



## Psychology Postdoctoral Fellowship

**Director, Psychology Training Program (116B)**  
Department of Veterans Affairs Medical Center  
1601 SW Archer Road  
Gainesville, Florida 32608-1197  
(352) 374-6020

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

The Seal of the Department of Veterans Affairs

**Application due date: January 4, 2016**

### ***Accreditation Status***

The postdoctoral fellowship at the **North Florida/South Georgia Veterans Health System** is accredited by the Commission on Accreditation of the American Psychological Association. The next site visit will be during the academic year 2021.

### ***Application & Selection Procedures***

#### **Eligibility Requirements**

Applicants must be a US citizen have completed all requirements of an APA-accredited doctoral program in clinical or counseling psychology, including an APA-accredited internship, prior to the fellowship start date. Applicants are required to have a strong interest in geriatrics, PTSD, or substance abuse issues and treatment with a long-term goal to provide service and contribute to these areas in psychology.

***To apply, candidates should submit the following by January 4, 2016. (We will be accepting applications either through the mail or through the APPIC CAS system.)***

- a cover letter stating training, research, and career goals as well as the emphasis area for which you are applying (Geropsychology, Substance Abuse, or PTSD)
- a current vita, including anticipated graduation date
- a copy of your APPIC internship application
- a letter of recommendation from your internship training director, describing progress and anticipated completion date
- a letter of recommendation from the dissertation chair describing progress on your dissertation and specifying your defense date (if applicable)
- a letter of recommendation from someone knowledgeable about your work in the emphasis area for which you are applying
- transcripts of all graduate work
- an abstract of your dissertation and a copy of another scholarly work

**Applications should be directed to:**

***Jeffrey Bates, Ph.D.***

Director, Psychology Training Program (116B)  
Department of Veterans Affairs Medical Center  
1601 SW Archer Road  
Gainesville, Florida 32608-1197  
(352) 374-6020  
E-mail: [Jeffrey.Bates@va.gov](mailto:Jeffrey.Bates@va.gov)

**Inquiries should be directed to:**

Director of Training: [Jeffrey Bates, Ph.D.](#)  
Preceptor for Substance Abuse Emphasis: [Gavin Shoal, Ph.D.](#)  
Preceptor for Geropsychology Emphasis: [Merle Miller, Ph.D.](#)  
Preceptor for Posttraumatic Stress Disorder Emphasis: [Thomas Hundersmarck, Ph.D.](#)

All are available at the same address as Dr. Bates or may be reached by e-mail or by phone at 352-376-1611 ext 6308.

As noted above, application materials **MUST** be received by **January 4, 2016**. After receipt of written materials, suitable applicants will be called to set up interviews. In person interviews are preferred but we realize that the cost of travel may be prohibitive. Therefore, phone interviews are acceptable. All applicants will be notified in a time frame that is consistent with APPIC guidelines and the modal schedule for VA fellowship sites (**please check this website back as specific dates will be updated as more information is available**). 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 for a maximum of **24 hours** 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. The Federal Government requires that male applicants to VA positions who were born after 12/31/59 must sign a Pre-appointment Certification Statement for Selective Service Registration before they are employed. It is not necessary to submit this form with the application, but if you are selected for this fellowship and fit the above criteria, you will have to sign it. All interns will have to complete a Certification of Citizenship in the United States prior to beginning the internship. We will not consider applications from anyone who is not currently a U.S. citizen. Falsifying these documents will result in the intern's immediate dismissal. The VA conducts drug screening exams on randomly selected personnel as well as new employees. Interns are not required to be tested prior to beginning work; but once on staff, they are subject to random selection as are other staff.

The North Florida/South Georgia Veterans Health System adheres to all Equal Employment Opportunity and Affirmative Action policies.

The internship and postdoctoral fellowship programs at the North Florida/South Georgia Veterans Health System are accredited by the Commission on Accreditation of the American Psychological Association. Questions about the accreditation status of our internship and/or fellowship program can be addressed to the American Psychological Association Office of Program Consultation and Accreditation (contact information below).

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

## ***Psychology Setting***

The Fellowship in Clinical Psychology at the North Florida/South Georgia Veterans Health System began in 2004 and became APA accredited in 2006. We offer three distinct emphasis areas each in geropsychology, substance abuse, or post traumatic stress disorder. We have a variety of additional rotations from which to choose in order to round out and address fellows' additional training needs and other areas of interest.

We also offer an APA accredited Internship in Professional Psychology which has been accredited since 1981. The internship offers three generalist positions and one additional position with an emphasis in geropsychology. Additionally, we offer practicum level training and have from 10-20 graduate students from the University of Florida and Florida State University during a given year. Currently we have over 60 psychologists on staff throughout our medical center's health care system, including two hospitals, eight community based outpatient clinics (CBOCs) and three large multidisciplinary outpatient clinics. Our staff is well represented in all major areas of healthcare provision as well as serving on a variety of professional committees and boards, oftentimes in leadership positions. Our medical center is affiliated with the University of Florida and Shands Hospital and as such, offers clinical training to a variety of disciplines including medicine, psychiatry, nursing, pharmacy, and social work.

## ***Training Model & Program Philosophy***

The overall mission of the Psychology Postdoctoral Training Program at the NF/SGVHS is to prepare fellows to practice autonomously as clinical psychologists in a variety of clinical and academic settings and to provide expertise in the areas of substance abuse treatment, PTSD, or geriatrics. The postdoctoral program is designed to develop advanced practice competencies and expertise based upon sound scholarly and professional practice foundations. The training integrates clinical, scientific, and ethical knowledge in the development of attitudes and skills basic to clinical psychology. Therefore the philosophy of training offered by the NF/SGVHS is best described as a "practitioner-scholar" model. The training experiences have a strong clinical focus. However, knowledge and use of empirically supported processes and interventions are expected and encouraged in all aspects of the program. Central to our training philosophy are the following core values:

***Autonomy.*** The postdoctoral training of psychologists should ensure that the Fellows are able to make independent, clinically appropriate decisions about the psychological services they provide to patients. Fellows should also recognize that their ability to practice autonomously reflects an understanding and awareness of when it is appropriate to seek out consultation or supervision from a colleague. In addition to possessing skills in psychodiagnosis, psychological evaluation, psychotherapy, education, and research, the autonomous psychologist is flexible and has personal resources that permit generalization of skills to new situations.

***Supervision.*** Just as it is important to receive high quality supervision as a psychologist-in-training, it is equally important to learn how to supervise others. Postdoctoral training should impart the skills necessary to provide high quality supervision to the next generation of psychologists.

***Expertise.*** Postdoctoral training should provide the knowledge, skills, and experience necessary to be an authority in an area of emphasis. At the conclusion of the training year, Fellows should be able to pursue employment in their area of emphasis and should be recognized as subject-matter experts.

***Professionalism.*** Postdoctoral Fellows should engage in activities that further their development as a healthcare professional and that solidify their professional identity within multi-professional treatment settings. Fellows should demonstrate the ability to form and maintain collegial

relationships with members of their own and other professions. We especially encourage a collegial relationship between psychology staff and Fellows, in which the principal differences between teacher and learner are breadth and depth of knowledge and experience. Fellows should demonstrate healthy leadership skills. As a first step down this road, Fellows should prepare themselves during the training year to take the national psychology licensure examination.

**Diversity.** The NF/SGVHS provides services to diverse populations. This healthcare system strives to create a therapeutic environment for and to ensure the ethical treatment of patients with diverse backgrounds and characteristics. Psychology training should be sensitive and responsive to a broad variety of individual and cultural diversity. Postdoctoral Fellows should be able to extend their core understanding of diversity issues to their area of emphasis.

Since 2007, we have had 23 fellows complete training at the NF/SGVHS (not including the current training year). Of those 23 fellows, 19 have been female (82.6%) and 6 have represented an ethnicity other than Caucasian (26.1%). All fellows that have begun our program have completed our program. Currently approximately 15.4% of our supervisory staff are representative of a variety of diversities, including ethnic, racial, religious, and sexual orientation minorities. Fifty percent of our staff are women and our staff also includes two veterans. We continue to be a growing staff and look forward to the opportunity for additional diversification. Our staff is quite diverse along multiple domains, including age, religious beliefs, and sexual orientation.

Although the medical center serves a predominately adult male population, there is an increasing number of female veterans using VA facilities (13% nationwide). Our Medical Center has a Women's Health Clinic which has been open since October 1999. This clinic addresses the medical and mental health needs of female veterans. The Psychology Service in particular has developed several groups and outreach programs for women veterans such as the Women Veterans Support Group.

**Ethics.** Training of psychologists should ensure that the fundamentals of ethical practice are understood and followed. Fellows should be able to extrapolate their understanding of ethics to their area of emphasis and should be conversant with applicable laws and policies. We believe that an autonomous psychologist maintains the highest ethical standards and exercises critical thinking and sound judgment in the provision of all psychological services.

## **Program Goals & Objectives**

### **Training Competencies and Objectives**

Our training program is organized around seven core competencies. Each rotation and training experience has identified specific objectives associated with these seven competencies. The core competencies compose the clinical and professional skills we believe provide the foundation for a solid, effective, professional psychologist. Specific objectives for these core competencies will be presented in the descriptions of the emphasis areas.

**Competency 1. Assessment and Diagnosis:** Postdoctoral Fellows shall demonstrate competency in conducting psychological evaluations that integrate patient biopsychosocial history, interview data, and a variety of psychological tests to provide accurate diagnoses and to make useful treatment/intervention recommendations.

**Competency 2. Intervention:** Postdoctoral Fellows shall demonstrate competency in conducting individual and group psychotherapy and psychological interventions across a variety of problems and populations and, in particular, in their area of emphasis. They shall review and integrate relevant scholarly literature to assist in clinical problem solving.

**Competency 3. Consultation and Communication:** Fellows shall demonstrate competency in professional consultation with clients and colleagues in relation to an identified problem area or program that would benefit from psychological expertise. Psychological consultation is an explicit intervention process that is based on principles and procedures found within psychology and related disciplines. Psychological consultation focuses on the needs of individuals, groups, programs, or organizations.

**Competency 4. Professional and Ethical Behavior:** Postdoctoral Fellows shall demonstrate competency in their ability to use sound professional judgment and shall have the capability to function autonomously and responsibly as practicing psychologists. They are aware of their strengths and limitations, as well as the need for consultation and continued professional development.

**Competency 5. Human Diversity:** Postdoctoral Fellows shall become aware of cultural and individual diversity and shall integrate this awareness in all spheres of their psychological practice.

**Competency 6. Practitioner-Scholar Model/Scholarly Inquiry:** Postdoctoral Fellows shall demonstrate critical thinking about relevant theoretical and scientific literature and apply this thinking to their clinical and research work.

**Competency 7. Supervision and Teaching Skills:** Fellows will develop competence and confidence in providing supervision including the following skills: ability to communicate expectations, ability to establish and maintain a professional and respectful relationship with supervisee, ability to deliver and receive constructive feedback, and ability to monitor progress of supervisee and effectiveness of supervisor. Fellows will develop professional-level presentation skills in a variety of contexts.

## **Program Structure**

All three fellows spend the entire year half-time in their respective emphasis areas. The other time is split between two six month elective rotations of their choice.

Please see the TRAINING ROTATIONS section for a description of the respective emphasis area rotations as well as a description of the optional training rotations.

### **Teaching Method/Supervision**

While fellows are expected to accept as much professional responsibility as their current knowledge and skills will allow, all clinical work is reviewed and supervised by licensed staff psychologists. Clinical responsibilities are assigned to fellows with their learning goals in mind. While the service needs of the treatment units are important, they are a secondary criterion for assignment of clinical activities. Selection of training experiences and assignment of clinical responsibilities are made with the active participation of the fellow. At the beginning of each rotation, the fellow and rotation supervisor, in consultation with the Post-Doctoral Training Committee, identify the training goals and negotiate a contract specifying the rotation activities that will maximize the achievement of these goals. Fellows begin their training year and rotations as co-therapists/observers with the supervising psychologist. Once the fellow has learned the relevant skills, s/he will provide services independently, with at least two hours of face-to-face supervision. Supervisors request audiotapes of therapy sessions in order to provide feedback on therapy skills and to contribute to case conceptualization. For assessments, supervisors review all aspects of the assessment process and co-sign the final reports. Fellows are also involved in the decision-making processes affecting the administration of the training program. Fellows serve as members of the Psychology Training Committee and vote on matters of programmatic significance with the exception of decisions relating to specific Fellows.

### ***Additional Learning Activities***

Fellows will complete a project related to their area of emphasis. This project may take the form of a performance improvement project, research project, grant proposal, or a newly designed treatment/educational program. The primary emphasis of fellow projects is on program development competency by assessing the emphasis area program needs and developing a project that addresses an identified need. The fellows will present their project toward the end of the training year to Psychology Service staff and trainees and to staff associated with their emphasis area. It is the expectation that fellows will spend most of the training year working on this project – but we also understand that it may take 1-2 months to develop and refine a topic and that the project will be presented prior to the end of fellowship (meaning that the total length of the work on the project should be about 8-9 months in total).

In addition, fellows will present at least one conference during the training year to Psychology staff and/or trainees. Fellows will participate in rotation-specific training opportunities (e.g., grand rounds) on a regular basis and in relevant Psychology Service continuing education programs.

Fellows participate in a monthly meeting with the Post-Doctoral Training Committee which consists of the Director of Training, the three emphasis area Preceptors, and when available, the Chief of Psychology Service. This meeting serves to facilitate professional development and fellows take turns presenting related articles for discussion among the committee members. Fellows will also be expected to attend the monthly Psychology Service Staff Meeting and the monthly Psychology Service Training Committee meeting.

In order to facilitate continued training in general psychotherapy skills, fellows may choose to carry two outpatient cases for the year. These cases can be couples, families, or individuals with a wide variety of presenting concerns and diagnoses. Fellows can select a psychotherapy group to follow for six months or a year as one of the cases, as well. Fellows select two supervisors of their choice for these cases for six months at a time or they may select a single supervisor for the year.

### ***Competency Evaluations***

A basic goal of the postdoctoral fellowship program is to promote the professional development of the Fellows in each of the core competency areas so that they are ready to assume autonomous practice as a licensed professional psychologist. Competency evaluations will be completed by supervisors in the core competencies that are relevant to their specific rotation. Formal, written rating periods will be at 3, 6, 9, and 12 months. To successfully complete the postdoctoral program, Fellows must demonstrate proficiency in each of the objectives for their emphasis area by achieving ratings of at least a "3" in all areas of evaluation at the six month mark and "4" in all areas at the twelve month mark.

### ***Program Evaluation***

The Psychology Training Program is committed to program assessment and quality improvement. Informal, continuous program evaluation is conducted in the monthly Training Committee Meetings that are attended by the training staff, interns, and Fellows. Fellows are encouraged to discuss issues, concerns, and suggestions for improvement throughout the year with their supervisors and the Training Director. Supervisors and fellows complete formal evaluations of one another and the training experiences at 3, 6, 9, and 12 months. These evaluations focus on the attainment of each of the seven goals as relevant to the particular rotation. The Fellows will also complete a comprehensive year-end evaluation of the fellowship program. Graduates of the fellowship program are surveyed one year after completion to obtain feedback and suggestions for improvement. The training staff thoroughly review the fellows' evaluations and ensure that recommendations for improvement are seriously considered and implemented when appropriate.

The Training Director spearheads the quality improvement activities of the postdoctoral program. When possible, he attends the APPIC training conferences and other relevant conferences to stay abreast of the cutting edge issues in psychology training. Ideas for improvement obtained from the conferences are shared with the training staff and integrated into the training program. In addition to local program evaluation, the postdoctoral fellowship program will be regularly evaluated by national professional and accrediting bodies such as APPIC and the Committee on Accreditation for APA.

Fellows receive at least 2 hours of individual supervision and 2 hours of structured training experiences weekly.

## Training Experiences

### **SUBSTANCE ABUSE EMPHASIS AREA:**

The NF/SGVHS supports several levels of care in an interdisciplinary approach to the treatment of veterans with substance abuse problems. Available to veterans in a 52-county rural and urban catchment area is an array of services, including intensive hospital based detoxification, ambulatory detoxification, residential care, transitional housing program, dual diagnosis residential care, and a full range of outpatient services including vocational rehabilitation. This continuum of care takes place in a variety of milieus in several different locations, including the Malcom Randall VA Medical Center in Gainesville, the Lake City VA Medical Center, and the outpatient SATP facility in the Gainesville community. Fellows may participate in activities in all the aforementioned locations. The structure for the year is to work in the emphasis area half-time for the entire training year. The other half-time can be divided into two six-month mini-rotations in different treatment areas, such as Primary Care, PTSD, Pain Psychology, etc. Please see section on additional training rotations for more information.

The emphasis in substance abuse provides an extensive training experience in the assessment and treatment of substance abuse and provides the opportunity to function as part of several interdisciplinary teams including (but not limited to) psychologists, psychiatrists, social workers, addiction therapists, and nurses. The teams provide continuity of care by following a panel of patients across program elements. This training will prepare Fellows to assume clinical, academic, and/or administrative leadership positions wherever they may continue their clinical careers.

Fellows will spend the majority of their time sharpening their skills in understanding the process of addiction, psychosocial factors associated with addiction, assessment techniques, diagnostic measures and issues, detoxification protocols, and psychopharmacology. In addition, they will be very much involved in treatment models associated with residential programs including motivational enhancement therapy, group psychotherapy, family therapy and issues of co-dependency and enabling, cognitive behavioral methods of relapse prevention, basic social skill training, milieu therapy and appropriate referral. Fellows will also be provided with supervisory experience in individual psychotherapies used to treat substance use disorders (e.g., network therapy and motivational enhancement as well as co-therapeutic 12-step and other programs).

***Below are the specific objectives for the Substance Abuse Emphasis Area:***

#### ***Assessment and Diagnosis:***

- Diagnosis and classification of substance disorders and substance induced disorders, including an understanding of the American Society of Addiction Medicine (ASAM) placement criteria and the VA's new measure for substance use disorders, the Brief Addiction Monitor (BAM).

- Protocols for co-morbid psychiatric disorders, neuro-cognitive function/impairment, and personality disorders.
- The physical, intellectual, behavioral, and emotional concomitants of acute alcohol/drug impairment.
- Assessments of relapse potential, high-risk issues, substance use inventories, and readiness to change.

***Intervention:***

- Specific modalities of treatment in which the Fellow may gain experience include Motivational Enhancement Therapy (MET), cognitive-behavioral group therapies, Network Therapy, relapse prevention, process-oriented group psychotherapy, psycho-educational group treatment, addiction education, coping skills, communication skills, problem solving skills, family and marital therapies, Mutual Help Therapies, therapeutic communities, pharmacotherapeutics, and vocational rehabilitation.

***Consultation and Communication:***

- Learn roles of specific treatment team members and the knowledge and skills of specific disciplines as applied to substance abuse treatment.
- Distinguish appropriate from inappropriate consults and educate referral sources.
- Develop problem-solving strategies with referring staff.
- Write reports in a clear, concise manner and communicate results to referring clinicians.
- Learn when to refer for appropriate treatment.

***Professional and Ethical Behavior:***

- Demonstrates understanding of the APA Ethical Principles and Code of Conduct and HIPAA.
- Interacts appropriately with all team members, colleagues, and supervisors.
- Demonstrates ability to assume responsibility for key patient care tasks.
- Begins the process of obtaining licensure for the independent practice of psychology.

***Human Diversity:***

- Demonstrates understanding of the impact of individual differences and cultural diversity on substance abuse treatment.
- Integrates the above knowledge into the development and implementation of a treatment plan for substance abusing veterans.

***Practitioner-Scholar Model:***

- Seeks out relevant sources of information related to substance abuse treatment and applies to assessments and interventions. Presents at least once to interns and staff on information learned from this endeavor.
- Designs and conducts one project during the training year. Examples of successful projects include designing and conducting research, conducting a literature review and meta-analysis, or designing and implementing a new treatment group. Fellows are encouraged to be creative and may submit other ideas for their project for approval by the Training Committee.

***Supervision and Teaching Skills:***

- Provides supervision on at least three cases throughout the year under the supervision of a staff psychologist.
- Supervises at least one intern/graduate student working in substance abuse.



- Attends monthly professional development meetings with postdoctoral subcommittee and completes readings as assigned.
- Discusses supervision with their supervisors throughout the year (supervision of supervision).
- Makes at least two presentations to staff and peers during the year.

**Training sites include:**

**1. Gainesville Substance Abuse Treatment Team (G-SATT).** This program is comprised of an Ambulatory Detoxification and Preparation for Treatment (ADAPT) program, a Substance Abuse Residential Rehabilitation Treatment Program (SARRTP), a community-based Intensive Outpatient Treatment (IOP) with Contingency Management protocols, and traditional outpatient services including services for the dually diagnosed, a legal tract, and a Compensated Work Therapy/ Transitional Residence (CWT/TR) program.

*Supervisors: Natalie Fala, Psy.D., Wandamaria Lopez, Ph.D., Jason Pickren, Psy.D.*

**2. Psychiatric Residential Rehabilitation Treatment Program (PRRTP)**

The PRRTP is a residential rehabilitation program focusing on veterans diagnosed with both an Axis I disorder (most often a mood or thought disorder) concomitant with a substance use disorder. Most veterans admitted to PRRTP stay for a period of 12-14 consecutive weeks, and Fellows will develop expertise in the role of functioning as a psychologist on an interdisciplinary treatment team by providing didactic psychoeducational classes, traditional process-oriented group therapy, behavior-oriented group therapy, process-oriented experiential groups, relaxation training, and relapse prevention training. They will also learn about leisure skills education, nutrition education, social skills training, role-playing groups, spirituality groups, medical education, medication management, and self-help groups specific to dual diagnosis. This program is offered at the Lake City VA Medical Center.

*Supervisor: Gavin Shoal, Ph.D.*

**3. PTSD/Substance Abuse Treatment Track (PSATT)**

The PSATT is an outpatient integrated treatment track for veterans who have a dual diagnosis of PTSD (secondary to combat, sexual assault, physical assault, POW captivity, or motor vehicle accident) and substance abuse/dependence. Fellows will receive training in psychological assessment and testing, addiction education, relapse prevention, coping skills training, 12-step programs, relaxation response training, and PTSD-trauma education which has an emphasis on how the two disorders overlap, affect one another, and compromise recovery efforts.

*Supervisors: Natalie Fala, Psy.D.; Ronda Jordan, Psy.D.; Wandamaria Lopez, Ph.D.*

**GEROPSYCHOLOGY EMPHASIS AREA**

The Gainesville division at the NF/SGVHS was designated in December 1983 as a Geriatric Research, Education, and Clinical Center (GRECC) site charged with focusing on state-of-the-art clinical care and innovative research to meet the needs of the aging veteran. The GRECC funds two positions each year for gerontology-focused training of one predoctoral psychology intern and one post doctoral psychology fellow.

The GRECC program is closely affiliated with the Institute for Aging at the University of Florida, which offers a wide range of didactic experiences that reflect the true multidisciplinary nature of this organization. Academicians and clinicians with widely diverse interests enjoy the opportunity to study together in this setting and address issues related to aging. In addition to the above, the Geriatric and Extended Care Service has been a model of interdisciplinary teamwork for over 20

years. It is an essential site for the training of health professionals from the University of Florida and Santa Fe Community College locally and from a variety of colleges and universities across the country. Trainees from psychology, medicine, psychiatry, pharmacy, neurology, speech, and rehabilitation medicine draw upon the expertise in geriatrics at the NF/SGVHS while engaging in their clinical, research, and teaching activities.

Extended care programs serve the aging and/or chronically ill veterans who may be homebound, in institutional care, or primary care and who range in age from 70 to greater than 100 years of age. Diagnostic categories include dementia, stroke, cardiovascular disease, congestive heart failure, malignancy, renal failure and a variety of other chronic illnesses most often occurring as multiple medical conditions. Inpatient programs include Nursing Home Care (180beds), Geriatric Evaluation and Management Unit (18 beds), Inpatient Hospice, and Palliative Care (8 beds at the Gainesville division and 20 beds at the Lake City division). Outpatient programs include Home Based Primary Care, Home Health Aide, Intermittent Skilled Care, and Hospice. Also available are Tech Care Coordination (Rural Home Care and Chronic Pain), Geriatric Primary Care, Palliative Care, and a Gait and Balance Clinic. In addition to the provision of clinical care, Geriatrics and Extended Care Service is also integrally involved in numerous education and research initiatives.

The emphasis in geropsychology provides an invaluable opportunity to address and resolve the unique difficulties presented by an aging veteran population. Fellows will develop skills in assessing and treating dementia and other cognitive impairments, pain, maladaptive personality traits/disorders, and caregiver stress. There will be a focus on interpersonal psychotherapy, behavioral management, and case management techniques. Fellows will conduct their work in an interdisciplinary team setting that will allow them to interact with other trainees and preceptors from other disciplines. Fellows will also engage in staff consultation with their team and with other groups of health professionals and administrators. The overall goal of this emphasis area is to train professional psychologists with specialized skills and information pertinent to geropsychology so that they may assume clinical, academic, and/or administrative leadership roles in geriatrics.

**Objectives for this training experience:**

***Assessment and Diagnosis:***

- Differentiation between various forms of dementia and cognitive impairment, using data from cognitive tests and interviews, and identification of medical conditions and medications that may negatively impact a patient's cognitive abilities.
- Identification of distinct psychiatric conditions and their presentations in older adults (e.g., dementia vs. depression)
- Assessment of patient's ability to make medical and financial decisions.

***Intervention:***

- Effective case conceptualization and development of appropriate treatment plans.
- Implementation of various psychological interventions targeting issues relevant to aging, including individual psychotherapy, group psychotherapy, and couples/family psychotherapy.

***Consultation and Communication:***

- Development of consultation liaison skills in working with interdisciplinary treatment teams.
- Communicate team interventions and planning to family members, significant others, and/or caregivers.

***Professional and Ethical Behavior:***

- Knowledge of and sensitivity to ethical and legal issues associated with working with older adults.
- Demonstrates understanding of the APA Ethical Principles and Code of Conduct and HIPAA.
- Begins the process of obtaining licensure for the independent practice of psychology.

***Human Diversity:***

- Recognition of the impact of cultural and/or individual differences in the assessment and treatment of older adults.

***Practitioner-Scholar Model:***

- Seeks out relevant sources of information related to geriatrics and applies to assessments and interventions. Presents at least once to interns and staff on information learned from this endeavor.
- Designs and conducts one project during the training year. Examples of successful projects include designing and conducting research, developing a grant proposal, conducting a literature review and meta-analysis, or designing and implementing a new treatment group. Fellows are encouraged to be creative and may submit other ideas for their project for approval by the Training Committee.

***Supervision and Teaching Skills:***

- Provides supervision on at least three cases throughout the year under the supervision of a staff psychologist.
- Supervises at least one intern/graduate student working in geriatrics.
- Attends monthly professional development meetings with post-doctoral subcommittee and completes readings as assigned.
- Discusses supervision with their supervisors throughout the year (supervision of supervision).
- Makes at least two presentations to staff and peers during the year.

**Training Rotations** - Fellows work in geropsychology in some combination of the rotations described below for at least half-time throughout the year. Please see additional rotation descriptions for elective rotation options.

**Malcom Randall VA Medical Center Geropsychology**

Supervisory Psychologist: Merle Miller, Ph.D.

This rotation includes opportunities to work with a variety of interdisciplinary teams that provide treatment services to geriatric patients. These opportunities may include:

Geriatric Evaluation and Management: Short-term rehabilitation team that is designed to provide comprehensive interdisciplinary assessment, treatment, preventive, and restorative/rehabilitative care to geriatric veterans who have sustained a loss in physical functioning which places them at risk for institutionalization.

Palliative Care Neighborhood: This neighborhood was established to enhance the quality of life of patients who are facing serious, life-limiting and terminal illnesses. An interdisciplinary team helps to relieve the veteran's suffering by managing pain and other symptoms while addressing the veteran's physical, psychological, social, and spiritual needs.

Palliative Care Consult Team: This team answers inpatient and outpatient consults for veterans who have been diagnosed with a life-limiting and terminal illness. The team does rounds two times each day. The team makes recommendations for optimal care and provides ongoing follow-up care including opportunities to do individual and family therapy.

Life Care Neighborhood: This team provides ongoing care for residents who need high levels of skilled nursing care. Many of the residents have been living in the neighborhood for more than 20 years.

Geriatric Primary Care Clinic: This team includes various disciplines who provide outpatient primary care geriatric services. This clinic focuses on older (usually over the age of 70), frail veterans with multiple medical problems.

### **Lake City VAMC**

Supervisory Psychologist: Carrie Ambrose, Ph.D.

The Community Living Center at the **Lake City VAMC** consists of five separate neighborhoods with a total of 230 beds. The neighborhood's specialties include specialty care for people with dementia and other cognitive challenges, rehabilitation and restorative care, intensive skilled nursing/medical management, long-term care, hospice/palliative care, and inpatient respite stay.

The Five Neighborhoods include:

Old Glory Place: 30-bed neighborhood for veteran with moderate stage dementia, wandering, and aggressive behaviors. Opportunity to do STAR-VA Behavior Interventions, neuropsychological testing and report writing, monthly Caregiver Support Group, and Singing Group.

Eagle's Cove: 60-bed -neighborhood for veterans who need long-stay rehab (30 to 90 days and beyond), and long-term care. Opportunities to answer consults, conduct short-term and long-term psychotherapy, complete neuropsychological testing and report writing, implement behavioral interventions and behavioral contracts, and facilitate psychoeducational or psychotherapeutic groups (e.g., CLC Move Group).

Camp Dignity: 60-bed neighborhood for veterans with advanced dementia and psychiatric disorders. Opportunity to do STAR-VA Behavior Interventions, staff support and education, neuropsychological testing and report writing.

Patriot's Place: 60-bed neighborhood for sub-acute medicine and rehab. Opportunities to answer consults, short-term and long-term psychotherapy, neuropsychological testing and report writing, behavioral interventions and behavioral contracts.

Serenity Place: 20-bed hospice and palliative care neighborhood. Usually long-term hospice and palliative care from 1 month and beyond. Opportunities to answer consults, short-term and long-term psychotherapy, family therapy, and bereavement counseling.

**Culture Transformation**: Resident-directed care that transforms the long-term care medical model to one that nurtures the human spirit, as well as meeting medical needs. Culture Change is not a finite destination, but a work in progress, always evolving to meet the needs of the residents. Our goal is creating a home rather than an institution, and improving quality of life rather than just quantity of life.

#### **Overall Goals of Culture Change are:**

1. **Restore** control over daily living to residents, respecting the right of residents to make their own decisions

2. **Involve** all levels of staff in the care process, honoring those who work most closely with residents
3. **Include** families and friends in a comprehensive team building approach to care
4. **Provide** a familiar and hospitable environment, a supportive workplace and responsive, individualized care practices that focus on the needs and preferences of people

Psychology has an essential role in Culture Transformation within the CLC and GEM, including leading biweekly Quality of Life meetings, in which specific goals are developed and progress is discussed. Some of our most exciting and successful changes include establishing a buffet-style lunch rather than serving veterans trays in their rooms, modifying medical and nursing practices to reduce unnecessary labs and care tasks, and planning special meals, holiday celebrations, and events (e.g., senior prom).

These training experiences afford the opportunity to participate as a member of an interdisciplinary treatment team, which includes representatives from Nursing, Medicine, Social Work, Physical Therapy, Dietetics, and Pharmacy. Interns will attend didactic rounds with residents/interns from these other disciplines present. Psychology provides consultation for referral sources with services ranging from evaluation to behavioral management or psychotherapy. There are also opportunities to work with family members, caregivers, and staff members. With our diverse population, interns can tailor the training experience to their interests or needs.

## **PTSD/TBI EMPHASIS AREA**

The emphasis in PTSD provides an extensive training experience in the assessment and treatment of PTSD and provides the opportunity to function as part of an interdisciplinary outpatient team including (but not limited to) PTSD psychologists, psychiatrists, social workers, and advanced practice nurses. The team provides care for veterans with PTSD from military, non-military, and sexual trauma. The team also provides care for patients presenting with mild to moderate traumatic brain injury (TBI) and PTSD. Coordination of care with the NF/SG Veterans Health System TBI Team as well as Substance Abuse and other care teams is done routinely. This training will prepare Fellows to assume clinical, academic, and/or administrative leadership positions wherever they may continue their clinical careers. Below are the specific objectives for this training experience.

### **Assessment and Diagnosis:**

- Proficient psychological evaluations with full integration of the patient's biopsychosocial and biomedical history, psychopathology issues, psychopharmacological issues, life span developmental issues, clinical diagnostic interview data, and a variety of psychological tests to provide accurate diagnoses and to make useful treatment intervention recommendations based on the best research evidence.
- Accurate diagnosis of PTSD and other related disorders, particularly depression and substance abuse.
- Proficient assessment of neurocognitive functional impairments due to mild traumatic brain injury with a DSM differential diagnosis for patients with both mild traumatic brain injury and PTSD symptoms.
- Proficient use of PTSD assessment inventories with best research evidence.
- Accurate assessment of personality disorders.

### **Intervention:**

- Skilled use of treatment interventions with the best research evidence for efficacy for patients with Acute Stress Disorder and Posttraumatic Stress Disorder.
- Skilled treatment intervention with patients with PTSD and TBI.

- Proficient use of protocols for Acute Stress Disorder and co-morbid psychiatric disorders.
- Implementation of psychoeducational strategies and relaxation response training strategies that are supported by the best available research evidence.
- Implementation of Cognitive Processing Therapy, Prolonged Exposure Therapy, cognitive behavioral individual and group therapies, substance abuse and relapse prevention strategies, cognitive remediation strategies, family, marital and couples therapy strategies, and exposure based therapies that have the best available research support.

#### **Consultation and Communication:**

- Developed knowledge of roles of treatment team members and understanding of their knowledge base and skills.
- Distinguish appropriate from inappropriate consults and educate referral sources.
- Development of problem-solving strategies with referring staff.
- Proficient skill in report writing that is clear, concise, and communicate effectively clinical data to referring clinicians.
- Understanding of when to refer for appropriate treatment.
- Effective interaction with members of the Substance Abuse Treatment Team (Psychiatry) and the Traumatic Brain Injury Clinic (Rehabilitation Medicine).
- Understanding of models of supervision and models of interdisciplinary team functioning.

#### **Professional and Ethical Behavior:**

- Demonstrated understanding of the APA Ethical Principles and Code of Conduct and HIPPA.
- Appropriate interactions with all team members, colleagues, supervisors, and patients.
- Demonstrated ability to assume responsibility for key patient care tasks.
- Commence the process of obtaining licensure for the independent practice of psychology.
- Appropriate response to, and resolution of, any ethical problems that arise in their clinical practice.

#### **Human Diversity:**

- Demonstrated understanding of the impact of diversity issues such as: individual differences (sociocultural, ethic, and socioeconomic), gender, sexuality and physical/cognitive/mental dysfunction on PTSD treatment.
- Effective integration of this knowledge into the development and implementation of a treatment plan for PTSD patients.

#### **Practitioner-Scholar Model:**

- Effective use of relevant sources of information related to the area and application of that knowledge to assessments and interventions.
- Sharing with interns and staff of North Florida/South Georgia Veterans Health System relevant information learned through review of relevant sources in the PTSD emphasis area.
- Design and conduct one project during the training year.

#### **Supervision and Teaching Skills:**

- Provision of supervision to an intern or a practicum student on at least three cases throughout the year under the supervision of the preceptor.
- Supervision of at least one intern working in the emphasis area.

- Maintain ongoing discussion of supervision issues with the Preceptor throughout the year.
- Participation in monthly professional development meetings with postdoctoral subcommittee and completion of readings as assigned.

## Rotations

**1. The PTSD Clinical Team (Gainesville and Lake City divisions)** There are two PTSD Clinical Teams serving NF/SGVHS, one located in lake City, and the other in Gainesville. The Lake City PCT was initiated in February of 2007 and consists of a full-time psychiatrist, psychologist, and an advanced practice nurse. The Gainesville division PCT has been operating for over 17 years and has a full-time psychiatrist, two psychologists, a social worker, and a half-time nurse practitioner. In FY 08, the Gainesville PCT responded to 789 consults, generating 6553 patient visits for male and female veterans who served in combat zones from all eras, as well as veterans with trauma from other sources such as sexual assault, accidents, and natural disasters. Close clinical coordination of care occurs on a weekly basis through care coordination meetings with other service providers, including providers in the TBI Clinic and the Substance Abuse Treatment Team. One member of the PCT is designated to provide lead dual diagnosis services.

The PTSD Fellow will provide 24 hours per week of services within the PCT setting as the major rotation (12 months in duration) and 12 hours per week in two selected minor rotation (each 6 months in duration) over the course of a training year. The major and minor rotations will be completed concurrently throughout the year. The Fellow will provide a range of services in the PCT setting in concert with training goals outlined above.

*Supervisors: Thomas Hundersmarck, Ph.D., PCT Coordinator, Gainesville division; Ronda Jordan, Psy.D.*

**2. The Traumatic Brain Injury Clinic.** The TBI Clinic is designed to provide same day services for veterans with positive indications for TBI. These services include but are not limited to TBI evaluation, neuropsychological testing, and PTSD assessment. The clinic provides ongoing neurocognitive intervention and therapy, as needed. While most of these clinic veterans served in Iraq or Afghanistan, veterans from other eras are also provided this range of services. Close clinical coordination of care occurs on a weekly basis mediated through care meetings with representatives of the TBI and PCT teams. It is not uncommon for concurrent treatment to occur for particular veterans with the PCT and TBI Clinics. In addition, two neuropsychologists provide part-time services to this TBI clinic. The PTSD Fellow will work with these individuals to provide differential diagnostic assessment and treatment services. The PTSD Fellow will learn to administer or refine existing skills with a variety of standard neuropsychological assessment instruments within an ongoing clinical context. Clinical practice will be supplemented with didactic experiences that will include neuropsychology, neurology, and psychiatry grand rounds. The PTSD Fellow will gain diagnostic skill in determining appropriate diagnosis and treatment with post-TBI patients who frequently present with symptoms overlapping with other co-morbid disorders such as PTSD and other mood disorders. The Fellow will interact and coordinate care in a multidisciplinary environment with members of Physical Medicine and Rehabilitation.

*Supervisory Psychologist: Neha Dixit, Ph.D.*

### **3. Women's Primary Care Clinic and Military Sexual Trauma**

*Supervisory Psychologist: Elizabeth Dizney, Psy.D.*

This primary care clinic provides outpatient medical and mental health services to women veterans and eligible wives of veterans. In addition to the supervisory psychologist, the team is composed of one nurse practitioner, two nurses, a physician, a part-time psychiatrist, and a clerical support person.

An fellow will have the opportunity to participate in an interdisciplinary team approach to patient care involving both a full range of behavioral health issues and treatment related to specialized areas such as military sexual trauma and intimate partner violence. Particular learning experiences include psychological evaluations and provision of evidenced based psychotherapy approaches, both short- and long-term. Treatment interventions may be utilized with individuals, couples, families, and groups. Opportunities to co-facilitate ongoing interpersonal process and cognitive-behavioral groups are available to the fellow. An fellow may initiate and develop short-term psychotherapy groups to address specific health-related concerns, such as assertiveness, weight loss, coping with depression, and parenting. An fellow will also have the opportunity to work with women across a wide age-range as well as the possibility of their significant others and/or couples treatment.

*Fellows who complete this rotation will be able to:*

- Conduct comprehensive psychological assessments involving interviews and testing as appropriate.
- Develop appropriate therapy treatment plans and referrals.
- Conduct brief and long-term individual psychotherapy with female veterans, including couples therapy and/or family therapy.
- Co-lead existing groups and/or organize new groups to meet the fellow's areas of interest.
- Gain an understanding of the social issues impacting female veterans in their daily lives, especially the issues of sexual trauma, intimate partner violence, familial responsibilities, adjustment issues, race, gender, and financial constraints.

**ADDITIONAL TRAINING ROTATIONS** – Fellows have the opportunity to craft a personalized training plan for the year which meets their needs for continued and/or new training experiences in addition to those in their emphasis areas. Thus, while fellows are engaged in rotations half-time all year in their emphasis areas the other half-time is available for two rotations of the fellow's choice. The training plans of the current fellows are presented below as examples:

***The SATT Team.*** The NF/SGVHS supports several levels of care in an interdisciplinary approach to the treatment of veterans with substance abuse problems, including: intensive hospital based detoxification, ambulatory detoxification, residential care, transitional housing program, dual diagnosis residential care, and a full range of outpatient services including vocational rehabilitation. Primarily, Fellows will participate in activities at our Gainesville location; however Fellows who choose to seek experience with dually diagnosed patients may also choose to spend some of their time working in our Lake City location; both locations have supervising psychologists.

The SATT uses a biopsychosocial model of addictive behaviors that accommodates a developmental framework, with patients moving from one type of service to another depending upon their individual needs and treatment goals. The Fellow will refine their knowledge of substance use disorders, criteria, and course of recovery and will conduct a range of treatment service that includes individual and group treatment along with case management activities. The Fellow will demonstrate knowledge of the rehabilitation process while working in an interdisciplinary team environment.

*Supervisory Psychologists: Natalie Fala, Psy.D.; Wandamaria Lopez, Psy.D.; Jason Pickren, Psy.D.; Gavin Shoal, Ph.D*

***Medical Psychology.*** This service offers psychological services to Medical and Surgical inpatients and outpatients and their families on a consultation-liaison basis. Currently, consultations are completed on inpatient wards, intensive care units, the dialysis unit, medical surgical clinics, and the Chemotherapy Clinic.



A Fellow will have the opportunity to observe and participate in an interdisciplinary team approach to patient care. Particular learning experiences, in addition to psychological evaluation and treatment, will include interacting with patients and their families, filling the role of liaison between patient and caregiver or family member, and generally facilitating the patient's adjustment to the treatment regimen and adopting a more healthful lifestyle. Both short-term and extended interventions may be utilized with individuals, couples, or families.

Other aspects of the program include weekly attendance at meetings with interdisciplinary staff members focused on providing support services for patients and their family members on Medical, Surgical, and Cardiothoracic Intensive Care Units, particularly if the patient's stay on the unit is of longer-than-usual duration. Trainees will attend monthly interdisciplinary meetings with staff members, and meetings with hospital or clinic staff groups are conducted upon request, either ad hoc to address matters of acute concern or on a regular schedule in the interest of providing support, improving communication, and enhancing team identity and cohesion.

Psychologists working in this program also perform preoperative evaluations of candidates for organ transplantation. Currently, these psychosocial assessments are being conducted with veterans requiring bone marrow, kidney, heart, lung, and liver transplants. In addition, staff performs screening evaluations for suitability for Hepatitis C treatment. The Fellow will conduct evaluations preceding medical/surgical procedures (e.g., spinal cord stimulator) and convey results both verbally and in written reports. In addition, the Fellow will participate in the interdisciplinary approach to health care, spanning the range from prophylaxis to providing care in terminal illness. In this process, the Fellow will acquire familiarity with science-based and other professional literature pertinent to health psychology topics, receiving materials from the supervisor and contributing readings of interest.

*Supervisory Psychologist: Valerie Shorter, Ph.D.*

#### **Primary Care Behavioral Health.**

On this rotation, postdoctoral fellows learn how to adapt traditional clinical and health psychology services for the primary care setting. Typical clinical activities include brief evaluation and treatment of clinical and health psychology problems; consultation and collaboration with primary care practitioners for psychological and medical management; and triage decision making to prioritize service delivery. Common referral questions for the PCBH rotation include ones which can be categorized as mental health (e.g. depression, ptsd, anxiety, dementia, somatoform, adjustment disorders); health behavior change (e.g. smoking cessation, increasing physical activity, and weight management); and behavioral medicine (e.g. insomnia, pain management, coping with illness, treatment adherence, and practitioner-patient communication). Fellows will have less frequent, albeit significant, interaction with patients presenting with bipolar and psychotic spectrum disorders occurs as well. While the rotation emphasizes individual treatment, monthly groups for stress management, smoking cessation, depression, anxiety, ptsd, diabetes management, and insomnia are available.

While this is a full time rotation, fellows can choose to emphasize particular patient populations or particular presenting problems as availability allows. In addition, at times a University of Florida graduate student trains on the same rotation, and the VAMC fellow is invited to actively partake in training supervision as appropriate to their level of competence.

*Supervisory Psychologists: Monica Cortez-Garland, Ph.D.; Julius Gylys, Ph.D., Tim Ketterson, Ph.D.*

### ***Mental Health Clinic***

The Mental Health Clinic training experience offers fellows experiences in group and/or individual psychotherapy. Fellows have the opportunity to co-lead ongoing groups, as well as begin new groups. Some examples of ongoing groups include the Creative Living Group; Interpersonal Men's Group; Korean War Veterans Group, and Fundamentals Group (for individuals with thought disorders). Fellows may elect to begin a new group, as well. If interested, fellows may continue to co-lead and/or lead any of these groups as a year-long or longer term experience. Fellows can also follow individual therapy cases through the MHC.

*Supervisory Psychologists: Jeffrey Bates, Ph.D.*

### ***Clinical Neuropsychology and TBI Team***

The rotation offers fellows the opportunity to participate in the evaluation and treatment of patients demonstrating diverse neurological disorders. Fellows will learn to administer a variety of standard neuropsychological assessment instruments within an ongoing clinical context. Clinical practice will be supplemented with didactic experiences that will include neuropsychology, neurology, and psychiatry grand rounds. Interdisciplinary approaches will be stressed so that psychology fellows can expect to collaborate with nurses, physicians, and rehabilitation professionals. Fellows can use this training experience to gain new skills in neuropsychological assessment or as an experience to polish, refine, and gain more autonomy if they have already had significant training in this area.

#### ***Fellows who complete this rotation will be able to:***

- Design and conduct neuropsychological interviews
- Develop a syndrome analysis, process approach to neuropsychological assessment
- Demonstrate familiarity with the administration and scoring of a wide variety of commonly employed neuropsychological assessment instruments
- Demonstrate knowledge of neuropsychological evaluation and treatment
- Write comprehensive neuropsychological reports addressed to diverse referral sources

*Supervisory Psychologists: Jason Demery, Ph.D., ABPP-CN; Christian Dow, Ph.D., Heather Tree, Ph.D.*

### ***The Residence at the HONOR Center***

The Residence at the HONOR Center is a 45 bed residential treatment program for homeless veterans with a variety of medical, psychological, and/or substance abuse problems. Our staff is dedicated to a Recovery Model treatment approach which focuses on hope, compassion, empowerment, responsibility, and veteran-directed care. The rotation offers ample opportunities in the areas of medical psychology, trauma, substance use disorders, and serious mental illness. Trainees may focus their work broadly on treating this population as a whole or they may choose to focus their work more specifically on a particular sub-population, due to either pre-existing interest or professional experience with this population or due to a desire for professional growth and to gain experience with a less familiar population. This rotation caters to individuals who have interests in clinical program development, psychological assessment, clinical interventions (including Evidenced Based Treatments) and a holistic approach to treatment conceptualization. Trainees would serve as part of a multidisciplinary team which works to respond to the multifaceted needs of the residential community. The role of psychology involves providing individual therapy, group therapy, assessment, and team consultation/leadership. Opportunities may also be available to shadow other disciplines to learn more about their roles and work within the team.

Trainees who complete this rotation will be able to:

- Demonstrate an ability to contribute to the treatment of persons struggling with homelessness in addition to medical, psychological, and/or substance use disorders.
- Determine appropriate assessment tools and then administer, interpret, and follow through on psychological testing to aid in diagnostic clarification and treatment planning. Standard assessment tools include self-report measures, personality testing, and neuropsychological testing.
- Utilize assessment tools to monitor symptoms and treatment outcomes during the course of treatment.
- Provide individual and group therapy to a complex population of veterans in residential treatment, including evidenced based therapies.
- Develop a time limited group therapy protocol based on personal interests or strengths and/or the needs of the community.
- Demonstrate knowledge of the Recovery Model and be able to apply those principles to clinical interventions and consultation
- Work collaboratively and in a leadership role with a multidisciplinary treatment team

*Supervisory Psychologist: Julia Owen-Shoal, Psy.D.*

### ***PTSD Clinical Team, Gainesville Division***

The PTSD Clinical Team (PCT) provides outpatient services to both male and female veterans. The PCT program assists veterans in overcoming the debilitating symptoms of PTSD (from traumas including combat, sexual assault, physical assault, POW captivity or motor vehicle accident). Additionally, veterans treated in this program typically carry comorbid diagnoses related to mood disorders, traumatic brain injury, and substance abuse disorders.

The coordinator of the program is a psychologist and the PCT staff is an interdisciplinary team composed of members from Psychology, Psychiatry, Nursing, and Social Work Services.

The intern becomes a member of the team and has an opportunity to broaden skills in psychological assessment, symptom conceptualization, differential diagnosis and treatment. The team believes strongly in developing a collaborative partnership with the veterans in the program to assist them through a series of progressive stages that culminates in the reduction or elimination of their symptoms. Group, individual and family therapies are employed. The intern will have the opportunity to conduct Evidence Based Therapies (EBT's) for PTSD with veterans.

Specific responsibilities for the intern include co-facilitating psychoeducational and exposure-based group therapies that are designed to improve social skills, better manage stress-related symptoms and eventually to reduce or eliminate the source of the disorder. The intern also has the opportunity to coordinate care with the Traumatic Brain Injury Team for veterans with these problems. Interested interns may also gain experience in such areas as program evaluation, staff training, research and external consultation with inpatient and outpatient mental health facilities.

#### ***Rotation Goals and Objectives:***

- Discuss and apply research findings in assessment, conceptualization, diagnosis and psychotherapy.
- Complete rotation and acquire hours of direct patient contact and supervision.
- Complete at least 8 psychological assessments including interpretation of results, conceptualization of symptoms, diagnoses and treatment recommendations.
- Produce a comprehensive, integrated written report on each assessment.
- Serve as a co-facilitator in at least one fundamental psychoeducational group that meets 1 time per week for 75 minutes.
- Serve as a co-facilitator in at least one group that teaches relaxation skills and cognitive-behavioral techniques for managing affect and meets 1 time per week for 75 minutes.

- Serve as a co-facilitator in at least one exposure-based psychotherapy/*EBT* group that meets 1 time per week for 75 minutes.
- Provide **evidence based individual treatment** or family therapy to at least 2 veterans who are being seen in the PCT program.
- Actively participate in case conceptualization and treatment planning performed in the weekly PCT treatment team meeting.
- Actively participate in care coordination for veterans with PTSD and traumatic brain injury as part of the medical center's TBI Clinical Team.
- During supervision, discuss 2 ethical dilemmas in therapy.
- Attend supervision as scheduled and participate fully.
- Meet deadlines for completion of required work.
- Develop awareness of how PTSD interacts with individual differences in ethnicity, lifestyle, gender, and age-related factors.
- During supervision, discuss diversity awareness related to PTSD.
- Work with diverse veterans in the program.
- Work with diverse staff members in coordinating care for veterans in the program.

*Supervisory Psychologists: Tom Hundersmarck, Ph.D.; Ronda Jordan, Psy.D.*

### **Inpatient Psychiatry/Psychosocial Rehabilitation and Recovery Center (PRRC)**

*Supervisory Psychologists: John S. Auerbach, Ph.D., Alisha M. Wray, Ph.D.*

This rotation offers interns the opportunity to participate in the evaluation and treatment of patients with severe mental disorders and comprises two potential placements—the inpatient psychiatric unit of the Gainesville VAMC and the PRRC, located in Gainesville but off of the grounds of the medical center. The inpatient unit provides exposure to patients suffering from acute disturbances and the PRRC provides exposure to patients who have achieved some degree of stability but who wish to expand and improve their psychosocial functioning.

Fellows will function as part of an interdisciplinary team in each program. In both settings, fellows conduct psychological assessments, including diagnostic interviews and personality tests, and participate in a variety of treatment modalities, including individual, group, and family therapy. Specific training opportunities for each aspect of this rotation are described below.

#### Inpatient Unit

On the inpatient unit, the fellow works with patients in need of stabilization during a crisis or decompensation, with typical diagnoses including schizophrenia, bipolar disorder, major depression, and posttraumatic stress disorder (PTSD) and with typical clinical problems involving acute psychoses, suicidality, homicidality, and comorbid substance dependence. In this setting, the time frame for assessment and treatment of a patient is almost always short term (i.e., approximately one week). The fellow will have the opportunity to participate in brief, solution-focused individual interventions that include motivational, skills-based, or psychoeducational evidence-based treatments such as Motivational Interviewing for substance dependence and components of evidence-based group therapy interventions like Life Skills Training for severe mental illness and Dialectical Behavior Therapy Skills Training for mood and personality disorders.

## PRRC

In the PRRC, the fellow serves as a recovery coach for patients in the process of developing and implementing their own plans for recovery from severe psychiatric conditions like schizophrenia, bipolar disorder, severe depression, and PTSD. In this role, the fellow will engage in a long-term treatment process that, for the specific patient, may take at least a year. The fellow will also have the opportunity to participate in evidence-based treatments like Social Skills Training for severe mental illness, Match-12 for substance dependence, Mindfulness-Based Cognitive Therapy for depression, and Mentalization-Based Therapy for severe mental disorders.

*Fellows who complete this rotation will be able to:*

- Conduct comprehensive psychological assessments involving interviews, cognitive tests, personality tests, and neuropsychological screenings as appropriate for patients with severe mental disorders.
- Develop clinical formulations indicating an understanding of the psychological factors and dynamics, as well as of the diagnostic and nosological issues, involved in severe mental disorders and construct appropriate treatment plans for patients with such conditions.
- Conduct brief and long-term individual psychotherapy for patients who have severe mental disorders and who manifest clinical challenges reflective of the range of clinical presentations associated with these conditions.
- Co-lead existing groups or develop new groups consistent with interns' areas of interest.
- Conduct family therapy or other therapeutic interventions in the families and support networks of patients with severe mental disorders.
- Gain improved understanding of empirical literature relevant to severe mental illness and use this knowledge base to inform and guide clinical practice.
- Increase understanding and appreciation for the complementary strengths and weaknesses of stabilization and recovery models in the treatment of patients with severe mental disorders.
- Become familiar with the use of psychotropic medication in the treatment of severe mental disorders
- Function as a member of an interdisciplinary team
- Discuss ethical and professional issues as needed and develop a capacity for independent analysis and decision-making with regard to such matters
- Discuss diversity issues pertaining to individual, cultural, and other group differences and become aware of how one's own background and life experiences affect one's work with patients who have severe mental illnesses and who also come from a wide range of backgrounds with regard to diversity factors

## ***Requirements for Completion***

To successfully complete a rotation, fellows must obtain ratings of at least "3" in all areas of the evaluation forms at the six month mark and ratings of at least "4" at the end of the twelve month mark. These ratings indicate that fellows are performing in a manner consistent with their current level of training and expected competency levels. Fellows are expected to abide by the APA ethical principles and relevant Florida Rules and Laws. Fellows are expected to complete their projects and have made two professional presentations.

## ***Facility and Training Resources***

The North Florida/South Georgia Veterans Health System Psychology Fellowship Program has a number of training resources available both intramurally and through the auspices of the University of Florida. Psychology Service has four full-time administrative positions to assist in providing clerical and technical support to Psychology Service and the fellowship program. All fellows have their own private offices where they see patients. Each office has a telephone, digital recorder, testing materials, and an individual Windows-based personal computer for in-office use. Both the Lake City and the Gainesville VA Medical Centers maintain their own professional libraries, which are open to the fellows, as is the 220,000 volume medical library at the J. Hillis Miller Health Center, which receives 2,000 periodicals. The University of Florida's libraries contain a total of 2.6 million bound volumes, which are available for reference. Literature searches and regional interlibrary loan services are also available through the VA medical library. Both audiotape and videotape capabilities are available through Psychology Service and the Medical Media Service. A videotape and audiotape library is also maintained. Most commonly used intelligence, personality, achievement, vocational, and neuropsychological tests are available in our test file. Some are also available in an automated administration and interpretation package. Windows-based computers with word processing, database, and statistical software are available. A computerized patient database permits patient scheduling, as well as retrieval of medical and biographic information.

## ***Administrative Policies and Procedures***

### **Stipend, Hours, and Leave**

The fellowship is full-time for a year, ideally beginning in early July. However, we recognize that internships have a variety of ending dates which do not always coincide with ours and we are flexible about the fellowship start date to accommodate later internship end dates. Fellows are expected to complete 2080 hours of supervised experience within the year (minus Federal holidays and accrued leave).

The stipend for the program is \$42,239 for the year, paid biweekly. Benefits include 13 vacation days, 13 sick days, 10 federal holidays, up to 5 days of approved educational or professional leave, and health insurance. Malpractice coverage is provided under the Federal Tort Claims Act. Additionally, fellows are able to utilize AA for workshops and presentations with advanced supervisory approval.

To ensure fellows' rights of due process, Psychology Service has enacted Memorandum Number 116B-2: Complaints and Grievance Procedures Initiated by Trainees and Memorandum 116B-15: Remediation of Problematic Performance, Due Process, and Grievance Procedures. This policy statement defines the actions that both fellows and the Training Committee must take should problems be identified in the fellow's performance. This policy is provided to all fellows during orientation week (or by request) and is discussed with them to ensure that they understand their rights. Fellows' complaints and/or difficulties with supervisors are subject to the same procedures. A copy of same is included in the Fellow Handbook fellows receive at the outset of the training year.

## ***Training Staff***

**Chief**  
**GEORGE SHORTER, PH.D.**

Auburn University, 2001  
Clinical psychology; dual-diagnosis; addictive disorders

***Assitant Chief***

***JENNIFER W. ADKINS, PH.D.***

Auburn University  
Behavioral family therapy; health psychology; OCD; PTSD

***Director of Training***

***JEFFREY BATES, PH.D.***

University of Georgia, 2003  
Assessment, Personality, Antisocial Persnoality Disorder, Forensic Psychology, Suicide Prevention

***Training Supervisors***

***CARRIE AMBROSE, PH.D.***

University of Mississippi, 2013  
Geropsychology, Behavioral Health, Residential Long-Term Care

***JOHN AUERBACH, PH.D.***

State University of New York at Buffalo, 1988  
Attachment theory, intersubjectivity theory, relational approaches to psychotherapy, PTSD

***MONICA CORTEZ-GARLAND, PH.D.***

Texas Tech University, 2007  
Primary care psychology; health psychology; smoking cessation

***JASON DEMERY, PH.D., ABPP-CN***

University of Florida, 2004  
Relationship between Serum Biomarkers of brain injury severity and neuropsychological outcome, Neuropsychological outcome following traumatic subarachnoid hemorrhage, The neuropsychology of domestic murder.

***CHRISTIAN DOW, PH.D.***

Rosalind Franklin University of Medicine, 2007  
Cognitive patterns in Epilepsy and pseudoseizures; Dementia; TBI

***ELIZABETH DIZNEY, PSY.D.***

Forest Institute of Professional Psychology, 2001  
Eating disorders and obesity, food addiction, personality disorders

***NATALIE FALA, PSY.D.***

Florida Institute of Technology, 2013  
2013  
Co-occurring PTSD/substance use disorders, complex traumatic stress, combat-related PTSD, OEF/OIF/OND veteran issues

***JULIUS GYLYS, PH.D.***

Ohio University, 2000  
Primary care clinical and health psychology; smoking cessation; rural behavioral health; interpersonal psychotherapy

***ERICA HOFFMANN, Ph.D.***

Bowling Green State University, 2012  
Health behaviors, weight management, Motivational Interviewing

**THOMAS HUNDERSMARCK, PH.D.**

Temple University, 1991

PTSD; personality disorders; family and couples therapy; substance abuse disorders

**RONDA R. JORDAN, PSY.D.**

Florida Institute of Technology, 2006

PTSD/Substance abuse

**TIMOTHY KETTERSON, PH.D.**

University at Albany, State University of New York, 2000

Medical psychology, Primary Care Behavioral Health, Geropsychology

**KEVIN M. LANCER, PH.D.**

University of Nevada, Las Vegas, 2006

Primary care clinical and health psychology; psychoneuroimmunology; geropsychology; psychotherapy; performance enhancement

**WANDAMARIA LOPEZ, PH.D.**

St. Louis University, 1990

Clinical psychology; PTSD; domestic violence; personality disorders; military mental health; individual, family and group psychotherapy

**MERLE MILLER, PH.D.**

University of Oklahoma, 2008

Geropsychology, Behavioral Management related to dementia, Staff empowerment and team building,

Culture Transformation

**JULIA OWEN-SHOAL, PSY.D**

Florida Institute of Psychology, 2006

PTSD; Substance Use Disorders, Health Psychology, Recovery Model, Assessment and outcome measures

**JASON PICKREN, PSY.D.**

Nova Southeastern University, 2007

Substance Use Disorders, Recovery Model

**KHALIL SAKALLA, PH.D.**

University of North Dakota--Grand Forks, 2004

Geropsychology; health psychology; Mental Health Clinic

**KIMBERLY SHAW, PH.D.**

University of Miami, 1989

Clinical/Research Interests: Interpersonal Neurobiology, Medical Traumatic Stress, Late-Onset Stress Symptomatology Health Psychology; Behavioral Health; Couples and Family Interventions;

Geropsychology; Palliative Care

**GAVIN SHOAL, PH.D.**

University of Kentucky, 2005

Substance use disorders; substance abuse etiology; PTSD; health psychology

**VALERIE SHORTER, PH.D.**

Ohio University, 1999

Health psychology; primary care psychology; rehabilitation psychology



**HEATHER TREE, PH.D.**

University of Kansas, 2009  
mTBI, Multiple Sclerosis, Neuropsychological Assessment practices

**ALISHA WRAY, PH.D.**

University of New Mexico, 2011  
Substance use disorders; PTSD, Intimate Partner Violence

**Clerical Staff**

**OTILIA TORRES-GARCIA**

Secretary

**JACKIE WELLINGTON**

Office Automation Assistant

**JACK MCKENZIE**

Program Support Clerk, PCT

**Trainees**

**2014-2015 Fellowship Class**

James H. Quillen (Mountain Home) VA, Florida Institute of Technology  
New Jersey Veterans Healthcare System (Lyons VAMC), Rutgers University  
NF/SG Veterans Health System, Gallaudet University

**2013 - 2014 Fellowship Class**

Central Arkansas Veterans Healthcare System, University of Mississippi  
Hunter Holmes McGuire VA Medical Center, Florida Institute of Technology  
Vanderbilt-VA Internship Consortium, Baylor University

**2012 – 2013 Fellowship Class**

NF/SG Veterans Health System, Nova Southeastern University  
VA Pittsburgh Health System, Bowling Green State University

**2011 – 2012 Fellowship Class**

NF/SG Veterans Health System, Tennessee State University  
NF/SG Veterans Health System, Florida Institute of Technology  
Bradley Counseling Center, University of Iowa

**2010 – 2011 Fellowship Class**

NF/SG Veterans Health System, Virginia Consortium Program in Clinical Psychology  
Atlanta VA Medical Center, Pacific Graduate School/Stanford University Consortium  
Houston VA Medical Center, University of Central Florida  
University of Oklahoma, Nova Southeastern University

**2009-2010 Fellowship Class**

VA Central Iowa Healthcare System, Chicago School of Professional Psychology  
Bay Pines VA Medical Center, University of Texas, Austin  
John D. Dingell VA Medical Center, University at Albany, State University of New York

**2008-2009 Fellowship Class**

VA Los Angeles Ambulatory Care Center; Colorado State University  
Louis Stokes Cleveland VA Medical Center; Nova Southeastern University  
Miami VA Medical Center; Fuller Theological Seminary

**2007-2008 Fellowship Class**

NF/SG Veterans Health System; West Virginia University  
NF/SG Veterans Health System; Nova Southeastern University

**2006-2007 Fellowship Class**

NF/SG Veterans Health System; Florida Institute of Technology  
Illiana Veterans Health System; Florida Institute of Technology

**2005-2006 Fellowship Class**

Cincinnati VA Medical Center; University of Kentucky  
James H. Quillen VA Medical Center; University of Tennessee

**2004-2005 Fellowship Class**

NF/SG Veterans Health System; Indiana State University  
NF/SG Veterans Health System; University of North Dakota

**Local Information**

The North Florida/South Georgia Veterans Health System is headquartered at the Malcom Randall VA Medical Center in Gainesville and is located adjacent to the University of Florida, an institution of more than 35,000 students.

The North Florida/South Georgia Veterans Health System is affiliated with the J. Hillis Miller Health Center at the University of Florida, located directly across the street. This complex consists of the Shands Teaching Hospital and the Colleges of Dentistry, Health Professions, Medicine, Nursing, Pharmacy, and Veterinary Medicine. All VA programs are administered by the Director, Associate Director, and Chief of Staff and are coordinated jointly with the University of Florida's Vice President for Health Affairs and the appropriate colleges and faculty.

The Malcom Randall VA Medical Center is situated among the gentle hills of North Central Florida in a scenic, tree-canopied community of 100,000 residents. Located midway between the Atlantic Ocean and the Gulf of Mexico, Gainesville has a relatively mild climate suitable for year-round enjoyment of sports and its varied lakes and recreation facilities. Interestingly, Gainesville has more bicycle paths than any other city in the United States. Gainesville is serviced by air, bus, and train lines. Gulf- and Atlantic-coast attractions are within a two-hour drive of the medical center. These include Orlando attractions, such as Disney World, Universal Studios, and Sea World. Also nearby are Busch Gardens and Cypress Gardens. The larger metropolitan areas of Tampa, St. Petersburg, Orlando, and Jacksonville are equally accessible.

Culturally, Gainesville is enhanced by the University of Florida and the Center for the Performing Arts. Entertainers who have performed in Gainesville recently have run the gamut from Matchbox Twenty, Lenny Kravitz, Smashmouth, and the Rolling Stones to Ray Romano, Elton John, and Bill Cosby to nationally renowned symphonies and Broadway plays. Gainesville also supports a nationally known art festival, a community band, a civic chorus, the University symphony, and dance groups. The Florida Museum of Natural History, the Samuel P. Harn Museum of Art, and a

number of excellent theater groups which includes the Hippodrome State Theater provide considerable diversity.