

Clinical Psychology Internship

2015 - 2016

**Veterans Affairs Medical Center
Portland, Oregon**



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Welcome

The Training Committee at the Portland Veterans Affairs Medical Center (PVAMC) appreciates your interest in our predoctoral psychology internship. Accredited by the American Psychological Association's Office of Program Consultation and Accreditation since 1978,* the internship continues a strong commitment to fostering clinical skills and professional identity in interns. PVAMC psychology staff values collegial working relationships with interns as well as the opportunity to teach and provide supervision.

In addition to the benefits of the training program, living in the Greater Portland Metropolitan Area offers the best of urban and outdoor life. Portland is an extremely livable city, replete with restaurants, music, shopping, and natural beauty. In Portland it's literally possible to take a morning ski run on Mt. Hood's glacier, windsurf in the Columbia during the afternoon, and catch dinner and theatre downtown in the evening. We hope you enjoy living here as much as we do.

Thank you for considering PVAMC for your predoctoral psychology internship. We look forward to reviewing your application.

Sincerely,

Marilyn Huckans, Director of Training
Psychology Training Committee:

Chris Anderson, Darin Bergen, Julie Burnett, Bret Fuller, Elizabeth (Betsy) Goy, Katie McCall, Dan Storzbach, Sarah Súniga, Malinda Trujillo, Ruth Ann Tsukuda, Amy Wagner, Mark Ward, and Kate Woodside

Next site visit due in 2017

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About Us



The Portland Veterans Affairs Medical Center (PVAMC) is an attractive and vital health care center. In addition to comprehensive medical and mental health services, PVAMC supports ongoing research and medical education. PVAMC is connected to OHSU structurally by a beautiful sky bridge and functionally by shared staff, trainees, and educational opportunities.

The Vancouver, Washington division of PVAMC is located just across the Columbia River. This spacious campus houses long-term rehabilitation programs, a skilled nursing facility, substance abuse treatment program, PTSD clinic, post-deployment clinic, and primary care.

PVAMC values diversity in our staff. As an equal opportunity training program, the internship welcomes and strongly encourages applications from all qualified candidates, regardless of racial, ethnic, religious, sexual orientation, disability, or other minority status.



Training Program

Overview

PVAMC continues a long-standing commitment to predoctoral psychology training. The Psychology Internship Training Program has been fully accredited by the American Psychological Association (APA) since 1978. Programs and training activities described in this brochure reflect the psychology staff's roles within the current organization of the Medical Center. We offer six internship positions for the 2015-2016 training year.

PVAMC psychology staff consists of over 50 clinical psychologists with the majority holding faculty appointments in the Department of Psychiatry at the Oregon Health & Science University (OHSU). More than 35 of these psychologists are directly involved in the internship training program. Settings across both campuses afford staff the opportunity for clinical practice, training, research, and administration. Psychology, psychiatry, social work, nursing, and other disciplines have a collaborative relationship throughout PVAMC. Interns frequently work as part of multidisciplinary teams in addressing patient needs. Should it fit with mutual Intern and Supervisor goals of training, we are also pleased to provide the opportunity for interested Interns to train towards VA certification in Cognitive Processing Therapy, an evidence-based intervention for treatment of trauma.

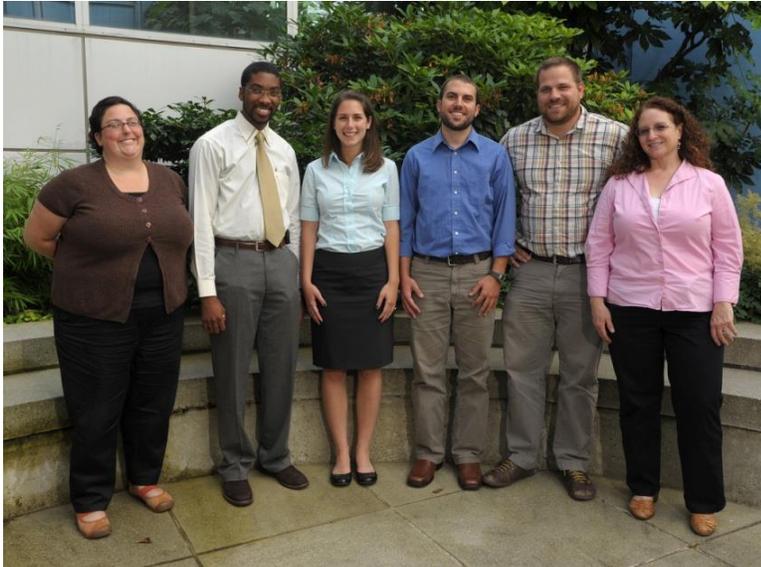
National VA guidelines designate this as a one-year, full-time, 2080 hour internship, including federal holidays, vacation, and sick days. The 2015-2016 internship training year will begin on June 29, 2015.

Philosophy of Training

The number one priority of PVAMC internship program is to provide students with a positive, supportive training experience. Interns work reasonable hours, are provided ample supervision and didactic opportunities, and are treated as junior colleagues by the psychology staff. Professional development is a primary focus of our training, as we assist interns in transitioning from graduate school to a professional career. Our intent is to prepare students by the end of the internship year for entry-level professional positions or additional postdoctoral training. We follow a generalist model, focusing on skills of assessment, treatment, and consultation with diverse patient populations. In addition to developing professional competence, we expect interns to develop their own professional identity during the training year. This includes integration of professional and ethical behavior with articulation of one's preferred theoretical orientations, development of clinical specialties, or focused research endeavors.

PVAMC internship believes that clinical practice should be influenced by the science of psychology, and vice versa. Therefore, we support clinical practices that are consistent with current scientific research literature, while also considering the variables found in real practice. We hope to develop psychologists who are capable of contributing to the professional literature through their own clinical research.

Throughout the internship, attention is given to the intern's professional development in the role of psychologist. This includes valuing patient welfare, assuming individual responsibility, demonstrating professional competence, and making ethical decisions. As a result, PVAMC seeks interns who have solid clinical skills, the drive to work independently, and the ability to interact collegially with other psychologists.



Each intern is provided with a preceptor – a psychology staff mentor who offers information and support throughout the year. During the first week interns meet with their preceptors to develop a training program that will augment their existing strengths and address gaps in training as generalist psychologists. Factors considered during this process include the intern's career goals and previous preparation.

The goal of the internship is to provide interns with the following experiences they may not have had in previous training: 1) experience

with a variety of patient populations (e.g., older adults, women Veterans); 2) breadth of experience working with different diagnoses (e.g., PTSD, substance use disorders, psychotic spectrum disorders); 3) ability to provide professional consultation and effective treatment in a variety of clinical settings in collaboration with diverse professions; and 4) ability to plan, conduct, and write psychological assessments (to be evaluated by review of two written assessment reports provided as work samples prior to the beginning of internship). Together, interns and their preceptors will complete a form outlining a preferred rotation combination that will be submitted to the Training Committee to assist with the rotation assignment process. Ultimately, rotation assignments will be made based upon preceptor recommendations, intern training needs, rotation coverage needs, and intern preferences.

Structure of the Internship

Because we believe that full-time immersion allows greater in-depth learning in a particular specialty area, each intern participates in three, 4-month long full-time training rotations. Rotations offered include Health Psychology, Neuropsychology, Outpatient Mental Health, Posttraumatic Stress Disorder Clinical Team, Psychotic Spectrum Disorders, and Substance Abuse Services. Each setting provides training in treatment and assessment within the generalist model, as well as clinical work with special populations or unique problems. A Psychology Assessment Clinic has been established to better meet the psychological evaluation needs of patients at the Medical Center and to ensure that all interns obtain comprehensive assessment training. This clinic accepts referrals from mental health and medical providers throughout the Medical Center. Interns on the Mental Health Clinic rotations will work one half day per week in the clinic. Interns on the Psychotic Spectrum Disorders rotation will spend one half day per week in the clinic. Generally, assessment cases and supervisors will be assigned to match the rotation training experiences. For example, Health Psychology interns will take referrals from general medical and medical specialty providers. Mental Health Clinic and Psychotic Spectrum Disorders interns will take referrals from mental health providers. This training opportunity may be available to interns on other rotations depending upon their training needs and/or professional development goals.

Research

Supervised clinical work is the main focus of training; however, up to four hours may be used each week for research and counted toward training hours. The training program strongly supports interns finishing their doctoral requirements; thus, interns who have not completed the dissertation are required to utilize these hours for dissertation completion. Interns who have completed the dissertation may request to use this time for other research projects. Research hours during the work week must not interfere with clinical work and are contingent upon satisfactory progress in clinical training and demonstrated research productivity. Requests for research hours must be submitted in writing and approved by the Training Committee at the beginning of each rotation.

Stipend & Benefits

The stipend is currently \$25,274 for the internship year. Benefits include health and life insurance (intern pays part of premium; available to same gender partners), paid holidays, paid vacation and sick leave, free access to PVAMC and OHSU libraries, and use of the Employee Fitness Center. Interns with children have access to low-cost child care located on the Portland Campus and have qualifying status for a VA child-care subsidy program.



Eligibility

A candidate for this predoctoral internship must have all required course work completed prior to beginning the internship. Preferably, candidates will have completed the major qualifying examination for the doctorate and have only minor dissertation requirements remaining. In all cases, it is expected that an intern has had a substantial amount of supervised clinical experience. An applicant with fewer than 1200 hours of practicum experience or fewer than 12 integrated (cognitive and personality) assessment reports is unlikely to be prepared for our setting.

In accordance with APA philosophy and VAMC policy, this internship is also offered to doctoral level psychologists who have returned to school to respecialize in clinical or counseling psychology. The applicant must be enrolled in an APA-approved clinical or counseling program, show documentation of adequate didactic and practicum preparations, and be approved for an internship by his/her Director of Clinical Training.

ELIGIBILITY REQUIREMENTS FOR ALL VA TRAINING PROGRAMS

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.
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.

ADDITIONAL ELIGIBILITY CRITERIA FOR INTERNSHIP

Internship applicants also must meet these criteria to be considered for any VA Psychology Internship Program:

1. Doctoral student in good standing at an APA-accredited graduate program in Clinical or Counseling psychology. Persons with a doctorate in another area of psychology who meet the APA criteria for respecialization training in Clinical or Counseling Psychology are also eligible.
2. Approved for internship status by graduate program training director.

ELIGIBILITY FOR VA EMPLOYMENT

To be eligible for employment as a VA Psychologist, a person must be a U.S. citizen and must have completed an APA-accredited graduate program in Clinical or Counseling psychology AND must have completed an APA-accredited internship in Psychology, with the emphasis area of the degree consistent with the assignment for which the applicant is to be employed. The only exception is for those who complete a new VA internship that is not yet accredited.

Diversity at the Portland VAMC

The PVAMC values diversity in our staff. The psychology service's efforts toward multicultural and diversity competencies remain a work in progress, and we strive toward continued reflection and improvement. The DoT, Training Committee, Supervisors, and other staff aspire toward disclosing and welcoming diversity in the workplace, and the psychology service recognizes a need to continually evaluate and educate ourselves as we work toward this goal. In 2011, the PVAMC psychology staff initiated a Multicultural and Diversity Task Force to undertake a far-reaching examination of ourselves as mental health service providers, teachers, and supervisors. The results of staff and trainee focus groups helped us to identify learning goals for our staff and our training programs, and the Task Force was soon converted to an ongoing Multicultural and Diversity Committee (MDC). The MDC now includes both staff and trainees, and provides educational events and consultation towards improving our knowledge, awareness and skills in practicing, teaching, and supervising in an inclusive environment.

As an equal opportunity training program, the internship welcomes and strongly encourages applications from all qualified candidates, regardless of racial, ethnic, religious, sexual orientation, disability, or other minority status.

Interns are expected to demonstrate competence in working with culturally and individually diverse clients. Didactic Seminars are a chance to improve Interns' cultural competence as well as foster a workplace that appreciates diversity. Recent Didactic Seminars include:

- Working in a Hospital Culture
- Understanding Military Culture

-
- Spiritual Diversity
 - Understanding Diversity in Gender & Sexual Identity
 - Overcoming Unconscious Bias in Clinical Practice
 - Latino Psychology

Each Intern also presents one Seminar during the year on a self-directed topic concerning diversity or ethical/legal issues.

On an institutional level, PVAMC promotes diversity recruitment and retention through an active Equal Employment Opportunity (EEO) Program with an Advisory Committee as well as a Multicultural Diversity Network.

Special Emphasis Program Representatives (SEPRs) champion diversity concerns of particular groups including Veterans, ethnic/ racial/ cultural groups, women, LGBT people, and people with disabilities. PVAMC was the first VA site to establish an LGBT SEPR position on its EEO Advisory Committee. The Multicultural Diversity Network holds varying special-emphasis programming for Veterans and staff to highlight the presence of diversity in the facility and help others gain a more complete understanding of those who may be different from themselves: past examples include Asian-Pacific Islander Day, which features food and music from the diverse Asian and Pacific Islander cultures of PVAMC employees; LGBT movie presentations for LGBT Pride Month; and the Martin Luther King Day celebration.

Intern Classes' Demographics: From 2002 to 2013 graduation, among 60 Interns, 37 (62%) were women and 23 (38%) were men; 53 (88%) identified as Caucasian, 3 (5%) as Asian/Pacific Islander, 1 (2%) as Hispanic/Latino, 1 (2%) as African American, and 1 (2%) as Multiethnic; 6 (10%) identified as Lesbian, Gay, Bisexual, Transgender, Intersex, or Queer (LGBTIQ); and 1 (2%) identified as subject to the Americans with Disability Act. Forty-five (75%) were pursuing PhDs, and 15 (25%) were pursuing PsyDs.

Staff Demographics: Of 38 training staff, 23 (60%) are women and 15 (39.27%) are men; 27 (71%) identify as Caucasian, 3 (8%) as Multiethnic, 7 (18%) as Hispanic/Latino, and 1 (3%) as Asian/Pacific Islander; and 5 (13%) identify as LGBTIQ. 33 (87%) hold PhDs, and 5 (13%) hold PsyDs.

Intern Life

Interns typically work a 40-hour week, Monday through Friday, from 8 a.m. to 4:30 p.m. Modifications may be made on occasion, depending on rotation-specific duties. Interns may request four hours each week to work on their dissertations or research projects.

The intern class shares two offices furnished with desks, computers, and telephones for each intern. Sharing space provides consultation opportunities with colleagues and builds camaraderie within the intern class. Past intern classes have reported that they prefer this arrangement to individual, isolating offices. The intern offices are adjacent to a shared postdoctoral resident office and the Mental Health Program Assistant's office.



At the end of each weekly didactic seminar and group supervision, interns are given one hour during which they are encouraged to socialize with one another, discuss issues related to their individual rotations, and offer support to each other. Interns are encouraged to enjoy this time away from the Medical Center and build class cohesion. Past intern classes have explored Portland's excellent array of restaurants for this mandatory meeting, while others choose to relax on the waterfront or at a local park.

Typical Activities on the Health Psychology Rotation

Monday	
Morning	<ul style="list-style-type: none"> ▪ Hep C Treatment Support Group ▪ Supervision w/ Dr. Fuller ▪ Individual Client (Hep C/Behavioral Medicine)
Afternoon	<ul style="list-style-type: none"> ▪ Hep C Client: Pre-Interferon Evaluation ▪ Individual Client (Hep C/Behavioral Medicine)

Tuesday	
Morning	<ul style="list-style-type: none"> ▪ Individual clients (Primary Care) ▪ GM Psych Intake
Afternoon	<ul style="list-style-type: none"> ▪ Weight Management Group (monthly) ▪ Paperwork

Wednesday	
Morning	<ul style="list-style-type: none"> ▪ Research Hours
Afternoon	<ul style="list-style-type: none"> ▪ Intern Seminar ▪ Group Supervision ▪ Intern Process Time

Thursday	
Morning	<ul style="list-style-type: none"> ▪ Individual Clients (Hep C/Behavioral Medicine)
Afternoon	<ul style="list-style-type: none"> ▪ Hep C Treatment Team Case Conference ▪ Paperwork

Friday	
Morning	<ul style="list-style-type: none"> ▪ Individual Clients (Primary Care)
Afternoon	<ul style="list-style-type: none"> ▪ Individual Clients (Primary Care) ▪ Supervision w/ Dr. Mallon ▪ Paperwork

Typical Activities on the Mental Health Clinic Rotation

Monday	
Morning	<ul style="list-style-type: none"> ▪ Minor focus Clients
Afternoon	<ul style="list-style-type: none"> ▪ Minor focus Clients and Individual Supervision

Tuesday	
Morning	<ul style="list-style-type: none"> ▪ Individual and or Family/Couples Clients
Afternoon	<ul style="list-style-type: none"> ▪ Individual Supervision ▪ Group Preparation ▪ Treatment Team Meeting

Wednesday	
Morning	<ul style="list-style-type: none"> ▪ Individual Clients ▪ Co-lead Group, e.g. DBT Skills for Living ▪ Debrief group
Afternoon	<ul style="list-style-type: none"> ▪ Intern Seminar ▪ Group Supervision ▪ Intern Process Time

Thursday	
Morning	<ul style="list-style-type: none"> ▪ Psychosocial providers meeting ▪ Individual Supervision ▪ Individual Client
Afternoon	<ul style="list-style-type: none"> ▪ Co-lead Group, e.g. ACT, Managing Your Moods, MBCT-Depression ▪ Debrief group ▪ Individual Clients ▪ Assessment Supervision

Friday	
Morning	<ul style="list-style-type: none"> ▪ Paperwork ▪ Group Preparation ▪ Assessment Client
Afternoon	<ul style="list-style-type: none"> ▪ Research Hours

Typical Activities on the Neuropsychology Rotation

Monday	
Morning	<ul style="list-style-type: none"> ▪ Supervision - 1 hour ▪ Writing Evaluations
Afternoon	<ul style="list-style-type: none"> ▪ Neuropsychological Assessment
Tuesday	
Morning	<ul style="list-style-type: none"> ▪ Testing
Afternoon	<ul style="list-style-type: none"> ▪ Scoring Tests ▪ Completing Follow Ups
Wednesday	
Morning	<ul style="list-style-type: none"> ▪ Follow-Up Appointments or Writing Evaluations
Afternoon	<ul style="list-style-type: none"> ▪ Intern Seminar ▪ Group Supervision ▪ Intern Process Time
Thursday (OHSU day varies by rotation)	
Morning	<ul style="list-style-type: none"> ▪ Testing @OHSU ▪ OHSU Supervision
Afternoon	<ul style="list-style-type: none"> ▪ Scoring OHSU Tests ▪ Writing Evaluations
Friday	
Morning	<ul style="list-style-type: none"> ▪ Follow-Up Testing ▪ Writing Evaluations
Afternoon	<ul style="list-style-type: none"> ▪ Research Hours

Typical Activities on the Psychotic Spectrum Disorders Rotation

Monday	
Morning	<ul style="list-style-type: none"> ▪ Team Meeting (Inpatient Unit) ▪ Team Meeting with Patient ▪ Cognitive/Personality Testing
Afternoon	<ul style="list-style-type: none"> ▪ Recovery Group (Inpatient Unit) ▪ Cognitive/Personality Testing ▪ Report writing ▪ Individual Supervision

Tuesday	
Morning	<ul style="list-style-type: none"> ▪ Interdisciplinary Morning Meeting ▪ Recovery Center ▪ Co-facilitate Psycho-educational and Process Groups: Recovery focus
Afternoon	<ul style="list-style-type: none"> ▪ Co-facilitate Psycho-educational and Process Groups: Recovery focus. ▪ Paperwork

Wednesday	
Morning	<ul style="list-style-type: none"> ▪ Team Meeting (Inpatient Unit) ▪ Team Meeting with Patient or Cognitive/Personality Testing
Afternoon	<ul style="list-style-type: none"> ▪ Intern Seminar ▪ Group Supervision ▪ Intern Process Time

Thursday	
Morning	<ul style="list-style-type: none"> ▪ Interdisciplinary Morning meeting ▪ Recovery Center ▪ Co-facilitate Psycho-educational and Process Groups: Recovery focus.
Afternoon	<ul style="list-style-type: none"> ▪ Report writing ▪ Individual therapy/case management ▪ Individual Supervision

Friday	
Morning	<ul style="list-style-type: none"> ▪ Paperwork ▪ Team Meeting (Inpatient Unit) ▪ Team Meeting with Patient or Inpatient Assessment
Afternoon	<ul style="list-style-type: none"> ▪ Research Hours

Typical Activities on the PTSD Rotation

Monday	
Morning	<ul style="list-style-type: none"> ▪ Intake Clinic ▪ Supervision
Afternoon	<ul style="list-style-type: none"> ▪ Individual Clients/Paperwork ▪ Group Treatment (e.g., Cognitive Processing Therapy) and Debriefing

Tuesday	
Morning	<ul style="list-style-type: none"> ▪ Individual Clients/Paperwork ▪ Group Treatment (e.g., Acceptance and Commitment Therapy) and Debriefing
Afternoon	<ul style="list-style-type: none"> ▪ Individual Clients/Paperwork

Wednesday	
Morning	<ul style="list-style-type: none"> ▪ Individual Clients/Paperwork ▪ PTSD Clinical Team (PCT) Meeting
Afternoon	<ul style="list-style-type: none"> ▪ Intern Seminar ▪ Group Supervision ▪ Intern Process Time

Thursday	
Morning	<ul style="list-style-type: none"> ▪ Individual Clients/Paperwork ▪ PTSD Symptom Management Group and Debriefing
Afternoon	<ul style="list-style-type: none"> ▪ Individual Clients/Paperwork

Friday (alternating - every other Friday is research time)	
Morning	<ul style="list-style-type: none"> ▪ Individual Clients/Paperwork
Afternoon	<ul style="list-style-type: none"> ▪ Individual Clients/Paperwork ▪ Supervision

Typical Activities on the Substance Abuse Rotation

Monday	
Morning	<ul style="list-style-type: none"> ▪ Team Meeting ▪ Class of 1945 Group ▪ Charting ▪ Paperwork
Afternoon	<ul style="list-style-type: none"> ▪ Initial Treatment Psychoeducational Group ▪ Initial Treatment Core Groups ▪ Paperwork/Readings

Tuesday	
Morning	<ul style="list-style-type: none"> ▪ Individual Client ▪ Class of 1945 Group ▪ Supervision
Afternoon	<ul style="list-style-type: none"> ▪ Paperwork ▪ Charting ▪ Team Meeting ▪ Write Notes/Reading ▪ Liver Transplant Candidacy Evaluation

Wednesday	
Morning	<ul style="list-style-type: none"> ▪ Complex Addictions Team Meeting ▪ Report Writing ▪ Paperwork ▪ Readings ▪ Continuing Care Group
Afternoon	<ul style="list-style-type: none"> ▪ Intern Seminar ▪ Group Supervision ▪ Intern Process Time

Thursday	
Morning	<ul style="list-style-type: none"> ▪ Paperwork/Readings ▪ Supervision ▪ Individual Client ▪ Charting ▪ Paperwork
Afternoon	<ul style="list-style-type: none"> ▪ Liver Selection Conference ▪ Supervision

Friday	
Morning	<ul style="list-style-type: none"> ▪ Team Meeting
Afternoon	<ul style="list-style-type: none"> ▪ Research Hours

Training Rotation Descriptions

Health Psychology and Integrated Care

Supervisors: Drs. Fuller and Mallon. The Health Psychology rotation is an interdisciplinary experience designed to prepare interns for new and evolving roles as psychologists in medical settings. Interns learn consultation, assessment, and treatment skills in a variety of settings, including the General Medicine Psychiatry Clinic and the Hepatitis C Resource Center (HCRC). Interns have a unique opportunity to work directly with medical care providers to assess patients during physician visits and to provide psychological counseling and education to patients with medical concerns. Interns will also provide brief psychotherapy and supportive counseling to those Veterans in need of more in-depth services.

The General Medicine-Psychiatry Clinic (GM-Psych) is a consultation and treatment service that serves patients and primary care providers in the VA's Primary Care Clinic. Its mission is to provide evaluation, and when indicated, short-term treatment for medical patients who have concurrent mental health issues, which frequently are related to their medical problems. For example, patients may be struggling to implement lifestyle changes to ameliorate their medical conditions, or may be facing a new, serious medical diagnosis. The challenge is to function as a generalist mental health provider, and prioritize intervention strategies with patients who typically have several interrelated problems. Meeting the needs of the medical provider who refers the patient is as important as meeting the needs of the patient. The intern will also gain experience with evaluation of Veterans participating in the Post-Deployment Clinic. Typically, about half the intern's time is devoted to evaluations, and half to treatment. Intern goals for the training experience are solicited in order to help determine the specific cases assigned. This training is located in one of our Community Based Outpatient Clinics and requires driving. Dr. Mallon is the Clinical Supervisor for this component of the rotation.

The Hepatitis C Clinical Case Conference facilitates integrated care of Veterans with hepatitis C, and interns serve as members of a multidisciplinary care team. Interns conduct evaluations for patients being considered for interferon and ribavirin combination therapy (IFN/RBV). Interns may also work with these patients to help them prepare for IFN/RBV and to help them manage neuropsychiatric side effects throughout the course of treatment. Typically patients will be triple-diagnosed with medical, mental health, and substance abuse diagnoses. Additionally, interns may work with several other behavioral medicine cases not involving hepatitis C; typical issues include chronic pain, psychosomatic disorders, and mental disorders secondary to a medical condition. Dr. Fuller is the Clinical Supervisor.

Mental Health Clinic

Supervisors: Drs. Goy and Ortola. The Mental Health Clinic is located adjacent to the main hospital in Portland with a branch at the Vancouver division. The clinic staff members are multidisciplinary and include psychiatrists, psychologists, nurses, social workers, counselors, and recreation therapists. Providing training is a priority for all clinic staff, and interns are encouraged to consult with providers from other disciplines. Interns join a multidisciplinary treatment team and meet with the team to staff intake assessments and complex cases. Interns are encouraged to focus on professional development as well as on clinical training. Supervision is intended to maximize individuation of the intern as a developing professional, and is tailored to individual strengths and needs. Listed below are some of the experiences available on this rotation.

General Outpatient Mental Health. Interns have the opportunity to gain exposure to the full spectrum of mental health diagnoses. Breadth of training is encouraged by offering interns exposure to new demographic groups, diagnostic groups, and treatment approaches, which develop general mental health clinician competencies (e.g. intake assessments, diagnostic assessments, group and individual therapy). Drs. Goy and Ortola provide supervision for general outpatient mental health cases, while Dr. Burnett provides supervision for Couples/Family therapy. Depth of training is encouraged by supporting interns in developing more expertise in their particular interest areas through an optional minor rotation focus. Minor rotation focus activities may include Couples/Family Therapy, Dialectical Behavior Therapy, Geropsychology/Palliative Care Psychology, or Rural/Telemental Health.

Group Therapy. The MHC offers a variety of ongoing and recurrent groups, many of which are empirically supported treatments. Some of these include Managing Your Moods, (psychoeducational group incorporating cognitive, behavioral, and mindfulness interventions), Mindfulness-Based Cognitive Therapy for Depression, ACT For Your Life, Anger Management, Stress Management, Dialectical Behavior Therapy, WWII/Korean Veterans (process) and Loss (process) groups. Interns co-facilitate, on average, four psychoeducational and/or process groups during this rotation. Dr. Ortola supervises the group therapy component of the rotation.

Assessment Clinic. Interns work one half day each week in the Psychology Assessment Clinic. Mental Health Clinic interns respond to assessment requests from mental health providers and conduct cognitive, personality, and diagnostic evaluations to answer referral questions. Dr. Ward coordinates this training experience and provides supervision for assessments.

Neuropsychology

Supervisors: Drs. Tun, Huckans, Nelson, and Storzbach. Neuropsychology serves the entire state of Oregon and much of southern Washington. While many referrals come from Neurology, patients are seen from all services and have a wide variety of neurological diseases or suspected brain dysfunction. Neuropsychology provides assessment of patients with possible brain dysfunction for diagnostic and treatment purposes, individual and group counseling to patients and their families, and consultation on patient management. The training experience is designed to enhance the specialized skills of interns with prior neuropsychology experience and to allow novices the opportunity to learn basic skills while providing useful clinical service. The assessment approach combines structured and flexible techniques. Interns also have the opportunity to work in OHSU neuropsychology clinics with adults and sometimes children. Although assessment remains the primary clinical activity of the Neuropsychology Clinic, in recent years there has been increasing emphasis on providing neuropsychological rehabilitation services as well. Interns attend seminars that provide theoretical and practical reviews of current issues including Neuropsychology Case Conferences and Neuropsychology Journal Club Meetings. Interns will generally complete 20 to 25 neuropsychological assessments while on this rotation.

Posttraumatic Stress Disorder (PTSD)

Supervisors: Drs. Grodin, Hugelshofer, Powch, Súniga, and Wagner. Interns on this rotation work as integral members of the PTSD Clinical Team. This multidisciplinary team responds to requests for assessment and treatment of PTSD throughout the Medical Center. In addition to combat trauma, Veterans may present with military sexual trauma and other types of trauma that occur in the line of duty. Co-diagnoses and associated issues commonly

occurring in these populations include childhood trauma, substance abuse, mood disorders, personality disorders, and traumatic brain injury. Training emphasizes conceptualization and treatment of acute and chronic posttraumatic sequelae, largely from a cognitive-behavioral perspective. Supervision is conducted in individual and group formats and incorporates interns' individual training goals and attention to the impact of working with traumatized populations. Listed below are some of the experiences available on this rotation.

Individual, Couples, and Family Therapy. Interns maintain a caseload of individual clients with opportunities for couples and family therapy as treatment-relevant and consistent with interns' training objectives. While more male Veterans are seen in our outpatient clinic than female, opportunities exist for working with female Veterans and will be incorporated into interns' training as much as possible. The primary therapeutic orientation of supervisors is cognitive-behavioral though additional orientations and treatments may be incorporated according to the supervisor and case. The PTSD Clinical Team adheres to empirically supported approaches to treatment. Interns will have opportunities for training in Prolonged Exposure treatment, Cognitive Processing Therapy, and skills-based training for management of PTSD symptoms. Additional treatments, such as Behavioral Activation and Acceptance and Commitment Therapy may be incorporated as relevant.

Group Therapy. The PTSD Clinical Team offers a range of group treatment options for Veterans, including PTSD Symptom Management (a skills-based, psychoeducational group, separate groups offered for women Veterans), Cognitive Processing Therapy, Mindfulness Based Cognitive Therapy (for PTSD), Women's Sexual Trauma Survivor Group (based on CPT), PTSD Growth Group (manualized motivation enhancement and social re-integration group), Family Education Group (psychoeducational group), and PTSD Graduates and Support Groups (process groups). Interns co-facilitate, on average, four groups during this rotation.

PTSD-Focused Assessments. Interns obtain training in standard PTSD diagnostic and screening assessment instruments including the Clinician Administered Structured Interview for PTSD (CAPS) and the Posttraumatic Stress Disorder Checklist (PCL). Opportunities also exist for integrating PTSD and personality assessments, according to supervisor and client need.



Psychotic Spectrum Disorders

Supervisors: Drs. Park and Ward. The main focus of the Psychotic Spectrum Disorders rotation is learning to assess and treat Veterans diagnosed with a major mental illness from a Recovery perspective. The two sites for this rotation are the Psychosocial Rehabilitation & Recovery Center (PRRC), and the Inpatient Psychiatric Service. Interns spend between two to three days per week in the PRRC, locally named "Footsteps to Recovery" by Veterans to reflect their therapeutic movement towards recovery. At the PRRC, interns work with Veterans who have a relatively stable mental status and who are working toward defined Recovery goals. The PRRC includes process groups, psycho-education groups, and social activity groups, all set in a therapeutic milieu. The program serves Veterans requiring more intensive treatment than traditional outpatient models provide. Veterans with acute psychosis, among others, are treated on the Inpatient Psychiatry Service. Interns spend approximately two days per week on this unit. While there, interns attend unit meetings such as Morning Report and Treatment Team, participate in team meetings with the Veteran, and provide assessment services. Interns leave this rotation feeling much more confident about their group and assessment skills and having developed a deeper understanding of a Recovery approach to working with people with Serious Mental Illness.

Substance Abuse Treatment Program

Supervisors: Drs. Anderson, Johnson, Rodriguez, Sardo, and Súniga. Substance Abuse Treatment Program (SATP) interns participate in providing intake screenings, biopsychosocial assessments, individual and group education sessions, and treatment and consultation services while serving as clinicians-in-training with the SATP multidisciplinary teams. The primary site for this rotation is at the Vancouver, Washington, campus of PVAMC. Intern activities may include specialty training and/or education opportunities in the medical center and community venues, including Veterans' homes and non-VA service centers. Interns may also obtain experience in assisting with SATP program development and in providing substance use disorder consultations to VAMC providers. These consultations occur in the Medical Center's Primary Health Care and Specialty Care Clinics and Programs (e.g., Liver Transplant Program) as well as in VA community-based clinics and counseling programs (e.g., Portland and Salem Veterans Centers and Salem Mental Health and Primary Care Clinic). This is an excellent rotation for interns interested in developing their qualifications for certification by the American Psychological Association's College of Professional Psychology in the Treatment of Alcohol and Other Psychoactive Substance Use Disorders.

Clinical Psychology Postdoctoral Fellowship Programs

The Portland VA Medical Center is pleased to announce five emphasis areas for our psychology postdoctoral fellowship (residency) programs at our facility for the 2015-2016 academic year:

- Health Psychology
- Mental Health/Primary Care Integration
- Mental Illness Research, Education, & Clinical Center (MIRECC) Fellowship
- Palliative Care
- Polytrauma (will be recruiting for 2016-2017)

Fellowships are for 2080 hours to be completed over a 12-month period. The 2015-2016 fellowship training year will begin on September 7, 2015.

Fellows will participate in a specially designed didactic seminar series each week. The series will draw from resources at the VA, at OHSU, and in the community. Didactics will include postdoc-specific professional development and didactic seminars twice monthly; for weeks without these postdoc-specific seminars, each fellow constructs his/her own specialty-specific didactics program from the many other professional training opportunities available, such as Psychiatry Grand Rounds. Fellows will receive two hours of individual supervision weekly and one hour of group supervision with other psychology postdoctoral trainees. Fellows will also be trained in supervision and obtain experience in supervised supervision of psychology practicum students. All fellows meet weekly for one hour of informal peer process group during which they support one another and compare experiences. Should it fit with mutual Fellow and Supervisor goals of training, we are also pleased to provide the opportunity for interested Fellows to train towards VA certification in Cognitive Processing Therapy, an evidence-based intervention for treatment of trauma.

The stipend for these positions is currently \$44,530 plus benefits. Residents are granted Annual Leave and Sick Leave, ten federal holidays, and, pending approval at the discretion of the Medical Center Director, up to six days of authorized absence for educational leave.

Most clinical and research activities will take place at the Portland VA Medical Center and its community outpatient clinics, but fellows may also spend time at Oregon Health & Science University, our medical school affiliate.

To learn more about our fellowships or to apply, please see our Clinical Psychology Fellowships brochure.

Other Training Experiences

PVAMC and OHSU offer varied didactic opportunities. The Psychology Intern Seminar Series is presented weekly and attendance is required. Attendance at additional seminars, grand rounds, and other presentations is encouraged.



One afternoon a week is devoted to internship training activities that include a 90-minute didactic seminar, an hour of group supervision, and an hour of intern professional development and mutual support time. The afternoon focuses on development of both clinical competency and professional identity. Didactic seminars cover a variety of topics, examples of which are listed in the next section. Staff psychologists conduct the weekly group supervision, and once a month, OHSU neuropsychologists join to provide assessment-focused group supervision.

Intern time is an informal meeting during which the interns support one another and discuss relevant training and professional development issues. At the end of the first two rotations, interns are allotted four hours for an intern retreat to share information about experiences on the respective rotations and talk about growth during the training experience. Interns are given a full day for a retreat at the end of the third rotation to process their experiences.

These retreats have proven to be valuable components of internship training and professional development.

Didactic Seminars

PVAMC staff and interns, OHSU faculty, and psychologists from the community present on such topics as:

- Working in a Hospital Culture
- Understanding Military Culture
- Unconscious Bias and Other Multicultural and Diversity Related Issues
- Spiritual Diversity
- Understanding Diversity in Gender & Sexual Identity
- Ethical Decision Making
- Supervision Skills
- Suicide Risk Assessment
- Violence Risk and Threat Assessment
- PTSD Assessment and Evidence Based Treatments for PTSD
- Evidence-Based Approaches to Chemical Dependence
- Neuropsychology (3-part series)
- Military Sexual Trauma
- Interpreting the PAI
- Adult ADHD Assessment
- Professional and Career Development

In addition to these weekly seminars, a wide range of educational opportunities are available at PVAMC and OHSU that include the following: Geriatric Research Education and Clinical Center (GRECC) video conference seminars; Mental Illness Research, Education, and Clinical Center (MIRECC) video conference seminars; Geropsychiatry journal club discussions; Neuropsychology Case Conference and Journal Club Meetings led by Dr. Daniel Storzbach; Neuropsychology Case Conference led by Dr. Muriel Lezak; and OHSU Psychiatry Grand Rounds. The internship encourages the development of a lifelong pattern of continuing education through reading and attending lectures, seminars, and conferences.

Required Training Experiences for Interns and Fellows

Regardless of which three rotations constitute an individual's course of internship training at PVAMC, all psychology interns will gain experience in assessment, treatment, and consultation across the rotations throughout the internship year.

Assessment

Interns obtain assessment experience on all of the rotations. Interns will conduct intake assessments and learn to make competent DSM5 diagnoses. Interns also use a number of personality and cognitive assessment instruments, including the MMPI-2, PAI, WMS-IV, WAIS-IV, and RBANS. Interns will learn to clarify referral questions, select test batteries, administer and score tests, integrate test results with other data, write clear and concise reports, and provide feedback to patients and referring providers.

Treatment

PVAMC uses a number of psychological treatment approaches. Interns will provide individual therapy that is generally time-limited. Presenting problems include anxiety, depression, personality disorders, and major mental illness. Family therapy also can be an important component of treatment and may be used as an adjunctive or primary mode of therapeutic intervention. Treatment is provided in conjunction with the ongoing assessment of outcome. Additionally, interns will provide group therapy for a variety of Veterans. Interns acquire skills in developing, planning, and leading psychoeducational and process groups. PVAMC joins VAs nationally in providing evidence-supported therapies when appropriate, including an opportunity to certify as a CPT practitioner if other training duties permit.

Consultation

Interns will learn to function as consultants during all of their rotations. In some instances, this will include representing psychology as an integral member of a multidisciplinary team. Helping the team make decisions about assessment, diagnosis, treatment, and discharge planning is considered an important role for interns. In other instances, the intern will serve as an independent consultant. Clarifying referral questions and providing input on diagnostic issues and treatment plans to a variety of independent practitioners, such as physicians, social workers and nurses, are valuable skills. By the end of the internship year, the intern will have gained skills in providing consultation to multidisciplinary teams, as well as to individual practitioners from different disciplines.

Meet the Staff

Staff members are scientist-practitioners of psychology. Staff roles include delivery of clinical service, research, consultation, trainee supervision, mentorship, and administration. The majority are also OHSU faculty.



David W. Greaves, Ph.D., Chief of Psychology, Administrative Director of the Mental Health & Clinical Neuroscience Division, PVAMC. Clinical Associate Professor of Psychology in the Department of Psychiatry, OHSU. Dr. Greaves received his Ph.D. from Brigham Young University in 1991 and completed his internship at PVAMC. Over the years Dr. Greaves has worked as a clinician and program manager in multiple clinical settings at PVAMC, as well as being a past Director of Training. He currently provides supplemental supervision to postdoctoral fellows in the Palliative Care program. His professional interests include psychotherapy outcome studies and treatment programs for those with chronic medical illnesses.

Marilyn Huckans, Ph.D., Director of Training for the Psychology Service, Staff Psychologist and Neuropsychologist for the Mental Health & Clinical Neuroscience Division, PVAMC. Associate Professor of Psychology in the Department of Psychiatry, OHSU. After receiving her doctorate in clinical psychology at George Mason University in 2004, Dr. Huckans completed postdoctoral training in health psychology research and clinical neuropsychology at PVAMC. Dr. Huckans currently serves as the Director of Training for the Psychology Service at PVAMC and oversees the psychology practicum and internship programs. Dr. Huckans' clinical practice currently focuses on cognitive rehabilitation for Veterans with mild cognitive impairments, as well neuropsychological assessment and

consultation services through the Neuropsychology Service at PVAMC. Her translational research program integrates human, animal, and *in vitro* experiments to investigate the neuropsychiatric effects of medical, psychiatric, and substance use disorders, with a particular focus on the development and discovery of novel treatments for these conditions. Her VA and NIH funded projects have utilized neuropsychological assessment, neuroimaging, and immunological techniques to evaluate clinical outcomes in the context of traumatic brain injury (TBI), posttraumatic stress disorder (PTSD), mild cognitive impairment (MCI), depression, hepatitis C, and substance dependence, with projects primarily aimed at the development of immunotherapies for addiction and cognitive rehabilitation interventions for mild cognitive disorders. She is currently an investigator in the NIDA- funded Methamphetamine Abuse Research Center (MARC) in Portland, Oregon, and she is a developer and author of several cognitive rehabilitation treatment manuals. Her interest in serving Veterans was inspired in part because her two grandfathers served in the U.S. Navy during World War II.

Elizabeth Goy, Ph.D., Director of Postdoctoral Fellowship Training for the Psychology Service, PVAMC. Associate Professor of Psychology in the Department of Psychiatry, OHSU. Dr. Goy completed a VA Health Services Research & Development Career Development Award in 2011 and is affiliated with the PVAMC Portland Center for the Study of Chronic, Comorbid Mental and Physical Disorders. Dr. Goy is currently the Director of the Postdoctoral Fellowship Programs for the Psychology Service at PVAMC. Her clinical practice is focused on mental health interventions for patients with chronic or life-limiting illness. Her research interests include psychiatric and psychological aspects of end-of-life care, with an emphasis on neurological disorders. Her research includes: investigating correlates of psychogenic seizures, documenting the prevalence of mental disorders in hospice patients at the end of life; treatment strategies for depression in hospice and palliative care patients; identification of early predictors of dementia in Parkinson's Disease; family and patient experiences with and views on dying in Oregon; and documenting the end-of-life trajectory for patients with Parkinson's Disease.

Christopher F. Anderson, Ph.D., Program Co-Manager for the Substance Abuse Treatment Program (SATP) and the PTSD Clinical Team (PCT), PVAMC. Dr. Anderson received his doctorate from Auburn University and completed his internship at PVAMC in 2006, after which he joined the SATP staff. Dr. Anderson consults with the Regional Liver Transplant Program, performing pre-transplant evaluations to determine candidate's risk of relapse post transplant surgery. Dr. Anderson's current research interests include examining factors that predict patient's status on the liver transplant wait list and examining programmatic factors that increase retention in substance abuse treatment programs.

Darin Bergen, Psy.D., Staff Psychologist for General Medicine Psychiatry, PVAMC. Dr. Bergen received his doctorate from George Fox University after completing his internship at the Salt Lake City VAMC in 2007. He completed advanced training in medical psychology and geriatrics in the Palliative Care fellowship at PVAMC. He then worked as an evaluator in Compensation and Pension as well as a consultant for assisted living facilities and nursing homes before joining PVAMC as a staff psychologist. He currently serves as the Behavioral Health Consultant in the East primary care clinic as part of the General Medicine Psychiatry Service. He has interests in integrated primary care, delivering evidence-based psychotherapy (particularly Acceptance and Commitment Therapy) and working on interdisciplinary teams. He is the primary supervisor for the Mental Health/Primary Care Integration emphasis postdoctoral fellowship. Dr. Bergen grew up bringing his grandfather, a WWII Veteran, to PVAMC and has had a passion for serving Veterans ever since.

Megan Ensley, Psy.D., Clinical Neuropsychologist and Research Psychologist for the Neuropsychology Service, PVAMC. Dr. Ensley received her Psy.D. in Clinical Psychology

from The American School of Professional Psychology at Argosy University in Washington DC in 2012. She completed her internship and a two-year polytrauma postdoctoral fellowship at PVAMC. Her clinical interests include neuropsychological assessment, cognitive rehabilitation for Veterans with comorbid mTBI and PTSD, and treatment of PTSD. Dr. Ensley's research interests include the psychological and cognitive effects of polytrauma, cognitive rehabilitation for Veterans with comorbid mTBI and PTSD, and interventions for healthy brain function and improved quality of life.

Bret Fuller, Ph.D., Staff Psychologist for the Mental Health Clinic, PVAMC. Assistant Professor in the Department of Public Health & Preventative Medicine, OHSU.

Dr. Fuller attained his doctorate from the University of Missouri-Columbia in Counseling Psychology and completed a three-year postdoctoral fellowship in addiction studies at the University of Michigan. He spent six years at Oregon Health and Science University where he published in the areas of substance abuse treatment, methadone policy, and smoking cessation. Currently, he is a member of the Northwest Hepatitis C Resource Center.

Jed P. Grodin, Ph.D., Staff Psychologist for the PTSD Clinical Team, PVAMC. Dr. Grodin received his doctorate from the University of Southern California, where he conducted research on motivational interviewing and behavior change in psychotherapy. He completed his internship at the Long Beach VAMC and then completed a fellowship in Behavioral Medicine at Harbor-UCLA. Before joining the PTSD Clinical Team at PVAMC, he served as the Behavioral Medicine consultant to the Department of Family Medicine at Harbor-UCLA Medical Center.

Daniela Hugelshofer, Ph.D., Staff Psychologist and Program Manager of the Vancouver Mental Health Clinic (V-MHC), PVAMC. Assistant Professor of Psychology in the Department of Psychiatry, OHSU. Dr. Hugelshofer received her doctorate in clinical psychology from Washington State University in 2006 after completing her pre-doctoral internship at PVAMC. She completed a postdoctoral fellowship specializing in general mental health, PTSD, and substance abuse treatment at the Kansas City VAMC in 2007, and was pleased to re-join PVAMC thereafter as a staff psychologist. Her clinical work has most recently focused on the assessment and treatment of military-related PTSD. She has clinical expertise in cognitive-behavioral therapy, with particular emphasis on the delivery of evidence-based treatments for PTSD, such as Prolonged Exposure (PE) and Cognitive Processing Therapy (CPT).

Elizabeth M. Latty, PhD., Staff Psychologist for the PTSD Clinical Team, PVAMC. Co-Chair of the Multicultural and Diversity Committee, PVAMC. In 2009, Dr. Latty completed her internship at the Vanderbilt University/TVHS Veterans Affairs Consortium in Nashville, TN, and her doctorate in Clinical Psychology at Northwestern University, where her research focus was evaluating sex differences in sexual orientation and sexual arousal. In 2010, she completed her fellowship in Mental Health/Primary Care Integration at PVAMC, and then returned to the VA in Nashville for two years on their PCT. She rejoined PVAMC in 2012 as a PCT psychologist based in Portland, but also does Post-Deployment Health Clinic evaluations weekly in Vancouver. Dr. Latty is a VA-certified provider of several Evidence-Based Practices, including Integrative Behavioral Couple Therapy (IBCT), PE, and CPT. She is also pursuing certification by AASECT as a sex therapist, and enjoys utilizing these skills with individuals and/or couples whenever possible in an effort to satisfy more comprehensive treatment goals.

Travis Lovejoy, Ph.D., M.P.H., Staff Psychologist for the Substance Abuse Treatment Program (SATP), PVAMC. Assistant Professor of Psychology in the Department of Psychiatry, OHSU. Dr. Lovejoy received his doctorate in clinical psychology from Ohio University in 2011 and completed his internship and health psychology post-doctoral

fellowship at PVAMC. He joined PVAMC staff in 2012, and provides clinical services within SATP. Dr. Lovejoy has an active line of research that focuses on the treatment of chronic pain in patients with substance use disorders. Other research interests include the use of motivational and behavioral interventions to reduce HIV transmission risk behaviors in HIV-seropositive persons. Dr. Lovejoy is actively involved in health psychology and behavioral medicine professional associations and currently serves as Chair of the Early Career Professionals Council for Division 38 (Health Psychology) of the American Psychological Association.

Kevin F. Mallon, Ph.D., Staff Psychologist for General Medicine Psychiatry, PVAMC. Assistant Professor of Psychology in the Department of Psychiatry, OHSU.

Dr. Mallon received his doctorate in clinical psychology from the University of Nebraska-Lincoln in 1992, completing his internship at the Martinez (California) VA Medical Center (now part of the VA Northern California Health Care System), as well as pre- and post-doctoral training in clinical neuropsychology. He worked as a senior psychometrist at the University of California, San Francisco, and as a neuropsychologist at a rehabilitation hospital, before returning to the VA Northern California HCS in 1995, where he worked in primary care mental health, behavioral medicine (with a focus on pain management), and supervision of neuropsychology trainees. In 2007, he came to PVAMC to work in the primary care setting. His interests include psychological and neuropsychological assessment, behavioral medicine, brief therapies, EMDR, and the application of positive psychology interventions to clinical problems.

Katie McCall, Ph.D., Staff Psychologist for the Residential Rehabilitation Treatment Program (RRTP) and General Medicine Psychiatry, PVAMC.

Dr. McCall received her doctorate in Clinical Psychology from the University of Texas in 2008. She completed her internship at PVAMC and remained to complete a 2 year polytrauma postdoctoral fellowship working within the Neuropsychology and PTSD clinics. Dr. McCall became a staff psychologist in 2011 working within PVAMC's new RRTP program and in GM psychiatry. Her clinical work involves program development and is focused on providing assessment, treatment, and case management for Veterans within both the residential and outpatient care settings. Additionally, Dr. McCall serves as the Local Evidence Based Psychotherapy Coordinator for PVAMC. Her professional interests include neuropsychological assessment, treatment of PTSD, and the application of acceptance and mindfulness based interventions to clinical problems.

Benjamin Morasco, Ph.D., Staff Psychologist, PVAMC. Associate Professor of Psychology in the Department of Psychiatry, OHSU.

Dr. Morasco received his doctorate in clinical psychology from Saint Louis University in 2003. He completed a postdoctoral fellowship in clinical health psychology at Harford Hospital and a research fellowship in addictive behaviors at the University of Connecticut Health Center. He joined PVAMC in 2005 and provides clinical services in the Substance Abuse Treatment Program. He receives grant funding from NIH, VA, and the U.S. Food & Drug Administration to examine issues related to improving the safety and effectiveness of chronic pain treatments, with a focus on patients with comorbid substance use disorders.

Adam Nelson, Ph.D., Clinical Neuropsychologist for the Neuropsychology Service, PVAMC. Assistant Professor of Psychology in the Department of Psychiatry, OHSU.

Dr. Nelson received his Ph.D. in Clinical Psychology from the California School of Professional Psychology in Fresno, California, in 2005. He completed his clinical psychology internship at the Portland VA in 2004/2005 and then completed a two-year post-doctoral residency in Neuropsychology at the VA Northern California Health Care System in Martinez. Currently, he is a staff member of the Neuropsychology Clinic at PVAMC, and has been focusing the majority of his time on evaluating the neuropsychological functioning of Veterans returning from

Operations Iraqi Freedom and Enduring Freedom. Dr. Nelson also has strong clinical and research interests in geriatric neuropsychology.

Maya O'Neil, Ph.D., Research Psychologist, Neuropsychology Service, PVAMC. Assistant Professor of Psychology in the Departments of Psychiatry and Medical Informatics and Clinical Epidemiology, OHSU. Dr. O'Neil received her doctorate from the University of Oregon and completed her internship at PVAMC. She is an Investigator with the Evidence Synthesis Program and Agency for Healthcare Research & Quality Effective Healthcare Program Scientific Resource Center. She also provides supervision related to neuropsychological research and conducts neuropsychological assessments with the neuropsychology service. Her clinical interests include neuropsychological assessment and treatment of comorbid PTSD and TBI. Her research interests focus on statistics and systematic review methodologies, cultural competence assessment and training, and the psychological and cognitive effects of blast exposure and TBI.

Gina L. Ortola, Ph.D., Staff Psychologist for the Mental Health Clinic, PVAMC. Assistant Professor of Psychology in the Department of Psychiatry, OHSU. Dr. Ortola received her doctorate from Washington State University in 1996 and completed a postdoctoral fellowship in geropsychology at PVAMC. She enjoys incorporating mindfulness-based interventions into her work and has a personal mindfulness practice as well. She has been a member of a Dialectical Behavior Therapy Team for several years and is currently Co-Coordinator for the team. When not working as a psychologist, she enjoys cooking, watching the food network, and being outdoors when it's not raining.

Douglas J. Park, Ph.D., Staff Psychologist and Local Recovery Coordinator, PVAMC. Dr. Park received his Ph.D. in Clinical Psychology from the University of Missouri-St. Louis in 1990. Dr. Park worked for almost 20 years in community mental health, with a particular emphasis on time-limited psychotherapy and crisis services. He joined PVAMC in 2007. As Recovery Coordinator, Dr. Park works to promote a client-centered approach to care that emphasizes strengths, client empowerment, and living a meaningful life. While utilizing a variety of theoretical paradigms, he particularly attempts to incorporate ACT in his clinical work. Dr. Park is himself a Veteran, having served aboard two ships in the U.S. Navy from 1973-1976.

Jane Plagge, Psy.D., Staff Psychologist, PTSD and Pain, PVAMC. Dr. Plagge earned her doctorate in Clinical Psychology with an emphasis in Health Psychology from Pacific University in 2009. She completed a Medical Psychology track internship at the VA North Texas Health Care System in Dallas, TX. Her postdoctoral fellowship was in Health Psychology at PVAMC. Subsequently, she joined PVAMC as a staff psychologist specializing in the treatment and research of comorbid chronic pain and PTSD. Her professional interests include health psychology, chronic pain, PTSD, CBT, motivational interviewing, and program development.

Irene G. Powch, Ph.D., Staff Psychologist for the PTSD Clinical Team, PVAMC. Assistant Professor of Psychology in the Department of Psychiatry at OHSU. Dr. Powch completed her internship at the Seattle VA and received her doctorate from the University of Kansas in 1995. She completed a postdoctoral fellowship at the Pacific Center for PTSD/VA National Center for PTSD in Honolulu in 1996. She has advanced evidence-based treatments for PTSD related to combat and military sexual trauma. She was a site investigator for the VA Cooperative Study that brought recognition within VA to Prolonged Exposure Therapy and was trained in this therapy by Edna Foa in 2001. She is a certified PE and CPT therapist, and when indicated, integrates object relational/attachment, emotion-focused/gestalt, and feminist/social learning approaches into her work. She is on the forefront

of exploring complementary approaches to PTSD treatment. Her research interests include acupuncture as an adjunct to cognitive processing therapy for PTSD.

Melissa Ranucci-Soll, Ph.D., Staff Psychologist for the Community Living Center (CLC), PVAMC. Dr. Ranucci-Soll received her doctorate from the University of North Texas in 2008 after she completed her internship at the VA Maryland Health Care System/University of Maryland Consortium. She completed a postdoctoral fellowship in Palliative Care at the Portland PVAMC. Dr. Ranucci-Soll strives to help Veterans in the hospice, palliative care, rehabilitation, and long-term care units improve quality of life by increasing psychological flexibility with an emphasis on values-based living. Her professional interests include end-of-life processes (with special interest in young adults), psycho-oncology, posttraumatic stress disorder, and Acceptance and Commitment Therapy.

Veronica Rodriguez, Ph.D., Staff Psychologist for the Substance Abuse Treatment Program, PVAMC. Dr. Rodriguez received her doctorate from Arizona State University in 2008 after she completed her predoctoral internship through the Southwest Consortium Pre-doctoral Psychology Internship (SCPPI) in Albuquerque, New Mexico. She completed her postdoctoral training in Health Psychology at the PVAMC. In 2009, she joined the Substance Abuse Treatment Program where she provides substance/mental health treatment among older adults. Her clinical work focuses on Veterans with comorbid health/medical problems, substance related concerns, and psychiatric disorders. Her clinical interests include motivational interviewing, mindfulness-based interventions, and intersection between chronic pain and substance use disorders. She also consults with the PVAMC Liver Transplant Program, performing substance abuse focused assessments.

James M. Sardo, Ph.D., Program Co-Manager for the Substance Abuse Treatment Program (SATP) and the PTSD Clinical Team (PCT), PVAMC. Assistant Professor of Psychology in the Department of Psychiatry, OHSU. Dr. Sardo received his doctorate from SUNY Binghamton in 1998 and completed advanced training in PTSD at PVAMC in 1999. As the Co-Manager of the SATP and PCT, he performs administrative duties and provides individual and group services for the treatment of substance abuse. Dr. Sardo consults with the Regional Liver Transplant Team. His research interests include both the etiology and treatment of Alcohol Dependence and the efficacy of skill-based management of PTSD. Dr. Sardo serves in the United States Air Force Reserve and has completed three deployments to Iraq, where he provided a range of mental health services while attached to 332nd EMDG.

Daniel Storzbach, Ph.D., Head of the Neuropsychology Service and Research Psychologist, PVAMC. Associate Professor of Psychiatry and Neurology, OHSU. Dr. Storzbach received his doctorate in clinical psychology from the University of Nebraska-Lincoln in 1995 and completed his postdoctoral training in neuropsychology at PVAMC. He is the head of PVAMC's Neuropsychology Clinic and the primary supervisor for neuropsychology training. Dr. Storzbach's research interests focus on the effects of combat stressors, both psychological and physical, on neuropsychological function. He is currently the principal investigator for a VA-funded study, a multisite investigation of group cognitive rehabilitation outcome. Dr. Storzbach also collaborates on other research with VA and OHSU investigators, particularly at PVAMC's PTSD Clinical Team, PVAMC's Imaging Service, PVAMC's Epilepsy Center of Excellence, PVAMC's National Center for Rehabilitative Auditory Research, and OHSU's Center for Research on Occupational and Environmental Toxicology. He enjoys travel, hiking, and dining with his family in the Pacific Northwest.

Sarah Súniga, Ph.D., Staff Psychologist for the PTSD Clinical Team and the Substance Abuse Treatment Program, PVAMC. Dr. Súniga received her doctorate from Kent State University in Clinical Psychology with a Health Psychology emphasis. She completed her

internship at PVAMC in 2007 and remained to complete postdoctoral training in PTSD. Dr. Súniga became a staff psychologist in 2009, focusing on PTSD and comorbid Substance Use Disorders, working with both the PTSD Clinical Team and Substance Abuse Treatment Program. Her clinical work is focused on providing assessment and treatment of comorbid PTSD/SUD. Additionally, Dr. Súniga is a Prolonged Exposure consultant for the National Center for PTSD, providing consultation to mental health providers throughout VA to implement PE. Her clinical interests include cognitive-behavioral therapy for PTSD, particularly PE and Cognitive Processing Therapy, and mindfulness-based approaches, including Acceptance and Commitment Therapy.

Malinda Trujillo, Ph.D., Staff Psychologist for the Vancouver Mental Health Team, PVAMC. Co-Chair, Multicultural and Diversity Committee, PVAMC. Dr. Trujillo received her doctorate from Colorado State University in 2008 after completing her pre-doctoral internship at the Greater Los Angeles VA Ambulatory Care Center (VA-LAACC). After receiving her degree, she completed her postdoctoral training in PTSD at the North Florida/South Georgia Veterans Health System in 2009. Dr. Trujillo joined PVAMC in 2009. She is currently a staff psychologist for the Vancouver Mental Health Team. Her areas of interest include evidence based treatment for PTSD, dual diagnosis treatment, primary care and mental health integration, Latino psychology, and multicultural psychology. She serves as Co-Chair of the Multicultural and Diversity Committee and is a VA Regional Trainer for Unconscious Bias. In addition, she serves on the Oregon Psychological Association's Diversity Committee.

Saw-Myo Tun, Ph.D., Research Psychologist, Neuropsychology Service and PTSD Clinical Team, PVAMC. Dr. Tun received her doctorate from Michigan State University and completed her internship and a two-year polytrauma postdoctoral fellowship at PVAMC. Her clinical and research interests include the psychological and cognitive effects of blast exposure, cognitive rehabilitation for Veterans with mild TBI, individual and couples treatment of Veterans with comorbid PTSD and cognitive difficulties, and geriatric neuropsychology. Her non-work interests include exploring the Pacific Northwest, reading good books, and learning to rock climb.

Lynn M. Van Male, Ph.D., Director of the Prevention and Management of Disruptive Behavior (PMDB) Program, VA Central Office. Assistant Professor of Psychology in the Department of Psychiatry, OHSU. Dr. Van Male received her doctorate from the University of Missouri-Columbia in 2000 after completing her pre-doctoral internship at PVAMC (1999-2000). She served for over nine years as a full-time Staff Psychologist on the PTSD Clinical Team at PVAMC prior to becoming the first national Program Manager for VHA's Prevention and Management of Disruptive Behavior (PMDB) employee education program. As of 2011, Dr. Van Male serves as the national Director for VHA's Workplace Violence Prevention Program. She is a past Vice-President of the Association of Threat Assessment Professionals, Northwest Chapter; a member of numerous national Task Forces, Integrated Project Teams, and Workgroups addressing Workplace Violence Prevention, Sexual Assault Prevention, Domestic/Intimate Partner Violence Prevention, Assault/Disruptive Behavior data tracking and analyses, Public Law implementation, regulatory agency response and compliance, and internal policy development.

Amy Wagner, Ph.D., Staff Psychologist for the PTSD Clinical Team, PVAMC. Associate Professor of Psychology in the Department of Psychiatry, OHSU. Dr. Wagner received her doctorate in clinical psychology from the University of Washington in 1995 and completed a postdoctoral fellowship at the National Center for PTSD, Women's Division, at the Boston VAMC in 1997. Since that time she has held faculty positions at the University of Wyoming and the Department of Psychiatry & Behavioral Sciences at the University of Washington. Dr. Wagner joined the Vancouver division of PVAMC in September 2005. She has clinical expertise

in cognitive-behavioral therapy for PTSD and anxiety disorders more generally, as well as Dialectical Behavior Therapy. She has research interests in treatment development and evaluation, emotion regulation, and treatment dissemination. Through a VA Merit grant she is currently examining the effectiveness and acceptability of Behavioral Activation Therapy for the early treatment of PTSD and depression among Veterans who served in Iraq and Afghanistan.

Mark F. Ward, Ph.D., Patient Care Line Manager of the Psychosocial Rehabilitation & Recovery Center, Mental Health Intensive Case Management Program, the Oregon Rural Mental Health Initiative, and General Medicine Psychiatry programs, PVAMC. Assistant Professor of Psychology in the Department of Psychiatry, OHSU. Dr. Ward is a 1980 graduate of the University of Utah clinical psychology program and served his internship at PVAMC. He has extensive experience in community-based outpatient and day treatment programs for patients with serious and persistent mental illness. Dr. Ward has specialized in psychotherapy of severe personality disorders, neuropsychological assessment, and adult attention deficit disorder. His Rural Initiative is delivering psychotherapy services to rural Oregon via Tele-video. His current research activities involve diagnosis and treatment of adult attention deficit hyperactivity disorder, the neuropsychology of schizophrenia, and methodologies for screening for cognitive deficits in a variety of psychiatric disorders.

Kate Woodside, Ph.D., Staff Psychologist for Rural Mental Health Initiative, PVAMC. Dr. Woodside received her doctorate in Counseling Psychology from the State University of New York at Buffalo in 2008. Her postdoctoral training with the VAMC Baltimore, Maryland was focused to treating Veterans with Posttraumatic Stress Disorder and Traumatic Brain Injury returning from Iraq and Afghanistan. She joined PVAMC in 2009 to help establish the Rural Mental Health program and expand access to VA care for underserved Veterans through the use of telehealth and electronic innovations. Dr. Woodside is involved in research projects and partnerships which emphasize clinical application and accessibility of technology, with special focus to meeting the mental health needs of Veterans and their families through evidence-based psychotherapies delivered via webcam into Veterans' homes. Dr. Woodside also serves on PVAMC's Psychology Training Committee, Women's Behavioral Health Advisory Committee, and Military Sexual Trauma Task Force.

Current Staff Research Activities

The VA values research for its role in improving patient care and attracting high quality clinical providers and scientific staff. PVAMC is ranked as one of the top 10 VA organizations for research funding. Currently, more than 150 staff at this VA are principal investigators involved in medical and behavioral science research. PVAMC receives approximately \$16 million annually in VA intramural funding and another \$16 million in non-VA funds (including support from NIH, NIMH, private foundations, and biomedical and pharmaceutical industries) to support over 500 active research projects throughout the Medical Center.

While the primary focus of the internship is on clinical training and professional development, involvement in research activities is encouraged and nurtured. A number of staff welcome intern involvement in ongoing research including grant preparation, data collection, data analysis, and manuscript preparation. Interns have opportunities to co-author publications and professional presentations. Interns especially interested in developing research careers can take advantage of many resources associated with this VA's close ties to OHSU, which is literally connected to the VA by a sky bridge. Most VA psychologists hold academic appointments at OHSU, which hosts a medical school and other health science programs.

Recent Staff Publications and Presentations

The following is a sampling of recent publications and presentations by psychologists who provide clinical supervision to interns.

2014/in press

Huckans, M. (2014, July). Traumatic brain injury (TBI) and posttraumatic stress disorder (PTSD). Invited lecture presented at the Portland International Neuroscience Symposium, Portland, Oregon, July 18, 2014.

Huckans, M., Fuller, B.E., Olavarria, H., Sasaki, A.W., Chang, M., Flora, K.D., Kolessar, M., Kriz, D., Anderson, J.R., Vandenbark, A.A., & Loftis, J.M. (2014). Multi analyte profile (MAP) analysis of plasma immune proteins: Altered expression of the extracellular network of peripheral immune factors is associated with neuropsychiatric symptom severity in adults with and without chronic hepatitis C virus infection (HCV). *Brain and Behavior*, 4(2), 123-42. PMID: 24683507.

Loftis, J.M., **Fuller, B.E., & Huckans, M.** (2014, February). An immunotherapeutic approach to methamphetamine addiction targeting inflammation and neuropsychiatric symptoms. Oral presentation presented at the annual meeting of the Psychiatric Research Society, Park City, UT.

Lovejoy, T.I., & Heckman, T.G. (in press). Depression moderates treatment efficacy of an HIV secondary prevention intervention for HIV-positive late middle-age and older adults. *Behavioral Medicine*.

Lovejoy, T.I., Heckman, T.G., & The Project SAFER Intervention Team (in press). Telephone-delivered motivational interviewing to reduce risky sexual behavior in HIV-positive older adults. *Cognitive and Behavioral Practice*.

Lovejoy, T.I., Heckman, T.G., Sikkema, K.J., Hansen, N.B., & Kochman A. (in press). Changes in sexual behavior of HIV-infected older adults enrolled in a clinical trial of standalone group psychotherapies targeting depression. *AIDS and Behavior*.

Lovejoy, J.P., Riffe, D., & **Lovejoy, T.I.** (in press). An examination of direct and indirect effects of media use on intentions to avoid unprotected sun exposure. *Health Commun.*

Morasco, B.J., Krebs, E.E., Cavanagh, R., Hyde, S., Crain, A., & Dobscha, S.K. (in press). Treatment changes following aberrant urine drug test results for patients prescribed chronic opioid therapy. *Journal of Opioid Management*.

Morasco, B.J., Lovejoy, T.I., Turk, D.C., Crain, A., Hauser, P., & Dobscha, S.K. (in press). Biopsychosocial factors associated with pain in Veterans with hepatitis C virus infection. *Journal of Behavioral Medicine*.

Morasco, B.J., O'Hearn, D., Turk, D.C., & Dobscha, S.K. (in press). Associations between prescription opioid use and sleep impairment among Veterans with chronic pain. *Pain Medicine*.

Morasco, B.J., O'Neil, M.E., Duckart, J.P., & Ganzini, L. (2014). Health service use among Veterans with methamphetamine versus alcohol use disorders. *Journal of Addiction Medicine*,

8, 47-52.

O'Neil, M.E., Carlson, K.F., **Storzbach, D.**, Brenner, L.A., Freeman, M., Quinones, A.R., Motu'apuaka, M., & Kansagara, D. (2014). Factors associated with mild traumatic brain injury in Veterans and military personnel: a systematic review. *J Int Neuropsychol Soc*, 20(3), 249-61.

2013

Deyo, R.A., Smith, D., Johnson, E.S., Tillotson, C.J., Donovan, M., Yang, X., Petrik, A., **Morasco, B.J.**, & Dobscha, S.K. (2013). Prescription opioids for back pain and use of drugs for erectile dysfunction. *Spine*, 38, 909-915.

Dobscha, S.K., **Morasco, B.J.**, Duckart, J.P., Macey, T., & Deyo, R.A. (2013). Correlates of prescription opioid initiation and long-term opioid use in Veterans with persistent pain. *Clinical Journal of Pain*, 29, 102-108.

Goy, E.R., Bohlig, A., Carter, J., & Ganzini, L. (2013) Identifying Predictors of Hospice Eligibility in Patients With Parkinson Disease. *American Journal of Hospice and Palliative Medicine*.

Heckman, T.G., Heckman, B.D., Anderson, T., **Lovejoy, T.I.**, Mohr, D., Sutton, M.,..., & Gau J. (2013). Supportive-expressive and coping group therapies for HIV-infected older adults: results of a randomized clinical trial. *AIDS and Behavior*, 17, 3034-3044.

Huckans, M., Hutson, L., Twamley, E., Jak, A., Kaye, J. & **Storzbach, D.** (2013). Efficacy of cognitive rehabilitation therapies for mild cognitive impairment (MCI) in older adults: Working toward a theoretical model and evidence-based interventions. *Neuropsychology Review*, 23(1), pp. 63-80

Linville, D., Brown, T., & **O'Neil, M. E.** (2013). Medical Providers' Self Perceived Knowledge and Skills for working with Eating Disorders: A National Survey. *Eating Disorders: The Journal of Treatment and Prevention*.

Loftis, J.M. & **Huckans, M.** (2013). Substance use disorders: Psychoneuroimmunological mechanisms and new targets for therapy. *Pharmacology & Therapeutics*, 139(2), pp. 289-300. PMID: 23631821.

Loftis, J.M., **Huckans, M.**, & Woods, S.P. Substance abuse and infectious disease (2013). D.N. Allen & S.P. Woods (Eds.), *Neuropsychological Aspects of Substance Use Disorders: Evidence-Based Perspectives*. New York, NY: Oxford University Press.

Loftis, J.M., Patterson, A.L., Wilhelm, C.J., McNett, H., **Morasco, B.J.**, **Huckans, M.**, Morgan, T., Saperstein, S., Asghar, A., & Hauser, P. (2013). Vulnerability to somatic symptoms of depression during interferon-alpha therapy for hepatitis C: a 16-week prospective study. *Journal of Psychosomatic Research*, 74 (1), pp. 57-63.

Loftis, J.M., Wilhelm, C.J., & **Huckans, M.** (2013). Effect of epigallocatechin gallate (EGCG) supplementation in schizophrenia and bipolar disorder: an 8-week, randomized, double-blind, placebo controlled study. *Therapeutic Advances in Psychopharmacology*, 3(1), pp. 21-7. PMID: 23983989.

Loftis, J.M., Wilhelm, C.J., Vandenbark, A.A., & **Huckans, M.** (2013). Partial MHC/neuroantigen peptide constructs: A potential neuroimmune-based treatment for

methamphetamine addiction. *Public Library of Science (PLoS) One*, 8(2), e56306. PMID: PMC3584080

Macey, T.A., Weimer, M., Grimaldi, E., Dobscha, S.K., & **Morasco, B.J.** (2013). Patterns of care and side effects for patients prescribed methadone for treatment of chronic pain. *Journal of Opioid Management*, 9, 325-333.

Morasco, B.J. (2013). Psychological treatments for pathological gambling. In: *Interventions for Addiction: Comprehensive Addictive Behaviors and Disorders*. Elsevier Inc., San Diego: Academic Press, pp. 227-233.

Morasco, B.J., Cavanagh, R., Gritzner, S., & Dobscha, S.K. (2013). Care management practices for chronic pain in Veterans prescribed high doses of opioid medications. *Family Practice*, 30, 671-678.

Morasco, B.J., Lovejoy, T.I., Lu, M., Turk, D.C., Lewis, L., & Dobscha, S.K. (2013). The relationship between PTSD and chronic pain: Mediating role of coping strategies and depression. *Pain*, 154, 609-616.

Morasco, B.J., Turk, D.C., Donovan, D.M., & Dobscha, S.K. (2013). Risk for prescription opioid misuse among Veterans with a history of substance use disorder. *Drug and Alcohol Dependence*, 127, 193-199.

O'Neil, M. E., Carlson, K., **Storzbach, D.**, Brenner, L., Quinones, A., Freeman, M., Motu'apuaka, **M., Ensley, M.**, & Kansagara, D. (2013). *Complications of Mild Traumatic Brain Injury in Veteran and Military Populations: A Systematic Review*. VA-ESP Project # 05-225, 2013.

Plagge, J.M., Lu, M.W., **Lovejoy, T.I.**, Karl, A.I., **Wagner, A.W.**, & Dobscha, S.K. (2013). Treatment of comorbid pain and PTSD in returning Veterans: a collaborative approach utilizing behavioral activation. *Pain Medicine*, 14, 1164-1172.

Sakamoto, M., Woods, S.P., Kolessar, M., Kriz, D., Anderson, J.R., Olavarria, H., Sasaki, A.W., Chang, M., Flora, K.D., Loftis, J.M., & **Huckans, M.** (2013). Protective effects of higher cognitive reserve for neuropsychological and daily functioning among individuals with hepatitis C. *Journal of Neurovirology*, 19(5), pp. 442-51. PMID: 24018902.

Seng, E., **Lovejoy, T.I.**, & The Project SAFER Intervention Team (2013). Reliability and validity of a treatment fidelity assessment for motivational interviewing targeting safe sex behaviors in people living with HIV/AIDS. *Journal of Clinical Psychology in Medical Settings*, 20, 440-448.

Weimer, M.B., Macey, T.A., Nicolaidis, C.M., Dobscha, S.K., Duckart, J.P., & **Morasco, B.J.** (2013). Sex differences in the medical care of VA patients with chronic non-cancer pain. *Pain Medicine*, 14, 1839-1847.

Wilhelm, C.J., Choi, D., **Huckans, M.**, Manthe, L., & Loftis, J. (2013). Adipocytokine signaling is altered in flinders sensitive line rats, and adiponectin correlates in humans with some symptoms of depression. *Pharmacology, Biochemistry, & Behavior*, 103(3), pp. 643-51. PMID: 23153628.

2012

Goy, E.R. (2012). Commentary on the article entitled "Candy, B., Jones, L., Drake, R., Leurent, B., & King, M. (2011). Interventions for supporting informal caregivers of patients in the terminal phase of disease. *Cochrane Database of Systematic Reviews*, 6:CD007617." *Evidence Based Mental Health*, 15(1), 21. (Peer-reviewed commentary on research.)

Haney, E., **O'Neil, M. E.**, Carson, S., Peterson, K., Low, A., Denneson, L., Oleksiewicz, C., & Kansagara, D. (2012). *Suicide prevention in military and veteran populations: A systematic review of risk factors and assessment tools*. VA-ESP Project #06-225; 2012.

Henry, J.A., Zaugg, T.L., Myers, P.J., Kendall, C.J., Kaelin, C., Thielman, E., Griest, S., Legro, M., **Storzbach, D.**, McMillan, G., & Carlson, K. (2012). Pilot study to develop telehealth tinnitus management for persons with and without traumatic brain injury. *Journal of Rehabilitation Research and Development*, 49, 1025-1042.

Hilsabeck, R. & **Huckans, M.** (2013). HIV and Hepatitis C. In S.S. Bush (Ed.), *Neuropsychological Practice with Veterans*. New York, NY: Springer Publishing Co.

Huckans, M., & Hilsabeck, R. (2013). Substance Use Disorders. In S.S. Bush (Ed.), *Neuropsychological Practice with Veterans*. New York, NY: Springer Publishing Co.

Kobus, A.M., Smith, D.H., **Morasco, B.J.**, Johnson, E.S., Yang, X., Petrik, A.F., Deyo, R.A. (2012). Correlates of high dose opioid medication use for low back pain in primary care. *The Journal of Pain*, 13, 1131-1138.

Kwon, P. & **Hugelshofer, D. S.** (2012). Lesbian, gay, and bisexual speaker panels lead to attitude change among heterosexual college students. *Journal of Gay & Lesbian Social Services*, 24, 62-79.

Linville, D., & **O'Neil, M. E.** (2012). Same sex parenting: The role of family therapists. *Clinical Updates for Family Therapists*, vol. 4.

Lovejoy, T.I. (2012). Telephone-delivered motivational interviewing targeting sexual risk behavior reduces depression, anxiety, and stress in HIV-positive older adults. *Ann Behav Med*, 44, 416-421.

Lovejoy, T.I., Dobscha, S.K., Cavanagh, R., Turk, D.C., & **Morasco, B.J.** (2012). Chronic pain treatment and health service utilization of Veterans with hepatitis C virus infection. *Pain Med*, 13, 1407-16.

Lovejoy, T.I., Turk, D.C., **Morasco, B.J.** (2012). Evaluation of the psychometric properties of the revised Short-Form McGill Pain Questionnaire (SF-MPQ-2). *J Pain*, 13, 1250-7.

O'Neil, M. E., Peterson, K., Low, A., Carson, S., Denneson, L., Haney, E., & Kansagara, D. (2012). *Suicide prevention in military and veteran populations: A systematic review of psychotherapeutic interventions, pharmacological interventions, and referral and follow-up services*. VA-ESP Project #09-009; 2012.

Quiñones, A.R., Freeman, M., **O'Neil, M. E.**, & Kansagara, D. (2012). *Effectiveness of Group Visits Compared to Individual Interventions*. VA-ESP Project 2012.

Salinsky, M., Evrard, C, **Storzbach, D.**, & Pugh, M.J. (2012). Psychiatric comorbidity in Veterans with psychogenic seizures. *Epilepsy and Behavior*, 25(3), 345-9.

Slatore, C., Cecere, L., LeTourneau, J., **O'Neil, M. E.**, Duckart, J., Soylemez-Wiener, R., Farjah, F., & Cooke, C. R. (2012). Intensive care unit outcomes among patients with lung cancer in the SEER-Medicare registry. *Journal of Clinical Oncology*, 30(14), 1686-1691.

Wilhelm, C.J., Murphy-Crews, A., Menasco, D.J., **Huckans, M.S.**, & Loftis, J. (2012). Corticotropin releasing factor-1 receptor antagonism alters the biochemical, but not behavioral effects of repeated interleukin-1beta administration. *Neuropharmacology*, 62(1), 313-21. PMID: PMC3196278.

2011

Cummings, K. D., Kaminski, R., Good, R. H., & **O'Neil, M. E.** (2011). Assessing phonemic awareness in preschool and early kindergarten: Development and initial validation of First Sound Fluency. *Assessment for Effective Intervention*, 36(2), 94-106.

Goy, E.R. (2011, June). Depression, Suicidal Ideation, and the Wish for Hastened Death: Integrating Mental Health into VA Palliative Care. Presentation at VA National Palliative Care Mental Health Meeting, Phoenix, AZ.

Goy, E.R. & Ganzini, L. (2011). Prevalence and Natural History of Neuropsychiatric Syndromes in Veteran Hospice Patients. *Journal of Pain and Symptom Management*, 41, 394-401.

Henry JA, Zaugg TL, Myers PJ, Kendall CJ, Kaelin C, Thielman E, Griest S, Legro M, **Storzbach D**, McMillan G, Carlson K. (2011). Pilot study to develop telehealth tinnitus management for persons with and without traumatic brain injury. *Journal of Rehabilitation Research and Development*, 49(7), 1025-42.

Huckans, M. Cognitive strategy training for OIF/OEF combat Veterans with mild cognitive disorder. (2011, April). Invited lecture presented at the annual meeting of the Navy and Marine Corps Combat and Operational Stress Control Conference, San Diego, CA, April 28, 2011.

Huckans, M. & Loftis, J.M. (2011). Handbook of medical neuropsychology: Add it to your library! [Review of the book *Handbook of medical neuropsychology: Applications of cognitive neuroscience*]. *Journal of Clinical and Experimental Neuropsychology*, 33(5), pp. 606-8.

Huckans, M. & Loftis, J. (2011, November). Update on substance use disorders: neuropsychological effects, treatment considerations, and future directions. CEU workshop presented at the annual meeting of the National Academy of Neuropsychology, Marco Island, FL.

Huckans, M., Seelye, A., Woodhouse, J., Parcel, T., Mull, L., Schwartz, D., Mitchell, A., Lahna, D., Johnson, A., Loftis, J., Woods, S., Mitchell, S.H., & Hoffman, W. (2011). Discounting of delayed rewards and executive dysfunction in individuals infected with hepatitis C. *Journal of Clinical and Experimental Neuropsychology*, 33(2), pp. 176-86. PMID: PMC3615977.

Linville, D., Stice, E., Gau, J., & **O'Neil, M. E.** (2011). Predictive effects of mother and peer influences on increases in adolescent eating disorder risk factors and symptoms: A 3-year longitudinal study. *International Journal of Eating Disorders*, 44, 745-751.

Loftis, J.M., Choi, D., Hoffman, W., & **Huckans, M.S.** (2011). Methamphetamine causes persistent immune dysregulation: A cross-species, translational report. *Neurotoxicity Research*, 20(1), 59-68.

Loftis, J.M. & **Huckans, M.** (2011). Cognitive enhancement in combination with "brain repair" may be optimal for the treatment of stimulant addiction [Letter to the editor]. *Addiction*, 106(5), 1021-1022.

Lovejoy, T.I., Heckman, T.G., Suhr, J.A., Anderson, T., Davantes, Heckman, B., & France, C.R. (2011). Telephone-Administered motivational interviewing reduces risky sexual behavior in HIV-positive late middle-age and older adults: a pilot randomized controlled trial. *AIDS Behav*, 15, 1623-34.

Lovejoy, T.I., Revenson, T.A., & France, C.R. (2011). Reviewing manuscripts for peer-review journals: a primer for novice and seasoned reviewers. *Ann Behav Med*, 43, 1-13.

Macey, T.A., **Morasco, B.J.**, Duckart, J.P., & Dobscha, S.K. (2011). Patterns and correlates of prescription opioid use in OEF/OIF Veterans with chronic non-cancer pain. *Pain Medicine*.

Morasco, B.J., Corson, K., Turk, D.C., & Dobscha, S.K. (2011). Association between substance use disorder status and pain-related function following 12 months of treatment in primary care patients with musculoskeletal pain. *The Journal of Pain*, 12, 352-359.

Morasco, B.J., Duckart, J.P., & Dobscha, S.K. (2011). Adherence to clinical guidelines for opioid therapy for chronic pain in patients with substance use disorder. *Journal of General Internal Medicine*, 26, 965-971.

Morasco, B.J., Gritzner, S., Lewis, L., Oldham, R., Turk, D.C., & Dobscha, S.K. (2011). Systematic review of prevalence, correlates, and treatment outcomes for chronic non-cancer pain in patients with comorbid substance use disorder. *Pain*, 152, 488-497.

Oldham, T., **Goy, E.R.**, Dobscha, S., & Ganzini, L. (2010). Attachment Styles of Oregonians Who Request Physician-Assisted Suicide. *Palliative and Supportive Care*, 9(2).

O'Neil, M. E., Freeman, M., Christensen, V., Telerant, A., Addleman, A., & Kansagara D. (2011). *Non-pharmacological Interventions for Behavioral Symptoms of Dementia: A Systematic Review of the Evidence*. VA-ESP Project #05-225.

Patterson, A.L., **Morasco, B.J.**, **Fuller, B.E.**, Indest, D.W., Loftis, J.M., & Hauser, P. (2011). Screening for depression in patients with hepatitis C using the Beck Depression Inventory-II: Do somatic symptoms compromise validity? *General Hospital Psychiatry*, 33, 354-362.

Quiñones, A.R., **O'Neil, M. E.**, Saha, S., Freeman, M., Henry, S., & Kansagara, D. (2011). *Interventions to Reduce Racial and Ethnic Disparities*. VA-ESP Project #05-225.

Smith, J., **Goy, E.R.**, & Ganzini, L. (2011). Quality of Death and Dying in Patients who Request Physician-Assisted Death. *Journal of Palliative Medicine*, 14, 445-450.

Weinstock, J., Burton, S., Rash, C., Moran, S., Biller, W., Krudelbach, N., Phoenix, N., & **Morasco, B.J.** (2011). Predictors of engaging in problem gambling treatment: Data from the West Virginia Problem Gamblers Help Network. *Psychology of Addictive Behaviors*, 25, 372-379.

2010

Goy, E.R. (2010, December). Beyond the biological limits: The consciousness and its disorders - advanced management and end-of-life issues in the neurodegenerative diseases. Presentation at Ettore Majorana Centre for Scientific Culture, Erice, International School of Medical Sciences Advanced Workshop, Sicily, Italy.

Goy, E.R., Carpentar, B., & Kasl-Godley. (2010, August). Establishing Competencies for Palliative Care Psychologists. Presentation at the American Psychological Association National Meetings, San Diego, CA.

Goy, E.R., Freeman, M., & Kansagara, D. (2010). A Systematic Evidence Review of Interventions for Non-professional Caregivers of Individuals with Dementia. VA-ESP Project #05-225.

Huckans, M. (2011, April). Cognitive strategy training for OIF/OEF combat Veterans with mild cognitive disorder. Invited lecture presented at the annual meeting of the Navy and Marine Corps Combat and Operational Stress Control Conference, San Diego, CA, April 28, 2011.

Huckans, M. & Loftis, J. (2011, November). Update on substance use disorders: neuropsychological effects, treatment considerations, and future directions. CEU workshop to be presented at the annual meeting of the National Academy of Neuropsychology, Marco Island, FL.

Huckans, M., Mitchell, A., Pavawalla, S., **Morasco, B.J.**, Ruimy, S., Loftis, J.M., & Hauser, P. (2010). The influence of antiviral therapy on psychiatric symptoms among hepatitis C patients with schizophrenia. *Antiviral Therapy*, 15, 111-119.

Huckans, M., Mitchell, A., Ruimy, S., Loftis, J., & Hauser, P. (2010). Antiviral therapy completion and response rates among hepatitis C patients with and without schizophrenia. *Schizophrenia Bulletin*, 36(1), 165-72.

Huckans, M., Pavawalla, P., Demadura, T., Kolessar, M., Seelye, A., Twamley, E., & **Storzbach, D.** (2010). A pilot study examining effects of group-based cognitive strategy training treatment on self-reported cognitive problems, psychiatric symptoms, functioning, and compensatory strategy use in OIF/OEF combat Veterans with persistent mild cognitive disorder and history of traumatic brain injury. *Journal of Rehabilitation Research and Development*, 47(1), 43-60.

Johnson AL, **Storzbach D**, Binder LM, Barkhuizen A, Anger WK, Salinsky MC, Tun SM, Rohlman DS. (2010). MMPI-2 Profiles: Fibromyalgia patients compared to epileptic and nonepileptic seizure patients. *The Clinical Neuropsychologist*, 24, 220-234.

Kwon, P., & **Hugelshofer, D.S.** (2010). The protective role of hope for lesbian, gay, and bisexual individuals facing a hostile workplace climate. *Journal of Gay and Lesbian Mental Health*, 14, 3-18.

Linville, D., Benton, A., **O'Neil, M. E.**, & Sturm, K. (2010). Medical providers' screening, training, and intervention practices for eating disorders: A needs assessment. *Eating Disorders: The Journal of Treatment and Prevention*, 18 (2).

Linville, D., **O'Neil, M. E.**, & Huebner, A. (2010). Positive adult support and depression in adolescent females: The partially mediating role of disordered eating behavior. *Journal of Research on Adolescence*.

Loftis, J.M., **Huckans, M.**, & **Morasco, B.J.** (2010). Neuroimmune mechanisms of cytokine-induced depression: Current theories and novel treatment strategies. *Neurobiology of Disease*, 37, 519-533.

Loftis, J.M., **Morasco, B.J.**, & Hauser, P. (2011). Depression and antiviral response to interferon-based therapy for hepatitis C viral infection. *Hepatology*, 53, 1413-1414.

Loftis, J.M., **Morasco, B.J.**, Menasco, D., Fuchs, D., Strater, M., & Hauser P. (2010). Serum serotonin levels are associated with sustained viral response rates in hepatitis C patients treated with antiviral therapy. *The Open Infectious Diseases Journal*, 4, 132-141.

Morasco, B.J., Duckart, J.P., Carr, T.P., Deyo, R.A., & Dobscha, S.K. (2010). Clinical characteristics of Veterans prescribed high doses of opioid medications for chronic non-cancer pain. *Pain*, 151, 625-632.

Morasco, B.J., **Huckans, M.**, Loftis, J.M., Woodhouse, J., Seelye, A., Turk, D.C., & Hauser, P. (2010). Predictors of pain intensity and pain functioning in patients with the hepatitis C virus. *General Hospital Psychiatry*, 32, 413-418.

Morasco, B.J., Loftis, J.M., **Indest, D.W.**, Ruimy, S., Davison J.W., Felker, B., & Hauser, P. (2010). Prophylactic antidepressant treatment in patients with hepatitis C on antiviral therapy: A double-blind, placebo-controlled trial. *Psychosomatics*, 51, 401-408.

Salinsky M, **Storzbach D**, Munoz S. (2010). Cognitive Effects of Pregabalin in Healthy Volunteers: A double-blind, placebo-controlled trial. *Neurology*, 74, 755-761.

Schwartz, D.L., Mitchell, A.D., Lahna, D.L., Luber, H.S., **Huckans, M.S.**, Mitchell, S.H., & Hoffman, W.H. (2010). Global and local morphometric differences in recently abstinent methamphetamine-dependent individuals. *Neuroimage*, 50(4), 1392-401.

2009

Campbell, B. K., **Fuller, B. E.**, Lee, E. S., Tillotson, C., Woelfel, T., Jenkins, L., Robinson, J., Booth, R. E., & McCarty, D. (2009). Facilitating outpatient treatment entry following detoxification for injection drug use: A multi-site test of three interventions. *Psychology of Addictive Behaviors*.

Cerezo, A., **O'Neil, M. E.**, & McWhirter, B. (2009). Counseling Latina/o students from an ecological perspective: Working with Peter. *Journal of College Counseling*, 12(2).

Dobscha, S.K., Clark, M.E., **Morasco, B.J.**, Freeman, M., Campbell, R., & Helfand, M. (2009). Systematic review of the literature on pain in patients with polytrauma including traumatic brain injury. *Pain Medicine*, 10, 1200-1217.

Ganzini, L., **Goy E. R.**, & Dobscha, S. K. (2009, October). Mental health outcomes of family members of Oregonians who request physician aid in dying. *Journal of Pain and Symptom Management*.

Ganzini, L., **Goy E. R.**, & Dobscha, S. K (2009). Oregonians' reasons for requesting physician aid in dying. *Archives of Internal Medicine*, 169(5), 489-492.

Ganzini, L., **Goy, E.R.**, Dobscha, S.K., & Prigerson, H. (2009). Mental health outcomes of family members of Oregonians who request physician aid in dying. *Journal of Pain and Symptom Management*, 38, 807-815.

Hauser, P., **Morasco, B.J.**, Linke, A., Bjornson, D., Ruimy, S., Matthews, A., Rifai, A., Indest, D.W., & Loftis, J.M. (2009). Antiviral completion rates and sustained viral response in hepatitis C patients with and without preexisting major depressive disorder. *Psychosomatics*, 50, 500-505.

Huckans, M., Seelye, A., Parcel, T., Mull, L., Woodhouse, J., Bjornson, D., **Fuller, B. E.**, Loftis, J. M., **Morasco, B. J.**, Sasaki, A. W., **Storzbach, D.**, & Hauser, P. (2009). The cognitive effects of hepatitis C in the presence and absence of a history of substance use disorder. *Journal of the International Neuropsychological Society*, 15, 69-82.

Joyce, J. A., **O'Neil, M. E.**, & McWhirter, E. H. (2009). Aspirations, inspirations, and obstacles: LGBTQ youth and processes of career development. In C. Bertram (Ed.) *Beyond progress, beyond marginalization: LGBTQ youth in and out of Schools*.

Morasco, B. J., Ledgerwood, D. M., Weinstock, J., & Petry, N. M. (2009). Cognitive-behavioral approaches to pathological gambling. In G. Simos (Ed.), *Cognitive Behaviour Therapy: A Guide for the Practicing Clinician*, Vol. 2 (pp. 112-116). London: Routledge.

Morasco, B. J., Loftis, J. M., Indest, D. W., Ruimy, S., Davison J. W., Felker, B., & Hauser, P. (2009). Prophylactic antidepressant treatment in patients with hepatitis C on antiviral therapy: A double-blind, placebo-controlled trial. *Psychosomatics*.

Petry, N. M., Weinstock, J., **Morasco, B. J.**, & Ledgerwood, D. M. (2009). Randomized trial of brief motivational interventions for college student problem gamblers. *Addiction*.

Applying to the Portland VAMC Internship

Selection Process

The application and selection process has been designed to comply with the policy developed by the Association of Psychology Postdoctoral and Internship Centers (APPIC) with respect to internship offers and acceptances. This internship site abides by the APPIC policy that prohibits the communication, solicitation, acceptance, or use of ranking-related information prior to the release of the Match results.

PVAMC encourages applications from individuals with diverse backgrounds and with a variety of experiences. As an equal opportunity training program, the internship welcomes and strongly encourages applications from all qualified candidates, regardless of racial, ethnic, religious, sexual orientation, disability, or other minority status.

In the selection process, several criteria are considered:

- Clinical experience, including amount and diversity
- Scholarly preparation, indicated by the academic transcript, research experience and productivity, presentations or publications, and teaching experience
- Evidence of personal maturity and significant life experience
- The fit between the applicant's stated objectives and PVAMC offerings

A member of the psychology staff evaluates each completed application. After this initial review, a cut is made, and the top applications are evaluated a second time by the Training Committee. In order to facilitate planning for internship site visits, applicants will be informed by e-mail as soon as possible whether or not they remain under consideration after the initial review. Generally, notification is made by early to mid December. For the 2014-2015 academic year, we received 166 completed applications and invited 46 applicants to attend the Open House.

Application Procedures and Checklist

All materials must be submitted on or before November 3, 2014 through the online AAPI.

- ❑ AAPI online application (www.appic.org)

PVAMC requires a site-specific cover letter to be submitted through the online AAPI:

- ❑ A brief (1 to 2 pages) statement of interest, specifically addressing the following:
 - What stimulated you to study psychology?
 - What life experiences have influenced you professionally and personally?
 - What kinds of therapies have you employed and how would you characterize your theoretical orientation?
 - What are your interests and goals for the internship and beyond?
 - Why did you apply to PVAMC?

Please enter this statement as your cover letter for PVAMC in your online AAPI. We do not evaluate the standard AAPI essays, and we do not require any supplemental materials other than the completed AAPI. Your complete AAPI should also include graduate transcripts, your CV, and 3 letters of recommendation.

PVAMC Internship's APPIC Match Number: 152711

For questions about the accreditation, you may contact:
American Psychological Association
Office of Program Consultation and Accreditation
750 First Street, NE • Washington, DC • 20002-4242
Phone: 202-336-5979 • TDD/TTY: 202-336-6123
Fax: 202-336-5978 • Email: apaaccred@apa.org
<http://www.apa.org/ed/accreditation/>

Open House

We do not offer individual interviews as part of our selection process. An invitational day-long Open House will be held on Thursday, January 8, 2015 to acquaint finalist candidates with the internship program. Applicants who remain under consideration after the initial review of their application will receive an invitation in early to mid December. At the Open House, staff psychologists, fellows, and current interns will describe the training experiences offered and will be available to answer questions. Small break-out groups with current interns and/or staff supervisors provide an opportunity for candidates to learn about and communicate specific training interests. The Open House serves as the final part of our review of candidates for internship, providing an opportunity for our staff and interns to learn more about you. Changes may be made to the working list of rankings based on Open House impressions. Candidates are strongly encouraged to attend the Open House to obtain the most information about our site and to meet our staff in person. If you are unable to attend the Open House, we may be able to arrange for you to meet briefly with a staff member or an intern on another date. This option is not always feasible and is subject to staff and intern availability.

Applicants selected for internship at PVAMC will be asked to submit two sample psychological assessment reports during the Summer prior to beginning internship.

Questions about the program or the application process should be addressed to:

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Phone: (503) 220-8262, ext. 54689

Note: VA interns are subject to all employment rules applying to federal employees.