VA North Texas Health Care System

Postdoctoral Fellowship Training Program
2018-2019 Training Year

Psychology Training Director (116A)
VA North Texas Health Care System
4500 S. Lancaster Rd.
Dallas, TX 75216
http://www.northtexas.va.gov/psychology
The Setting

Living in Dallas

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

The Dallas area is a major educational center in the Southwest. The area fosters training in academics and science 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. 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 fellows 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.

Fun Facts about the Dallas

- Dallas is the only city in the South Central region of the United States to be considered of key importance for the global economy
- The Dallas Arts Districted is the largest center of Urban Art in the United States
• Dallas is the home of many inventions, including the microchip, electronic traffic light, care radio, and margarita machine
• German chocolate cake was actually named after the creator, Sam German, a native Dallasite, and not the country of Germany
• Dallas’ Galleria mall is home of America’s tallest indoor Christmas tree
• Dallas is the home of many well-known stores, brands, and television shows, including 7-Eleven, Neiman Marcus, Barney the Dinosaur, Wishbone the dog, and, obviously, Dallas
• The NFL’s Super Bowl was allegedly inspired by Dallas’ Super Ball (deputant ball)
• Dallas was home to the first outdoor shopping center
• DFW allegedly has more shopping malls per capita than any other metro area in the United States
• Notorious American Outlaws, Bonnie and Clyde, first met in Dallas.

Visit www.visitdallas.com for city information.

VA North Texas Health Care System

Dallas VA Medical Center

VA North Texas Health Care System (VANTHCS) headquarters in Dallas has multiple locations (listed below) serving veterans in North Texas and southern Oklahoma.

- Dallas VA Medical Center
- Polk Street VA Clinic, Dallas
- Plano VA Outpatient Clinic
- Fort Worth VA Outpatient Clinic
- Tyler VA Outpatient Clinic
- Sam Rayburn Memorial Veterans Center, Bonham

VANTHCS serves 38 north Texas and 2 southern Oklahoma counties and is one of 5 designated Centers of Innovation by the Office of Patient Centered Care and Cultural Transformation. Current trends indicate continued growth of the number of patients served through VANTHCS.

Our facility houses the largest VA Mental Health Service Line in the nation. This makes our hospital rich with clinical training opportunities in the area of psychology and mental health. VANTHCS provides mental
health services across levels of care, including primary care mental health integration, general outpatient, residential and domiciliary treatment, and inpatient psychiatry.

The VA North Texas Health Care System's training in Psychology includes APA-Accredited programs at the Doctoral and Postdoctoral levels. Supervisory psychologists are members of the Psychology Section of our Mental Health Service. There are now approximately 100 doctoral-level, licensed psychologists who provide clinical care, many of whom are available as clinical supervisors. Fellows will work with one to two Primary Supervisors during their fellowship year depending on the selected emphasis area. In addition fellows will work with a separate supervisor for their Evidence-Based Psychotherapy (EBP) rotation. Training sites include general mental health, substance use treatment, PTSD, Geropsychology, primary care medicine, specialty care medicine and surgery, neurology, and rehabilitation programs. Training occurs in both inpatient and outpatient venues.

VANTHCS is teaching hospital, with over 2000 trainees of all disciplines working and learning in our medical center each year. As such, providing excellent clinical training is a significant priority not just for our fellowship program, but for our facility as a whole. Our trainees are respected and supported regardless of where they work in our sprawling medical center.

Postdoctoral Fellowship

Background

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 fellowship associated with primary care, was granted. In 2012, an inter-professional fellowship 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. The Neuropsychology Fellowship is a separately APA accredited specialty program. A fellowship position emphasizing PTSD treatment was awarded in 2015.

Training Model and Program Philosophy

Training for clinical practice is sequential, cumulative, and graded in complexity. Fellows acquire and develop an increased degree of knowledge and skills over the course of the training year, through supervision, didactics, and the experiential learning inherent in working in an inter-disciplinary medical setting.

The primary educational goal of our program is to train competent "above-entry-level" psychologists, with well-rounded skills as well as specific proficiencies, whose clinical practice is informed by the professional literature. Our programmatic goals are consistent with 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.
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. All fellows are expected to develop skills in basic areas of clinical psychology in addition to specialized proficiencies associated with their tracks.

The postdoctoral fellowship program prepares our developing psychologists for competitive employment within areas of emphasis within VHA that are of need to adequately serve our nation’s veteran population. Our method of training is characterized by an apprenticeship model wherein the fellow is treated as a junior colleague while working with a given population and professional team. Goals and training objectives are clearly and collaboratively communicated between 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. 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. During the training, it’s our expectation that our fellows’ levels of competence and confidence increase as the training year progresses. By the time the fellow finishes the year, he/she is expected to have learned and demonstrated all Core Competencies and to have a realistic sense of confidence in his/her abilities as a psychologist.

Diversity Mission Statement

The VA North Texas Healthcare System’s Clinical Psychology Fellowship is deeply committed to fostering multicultural competence and diversity awareness. The overall goal of our training activities is to produce fellows that are sensitive to individual differences and demonstrate the ability to apply diversity-based models in clinical settings.

The Psychology Diversity Committee is comprised of VANTHCS psychologists who are committed to helping trainees, psychologists and other stakeholders develop the increased awareness, knowledge, and skills necessary for working with a highly diverse patient population. It also aims to explore how, as mental health professionals our biases, power, privilege, assumptions, and life experiences affect our clinical work. Interested fellows can serve as diversity committee members during their fellowship year. Student members are an integral part of the Diversity Committee and are encouraged to aid with planning as well as serve as a liaison with their cohort.

The Diversity Committee conducts a series of diversity journal clubs and reflective discussions to foster professional development. The diversity series includes diversity readings that aim to address a variety of topics relevant to specific patient populations and to the promotion of multicultural competence (e.g., cultural perceptions of psychotherapy and psychotherapists, spirituality, socioeconomic status, disability, LGBTQ Veterans, immigration/acculturation, aging, women’s issues, etc.). Reflective discussions bring trainees and staff together to provide in-depth conversation on how to improve diversity in care. Lastly, the Diversity Committee assists trainees with their incorporation of diversity-based models into psychotherapy and assessment case conceptualizations.

The Dallas VA serves Veterans from a highly diverse area, encompassing urban and suburban communities around Dallas. Our heterogeneous setting gives fellows the opportunity to provide services to Veterans from a variety of backgrounds. Veterans in this area are ethnically diverse, providing trainees with the opportunity to develop competencies in working with patients from many different cultural backgrounds. Fellows have the opportunity to provide services to a variety of minority and underserved populations, which is vital to the training of well-rounded psychologists. The Dallas VA has an active homeless program,
which coordinates health care, services, and advocacy for homeless Veterans. Lesbian, Gay, Bi-sexual, and Transgendered (LGBT) Veterans are increasingly seeking services at the Dallas VA, and the broader Dallas metropolitan area features an active LGBT community. In this context, fellows will be able to develop their appreciation for diversity in sexual orientation. Increasingly, the veteran population includes greater numbers of women, which presents more opportunities for fellows to develop skills for competently addressing sex and gender issues in their training. The Dallas VA provides services tailored to address the needs of Veterans across their lifespan, and fellows are offered opportunities to work in settings where age-related issues are relevant (e.g., younger Veterans setting education goals and re-integrating into their families after deployment, middle-aged Veterans adjusting to retirement and medical problems, elders facing end-of-life issues). Fellows will also be encouraged to explore other dimensions of diversity, including but not limited to, national origin, immigration status, language differences, religious/spiritual beliefs, and physical ability.

Training Goals and 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
- Cultural Diversity
- Professional Supervision
- Administrative and Professional Management Knowledge
- Scholarly Inquiry

Additional specialty-specific competencies are outlined in the respective program descriptions.

Core Competencies are rated on the basis of direct observation, discussion within supervision, assessment report review, progress note review, and 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 evaluation follows a developmental model and allows progress to be evaluated and noted throughout the year, including behavioral anchors that guide each rating.

Program Structure

The postdoctoral program at VANTHCS, with the exception of the Neuropsychology fellowship, is a full-time, one-year program. The Neuropsychology fellowship is a two year, full-time program. Postdocs begin their training year on August 19th 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. The stipend is $49,311 for the training year. Fellows also accrue Annual leave (vacation) and Sick Leave in increments per each of the 26 bi-weekly paychecks.
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. A Psychiatry Grand Rounds series is available weekly (via
videoconference from our affiliated medical school, UT Southwestern Medical Center). A Mental Health
Grand Rounds series hosted by our Mental Health Service occurs monthly. Psychology trainees are
couraged to attend these events geared toward continued education. In addition, time off (in the
form of “Authorized Absence”) is provided for attending conferences, approved local educational
events/workshops, 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
fellowship, such as taking the EPPP and other requirements to obtain licensure. Fellows receive a total
of 5 days for “Authorized Absence” associated with training and professional goals. This is consistent
with the amount of Authorized Absence staff receive annually for professional development.

Fellows are expected to work a 40-hour work week. They are not allowed to have patient contact when
their supervising psychologist in not on duty; however, they may complete administrative tasks 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 may also gain experience in supervising either a doctoral
Psychology intern or psychology practicum student. That supervision is in turn supervised by their
licensed psychologist supervisor.

Regardless of Major Rotation, all fellows will participate in the following active learning experiences built
in to the fellowship:

<table>
<thead>
<tr>
<th>Experience</th>
<th>Frequency and Time Commitment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cohort Development</td>
<td>1.5 hours weekly</td>
</tr>
<tr>
<td>Group Supervision</td>
<td>2 hours monthly</td>
</tr>
<tr>
<td>Quality Performance Review (QPR)</td>
<td>1 hour monthly</td>
</tr>
<tr>
<td>Diversity Journal Club</td>
<td>1 hour monthly</td>
</tr>
<tr>
<td>Fellowship Project</td>
<td>Self-Paced (~ 1 hour per week)</td>
</tr>
<tr>
<td>EBP</td>
<td>2-3 hours weekly (direct patient care)</td>
</tr>
<tr>
<td></td>
<td>1 hour weekly (supervision)</td>
</tr>
<tr>
<td>Rotation Supervision</td>
<td>2 hour weekly + PRN</td>
</tr>
<tr>
<td>Didactic</td>
<td>1 hour twice monthly</td>
</tr>
<tr>
<td>Management/Leadership Book Club</td>
<td>2 hours monthly (6 months)</td>
</tr>
<tr>
<td>EPPP Prep Time</td>
<td>2 hours monthly</td>
</tr>
</tbody>
</table>

Additional training opportunities and workshops are offered throughout the training year. Educational
workshops promoting staff development are also open to trainees. Recent workshops have including 6-8
hour trainings on topics such as Motivational Interviewing/Enhancement, a Supervision Seminar Series,
and Multiculturalism and Ethics from a DBT Perspective.
Program Requirements

Postdoctoral fellows are expected to learn and demonstrate all Core Competencies at “above entry-level” by the end of their training. Competencies are evaluated by the fellows’ supervisors in consultation with the Training Director and Postdoctoral Fellowship Training Committee.

Pursuit of Licensure

In addition, fellows are required to demonstrate active pursuit of licensure in the jurisdiction of their choice, evidenced by applying for licensure and taking the EPPP during their fellowship year. Completion of the fellowship is not contingent upon passing the EPPP; rather, this requirement is satisfied simply by sitting for the exam. This fellowship offers 2 hours/month of protected time for exam prep.

Clinical Investigation Project

Each fellow is required to complete a Clinical Investigation Project related to the improvement of clinical services. There are three options for the Fellow Clinical Investigation Project including Program Evaluation, a formal IRB-approved Research Project, or a Performance Improvement Project. Fellows are encouraged to find a project within their respective specialty that is of interest to them as well as relevant to their current clinical setting. All fellow projects are subject to approval by the Fellowship Training Committee, and fellows are expected to present the finding of their project to the Training Committee as well as one other professional group, such as the clinic where the project was completed or a professional meeting. Additionally, fellows complete a written report summarizing their project.

Therapy Training Independent of Emphasis Area

In addition to their primary assignment, each fellow is required to use 1 Evidence Based Psychotherapy (EBP) approach throughout the year. This element of training is enhances and refines 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 given their focus on one modality for the duration of the training year.

For this component of the fellowship experience, fellows are matched with 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. Additional EBPs may be available within certain emphasis areas and can be selected for one’s EBP rotation if appropriate and consistent with the trainee’s professional goals.

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)
Fellows carry two psychotherapy cases within their selected EBP. Fellows are allotted time away from their primary placement to focus on their EBP. This includes time to see their therapy cases each week as well as an hour for weekly supervision with their EBP supervisor.

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 will 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 Section of our Mental Health Service which has an administrative assistant.

Emphasis Areas within the Clinical Psychology Fellowship

The following emphasis areas are outlined below with attention to the various workload 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)
4) Health Psychology Fellowship (1 position)
5) Family/Couples Therapy Fellowship (1 position)
6) Post-Traumatic Stress Disorder Fellowship (1 position)

Substance Abuse Fellowship

Overview

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 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, recreation 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.

Training Opportunities

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 the fellowship)
- Facilitate psycho-educational and process-oriented psychotherapy 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:

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

In addition to the training activities for all fellows, trainees in the Substance Abuse track will also participate in the following activities:

<table>
<thead>
<tr>
<th>Experience</th>
<th>Frequency and Time Commitment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Addiction Journal Club</td>
<td>1 hour every other week</td>
</tr>
<tr>
<td>SUD Didactic</td>
<td>1 hour every other week</td>
</tr>
</tbody>
</table>

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, needle-sharing and AIDS education. He is a member of the American Psychological Association.

**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 a clinical director of the Mental Health Gold Team, the substance abuse specialty team. Her interests include treatment of depression, anxiety, substance-related disorders, trauma and stress-related disorders, chronic pain, and health behavior change. Her primary treatment approaches are Cognitive Behavioral Therapy, Acceptance and Commitment Therapy, and Motivational Interviewing. She holds a faculty position as an Assistant Professor of Psychiatry at the University of Texas, Southwestern Medical Center (UTSW), and is involved with training medical students, residents, and fellows.

Geropsychology Fellowship

Overview

The Geropsychology Fellowship is split between two 6-month rotations. One rotation occurs on MH Silver Team, a Geropsychiatric 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.

MH Silver Team is a generalist clinic that sees patients aged 65 or older with a broad variety of diagnoses and life stressors. 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. All psychology and neuropsychology referrals come directly from providers on the Silver Team.

During their 6 months on the MH Silver Team, the fellow will be supervised by a clinical psychologist for therapy experience and by a neuropsychologist for assessment experience. Assessment experience will depend on the fellow’s previous level of training. Assessment goals will be developed at the start of the rotation to best meet the fellow’s future career goals. Most geropsychology fellows will receive training to become a “testing champion” or a provider who conducts cognitive screenings to determine if a referral for fuller neuropsychological testing is required. Fellows will receive experience providing individual therapy and/or group therapy in an outpatient setting. Fellows can lead ongoing groups on the Silver Team (i.e., ACT/CBT for depression, IRT, Anger Management, Coping Skills Group for PTSD, CBT-I) or start their own group. Additionally, we provide opportunities for fellows on the inpatient geriatric psychiatric unit to gain experience with dementia or serious mental illness. Fellows may have the opportunity to supervise psychology interns. Therapy is supervised at least one hour per week, with additional supervision or training provided as needed by the fellow.

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 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.

Training Opportunities

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 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:
• Geropsychology Journal Club (1hr/week)
• 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)

In addition to the training activities for all fellows, trainees in the Geropsychology track will also participate in the following activities:

<table>
<thead>
<tr>
<th>Experience</th>
<th>Frequency and Time Commitment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Geropsychology Journal Club</td>
<td>1 hour weekly</td>
</tr>
</tbody>
</table>

**Supervisory Staff:**

**Dr. Helen Chung** received her Ph.D. in Counseling Psychology from Oklahoma State University in 2014. She completed her Predoctoral internship in medical/health psychology and Postdoctoral fellowship in geropsychology at VANTHCS. She has been on staff since 2015, first in the Spinal Cord Injury Center (CLC). Her clinical and research interests include rehabilitation, adjustment to disability, coping with chronic medical conditions, health psychology (e.g. diabetes/weight management), and geropsychology. Her theoretical orientation is primarily cognitive behavioral and solution-focused. She is a member of the American Psychological Association – Divisions 20, 22, 38, and the Academy of SCI Professionals.

**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. Heejin Kim is a licensed psychologist in the state of Texas. She earned her Psy.D. in Clinical Psychology from Pepperdine University in 2011. She is board certified in Clinical Neuropsychology (ABPP). She completed her neuropsychology internship at NYU Langone Medical Center-Rusk Institute of Rehabilitation. She completed her two-year neuropsychology fellowship at San Antonio Military Medical Center. She joined the staff at VANTHCS in 2015. Dr. Kim provides clinical services on the Mental Health Silver Team, including neuropsychological assessments, individual therapy, and group therapy. Her current research interest is the cultural adaptation of a cognitive screening tool with stroke populations. Her clinical interests include geropsychology, assessment of dementia disorders, and assessment and rehabilitation with stroke populations.

Dr. Mallory Lamb is a licensed Psychologist in the state of Texas. She earned her Psy.D. in Clinical Psychology from Wheaton College in 2016. She completed her pre-doctoral internship at the Greater Hartford Clinical Psychology Internship Consortium (VA Connecticut and UConn School of Medicine). She completed her post-doctoral fellowship in geropsychology at Dallas VA. She joined staff in 2017 and serves as the psychologist for long-term residential care and inpatient hospice within the Community Living Center (CLC). Her clinical and research interests include aging, adjustment to life transitions, nonpharmacological management of dementia-related behaviors, caregiver stress, grief and bereavement, and spirituality. Her theoretical orientation is primarily cognitive behavioral and solution-focused.

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

**Overview**

The PACT fellow is embedded within the Patient Aligned Care Teams. 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 10.

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!). The 2018-2019 fellow will spend ½ day weekly providing services to Veterans who identify as LGBT, which will include co-facilitation of LGBT support groups. Prior fellows currently spent ½ day weekly in the Endocrinology clinic providing brief motivational interviewing to patients who are experiencing difficulty adhering to complex diabetic regimens, facilitating 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 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 master trainer within VHA and will provide training, support materials, and supervision in these modalities for the fellow.

Training Opportunities

Approximately 65% 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

In addition to the training activities for all fellows, trainees in the PACT fellow will also participate in the following activities:

<table>
<thead>
<tr>
<th>Experience</th>
<th>Frequency and Time Commitment</th>
</tr>
</thead>
<tbody>
<tr>
<td>PCMHI Team Meetings</td>
<td>1 hour weekly</td>
</tr>
</tbody>
</table>

Optional:

- **National PAIN Community of Practice calls** – offered monthly throughout year. Fellow may attend calls relevant to brief intervention, PACT, interdisciplinary work in the context of pain management.
- **National PACT Community of Practice calls** – offered monthly throughout year. Fellow may attend calls relevant to brief intervention, interdisciplinary work. Not all calls are relevant topics for psychology as they are more focused on core PACT providers (RN, LVNs, PCPs).
- **National CBT-I case conference calls** - occur monthly. Fellow may schedule time for these depending upon interest and progress learning CBT-I.
- **National CBOC Grand Rounds** – occur monthly. Topics have included Mindfulness, Post-traumatic growth, Grief, Opioid Overdose Education, and Motivational Interviewing informed
interventions. Generally, topics for the mental health clinician in a CBOC who is expected to be a Jack/Jill of all trades, as is often the case in PCMHI.

- **Regional and National Tobacco Cessation conference calls** – bi-monthly
- **Local LGBT Veteran Care Committee meetings** – monthly
- **Local Sleep Medicine Case Conference** - varies

Other:
Since 2014 most PACT Fellows have completed both the 2-hour White Belt Lean Six Sigma training as well as the two day Yellow-Belt Lean Six Sigma training to promote their understanding of program evaluation and systems redesign

**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 and 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. She holds a faculty appointment as 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 Institute for Meditation and Psychotherapy, and the American Congress of Rehabilitation Medicine (ACRM).

**Health & Rehabilitation Psychology Fellowship**

The Health & Rehabilitation Psychology Fellowship is split between two 6-month rotations. Fellows have the option of choosing two of three health-focused rotations including: Spinal Cord Injury (SCI), Community Living Center (CLC). Additionally, a minor rotation within our Pain Clinic is also available.

**Spinal Cord Injury (SCI)**

The Spinal Cord Injury Center (SCIC) includes a 30-bed inpatient unit to care for the medical and rehabilitation needs of persons with spinal cord injuries or other neurological dysfunctions (e.g., multiple sclerosis, Guillain-Barre Syndrome, and cervical myelopathy) as well as an outpatient clinic for comprehensive care throughout the lifespan. The SCIC operates a CARF-accredited rehabilitation program for spinal cord injury with 8 beds designated for this program. The clinical mission of the Spinal Cord Injury Center is to enhance the health, functional abilities and quality of life for persons with spinal cord injury or disease. Psychology is an integral part of the interdisciplinary team that works together toward this stated goal. Other members of the team include: physicians, nurses, social workers, occupational therapists, physical therapists, kinesiotherapist, recreational therapists, chaplains, and dietitians.

The overarching goal of the rotation will be applying clinical skills to help individuals achieve optimal psychological, behavioral, and social functioning. To accomplish this task, the fellow will master strategies for functioning effectively in a dynamic inpatient medical unit and as a member of the interdisciplinary team. Patients served at the SCI Center comprise a diverse population in terms of ages (19-98), disabilities,
medical conditions, education (4th grade through Ph.D. level), occupations, family support, and psychiatric diagnosis. Fellows working on this unit will increase their comfort level working with individuals with disabilities and gain an exposure to a vast array of medical conditions. Fellows will conduct comprehensive assessments of an individual’s coping status and adaptation to chronic illness and disability in the context of personality, cognitive status, as well as family and social systems in order to implement an appropriate treatment plan.

Common rotation goals/areas of skill development:
- Developing skills in working closely with a large interdisciplinary treatment team
- Clarifying and responding to referral questions
- Developing behavior management plans for staff to utilize
- Formulating appropriate assessment batteries with accommodation for disability status
- Presenting treatment recommendations
- Providing psychotherapy within a rehabilitation psychology context

Treatment/Intervention:
- Individual psychotherapy
- Psychoeducation for family/couples
- Interventions for adjustment to disability
- Consultation to other health care providers and the interdisciplinary team
- Collaborative treatment planning with other team members
- Managing “difficult” patients in an inpatient setting
- Negotiating difficulties between patients and inpatient staff

Common issues faced by patients:
- Difficulties in coping with chronic illnesses/disabilities/stress
- Cognitive deficits secondary to traumatic brain injury, dementia, etc.
- Sexual dysfunction
- Vocational changes
- Grief reactions
- Family/relationship problems
- Chronic pain
- Substance use

The Health & Rehabilitation Psychology Fellow will demonstrate program development and evaluation skills by designing and implementing a program and then evaluating its results. The Fellow will be closely involved in the process of determining the appropriate provision of psychological services for Veterans on the SCI Unit. This involvement will include, but not be limited to the following:
- Assigning newly-admitted Veterans to a practicum student, intern or psychologist for the initial screening evaluation or conducting the evaluation in the absence or unavailability of other staff.
- Providing weekly supervision of the intern or practicum student on the SCI rotation, including choice of assessment measures, competency of test administration, report writing, and provision of feedback to Veterans and/or family members.
- Assisting in determining Veterans’ needs for ongoing psychotherapy or behavioral intervention, and determining which staff member (fellow, intern, practicum student, or staff psychologist) will address these issues. The Fellow will assist in determining caseloads for the intern and practicum student at any given time.
**Community Living Center (CLC)**
The CLC is a 121-bed inpatient unit comprised of hospice/palliative care, long-term care, medical/surgical, and rehabilitation beds, including 6 CARF-accredited Comprehensive Integrated Inpatient Rehabilitation Program (CIIRP) beds. The CLC inpatient population includes Veterans who are admitted for rehabilitation due to stroke, traumatic brain injury, amputation, debility, deconditioning, and various medical conditions, as well as those who are receiving wound care, or who are admitted for hospice care. The trainee’s role will involve both that of clinician and as a consultant to the interdisciplinary teams, including neuropsychological evaluation, consult liaison services, evaluation and management of psychological issues and behavioral problems, individual and family psychotherapy, staff development interventions and training, program development and supervision of practicum students and psychology interns (when available).

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 Health Psychology’s perspective on the Veteran’s functioning.

Interventions at the CLC include:
- providing co-treatment with physical therapy and/or occupational therapy
- providing counseling and support to Veterans with moderate to severe disability in the context of rehabilitation and the potential for loss of function,
- providing brief psychotherapy and behavioral health interventions
- developing interventions for pain management, addressing tobacco cessation, and encouraging adherence to treatment recommendations.
- within the hospice unit, the trainee 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.

**Behavioral Health Consultation – Pain (minor rotation)**
Activities within this clinic include provision of consultation-liaison service and participation in ongoing treatment programs for selected medical patient populations. Activities would also include assessment and intervention with chronic pain; education/support groups for patients with chronic health problems; stress management, and relaxation training. There are opportunities for training and staff development with medical treatment team staff (e.g., nurses, residents), for experience in multidisciplinary treatment approaches, and in treatment/program outcome data collection and assessment.

Fellows would develop a working knowledge of relevant medical terminology and with those medical disorders which are strongly linked to psychological functioning (“mind-body” connections). They would also gain experience with the specific types of psychological issues and problems that result from a variety of medical illnesses and conditions. As part of the above, fellows will learn the necessary techniques involved in interviewing and testing medical patients, and incorporating existing psychological interviewing skills as well as the skills unique to interviewing medical patients. Fellows will learn to write reports that communicate findings in a manner which both describes problems clearly and in which
solutions or a treatment course are offered or recommended. In addition, fellows will learn to screen medical records for relevant psychological information, and finally, to educate physicians and allied health care personnel about the role of a psychologist in a medical setting.

Fellows within this rotation may also have opportunities to work within our Chronic Pain Rehabilitation Program. The Chronic Pain Rehabilitation Program (CPRP) is one component of the chronic pain treatment services at the North Texas VA. The CPRP is unique in its interdisciplinary origins and administration, and is the only CARF-accredited pain program in VISN 17. Pain staff members operate an outpatient screening and treatment program that provides tertiary level chronic pain care in a collaborative multidisciplinary team.

The Health & Rehabilitation Psychology 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 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 or practicum student on the CLC rotation, including choice of assessment measures, competency of test administration, report writing, and giving feedback to Veterans and/or family members.
- Assisting in determining Veterans’ need for ongoing psychotherapy or behavioral intervention, and determining which staff member (fellow, intern, practicum student, or staff psychologist) 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.

Approximately 50% of the health psychology 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)
- Health Psychology Consultation (1hr/week)
- Cohort development (1 hr/week)
- Neuropsychology Group Supervision (1hr/week - optional)
- Neuropsychology Journal Club (1hr/week - optional)
- Quality Practice Review (QPR) meetings (1 hr/month)
- Diversity Journal Club (1 hr/month)
• Research / Program Evaluation Project(s) (1 hr/week)
• Staff training (varies)

<table>
<thead>
<tr>
<th>Experience</th>
<th>Frequency and Time Commitment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Psychology Consultation</td>
<td>1 hour per week</td>
</tr>
<tr>
<td>Neuropsychology Group Supervision</td>
<td>1 hour per week</td>
</tr>
<tr>
<td>Neuropsychology Journal Club</td>
<td>1 hour per week</td>
</tr>
</tbody>
</table>

**Supervisory Staff:**

**Dr. Helen Chung** received her Ph.D. in Counseling Psychology from Oklahoma State University in 2014. She completed her Predoctoral internship in medical/health psychology and Postdoctoral fellowship in geropsychology at VANTHCS. She has been on staff since 2015, first in the Spinal Cord Injury Center and recently moved to the Community Living Center (CLC). Her clinical and research interests include rehabilitation, adjustment to disability, coping with chronic medical conditions, health psychology (e.g. diabetes/weight management), and geropsychology. Her theoretical orientation is primarily cognitive behavioral and solution-focused. She is a member of the American Psychological Association – Divisions 20, 22, 38, and the Academy of SCI Professionals.

**Dr. Rebecca A. Frontera** received her Psy.D. in Clinical Psychology from the Adler School of Professional Psychology in 2011. She completed a Doctoral internship at Mount Sinai Medical Center within the department of Rehabilitation Medicine in New York, NY and completed a Postdoctoral fellowship in Rehabilitation Psychology at the James A. Haley VAMC in Tampa, FL. Dr. Frontera joined VANTHCS in 2013 and works within the Spinal Cord Injury Center. Her research interests include adjustment to disability, disability and sexuality, limb amputation, and resiliency. Dr. Frontera’s clinical interests involve rehabilitation of spinal cord injury (SCI) and traumatic brain injury (TBI), adjustment to disability, multiple sclerosis, ALS, disability and sexuality, and coping with chronic medical conditions. Her theoretical orientation is eclectic with cognitive behavioral, solution-focused, and person-centered. She is a member of the American Psychological Association - Divisions 22 and the Academy of SCI Professionals.

**Dr. Mallory Lamb** is a licensed Psychologist in the state of Texas. She earned her Psy.D. in Clinical Psychology from Wheaton College in 2016. She completed her pre-doctoral internship at the Greater Hartford Clinical Psychology Internship Consortium (VA Connecticut and UConn School of Medicine). She completed her post-doctoral fellowship in geropsychology at Dallas VA. She joined staff in 2017 and serves as the psychologist for long-term residential care and inpatient hospice within the Community Living Center (CLC). Her clinical and research interests include aging, adjustment to life transitions, nonpharmacological management of dementia-related behaviors, caregiver stress, grief and bereavement, and spirituality. Her theoretical orientation is primarily cognitive behavioral and solution-focused.

**Dr. Tara Luchkiw Rosema** is a licensed Psychologist in the state of Michigan. She earned her Ph.D. in Clinical Psychology from the University of Mississippi in 2016. She completed her predoctoral internship in health psychology and postdoctoral fellowship in interprofessional team-based care at the Cincinnati VA Medical Center. On both internship and fellowship, she completed rotations in organizational health at the National Center for Organization Development (NCOD). She currently serves as a psychologist in the Spinal Cord Injury Center. Her clinical interests include promotion and maintenance of health and wellness behaviors utilizing coaching skills, behavioral and cognitive behavioral therapy, Motivational
Interviewing, and Acceptance and Commitment Therapy. She has a particular interest in interventions to improve organizational systems including team assessment, culture change initiatives, leadership coaching, team-building, change management efforts, consultation, and program development/evaluation. Her theoretical orientation is primarily contextual behavioral.

Dr. Emma Shapiro earned a Ph.D. in Clinical Psychology with an emphasis in Neuropsychology from Palo Alto University in 2016. She completed a Predoctoral Internship at the Battle Creek VA in Michigan, and a two-year Neuropsychology Fellowship at the North Texas VA Health Care System. Dr. Shapiro joined the staff as a Neuropsychologist on the Spinal Cord Injury unit upon completion of her Neuropsychology Fellowship in 2018. Her clinical and research interests include PTSD, dementia, MS, and movement disorders. Dr. Shapiro’s theoretical orientation is cognitive-behavioral.

**Family/Couples Therapy Fellowship**

**Overview**

One fellow is assigned to the Mental Health Service’s Diamond Team (Outpatient Mental Health) 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 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.

**Training Opportunities**

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

In addition to the training activities for all fellows, trainees in the Couples and Family fellow will also participate in the following activities:

<table>
<thead>
<tr>
<th>Experience</th>
<th>Frequency and Time Commitment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family/Couples Therapy Consultation</td>
<td>1 hour per week</td>
</tr>
<tr>
<td>Hospice Interdisciplinary Team</td>
<td>1 hour per week (CLC)</td>
</tr>
<tr>
<td>Palliative Care Meeting</td>
<td>1 hour per week (CLC)</td>
</tr>
</tbody>
</table>

Additional training opportunities may be available depending on current offerings.

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. 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 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.

Post-Traumatic Stress Disorder (PTSD) Fellowship

Overview

The PTSD fellow is embedded in Mental Health Trauma Services (MHTS) clinical team. 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 psychiatrics, 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 fellow will work primarily with one supervisor based on the fellow’s training goals with opportunities to see veterans on other sub-teams during the training year as well.

A percentage of time will also be spent providing TeleMental Health (TMH) services (likely 4 hours/week).

**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. 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 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 fellows.

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, fellows have the option of contributing to several ongoing quality improvement and research projects. Fellows will receive training in the technology used in telemental health, as well as specialized clinical and programmatic considerations for this mechanism of service delivery.

Training Opportunities

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)

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

<table>
<thead>
<tr>
<th>Experience</th>
<th>Frequency and Time Commitment</th>
</tr>
</thead>
<tbody>
<tr>
<td>PE/CPT Consultation Meeting</td>
<td>1 hour per week</td>
</tr>
<tr>
<td>O/O/O-PCT Interdisciplinary Team Meeting</td>
<td>1 hour per week</td>
</tr>
<tr>
<td>WSD-MST Interdisciplinary Team Meeting</td>
<td>1 hour per week</td>
</tr>
</tbody>
</table>

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. Lindsey Cooper is a licensed psychologist in the state of Kansas. She received her Psy.D. in Clinical Psychology from The Chicago School of Professional Psychology in 2015. She completed both her pre-doctoral internship and her post-doctoral fellowship at the Dallas VA. She currently serves as the PTSD/SUD specialist on the Trauma Services Team. Her clinical interests include treatment of PTSD,
substance use disorders, symptom validity assessment, personality disorders, Cognitive Processing Therapy, Motivational Interviewing, Dialectical Behavior Therapy and Prolonged Exposure Therapy. Dr. Cooper’s research interests include severe mental illness, dual diagnosis of substance abuse and mental illness, and PTSD in returning Veterans.

**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. Julia Smith** is the Assistant Director of Training for the psychology programs and Clinical Director of MH Trauma Services. 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 Associate 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 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.

**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 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.

**Dr. Meara Weitzman** is a licensed psychologist in the state of Kansas. She received her Ph.D. in Clinical Psychology at Southern Methodist University in 2016. She completed a predoctoral internship at Bay Pines VA in Florida and a postdoctoral fellowship with a specialization in trauma at VANTHCS. Dr. Weitzman is currently on the WSDT/MST subteam of the Trauma Services Team. Her clinical interests
include military sexual trauma, Prolonged Exposure Therapy, Cognitive Processing Therapy, and Dialectical Behavior Therapy. Her primary theoretical orientation is cognitive-behavioral.

**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 that 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 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.
Application Process

Applications due: December 10, 2018

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 doctoral 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 applicants with these backgrounds will be preferred: Substance Abuse, Family/Couples Therapy, Post-traumatic Stress Disorder (PTSD), Primary Care, Geropsychology, Health and Rehabilitation Psychology, and Family/Couples Therapy.

Our program abides by the Department of Veterans Affairs commitment to ensuring equal opportunity (EEO), and promoting diversity and inclusion, all applicable Federal EEO laws, regulations, Executive Orders, and Management Directives. As provided by the Policy, the VA will not tolerate discrimination or harassment on the basis of race, color, religion, national origin, sex, pregnancy, gender identity, genetic information, parental status, sexual orientation, age or disability.

The North Texas VA Healthcare System is committed to upholding an inclusive environment so that the associated stakeholders, (Veterans, supervised trainees, staff psychologists, technical and clerical staff) feel encouraged and supported to incorporate all aspects of themselves into their experience at our facility. We believe that the honoring of the unique aspects of each individual is compulsory for the optimal development of highly qualified, effective and satisfied professionals, and ultimately, improves the quality of the services that we provide to our Veterans.

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.  

To apply, the following materials are needed:

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 10, 2018 for all fellow positions. 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. In accordance with APPIC guidelines, we will follow the official notification date of February 27th to make offers for positions. 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.

If you are selected as a fellow, you will be considered a Federal employee, and the following requirements will apply.

1. U.S. citizenship. VA is unable to consider applications from anyone who is not currently a U.S. citizen. Verification of citizenship is required following selection. All interns and fellows must complete a Certification of Citizenship in the United States prior to beginning VA training.
2. A male applicant born after 12/31/1959 must have registered for the draft by age 26 to be eligible for any US government employment, including selection as a paid VA trainee. Male applicants must sign a pre-appointment Certification Statement for Selective Service Registration before they can be processed into a training program. Exceptions can be granted only by the US Office of Personnel Management; exceptions are very rarely granted.
3. Interns and Fellows are subject to fingerprinting and background checks. Match result and selection decisions are contingent on passing these screens. Please find additional information about the required background checks at the following website (http://www.archives.gov/federal-register/codification/executive-order/10450.html)
4. VA conducts drug screening exams on randomly selected personnel as well as new employees. Interns and Fellows are not required to be tested prior to beginning work, but once on staff they are subject to random selection for testing as are other employees.
5. To comply with federal and VA rules and provide fellows with liability protection, a current and valid Affiliation Agreement between VA and the sponsoring doctoral program must be on file before the fellow can be appointed. Most APA-accredited doctoral programs already have an agreement on file. More information is available at http://www.va.gov/oaa/agreements.asp (see section on psychology fellowships).
6. Following acceptance of a fellowship offer and prior to the start of fellowship, the Fellowship Training Director will contact each fellow to complete the Trainee Qualifications and Credentials Verification Letter (TQCVL). This document is required for all VA Psychology Fellowship programs. This document confirms that you (as a VA Trainee) are in satisfactory physical condition to meet the requirements of the fellowship program as well as attesting that fellows have met appropriate tuberculosis screening as well as other immunization screenings. Such documentation is not uncommon prior to working in a healthcare setting. Appointment to the
fellowship cannot happen until this document has been signed by both the Fellowship Training Director and senior leadership from the VA North Texas Health Care System. We will work closely with you to ensure this document is completed in a timely manner. For more information about this document, please see the web address linked here (https://www.va.gov/OAA/TQCVL/TQCVL_Guide2018FINAL.pdf).

7. Selected fellows will be required to complete pre-employment documentation prior to the start of fellowship. These forms include the Application for Health Professions Trainees (VA 10-2850D), the Declaration for Federal Employment (OF 306), and the Health Professions Trainee Random Drug Testing Notification and Acknowledgement Memo. These documents are available online for review (https://www.va.gov/oaa/app-forms.asp). Falsifying any answer on these required Federal documents will result in the inability to appoint a fellow or will result in the fellow’s immediate dismissal from the training program.

8. Prior to the start of the fellowship, fellows must supply documentation from their university that they have completed all degree requirements. Fellows cannot begin the fellowship program without this documentation.

Contact Information

Director of Psychology Training

Dr. Jamylah Jackson 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. In addition to her role as Director of Psychology Training, Dr. Jackson is the Director of Education and Training for the Mental Health Service line. Dr. Jackson is an Associate 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.

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
Direct: (214) 857-3601
E-mail: jamylahk.jackson@va.gov

Accreditation Status

The postdoctoral residency at VA 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
Fellowship Admissions, Support, and Initial Placement Data

Fellowship Program Admissions

Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program’s policies on fellow selection and practicum and academic preparation requirements:

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 doctoral 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, Geropsychology, Health and Rehabilitation Psychology, and Family/Couples Therapy.

Our program abides by the Department of Veterans Affairs commitment to ensuring equal opportunity (EEO), and promoting diversity and inclusion, all applicable Federal EEO laws, regulations, Executive Orders, and Management Directives. As provided by the Policy, the VA will not tolerate discrimination or harassment on the basis of race, color, religion, national origin, sex, pregnancy, gender identity, genetic information, parental status, sexual orientation, age or disability.

The North Texas VA Healthcare System is committed to upholding an inclusive environment so that the associated stakeholders, (Veterans, supervised trainees, staff psychologists, technical and clerical staff) feel encouraged and supported to incorporate all aspects of themselves into their experience at our facility. We believe that the honoring of the unique aspects of each individual is compulsory for the optimal development of highly qualified, effective and satisfied professionals, and ultimately, improves the quality of the services that we provide to our Veterans.

Minimum criteria:

N/A

Financial and Other Benefit Support for Upcoming Training Year

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Stipend/Salary for Full-time Fellows</td>
<td>$49,311</td>
</tr>
<tr>
<td>Annual Stipend/Salary for Half-time Fellows</td>
<td>N/A</td>
</tr>
<tr>
<td>Program provides access to medical insurance for residents?</td>
<td>Yes</td>
</tr>
<tr>
<td>If access to medical insurance is provided Trainee contribution to cost required?</td>
<td>Yes</td>
</tr>
<tr>
<td>Coverage of family member(s) available?</td>
<td>Yes</td>
</tr>
<tr>
<td>Coverage of legally married partner available?</td>
<td>Yes</td>
</tr>
<tr>
<td>Coverage of domestic partner available?</td>
<td>Yes</td>
</tr>
<tr>
<td>Question</td>
<td>Answer</td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>--------</td>
</tr>
<tr>
<td>Hours of Annual Paid Personal Time Off (PTO and/or Vacation)</td>
<td>13 days</td>
</tr>
<tr>
<td>Hours of Annual Paid Sick Leave</td>
<td>13 days</td>
</tr>
<tr>
<td>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?</td>
<td>Yes</td>
</tr>
<tr>
<td>Other Benefits (please describe)</td>
<td>10 Federal Holidays</td>
</tr>
</tbody>
</table>

### Initial Post-Fellowship Positions

<table>
<thead>
<tr>
<th>Year</th>
<th>Total # of fellows who were in the 3 cohorts</th>
<th>PD</th>
<th>EP</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014-17</td>
<td>19</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total # of fellows who remain in training in the residency program</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>7</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Setting</th>
<th>PD</th>
<th>EP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community mental health center</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Federally qualified health center</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Independent primary care facility/clinic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>University counseling center</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Veterans Affairs medical center</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Military health center</td>
<td></td>
<td>13</td>
</tr>
<tr>
<td>Academic health center</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other medical center or hospital</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychiatric hospital</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Academic university/department</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community college or other teaching setting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Independent research institution</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Correctional facility</td>
<td></td>
<td></td>
</tr>
<tr>
<td>School district/system</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Independent practice setting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not currently employed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Changed to another field</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unknown</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: “PD” = Post-doctoral residency position; “EP” = Employed Position. Each individual represented in this table is counted only one time. For former trainees working in more than one setting, the setting that represents their primary position was selected.
Appendix A: Compilation of Supervisory Staff Bios

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. Helen Chung received her Ph.D. in Counseling Psychology from Oklahoma State University in 2014. She completed her Doctoral internship in medical/health psychology and Postdoctoral fellowship in geropsychology at VANTHCS. She has been on staff since 2015, first in the Spinal Cord Injury Center and recently moved to the Community Living Center (CLC). Her clinical and research interests include rehabilitation, adjustment to disability, coping with chronic medical conditions, health psychology (e.g. diabetes/weight management), and geropsychology. Her theoretical orientation is primarily cognitive behavioral and solution-focused. She is a member of the American Psychological Association – Divisions 20, 22, 38, and the Academy of SCI Professionals.

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. She is an Assistant Professor in UT Southwestern Medical Center’s Department of Psychiatry. 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, needle-sharing and AIDS education. He is a member of the American Psychological Association.

Dr. Rebecca A. Frontera received her Psy.D. in Clinical Psychology from the Adler School of Professional Psychology in 2011. She completed a Doctoral internship at Mount Sinai Medical Center within the department of Rehabilitation Medicine in New York, NY and completed a Postdoctoral fellowship in Rehabilitation Psychology at the James A. Haley VAMC in Tampa, FL. Dr. Frontera joined VANTHCS in 2013 and works within the Spinal Cord Injury Center. Her research interests include adjustment to disability, disability and sexuality, limb amputation, and resiliency. Dr. Frontera’s clinical interests involve rehabilitation of spinal cord injury (SCI) and traumatic brain injury (TBI), adjustment to disability, multiple sclerosis, ALS, disability and sexuality, and coping with chronic medical conditions. Her theoretical orientation is eclectic with cognitive behavioral, solution-focused, and person-centered. She is a member of the American Psychological Association - Divisions 22 and the Academy of SCI Professionals.
Dr. Corie Houlbjerg is a licensed psychologist in the state of Washington. She received her Psy.D. from George Fox University in Portland, Oregon in 2016. She completed her internship at the Cleveland VA with an emphasis in Health Psychology and completed a fellowship in Health Promotion Disease Prevention at the Loma Linda VA. Dr. Houlbjerg joined staff at the Dallas VA in 2017. She provides clinical services in the Pain Management Clinic, including individual and group psychotherapy for chronic pain, presurgical psychological evaluations for implantable devices, and consultation to staff throughout the facility. She is involved in the CARF Accredited Chronic Pain Rehabilitation Program (CPRP), including treatment implementation and program development. Dr. Houlbjerg’s theoretical orientation integrates Contextual Behavioral (Acceptance and Commitment Therapy) and Cognitive Behavioral approaches. Her clinical interests include adjustment to chronic medical conditions, interdisciplinary treatment approaches, mindfulness, health promotion disease prevention, and employee wellness of healthcare providers.

Dr. Jamylah 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.

Dr. Heejin Kim is a licensed psychologist in the state of Texas. She earned her Psy.D. in Clinical Psychology from Pepperdine University in 2011. She joined the staff at VANTHCS in 2015. Dr. Kim provides clinical services on the Mental Health Silver Team, including neuropsychological assessments, individual therapy, and group therapy. Her current research interest is the cultural adaptation of a cognitive screening tool with stroke populations. Her clinical interests include geropsychology, assessment of dementia disorders, and assessment and rehabilitation with stroke populations.

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. 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. 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. Tara Luchkiw Rosema is a licensed Psychologist in the state of Michigan. She earned her Ph.D. in Clinical Psychology from the University of Mississippi in 2016. She completed her predoctoral internship in health psychology and postdoctoral fellowship in interprofessional team-based care at the Cincinnati VA Medical Center. On both internship and fellowship, she completed rotations in organizational health at the National Center for Organization Development (NCOD). She currently serves as a psychologist in the Spinal Cord Injury Center. Her clinical interests include promotion and maintenance of health and wellness behaviors utilizing coaching skills, behavioral and cognitive behavioral therapy, Motivational Interviewing, and Acceptance and Commitment Therapy. She has a particular interest in interventions to improve organizational systems including team assessment, culture change initiatives, leadership coaching, team-building, change management efforts, consultation, and program development/evaluation. Her theoretical orientation is primarily contextual behavioral.

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 and 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. She holds a faculty appointment as 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 Institute for Meditation and Psychotherapy, the American Congress of Rehabilitation Medicine, the American Psychological Association – Division 38 (Health Psychology), and the National Association of School Psychologists.

Dr. Emma Shapiro earned a Ph.D. in Clinical Psychology with an emphasis in Neuropsychology from Palo Alto University in 2016. She completed a Predoctoral Internship at the Battle Creek VA in Michigan, and a two-year Neuropsychology Fellowship at the North Texas VA Health Care System. Dr. Shapiro joined the staff as a Neuropsychologist on the Spinal Cord Injury unit upon completion of her Neuropsychology Fellowship in 2018. Her clinical and research interests include PTSD, dementia, MS, and movement disorders. Dr. Shapiro’s theoretical orientation is cognitive-behavioral.
**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 a clinical director of the Mental Health Gold Team, the substance abuse specialty team. Her interests include treatment of depression, anxiety, substance-related disorders, trauma and stress-related disorders, chronic pain, and health behavior change. Her primary treatment approaches are Cognitive Behavioral Therapy, Acceptance and Commitment Therapy, and Motivational Interviewing. She holds a faculty position as an Assistant Professor of Psychiatry at the University of Texas, Southwestern Medical Center (UTSW), and is involved with training medical students, residents, and fellows.

**Dr. Julia Smith** is the Assistant Director of Training for the psychology programs and Clinical Director of MH Trauma Services. 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 Associate 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 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.

**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 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.

**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 provides outpatient services on the Substance Abuse Treatment Team (Gold Team). She completed the Substance Abuse Fellowship at VANTHCS in 2015. 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.
## Appendix B: Placement of Past Fellows

Past trainees by their university of degree and current positions:

<table>
<thead>
<tr>
<th>Year</th>
<th>Degree Program</th>
<th>Current Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>07-08</td>
<td>Virginia Tech U.</td>
<td>Research - UTSW</td>
</tr>
<tr>
<td></td>
<td>U. of North Texas</td>
<td>VA Psychologist – North TX</td>
</tr>
<tr>
<td>08-09</td>
<td>Georgia Sch. Of Prof. Psych</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Illinois Sch. Of Prof. Psych</td>
<td>VA Psychologist – North TX</td>
</tr>
<tr>
<td></td>
<td>Nova Southeastern U.</td>
<td>VA Psychologist - North TX</td>
</tr>
<tr>
<td></td>
<td></td>
<td>VA Psychologist – Montgomery, AL</td>
</tr>
<tr>
<td>09-10</td>
<td>U. California, Santa Barbara</td>
<td></td>
</tr>
<tr>
<td></td>
<td>U. of TX Southwestern Med. Ctr.</td>
<td>VA Psychologist – North TX</td>
</tr>
<tr>
<td></td>
<td>Jackson State U.</td>
<td></td>
</tr>
<tr>
<td>10-11</td>
<td>Argosy U., Hawaii</td>
<td>Private Practice - WA</td>
</tr>
<tr>
<td></td>
<td>U. of Houston</td>
<td>Private Practice - TX</td>
</tr>
<tr>
<td></td>
<td>U. of Louisville</td>
<td>VA Psychologist – Nashville TN</td>
</tr>
<tr>
<td></td>
<td>U. of Alabama</td>
<td>VA Psychologist – North TX</td>
</tr>
<tr>
<td></td>
<td>Nova Southeastern U.</td>
<td>VA Psychologist – Bay Pines FL</td>
</tr>
<tr>
<td>11-12</td>
<td>Auburn University</td>
<td></td>
</tr>
<tr>
<td></td>
<td>U. of Maryland, Baltimore Co.</td>
<td>VA Psychologist – Nashville TN</td>
</tr>
<tr>
<td></td>
<td>Texas Tech U.</td>
<td>VA Psychologist – Reno, NV</td>
</tr>
<tr>
<td></td>
<td>U. of North Texas</td>
<td>VA Psychologist – North TX</td>
</tr>
<tr>
<td>12-13</td>
<td>Chicago School of Prof. Psych</td>
<td>VA Psychologist – North TX</td>
</tr>
<tr>
<td></td>
<td>Colorado State U.</td>
<td>University Counseling Center - TX</td>
</tr>
<tr>
<td></td>
<td>U. of Illinois @ Urbana-Champaign</td>
<td>VA Psychologist – North TX</td>
</tr>
<tr>
<td></td>
<td>U. of North Texas</td>
<td>VA Psychologist – North TX</td>
</tr>
<tr>
<td>13-14</td>
<td>U. of Houston</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Kent State U.</td>
<td>VA Psychologist – Valley Coastal Bend</td>
</tr>
<tr>
<td></td>
<td>Southern Methodist U.</td>
<td>VA Psychologist – South TX</td>
</tr>
<tr>
<td></td>
<td>Baylor U.</td>
<td>Psychologist – Private Sector</td>
</tr>
<tr>
<td></td>
<td>Pacific School of Grad. Psych</td>
<td>VA Psychologist – North TX</td>
</tr>
<tr>
<td></td>
<td>U. of North Texas</td>
<td>Research - Romania</td>
</tr>
<tr>
<td></td>
<td></td>
<td>VA Psychologist – North TX</td>
</tr>
<tr>
<td>14-15</td>
<td>U. of North Texas</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Oklahoma State U.</td>
<td>VA Psychologist – North TX</td>
</tr>
<tr>
<td></td>
<td>U. of North Texas</td>
<td>VA Psychologist – North TX</td>
</tr>
<tr>
<td></td>
<td>U. of North Texas</td>
<td>VA Psychologist – North TX</td>
</tr>
<tr>
<td></td>
<td>Southern Methodist U.</td>
<td>VA Psychologist – North TX</td>
</tr>
<tr>
<td></td>
<td>Texas A&amp;M</td>
<td>VA Research Psychologist – North TX</td>
</tr>
<tr>
<td>15-16</td>
<td>U. of North Texas</td>
<td>Scottish Rite Children’s Hospital</td>
</tr>
<tr>
<td></td>
<td>Chicago School of Prof Psych</td>
<td>VA Psychologist – North TX</td>
</tr>
<tr>
<td></td>
<td>School of Prof Psych at Forest Institute</td>
<td>UT Southwestern Medical Center</td>
</tr>
<tr>
<td></td>
<td>Midwestern University at Glendale</td>
<td>Baylor Hospital</td>
</tr>
<tr>
<td></td>
<td>Jackson State University</td>
<td>VA Psychologist – North TX</td>
</tr>
<tr>
<td>Institution</td>
<td>Position</td>
<td></td>
</tr>
<tr>
<td>-------------</td>
<td>----------</td>
<td></td>
</tr>
<tr>
<td>Arizona School of Prof Psych</td>
<td>VA Psychologist – Cental TX</td>
<td></td>
</tr>
<tr>
<td>Texas Women’s University</td>
<td>VA Psychologist – Truman HCS</td>
<td></td>
</tr>
<tr>
<td>Southern Methodist University</td>
<td>VA Psychologist – North TX</td>
<td></td>
</tr>
<tr>
<td>U. of North Texas</td>
<td>UT Southwestern Medical Center</td>
<td></td>
</tr>
<tr>
<td>Wheaton College</td>
<td>VA Psychologist – North TX</td>
<td></td>
</tr>
<tr>
<td>Seattle Pacific University</td>
<td>Private Hospital</td>
<td></td>
</tr>
<tr>
<td>Pennsylvania State University</td>
<td>VA Psychologist – Phoenix HCS</td>
<td></td>
</tr>
<tr>
<td>St. John’s University</td>
<td>Scottish Rite Children’s Hospital</td>
<td></td>
</tr>
</tbody>
</table>

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 PostdoctoralTraining 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:

- Nine of 13 responders were fully licensed; four were not. Of the four who were not licensed, all were within there 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.