

# Psychology Postdoctoral Residency Program

## Psychology Training Director (116A)

VA North Texas Health Care System  
4500 S. Lancaster Rd.  
Dallas, TX 75216

(800) 849-3597 | <http://www.northtexas.va.gov/>

Applications due: December 13, 2015

Neuropsychology Applications due: January 1, 2016

## Accreditation Status

The postdoctoral residency at the Veterans Affairs North Texas Health Care System is accredited by the Commission on Accreditation of the American Psychological Association. The reaccreditation site visit occurred July 19-20, 2012 and resulted in our site being re-accredited through 2019.

For information regarding APA accreditation of this residency or other accredited residencies, please write or call:

### Office of Program Consultation and Accreditation

#### American Psychological Association

750 First Street, NE

Washington, DC 20002-4242

Phone: (202) 336-5979

Fax: (202) 336-5978

E-mail: [apaaccred@apa.org](mailto:apaaccred@apa.org)

## Application & Selection Procedures

The Psychology Fellow must have completed all requirements for the doctoral degree (Ph.D. or Psy.D.) in Clinical or Counseling Psychology from an institution accredited by the American Psychological Association, including the completion of a predoctoral internship in professional psychology (that also must be accredited by the American Psychological Association). An internship and/or practicum experiences involving the following populations or clinics are not required, but preference for applicants with these backgrounds will be preferred: Substance Abuse, Family/Couples Therapy, Post-traumatic Stress Disorder (PTSD), Primary Care, Neuropsychology, Geropsychology setting, Family/Couples Therapy, Primary Care, or Neuropsychology. Per VANTHCS EEO hiring policy, discrimination in selection because of race, color, religion, sex, sexual orientation, age, national origin, or disability is prohibited.

## Application:

We are participating in the APPA CAS (APPIC Psychology Postdoctoral Application) process this year. All application materials are to be submitted through this process. <http://www.appic.org/>

To apply, the following materials are needed:

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1. A letter of interest that identifies career goals and designation of the emphasis area to which you are applying
  2. A doctoral program transcript
  3. A current curriculum vitae
  4. Three letters of recommendation, one of which must be from an internship supervisor
  5. Two de-identified work samples

The work samples must include:

1. A Psychological Assessment report co-signed by a licensed psychologist\*. Data sources should include clinical interview and several psychological testing instruments.
2. A Psychotherapy Case Summary, but not just an assessment and treatment plan. This summary should document the course and outcome of a completed case or a current case to date. This summary should not be a collection of progress notes or psychotherapy notes and it need not be co-signed by a licensed psychologist.

\*If this document is not co-signed by the supervising psychologist, your application will NOT be considered.

Application materials MUST be received by December 13, 2015 for all fellow positions except for the Neuropsychology fellowship. After receipt of written materials, suitable applicants will be called to set up interviews with residency faculty. In person interviews are preferred but we realize that the cost of travel may be prohibitive. Therefore, phone interviews are acceptable. Note that on years in which the Neuropsychology track accepts applications, selection will be through the APPCN match. Interviews will be held at INS, though attempts will be made to hold other interviews should applicants not be able to attend the INS conference. Other applicants will be notified, on a rotating basis, as to fellowship offers. Offers will be made once all interviews have concluded and may occur before, but not later than March 7th. At the time that a position is offered, the selectee may accept, decline, or request that they be able to put the offer on hold before a decision is required.

Questions regarding the application materials or process should be directed to:

**Jamylah K. Jackson, Ph.D., ABPP**

Director of Psychology Training  
VANTHCS - 4500 S. Lancaster Rd.  
Mental Health Service (116/TS)  
Dallas, TX 75216  
(214) 857-3601  
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## **Psychology Setting**

The VA North Texas Health Care System's training in Psychology includes accredited programs at the Predoctoral and Postdoctoral levels. Supervisory psychologist/faculty are members of either Psychology Service or Mental Health Service. Trainees usually rotate through clinical experiences and supervisors in both services. There are now approximately 100 doctoral level, licensed psychologists who provide clinical care, most of whom are available for supervision. For the nine postdoctoral fellowship positions, two psychologists serve as primary year-long supervisors for two positions located within the MH Substance

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Abuse Team (Gold Team), one for the Patient Aligned Care Team (PACT), one for the Geropsychology/ Substance Abuse fellow, one for the Family/Couples Therapy fellow, two for the Neuropsychology fellows, and two psychologists are available to serve as supervisors for the Geropsychology postdoctoral position. Primary supervision for the PTSD fellow is provided by one supervisor at a time, with fellows selecting 2-3 rotations within the MH Trauma Services team. Additional supervisors are available for each of the training emphasis areas. Training sites include general mental health, substance abuse treatment, PTSD, Geropsychology, primary care medicine, specialty care medicine and surgery, neurology, and rehabilitation programs. Training occurs in both inpatient and outpatient venues.

## **Training Model and Program Philosophy**

With the postdoctoral program's inception in 1992, the area of emphasis of the program had been Substance Abuse. The program, however, is accredited more broadly in the specialty of "Clinical Psychology." In 2007, the program was awarded a third position with an emphasis in Geropsychology. In 2010, a fourth position with the Patient Aligned Care Teams, a medical psychology training residency associated with primary care, was granted. In 2012, an interprofessional residency was awarded in Geropsychology/Substance Abuse and a fellowship position was awarded in Mental Health for Family/Couples Therapy working primarily with OEF/OIF veterans and their families. The Neuropsychology fellowship positions were awarded in 2013 and one position emphasizing PTSD treatment was awarded in 2015. The primary educational goal of our program for all positions is to train competent "above-entry-level" psychologists, with well rounded skills and specific proficiency skills which will provide for the VA's mission of preparing individuals for possible employment within VA. The areas of emphasized include psychological assessment, neuropsychological assessment, psychotherapy and other psychological interventions, consultation, treatment coordination, supervision, and professional behavior. Our model of professional training is best described as "Practitioner-Scholar." A performance improvement project is a component of the Fellowship, evaluating some aspect of their training area. This project is aimed at enhancing patient care in the treatment area where the fellow is providing clinical interventions. Although most of our staff members were trained within the "Scientist-Practitioner" model, the majority of them have practiced as consumers of the empirical literature and not as contributors to such in terms of active research with a few exceptions, including the Chief of Psychology and the ACOS for Research. The staff psychologists practice and train in a manner that is informed by the literature.

The goal of the postdoctoral program is to help each fellow develop a strong sense of professional identity and a dedication to the highest standards of practice within the profession and science of psychology. The overall goal of the training program is the development of well-rounded, above entry-level psychologists whose clinical practice is informed by the professional literature. All postdocs are expected to develop skills in basic areas of clinical psychology in addition to special proficiencies associated with their tracks.

The postdoctoral program prepares our developing psychologists for competitive employment within areas of emphasis within VHA and of need to our veteran population. Our method of training is characterized by an apprenticeship model wherein the postdoc is initially perceived as a junior colleague while working with a given population and professional team. Goals and training objectives are clearly communicated by the supervisor and supervisee, with increased oversight and supervision at the outset of the year and a gradual move towards greater autonomy by the supervisee is the goal attainment occurs. In contrast to interns, postdoctoral fellows do not rotate for brief periods of time in various areas of practice. Their focus, instead, is more in depth in their tracks of emphasis. The postdocs' levels of competence and confidence continue to increase as the training year progresses. By the time the postdoc finishes the year, he/she is expected to have learned and demonstrated all Core Competencies and to have an associated and realistic sense of confidence in his/her abilities as a psychologist.

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## Therapy Training Independent of Emphasis Area

In addition to their primary assignment, each fellow is required to use 1 Evidence Based Psychotherapy (EBP) approaches throughout the year. The goal of this element of training is to enhance and refine fellows' psychotherapy skills by providing expert training and supervision in therapies that are supported by the latest research. Fellows receive in-depth clinical experience in their selected EBPs due to their focus on 1 modality for the duration of the year.

For this component of the fellowship experience, fellows are asked to select supervisors who have expertise in these therapies. As noted, the supervisory relationships will last for the entire training year unless changes are requested. The EBP supervisor will select cases which will provide a good training experience for the fellow. The Training Director and Postdoctoral Training Committee will provide assistance selecting a supervisor, but fellows are encouraged to select a supervisor who will help him/her achieve his/her specific training goals. Of note, neuropsychology fellows do not select EBPs.

Current EBP's are:

1. Cognitive Behavior Therapy (for Depression)
2. Acceptance and Commitment Therapy (for Depression)
3. Interpersonal Therapy (for Depression)
4. Cognitive Processing Therapy (for PTSD)
5. Prolonged Exposure Therapy (for PTSD)
6. Interactive Behavioral Couples Therapy (Couples).

Each year, supervisors trained in these EBPs will be solicited for their interest in providing supervision during the training year so that fellows are aware of which supervisors are available. Fellows are expected to carry 2 therapy cases as a part of their EBP requirement. Fellows are allotted 3-4 hours/week away from their primary placement to focus on their EBP. This includes 2-3 hours to see therapy cases and 1 hour for supervision with their EBP supervisor.

The postdoctoral program at VANTHCS, with the exception of the Neuropsychology fellowship, is a full-time, one-year long program. The Neuropsychology fellowship is a two year, full-time, program. Postdocs begin their training year on August 23rd and all but the Neuropsychology emphasis fellows will finish their training on the same date of the following year. There are no unpaid postdoctoral positions. There are also no part-time positions.

## Program Goals & Objectives

Postdoctoral fellows have goals and objectives which are specified in the form of core competencies. The Core Competencies assessment system serves not only as an evaluative instrument but also as a training guide throughout the year.

The Core Competencies cover the following domains of practice:

- Psychological Assessment and Testing,
- Psychotherapy and Other Psychological Interventions,
- Professional Interactions and Ethics,
- Consultation and Professional Behavior,

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- Cultural Diversity,
  - Professional Supervision,
  - Administrative and Professional Management Knowledge, and
  - Scholarly Inquiry.

In addition, for the Substance Abuse track postdoctoral fellows, a set of Substance Abuse Proficiency-specific competencies are included. Similarly, for the Geropsychology fellow, the PACT fellow, the Family/Couples Therapy fellow, the Neuropsychology fellows, and the Geropsychology/Substance Abuse fellow, a set of track-specific competencies are included. Additionally, a common set of Clinical Psychology Core competencies and competencies related to Evidence Based Psychotherapy apply to all fellows.

Core Competencies are rated on the basis of direct observation, supervisor discussion, assessment report review, progress note review, or a combination of these methods. The scoring system employs a range of scores denoting performance below, at, or above what is expected at the postdoctoral level. The developmental evaluation allows progress to be evaluated and noted throughout the year including behavioral anchors that guide each rating. Superlative performance and competence is also noted in narrative comments.

## **Program Structure**

The postdoctoral fellowship program envisions its trainees as junior staff members albeit with a greater degree of supervision and educational components than would be available in a first year job. In addition to serving as members of interdisciplinary treatment teams and providing direct clinical care to patients, fellows attend bi-weekly topical didactic seminars and alternatively meet as a trainee cohort with faculty to present clinical cases. Grand Rounds occur monthly and are available to Psychology trainees. In addition time off is provided for attendance at APA, Texas Psychological Association, Association of VA Psychology Leaders (AVAPL), Dallas Psychological Association, or other professional activities. Time off for other professional events may be granted if such events are related to the training being obtained and professional goals of the fellows.

Fellows are expected to work a 40-hour work week. They are not allowed to have patient contact when their supervising psychologist is not on duty; however, they may complete reports on station outside of the 40-hour week as needed. Supervision includes a minimum of two hours of face-to-face time per week and generally includes more time for "as needed" unscheduled supervision. In addition, postdoctoral fellows meet weekly with the Training Director and Assistant Training Director to discuss matters of professional development. Fellows also gain experience in supervising either a predoctoral Psychology intern or Psychology practicum student. That supervision is in turn supervised by their licensed psychologist supervisor.

Training Model: Training for clinical practice is sequential, cumulative, and graded in complexity in that postdocs acquire and develop an increased degree of knowledge and skills over the course of the training year, through supervision, didactics, and experiential learning inherent in working in an inter-disciplinary medical setting. The following emphasis areas are outlined below with attention to the various workload and training requirements associated with each program:

1. Substance Abuse Fellowship (2 positions)
2. Geropsychology Fellowship (1 position)
3. Patient Aligned Care Team Fellowship (1 position)

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4. Geropsychology/Substance Abuse Fellowship (1 position)
  5. Family/Couples Therapy Fellowship (1 position)
  6. Post-Traumatic Stress Disorder Fellowship (1 position)
  7. Neuropsychology Fellowship (2 positions)

## **Substance Abuse Fellowship**

The substance abuse fellow is embedded in Mental Health Substance Abuse Services (Gold Team) clinical team. The fellow is one of three addiction fellows that work with the Gold Team. The fellow will be assigned a primary supervisor which will be one of the 5 staff psychologists within the team. The fellow's typical workday will reflect that of their supervisor, which would most likely be M-F 8-4:30.

The Mental Health Residential/Outpatient Addiction Team (Gold Team) is a interdisciplinary team that specializes in providing mental health care to veterans whose primary diagnoses involve substance abuse. The Gold Team is comprised of a 40 bed inpatient rehabilitation unit, an intensive outpatient program and an opioid replacement clinic. The fellow will provide assessment and treatment to veterans on this team at multiple levels of care. Most chemically dependent veterans also have co-occurring psychiatric disorders, such as affective disorders, anxiety disorders, psychotic disorders and personality disorders. Thus, the fellow will provide assessment and treatment for the full spectrum of mental health disorders. Within the residential rehabilitation program fellows may provide psycho-educational groups and process groups such as relapse prevention groups and seeking safety groups. Additionally, fellows will be assigned as primary clinician for veterans attending the rehabilitation program. The fellows will follow a veteran through the rehabilitation process including: assessment, individual therapy and treatment coordination services while coordinating these services with their interdisciplinary team. The Gold Team Interdisciplinary Team is comprised of psychiatrists, medical internist, psychologists, physician assistants, pharmacists, nurses, social workers, addiction therapists, occupational therapists, nursing assistants and chaplains. While working with the Interdisciplinary Treatment Team, the fellow will have the opportunity to coordinate the psychological services they provide with the other components of the veteran's treatment.

## **Specialty training opportunities:**

- As an active member of an Interdisciplinary Treatment Team provide case management and psychological services for veterans attending an inpatient substance abuse rehabilitation program.
- Learn evidence based interventions specific to veterans with substance abuse diagnoses such as contingency management and motivational interviewing
- Develop and maintain a psychotherapy group such as a pre-treatment group or mindfulness group (potentially to use as program evaluation component of postdoc)
- Facilitate psycho-educational groups ( such as seeking safety, stress management relapse prevention)
- Participation in EBP training
- Layered supervision of available trainees (either intern or practicum student)

Approximately 75% of the fellow's time will be spent in patient care related activities. These activities include:

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- Direct patient contact
  - Case management
  - Documentation
  - Providing layered clinical supervision (for interns or practicum students)
  - Receiving clinical supervision
  - Consultation with Interdisciplinary team members

Approximately 25% of time will be spent in training activities. Such activities include:

- Postdoctoral didactics (2 hrs/month)
- Addiction Journal Club (psychology fellows psychiatry fellows and psychiatry residents)
- Cohort development (1 hr/week)
- Quality Practice Review (QPR) meetings (1 hr/month)
- Diversity Journal Club (1 hr/month)
- Evidence-Based Psychotherapy Consultation Mtg (1 hr/week)
- Research / Program Evaluation Project(s) (1 hr/week)
- Staff training (varies)

### **Supervisory Staff:**

Dr. Michael Dolan is a licensed Psychologist in the state of Texas. He earned his Ph.D. in Clinical Psychology from the University of Kentucky in 1975. He has been on staff at VANTHCS since 1978, and currently works on the MH Gold team, focusing on the assessment and treatment of chronic substance use disorders, which is his primary clinical interest. His theoretical orientation is cognitive-behavioral. His research interests include the use of contingency contracting to decrease drug abuse, cocaine addiction, needlesharing and AIDS education. He is a member of the American Psychological Association.

Dr. Kathy Dohoney is a licensed Psychologist in the state of Texas. She earned her Psy.D. in Clinical Psychology from Baylor University in 1984. She has worked at the Dept. of Veterans Affairs since 1988, and has been on staff at the VANTHCS since 1992. She works within the MH Gold Team, and serves as the Program Manager of the Gold Team's Substance Abuse Residential Rehabilitation Program (SARRTP). Her clinical interests include addictions and psychiatric comorbidity, individual and group psychotherapy, recovery from mental illness, and psychosocial rehabilitation. Her theoretical orientation includes dynamic-interpersonal and cognitive-behavioral approaches. She is also certified as a provider of Cognitive Processing Therapy for trauma work. She is a member of the Dallas Psychological Association.

Dr. Colleen Richardson is a licensed Psychologist in the state of Colorado. She earned her Psy.D. in Clinical Psychology from the Florida School of Professional Psychology in 2007. In 2006, she accepted a commission and internship in the United States Navy. Dr. Richardson deployed for a year in 2008 with Regimental Combat Team One, where she served as the Operational Stress Control and Readiness Provider (OSCAR), and the Camp Fallujah's psychologist for the Shock Trauma Platoon. She was the first female OSCAR provider, delivering front-line mental health support and services, such as crisis intervention, individual and group therapy, grief and loss debriefs and substance abuse training, to the Marines

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and Sailors attached to RCT-1. She traveled on over 100 combat patrols and convoys, treating close to 6,000 personnel. She trained over 500 Corpsmen on how to identify the signs and symptoms of post-traumatic stress disorder, anxiety and depression. After completing her deployment, she was assigned to Wounded Warrior Battalion-West as the Battalion director and psychologist. While at WWB-West, Dr. Richardson designed and established an outpatient mental health program for the Marines and Sailors wounded in Iraq and Afghanistan. She also provided educational trainings on mental health disorders and traumatic brain injury to clinical and non-clinical partners, and coordinated additional care through a multi-disciplinary approach with other DoD and VA professionals. She has been working for the VA for 5 years and serves as the Clinical Director of the Gold Team's Substance Abuse Program. Her theoretical orientation is cognitive behavioral. She is certified in CPT, PE & EMDR for trauma work.

Dr. Meredith Shaw is a licensed Psychologist in the state of Texas. She received her Ph.D. in Clinical Psychology from the University of Maryland, Baltimore County in 2011. Dr. Shaw joined VANTHCS in 2011 and currently serves as staff psychologist on the Mental Health Gold Team. Her clinical interests include treatment of depression, anxiety, substance-related disorders, trauma and stress-related disorders, chronic pain, and health behavior change, with Cognitive Behavioral Therapy, Motivational Interviewing, Acceptance and Commitment Therapy, and Mindfulness-Based therapy. Dr. Shaw's research interests involve dual diagnosis of substance abuse and mental illness and Mindfulness-based therapy. She is a member of the American Psychological Association, Association for Contextual Behavioral Science, and the Association of VA Psychologist Leaders.

## **Geropsychology Fellowship**

The Geropsychology Fellowship is split between two 6 month rotations. One rotation occurs on MH Silver Team, a Geropsychiatry clinic, and the second rotation is with the Community Living Center (CLC), a rehabilitation and hospice unit of the hospital. This program is consistent with the Pikes Peak model of training. During the Silver Team rotation, the fellow is supervised by a neuropsychologist for assessment experience, and by a clinical psychologist for therapy experience. Fellows learn core assessment skills needed to answer common referral questions. In addition to supervision by the team neuropsychologist for this assessment experience, the fellow participates in group supervision with neuropsychology trainees and supervisors from across the hospital once per week.

During their 6 months on the MH Silver Team, the fellow will also receive experience providing individual therapy or group therapy in an outpatient setting. MH Silver Team is a generalist clinic that sees patients aged 65 or older with a broad variety of diagnoses and life stressors. Additionally, we provide opportunities for inpatient service to work with Veterans with dementia or serious mental illness. Therapy is supervised at least one hour per week, with additional supervision or training provided as needed by the fellow.

The MH Silver Team has weekly interdisciplinary meetings with psychology, psychiatry, pharmacy, social work, and nursing staff present including medical students, psychiatry residents, psychology interns and fellows. This is an excellent opportunity to learn how to communicate on an interdisciplinary team and identify the needs of different team members.

The Geropsychology Fellow is also assigned to the Community Living Center (CLC), an inpatient facility at the Dallas VA Medical Center for 6 months of the fellowship. The CLC inpatient population includes Veterans who are admitted for rehabilitation due to stroke, traumatic brain injury, amputation, deconditioning, and various medical conditions, as well as those who are receiving wound care, or who are admitted for hospice care. The Fellow's role will involve both that of clinician and as consultant to the interdisciplinary teams, including evaluation and management of psychological issues and behavioral problems, neuropsychological evaluation, individual and family psychotherapy, staff development

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interventions, and supervision of interns and/or practicum students.

Assessment of Veterans in the CLC involves evaluation of cognitive functioning and mood, including decision-making capacity; determining both pathological and non-pathological changes in functioning associated with “normal aging”; recognition of the role of acute health problems, chronic and/or terminal illness and disability in the older adult population. Consultation within the interdisciplinary team context of an inpatient setting allows the Fellow to develop autonomy and professional identity while also providing Geropsychology’s perspective on the Veteran’s functioning.

### **Interventions at the CLC include:**

- providing counseling and support to Veterans with moderate to severe disability in the context of rehabilitation and the potential for loss of function,
- providing psychotherapy to older adults ,
- developing interventions for pain management,
- addressing smoking cessation, and
- encouraging adherence to treatment recommendations.
- within the hospice unit, the fellow will offer support to terminally ill Veterans and their family members, as well as the professional staff who provide their care, including end of life issues (suffering, grief, bereavement), symptom management as needed for pain, depression, or anxiety, and may include psychoeducational groups for Veterans, families and staff.

The fellow will demonstrate program development and evaluation by designing and implementing a program or a change in a program and evaluating its results.

The fellow will be expected to carry out professional responsibilities in timely fashion, to follow through on tasks, and to keep commitments. The fellow will be expected to display professionally appropriate demeanor and decorum (including appearance) with allowance for variation in individual style. An important aspect of the Fellow’s work is to establish and maintain effective, cordial, and respectful task-oriented working relationships with the interdisciplinary team members and other staff at the CLC. From the perspective of ethics, the Fellow will be expected to behave in accordance with the APA Ethical Principles and the Dallas VA Medical Center By-laws, and to raise appropriate ethical concerns as they occur.

The fellow will be involved in the process of determining the appropriate provision of psychological services for Veterans at the CLC. This involvement will include, but will not be limited to the following:

- Assigning newly admitted Veterans to an intern, practicum student, or psychologist for the initial screening evaluation or providing the evaluation in the absence or unavailability of other staff.
- Providing weekly supervision of the intern on the CLC rotation, including choice of assessment measures, competency of test administration, report writing, and giving feedback to Veterans, family members, and staff, and insuring that the evaluation report or progress note is documented in the Veteran’s chart within the appropriate time frame.
- Assisting in determining the need for additional assessment, both for mental health issues and for cognitive functioning.
- Assisting in determining Veterans’ need for ongoing psychotherapy, or behavioral intervention, and

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determining which staff member (Fellow, intern, or practicum student) will address these issues. The Fellow will assist in determining how many Veterans the intern and practicum student will follow at any given time. The Fellow will be responsible for providing leadership for these tasks.

- Assisting in disposition of referrals for family intervention.
- Participation in weekly group supervision involving the staff psychologist(s), Fellow, intern, and practicum student.
- Participation in individual supervision with the staff psychologist for 2 hours per week.
- Accessing status of Veterans on a daily basis through attendance at meetings and/or through chart review.
- Attending the interdisciplinary treatment team meetings on Monday, Tuesday, Wednesday, and Thursday afternoons.

Approximately 50% of the fellow's time will be spent in patient care related activities. These activities include:

- Direct patient contact
- Case management
- Documentation
- Providing layered clinical supervision (for interns or practicum students)
- Receiving clinical supervision
- Consultation with Interdisciplinary team members

Approximately 50% time will be spent in training activities. Such activities include:

- Postdoctoral didactics (2 hrs/month)
- Geropsychology Journal Club (1hr/week)
- Cohort development (1 hr/week)
- Neuropsychology Group Supervision (1hr/week)
- Neuropsychology Journal Club (1hr)
- Quality Practice Review (QPR) meetings (1 hr/month)
- Diversity Journal Club (1 hr/month)
- Evidence-Based Psychotherapy Consultation Mtg (1 hr/week)
- Research / Program Evaluation Project(s) (1 hr/week)
- Staff training (varies)

### **Supervisory Staff:**

Dr. M. Catherine Dodson is licensed in the state of Kansas. She earned her Ph.D. in Clinical Psychology from Southern Methodist University in 2013. She joined the staff at VANTHCS during that year and expects

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to be licensed in the state of Kansas in 2014. Dr. Dodson provides clinical services on the Mental Health Silver Team. Her clinical interests are in geropsychology, treatment of PTSD, treatment of mental disorders associated with aging and illness, individual and group psychotherapy. Her research interest is intimate partner violence. Dr. Dodson's theoretical orientation is cognitive behavioral and behavioral.

Dr. Lynnora Ratliff is a licensed Psychologist in the state of Texas. She earned her Ph.D. in Counseling Psychology at the University of North Texas in 1989. She has been on the staff at the VA North Texas Health Care System in Dallas since 1989. She is the staff Psychologist at the CLC. Her professional interests include family systems, the practical application of neuropsychological assessment results, and training interns and practicum students at the CLC.

## **Patient Aligned Care Team (PACT) Fellowship**

The PACT fellow is embedded in the Patient Aligned Care Team. Primary supervision is provided by LaDonna Saxon, PhD. Dr. Saxon is the Health Behavior Coordinator & Tobacco Cessation Lead Clinician for the VA North Texas Health Care System (VANTHCS). The fellow's typical workday will reflect that of Dr. Saxon, which is M-F 7am – 3:30pm. The rotation heavily emphasizes the use of EBPs, and trainees typically receive supervision in 3 different evidence based therapy approaches/protocols within the PACT training fellowship in addition to the EBP selected from the list on page 4.

The PACT fellow will support the functioning of PACT teams through consultation, direct patient care, and staff training. These services include completing brief mental health screenings consistent with the 30-minute Primary Care appointment slot, as well as completing more lengthy clinical assessments to facilitate veteran assignment to mental health teams for longer-term care. The fellow will also deliver brief interventions consistent with 30-minute Primary Care appointment slots. Interventions within the Primary Care setting are time-limited (generally 5 sessions or less). They typically target improving client coping with life stressors or medical conditions, as well as increasing medical or mental health treatment engagement. While not typical of all Primary Care Mental Health Integration (PCMHI) settings, the VANTHCS fellow receives supervision in the delivery of Cognitive Behavioral Therapy for Chronic Pain (CBT-CP) and Cognitive Behavioral Therapy for Insomnia (CBT-I), as these are areas of needed support for veterans seen by PACT teams.

The PACT fellow will also support PACT team patients through health promotion activities, such as managing tobacco cessation consults, providing individual and group tobacco cessation treatment, and leading psychoeducational classes on weight management (MOVE!). Prior fellows have also facilitated bariatric surgery support groups, weight management support groups, coping with limb loss support groups and/or shared medical visits for hypertension and diabetes. The availability of these group activities has varied from year to year, based on clinical need and trainee interest.

The PACT fellow is expected to also assist PACT teams by coaching staff in core skills related to Motivational Interviewing (MI) and/or Health Coaching. Clinician coaching will only be allowed after the fellow has demonstrated proficiency in core MI components. In particular, the fellow will be expected at a minimum to embody the spirit of Motivational Interviewing during client encounters, as well as preferentially use open over closed questions, use reflections more than questions, and use complex more than simple reflections to elicit client change talk and manage discord. The trainee will submit audio recordings of client encounters for competency coding by the primary supervisor. Dr. Saxon is a MI/MET training consultant and will provide training, support materials, and supervision in these modalities for the fellow.

The PACT trainee may be allowed no more than 4 hours/week over the course of the training year to gain additional experience in one of the following medical psychology specialty areas:

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1. Completing mental health evaluations for bariatric surgery or organ transplant.
  2. Providing treatment services in a CARF accredited pain management program.
  3. Completing mental health evaluations as part of clearance for cross-sex hormone therapy.

Approximately 75% of the fellow's time will be spent in patient care related activities. These activities include:

- Consult management
- Direct patient contact
- Documentation
- Providing layered clinical supervision (for interns or practicum students)
- Receiving clinical supervision

Approximately 25% time will be spent in training activities. Such activities include:

- Postdoctoral didactics (2 hrs/month)
- Cohort development (1 hr/week)
- Quality Practice Review (QPR) meetings (1 hr/month)
- Diversity Journal Club (1 hr/month)
- Medical Psychology Journal Clubs (1 hr/month)
- Regional and National Conference Calls related to PACT and tobacco cessation (varies)
- Research / Program Evaluation Project(s) (1 hr/week)
- Staff training (varies)

### **Supervisory Staff:**

Dr. LaDonna Saxon is a licensed Psychologist in the state of Kansas. She received her Ph.D. in Clinical Health Psychology and Behavioral Medicine from the University of North Texas in 2008. Dr. Saxon completed a fellowship in Chronic Pain Rehabilitation at James A Haley VAMC in Tampa, FL. She joined VANTHCS in 2012 and serves as Health Behavior Coordinator and Tobacco Cessation Lead Clinician. An Assistant Professor in the department of Psychiatry at University of Texas Southwestern Medical Center, her research interests involve health promotion/health maintenance and coping with chronic health conditions. Her clinical interests include motivational interviewing, mindfulness, response to injury/disability, health coaching, and health promotion/disease prevention. Dr. Saxon's theoretical orientation is cognitive behavioral and humanistic. She is a member of the Motivational Interviewing Network of Trainers, the American Congress of Rehabilitation Medicine, the American Psychological Association – Division 38 (Health Psychology), and the National Association of School Psychologists.

### **Geropsychology/Substance Abuse Fellowship**

The Geropsychology/Substance Abuse Fellowship is split between two 6 month rotations with an emphasis on providing care to veterans over 65 whose primary diagnosis involves substance abuse. This program is consistent with the Pikes Peak model of training. One rotation occurs on MH Silver Team,

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a geropsychiatry outpatient clinic, and the second rotation is on the MH Gold Team (Substance Abuse Team). During the Silver Team rotation, the fellow is supervised by a neuropsychologist for assessment experience, and by a clinical psychologist for therapy experience. Fellows learn core assessment skills needed to answer common referral questions. In addition to supervision by the team neuropsychologist for this assessment experience, the fellow participates in group supervision with neuropsychology trainees and supervisors from across the hospital once per week.

During their 6 months on the MH Silver Team, the fellow will also receive experience providing individual therapy or group therapy in an outpatient setting. MH Silver Team is a generalist clinic that sees patients aged 65 or older with a broad variety of diagnoses and life stressors. Additionally, we provide opportunities for inpatient service to work with Veterans with dementia or serious mental illness. Therapy is supervised at least one hour per week, with additional supervision or training provided as needed by the fellow.

The MH Silver Team has a weekly interdisciplinary meeting with psychology, psychiatry, pharmacy, social work, and nursing staff present including medical students and residents, and psychology interns and fellows. This is an excellent opportunity to learn how to communicate on an interdisciplinary team and identify the needs of different team members.

During the MH Gold Team rotation, the geropsychology/substance abuse fellow is embedded in Mental Health Substance Abuse Services (Gold Team) clinical team. The fellow is one of three addiction fellows that work with the Gold Team. The fellow will be assigned a primary supervisor which will be one of the 5 staff psychologists within the team. The fellow's typical workday will reflect that of their supervisor, which would most likely be M-F 8-4:30.

The Mental Health Residential/Outpatient Addiction Team (Gold Team) is an interdisciplinary team that specializes in providing mental health care to veterans whose primary diagnoses involve substance abuse. The Gold Team is comprised of a 40 bed inpatient rehabilitation unit, an intensive outpatient program and an opioid replacement clinic. The fellow will provide assessment and treatment to veterans on this team at multiple levels of care. Most chemically dependent veterans also have co-occurring psychiatric disorders, such as affective disorders, anxiety disorders, psychotic disorders and personality disorders. Thus, the fellow will provide assessment and treatment for the full spectrum of mental health disorders. Within the residential rehabilitation program fellows may provide psycho-educational groups and process groups such as relapse prevention groups and seeking safety groups. Additionally, fellows will be assigned as primary clinician for veterans attending the rehabilitation program. The fellows will follow a veteran through the rehabilitation process including: assessment, individual therapy and treatment coordination services while coordinating these services with their interdisciplinary team. The Gold Team Interdisciplinary Team is comprised of psychiatrists, medical internist, psychologists, physician assistants, pharmacists, nurses, social workers, addiction therapists, occupational therapists, nursing assistants and chaplains. While working with the Interdisciplinary Treatment Team, the fellow will have the opportunity to coordinate the psychological services they provide with the other components of the veteran's treatment.

Specialty training opportunities during 6 month rotation on MH Gold Team:

- As an active member of an Interdisciplinary Treatment Team provide case management and psychological services for veterans attending an inpatient substance abuse rehabilitation program.
- Learn evidence based interventions specific to veterans with substance abuse diagnoses such as contingency management and motivational interviewing
- Develop and maintain a psychotherapy group such as a pre-treatment group or mindfulness group

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(potentially to use as program evaluation component of postdoc)

- Facilitate psycho-educational groups ( such as seeking safety, stress management relapse prevention)
- Participation in EBP training
- Layered supervision of available trainees (either intern or practicum student)

During the fellow's 6 months on the MH Silver team, approximately 50% of the fellow's time will be spent in patient care related activities. These activities include:

- Direct patient contact
- Case management
- Documentation
- Providing layered clinical supervision (for interns or practicum students)
- Receiving clinical supervision
- Consultation with Interdisciplinary team members

Approximately 50% of time will be spent in training activities. Such activities include:

- Postdoctoral didactics (2 hr/month)
- Geropsychology Journal Club (1hr/week)
- Cohort development (1 hr/week)
- Neuropsychology Group Supervision (1hr/week)
- Neuropsychology Journal Club (1hr)
- Quality Practice Review (QPR) meetings (1 hr/month)
- Diversity Journal Club (1 hr/month)
- Evidence-Based Psychotherapy Consultation Mtg (1 hr/week)
- Research / Program Evaluation Project(s) (1 hr/week)
- Staff training (varies)

During the fellow's 6 months on MH Gold team, approximately 75% of the fellow's time will be spent in patient care related activities. These activities include:

- Direct patient contact
- Case management
- Documentation
- Providing layered clinical supervision (for interns or practicum students)
- Receiving clinical supervision

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- Consultation with Interdisciplinary team members

Approximately 25% of time will be spent in training activities. Such activities include:

- Postdoctoral didactics (2 hrs/month)
- Addiction Journal Club (psychology fellows, psychiatry fellows, and psychiatry residents)
- Cohort development (1 hr/week)
- Quality Practice Review (QPR) meetings (1 hr/month)
- Diversity Journal Club (1 hr/month)
- Evidence-Based Psychotherapy Consultation Mtg (1 hr/week)
- Research / Program Evaluation Project(s) (1 hr/week)
- Staff training (varies)

### **Supervisory Staff:**

Dr. M. Catherine Dodson is licensed in the state of Kansas. She earned her Ph.D. in Clinical Psychology from Southern Methodist University in 2013. She joined the staff at VANTHCS during that year and expects to be licensed in the state of Kansas in 2014. Dr. Dodson provides clinical services on the Mental Health Silver Team. Her clinical interests are in geropsychology, treatment of PTSD, treatment of mental disorders associated with aging and illness, individual and group psychotherapy. Her research interest is intimate partner violence. Dr. Dodson's theoretical orientation is cognitive behavioral and behavioral.

Dr. Michael Dolan is a licensed Psychologist in the state of Texas. He earned his Ph.D. in Clinical Psychology from the University of Kentucky in 1975. He has been on staff at VANTHCS since 1978, and currently works on the MH Gold team, focusing on the assessment and treatment of chronic substance use disorders, which is his primary clinical interest. His theoretical orientation is cognitive-behavioral. His research interests include the use of contingency contracting to decrease drug abuse, cocaine addiction, needlesharing and AIDS education. He is a member of the American Psychological Association.

Dr. Kathy Dohoney is a licensed Psychologist in the state of Texas. She earned her Psy.D. in Clinical Psychology from Baylor University in 1984. She has worked at the Dept. of Veterans Affairs since 1988, and has been on staff at the VANTHCS since 1992. She works within the MH Gold Team, and serves as the Program Manager of the Gold Team's Substance Abuse Residential Rehabilitation Program (SARRTP). Her clinical interests include addictions and psychiatric comorbidity, individual and group psychotherapy, recovery from mental illness, and psychosocial rehabilitation. Her theoretical orientation includes dynamic-interpersonal and cognitive-behavioral approaches. She is also certified as a provider of Cognitive Processing Therapy for trauma work. She is a member of the Dallas Psychological Association.

Dr. Colleen Richardson is a licensed Psychologist in the state of Colorado. She earned her Psy.D. in Clinical Psychology from the Florida School of Professional Psychology in 2007. In 2006, she accepted a commission and internship in the United States Navy. Dr. Richardson deployed for a year in 2008 with Regimental Combat Team One, where she served as the Operational Stress Control and Readiness Provider (OSCAR), and the Camp Fallujah's psychologist for the Shock Trauma Platoon. She was the first female OSCAR provider, delivering front-line mental health support and services, such as crisis intervention, individual and group therapy, grief and loss debriefs and substance abuse training, to the Marines and Sailors attached to RCT-1. She traveled on over 100 combat patrols and convoys, treating close to 6,000 personnel. She trained over 500 Corpsmen on how to identify the signs and symptoms of post-

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traumatic stress disorder, anxiety and depression. After completing her deployment, she was assigned to Wounded Warrior Battalion-West as the Battalion director and psychologist. While at WWB-West, Dr. Richardson designed and established an outpatient mental health program for the Marines and Sailors wounded in Iraq and Afghanistan. She also provided educational trainings on mental health disorders and traumatic brain injury to clinical and non-clinical partners, and coordinated additional care through a multi-disciplinary approach with other DoD and VA professionals. She has been working for the VA for 5 years and serves as the Clinical Director of the Gold Team's Substance Abuse Program. Her theoretical orientation is cognitive behavioral. She is certified in CPT, PE & EMDR for trauma work.

Dr. Meredith Shaw is a licensed Psychologist in the state of Texas. She received her Ph.D. in Clinical Psychology from the University of Maryland, Baltimore County in 2011. Dr. Shaw joined VANTHCS in 2011 and currently serves as staff psychologist on the Mental Health Gold Team. Her clinical interests include treatment of depression, anxiety, substance-related disorders, trauma and stress-related disorders, chronic pain, and health behavior change, with Cognitive Behavioral Therapy, Motivational Interviewing, Acceptance and Commitment Therapy, and Mindfulness-Based therapy. Dr. Shaw's research interests involve dual diagnosis of substance abuse and mental illness and Mindfulness-based therapy. She is a member of the American Psychological Association, Association for Contextual Behavioral Science, and the Association of VA Psychologist Leaders.

Dr. Erica Wilson is a licensed Psychologist in the state of Texas. She received her Ph.D. in Clinical Psychology from the University of North Texas in 2014. Dr. Wilson completed the Substance Abuse Fellowship at VANTHCS in 2015 and currently serves as a staff Psychologist focused on providing outpatient services on the Substance Abuse Treatment Team (MH Gold Team). Her clinical interests include treatment of substance-related disorders, depression and trauma with Cognitive Behavioral Therapy, Acceptance and Commitment Therapy, Motivational Interviewing, Contingency Management and Mindfulness-Based therapy. Dr. Wilson's research interests involve examining the relationships between substance abuse and suicidality.

## **Family/Couples Therapy Fellowship**

One fellow is assigned to the Mental Health Service's Diamond Team and serves as an interdisciplinary team member who will work closely with supervising and other psychologists, psychiatrists, social workers, and other treatment providers. Given the range of Veteran demographics served by VANTHCS, the fellow may receive referrals for couple/family therapy for a broad range of Veterans across different eras and with different psychiatric diagnoses. Clinical training will primarily focus on developing advanced couple therapy skills, utilizing the evidenced-based approach of Integrative Behavioral Couple Therapy (IBCT). The fellow will become skilled in the screening and IBCT assessment process including the development of a formulation and provision of feedback. There are also opportunities for the fellow to provide family and individual therapy, as appropriate. Other treatment modalities available include Emotion-Focused Therapy for Couples (EFT) and Structural Family Therapy. Interested fellows may also develop administrative and professional skills via managing, tracking, and assigning incoming couple and family referrals, developing and/or coordinating new programs, program evaluation, and making presentations to other teams to advertise couple/family therapy services. Additional experiences include ongoing formal and informal case consultation and participation in a national seminar specific to Couple and Family Fellows across VA hospitals.

The fellow will also be assigned to the Community Living Center Hospice Unit and serve as an interdisciplinary team member, along with the supervising psychologist, for 20% of worktime. As such, fellows will gain experience in working with Veterans and their families who are experiencing end of life issues and identifying and meeting their clinical needs. Treatment primarily occurs bedside or in the

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Veteran's hospital room. Several opportunities exist for family intervention and case consultation. The fellow will be a vital part of the team and attend weekly interdisciplinary/palliative care meetings and family meetings for new hospice admissions.

Approximately 55% of the fellow's time will be spent in patient care related activities. These activities include:

- Consult management
- Direct patient contact
- Documentation
- Providing layered clinical supervision (for interns or practicum students)
- Receiving clinical supervision

Approximately 45% of time will be spent in training activities. Such activities include:

- Postdoctoral didactics (2 hrs/month)
- Cohort development (1 hr/week)
- Quality Practice Review (QPR) meetings (1 hr/month)
- Diversity Journal Club (1 hr/month)
- Family/Couples Therapy Consultation Meeting (1 hr/week)
- Research / Program Evaluation Project(s) (1 hr/week)
- Hospice Interdisciplinary Team Meeting – CLC (1 hr/week)
- Palliative Care Meeting – CLC (1hr/week)
- Family meetings for new hospice admissions – CCL (as needed/requested)
- Staff training (varies)

### **Supervisory Staff:**

Dr. QuaVaundra Perry is a licensed Psychologist in the state of Texas. She earned her Ph.D. in Counseling Psychology at the University of North Texas in 2014. She completed practicum, internship, and postdoctoral residency training at the VA North Texas Health Care System. She is a staff psychologist on the Mental Health Diamond Team, providing individual, group, couple, and family therapy. Her clinical interests include treatment of PTSD and depression, interpersonal psychotherapy, couple and family dynamics, spirituality in psychotherapy, and clinical supervision.

Dr. Lynnora Ratliff is a licensed Psychologist in the state of Texas. She earned her Ph.D. in Counseling Psychology at the University of North Texas in 1989. She has been on the staff at the VA North Texas Health Care System in Dallas since 1989. She is the staff Psychologist at the CLC. Her professional interests include family systems, the practical application of neuropsychological assessment results, and training interns and practicum students at the CLC.

Dr. Lisa Thoman is a licensed Psychologist in the state of Texas. She earned her Ph.D. in Clinical Psychology from the University of Texas Southwestern Medical Center at Dallas in 2003. She has been on staff at VANTHCS since 2002, and currently works within the MH Trauma Services Clinic, a specialty MH clinic

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which provides evidence-based assessment and psychotherapy to veterans with Posttraumatic Stress Disorder (PTSD). More specifically, Dr. Thoman provides individual, group and marital therapy to veterans of the OEF/OIF/OND era. Dr. Thoman is an Assistant Professor in the department of Psychiatry at University of Texas Southwestern Medical Center. Her clinical interests include treatment of PTSD and other disorders related to trauma. Her theoretical orientation is integrative with cognitive-behavioral, solution-focused and systemic emphases. Her research interests include treatment of PTSD and anxiety disorders, meditation and mindfulness in treatment of mental disorders, and impact of exercise on mood and anxiety. She is a member of the American Psychological Association and Dallas Psychological Association.

## **PTSD Fellowship**

The PTSD fellow is embedded in Mental Health Trauma Services (MHTS) clinical team. The fellow will rotate through the sub-teams of MHTS. Primary supervision will be provided by one of the 10 staff psychologists within the team. The MHTS team is an interdisciplinary team comprised on 4 psychiatrists, 10 psychologists, 3 social workers, and 1 nurse practitioner. It should be noted that MHTS is comprised of numerous supervisors with proficient and advanced skills in implementing EBPs such as Cognitive Processing Therapy (CPT), Prolonged Exposure (PE) therapy, Acceptance and Commitment Therapy (ACT) for depression, and Integrative Behavioral Couples Therapy. As such, the fellow would have opportunities to utilize and enhance their skills in the delivery of these therapies as well as others as appropriate. The fellow's typical workday will reflect that of their supervisor, which would most likely be M-F 8-4:30.

The MHTS team is comprised of 4 sub-team specialty areas including the OEF/OIF/OND team, PTSD Clinical team, PTSD/SUD team, and the Women's Stress Disorder/Military Sexual Trauma team. The training year will be divided into one of the following, working with a different primary supervisor for each period (based on the fellow's training goals):

- ★ Two 6 month periods
- ★ Three 4 month periods
- ★ Four 3 month periods

A percentage of time will also be spent providing Telemental Health (TMH) services (likely 4 hours/week) supervised by Dr. Derek Burks or Dr. Kilynda Ray.

### **Specialty training opportunities:**

- Develop and maintain a psychotherapy group such as a trauma-related guilt/moral injury group with Chaplain Fellow (potentially to use as program evaluation component of postdoc)
- Facilitate CPT groups (potentially both TMH and an in-house MHTS group)
- DBT group involvement all year (per training goals)
- Participation in EBP consultation group within MHTS
- Layered supervision of available trainees (either intern or practicum student, depending on licensed supervisor availability and interest in supervising supervision)

### **Summary of Mental Health Trauma Services sub-teams and the Telemental Health team:**

## **OEF/OIF/OND Team**

The OEF/OIF/OND Team has been treating patients from the Afghanistan and Iraq wars since 2007. Their primary focus is the treatment of mental health problems such as PTSD, depression, and anxiety.

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The patient population from these wars requires a specialized focus on the unique problems faced by this cohort. Clinical services include: diagnostic evaluation; group therapy, and individual treatment; case management; education; psychological testing; and psychopharmacological assessment and management. This rotation includes opportunities for trainees to learn and be supervised in delivery of any of the following EBTs: Imagery Rehearsal Therapy for Nightmares, Prolonged Exposure Therapy, Cognitive Processing Therapy and/or Integrative Behavioral Couple Therapy.

## **PTSD/SUD Team**

The primary focus of this rotation is the assessment and treatment of veterans with comorbid PTSD and substance use disorders in an outpatient clinic (as part of an interdisciplinary MH treatment team). The patient population is comprised of male and female veterans from all war eras, with male OEF/OIF/OND being the most common. PTSD/SUD patients often have complex histories and symptom presentations, which gives trainees the opportunity to refine differential diagnosis skills and gain experience with treatment planning that best meets the patient's needs/readiness level and stage of recovery. Trainees will gain exposure to therapeutic techniques relevant to this subpopulation (e.g., motivational enhancement, behavioral modification/activation, CBT for alcohol use disorders), Seeking Safety, EBPs for PTSD (CPT, PE) as well as present-centered, time-limited therapy geared toward developing coping skills for anxiety management, PTSD and sobriety maintenance/relapse prevention. Trainees will gain experience with assessment, including comprehensive PTSD intake evaluations, and opportunities for assessment of symptom validity and malingering.

## **PTSD Clinical Team (PCT)**

The PTSD Clinical Team (PCT) has been in continuous operation since its inception in January, 1987. It is staffed by psychologists, a social worker, and a psychiatrist. Clinical services include diagnostic evaluation; group, individual and couples treatment; education; psychological testing; and psychopharmacological assessment and management. PCT services may be time-limited or open-ended, depending on the specific needs of the veteran. Group therapies offered to veterans include both ongoing support groups as well as time-limited groups, including psychoeducational groups as well as ACT groups. Individual therapies include supportive psychotherapy, and evidence-based therapies such as Prolonged Exposure Therapy, Cognitive Processing Therapy (CPT) and Acceptance and Commitment (ACT) Therapy. PCT services may be time limited or open-ended, depending on the specific needs of the veteran.

## **Women's Stress Disorder and Military Sexual Trauma Program (WSD-MST)**

The Women's Stress Disorder and Military Sexual Trauma Program (WSD-MST) is a program that provides outpatient mental services to male and female Veterans who have experienced a Military Sexual Trauma (MST), and female Veterans with childhood, adult civilian and combat trauma histories.

The term Military Sexual Trauma (MST) is defined by Federal law (Title 38 U.S. Code 1720D) and is "psychological trauma, which in the judgment of a VA mental health professional, resulted from a physical assault of a sexual nature, battery of a sexual nature, or sexual harassment which occurred while the Veteran was serving on active duty, active duty for training, or inactive duty training." Sexual harassment is further defined as "repeated, unsolicited verbal or physical contact of a sexual nature which is threatening in character."

The VA is committed to treating Any Veteran who had an experience of sexual assault or repeated, threatening sexual harassment during a period of active duty, active duty for training, and inactive duty for training. The Veteran does not have to be service connected for a mental health condition secondary to MST or have reported the MST while in the military in order to receive MST-related care through the

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VA. Also, Veterans who do not meet length of active duty requirements for general enrollment in VA health care are still eligible to receive care only for MST-related conditions. Veterans with an Other than Honorable discharge may receive MST-related care if a VBA Regional Office rules that the character of discharge is not a bar to health care benefits. Both women and men can experience MST and are eligible to receive services.

The outpatient mental services offered in the WSD&MST program include evidence-based individual psychotherapies such as Prolonged Exposure (PE), Cognitive-Processing Therapy (CPT), Acceptance and Commitment Therapy (ACT), Cognitive-Behavioral Therapy for Depression (CBT-D), and Dialectical Behavior Therapy (DBT). Treatment is individually tailored for each Veteran after a thorough psychological evaluation that includes objective, standardized interviews and psychometrically valid measures of psychopathology and distress. The WSD-MST Team offers three types of therapy groups: structured/didactic (psychoeducational, skills-based, and support). Pharmacotherapy is also offered via a psychiatrist assigned to the program. Opportunities to learn about assessment, clinical treatment, and research with this specialty population are available to interns.

## **Telemental Health (TMH) Team**

Technology is expanding the ways in which VA psychologists may reach out to Veterans with mental health needs. The Telemental Health (TMH) program provides outpatient mental health care to Veterans served in rural Texas VA community-based outpatient clinics (CBOCs) located in Bridgeport, Denton, Greenville, Sherman, and Tyler. The program aims to increase patient access to specialty mental health care in rural and underserved areas, and to reduce the number of miles that patients must travel to receive mental health services. Using secure videoconferencing technology, the TMH service connects mental health providers to clinics that require additional mental health services for their patients, including consultation, initial patient assessments, individual psychotherapy, group psychotherapy, and specialized interventions (e.g., evidence-based therapies). The TMH provider collaborates with the patient's other local VA providers to ensure quality comprehensive care. Because the TMH program serves an array of different clients with variable clinical needs, the placement may align with a diversity of training goals. Commonly requested services include Cognitive Processing Therapy, Prolonged Exposure, Cognitive Behavioral Therapy, and Integrative Behavioral Couples Therapy. Emphasis is placed on the provision of empirically supported treatments. In addition to these clinical opportunities, interns have the option of contributing to several ongoing quality improvement and research projects. Interns will receive training in the technology used in telemental health, as well as specialized clinical and programmatic considerations for this mechanism of service delivery.

Approximately 75% of the fellow's time will be spent in patient care related activities. These activities include:

- Direct patient contact
- Documentation
- Providing layered clinical supervision (for interns or practicum students)
- Receiving clinical supervision
- Consultation with interdisciplinary team members

Approximately 25% of time will be spent in training activities. Such activities include:

- Postdoctoral didactics (2 hrs/month)

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- Cohort development (1 hr/week)
  - Quality Practice Review (QPR) meetings (1 hr/month)
  - Diversity Journal Club (1 hr/month)
  - Evidence-Based Psychotherapy Consultation Mtg (1 hr/week)
  - Research / Program Evaluation Project(s) (1 hr/week)
  - Staff training (varies)

### **Supervisory Staff:**

Dr. John Black is a licensed Psychologist in the state of Texas. He earned his Ph.D. in Clinical Psychology from the University of North Carolina at Greensboro in 1978. He has been on staff at VANTHCS since 1982 and currently serves as staff psychologist on the PTSD Clinical Team. Dr. Black's clinical interests are PTSD and EMDR, with research interests of drug abuse treatment and PTSD. His theoretical orientation is behavioral. Dr. Black is a member of the American Psychological Association, Association for Behavioral and Cognitive Therapies, and the EMDR International Association.

Dr. Derek J. Burks is a licensed Psychologist in the state of Washington. He earned his Ph.D. in Counseling Psychology from the University of Oklahoma in 2009. Dr. Burks also earned a Master of Clinical Research Degree in Human Investigations from the Oregon Health and Science University in 2011 as well as a Master of Arts Degree in Experimental Psychology from the University of Central Oklahoma in 2005. He has been on staff at VANTHCS since 2012 and currently serves as Clinical Director of the Telemental Health Team. His clinical interests involve PTSD, telemental health, DBT, individual and group psychotherapy. Dr. Burks' research interests are telemental health, humanistic psychology, American Indian health care, and LGBT health care. His theoretical orientation is comprised of cognitive behavioral, eclectic, and interpersonal. He is a member of the American Psychological Association and the Association of VA Psychologist Leaders.

Dr. Haley Downing is a licensed psychologist in the state of Texas. She earned her Ph.D. in Counseling Psychology from the University of Akron in 2012. She has been on staff at VANTHCS since 2012, providing individual and group psychotherapy primarily to veterans with MST on MH Trauma Services. She is an Assistant Professor in the Department of Psychiatry at University of Texas Southwestern Medical Center and a member of the American Psychological Association and the Association of VA Psychologist Leaders. Her clinical interests include behavioral treatment of anxiety disorders, psychological sequelae of sexual trauma, and women's mental health issues, with specialized training in Dialectical Behavior Therapy, Prolonged Exposure, and Cognitive Processing Therapy. Her theoretical orientation is primarily cognitive-behavioral.

Dr. Jamilyah Jackson serves as the Director of Training for the psychology programs within VANTHCS. She is board certified in Clinical Psychology (ABPP) and received her Ph.D. in Clinical Psychology in 2005 from the University of Georgia at Athens. She completed her Doctoral internship (2004) and Postdoctoral Fellowship (2006) at VANTHCS, and has been on staff since that time. Dr. Jackson is a staff psychologist within the MH Trauma Services Clinic, a specialty MH clinic which provides evidence-based assessment and psychotherapy to veterans with Posttraumatic Stress Disorder (PTSD). More specifically, Dr. Jackson provides individual and therapy to veterans of the OEF/OIF/OND era. Dr. Jackson is an Assistant Professor in the department of Psychiatry at University of Texas Southwestern Medical Center. Her clinical interests include Substance Abuse/Dependence Treatment, Co-morbid conditions of Substance Abuse, PTSD, and Diversity/Multicultural Issues. Her theoretical orientation is comprised of cognitive-behavioral, behavioral and interpersonal approaches.

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Dr. Heidi J. Koehler serves as coordinator for the Military Sexual Trauma program. She received her Ph.D. in Counseling Psychology from Texas A&M University in 2000. Dr. Koehler is board certified in Clinical Psychology (ABPP) and joined VANTHCS in 2006. She is licensed in the state of Texas and works within the Mental Health Trauma Service team. She is an Assistant Professor in the department of Psychiatry at University of Texas Southwestern Medical Center and a member of the Texas Psychological Association. Her clinical interests include adult and childhood trauma, military sexual trauma, the grieving process, group psychotherapy, and dialectical behavior therapy. Her theoretical orientation is primarily existential.

Dr. Elizabeth (Betsy) Lewis is a licensed Psychologist in the state of Texas. She received her Psy.D. in Clinical Psychology from Baylor University in 1991. Dr. Lewis joined VANTHCS in 1991 and is a member of the American Psychological Association and the Association for Women in Psychology. She provides clinical services within the PTSD Clinical Team. Relatedly, her clinical interests are PTSD treatment, prolonged exposure therapy, substance abuse, and women's treatment issues. Her theoretical orientation is primarily cognitive behavioral.

Dr. Anushka Pai is a licensed Psychologist in the state of Texas. She earned her Ph.D. in Clinical Psychology from the University of Texas at Austin in 2011. Dr. Pai joined VANTHCS in 2015. She provides clinical services within MH trauma services, on the Military Sexual Trauma/Women's Stress Disorder and OEF/OIF/OND teams. She is a member of the American Psychological Association. Her theoretical orientation is cognitive-behavioral, and her research interests include the treatment of PTSD and anxiety disorders.

Dr. Kilynda V. Ray is a licensed Psychologist in the state of California. She received her Ph.D. in Counseling Psychology from Howard University in 2010. Dr. Ray also earned a Bachelor's Degree and a Masters of Marriage and Family Therapy from the University of Southern California. She has been on staff at VANTHCS since 2015 and works on the Telemental Health Team providing individual, group and conjoint therapy. Her clinical and research interests include family psychology, PTSD treatment, adolescent and childhood trauma, adolescent substance abuse and health psychology. Dr. Ray has co-authored on several publications and presented at numerous professional conferences on subjects related to forensic psychology, adolescent behavior, race-related stress, and health disparities among underserved populations. Her theoretical orientation is cognitive behavioral therapy. She is a member of the American Psychological Association and the Dallas Psychological Association.

Dr. Reed Robinson is the Assistant Chief of Psychology within Mental Health Service and Clinical Director of the Mental Health Trauma Team. Dr. Robinson received his Ph.D. in Counseling Psychology from Iowa State University in 2007. He completed his Doctoral internship at VANTHCS and joined the staff in 2007. He is licensed in the state of Texas and has an eclectic (cognitive, behavioral, interpersonal, psychodynamic) theoretical orientation. His clinical interests include PTSD diagnosis and treatment, program development, motivational interviewing, dual-diagnosis & self-medication, and prolonged exposure therapy. Dr. Robinson's research interests involve PTSD treatment efficacy and assessment (especially of personality & malingering).

Dr. Julia Smith is the Assistant Director of Training for the psychology programs. She is a licensed psychologist in the states of Texas and Kansas. She received her Psy.D. in Clinical Psychology from the Illinois School of Professional Psychology (ISPP) in 2008. She completed her Postdoctoral fellowship at VANTHCS (2008-2009), and has been on staff since that time. Dr. Smith also serves as a staff psychologist within the MH Trauma Services Clinic as the PTSD/Substance Use Disorder (SUD) Specialist. Dr. Smith is an Assistant Professor in the department of Psychiatry at University of Texas Southwestern Medical Center. Her clinical interests include assessment of symptom validity and malingering, co-occurring disorders, (PTSD/SUD), exposure therapy, behavioral therapy for obsessive compulsive disorders and motivational enhancement techniques, including the role of personal values in commitment to change. Her theoretical orientation is comprised of behavioral and cognitive-behavioral approaches. Research interests include

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exploring novel and adjunctive treatments for PTSD, Military Sexual Trauma, personality disorders and development of outcome measures for performance enhancement.

Dr. Christopher St. John is a licensed Psychologist in the state of Texas. He received his Ph.D. in Counseling Psychology from the University of North Texas in 1995. Dr. St. John joined the VANTHCS in 1996 and currently serves as staff psychologist on the PTSD Clinical Team. Relatedly, his clinical interests involve PTSD treatment. He is a member of the Dallas Psychological Association.

## **Neuropsychology Fellowship**

Two fellows will be assigned to the Neuropsychology Consult Team and will train primarily with outpatients who have been referred from various settings, including Mental Health, Neurology, and Physical Medicine and Rehabilitation. The fellows' educational goals will be achieved through a competency-based curriculum that follows the Houston Conference guidelines for postdoctoral training, Association of Postdoctoral Programs in Clinical Neuropsychology (APPCN), and the Commission for the Recognition of Specialties and Proficiencies in Professional Psychology (CRSPPP). Trainees will complete a minimum of three outpatient neuropsychological assessments per week, participate in a neuropsychology journal club, brain cuttings, attend neurology grand rounds, and fellow didactics among their various training activities. (Drs. Ardolf and Zartman are the supervising psychologists.) Please see the Neuropsychology Fellowship brochure for additional details.

## **Requirements for Program Completion**

Postdoctoral fellows are expected to learn and demonstrate to their supervisors all Core and Proficiency-specific Competencies by the end of their training. Further, it is expected that fellows will have made significant progress in obtaining licensure as psychologists. These tasks include taking the EPPP examination, and completing other requirements which may vary by state, such as completing jurisprudence exam, and/or oral examination during the year.

## **Facility and Training Resources**

All fellows have a dedicated office which they may use for conducting psychological assessment, testing, and therapy, although other common clinical areas may also be utilized, such as bedside consultation, when clinical situations warrant such practices. A networked PC with a full range of software is provided. Psychological and Neuropsychological assessment tools are readily available as is adjunct supervision to use them when needed. The medical library is state of the art and prides itself in finding information and completing searches in an expeditious fashion. Clerical support is provided by Psychology Service which has a secretary and a program assistant.

The stipend is \$44,648 for the training year. Fellows also accrue Annual leave (vacation) and Sick Leave in increments per each of 26 bi-weekly paychecks.

## **Administrative Policies and Procedures**

Our privacy policy is clear: We will not collect personal information about any visitors to our website.

## **Policies regarding the training program:**

Although fellows accrue annual leave and sick leave per each pay period, it is the program's policy that fellow should not take more than five days of annual leave during any quarter of the year regardless of the amount of leave they have accrued. Exceptions can be made for extraordinary circumstances. The

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purpose of this policy is to minimize absence from the work-related learning which is the core of the training program.

### **Mechanisms for addressing impaired or deficient performance and grievance procedures**

Potential domains of problematic fellow behavior include two general areas:

1. Professional skills, competence and functioning
2. Adherence to professional ethics.

Relatively minor problems identified at quarterly evaluations may result in the modification of training experiences. Such modifications are the responsibility of the primary supervisor but may be based on consultation with the Training Director and/or the Postdoctoral Training Committee. Minor problems identified at the end of a quarter will be communicated to relevant supervisors of that fellow and/or the Postdoctoral Training Committee.

Problems deemed to be sufficiently serious to pose a potential threat to the fellow's successful completion of the fellowship program will be referred to the Training Committee for consideration. Such problems may be identified at any time. In case of a serious breach of ethical principles, the Training Committee may recommend to the Chief of Psychology that the fellow be terminated immediately. In most cases, though, the Training Committee will develop a written remediation plan to help the fellow achieve an acceptable level of performance. The remediation plan will specify the skills and/or behaviors to be changed and will stipulate a date for their remediation. The remediation plan may include a revision of the fellow's training schedule. A copy of this plan will be given the fellow. Within one week of the stipulated date for the completion of remediation of problems, the Training Committee will make a determination of progress. The Training Committee will consider input from supervisor(s) and the fellow. All Training Committee decisions will be by majority vote and will be communicated in writing to the fellow. Three determinations by the Training Committee are possible, each followed by a different course of action:

1. If a determination of satisfactory progress is made, the remediation plan will be terminated.
2. If the Training Committee determines that sufficient progress is being made so that it seems possible the fellow will successfully complete the fellowship but that further remediation is necessary, a revised remediation plan with completion date will be developed.
3. If a determination of unsatisfactory progress is made, the Training Committee will conduct a formal hearing with the fellow within one week of the meeting in which it is determined that unsatisfactory progress has been made. The fellow will receive a minimum three days' notice to prepare for this hearing. Issue(s) of concern will be addressed to the fellow by the Training Committee and any other staff electing to attend. The fellow will be afforded an opportunity to respond and may invite anyone of his/her choice to attend the hearing to provide additional information. Within one week of the hearing, the Training Committee will either develop a revised remediation plan or will recommend termination of the fellow to the Chief of Psychology, Training Director, and ACOS of Education. Proceedings of the hearing will be documented in a summary transcript.

At any time prior to termination from the fellowship program, a fellow may be permitted to resign his/her fellowship.

**Grievance Procedure/Appeal Process:** If the Training Committee recommends termination of the fellow from the program, the fellow may appeal this decision in writing to the Chief of Psychology within one week of the fellow's notification of the Training Committee's recommendation. If an appeal is made, the Chief of Psychology will appoint a panel to hear and rule on the appeal. The appeal panel will consist of no less than three psychologists, some or all of whom may be members of the VA North Texas Health

Care System's Psychology Professional Community. No panel member will be a member of the Training Committee, a current or past supervisor of the fellow, or anyone who has previously lodged a formal complaint against the fellow. The fellow will present the appeal to their panel. The Training Director will then present the position of the Training Committee. The hearing will be conducted in an informal manner and will not be bound by legal rules of evidence or testimony. Either side may call and examine witnesses or present other information as it deems appropriate. A decision to terminate will be based on the evidentiary standard of clear and convincing proof. Any decision of the panel will be by simple majority. Proceedings of the appeal hearing will be documented in a summary transcript and kept in the Psychology office.

If the appeal panel recommends that the fellow's appointment be continued, the Chief of Psychology, Training Director, Training Committee, and Psychology staff will abide by this decision, taking into account any further recommendations of the panel. It will be the responsibility of the Training Director under these circumstances to negotiate with the fellow and appropriate supervisors an acceptable training plan for the balance of the training year.

A recommendation of termination by the appeal panel will be communicated to the VA North Texas Health Care System's ACOS of Education, accompanied by transcripts of both hearings and any pertinent supporting information or documents within one week of the appeal. The Chief of Staff will review the material for:

1. Evidence of failure to follow the procedures specified in this policy.
2. Evidence of capriciousness or arbitrariness in the action.

Affirmation of either of these by the Chief of Staff would result in the fellow being retained. Otherwise the fellow will be terminated immediately.

The results of the appeal proceedings will be communicated in writing to the fellow.

## **Trainees**

Past trainees by their university of degree and current positions:

<b>Year</b>	<b>Degree Program</b>	<b>Current Position</b>
05-06	U. of Georgia Texas Tech U.	VA Psychologist - North, TX VA Psychologist - Central TX
06-07	U. of Georgia Texas A & M U.	VA Psychologist - Atlanta, GA VA Psychologist - North TX
07-08	Virginia Tech U. U. of North Texas	Research - UTSW VA Psychologist – North TX
08-09	Georgia Sch. Of Prof. Psych Illinois Sch. Of Prof. Psych Nova Southeastern U.	VA Psychologist – North TX VA Psychologist - North TX VA Psychologist – Montgomery, AL
09-10	U. California, Santa Barbara U. of TX Southwestern Med. Ctr. Jackson State U.	VA Psychologist – North TX VA Psychologist – North TX

10-11	Argosy U., Hawaii U. of Houston U. of Louisville U. of Alabama Nova Southeastern U.	Private Practice - WA Private Practice - TX VA Psychologist – Nashville TN VA Psychologist – North TX VA Psychologist – Bay Pines FL
11-12	Auburn University U. of Maryland, Baltimore Co. Texas Tech U. U. of North Texas	VA Psychologist – Nashville TN VA Psychologist – North TX VA Psychologist – Reno, NV VA Psychologist – North TX
12-13	Chicago School of Prof. Psych Colorado State U. U. of Illinois @ Urbana-Champaign U. of North Texas	VA Psychologist – North TX University Counseling Center - TX VA Psychologist – North TX VA Psychologist – North TX
13-14	U. of Houston Kent State U. Southern Methodist U. Baylor U. Pacific School of Grad. Psych U. of North Texas	VA Psychologist – Valley Coastal Bend VA Psychologist – South TX Psychologist – Private Sector VA Psychologist – North TX Research - Romania VA Psychologist – North TX
14-15	U. of North Texas Oklahoma State U. U. of North Texas U. of North Texas Southern Methodist U. Texas A&M Ball State University Azusa Pacific University	VA Psychologist – North TX VA Psychologist – North TX VA Psychologist – North TX VA Psychologist – North TX VA Psychologist – North TX No Current Position (Personal reasons) Private Practice Current Postdoc (Neuro)
15-16	U. of North Texas Chicaho School of Professional Psychology School of Professional Psychology at Forest Institute Midwestern University at Glendale Jackson State University Arizona School of Professional Psychology	PhD PsyD PsyD PsyD PhD PhD

For our most recent APA reaccreditation self study (2011), we surveyed the last five years of graduates with an outcome assessment device involving 19 questions. Interpretation of the survey data by the Postdoctoral Training Committee is noted herein:

100% of graduates completed the survey; no information is missing. This completion rate is viewed as an indication of graduates' interest in the program as well as interest in providing information to APA.

## **Findings include:**

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- Nine of 13 responders were fully licensed; four were not. Of the four who were not licensed, all were within their first two years after completion of their residency.
  - Nine of the 13 graduates had obtained employment as psychologists, and the other four were pursuing employment at the time of the survey.
  - Employment sites for the first job reveal a variety of settings, demonstrating that the program graduates' interests are varied with some moving toward private practice as well as medical center settings (primarily the VA).
  - Of the 11 who responded to the question, slightly more than half (six of 11) were employed in an area of psychology different from their area of emphasis on their residency. Respondent further noted that they spent approximately 40% of their clinical time working with patients dealing with problems related to the postdocs' emphasis area.
  - Two questions asked about job satisfaction information comparing first positions to current positions (in some cases current positions and first positions are the same). The results were identical related to satisfaction with first and second jobs, noting a slight decrease in satisfaction from first job to second.
  - Two questions about the graduates' perceptions about how well the program trained them for their positions are viewed as a most critical outcome measure. For both first positions and current positions, graduates perceived that the program prepared them quite well, noting a range from moderately well (one respondent) to very well (five of the 10 respondents).
  - Two questions were designed to collect information of importance to APA. The findings suggest that indeed program graduates are more involved in clinical service delivery than in academia with the majority finding employment in the VA.
  - Rankings of various aspects of the program suggest that supervision, interdisciplinary service delivery, and individual and group psychotherapy experiences are perceived as having been the most beneficial elements of the program. This is gratifying in that the apprenticeship model of training emphasizes the supervisory relationship as an important element of training. Of interest is the finding that the didactic elements (such as Journal Club, Grand Rounds, and even the seminars and case presentations) were valued to a lesser degree.

## **Local Information**

The Dallas area is a major educational center in the Southwest. The area has fostered growth in both undergraduate disciplines in addition to the arts and humanities. Area universities include the University of Texas Southwestern Medical Center, the University of Texas at Dallas, the University of Texas at Arlington, Texas Woman's University in Denton, University of North Texas in Denton, Southern Methodist University in Dallas, Dallas Baptist University, and the University of Dallas. As stated above, Dallas is also the site for many professional workshops, seminars, and conventions. There is a state professional organization, the Texas Psychological Association, and local professional organizations, the Dallas Psychological Association and the Tarrant County Psychological Association, that interns may join as student members. The state organization frequently holds its annual convention in Dallas, and students are encouraged to submit their research for presentation at this convention. The local organizations hold monthly meetings that address a variety of issues of concerns to psychologists in the area. A number of specialized professional and student organizations are active in the area.

The Dallas-Fort Worth Metroplex is a thriving metropolitan area of 5 million people, including over 40%

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who consider themselves ethnic minorities. There is a dynamic and growing arts community including both professional and community theater groups, the Dallas Symphony, Dallas Civic Opera, The Fort Worth Ballet, the Dallas Museum of Art, the Kimbell Art Museum, and the Amon Carter Museum of Western Art. There are also hundreds of shops, galleries, and restaurants throughout the city. Outdoor recreation is abundant with many areas available for backpacking and rock climbing and with several area lakes suitable for fishing, water skiing, and other water sports. Major league professional athletics include football (the Dallas Cowboys), baseball (the Texas Rangers and three minor league teams), basketball (the Dallas Mavericks), hockey (the Dallas Stars), and soccer (the FC Dallas).

Housing is readily available throughout the city within easy commuting distance from the medical center, which is located 10 miles south of downtown Dallas and is served by several traffic arteries. Information concerning housing, transportation, and employment opportunities may be obtained from the Dallas Chamber of Commerce, 1597 Pacific, Dallas, Texas 75201.

Visit [www.dallas.com](http://www.dallas.com) for city information.