic of the fellow's behavior, or considered a "Unique Strength"). At the end of Trimester 2, 70% of the behavioral exemplars for each Level 1 and Level 2 competency should be rated as "4" or above, with none being rated as "Not at All/Slightly" characteristic of the fellow's behavior (e.g. 70% rated as "Very" characteristic of the fellow's behavior, or considered a "Unique Strength").

Successful completion of the Clinical Psychology Fellowship Program is determined by the Training Committee. Fellows are required to be on site for the full duration of the one-year fellowship (52 weeks), complete a total of 2080 hours (annual leave and sick leave included in this), engage in a minimum of 33% of their time in direct patient care, and meet competency thresholds. In terms of the competency ratings, 80% of the behavioral exemplars for each Level 1 and Level 2 competency must be rated as a "4" or above to meet the minimal levels of achievement for successful program completion (e.g. 80% rated as "Very" characteristic of the fellow's behavior, or considered a "Unique Strength"). Additionally, no behavioral exemplars may be rated below a "2" (e.g. considered "Not at All/Slightly" or "Somewhat" characteristic of the fellow's behavior). Upon successful completion of the fellowship, all fellows will receive a certificate that indicates they have successfully completed a postdoctoral fellowship in Clinical Psychology.

If there is any question that the fellow may not be on trajectory to graduate, this will be specifically addressed at the appropriate trimester evaluation and the fellow will be provided timely written notification of any shortcomings, the opportunity to discuss them, and guidance regarding the steps necessary to demonstrate growth in the areas noted. Additionally, written feedback on the extent to which corrective actions are or are not successful will also be provided.

Clinical Neuropsychology Fellowship Program

The Clinical Neuropsychology Fellowship Training Program functions within the structure and administration of the overall Phoenix VA Healthcare System Psychology Postdoctoral Fellowship Program, although is in the process of seeking APA-accreditation within the specialty of clinical neuropsychology. The Clinical Neuropsychology Fellowship Program is designed to provide clinical, didactic, and academic training that will result in advanced competence in the specialty of clinical neuropsychology, as well as prepare trainees for future independent practice. The training program is a 2-year, full-time, education and training experience in clinical neuropsychology, and is a member program of the Association of Postdoctoral Programs in Clinical Neuropsychology (APPCN). The fellowship adheres to the criteria designated by the Houston Conference on Specialty Education and Training in Clinical Neuropsychology (Hannay et al., 1998), and is designed to meet eligibility requirements for the American Board of Professional Psychology (ABPP) Diploma in Clinical Neuropsychology.

General Philosophy, Training Model, and Curriculum

Fellows obtain experience and develop a high level of professional expertise in clinical neuropsychological evaluations, differential diagnosis, clinical interviewing and case formulation based on contemporary clinical practice. Fellows develop a philosophy of neuropsychological assessment, brain organization, and professional ethics, and develop professional consultation skills and the ability to provide lectures on various neuropsychological topics. Fellows hone skills in treatment, consultation, supervision, and provide input to the development of the training curriculum for more junior trainees. Fellows also become competent and capable of independent and systematic neuropsychological research. To maintain consistency with the Houston Conference Guidelines, the Clinical Neuropsychology Fellowship adheres to a scientist-practitioner model (Belar & Perry, 1992).

Weekly inter-institutional seminars and case conferences are provided via video-teleconference with several military and Veterans Affairs training sites throughout the country (Department of Defense Medical Centers and other VA Hospitals). Fellows also participate in a bi-weekly Neuropsychology Service series which includes clinical rounds, journal club discussions, and didactic presentations from faculty and fellows alike. Fellows may also participate in a clinical neuroanatomy course through a local medical school, or through on-line options with the National Academy of Neuropsychology. There may also be an opportunity to participate in brain cuttings or a neuropathology course with a local medical school.

Clinical training will interface with multiple disciplines, including neurology, psychiatry, clinical psychology, physiatry, social work, pharmacy, speech pathology and other specialty areas. While neurology and neurosurgery rounds are not available on-site, these are available at several hospitals within a few miles of the PVAHCS, and are open to the public. The fellow may also have the opportunity to attend neuroanatomy and neuroimaging

trainings with other facilities affiliated with the PVAHCS. Fellows are required to teach seminars to other disciplines and medical residents on topics of neuropsychological assessment, fostering interdisciplinary awareness.

The Neuropsychology Service is staffed with seven core faculty neuropsychologists. The Director of Training of the Phoenix VAHCS Psychology Postdoctoral Fellowship Programs also serves as one of the core faculty in the Neuropsychology Service, and oversees the neuropsychology fellowship training. He is board certified by the ABPP in Clinical Neuropsychology and Clinical Psychology. The Neuropsychology Service falls under the Department of Psychology, and has assigned clerical and administrative support. The Neuropsychology Service evaluates and treats Veterans of all military branches and war-eras throughout the Phoenix catchment area. Veteran diversity is well represented, including ethnicity, race, gender, sexual orientation and socioeconomic status.

The Clinical Neuropsychology Fellowship Program is structured to ensure the development of advanced competence in the practice of clinical neuropsychology based upon sound scientific and professional practice foundations. The following are integral to the achievement of this goal:

1. The primary training method is supervised service delivery with direct patient care. A fellow's service delivery activities are intended to be primarily learning oriented, with training considerations given precedence over service delivery and revenue generation. Each fellow receives at least 2 hours of individual, face-to-face supervision with a clinical neuropsychologist. In addition, the fellow has access to additional supervisor consultation and intervention as needed.
2. Educational and training activities also comprise a large portion of the fellow's training and are designed to be cumulative, structured, and graduated in complexity.

Program Aim and Competencies

The aims of the clinical neuropsychology fellowship program are to: 1) develop advanced competence in clinical neuropsychology through the fulfillment of criteria designated by the Houston Conference on Specialty Education and Training in Clinical Neuropsychology (Hannay et al., 1998), and 2) to prepare fellows for independent practice and eventual board certification in clinical neuropsychology through the American Board of Clinical Neuropsychology. To accomplish this, several Level 1 and Level 3 competencies were developed, with behavioral exemplars for each competency being informed by several publications related to APAs Benchmark Competencies (Rodolfa et al., 2005; Hatcher et al., 2013) and clinical neuropsychological competencies (Lamberty & Nelson, 2012; Rey-Casserly, Roper, & Bauer, 2012). The advanced competencies include the following:

A. Level 1 Competencies (required of all programs)

1. Develop advanced competence in the interface of science and practice

2. Develop advanced competence in individual and cultural diversity
3. Develop advanced competence in legal, ethical and professional standards

B. Level 3 Competencies (specific to Clinical Neuropsychology)

1. Develop advanced foundational competence in professionalism, to include professional values and attitudes, reflective practice, and self-care.
2. Develop advanced foundational competence in communication and interpersonal skills in all aspects of one's professional responsibilities.
3. Develop advanced functional competence in the clinical neuropsychological assessment of adult Veterans presenting with diverse psychological problems and treatment needs.
4. Develop advanced functional competence in evidence-based practice in clinical neuropsychology
5. Develop advanced functional competence in clinical neuropsychological interventions
6. Develop advanced functional competence in clinical neuropsychological consultation
7. Develop advanced functional competence in clinical neuropsychological research
8. Develop advanced functional competence in education, to include supervision and didactic instruction in clinical neuropsychology
9. Develop advanced functional competence in the Veteran Affairs system, to include managing administrative responsibilities and participating in interdisciplinary teams

Training Methods

The Clinical Neuropsychology Fellowship Program extends over 24 months, and is structured to ensure the development of advanced professional and technical expertise in the practice of clinical neuropsychology based upon sound scientific and professional practice foundations. Each training year is divided into 3 four-month trimesters, during which time the fellow will be primarily affiliated with the Neuropsychology Service. The fellow will also be associated with interdisciplinary teams in the Traumatic Brain Injury Clinic, our developing Polytrauma Service, and the inpatient consultation service. The fellow typically completes 2-4 neuropsychological evaluations per week across various

clinics (as described below). In each setting, fellows will be involved in the clinical interview, test administration, scoring, report writing, patient feedback, and multidisciplinary team consultation/collaboration. Fellows will provide clinical services within most of the settings described below, although the bulk of the training experience will fall within the outpatient General Neuropsychology Service as this tends to be the clinic with the greatest breadth and complexity of cases. Fellows will also gain experience with supervision of more junior trainees under faculty supervision (interns and practicum students, as available). Fellows have the opportunity to assist in Brain Boosters, a psychoeducational group for those with memory difficulties, and may be involved in further program development.

Although the program is both programmatic and competency-based, the model of integrated education and training in clinical neuropsychology is acknowledged. Each fellow presents with different degrees of specialty knowledge and skills acquired at various levels of their training throughout their doctoral studies and internship. As such, during the first three weeks of the program the Neuropsychology Fellowship Training Director meets with the fellow and reviews the list of required competencies for the specialty training experience. Generally, these include standardized policies and procedures, administrative structure, resources, evaluations, and program self-assessment. The competency list specifies fellowship requirements in terms of assessment competencies, treatment competencies, knowledge required, and research activities. During this period, a baseline Periodic Comprehensive Examination (PCE) and baseline Written Comprehensive Examination (WCE) will be conducted. The PCE consists of a one-hour event involving a fact finding exercise in the style of the American Board of Clinical Neuropsychology oral examination. During this time the fellow obtains relevant information about an unfamiliar case and performs a mock initial neuropsychological consultation. Another portion of the PCE consists of an ethics vignette in which the fellow identifies ethical issues and discusses how to address these in a clinically and ethically responsible manner. The WCE is conducted in the style of the American Board of Clinical Neuropsychology written examination and is intended to assess the fellow's breadth of knowledge in clinical neuropsychology. The written exam is provided by the Association of Postdoctoral Programs in Clinical Neuropsychology (APPCN) and consists of 50 objective questions that fall into four domains derived from the Houston Conference Guidelines. These domains include Generic Psychology Core, Generic Clinical Core, Foundations for the Study of Brain-Behavior Relationships, and Foundations for the Practice of Clinical Neuropsychology. The baseline evaluation will help to inform and guide the development of the Initial Training Plan. The fellow works with the Neuropsychology Fellowship Training Director to develop the Initial Training Plan based on the fellow's previous training and experience related to the competencies, as well as the fellow's areas of interest. Subsequent PCEs and WCEs are conducted at the end of the 10th and 18th month of fellowship training. Fellow performance on these evaluations are used to inform subsequent Training Plans (i.e., Training Plan II, end of 8th month of TY1; Training Plan III, end of month 18).

Clinical Rotations:

1. General Neuropsychology Service (GNS). The General Neuropsychology Service is the clinic designated for all outpatient neuropsychology referrals from primary care, neurology, psychiatry, compensation and pension, speech, and other specialty clinics. Typical referrals include traumatic brain injury, mild cognitive impairment, various dementias, stroke, and cognitive dysfunction secondary to various medical or psychiatric conditions. Less frequently, referrals can include epilepsy/seizures, multiple sclerosis, inpatient capacity, and pre/post neurosurgical evaluations (i.e. deep brain stimulation for movement disorders). The first two trimesters of the fellow's time in the GNS will focus primarily on the Memory Disorder Clinic noted below, while the remainder of the fellowship will include the full diversity of clinical referrals. Opportunities for neuropsychology-specific group interventions are typically through this clinic, and include psychoeducational/cognitive rehabilitation interventions for memory difficulties (i.e. Brain Boosters Group).

2. Memory Disorder Clinic. The Memory Disorder Clinic evaluates Veterans for possible dementia or mild cognitive impairment (MCI). This clinic resides within the General Neuropsychology Service, and is the starting point for most clinical neuropsychology fellows. Referrals from primary care, psychiatry, and neurology or common, and full neuropsychological evaluations are conducted for differential diagnostic purposes. Common diagnoses include MCI, Possible/Probable Alzheimer's Disease, Parkinson's Disease, Vascular Dementia, and related low and high base-rate differentials (e.g. DLB, FTD, CBD...).

3. Traumatic Brain Injury Clinic. The TBI Clinic evaluates Veterans who have deployed in support of Operation Iraqi Freedom (OIF), Operation Enduring Freedom (OEF), or Operation New Dawn (OND) for possible deployment-related head injuries. In this clinic the fellow works in a primary care setting to provide neuropsychological screenings. Neuropsychological screenings are followed by a joint interview with a primary care provider. At the conclusion of the interview treatment recommendations and additional referrals are provided when indicated. The fellow will also be responsible for presenting findings to an interdisciplinary team, which includes physiatrists, physician assistants, nurse case managers, social workers, speech therapists, and other psychologists/neuropsychologists. The fellow will also have the opportunity to present relevant neuropsychological topics to this interdisciplinary team.

4. Polytrauma Services. The Polytrauma Clinic is in the process of being established at the PVAHCS. This clinic will be similar to the TBI clinic in that the fellow will be involved in neuropsychological screenings as part of an interdisciplinary team. However, the interdisciplinary team will also include neurology, which provides the fellow the opportunity to observe neurological examinations, integrate medical test results into case conceptualization (sleep study, EEG, MRI, fMRI, CT/PET), and integrate neuropsychological findings into the Veteran's treatment plan. As in the TBI clinic, the fellow will participate in interdisciplinary team meetings and have the opportunity to present on neuropsychology specific topics.

5. Additional Rotation Options. While the PVAHCS does not have a formal neurorehabilitation program, several of the neuropsychologists on staff have fellowship training in neurorehabilitation and are appropriately credentialed to provide this service. As such, individuals on a case-by-case basis are offered limited neurorehabilitation services, to which the fellow would also gain exposure. The Fellow will also assist with a psychoeducational group designed to reduce persistent postconcussive symptoms in those with mTBI. The fellow may also have the opportunity to briefly rotate with Speech, Physical Therapy, or Occupational therapy to gain a greater appreciation for these disciplines and their role in neurorehabilitation.

Required Didactics:

1. Joint VA/DoD Clinical Neuropsychology Video-conference. Postdoctoral Fellows are required to participate in a weekly two-hour case conference and reading seminar via video-conference with several VA and Department of Defense (DoD) postdoctoral fellowship training sites from across the country. At present, eight DoD/VA sites participate in this training, and fellows rotate presenting cases and leading discussions about the readings. These weekly seminars have a 2-year reading curriculum, with topics including Neurobehavioral Syndromes, Functional Neuroanatomy, Neuropsychological Assessment, Military/Veteran Specific Neuropsychological Topics, and current trends in Neuropsychology and Neuropathology.

2. Neuropsychology Service Case Conference. Fellows also participate in a bi-weekly Neuropsychology Service Case Conference that may include case presentations, journal article discussions, or didactic presentations in neuroanatomy, neuropsychiatry, and behavioral neuroscience. The fellow will rotate responsibility for presenting in a group consisting of PVAHCS neuropsychology staff, neuropsychology interns, and other trainees.

3. Neuroanatomy Coursework. During the second year, the fellow may also participate in an online clinical neuroanatomy course currently offered through the National Academy of Neuropsychology, and will be granted time to integrate this into their training plan. It may also be possible to attend a clinical neuroanatomy course, with brain cutting, through a local medical school; collaborative agreements are currently being explored on this option.

4. Diversity Seminar. A Diversity series of six seminars on multicultural competence is required during the first year of the fellowship. This takes place with the seven clinical psychology fellows, and includes building a basis for approaching cases from a multiculturally-competent framework. Training recommendations given in the APA Multicultural Guidelines in Education, Training, Research Practice and Organization change paper (2002) are integrated into this training.

5. Supervision Clinic. The neuropsychology fellow will be paired with a predoctoral psychology intern to provide practical experience in supervision (while still under the supervision of a licensed clinical neuropsychologist), which will last for about six months

(roughly November to May of the second year; weekly supervision sessions). The supervision clinic is then a weekly group for all fellows for the supervision of supervision, which will include reviewing recorded supervision sessions, and discussing supervision process, theory, issues, and procedures. Within the supervision experience, fellows will learn to perform an initial assessment of a trainee's skill, implement informed consent, develop a supervision plan, complete weekly supervision record forms, provide formative and summative feedback, and appropriately terminate the supervisory relationship.

6. Breakfast Club. The "breakfast club" meetings are one-hour a month, and are designed to be a place fellows can more freely discuss topics of professional relevance and meet with the Director of Training for both fellowship programs. In the past, this has included a time for peer support, informal case consultation, and practical discussions about early career independent practice (e.g. licensure process/procedures, licensure mobility, hospital credentialing, and board certification). This will also be a time for the Director of Training to pass relevant information to the fellows on any fellowship-related matters, as well as a forum where the fellows can provide feedback as a class to the Director of Training to address any concerns.

Optional Didactics:

1. Clinical Psychology Fellowship Program. The clinical neuropsychology fellow may also attend structured didactics for the clinical Psychology Fellowship Program when there is a topic of interest. A sampling of broad topics for these didactics include ethics, program evaluation, licensure and EPPP preparation, career development, and practice options both inside and outside the VA system.

2. Psychology Department Continuing Education Series. The Psychology Department hosts a one-hour monthly APA-approved continuing education series that the fellow is welcome to attend. When topics are specific to clinical neuropsychology, the fellow may be required to attend by one's supervisor. These presentations are designed to meet the needs for licensure within Arizona, as well as the needs of professionals working at the medical center and in the broader community. These CEs include local subject matter experts, as well as outside speakers. On occasion, longer CEs are offered to cover topics in greater detail (e.g. ethics, supervision, domestic violence; 2-4 hours).

3. Local Grand Rounds. Fellow will also have the opportunity to attend the following neuroscience educational and teaching opportunities:

- a. Neuroscience Grand Rounds at St. Joseph's Hospital & Medical Center (1 hour a week, Year 1)
- b. PVAHCS Internal Medicine Grand Rounds (as relevant and available)

4. VA-wide presentations. The fellow is also encouraged to take advantage of excellent webinars and recorded trainings through the VA's Talent Management System, which includes several trainings related to traumatic brain injury, posttraumatic stress

disorder, other comorbid psychiatric conditions, and comorbid medical conditions of relevance to clinical neuropsychology.

Research:

As with many VA training sites, a strength of the PVAHCS is access to years of archival data within the Neuropsychology Service and the VA's electronic health record. Fellows are expected to complete a research project by the conclusion the second year, which can include submission of a study or literature review for publication, submission of a poster or paper for presentation, a grant proposal, or an outcome assessment of interventions in the neuropsychology service. Fellows will be afforded 4 hours per week to develop and implement research initiatives. Of note, collaboration with other local facilities has afforded opportunities in neuroimaging didactics and training in structural neuroimaging analysis.

Supervision:

The fellow receives two hours of face-to-face individual supervision per week, with additional supervision available as needed. The role of the fellow's supervisor is to monitor progress in the attainment of program objectives and to serve as a mentor for the developing neuropsychologist. During individual supervision and neuropsychology case conferences, the fellow will be required to demonstrate skill in case conceptualization, diagnosis, and treatment design. The supervisor also evaluates clinical skills and knowledge, and provides feedback to the fellow and the Neuropsychology Fellowship Training Director on a regular basis. A fellow's performance is reviewed monthly by the Psychology Fellowship Training Committee. Fellows must demonstrate advanced competence in clinical neuropsychology, and activities of the fellowship are logged and monitored using a Supervision Log.

Mentorship:

The clinical neuropsychology fellow will also have the opportunity to participate in our mentorship program with the seven clinical psychology fellows. The mentorship program has been developed and instituted to support our fellows' professional development in a non-evaluative and collegial environment, which is independent of the supervisory relationship, program evaluation process/procedures, and any communication with training committee members. Primary aspects of the mentor's role are to foster the fellow's personal and professional development, help the fellow negotiate the fellowship program, and plan for entry into the profession at the conclusion of training.

Development of Administrative skills:

Fellows will be invited to attend administrative meetings and activities within neuropsychology, and within the broader psychology fellowship program. The fellow will share responsibility with the neuropsychologists for managing and tracking consults, leading team meetings, and/or facilitating administrative tasks within the Neuropsychology Service at times.

Progress and Exit Criteria

Fellows are evaluated at three points each year on the previously described clinical neuropsychology competencies. Copies of the fellowship evaluation tools and associated policies are available for review upon request. In evaluating a fellow's performance and progress, applicable policies and procedures concerning due process and fair treatment are followed. In terms of each trimester evaluation, behavioral exemplars for each Level 1 and Level 3 competency are rated as either "Not at all/Slightly", "Somewhat", "Moderately", "Mostly", or "Very", characteristic of the fellow's behavior. For those with a particular strength, supervisors also have the option to recognize this by rating a behavioral exemplar as being a "Unique Strength." The percentage of behavioral exemplars that fall at the "Very" characteristic level, or above, is calculated and used to help determine progress throughout the fellowship (e.g. percentage rated as "Very" characteristic of the fellow's behavior, or considered a "Unique Strength").

To help determine if a fellow is on trajectory to graduate during the fellowship, fellows will receive an evaluation at the end of each Trimester before needing to meet exit criteria at the completion of Trimester 6. Expectations at the end of Trimester 1 are that 40% of the behavioral exemplars for each Level 1 and Level 3 competency are rated as "4" or above, with none being rated as "Not at All/Slightly" characteristic of the fellow's behavior (e.g. 40% rated as "Very" characteristic of the fellow's behavior, or considered a "Unique Strength"). At the end of Trimester 2, 50% of the behavioral exemplars for each Level 1 and Level 3 competency should be rated as "4" or above, with none being rated as "Not at All/Slightly" characteristic of the fellow's behavior (e.g. 50% rated as "Very" characteristic of the fellow's behavior, or considered a "Unique Strength"). At the end of Trimester 3, 60% of the behavioral exemplars for each Level 1 and Level 3 competency should be rated as "4" or above, with none being rated as "Not at All/Slightly" characteristic of the fellow's behavior (e.g. 60% rated as "Very" characteristic of the fellow's behavior, or considered a "Unique Strength"). At the end of Trimester 4, 60% of the behavioral exemplars for each Level 1 and Level 3 competency should be rated as "4" or above, with none being rated as "Somewhat" characteristic of the fellow's behavior or below (e.g. 60% rated as "Very" characteristic of the fellow's behavior, or considered a "Unique Strength"). At the end of Trimester 5, 70% of the behavioral exemplars for each Level 1 and Level 3 competency should be rated as "4" or above, with none being rated as "Somewhat" characteristic of the fellow's behavior or below (e.g. 70% rated as "Very" characteristic of the fellow's behavior, or considered a "Unique Strength").

Successful completion of the Clinical Neuropsychology Fellowship Program is determined by the Training Committee. Fellows are required to be on site for the full duration of the two-year fellowship (104 weeks), complete 4160 hours (annual leave and sick leave included in this), engage in a minimum of 50% of their time in clinical services (25% of which is direct patient care), complete a research project, and meet competency thresholds. Competency thresholds are that 80% of the behavioral exemplars for each Level 1 and Level 3 competency must be rated as a "4" or above to meet the minimal levels of achievement for successful program completion (e.g. 80% rated as "Very" characteristic of

the fellow's behavior, or considered a "Unique Strength"). Additionally, no behavioral exemplars may be rated below a "2" (e.g. considered "Not at All/Slightly" or "Somewhat" characteristic of the fellow's behavior). Upon successful completion of the fellowship, all fellows will receive a certificate that indicates they have successfully completed a postdoctoral fellowship in Clinical Neuropsychology.

If there is any question that the fellow may not be on trajectory to graduate, this will be specifically addressed at the appropriate trimester evaluation and the fellow will be provided timely written notification of any shortcomings, the opportunity to discuss them, and guidance regarding the steps necessary to demonstrate growth in the areas noted. Additionally, written feedback on the extent to which corrective actions are or are not successful will also be provided.

ADMINISTRATIVE AND PROGRAM STRUCTURE

The Psychology Fellowship Program at the Phoenix VA Healthcare System (PVAHCS) currently offers training to seven one-year postdoctoral fellows in Clinical Psychology and one two-year postdoctoral fellow in Clinical Neuropsychology. The psychology fellow's program is individualized to fit his or her needs and interests. In our program, we encourage fellows to observe and experience a variety of supervisory and clinical models. As the fellows progress in the program and their professional skills and duties advance, they assume greater responsibility in the clinical setting.

Funding/Benefits/Leave:

VA-funded psychology fellows are paid a full-time stipend of \$43,334, and payments are every two weeks for a full year. Health insurance is available at employee copay rates. Training stipends are taxable. The PVAHCS does not offer part-time or unfunded fellowship positions.

The official fellowship year will begin on **21 August 21 2017**. Fellows earn four hours of annual leave and four hours of sick leave every two weeks. Additionally, fellows are granted up to five days of authorized absence (i.e., time allowed for attending or presenting at conferences) for educational opportunities, and receive ten paid federal holidays.

Facility and Training Resources:

The Psychology Service recently moved to a newly constructed area of the main hospital. The Psychology Service shares a clerk who provides assistance to fellows with procurement of supplies and various administrative tasks. Fellows will also spend time in their area of emphasis and will have resources provided to them in those locations for their use.

Training Program Evaluation:

The fellows will complete formal rating scales after six months and at the end of the training year to indicate their satisfaction with the training experiences and outcomes, quality of supervision provided, didactic experiences, and facilities and resources available. The training directors review the fellows' satisfaction ratings and take reasonable steps to address any areas of concern. At each Trimester evaluation, the fellows also rate their individual supervisor and group supervisors. Exit interviews with the fellows by the training directors will be completed at the end of the training year in order to gather additional feedback about the training experience and in order to inform the continuous improvement of the postdoctoral training programs. It is expected that fellows will provide feedback to their supervisors on an ongoing basis, as well, concerning their needs and the extent to which the training activities are fulfilling their goals.

Due Process – Procedures for due process in cases of problematic performance are in place, as are grievance procedures to be followed by residents and staff alike. A copy of this is available upon request to Dr. Kratz.

Time Commitment:

The clinical psychology postdoctoral fellowship requires a one-year full-time training commitment (2080 hours), or in the case of the clinical neuropsychology fellowship, a two year full-time training commitment (4160 hours). To ensure a sufficient breadth of training experience, and that a fellow meets the training program's defined goals, fellows may also choose to participate in additional training opportunities as appropriate.

Note: Consistent with APA and the VA's Office of Academic Affiliations, it is expected that postdoctoral fellows will complete the entire training term without exception.

PHOENIX: A GREAT PLACE TO TRAIN AND LIVE

Metropolitan Phoenix is the fifth largest city in America with a population of more than three million. Despite its size, it remains affordable as compared to other large U.S. cities. Phoenix has striking architecture with Mexican, Spanish and Native American influences. Frank Lloyd Wright and his students designed several local buildings, homes and churches. Phoenix's principal industries are manufacturing of high technology products, agriculture, and tourism.

Phoenix has much to offer lovers of fine arts. Many cultural events are presented by entities such as the Phoenix Symphony Orchestra, the Phoenix Chamber Music Society, Scottsdale Center for Arts, Ballet Arizona and Musical Instrument Museum. The Arizona Opera Theater Company presents its season at the Herberger Theater. Phoenix has several specialized theater groups as well. The Heard Museum houses a renowned collection of Native American art and culture. The Phoenix Art Museum has a fine permanent collection and mounts several shows each year. The Desert Botanical Garden is world-renowned.

Phoenix offers over 300 days of sunshine; thus many year-round sporting activities are prevalent. Near Phoenix there are six man-made lakes where boating, fishing, and water skiing can be enjoyed. Arizona has three ski resorts, depending on snowfall. Phoenix is home to four major league professional sports teams: NBA's Phoenix Suns, NFL's Arizona Cardinals, MLB's Arizona Diamondbacks, and NHL's Phoenix Coyotes. Several major annual sporting events take place in Phoenix, including PGA and LPGA golf tournaments, and auto racing.

Arizona State University is located in Tempe, approximately 20 minutes from central Phoenix and has expanded to downtown Phoenix, where the University of Arizona has also expanded. The university library system is extensive and includes both an academic and a scientific branch. The Phoenix area also has many community colleges. The area has some private colleges as well, such as, Grand Canyon University, University of Phoenix, and the Thunderbird American Graduate School of International Management.

Pine forests are a two-hour drive from the city. The Grand Canyon is a four-hour drive to the north. The beaches of Mexico are a four-hour drive to the south. Sedona is an hour and a half away. Sky Harbor International Airport provides daily connections to all major international airports. Los Angeles, Las Vegas and San Diego are an hour away by plane or a six to seven hour drive. Although there is both a bus and light rail system in Phoenix, a car is a necessity.

For additional information about the Phoenix metropolitan areas please go to:
www.visitphoenix.com.

PHOENIX VA HEALTHCARE SYSTEM
PSYCHOLOGY FELLOWSHIP TRAINING COMMITTEE

SPENCER BECK, PSY.D.
Arizona School of Professional Psychology, 2010
Licensed Psychologist in Colorado & Utah
(Outpatient Mental Health)

Dr. Beck currently serves as the Local Recovery Coordinator. Prior to that he was the DBT program director for the Phoenix VA and has overseen the implementation and training of staff interested in working with Veterans with Borderline Personality Disorder. He conducts individual DBT sessions and skills training groups as well as a Mindfulness based group in the Outpatient Mental Health clinic. Dr. Beck is interested in suicide prevention and is active on the Suicide Emergency Committee (SEC) and the Suicide Root Cause Analysis (SRCA) committee. He completed his internship at the Colorado Mental Health Institute at Pueblo, Institute for Forensic Psychology where he was trained in DBT, risk evaluations, and competency evaluation. Dr. Beck maintains a limited consult service in Utah for Forensic Competency Evaluations.

MARY LU BUSHNELL, Psy.D.
Argosy University/Phoenix, 2006
Licensed Psychologist in Arizona
(OEF/OIF/OND Neuropsychology)

Dr. Bushnell's clinical interests include Neuropsychology and cognitive rehabilitation. Duties include neuropsychological evaluation and consultation to the OEF/OIF/OND clinical team, TBI Clinic, medical inpatient units, and outpatient primary care clinics. Dr. Bushnell co-developed and co-leads the Brain Boosters cognitive enhancement group with Dr. Goren. Prior to joining the VA, Dr. Bushnell worked at a community agency where she conducted Neuropsychological evaluations, cognitive rehabilitation and psychotherapy with individuals with brain injury. She provides education regarding traumatic brain injury to organizations such as the Phoenix and Mesa Police departments, National Guard Medical Command, court system, vocational rehabilitation. Dr. Bushnell serves as a member of the Arizona Governor's Council on Spinal and Head Injuries. Finally, Dr. Bushnell is currently working on a study researching the efficacy of the facility's Traumatic Brain Injury (TBI) Clinic and a study to disentangle the relation between affective (emotional) and cognitive impairments in OEF/OIF veterans with TBI.

LEONARDO CARABALLO, Psy.D.
La Salle University, 2013
Licensed Psychologist in Arizona
(Inpatient Mental Health)

Dr. Caraballo works as part of an interdisciplinary team on the inpatient mental health unit. His theoretical orientation is Cognitive-Behavioral with an emphasis in utilizing evidence-based practice focusing on psychosocial rehabilitation and recovery (PSR & R) for serious mental illnesses. He serves as a regional trainer and consultant for VA employees seeking provider status in VA-Social Skills Training for serious mental illnesses. He also serves as a LGBT Veteran Care Coordinator and assists in the development of LGBTQ+ inclusive services for Veterans. He also serves as the Chair of the Arizona Psychological Association LGBTQ Committee. Dr. Caraballo completed a one-year post-doctoral VA fellowship in clinical psychology focusing on PSR & R for serious mental illnesses. Dr. Caraballo engages in research and program evaluation projects focusing on PSR & R and serious mental illness.

MIA DE LA ROSA-TRUJILLO, Ph.D.
Loma Linda University, 2008
Licensed Psychologist in Arizona and California
(General Neuropsychology)

Dr. De La Rosa's primary clinical interest is in neuropsychological conditions in the geriatric population including differential diagnosis of dementia. She also has interests in other conditions including head injury, MS, CVAs, and other neurological conditions affecting cognition. She is currently working in outpatient and inpatient settings conducting neuropsychological assessment of veterans from various referral sources including Psychiatry, Neurology, and the Specialty Clinics. Before joining the Phoenix staff in 2012, Dr. De La Rosa worked in California in a rehabilitation setting providing neuropsychological testing and treatment.

KATHRYN W. DOYLE, Ph.D.
Arizona State University, 2000
Licensed Psychologist in Arizona
(Outpatient Mental Health Clinic)

Dr. Doyle works in the Outpatient Mental Health clinic. Her treatment approach is primarily Cognitive Behavioral Therapy (CBT) and she specializes in using Evidence-Based Practices to treat a myriad of disorders, including anxiety disorders, depression/mood disorders, and compulsive behaviors (e.g., skin picking, hair pulling, and addictive behaviors) in both individual and group formats. She serves as a training consultant for VA employees participating in the VACO sponsored CBT training initiative. Dr. Doyle completed a two-year Postdoctoral research residency in public health and two-years of postdoctoral clinical training in utilizing CBT to treat obsessive-compulsive disorder and other anxiety disorders. She worked for several years as research faculty at Arizona State University's Prevention Research Center prior to starting at the VA. That work focused on program development, evaluation and dissemination. She also successfully managed a private practice in Scottsdale.

KATHLEEN GOREN, Ph.D.
Arizona State University, 1992
Licensed Psychologist in Arizona
(OEF/OIF/OND Neuropsychology)

Dr. Goren is the Section Lead of the Neuropsychology and Behavioral Medicine Section. Her theoretical orientation is cognitive-behavioral. Clinical interests include neuropsychology, geriatric, rehabilitation, and health psychology. Duties include neuropsychological evaluation and consultation to the OEF/OIF/OND clinical team, medical inpatient units, and an outpatient primary care clinic. Dr. Goren is actively involved in developing cognitive enhancement opportunities for OEF/OIF/OND Veterans returning from combat with blast exposure or PTSD. Prior experience includes PTSD Clinical Treatment Team, Private Rehabilitation Hospital and Day Treatment Center for Rehabilitation. Finally, Dr. Goren is currently working on a study researching the efficacy of the facility's Traumatic Brain Injury (TBI) Clinic and a study to disentangle the relation between affective (emotional) and cognitive impairments in OEF/OIF Veterans with TBI.

ANDREA CHAMBERS HEKLER, Ph.D.
 University of Arizona, 2008
 Licensed Psychologist in Arizona & California
 (Outpatient Mental Health)

Dr. Hekler provides evidence-based psychotherapy to Veterans in the outpatient mental health clinic. She was trained in Cognitive Behavioral Therapy and Interpersonal Psychotherapy over the course of her doctoral training at the University of Arizona and clinical internship at the Salem Veterans Affairs Medical Center. A postdoctoral fellowship at Stanford University prepared Dr. Hekler to become certified in Behavioral Sleep Medicine by the American Board of Sleep Medicine and to serve as a consultant on the VA's national training initiative for mental health clinicians to provide CBT for Insomnia. Dr. Hekler offers evidence-based psychotherapies for Veterans with insomnia, depression, anxiety disorders, and PTSD and offers the following groups: Sleep Well Group, CBT for Veterans with chronic pain and insomnia, anger management, and Pathfinders to develop skills for enhancing interpersonal effectiveness, emotion regulation, and distress tolerance. Dr. Hekler continues to participate in research and publish with colleagues on projects involving women's mental health and on the development and evaluation of phone apps to enhance healthful behaviors. Interests include sleep disorders, anxiety disorders, eating disorders, women's health, evidence-based psychotherapy, and program evaluation.

KAREN KATTAR, PSY.D.
 Minnesota School of Professional Psychology, 2002
 Licensed Psychologist in Minnesota
 Posttraumatic Stress Disorder Clinical Team (PCT)

Dr. Kattar is a clinical psychologist and Clinic Director of the Posttraumatic Stress Disorder Clinical Team where she provides therapy and assessment for the treatment of trauma-related symptoms and manages administrative duties for the team. She serves as the lead PTSD Mentor for VISN 18. She is a National Cognitive Processing Therapy (CPT: an evidence-based cognitive-behavioral therapy for trauma-related symptoms) Trainer for the Veterans Affairs Office of Mental Health and travels nationwide conducting workshops for the dissemination of CPT throughout the VA system, as well as the Department of Defense, and the private sector. She coordinates the Phoenix VA Cognitive Processing Therapy program and training clinic, and conducts therapy outcome research. As Clinic Director, Dr. Kattar coordinates the PCT intern rotation experience, but does not serve as a direct supervisor. Interns can gain experience with CPT working directly with Dr. Kattar by participating in her 3-day CPT workshop on site followed by co-leading a CPT group. She utilizes both CPT and Prolonged Exposure (PE) models in her work. Before transferring to the Phoenix VA in 2009, Dr. Kattar was on staff at the Minneapolis VAMC and served as the Psychotherapy Evidence-Based Coordinator, Assistant Training Director, and held appointments as Assistant Professor of Psychology at the University of Minnesota and Assistant Professor of Psychiatry at the University of Minnesota Medical School. She has published on PTSD in journals and book chapters and often serves as an invited speaker at national PTSD conferences.

KRIS KRATZ, Ph.D., ABPP (CL/CN)
Fuller Graduate School of Psychology, 2000
Licensed Psychologist in Arizona
General Neuropsychology

Dr. Kratz is the Director of Training for the PVAHCS Psychology Postdoctoral Fellowship Programs, and a clinical neuropsychologist in the General Neuropsychology Service. He is board certified in clinical psychology and clinical neuropsychology by the American Board of Professional Psychology, a practice sample reviewer for the American Board of Clinical Neuropsychology, and a mentor for the American Board of Clinical Psychology. In addition to his role for the Phoenix VA, Dr. Kratz has 15 years of experience as an Army officer (10 active duty, 5 in National Guard and Reserves). He has served in various military roles, to include psychologist, neuropsychologist, and as a unit commander. He has six combat deployments in support of Operation Iraqi Freedom, and practices CBT when functioning in his role as a military psychologist. Clinical neuropsychology interests include traumatic brain injury, baseline and clinical evaluations for those in high risk occupations (i.e. aviation, special operations), dementia, neuroimaging analysis utilizing FreeSurfer, industrial/organizational psychology, and moral injury.

MICHELLE MELTON, Psy.D.
Arizona School of Professional Psychology at Argosy University, 2009
Licensed Psychologist in Arizona & Virginia
(Outpatient Mental Health)

Dr. Michelle Melton received her Doctor of Psychology degree in Clinical Psychology from the Arizona School of Professional Psychology at Argosy University. Dr. Melton is a psychologist in the Jade/Opal mental health clinic. She has served as the Director of Clinical Training and Associate Professor in the masters and doctoral clinical psychology programs at the Arizona School of Professional Psychology at Argosy University. She has also worked in private practice and inpatient psychiatric hospitals providing individual and group therapy, crisis intervention services, as well as a variety of consultation services including workshops and program development. She is skilled in working within short-term, cognitive-behavioral and solution-focused framework, as well as intensive, insight-oriented approaches in treating a variety of human problems, including persons with substance abuse, adjustment disorders, depression, anxiety, and serious mental illness. Dr. Melton also conducts psychological assessments including intelligence testing, achievement testing, neuropsychological screening, personality assessment, and diagnostic assessment. Her research interests include professional identity development, racial identity, and training and supervision in psychology. Dr. Melton is committed to mentoring students studying psychology and enriching them with knowledge on systemic issues affecting the field, training, and the treatment of clients.

MAHSAW ELICIA NADEMIN, Ph.D.
 Catholic University of America, 2007
 Licensed Psychologist in Arizona
 (Home Based Primary Care Psychology)

Dr. Nademin practices from a cognitive-behavioral theoretical orientation with an emphasis on empirically-validated treatments. Dr. Nademin works in Home-Based Primary Care, where she provides psychotherapy and brief cognitive assessment for largely home-bound geriatric population of veterans who receive care from a multidisciplinary HBPC team. Dr. Nademin also chairs the Diversity Committee at the Phoenix VA, wherein she works alongside Dr. Pedro Choca in providing didactic training and consultation to our psychology interns and postdoctoral residents. Dr. Nademin previously served on the faculty of Midwestern University and Argosy University, educating doctoral students in Clinical Psychology and treating patients at Midwestern University's multidisciplinary clinic. Dr. Nademin also manages a part-time private practice, has served as the past Diversity Committee chair and Diversity Representative to the governing council of the Arizona Psychological Association (AzPA) and is currently Membership Committee Chair and Membership Representative of AzPA.

HEATHER A. OKVAT, Ph.D.
 Arizona State University, 2011
 Licensed Psychologist in New York
 (Health Psychology)

Dr. Okvat is the psychologist with the VA's interdisciplinary Chronic Pain Management Program. Within chronic pain, her clinical, program development, and research interests center on the mind-body relationship, mindfulness, and community gardening for overall health and well-being. Dr. Okvat's theoretical orientation is cognitive-behavioral and mindfulness-based. Following internship at the New Mexico VA, she completed a post-doctoral fellowship in Behavioral Medicine at the Boston VA. Dr. Okvat is an adjunct faculty member at Rutgers University's School of Health-Related Professions. She previously conducted research in complementary and alternative medicine.

KAREN OLSON, Ph.D.
 Seattle Pacific University, 2007
 Licensed Psychologist in Arizona and Washington
 (General Neuropsychology)

Dr. Olson specializes in neuropsychological assessment, neurorehabilitation, and psychotherapy for individuals with conditions that affect the brain and/or spinal cord. At the Phoenix VA, Dr. Olson focuses primarily on neuropsychological assessment, consultation, and education for individuals with known or suspected neurological conditions. Prior to her experience at the VA, Dr. Olson worked in comprehensive neurorehabilitation and in private practice.

KERRI F. SALAMANCA, Ph.D.
University of Illinois at Chicago, 1992
Licensed Psychologist in Arizona and Indiana HSPP
(PTSD Clinical Team)

Dr. Salamanca currently works for the Post Traumatic Stress Disorder Clinical Team and is located in the Thunderbird CBOC. She provides treatment to Veterans with trauma from any origin including non-combat, combat and military sexual trauma. Her primary clinical approach is to focus on the therapeutic relationship as a major tool of change and use of exposure therapy to effect emotional and behavioral change. Dr. Salamanca provides evidence-based treatment for PTSD using Prolonged Exposure Therapy, Cognitive Processing Therapy and Cognitive Behavioral Conjoint Therapy. Dr. Salamanca has a special interest in teaching supervision. She developed the Supervision Clinic for the VA internship in conjunction with the Vet Center, and provides supervision of supervision for the VA interns. She also has an interest in behavioral medicine and has provided interventions in smoking cessation, weight management, pain management, patient treatment compliance and health behavior change.

KRISTY STRAITS-TROSTER, Ph.D., ABPP
University of California, San Diego & San Diego State University Joint Doctoral Program
Licensed Psychologist in North Carolina and Washington
Primary Care Mental Health Integration (PC-MHI)

Dr. Straits-Troster is a Clinical Health Psychologist and Behavioral Health Director of the Primary Care Mental Health Integration Program at the Phoenix VA, where she provides CBT-based therapy and assessment for mental health conditions first presenting in Primary Care. She collaborates with the VISN 6 Mental Illness Research, Education and Clinical Center based in Durham, NC where she previously served as Assistant Director. Her work there included developing best practices and community education focused on post-deployment mental health, recent completion of a DoD-funded study on implementation of multi-family group treatment for combat survivors of TBI and their families, and she and continues to serve as adjunct faculty with Department of Psychiatry and Behavioral Sciences at Duke University. She collaborates with the VA Office of Public Health and Prevention in the development of tobacco use cessation services tailored for returning combat Veterans. Dr. Straits-Troster's research and clinical interests include prevention of chronic illness and infectious disease, treatment of PTSD, substance abuse and co-occurring conditions.

LESLIE TELFER, Ph.D.
 University Center at Albany, State University of New York, 1991
 Licensed Psychologist in Arizona and California
 (Chair of Psychology Service)
 (PTSD Clinical Team)

Dr. Telfer is the Chair of the Psychology Service. Her theoretical orientation is behavioral, with an emphasis on empirically-based treatments. In addition to overseeing the Service, she also provides evaluation and individual and group psychotherapy to Veterans with warzone-related PTSD. Her main interests are in the anxiety disorders, particularly PTSD, and in the third-wave behavior therapies, such as Acceptance and Commitment Therapy. Following internship at the Palo Alto, she completed a Postdoctoral fellowship at the National Center for PTSD and served on the staff there. Before coming to the PTSD Clinical Team in 2007, she provided behavioral medicine and general mental health services in the VA Primary Care extension clinic located in Sun City for several years. She has published in the area of anxiety disorders.

GINA WALTERS, Ph.D.
 Texas Tech University, 1998
 Licensed Psychologist in Arizona
 (General Neuropsychology)

Dr. Walters' primary clinical interest is in Neuropsychology. She is particularly interested in differential diagnosis of dementia, head injury, and psychiatric disorders. Duties include outpatient and inpatient neuropsychological assessment of veterans from various referral sources including Psychiatry, Neurology, and the Specialty Clinics. Before joining the Phoenix staff in 2001, Dr. Walters worked in a rehabilitation setting providing neuropsychological testing and treatment.

MATTHEW WEYER, Ph.D.
 Arizona State University, 1997
 Licensed Psychologist in Arizona
 (Health Psychology)

Dr. Weyer is the Training Director of the Psychology Internship Program. He has completed evidence-based training in Cognitive Behavior Therapy (CBT), Motivational Interviewing (MI) and Eye Movement Desensitization and Reprocessing Therapy (EMDR). His clinical interests include intervention and treatment of medical patients. Clinical responsibilities include assessment, individual psychotherapy, and psycho-educational groups. He coordinates the CBT-Insomnia and CBT-Tinnitus coping skills groups. His theoretical orientation is eclectic with a cognitive-behavioral emphasis. He sub-specializes in clinical hypnosis and EMDR and leads a weekly self-study group for the psychology interns.

Phoenix VA Supervisory Staff's Training and Certification in Evidence Based Psychotherapies:

Staff Name	CPT	PE	EMDR	CBT- Depression	CBT- Insomnia	ACT	DBT	MI	IPT	PST	SST
Ayers	T, P	T, P	T, P		T, P	T		T			
Beck	T, P			T			T				T,P
Grant				T			T				
Hekler	T,P	T		T	National Consultant		T		T, P		
Hernandez	T,P	National Consultant						T			
Isenhardt								T, P			
Johnston- Klauschie	T,P	T		T		T		T,P			
Kattar	National Trainer	T, P									
Luedtke	T,P	T,P									
McCray	Regional Trainer/ Consultant	T		T							
Melton									T,P	T,P	
Oizumi	T,P	T,P	T,P			T,P			T,P		
Tarazon- Weyer	T,P	T,P	T,P			T,P		T,P			
Weyer			T,P	T,P	T,P			T,P			

T=Trained, P=Provider Status or Certified (for EMDR). CPT=Cognitive Processing Therapy, PE=Prolonged Exposure, EMDR=Eye Movement Desensitization Reprocessing, CBT=Cognitive Behavioral Therapy, ACT=Acceptance and Commitment Therapy, DBT-Dialectical Behavioral Therapy, MI=Motivational Interviewing, IPT-Interpersonal Therapy, PST= Problem-Solving Therapy, SST-Social Skills Therapy

2015-2016 CLINICAL PSYCHOLOGY FELLOWS

Holly Gartler, Ph.D.

Graduate School: Alliant International University – Los Angeles

Internship Site: Kaiser Permanente - Fresno

Postdoc Emphasis Area: PTSD/Women Veterans Program

Anthony Henke, Psy.D.

Graduate School: Arizona School of Professional Psychology

Internship Site: State Operated Forensic Services – Minnesota Department of Human Services

Postdoc Emphasis Area: Posttraumatic Stress Disorder

Jacob Hyde, Psy.D.

Graduate School: Adler University

Internship Site: Boise Veterans Affairs Medical Center

Postdoc Emphasis Area: Primary Care Mental Health Integration

Adam Kristevski, Psy.D.

Graduate School: Chicago School of Professional Psychology

Internship Site: Central Arkansas Veterans Healthcare System

Postdoc Emphasis Area: Chronic Pain Wellness

Donna Price, Psy.D.

Graduate School: Spalding University

Internship Site: Georgia Regents University/Charlie Norwood VA Medical Center

Postdoc Emphasis Area: General Mental Health

Keith Reinhardt, Psy.D.

Graduate School: Arizona School of Professional Psychology

Internship Site: Arizona State Hospital

Postdoc Emphasis Area: Chronic Pain Wellness

Janelle Thompson, Psy.D.

Graduate School: La Salle University

Internship Site: Southeast Louisiana Veterans Healthcare System

Postdoc Emphasis Area: Primary Care Mental Health Integration

2015-2017 CLINICAL NEUROPSYCHOLOGY FELLOW

Cleo Arnold, Psy.D. (currently in 2nd year)

Graduate School: Alliant International University (Sacramento)

Internship Site: Loma Linda VAMC – predoctoral internship

Postdoc: Clinical Neuropsychology Fellowship Program

2014-2015 PSYCHOLOGY FELLOWS – Current Employment

Ashley Breedlove, Psy.D.

Graduate School: Nova Southeastern University

Internship Site: Dayton VA Medical Center

Postdoc Emphasis Area: Primary Care Mental Health Integration

Employment: Phoenix VA Healthcare System

Annel Cordero, Ph.D.

Graduate School: Utah State University

Internship Site: Arizona State University

Postdoc Emphasis Area: Chronic Pain Wellness

Employment: Assistant Professor, Kansas Wesleyan University

Kyle Lowrey, Psy.D.

Graduate School: Alliant International University – San Diego

Internship Site: Louis Stokes Cleveland VA Medical Center

Postdoc Emphasis Area: General Mental Health/PTSD

Employment: Phoenix VA Healthcare System

References

- Belar, C. D., & Perry, N. W. (1992). National Conference on Scientist-Practitioner Education and Training for the Professional Practice of Psychology. *American Psychologist, 47*, pp. 71-75.
- Fouad, N. A., Grus, C. L., Hatcher, R. L., Kaslow, N. J., Hutchings, P. S., Madson, M., et al., (2009). Competency benchmarks: A developmental model for understanding and measuring competence in professional psychology. *Training and Education in Professional Psychology, 3*, pp. S5-S26.
- Hannay, H. J., Bieliauskas, L., Crosson, B. A., Hammeke, T. A., Hamsher, K. deS., & Koffler, S. (Eds.). (1998). Proceedings of the Houston Conference on Specialty Education and Training in Clinical Neuropsychology. *Archives of Clinical Neuropsychology, 13*, pp. 157-250.
- Hatcher, R. L., Grus, C. I., McCutcheon, S. R., Fouad, N. A., Campbell, L. F., & Leahy, K. I. (2013). Competency benchmarks: Practical steps toward a culture of competence. *Training and Education in Professional Psychology, 7*(2), 84-91.
- Rodolfa, E., Bent, R., Eisman, E. Nelson, P., Rehm, L., & Ritchie, P. (2005). A cube model for competency development: Implications for psychology educators and regulators. *Professional Psychology: Research and Practice, 36*, pp. 347-354.
- Roldolfa, E., Kaslow, N. J., Stewart, A. E., Keilin, W. G., & Baker, J. (2005). Internship training: Do models really matter? *Professional Psychology: Research and Practice, 36*, pp. 25-31.