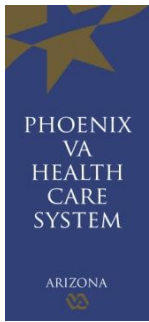


PSYCHOLOGY POSTDOCTORAL BROCHURE



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



Director of Training: Matthew Weyer, Ph.D.
Chief of Psychology: Karen Kattar, Psy.D.



Application Due Date: December 22, 2017
Start Date: September 4, 2018

Psychology Postdoctoral Fellowship Programs

Fellowship Training Brochure | 2018 - 2019 Training Year

Executive Group

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Chief, Psychology Service

Matthew Weyer, Ph.D.
Director of Training, Clinical Fellowship Program

Training Group

Clinical Psychology Fellowship Programs

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Primary Care-Mental Health Integration

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Women Veterans Program

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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. The clinical services we provide afford excellent training opportunities to develop advanced competencies in clinical psychology and clinical neuropsychology, further preparing psychologists to serve within the VA or the nation at large.

We are offering eight fellowship positions that will begin in September 2018. **Seven** of these positions are in our **Clinical Psychology Fellowship Program**, and include the following areas of emphasis:

- Primary Care-Mental Health Integration (PC-MHI) (2 fellows)
- Chronic Pain Management Program (2 fellows)
- General Mental Health (1 fellow)
- Posttraumatic Stress Disorder (1 fellow)
- 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 the role of an independent, professional psychologist. Our fellowships also provide a depth of experience within an 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 Veterans. Our fellows are 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 2018-2019 academic year, who will continue through the 2019-2020 academic year. This fellowship meets the requirements recommended by the Houston Conference Guidelines and is a member of the Association of Postdoctoral Programs in Clinical Neuropsychology (APPCN) 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). A site visit to complete the accreditation process is scheduled for Winter of 2017. 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 diversity among staff and trainees, as exemplified by our past success in the recruitment and retention of individuals of diverse backgrounds at the intern, postdoctoral, and staff levels. As a federal employer, our facility and department of Psychology strongly adhere to policies on non-discrimination and accommodations to facilitate success in our internship. 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.

The Phoenix VA Psychology Department believes that diversity presents in multiple facets. As a program, we place high value on diversity recognition and sensitivity. The Phoenix VA is proud to be part of eleven postdoctoral psychology VA training sites across the country that participates in a collaborative effort to provide specialized diversity training at the postdoctoral level. This is a monthly VTEL presentation facilitated by a range of practitioners and researchers from a variety of VA settings. Each presentation includes a

brief but substantive didactic presentation and embeds opportunities for group discussion among all participating sites throughout the presentation. In addition to the VTEL seminar, postdoctoral residents will lead one Diversity Journal Club discussion that is attended by psychology pre-doctoral interns and faculty.

In addition to the diversity training, our department hosts Diversity Action Committee meetings where hospital staff and trainees are invited to join in the promotion of diversity awareness and programming throughout the Phoenix VA Health Care System. We feel we have successfully cultivated an atmosphere of respect in moving towards enhanced diversity knowledge, awareness and skills.

APPLICATION & SELECTION PROCEDURES

Application materials are due by midnight EST **December 22nd, 2017**. All applications must be submitted via APPA CAS, except under unusual circumstances and consultation with Dr. Weyer.

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 pre-employment physical and fingerprinting

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](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 **Friday, December 22, 2017**. 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. Clinical Psychology Fellowship Applicants will be notified of interview offers by Thursday, January, 18, 2018. Clinical Interviews may be conducted in-person or by telephone during the first two weeks of February 2018. Selection guidelines for APPIC will be followed for the Clinical Psychology Fellowship Program. Offers will be made for the Clinical Psychology Fellowship Program on February 26, 2018 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.
4. Neuropsychology Fellowship Applicants will be notified of interview offers by Thursday, January, 18, 2018. Interviews typically take place at the International Neuropsychological Society annual meeting in early February. Selection guidelines for APPCN and the National Matching Services (NMS) will be followed for the Clinical Neuropsychology Fellowship Program. The Clinical Neuropsychology

Fellowship Program will provide the program's rank ordered list to the NMS (typically one week after INS).

5. Please contact Dr. Weyer with specific questions about the Clinical Psychology Fellowship Training Program, or the above eligibility criteria and application procedures. He can be reached at matthew.weyer@va.gov or 602-277-5551, ext. 7890 or. Please contact Dr. Kratz with specific questions about the Neuropsychology Fellowship Training Program, or the above eligibility criteria and application procedures. He can be reached at kris.kratz@va.gov or 602-277-5551, ext. 7884.

PHOENIX VA HEALTHCARE SYSTEM

The Phoenix VAHCS has been providing services to Veterans in Maricopa County since 1951. In 2016, the medical center had a total enrollment of over 91,000 Veterans, over 21% of which had a confirmed mental health disorder. The hospital is a tertiary care and training facility with 129 medical/surgical beds, 48 psychiatric beds, and a 102-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

Matthew Weyer, Ph.D. is the Director of Training of the Clinical Psychology Postdoctoral Fellowship Program. Kris Kratz, Ph.D., ABPP (CN/CL) is the Director of Training for the Neuropsychology Fellowship Program. Jennfier Averyt, Ph.D. and Tim S. Ayers, Ph.D. are Assistant Directors 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. Final decisions regarding the Psychology Postdoctoral Fellowship Programs are the responsibility of the Chief of Psychology, Karen Kattar, Psy.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, and our APA site visit is scheduled for the Winter of 2017. 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 (PC-MHI) (2 fellows)
2. Chronic Pain Management (2 fellows)
3. General Mental Health (1 fellow)
4. Posttraumatic Stress Disorder (1 fellow)
5. 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 develop advanced competence in several areas, to include the integration of science and practice, legal and ethical issues, individual and cultural diversity, assessment, intervention, consultation, and supervision. We aspire to train future psychologists who

will bring these skills to the VA system and further strengthen our changing health care environment.

The philosophy of our program is grounded in the practitioner scholar model, which emphasizes clinical practice and the importance of using theory and research to inform practice. In addition, the practitioner scholar model emphasizes the delivery of psychological services that take into account individual, cultural, and societal considerations.

Clinical training is focused on evidence-based interventions. The Phoenix VAHCS Department of Psychology has a number of staff members who are national trainers and consultants for the VA's evidence-based treatment programs, including Cognitive Processing Therapy (CPT), Cognitive Behavioral Therapy for Insomnia (CBT-I), CBT for Chronic Pain (CBT-CP), Prolonged Exposure (PE), and Motivational Interviewing (MI). Fellows have the opportunity to take part in training initiatives, including ongoing consultation groups, with staff members during the year.

Our training philosophy emphasizes a collaborative approach. An important component of all training experiences is the development of skills to work with other psychologists and members of other disciplines. Our fellows routinely collaborate with psychiatry, social work, pharmacy, nutrition, and primary care staff.

There is a focus in our program on creating a safe environment for learning. We value open discussions and processing of challenging experiences that fellows might face as they grow into their roles as autonomous practitioners.

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. 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 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 interdisciplinary system, management and administration.

Clinical Areas of Emphasis

Fellows can expect to spend about 30-35% 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 or 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 (PC-MHI).** The PVAHCS has a blended PC-MHI program with a Medical Psychology consultation service. Fellows will work at both the Main Hospital and at the newly opened Midtown Clinic (located less than 3 miles from the main hospital). The PC-MHI program combines co-located collaborative care and evidence-based care management components. The PC-MHI fellows 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), PC-MHI Psychiatry, Pharmacy, and Social Work. PC-MHI fellows provide same-day access appointments for PACT patients new to mental health or referred for brief psychotherapy (4-6 30-minute sessions). Fellows in this area also provide assistance with behavioral health issues (e.g., smoking cessation, medication adherence). Fellows provide individual and group therapy, including brief evidence-based treatments relevant for this care setting, such as Problem-Solving Training, Motivational Interviewing, Mindfulness-Based Stress Reduction and CBT for Insomnia or Chronic Pain. Fellows complete diagnostic assessments and triage Veterans to the appropriate levels of care in collaboration with PC-MHI Depression Care Managers (DCMs) and other PACT team members.

PC-MHI fellows are also part of the Academic PACT team that incorporates internal medicine residents, social workers, dietitians, nurses, pharmacists and attending physicians. They participate in shared medical appointments (e.g., Hypertension SMA), joint consultations, and provide residents with informal interprofessional trainings as requested. Additional opportunities are available for training and clinical team experiences through our Medical Psychology consultation service. This includes individual therapy referrals from specialty care services (e.g., Oncology, Endocrinology) and assessment opportunities for bariatric and organ transplant evaluations.

2. **Chronic Pain Management.** Fellows selected for the Chronic Pain Wellness Center have the opportunity to participate in an innovative interdisciplinary program designed to enhance the quality of life and functioning of veteran's coping with chronic pain. 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 (e.g., physicians, pharmacists), 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 our Veterans Pain School, a drop-in series of multidisciplinary lectures about chronic pain. Fellows also may participate in a new, intensive functional restoration program.
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 can 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 [BHIP] 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. Each BHIP team works collaboratively to plan for the overall mental health care of the veterans on their panels. Fellows on this rotation also spend one day a week in our Opal walk-in clinic that provides emergency care and triages veterans in crisis.

Fellows will have the opportunity to participate in two evidence-based psychotherapy trainings and consultation groups. Trainees on this rotation will be required to receive training in Dialectical Behavior Therapy (DBT) and attend weekly consultation group meetings. The Fellow can then choose to participate in one of the following trainings/ consultations as their second option: Cognitive Behavioral Therapy for Depression, Cognitive Processing Therapy, or Motivational Interviewing.

4. **Posttraumatic Stress Disorder.** Fellows in this track can expect to receive a rich and diverse experience in the assessment and treatment of PTSD. The training experience is located within the Posttraumatic Stress Disorder Clinical Team (PCT), and places a high value on the use of evidence based practice in the treatment of PTSD in an outpatient setting at the newly opened Midtown Clinic (located less than 3 miles from the main hospital). This training experience will allow fellows to gain experience with diagnostic evaluations, individual psychotherapy and group psychotherapy for PTSD, and work with veterans with both combat and military sexual trauma. Fellows will learn and utilize evidence-based psychotherapies (EBPs) through in-person and telehealth modalities. As part of this training experience, fellows will consult with and learn from faculty with a wide range of knowledge in a variety of EBPs for the treatment of PTSD. Specifically, faculty include a national and regional trainer for Cognitive Processing Therapy (CPT), a national trainer for Cognitive Behavioral Conjoint Therapy for PTSD (CBCT-PTSD), and a national trainer for Prolonged Exposure Therapy (PE). Fellows have the opportunity to attend a three day regional CPT training, held locally, and begin working toward CPT provider status within the VA. Additionally, fellows may have opportunities to gain experience in the use of Eye Movement Desensitization-Reprocessing (EMDR), Dialectical Behavioral Therapy (DBT), Cognitive Behavioral Therapy for Insomnia (CBT-I), Imagery Rehearsal Therapy for nightmares (IRT), Acceptance and Commitment Therapy (ACT), Skills Training in Affect and Interpersonal Regulation (STAIR), and Seeking Safety. Fellows will also function as a member of the PCT, attending interdisciplinary team meeting weekly to build programming, address clinical issues, and improve clinic functioning. During team meetings, staff regularly consult with one another about challenging cases and integrate professional articles relevant to the work of the clinic.

5. **Women Veterans Program.** Fellows in this area will be able to experience a dynamic training experience that includes elements of both primary care mental health integration services and general mental health. The Women Veterans Program (WVP) is currently co-located in our gynecology/mammography departments in the Main Hospital. Fellows gain experience managing warm hand-offs and working in short-term and longer-term treatment modalities. Training in several EBPs is encouraged, including trauma-informed and focused care (e.g., Cognitive Processing Therapy and Prolonged Exposure) and longer term emotional regulation strategies (e.g., Dialectical Behavior Therapy). Fellows have the unique ability to develop programming for the women veterans in this growing service. Further, fellows will work closely with the hospital's Intimate Partner Violence (IPV) Coordinator, who is tasked with building resources, developing community partnerships, and educating the hospital about issues related to intimate partner violence in veteran populations.

Training Methods

Personalized Training Plans:

At the start of the training year, fellows meet with their primary supervisor to 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 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 specific interventions), collaborative input regarding administrative duties and projects, team interactions, research opportunities that are explored, and career planning/career development. Fellows will receive formative feedback throughout individual supervision, as well as summative feedback at the end of each trimester.

Fellows also receive 1 hour of group supervision for six months out of the year. Fellows will participate in a case conference clinic in which they will 1) learn advanced psychotherapy skills and ways to adapt evidence based protocols and 2) discuss their experience of supervising predoctoral interns.

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. The 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, 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:

Interprofessional training and experience is a vital component of the fellowship and is considered a strength of our program. Examples of interprofessional experiences include the Academic PACT clinic collaboration, interdisciplinary work in the Chronic Pain Management clinic, the BHIP team huddles/meetings, and attending didactic trainings with one's respective interprofessional teams. 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 area 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 may choose to complete a program evaluation project over the course of the fellowship. 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. Opportunities will be provided for fellows to become familiar with facility and program performance metrics and quality improvement efforts.

Assessment:

Fellows will regularly participate in the types of assessment 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. In addition to receiving individual supervision for assessment cases, fellows attend a monthly assessment lab to ensure an adequate knowledge base for various assessment instruments and a chance to integrate assessment findings.

Research:

Fellows may participate in ongoing research and/or work towards publishing a manuscript based on their dissertation or other prior research. Current research projects within the psychology department 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). Given the clinical nature of the fellowship, limited time may be allocated toward this based on one's interest.

Mentorship Program:

A 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.

Didactics:

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 didactics. 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). More specific didactics include the following:

1. **Fellow 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-IV, and/or other cognitive or projective testing).
2. **National Psychology Diversity VTEL.** The Phoenix VA is proud to be part of eleven postdoctoral psychology VA training sites across the country that participates in a collaborative effort to provide specialized diversity training at the postdoctoral level. This is a monthly VTEL presentation facilitated by a range of practitioners and researchers from a variety of VA settings. Each presentation includes a brief but substantive didactic presentation and embeds opportunities for group discussion among all participating sites

throughout the presentation. Dr. Caraballo is the local coordinator and member of the national planning committee. It is held on the second Wednesday of every month 11:00 am to 12:00 pm Central Time. In addition to the VTEL seminar, postdoctoral residents will be required to lead one Diversity Journal Club discussion that is attended by psychology pre-doctoral interns and faculty. Postdoctoral residents are welcome to attend any additional Diversity Journal Club sessions if they choose.

3. **Supervision Clinic.** The Phoenix VAHCS Fellowship Supervision Program is designed to give Fellows the opportunity to provide supervision during the training year. This will be a 6-month long experience providing supervision to Psychology Interns, usually on one ongoing therapy case. Supervision of supervision will be provided by the Fellow's supervisor at the time of the experience.
4. **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).
5. **Training Director Meeting.** These 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 share 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 Medical Grand Rounds.** The fellows may also attend the Medical Service Continuing Medical Education presentations if the topic is an area of interest.
2. **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.
3. **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 and the following requirements.

1. Fellows are required to be on site for the full duration of the one-year fellowship (52 weeks), complete a total of 2080 hours (13 days of annual leave, 13 days of sick leave, and all federal holidays are included in the 2080 hours).
2. Complete a program evaluation project or prepare a manuscript for publication.
3. Engage in a minimum of 600 hours of direct patient care, and meet competency thresholds.
4. 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).

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.

Upon successful completion of the fellowship, all fellows will receive a certificate that indicates they have successfully completed a postdoctoral fellowship in Clinical Psychology.

Clinical Neuropsychology Fellowship Program

The Clinical Neuropsychology Fellowship Training Program functions within the administrative structure of the overall Phoenix VA Healthcare System Psychology Postdoctoral Fellowship Programs, although is in the process of seeking APA-accreditation specifically 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).

Clinical training will interface with multiple disciplines, including neurology, psychiatry, clinical psychology, physiatry, social work, pharmacy, speech language 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. 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 Neuropsychology Postdoctoral Fellowship Program 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 per week 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-Cassery, 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 and occasional inpatient consultation. 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 co-lead 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 fact-finding exercise in the style of the American Board of Clinical Neuropsychology oral examination. During this exercise 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 are 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 or neuropsychologists. The fellow will also have the opportunity to present relevant neuropsychological topics to this interdisciplinary team.
4. **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-teleconference 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, participating in mock fact-finding exercises 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 Seminar.** Fellows will attend a weekly seminar led by neuropsychology faculty to include presentations and discussions on neurological/psychiatric syndromes and corresponding neuropsychological profiles, board certification preparation and discussions regarding professional development issues.
3. **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.
4. **TBI Conference.** Fellows will participate in a monthly neurology TBI conference. These presentations are led by both VA and community providers and cover a broad range of topics related to traumatic brain injury
5. **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.
6. **National Psychology Diversity VTEL.** The Phoenix VA is proud to be part of eleven postdoctoral psychology VA training sites across the country that participates in a collaborative effort to provide specialized diversity training at the postdoctoral level. This is a monthly VTEL presentation facilitated by a range of practitioners and researchers from a variety of VA settings. Each presentation includes a brief but substantive didactic presentation and embeds opportunities for group discussion among all participating sites throughout the presentation. Dr. Caraballo is the local coordinator and member of the national planning committee. It is held on the second Wednesday of every month 11:00 am to 12:00 pm Central Time. In addition to the VTEL seminar, postdoctoral residents will be required to lead one Diversity Journal Club discussion that is attended by psychology pre-doctoral interns and

faculty. Postdoctoral residents are welcome to attend any additional Diversity Journal Club sessions if they choose.

7. **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 neuropsychology fellow will receive training in supervision skills from their supervisors during the course of their rotations.
8. **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).

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. **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)
3. **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 of 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.

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.

Mentorship:

The clinical neuropsychology fellow will also have the opportunity to participate in our mentorship program with our 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 and the following requirements.

1. 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).
2. Engage in a minimum of 50% of their time in clinical services (25% of which is direct patient care).
3. Complete a research project.
4. Meet competency thresholds such 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).

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.

Upon successful completion of the fellowship, all fellows will receive a certificate that indicates they have successfully completed a postdoctoral fellowship in Clinical Neuropsychology.

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 their 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. See page 42 for tables with additional details regarding benefits.

The official fellowship year will begin on **September 4, 2018**. 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 Department has staff at the Main Hospital, Community Based Outpatient Clinics (CBOC), and the recently opened Midtown Clinic which is located less than 3 miles from the main facility. Fellows share a large conference room with computers, phones and a printer. There are dedicated therapy and assessment offices for fellow use. Fellows have access to a refrigerator and microwave for shared use. The Psychology Department shares a clerk who aids fellows with the procurement of supplies and various administrative tasks.

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, 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 from Dr. Weyer or Kratz.

Time Commitment:

The clinical psychology postdoctoral fellowship requires a one-year full-time training commitment (2080 hours). In the case of the clinical neuropsychology fellowship, a two year full-time training commitment (4160 hours) is required. 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

Phoenix is the fifth largest city in America with a population of more than 1.6 million. Despite its size, it remains affordable 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 technology products, agriculture, and tourism.

Phoenix has much to offer in terms of culture and arts. Many events are presented by entities such as the Phoenix Symphony Orchestra, the Phoenix Chamber Music Society, Scottsdale Center for Arts, and Ballet Arizona. 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 American Indian art and culture. The Phoenix Art Museum has a fine permanent collection and presents several shows each year.

Phoenix offers over 300 days of sunshine. Thus, many year-round sporting activities are prevalent including hiking, running, and cycling. Several farmer's markets are available year-round in Phoenix, Scottsdale, and other surrounding communities. Near Phoenix there are six man-made lakes where boating, fishing, and water skiing can be enjoyed. There are ski resorts less than two hours away in northern Arizona. Phoenix is home to four professional sports teams: the Phoenix Suns, Arizona Cardinals, Arizona Diamondbacks, and Arizona Coyotes. Several annual sporting events take place in Phoenix, including PGA and LPGA golf tournaments, and NASCAR auto racing.

Arizona State University is in Tempe, approximately 20 minutes from central Phoenix. 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 and the red rocks of Sedona 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. Sky Harbor International Airport provides daily connections to all major international airports. For additional information about the Phoenix metropolitan areas please go to: www.visitphoenix.com.

**PHOENIX VA HEALTHCARE SYSTEM
PSYCHOLOGY FELLOWSHIP TRAINING COMMITTEE**

JULIE ALBERTY, Ph.D.
Loma Linda University, 2012
Licensed Psychologist in Arizona
(General Neuropsychology)

Dr. Alberty is a bilingual (Spanish/English) neuropsychologist whose primary interests lie in cultural aspects of neuropsychological assessment and adult outpatient neuropsychological assessments. Dr. Alberty's expertise includes assessment of dementia, seizure disorders, movement disorders, TBI, and stroke. She enjoys the wide variety of patients one can see in an outpatient clinic and currently conducts neuropsychological assessments of veterans from various referral sources including Psychiatry, Neurology, and the Specialty Clinics. Dr. Alberty received her doctorate from Loma Linda University in clinical psychology and completed her internship at the Veterans Affairs Ann Arbor Healthcare System, Michigan. She completed her post-doctoral fellowship at Barrow Neurological Institute in Phoenix. Prior to joining the Phoenix VA staff in 2017 she was a faculty neuropsychologist at Barrow Neurological Institute. She is a mentor in the Hispanic Neuropsychological Society.

JENNIFER AVERYT, Ph.D.
Ohio University, 2012
Licensed Psychologist in Arizona
(Health Psychology, PC-MHI)

Dr. Averyt is a psychologist in Primary Care Mental Health Integration (PC-MHI) and Health Psychology. After completing her internship at the Phoenix VA, Dr. Averyt completed a two-year fellowship in clinical health psychology at Tripler Army Medical Center. She has also completed a postdoctoral M.S. in Clinical Psychopharmacology at the University of Hawaii College of Pharmacy. Dr. Averyt has training and experience in a variety of evidence-based psychotherapies including CBT for depression and anxiety, CBT for Insomnia, Cognitive Processing Therapy (CPT), Acceptance and Commitment Therapy (ACT), Enhanced CBT (CBT-E) for eating disorders, and Motivational Interviewing. Her interests include self-management of chronic illness, health behavior change, psycho-oncology, chronic pain, sleep disorders, weight management, and eating disorders.

TIM S. AYERS, Ph.D.
 Arizona State University, 1991
 Licensed Psychologist in Arizona
 (PTSD Clinical Team)

Dr. Ayers' theoretical orientation is cognitive-behavioral, with an emphasis on empirically-based treatments. He provides evaluation and individual and group psychotherapy to veterans with warzone-related PTSD. His primary interests are in the anxiety disorders, particularly OCD and PTSD. Dr. Ayers also has a background in prevention programming and clinical child psychology and prior to joining the VA held faculty appointments at Yale University and Arizona State University. He has interests in program evaluation, and the development of family-based interventions. In the past, he has received federal grants to carry out research on the impact of major stressors on families and the evaluation of prevention programs. Dr. Ayers is currently the Principal Investigator for a NIMH grant on a fourteen year follow up of a preventive intervention program called the Family Bereavement Program. Due to the efficacy of this program in long term follow up studies, Dr. Ayers has been contacted by the US Army Medical Research and Material Command expressing their interest in the redesign and delivery of this program to military families where there has been the death of a serviceperson.

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.

LISA BURGESS, Ph.D.
 Arizona State University, 2005
 Licensed Psychologist in Arizona
 (Health Behavior Coordinator)

Dr. Burgess is a Health Psychologist whose role is primarily with the Health Promotion and Disease Prevention Team as the Health Behavior Coordinator. The Health Behavior Coordinator develops and evaluates programs to enhance wellness for primarily Veterans, but also for VA employees. Involvement with facility-level policy and decision-making is integral to the role. There is also a clinical component consisting of smoking cessation,

fitness and nutrition, and transplant evaluations. Dr. Burgess completed her predoctoral internship in Geropsychology at the Palo Alto VA Health Care System and then went on to a postdoctoral fellowship at this facility in Health Psychology. She was previously employed both in a local group practice and at the Southern Arizona VA Health Care System. Dr. Burgess's orientation is primarily cognitive behavior with a focus on empirically supported treatments and common factors. Her interests include: adaptation to illness, healthy aging, stress and coping, grief and loss, motivational interviewing, and mindfulness-based interventions.

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, PsyD, ABPP
 La Salle University 2013
 Licensed Psychologist in Arizona
 (Psychosocial Rehabilitation and Recovery Center)

Dr. Caraballo works as part of an interdisciplinary recovery team in the PRRC and Mental Health Intensive Case Management (MHICM) program. 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 is board certified in Clinical Psychology and serves as a regional trainer/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 is the Secretary for the Phoenix VA Diversity Action Committee and 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.

RHONDA S. CASILLAS, Ph.D.
 Arizona State University, 2010
 Licensed Psychologist in Arizona
 (PC-MHI Thunderbird CBOC – Mentorship Lead)

Dr. Casillas is a psychologist in Primary Care Mental Health Integration (PC-MHI). Dr. Casillas completed her internship at Denver Health Medical Center (DHMC) and completed a two-year fellowship in clinical health psychology at the Medical College of Georgia, Georgia Health Sciences University (GHSU). At GHSU Dr. Casillas specialized in behavioral medicine consultation services in HIV/AIDS, multiple sclerosis, eating disorders, bariatric, memory and oncology clinics. Before joining the VA, Dr. Casillas provided psychology and community outreach services at Arizona State University Counseling and Consultation Services and was adjunct faculty for ASU Department of Behavioral Health. Her primary interests are women's health, self-management of chronic illness, health behavior change, caregiver's stress, geriatrics psychology, cross-cultural assessments, chronic pain, sleep disorders, depression, adjustment and anxiety disorders. Dr. Casillas is currently the lead facilitator of the Mentorship Program.

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.

NATALI EDMONDS, PSY.D., ABPP
 Arizona School of Professional Psychology, 2008
 Licensed Psychologist in Pennsylvania
 (Home Based Primary Care)

Dr. Edmonds provides therapy and assessment to home bound medically complex veterans as part of the Home Based Primary Care (HBPC) program. She is board certified in geropsychology and has interests in dementia and capacity assessment, as well as dementia caregiver intervention. Her primary theoretical orientation is cognitive-behavioral therapy. Prior to joining the Phoenix VA in 2015, she worked at the Pittsburgh VA as part of an interdisciplinary geriatric assessment clinic and co-created a dementia driving safety clinic as well as a tele-dementia assessment clinic providing geriatric assessments via telehealth modalities. She currently serves on a national VA committee tasked with developing guidelines to help guide other VA's who want to form tele-assessment clinics in the future.

LEANNE FIERSTEIN, Psy.D.
 California School of Professional Psychology, 2006
 Licensed Psychologist in Arizona
 (Outpatient Mental Health Clinic)

Dr. Fierstein works in the General Mental Health Clinic (Jade/Opal). Her treatment approach is primarily humanistic, utilizing interventions from Cognitive Behavioral Therapy (CBT) and Dialectical Behavior Therapy (DBT). She specializes in using Evidence-Based Practice to treat anxiety disorders, depressive disorders, and Borderline Personality Disorder, in both individual and group formats. Dr. Fierstein has previously worked at Arizona State University, in the Counseling Center, and has experience supervising interns and post-doctoral residents. Dr. Fierstein also has extensive experience in treating PTSD with survivors of sexual assault/abuse and domestic violence in a community mental health program.

JENNA GRESS SMITH, Ph.D.
 Arizona State University, 2014
 Licensed Psychologist in Arizona
 (PC-MHI - Southeast CBOC)

Dr. Gress Smith provides evidence based care & consultation with the Primary Care Mental Health Integration team at the SE CBOC in Gilbert. She is primarily trained in Cognitive Behavioral Therapy and has worked in a variety of medical settings (e.g. rehabilitation facilities, inpatient hospitals, oncology units, family medicine departments, and primary care) during her training at Arizona State University and internship at the Phoenix VA Medical Center. Dr. Gress Smith utilizes several cognitive behavioral treatments, especially for chief complaints of insomnia, chronic pain, depression, and anxiety. She also works with

patients with chronic medical diseases and utilizes motivational interviewing and behavioral activation to increase self-management and adherence of medical symptoms. Dr. Gress Smith also has strong research interests in women's health, parenting, correlations among physical and mental health factors, and stress.

MARIA HAMILTON, Psy.D.
The Forest Institute of Professional Psychology, 2002
Licensed Clinical Psychologist in Arkansas
(Outpatient Mental Health – Southwest CBOC)

Dr. Hamilton works in the Outpatient Mental Health Clinic at the SW CBOC. Her theoretical orientation is predominantly Humanistic, utilizing a mix of interventions from the Cognitive Behavioral, Interpersonal, and Insight Oriented disciplines based on the needs of the individual being treated. Dr. Hamilton's diverse career as a psychologist includes working in the areas of addiction, child and adolescent treatment, rural mental health care, psychological testing, crisis management, clinical supervision, community mental health, correctional mental health, and inpatient mental health. While at the VA she has worked in the Jade/Opal Outpatient Mental Health Clinic, the Inpatient Mental Health Unit, and now at the SW CBOC. Prior to joining the psychology department at the Phoenix VA she managed the substance abuse treatment programs for the Federal Bureau of Prisons here in Phoenix. She is well versed in the Therapeutic Community model of substance abuse treatment, having developed and implemented the Modified Therapeutic Community Residential Drug Abuse Program at the medium security federal institution in Phoenix. Dr. Hamilton also has extensive treatment experience working with psychopathy using the work of Samenow to identify and treat criminal thinking patterns in male and female offenders. In addition, she participated in the National Health Service Corp (NHSC) program, whose mission is to provide needed health care to underserved populations. Dr. Hamilton is a recognized clinical supervisor by the Arkansas Board of Psychology and has an interest in the areas of depression, parenting, program development, and clinical supervision.

DANIELLE HERNANDEZ, Ph.D.
West Virginia University, 2005
Licensed Psychologist in Arizona
(PTSD Clinical Team – Southeast CBOC)

Dr. Hernandez provides individual and group psychotherapy as part of the PTSD Clinical Team and treats patients at both the main hospital and the Southeast Extension Clinic, located in Mesa, AZ. Her theoretical orientation is cognitive behavioral, with a focus on empirically validated treatments. In addition to clinical duties, Dr. Hernandez is a Prolonged Exposure consultant for the National Center for PTSD Prolonged Exposure Initiative and provides consultation to clinicians who are in the process of being certified to use Prolonged Exposure therapy to treat PTSD. Before joining the PTSD Clinical Team, Dr. Hernandez was the Home Based Primary Care team (HBPC) psychologist and provided psychotherapy and brief cognitive assessment for home bound veterans who received care from the multidisciplinary HBPC team. Prior to working for the VA, Dr. Hernandez had a variety of experiences, which included pre-employment psychological assessment for local

law enforcement agencies as well as in home psychological services and behavior planning for individuals with serious mental illness and developmental disabilities.

CARL ISENHART Psy.D., ABPP
University of Denver, Denver, Colorado, 1984
Licensed Psychologist in Minnesota, Wisconsin, and Illinois
(Outpatient Mental Health)

Dr. Isenhardt has been at the Phoenix VAMC since October, 2015, and is a psychologist in the Jade/Opal clinic. In addition to a client-centered approach in working with clients, he has specific training in Motivational Interviewing, Rational-Emotive Therapy, Interpersonal Psychotherapy, and Cognitive-Behavior therapy. He also facilitates two therapy groups: a Co-occurring group (for veterans with both substance-related and other mental disorders) and the Self-Assessment (Contemplation) group (a group that applies a Motivational Interviewing approach to a group setting and that also integrates principles from the Transtheoretical Model of behavior change for veterans who are ambivalent about their substance use). He also co-facilitates a Wellness Recovery group. He has held clinical, supervisory, and managerial positions at the VAMCs in Danville, IL, and Minneapolis, MN. He has also conducted and published research in the areas of Motivational Interviewing, substance abuse assessment and treatment, and masculine gender issues. He was a clinical assistant professor in the Departments of Psychology and Psychiatry at the University of Minnesota and an adjunct profession at St. Mary's University of Minnesota. He holds Specialty Board Certification in Clinical Psychology, is a Fellow of the American Academy of Clinical Psychology, has a Certificate of Proficiency in the Treatment of Alcohol and Other Psychoactive Substance Use Disorders, and is a member of the Motivational Interviewing Network of Trainers.

BRANDI L. LUEDTKE, Psy.D., HSPP
University of Indianapolis, 2010
Licensed Psychologist in Indiana
(PTSD Clinical Team)

Dr. Luedtke is a Clinical Psychologist in the Posttraumatic Stress Disorder Clinical Team (PCT Team). Her main interests are in complex mental illness, particularly PTSD, and in the integration of third-wave behavior therapies, such as Mindfulness-based interventions, into evidence-based psychotherapies. Following internship at the Cincinnati VA and prior to coming to the Phoenix VA in 2015, she served as Project Director/Co-Investigator of a VA-grant funded study entitled, "Mindfulness-based Cognitive Behavioral Conjoint Therapy for PTSD and Relationship Function" in which she assisted in the development and implementation of a randomized control trial of a mindfulness-based cognitive behavioral couples therapy intervention for OEF/OIF/OND veterans and their intimate partners at the Roudebush VA Medical Center in Indianapolis, IN. She has published in the areas of PTSD and schizophrenia disorders. Dr. Luedtke also serves as a National Cognitive Behavioral Conjoint Therapy for PTSD Trainer for the Veterans Affairs Office of Mental Health and travels nationwide conducting workshops for the dissemination of CBCT throughout the VA system, as well as the Department of Defense.

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

Dr. Kattar is a clinical psychologist and Chief of the Psychology Department. Prior to being the Chief of the Psychology Department, Dr. Kattar served as the Clinic Director of the Posttraumatic Stress Disorder Clinical Team where she provided therapy and assessment for the treatment of trauma-related symptoms and managed administrative duties for the team. 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
 Director of Neuropsychology Fellowship Program/General Neuropsychology

Dr. Kratz is the Director of Training for the PVAHCS Neuropsychology Fellowship Program, 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.

MICHAEL MOORE, Ph.D.
 The University of Southern Mississippi, 2011
 Licensed Psychologist in Arizona
 Posttraumatic Stress Disorder Clinical Team (PCT)

Dr. Moore works for the Post Traumatic Stress Disorder Clinical Team and is located in the Midtown Clinic. He completed his psychology internship at the Memphis, Tennessee VA, and a postdoctoral fellowship in PTSD and trauma related mental health disorders at the Tucson, Arizona VA. Dr. Moore specializes in using Evidence-Based Practices to treat trauma related disorders. He is a Cognitive Processing Therapy (CPT) Regional Trainer for

the Department of Veterans Affairs. Dr. Moore has obtained provider status through the Department of Veterans Affairs in CPT, Cognitive Behavioral Therapy for Insomnia (CBT-I), and Cognitive Behavioral Conjoint Therapy for PTSD (CBCT-PTSD). He has also been trained in, and utilizes Prolonged Exposure (PE) and Dialectical Behavioral Therapy (DBT) in his work with Veterans diagnosed with PTSD. Prior to joining the Phoenix VA staff Dr. Moore worked as the Military Sexual Trauma (MST) program coordinator, and as a member of the PCT for the Tucson, Arizona, VA Health Care System.

JOELLE OIZUMI, Ph.D.

University of North Texas, 1996
 Licensed Psychologist in Arizona
 (Outpatient Mental Health– Southeast CBOC)

Dr. Oizumi currently functions as the psychologist at the SE CBOC in Mesa, Arizona. She primarily provides individual psychotherapy for various mental health issues on an outpatient basis. Her theoretical orientation is cognitive-behavioral and interpersonal. She provides psychotherapy to mental health and Health Psychology patients. She conducts psychological evaluations for diagnostic and treatment purposes. Her primary clinical interest is in working with veterans with warzone-related PTSD and depression. Dr. Oizumi is an adjunct faculty member at Rio Salado and Everest Colleges. She has previously conducted disability evaluations at the VA and in the private sector. She has conducted fitness to parent evaluations for Child Protective Services. She worked in correctional psychology prior to coming to the VA in 1997.

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.

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 (PCMHI)
Health Psychology

Dr. Straits-Troster is a Clinical Health Psychologist and Program Manager of the Primary Care Mental Health Integration Program at the Phoenix VA, where she provides CBT-based therapy and assessment for behavioral and 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 continues to serve as adjunct faculty with Department of Psychiatry and Behavioral Sciences at Duke University. 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.

ANDREA SAATHOFF, PH.D.
University of Texas at Austin, 2014
Licensed Psychologist in Arizona
(PC-MHI)

Dr. Saathoff is co-located in the primary care outpatient Midtown Clinic and provides short-term evidenced based psychotherapy to veterans. Her treatment approach is primarily informed by CBT and Mindfulness/Acceptance based interventions. She mostly treats veterans presenting to the clinic with mild/moderate depression, anxiety, insomnia, chronic pain, as well as issues related to stress, anger, and health-related concerns. Being co-located in the primary care clinic, Dr. Saathoff frequently consults with primary care providers, mental health nurses, and psychiatry. Further, Dr. Saathoff often provides "same day appointments" to veterans presenting to the primary care clinics with a mental health concern. Dr. Saathoff also works with veterans referred to Health Psychology service for longer term therapy to treat issues of adjustment/mood related to a veteran's medical condition. In addition to individual therapy and consultation with primary care providers, Dr. Saathoff facilitates an 8-week Mindfulness-Based Cognitive Therapy for Depression Class, a 6-week CBT for Chronic Pain Class, participates in SMA's for chronic pain, and facilitates a 4-week Problem Solving Training Class. Further, she provides oversight and supervision of the Interprofessional Trainee Program (ITP) clinic. Dr. Saathoff has provider status in Cognitive Processing Therapy, Problem Solving Training, and has an extensive background in Mindfulness. Dr. Saathoff completed her internship at the Phoenix VA Health Care System and was hired on as a full-time staff member in 2014.

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.

ADRIANA TARAZÓN WEYER, Ph.D.
Arizona State University, 2003
Licensed Psychologist in Arizona
(Transition & Care Management Clinic)

Dr. Weyer serves as the Chair for the medical center's Disruptive Behavior Committee (DBC) and Employee Threat Assessment Team (ETAT). She conducts evidence based risk assessments, using a combination of clinical and actuarial methods to identify violence risk and develop risk mitigation strategies. Both the DBC and ETAT consist of multidisciplinary staff throughout the medical center trained in the risk assessment process. Dr. Weyer also provides services in the Transition and Care Management Clinic (TCM), which provides services to Post 911 returning combat veterans. Within the TCM, Dr. Weyer conducts comprehensive mental health evaluations, collaborates with medical providers and specialty clinics to coordinate care, and provide seamless transition services to OEF/OIF/OND veterans.

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

Dr. Weyer is the Training Director of the Psychology Internship and Fellowship Programs. 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 is one of the lead therapists in the following Health Psychology Groups: CBT-Insomnia, Progressive Management of Tinnitus, and CPAP Adherence. His theoretical orientation is eclectic with a cognitive-behavioral emphasis. He sub-specializes in clinical hypnosis and EMDR and depending on trainee interest, leads a weekly self-study group for the psychology trainees.

Postdoctoral Admissions, Support, and Initial Placement Data

Date Program Tables were updated: 9/1/17

Postdoctoral Fellowship Program Admissions

The minimum requirements for entry into the training program include 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), 3) doctoral degree from an APA or CPA accredited Doctoral Program of Clinical or Counseling Psychology, and 4) completion of an APA or CPA accredited psychology internship program.

Describe any other required minimum criteria used to screen applicants: N/A

Financial and Other Benefit Support for Upcoming Training Year

Annual Stipend/Salary for Year 1 Full-Time Fellow: \$43,334

Annual Stipend/Salary for Year 2 Full-Time Fellow: \$45,677

Annual Stipend/Salary for Half-Time Fellows: N/A

	Yes	No
Program provides access to medical insurance for fellow?	X	
If access to medical insurance is provided:		
Trainee contribution to cost required?	X	
Coverage of family member(s) available?	X	
Coverage of legally married partner available?	X	
Coverage of domestic partner available?		X

		Yes	No
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	4 hours per pay period/ 13 days per year	X	
Hours of Annual Paid Sick Leave	4 hours per pay period/ 13 days per year	X	
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?		X	

Other Benefits	Administrative leave for dissertation defense, post-doctoral interviews, and conferences (approved by training director)	X	
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Initial Post-Fellowship Positions

	2014-2017
Total # of fellows who were in the 3 cohorts	19
Total # of fellows who completed the fellowship	14
Total # of fellows who are extending their training due to parental leave – both have accepted VA positions upon completion of their fellowship in the Fall of 2017	2
Total # of fellows who left prior to completing fellowship to accept employment (1-Academic university, 1- Private Practice, 1 – VA position)	3
Total # of fellows who did not seek employment	0
	Employment Setting
Community mental health center	
Federally qualified health center	
Independent primary care facility/clinic	
University counseling center	1
Veterans Affairs medical center	8
Military health center	
Academic health center	
Other medical center or hospital	1
Psychiatric hospital	2
Academic university/department	1
Community college or other teaching setting	
Independent research institution	
Correctional facility	
School district/system	
Independent practice setting	1
Not currently employed	
Changed to another field	
Other	
Unknown	