

# Clinical Psychology Fellowships

*2021-2022*

**VA Portland Health Care System**  
Portland, Oregon



**VA**



**U.S. Department of Veterans Affairs**

Veterans Health Administration  
*VA Portland Health Care System*

Affiliated with Oregon Health & Science University

---

## Welcome

The Training Committee at the VA Portland Health Care System (VAPORHCS, formerly PVAMC) appreciates your interest in our postdoctoral psychology fellowships. The VAPORHCS psychology staff values collegial working relationships with fellows 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 think you'll enjoy the area as much as we do.

Thank you for considering VAPORHCS for your postdoctoral psychology fellowship. We look forward to reviewing your application.

Sincerely,



Jason C. Steward, PhD, VAPORHCS  
Director of Postdoctoral Training, Psychology

In July 2016, our postdoctoral fellowship program was accredited until 2023 by the American Psychological Association as a postdoctoral residency in clinical psychology. We have also received specialty accreditation, on contingency, from the American Psychological Association in Clinical Neuropsychology until 2023. For questions about our accreditation status please 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](mailto:apaaccred@apa.org)  
<http://www.apa.org/ed/accreditation/>

---

# Table of Contents

<b>Welcome .....</b>	<b>2</b>
<b>Table of Contents.....</b>	<b>3</b>
<b>About Us .....</b>	<b>4</b>
<b>Fellowship Program Overview .....</b>	<b>5</b>
COVID-19 Response and Adaptations.....	6
<b>Program Aims and Competencies.....</b>	<b>7</b>
<b>Clinical Psychology Fellowship Descriptions .....</b>	<b>8</b>
Health Psychology Emphasis .....	8
Primary Care Mental Health Integration Emphasis .....	10
Palliative Care Emphasis.....	12
Neuropsychology.....	14
MIRECC (Mental Illness Research, Education, and Clinical Center).....	15
<b>Required Training Experiences for All Fellows .....</b>	<b>16</b>
Assessment .....	16
Treatment .....	16
Consultation .....	16
Administrative Project .....	17
Ethics, Multiculturalism, and Diversity .....	17
<b>Diversity at VAPORHCS .....</b>	<b>18</b>
<b>Meet the Staff .....</b>	<b>19</b>
<b>Recent Staff Publications and Presentations.....</b>	<b>27</b>
2018-2019 .....	27-28
2016-2017 .....	28-29
2015-2016 .....	29-30
2013-2014 .....	30-31
<b>Applying to the VAPORHCS Postdoctoral Fellowships .....</b>	<b>32</b>
<b>Trainee Admissions, Support, and Outcome Data(IR) C-23 P.....</b>	<b>35</b>

---

## About Us



The VA Portland Health Care System (VAPORHCS) is a vital health care center with a mission to honor America's Veterans by providing exceptional healthcare that improves their health and wellbeing. In addition to comprehensive medical and mental health services, VAPORHCS supports ongoing research and medical education. VAPORHCS is connected to Oregon Health & Science University (OHSU) structurally by a beautiful sky bridge and functionally by shared staff, trainees, and educational opportunities.

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

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



---

## Fellowship Program Overview

VAPORHCS is pleased to announce five openings in psychology postdoctoral fellowship (residency) emphasis areas at our facility for the 2021-2022 academic year. Our program has Fellowship programs in the following areas: **Health Psychology, Primary Care Mental Health Integration (PCMHI), Palliative Care, Neuropsychology, and Mental Illness Research, Education, and Clinical Center (MIRECC)**. The Health Psychology, PCMHI, and Palliative Care Fellowships are one-year positions, whereas MIRECC and Neuropsychology are two-year positions with a separate application process.

One-year Fellowships are for 2080 hours to be completed over a 12-month period. The 2021-2022 fellowship training year will begin on August 16, 2021. Our Fellowship program is currently accredited by the American Psychological Association.

Our program adheres to the scientist-practitioner **model of training** in preparing Fellows for advanced practice in a traditional area of professional psychology. We strive to integrate science and practice throughout training. We support Fellows in achieving realistic research goals, with up to 4 hours per week offered at minimum for trainees to focus on research. Many of our psychology staff conduct research, demonstrating our belief in the importance of the science of psychology in the context of job responsibilities that are primarily clinical or administrative. Interventions and assessment approaches are guided by empirical studies, to the extent that the literature supports this. Our didactic series offers a quarterly journal club to strengthen Fellows' understanding of research limitations and the translational implications surrounding current empirical topics. Our training **philosophy** reflects deeply held principles of respect for individual differences (including race/ethnicity, religion, SES, ability, sexual orientation, etc.), supportive training towards professional growth and transition to an autonomous psychology career, emphasis on science informing psychological practice and vice versa, and ethical practice and decision-making. We view the postdoctoral training year as an opportunity to consolidate and advance assessment, treatment, and consultation skills established during internship, while increasing autonomy across the training year to allow our graduates to feel fully prepared to enter an independent psychology career at the end of training. In supervision we reflect the advanced skills of the postdoctoral trainee by eliciting the Fellow's case conceptualization and plan at the outset, and offering reflective supervision to assist the Fellow in deciding on therapeutic goals and actions.

Six hours per week are spent in structured training for all Fellows. 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. Didactic seminars include twice-monthly psychology-specific professional development topics, including those focused on culturally competent service to diverse populations, alternating with individualized emphasis-specific didactics selected by the postdoc from the many other professional training opportunities available, such as OHSU Psychiatry Grand Rounds.

Supervision is provided by licensed VAPORHCS clinical psychologists. Fellows will receive 4 hours per week of supervision. Fellows will receive two hours of individual supervision weekly from their primary supervisor, one hour per week of individual supervision weekly from their secondary supervisor, and one hour of group supervision with other psychology fellows from a staff psychologist who serves on the Training Committee. Fellows will also be trained in supervision and obtain experience in supervised supervision of either interns or practicum students from nearby George Fox University and Pacific University. All fellows meet weekly for one hour of informal peer group time to encourage mutual support and development of a professional collegial network. When the opportunity is available, we encourage our fellows to complete certification for evidence-based treatments, which may include Cognitive Processing Therapy (CPT) and Telehealth.

---

Average time spent in service delivery is 30 hours. The stipend for these positions is currently \$49,203 plus benefits (fellow pays part of the premium). Fellows are granted Annual Leave and Sick Leave, ten federal holidays, and up to six days of authorized absence **when approved by our facility director**, for professional training and presentations. Most clinical and research activities will take place at VAPORHCS, but Fellows may also spend time at outpatient satellite clinics and/or Oregon Health & Science University (OHSU), our medical school affiliate. The VAPORHCS Mental Health Division provides an administrative support staff member to mental health training programs. Fifty percent of this position is allocated to Psychology training programs. This staff member assists trainees with the hiring process, assignment/equipment of offices, maintenance of training records, and out-processing.

## ***COVID-19 Response and Adaptations***

In discussing our response to the COVID-19 pandemic, our program would like to first express our heartfelt hopes for safety, continued and or sustained health, and support for you and your loved ones during such a difficult and uncertain time for all applicants, trainees, and staff. Due to the COVID-19 pandemic, the training program in concert with support from our local medical center leadership successfully transitioned all Psychology Trainees to full-time teleworking in March 2020. Our aim has been to maintain most of our training activities without significant disruption. To that end, trainees are continuing to see veterans via telehealth for individual and group therapies, assessments (when the assessment can be modified to telehealth modality), and attending and participating in didactics and supervision via virtual media technologies. When clinically-indicated, trainees also receive live, direct observation of clinical care by supervising psychologists. For some tracks (e.g., Neuropsychology) there have had to be modifications in the types of psychological testing batteries that can be offered. The training program is still exploring workarounds for continuing psychological testing if in person operations have not resumed by the start of the new training year in August. Of note, trainees have the option to report in person to on site locations where there are minimal to no staff in order to work more efficiently if they are having intermittent problems with remote access. That said, the number one focus for us is the health and safety of our Psychology Trainees. Our belief is that as we transition our services, we will continue to provide competent care of our nation's veterans, and that said, your safety as a trainee in the training environment in facilitating that end is of utmost importance to us.

We will continue to provide high quality training in professional psychology while simultaneously keeping our trainees' health and wellness at the forefront. We will continue to update this status and our training materials as the situation evolves. As tracks have been differentially impacted by changes in service delivery, tracks have listed any COVID-19 specific changes in their sections of the brochure (as of June 2020). If there are no changes listed, then outside of trainees working remotely, the track has and is anticipated to stay largely unaltered by the current situation. If you have any specific questions about the impact of COVID-19 to a specific track or a training activity, we encourage you to call us or reach out via e-mail. We would be happy to discuss this with you. We want you to feel as fully-informed as you can be as you consider our program. Please continue to take care of yourselves and let us know how we can assist and support you.

---

## ***Program Aims and Competencies***

Our Program Aims and Competency Areas include the following:

- 1) Assessment: Fellows will demonstrate competence in conducting evidence-based assessment consistent with the scope of Health Service Psychology.
- 2) Intervention: Fellows will demonstrate competence in evidence-based interventions consistent with the scope of Health Service Psychology, broadly defined to include, but not limited to, psychotherapy. Interventions may be directed at an individual, family, group, clinic, hospital, community, population or other system.
- 3) Consultation and Interprofessional/Interdisciplinary Skills: Fellows will demonstrate competence in collaborating with diverse individuals or groups to address problems, seek or share knowledge, or promote effectiveness in professional activities.
- 4) Supervision: Fellows will demonstrate competence in the mentoring and monitoring of trainees and others in the development of competence and skill in professional practice and the effective evaluation of those skills.
- 5) Research: Fellows will demonstrate knowledge, skills and competence sufficient to produce new knowledge, to critically evaluate and use existing knowledge to solve problems, and to disseminate research.
- 6) Ethical and Legal Standards: Fellows will be knowledgeable of ethical, legal, and professional standards of behavior while integrating them into professional conduct.
- 7) Individual and Cultural Diversity: Fellows will demonstrate the ability to conduct all professional activities with sensitivity to human diversity, including ability to deliver high quality services to an increasingly diverse population.
- 8) Professional Values and Attitudes: Fellows will demonstrate professional values, attitudes, identity and behavior.
- 9) Communication and Interpersonal Skills: Fellows will demonstrate effective communication and interpersonal skills when delivering professional services and engaging in professional activities and interactions.
- 10) Specialty (or Emphasis-Specific) Skills: If applicable, supervisors will discuss any specialized skills or competency areas with the Fellow that will be attained throughout the training year. Specialized competencies will be discussed at training onset, with clear behavioral benchmarks that delineate basic, intermediate, and advanced performance. All specialized competencies will be discussed in concurrence with the Fellow's initial Training Agreement and require both the Fellow and Supervisor(s) signature to denote that Fellow has a clear understanding of these areas prior to evaluation.

Through experiential training and learning activities, Fellows receive training in these competencies throughout the training experience (i.e., one or two-year). Using a written evaluation form and standardized rating criteria, supervisors evaluate each intern on specific competencies in each of the above nine competency areas. Evaluation forms are made available to Fellows during their orientation period, or upon request prior to Fellowship. Evaluations occur mid-way through and at the end of each rotation. Through experiential training and regular feedback from supervisors, the expected outcome is that, by completion of the Fellowship, Fellows will perform at an advanced level on each competency and will be well-prepared for jobs as early career psychologists, consistent with their training.

---

## Clinical Psychology Fellowship Descriptions

### *Health Psychology Emphasis*

**Bret Fuller, Ph.D., Veronica Rodriguez, Ph.D., lead supervisors.** The health psychology fellow develops behavioral medicine clinical and research skills in a variety of integrated care settings over the course of the year. VAPORHCS offers a variety of unique training experience across the Liver Transplant Program, outpatient mental health, and Substance Abuse Treatment Program. Fellows will split their time across these different clinics and work specifically with complex specialty medicine conditions including Hepatitis C, morbid obesity, HIV, liver disease, chronic pain, insomnia, diabetes mellitus and tinnitus.

Through first hand observation and followed by direct supervision, the fellow will develop a unique set of skills, including the consideration of systemic and socio-cultural influences of complex medical conditions requiring interprofessional care:

1. **Conducting Pre-Treatment/Transplant Evaluations.** Fellows will conduct mental health pre-treatment evaluations to determine patients' suitability to begin transplant and range of different treatments such as bariatric surgery, bone marrow transplants, and transgender surgery evaluations, etc. Evaluations include developing plans to help less than suitable candidates become prepared for treatment and to monitor high-risk patients throughout the course of treatment. These evaluations assess disease knowledge and progression, treatment and side effect knowledge, psychiatric stability, substance use and abuse, psychosocial security, treatment planning and monitoring, and treatment adherence and self-management.
2. **Conducting Pre-Liver Transplant Evaluations.** Working with the pre-liver transplant team, fellows will conduct these evaluations to determine Veterans' suitability to receive and make best use of a rare organ donation. Portland is one of three VA facilities that offer this type of transplant, and individuals are referred by VA's from mostly West Coast states (e.g., California, Arizona, Wyoming, Idaho, etc.). Fellows will conduct assessments of mental health, substance use, and behavioral issues including transplant procedure knowledge, psychosocial support, and adherence and self-management. The fellow will also conduct reassessments to determine progress following transplant. Fellow will also have the opportunity to engage in brief inpatient consultations for patients recovering from liver transplants as well as outpatient consultations for patients both pre-and post-transplant.
3. **Liver Transplant Selection Conference.** Fellows have a unique opportunity to participate in the Liver Transplant Selection Conference with OHSU and VAPORHCS medical providers. During these conferences, cases from both the VA and OHSU are presented to the interprofessional medical team to discuss eligibility, severity, and potential barriers of transplant. Fellows are provided the opportunity to present and discuss their assessment of VA patients they evaluate with the medical team and provide recommendations and levels of risk.
4. **Providing Psychological Interventions.** The Health Psychology Fellow will have the opportunity to be part of specialty medical clinics and provide psychological services in the Mental Health Clinic. The fellow will learn and expand on their knowledge of providing evidence-based treatments and behavioral medicine interventions for complex conditions such as chronic pain, binge eating disorder, PTSD, adjustment to medical diagnoses, and other somatic symptoms exacerbated by psychological factors.

---

Treatments include a focus on cognitive-behavioral and acceptance-based strategies. The fellow will carry an individual case load and will have the opportunity to co-facilitate treatment groups, should they be interested. Some groups that have been facilitated in the past include an HIV Positive support group, ADHD compensatory skill training group, and LGBTQ support group.

5. **Substance Abuse Treatment Program.** The Health Psychology Fellow will also have the opportunity to provide psychological services as part of the Substance Abuse Treatment Program (SATP) team. The fellow will learn and expand on their knowledge of empirically-based treatments for co-occurring substance use conditions such as chronic pain and insomnia. The fellow will carry a small case load of individual patients through the SATP, as well as will be expected to co-facilitate treatment groups aimed at managing chronic pain through cognitive-behavioral and acceptance-based modalities.
6. **Clinical Supervision and Co-therapy.** The post-doctoral fellow will also supervise a practicum level trainee in their clinical and assessment work. The health psychology extern will see cases and conduct assessments in the health psychology team. There is also an opportunity to do co-therapy with psychiatric fourth year fellows as they come to the clinic to learn therapy and psychological counseling skills. Co therapy can occur when the resident and post-doc see clients together and share supervision.
7. **Conducting Clinical Research and Receiving Research Mentorship.** VAPORHCS is home to many grant-funded psychologists researching health-related topics. The Health Fellow may select from many existing research opportunities or develop new ones. The Health Fellow selects a primary research mentor for the year and can design a training plan involving several principal investigators. Fellows can spend up to 30% of their time on research-related activities.
8. **ADHD Clinic and Assessments.** The health psychology fellow conducts ADHD and Autism assessments as part of the Portland VA ADHD clinic. The regular assessment batteries include: Neurological Assessment Battery (NAB), Wechsler Adult Intelligence Scale (WAIS-IV), Wechsler Memory Scale (WMS-IV), The Continuous Performance Test (CPT), Wide Range Achievement Test (WRAT-4), Personality Assessment Inventory (PAI), Minnesota Multiphasic Personality Inventory (MMPI), Test of Memory Malingering (TOMM).

---

## ***Primary Care/Mental Health Integration Emphasis***

**Odessa Cole, Ph.D., Lead Supervisor; Women’s Clinic**  
**Mary Steers, Ph.D., Secondary co-Supervisor, Resident Clinic**  
**Kenneth Sewell, Ph.D., Rotation Supervisor, Center for Integrated Pain**

The PCMHI fellow practices for one year in a VA Primary Care clinic, a setting that integrates Behavioral Health and Primary Care (PC) services. The fellow works as a PCMHI provider who serve two clients—the Veterans and the Primary Care staff in each of the Patient Aligned Care Teams (PACT) towards the goal of better coordination of psychiatric and medical care, especially for those patients with multiple co-morbidities.

### **Training emphasizes:**

- Utilizing a systems approach to behavioral health evaluation and intervention in PC
- Examining sociocultural influences to common chronic medical problems and their relationship with psychiatric disorders
- Providing open access triage, warm handoff and curbside consultation to PACTs
- Understanding commonly used psychotropic medications and how behavioral health providers can help support primary care prescription practices
- Providing time-limited individual treatment, such as Focused Acceptance and Commitment Therapy, PTSD symptom management, and SMART goal oriented solution focused treatments while incorporating the Common Factors of psychotherapy
- Engaging in joint visits with the Primary Care Provider (PCP) and patient (subject to Covid 19 restrictions)
- Educating PACTs about PCMHI practices and mental health topics
- Facilitating brief PCMHI-appropriate assessment (PHQ, GAD, PCL, MOCA)
- Population based group treatments co-lead w/ PACT member such as: smoking cessation, weight management, chronic pain, and depression and anxiety

\*The above experiences may occur live, in person, or via a virtual video conference depending on Covid 19 restrictions

### **Where the Fellow Works:**

There are five VA primary care locations across the Portland area and currently the PCMHI fellowship is located at the downtown Portland main hospital campus in two different PC clinics described below (located in the same building). Additional primary care clinics are located in surrounding areas ~15 miles from the main campus, including: Fairview, Vancouver, West Linn, and Hillsboro clinics. ***Note: locations, supervisors and specific opportunities are subject to change based on psychology staffing and the needs of the PC clinic, however we try to meet the training needs of the fellow if possible. Virtual care and/or telework may be necessary due to Covid 10 restrictions.*** The PCMHI Fellow is tentatively scheduled to train at the following clinics:

**Women’s Health Clinic:** WHC is a stand-alone clinic that includes primary care, urology and gynecology. In addition to the general PCMHI services including behavioral health interventions and consultation, unique opportunities may include: treating mental health concerns related to peripartum, postpartum, infertility and menopause; supporting survivors of sexual assault during gynecology visits, shared medical visits with the maternity care coordinator; co-leading Women’s Health complex case meetings, embodying and teaching “trauma informed care”; and offering wellness/burnout prevention education to Women’s Clinic staff.

---

**Internal Medicine Resident Clinic:** The Portland IM Resident Clinic houses attendings and residents from Oregon Health and Sciences University, which is located across the Sky Bridge on an adjoining campus. Working with residents is a unique opportunity as it includes additional teaching opportunities to support medical residents develop mental health integration skills early in their career. In addition to the general PCMHI roles, training opportunities may include: serving on the Controlled Substance Review Board to offer education and clinical consultation to PC Staff who treat Veterans using high doses of opiates; guest teaching in the IM resident courses; staffing patients with attendings and residents in the resident room; and attending PACT meetings.

**Additional Optional Training: Center for Integrated Pain Clinic (CIPC)**

We recognize that addressing pain management has become an integral and common element of behavioral health in primary care. As such, the PCMHI fellowship is scheduled to include an additional clinical experience working with pain psychologists in the Center for Integrated Pain Clinic (usually ~2 days a week for half the year). CIPC experiences may vary but usually include: **Chronic Pain Team Consults:** Multi-disciplinary behavioral pain management evaluation for Veterans with significant pain-related distress and functional impairment. In addition to the evaluation, treatment planning and feedback, this may also include focused follow-up interventions such as: psychoeducation, CBT/ACT-based psychotherapies for chronic pain, mindfulness-based interventions, biofeedback, and motivational enhancement for clinical engagement.

**Chronic Pain Education Program:** 6-week ACT and CBT based group with 90-min weekly sessions. Veterans learn about chronic pain and pain science education, behavioral self-management skills, and develop a personalized integrative care plan. Additional clinical experiences may include: Group for individuals tapering off opiates in primary care as well as groups for pre-operation and post-operation readiness.

**PCMHI Quality Improvement, Admin or Research Project:**

Each PVAHCS fellowship differs in research experiences. While the PCMHI position is focused on clinical practice, we are also dedicated to the APA research competency. We require the completion of a quality improvement, admin or a research project that includes data collection. Time allocated to the fellow's project will depend on scale and goals. The project will be housed within the PC clinics and/or will support PCMHI practices or mission. It is unlikely that the fellow will have time to go through IRB approved for publication, but rather, the data collection will be under the category of quality improvement research.

**Covid 19 Potential Changes:**

We are also continuing to craft the "virtual warm handoff" so that we can offer Veterans and PCPs immediate consultation within these confines. PCMHI is also running virtual PCMHI groups that we expect to continue. We hope the postdoc will bring ideas and initiatives to support new and innovative ways to use virtual care in interdisciplinary team. As a result of this new chapter in healthcare delivery, some of the experiences listed above may be reimaged to occur in a virtual format.

**Contact:**

The PCMHI team understands that each PCMHI fellowship program can differ greatly and it can be challenging to determine if this placement is a fit for your training goals. As such, we **strongly encourage** you to reach out to the lead supervisor via email and she will be happy to communicate about the position. Email: [Odessa.cole2@va.gov](mailto:Odessa.cole2@va.gov). You can also contact the Postdoc Training Director Jason Steward who can connect you to the current post doc or other supervisors.

---

## ***Palliative Care***

**Gina Ortola, Ph.D, Lead Supervisor; MHC & Palliative Care Outpatient & Inpatient**

**Timothy Wright, Psy.D, Supervisor; Palliative Care Inpatient**

**Kenneth Sewell, Ph.D., Supervisor; Center for Integrated Pain Care**

**Quyên Sklar, Ph.D., Supervisor; Community Living Center**

**David Greaves, Ph.D., Supervisor; Whole Health & Professional Development**

This position is part of one of the five national VA Interprofessional Fellowships in Palliative Care. This is a one-year, health-related training program in which the psychology fellow will join an interdisciplinary palliative care team, including other fellows in social work, palliative medicine, and chaplaincy. The psychology fellow will function year-round as a palliative care consult team member, attending palliative care rounds, taking referrals for palliative care inpatients (in hospital and nursing skilled care units offering bedside consultation, brief assessment, and psychotherapy), and outpatient clinics, while providing expertise and staff education to other hospital disciplines caring for palliative and hospice-enrolled inpatients.

### **Additional trainings may include:**

- **Community Living Center** – residential inpatient skilled nursing facility with 8 hospice beds + 6 palliative care beds – provide behavioral consultation and education to various CLC clinical disciplines and administration, including psychological evaluation of hospice/palliative patients and individual/family psychotherapy
- **Center for Integrative Pain Care (CIPC)** – outpatient team evaluations and consultation for biopsychosocial management of chronic pain – may include co-facilitation of chronic pain groups and/or spinal cord stimulator evaluations
- **Outpatient Mental Health Clinic** – individual therapy for end-of-life processing, bereavement, aging, adjustment to chronic and life-limiting illnesses– includes training requirement for providing supervised supervision of a practicum student
- **Outpatient Hematology/Oncology Clinic** – individual and family therapy for adjustment to cancer diagnosis, prognosis, and treatment

### **Other training opportunities:**

- Supervised supervision of a practicum and/or intern trainee
- Bereavement support calls
- Facilitate palliative care interdisciplinary team wellness with brief mindfulness exercises and debriefing of challenging incidents/cases
- Participate and facilitate Oregon Health & Science University (OHSU) palliative care journal clubs
- Participate in the quarterly memorial services
- Mentoring of interested interns in gaining clinical experience with palliative care and hospice populations
- Present a didactic topic on diversity and/or ethics to psychology trainees and staff

### **Training will be designed to maximize the fellow's expertise in:**

- Psychological and cultural aspects of end-of-life care (e.g., sociocultural values and beliefs such as faith, gender, SES) and their relationship to mood and quality of life
- Knowledge and treatment of common end-of-life psychiatric syndromes (including depression, anxiety, delirium, posttraumatic stress disorder, anticipatory grief, substance abuse, acute on chronic pain, and sleep disorders)

- Caregiver strain and processing of grief
- In-depth understanding of disease-specific end-of-life trajectories
- Working with other disciplines including chaplains, social workers, nurses, pharmacists, and physicians to maximize palliative support and identify unmet needs for psychological services
- Empirical basis of assessment and treatment planning for those with life-limiting and chronic medical conditions
- Advanced understanding of end-of-life pain treatment protocols and symptom management

**Palliative Care Quality Improvement, Administrative or Research Project:**

While the VAPORHCS fellowship in Palliative Care is focused on clinical practice, we are also dedicated to APA research competency. As part of the program requirement, fellows are expected to complete a quality improvement, administrative or research project that entails data collection, analysis, and a written report of findings and recommendations. Fellows have the option to request a maximum of four hours per week dedicated towards this project and/or other research projects they may be involved in (e.g., preparing manuscripts for publications, participating with faculty on existing research).

**Didactic Trainings:**

Fellows will participate in a psychology postdoc-specific professional development and didactic seminar series twice monthly, a weekly Interprofessional Palliative Care Team didactic, OHSU palliative care journal club, and an optional monthly all-city palliative care conference.

**Supervision Structure & Training Year Timeline:**

Primary Supervisor: GINA ORTOLA  PCCT Outpatient & Inpatient // Supervised Supervision  Aug 2021 – 2022		
Secondary Supervisor: TIMOTHY WRIGHT  Inpatient Palliative Care Supervision & Mentoring  Aug 2021 – 2022		
Secondary Supervisor: KENNETH SEWELL  CIPC (Pain Clinic) Aug – Dec 2021	Secondary Supervisor: QUYEN SKLAR  CLC  Oct 2020 – Mar 2022	Secondary Supervisor: DAVID GREAVES  Career & Professional Development  Mar – Aug 2023

The fellow will receive at least two hours of individual supervision weekly and one hour of group supervision with other psychology postdoctoral trainees.

**Contact:**

If you are interested in learning more about what the Palliative Care fellowship entails to determine if this placement is a good fit for your training and career goals, please contact one of our supervisors via email. Email: [gina.ortola@va.gov](mailto:gina.ortola@va.gov) or [quyen.sklar@va.gov](mailto:quyen.sklar@va.gov). You can also contact the Postdoc Training Director Jason Steward who can connect you to the current post doc or other supervisors.

---

## **Neuropsychology**

**Daniel Storzbach, Ph.D., Megan Callahan, Psy.D., lead supervisors.** The trainee in this position will develop skills primarily in the assessment and treatment of complicated diagnostic pictures, and with comorbid neurologic, psychiatric, medical and substance abuse problems. Trainees will work in the Outpatient Neuropsychology Clinic, the Outpatient Neuropsychological Rehabilitation Clinic, and Neurology Service at VAPORHCS. Fellows within these clinics will see patients with various diagnostic presentations including: Dementia of the Alzheimer's Type (DAT), Vascular Dementia, Alcohol Dementia, Parkinson's Disease, focal stroke, Multiple Sclerosis, movement disorders, and ALS clinics. The clinics also receive many consults for a young cohort of patients who experienced Traumatic Brain Injury (TBI) while serving in recent conflicts abroad. As such, the Fellow can expect to see patients experiencing cognitive deficits secondary to psychiatric disorders (e.g. depression, post-traumatic stress disorder, schizophrenia) are also frequently referred. Clinical services include comprehensive neuropsychological evaluations, neurocognitive screenings, neuropsychological interventions, and detailed feedback to patients, family, and referral sources.

The assessment approach at VAPORHCS combines structured and flexible techniques. In addition to clinical training, fellows will attend seminars that provide theoretical and practical reviews of current issues including formal case presentations, Neuropsychology Case Conferences led by Dr. Muriel Lezak at OHSU, and Neuroscience Grand Rounds. There may also be opportunities to work in collaboration with staff from the VA's Center for Polytrauma Care in Seattle and the Psychology Department at Madigan Army Medical Center.

The VAPORHCS has a long tradition of research in neuropsychology and the neurosciences. As such, Fellows will also have opportunities to participate in ongoing clinical research (e.g., VA Merit Review study "Cognitive Rehabilitation of OIF/OEF Veterans with Cognitive Disorder.") A major portion of the research at the VAPORHCS is conducted on the Portland and Oregon Health & Science University (OHSU) campuses, and involves collaboration between neurologists, clinical and experimental psychologists, and other neuroscientists at the VA and OHSU. The close collaboration between clinicians and researchers on the Portland campus has provided an extraordinary opportunity for developing and evaluating innovative new treatment and diagnostic programs, and has created an exciting and fertile training ground for postdoctoral Fellows.

Fellows will be expected to participate in research and encouraged to present their research work within our group. They will also be encouraged to submit their work to national meetings such as the International Neuropsychological Society, the National Academy of Neuropsychology, Society for Neuroscience, and the Cognitive Neuroscience Society. They will also be encouraged to participate in professional societies to keep their knowledge of our field up-to-date.

**NOTE:** Given that the Neuropsychology Fellowship is a two-year specialty program, we have a separate more detailed brochure about the training experience, goals and competencies, program structure and application process. We encourage you to visit our homepage (<https://www.portland.va.gov/cptp.asp>) where you can download that document.

---

## Mental Illness Research and Treatment (MIRECC Fellowship)

**James Boehnlein, M.D., Ruth Ann Tsukuda, Ed.D., MPH;** Co-Directors  
**Benjamin Morasco, Ph.D., Maya O'Neil, Ph.D.,** Supervisors of Research Training  
**Sarah Suniga, Ph.D., Trisha Vinatieri, Psy.D.,** Supervisors of Clinical Training

The Veterans Affairs' Advanced Psychology Postdoctoral Fellowship in Mental Illness Research and Treatment is a two-year postdoctoral training program. The primary goal of the Northwest Mental Illness Research, Education and Clinical Center's (NW MIRECC) Advanced Psychology Postdoctoral Fellowship program is to train and equip psychologists with the knowledge and expertise to lead clinical research efforts that make lasting contributions in the lives of Veterans experiencing mental health challenges. In collaboration with their mentors, the Advanced Psychology Postdoctoral Fellows will develop and implement research projects, publish and present findings, write grants, and utilize the latest technology for educational activities and clinical service delivery. Psychology Postdoctoral Fellows devote 75% of their time to research and education activities (25% of research must be clinically-focused) and 25% to clinical training. Over the course of the two-year program, fellows are trained in clinical and health systems research, advanced clinical care service delivery, and program administration in an interdisciplinary setting. The VA Portland Health Care System NW MIRECC Psychology Postdoctoral Fellowship site is linked electronically to other national MIRECC sites for didactic, academic, and research efforts.

**NOTE:** The MIRECC Fellowship is a two-year research program, and we have a separate more detailed brochure about the training experience (e.g., training opportunities). We encourage you to visit our homepage (<https://www.portland.va.gov/cptp.asp>) where you can download that document. To learn more about the NW Mental Illness Research, Education and Clinical Center, you may also visit <https://www.mirecc.va.gov/visn20/>.

---

## **Required Training Experiences for All Fellows**

Regardless of emphasis area, all psychology fellows will gain experience in assessment, treatment, consultation, supervision, administration, ethical principles, and cultural and individual diversity.

### ***Assessment***

Fellows will conduct intake assessments and learn to make competent multi-axial DSM-5 diagnoses. Fellows also use a number of personality and cognitive assessment instruments, including the MMPI-2, PAI, WMS-IV, WAIS-IV, and RBANS. Fellows will further advance their ability 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***

VAPORHCS uses a number of psychological treatment approaches, with an emphasis on empirically-supported treatments implemented with sensitivity to contextual and cultural factors. Fellows 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, fellows will provide group therapy for a variety of Veterans. Fellows acquire skills in developing, planning, and leading psychoeducational and process groups.

### ***Consultation***

Fellows will learn to function as consultants throughout the medical center. 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 fellows. In other instances, the fellow will serve as an independent consultant. Fellows will strengthen valuable professional skills including 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. By the end of the fellowship, the fellow will have gained advanced skills in providing consultation to multidisciplinary teams, as well as to individual practitioners from different disciplines.

### ***Supervised supervision***

We are committed to mentoring growth in the provision of supervision to future psychologists. All postdoctoral Fellows will work with their primary supervisor, the Director of Psychology Postdoctoral Training, the Director of Psychology Training, and the Director of Practicum Training as appropriate to establish a training relationship with a graduate psychology practicum student and in some cases a current VAPORHCS Psychology intern during the training year. The training program will strive to match interns or practicum students as supervisees who have training interests in the areas of clinical strength of the postdoctoral Fellow. Fellows will also attend VAPORHCS Mental Health Education Committee presentations on supervision, which may be counted as didactic electives. These sessions are also attended by VAPORHCS staff psychologists, who are dedicated to increasing their own clinical and cultural competencies related to supervision and supervised supervision.

---

## ***Administrative/Program Development Project***

Each postdoctoral trainee is required to complete an administrative project during the training year. This project provides fellows with a mentored educational experience to develop administrative and leadership skills as part of a well-rounded program of training for professional psychology. Some typical projects in past training years have included:

- Assist with an aspect of developing a VAPORHCS mental health service (e.g. telehealth; training rural providers) or clinic (e.g. postdeployment)
- a 6-8 week psychoeducational group with pre and post (ratings or outcome) measures

At the completion of the project, the postdoctoral resident will write a brief summary of the goals of the project, a 2-3 sentence description of the project, and a summary of the outcomes of the project (narrative, including participant ratings or outcome measures).

## ***Ethics, Multiculturalism and Diversity***

We are an ethically principled, diverse collection of colleagues who welcome growth in our understanding of diverse populations within and around our professional network. We recognize that cultural competence is an ongoing process, and many of us are new to this process. We strive towards an environment that consistently conveys cultural sensitivity, cultural humility, and honors intersecting identities and diverse worldviews. We recognize that this requires an ongoing commitment to evaluation and feedback in order to develop a welcoming environment for all employees and trainees, to model this welcoming culture for others throughout VAPORHCS, and to increase diversity in our richly varied community as we grow. To this end, Fellows will present one Seminar during the year on a self-directed topic addressing ethical, legal and cultural issues to consider. We consider didactic seminars as an opportunity to improve Fellows' cultural competence while cultivating a workplace that appreciates diversity.

---

## Diversity at VAPORHCS

VAPORHCS values diversity in our staff. The Director of Training, Training Committee, Supervisors, and other staff attempt to model disclosing and welcoming diversity in the workplace. As an equal opportunity training program, the fellowship welcomes and strongly encourages applications from all qualified candidates, regardless of racial, ethnic, religious, sexual orientation, disability, or other minority status. We strive to place a high value on learning about and welcoming diversity into our midst, and have been responsive to feedback as we grow.

In 2011, VAPORHCS 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.

On an institutional level, VAPORHCS promotes diversity recruitment and retention through an active Equal Employment Opportunity (EEO) Program with an Advisory Committee as well Special Emphasis Program Managers (SEPMs).

The EEO/Diversity program fosters a diverse and inclusive work environment that ensures equal opportunity through policy development, workforce analysis, outreach, retention, and education to best serve our nation's Veterans. Special Emphasis Program Managers (SEPMs) champion diversity concerns of particular groups including Veterans, ethnic/ racial/ cultural groups, women, LGBTQ people, and people with disabilities. VAPORHCS was the first VA site to establish an LGBT SEPM position on its EEO Advisory Committee; only two other VA sites are known to have an LGBT/sexual minority SEPM. The facility has now achieved Equality Leader status for the past three years on the Human Rights Commission's Healthcare Equality Index (HEI). Leader status is granted to those healthcare facilities who have met performance standards on four criteria: Patient Non-Discrimination, Equal Visitation, Employment Non-Discrimination, and Training in LGBT Patient-Centered Care.

**Staff Demographics:** Of 50 plus psychologists, 31 (63%) are women and 18 (37%) are men; 44 (90%) identify as Caucasian, 1 (2%) as American Indian/Alaskan Native, 3 (6%) as Asian/Pacific Islander, 1 (2%) as Black/African American, and 6 (12%) as Hispanic/Latino; 5 (10%) identify as LGBTIQ; 3 (6%) identify as subject to the Americans with Disability Act; 1 (2%) is active duty in the military, and 6 (12%) are Veterans; and 7 (14%) speak fluently in other languages in addition to English (1 speaks Afrikaans, 1 Burmese, 1 French, 1 German, and 3 Spanish).

---

## Meet the Staff

Staff members are scientist-practitioners of psychology. Staff roles include delivery of clinical service, research, consultation, trainee supervision, and administration. The majority are also OHSU faculty. The following staff are involved in postdoctoral training.

**Christopher F. Anderson, Ph.D., Chief of Psychology Program and Manager for the Substance Abuse Treatment Program (SATP) and the PTSD Clinical Team (PCT).** Dr. Anderson received his doctorate from Auburn University and completed his internship at VAPORHCS 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.

**Jason C. Steward, Ph.D., Director of Postdoctoral Training in Psychology, and Supervisory Psychologist in the Mental Health Clinic.** Dr. Steward received his doctorate in Counseling Psychology in 2005 from the University of Minnesota-Twin Cities. Following his graduate training, he taught for several years at Argosy University-Tampa as an Assistant Professor and served as their Director of Practicum Training and Curriculum Chair. In addition, he also served as an investigator on studies investigating cognitive vulnerability models of perceptions of control and PTSD in trauma survivors. He left Argosy in 2008 to assume a position at Bay Pines VAHCS in the Center of Sexual Trauma Services (CSTS). He then worked at the Orlando VAMC in 2011 and served as the Director of Training in Psychology along with working in Specialty Mental Health. Along with his various roles in training, he works clinically within the service providing individual, couple, and family therapy. His expertise is in psychological assessment and the treatment of trauma survivors within populations of sexual assault, combat, terrorism, maltreatment, and sudden bereavement. He is licensed in Hawaii.

**Marilyn Huckans, Ph.D., Director of Psychology Training and Practicum Program, Neuropsychologist for the Mental Health Clinic, and Associate Professor of Psychology in the Department of Psychiatry at 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 VAPORHCS. Dr. Huckans currently serves as the Director of Training for Psychology at VAPORHCS 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 Clinic at VAPORHCS. Her research program evaluates clinical and preclinical 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. Outside of work, she enjoys hiking, camping, sports, games, and outings with her four energetic children, husband, and friends.

---

**James Boehnlein, M.D., M.Sc., MIRECC**

After completing medical school at Case Western Reserve University, and psychiatry residency training at Oregon Health and Science University (OHSU), Dr. Boehnlein trained as a VA/Robert Wood Johnson Clinical Scholar at the University of Pennsylvania, where he received a masters degree in medical anthropology. He then returned to OHSU, where he has been Associate Director for Education for the VA Northwest Mental Illness Research, Education, and Clinical Center (MIRECC) since its inception in 1998, and co-director of its Advanced Fellowship Program in Mental Illness Research and Treatment. As Professor of Psychiatry, he also has served as Director of Medical Student Education for OHSU's Department of Psychiatry, and as OHSU's Assistant Dean for Curriculum. For the past 28 years he has been a clinician at the Portland VAMC Mental Health Clinic and at OHSU's Intercultural Psychiatric Program, where he has treated Southeast Asian and Central American refugees. His research has focused on cross-cultural psychiatry (particularly cultural and anthropological perspectives on posttraumatic stress disorder among Veterans and refugees, and long-term adjustment of traumatized refugees), the interface of culture and medical ethics, spiritual issues in psychiatry and psychological trauma, and on medical education. He has been a consultant to the Documentation Center of Cambodia for trauma mental health services in Cambodia, and for staff education in preparation for the Khmer Rouge war crimes tribunal. He is board certified in both general and forensic psychiatry, and is past president of the Society for the Study of Psychiatry and Culture, an international association of psychiatric and social science researchers and educators.

**Megan Callahan, Psy.D., Clinical Neuropsychologist and Research Psychologist for the Neuropsychology Service, VAPORHCS. Assistant Professor in the Department of Psychiatry, OHSU.**

Dr. Callahan received her Psy.D. in Clinical Psychology from The American School of Professional Psychology at Argosy University in Washington D.C. She completed her internship and a two-year polytrauma postdoctoral fellowship at the VAPORHCS. Her clinical practice includes consultation, neuropsychological assessment, and operating the Neuropsychological Rehabilitation Clinic within the Neuropsychology Service. Dr. Callahan is was recently funded as the principal investigator for a DOD-funded study, a multisite randomized controlled trial of a new manualized treatment, a telephone version of Cognitively Augmented Behavioral Activation for Veterans with with TBI. She is also funded by the VA and DoD to examine the effectiveness of a hybrid intervention for comorbid mTBI and PTSD, and to study photosensitivity and pain in TBI. Dr. Callahan's additional research collaborations involve studying the psychological and cognitive effects of brain trauma, cognitive rehabilitation, and systemic interventions for healthy brain function and improved quality of life.

**Odessa Cole, Ph.D., Staff Psychologist, PCMHI in Women's Clinic, VAPORHCS.**

Dr. Cole received her doctorate from the University of Wisconsin-Madison after she completed her internship at VA Puget Sound Health Care System American Lake Division. She was a Postdoctoral Fellow in Primary Care Mental Health Integration (PCMHI) at the Portland VAPORHCS and is now the current lead supervisor for the PCMHI fellowship. Dr. Cole's clinical time is dedicated to the Women's Clinic with a focus on Acceptance and Commitment Therapy towards value driven health behavior change. She is also involved in PCMHI program development and training, as she strives to work with primary care staff to better integrate services to meet Veteran's health and wellness goals. Dr. Cole is the Women's Mental Health Program Director and a portion of her duties are dedicated to furthering services for women Veterans with trauma informed, culturally aware care that addresses MH topics affecting females across the reproductive life span. She spends any free time outdoors, backpacking, gardening, biking as well as eating her way through every great restaurant in Portland!

---

**Theresa Demadura, Ph.D., Staff Neuropsychologist.** Dr. Demadura received her doctorate in clinical psychology from the San Diego State University and University of California, San Diego Joint Doctoral Program in 2014. She is a staff neuropsychologist in the VAPORHCS's Neuropsychology Clinic. She and her husband enjoy exploring city hiking trails and dog parks with their Labrador retriever and visiting Central Oregon for cross country skiing, kayaking, and hiking.

**Bret Fuller, Ph.D., Supervisory Psychologist for the Mental Health Clinic, and Assistant Professor in the Department of Public Health & Preventative Medicine at 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. Dr. Fuller is the health psychology supervisor and is also involved in Primary Care Mental Health Integration on the VA Portland Campus.

**David W. Greaves, Ph.D., Clinical Director of Whole Health and Clinical Associate Professor of Psychology in the Department of Psychiatry at OHSU.**

Dr. Greaves received his Ph.D. from Brigham Young University in 1991 and completed his internship at VAPORHCS. Over the years Dr. Greaves has worked as a clinician and program manager in multiple clinical settings at VAPORHCS, 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. Dr. Greaves grew up in a humble but happy home in Salem, Oregon along with his four brothers. Both his grandfathers and his father are Veterans (WWI and Korea, respectively). Away from work, he loves to spend time with his family, following all sports, and dedicating time to his faith.

**Daniela Hugelshofer, Ph.D., Staff Psychologist and Program Manager of the Vancouver Mental Health Clinic (V-MHC); Assistant Professor of Psychology in the Department of Psychiatry at OHSU.**

Dr. Hugelshofer received her doctorate in clinical psychology from Washington State University in 2006, after completing her pre-doctoral internship at the VA Portland Health Care System. 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 the VA Portland Health Care System thereafter as a staff psychologist. Most recently, her clinical work has focused on the assessment and treatment of military-related trauma and PTSD. She has clinical expertise in cognitive-behavioral therapy, with particular emphasis upon the delivery of evidence-based treatments for PTSD, such as Prolonged Exposure (PE) and Cognitive Processing Therapy (CPT), and working with Veterans with insomnia to support the development of healthier and more satisfying sleep. When not working, you'll find her gardening, traveling, playing softball, and spending time with loved ones.

**Travis Lovejoy, Ph.D., M.P.H., Staff Psychologist for the Substance Abuse Treatment Program (SATP), and Assistant Professor of Psychology in the Department of Psychiatry at 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 VAPORHCS. He joined VAPORHCS staff in 2012, and provides clinical services within SATP. Dr. Lovejoy has an active line of funded VA research that focuses on the treatment of chronic pain in patients with substance use disorders. Other funded research examines motivational and behavioral interventions to reduce HIV transmission risk behaviors in traditionally underserved and marginalized groups of people living with HIV. Dr. Lovejoy is actively involved in health psychology and currently serves as Chair of the Early Career Professionals Council for the Society for Health Psychology (Division 38 of the American Psychological Association).

---

**Chad McGhee, Psy.D., Staff Psychologist in the Mental Health Clinic, VAPORHCS.**

Dr. McGhee completed his doctorate in clinical psychology from Pacific University School of Professional Psychology in 2011. He completed his internship at Southern Illinois University – Carbondale (CAPS) with a special emphasis in couples counseling and confirming therapy for LGBT populations. He pursued a post-doctorate residency at Oregon State Hospital where he served as a member of the DBT treatment team beyond residency. Dr. McGhee was a full-time clinician and outreach coordinator at Washington State University – Vancouver Counseling Center before joining the staff at Madigan Army Medical Center in Washington. At MAMC, Dr. McGhee was part of an embedded behavioral health team that treated active-duty soldiers within the Special Operations Forces with a specialization in CPT for combat-related PTSD. He joined VAPORHCS in March, 2019 as a staff psychologist for the mental health clinic at the Portland campus. In addition to CPT for PTSD, Dr. McGhee integrates CBT, ACT, DBT and mindfulness-based interventions within a strength-based framework.

**Benjamin Morasco, Ph.D., Staff Psychologist, and Assistant Professor of Psychology in the Department of Psychiatry at 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 VAPORHCS 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.

**Maya Elin O’Neil, Ph.D., Neuropsychologist for Rural Telemental Health, VAPORHCS. Associate 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 then completed internship at VAPORHCS and a K fellowship at OHSU. She provides treatment and supervision related to PTSD, depression, cognitive rehabilitation, family therapy, and neuropsychological and psychological assessment. She serves as a research mentor and clinical supervisor to graduate students, interns, and fellows and is the Co-Director for Research Training for the Portland VA MIRECC fellowship program. Dr. O’Neil is funded by a VA Career Development Award and is Principal Investigator of multiple AHRQ-, National Center for PTSD-, DoD/CDMRP-, and VA-funded grants on PTSD, cognitive rehabilitation, TBI, suicide prevention, and quantitative methods. She cooks, skis, hikes and camps with her dogs, and bikes everywhere, rain or shine. When she’s taking a break from writing grants, she can often be found in the ceramics studio throwing functional porcelain mugs and bowls.

**Gina L. Ortola, PhD., Supervisory Psychologist, VAPORHCS, and Associate Professor of Psychology in the Department of Psychiatry, OHSU.**

Dr. Ortola received her doctorate from Washington State University in 1996 and completed both an internship and a postdoctoral fellowship in geropsychology at VAPORHCS. She is the lead supervisor for the Palliative Care Fellowship. She enjoys incorporating mindfulness-based interventions (ACT, DBT and MBCT) into her work and has a personal mindfulness practice as well. Dr. Ortola was a member of VAPORHCS’s DBT team for over a decade and is certified in ACT for depression. She is an ACT for Depression Training Consultant for the VA nationally. Dr. Ortola has been a member of the Sexual Orientation and Gender Identity (SOGI) Advisory Group since its inception in 2013. She is a member of the Psychology Multicultural and Diversity Committee as well. Outside of work, Dr. Ortola enjoys cooking, reading, and spending time with her son.

**Douglas J. Park, Ph.D., Staff Psychologist and Local Recovery Coordinator for the VAPORHCS.**

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 the

---

VAPORHCS 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.

**Irene G. Powch, Ph.D., Staff Psychologist for the PTSD Clinical Team, and 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.

**Veronica Rodriguez, Ph.D., Staff Psychologist for the Substance Abuse Treatment Program.** 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 VAPORHCS. 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 VAPORHCS Liver Transplant Program, performing substance abuse focused assessments.

**Kenneth Sewell, Ph.D., Staff Psychologist for the Center for Integrative Pain Care, VAPORHCS. Assistant Professor in the Department of Psychiatry, OHSU.** Dr. Sewell attained his doctorate from the University of Houston in Clinical Psychology and completed a postdoctoral fellowship with the New Mexico Corrections Department specializing in Behavioral Medicine and Forensic Evaluation. His clinical interests include mindfulness-based approaches to pain management, multi-disciplinary treatment of chronic pain and health/wellness psychology. His commitment to serving our Veterans has stemmed from growing up in a family where members have served in the military from every generation from the Civil War on. He currently is lead psychologist in the Operative Care Service, Department of Anesthesiology where he participates in multi-disciplinary evaluation and treatment of chronic pain including the use of ancillary treatment modalities such as biofeedback and hypnosis.

**Quyen T. Sklar, Ph.D., Staff Psychologist for Community Living Center, VAPORHCS. Assistant Professor in the Department of Psychiatry, OHSU.** Dr. Sklar received her doctorate in Clinical Psychology from Rosemead School of Psychology at Biola University after completing her internship at VAPORHCS. She was a postdoctoral fellow in Palliative Care at VAPORHCS and is now a supervisor for this fellowship. Clinically, she works with multiple interdisciplinary teams and provides behavioral health consultation and psychological services at the Community Living Center. As an advocate in cultural competence and social justice in psychology training, Dr. Sklar has been involved in the Psychology Multicultural and Diversity Committee at VAPORHCS since her training here as an intern and currently serves as the liaison between MDC and the Training Committee. Her research background is also in the areas of multiculturalism and cultural competence in psychology and training. When she is not working,

---

she enjoys spending time with her family, trying out new Portland eateries, reading, painting, hiking, and trying very hard to keep her houseplants alive.

**Mary Steers, PCMHI Staff Psychologist.** Dr. Steers received her doctorate from the University of Colorado, Colorado Springs after completing her internship at the West Los Angeles VA Medical Center. She completed a postdoctoral fellowship in Geropsychology and Home-Based Primary Care at the VA San Diego Health Care System. Dr. Steers is the PCMHI psychologist in the Internal Medicine Resident Clinic and is one of the supervisors for the PCMHI fellowship. She uses Behavioral Therapy, Cognitive-Behavioral therapy, and Acceptance and Commitment Therapy to engage Veterans in values-based health behavior change by working to understand and address the challenges they face in improving their overall health. A native Oregonian, Dr. Steers enjoys reading, traveling, playing and watching sports, and spending time with family and friends in the great PNW.

**Daniel Storzbach, Ph.D., Senior Neuropsychologist, Research Psychologist, and Adjunct Associate Professor of Psychiatry and Neurology at 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 VAPORHCS. He is the head of VAPORHCS'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 randomized controlled trial of a new manualized treatment, Cognitively Augmented Behavioral Activation for Veterans with comorbid PTSD and TBI. Dr. Storzbach also collaborates on other research with VA and OHSU investigators, particularly at VAPORHCS's PTSD Clinical Team, VAPORHCS's Epilepsy Center of Excellence, and VAPORHCS's National Center for Rehabilitative Auditory Research. He enjoys travel, hiking, and dining with his family in the Pacific Northwest.

**Sarah Súniga, Ph.D., Women Veteran's Program Manager.** Dr. Súniga received her doctorate from Kent State University in Clinical Psychology with a Health Psychology emphasis. She completed her internship at the VAPORHCS 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.

**Ruth Ann Tsukuda, Ed.D., M.P.H., RN, Assistant Professor** Ruth Ann W. Tsukuda is Associate Director of Education for the VISN 20 MIRECC and Co-Director for its Advanced Fellowship Program in Mental Illness Research and Treatment at the Portland VA Medical Center. She is the former Director of the Interprofessional Team Training and Development Program and Director of the Oregon Geriatric Education Center. Her research and teaching interests focus on collaborative practice in health care settings, the function of health care teams, clinical ethics, and organizational development. She is recognized for her teaching excellence and for many years, she has concentrated her efforts on preparing students in the health professions to work in today's complex and dynamic health care environment. She is actively engaged in education of medical students and trainees from multiple other disciplines at all levels from their entry in the field through post-doctoral and continuing professional education.

---

**Trisha Vinatieri, Psy.D., Staff Psychologist and Team Lead for the PTSD Clinical Team. Assistant Professor of Psychology in the Department of Psychiatry, OHSU.** Dr. Vinatieri received her doctoral degree from the PGSP-Stanford Psy.D. Consortium with a focus in clinical psychology. She completed her internship at the Loma Linda VA Medical Center and her postdoctoral fellowship at the San Francisco VA Medical Center with a concentration in rural and women's mental health. She then served as a staff psychologist and director of the VA Palo Alto's Women's Counseling Center until moving to the VA Portland in 2018 where she serves as a clinician and team lead for the PTSD Clinical Team. She teaches undergraduate courses as Palo Alto University and serves as an assistant professor at Oregon Health and Science University. Her clinical interests include women's mental health, treatment of PTSD and comorbid diagnoses, and the impact of PTSD on family systems.

**Amy Wagner, Ph.D., Staff Psychologist for the PTSD Clinical Team, and Associate Professor of Psychology in the Department of Psychiatry at 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 VAPORHCS 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 a behavioral approach to clinical work that integrates a full range of contextual factors in case formulation and treatment (including cultural and diversity considerations). She has an on-going program of research in the area of treatment development and evaluation. In collaboration with Dr. Daniel Storzbach, she is currently examining the effectiveness of Cognitively Augmented Behavioral Activation for veterans with comorbid PTSD and traumatic brain injury. When not at work, she enjoys hiking, running, eating at Portland restaurants, and spending time with her daughter and husband.

**Timothy Wright, Psy.D., Staff Psychologist for the Center for Integrative Pain Care (CIPC), VA Portland HCS. Whole Health Flagship Education Champion, VA Portland HCS. Assistant Professor in the Department of Psychiatry, OHSU** Dr. Wright attained his clinical psychology doctorate from University of La Salle, PA, having completed an internship at the VA Maine HCS and a post-doctoral fellowship at VA Portland HCS, specializing in palliative care psychology and behavioral medicine. In a previous career, Dr. Wright worked as an organizational psychologist in a large financial services firm in London, UK. His clinical and research (not to mention personal!) interests are grounded in contextual CBT and mindfulness-based interventions, as well as working with medically-involved populations, such as chronic pain and life-limiting illness. Currently, he is a part-time staff psychologist in the Center for Integrative Pain Care (CIPC) at VA Portland, with a focus on interdisciplinary pain evaluations, individual and group therapy, and interdisciplinary program development. Additional responsibilities include: Whole Health Flagship Education Champion, training local staff on implementing the Whole Health system, a VA National model of integrative healthcare; Palliative Care Consult Team (PCCT) faculty and secondary supervisor for the palliative care psychology fellowship; national faculty for VA CALM Mindfulness Training; and, lead clinician for the Mindfulness Institute at VA Portland. At home, he is intermittently surviving and thriving, amidst the rich chaos of a young family as they continue to establish connections in the Pacific Northwest.

---

## **Current Staff Research Activities**

The VA values research for its role in improving patient care and attracting high quality clinical providers and scientific staff. VAPORHCS currently ranks 10th among VA organizations in overall grant support from the Department of Veterans Affairs. Currently, there are 177 staff Principal Investigators, including 11 with Career Development Awards, who are leading more than 589 active medical and behavioral science research projects. The VAPORHCS research community is supported by \$32 million in VA, National Institutes of Health (NIH), Department of Defense (DoD) and other funding sources in FY2018.

Each fellowship varies in its mix of clinical and research training; however, VAPORHCS encourages and nurtures involvement in research activities. Many staff welcome trainee involvement in ongoing research including grant preparation, data collection, data analysis, and manuscript preparation. Fellows have opportunities to co-author publications and professional presentations. Fellows especially interested in developing research careers can take advantage of many resources associated with this VA's close ties to OHSU, which is 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 contribute to psychology training.

### 2019

Marsiglio, M., Bohlig, A., & **Sklar, Q.** (2019). Supervision in context: A case example within Veterans Health Administration. In J. E. Manese. & T. Burnes (Eds.), *Casebook on Multicultural-Focused Supervision*.

Kondo, K.K., **Noonan, K.M.**, Freeman, M., Ayers, C.K., **Morasco, B.J.**, & Kansagara, D. (2019). Efficacy of biofeedback for medical conditions: An evidence map. *Journal of General Internal Medicine, 34*, 2883-2893.

Kumthekar, A., Shull, S., **Lovejoy, T.I.**, **Morasco, B.J.**, Chang, M., & Barton, J.L. (2019). Impact of hepatitis C treatment on pain intensity, prescription opioid use, and arthritis. *International Journal of Rheumatic Diseases, 22*, 592-598.

Maloy, P.E., Iacocca, M.O., & **Morasco, B.J.** (2019). Implementing guidelines for treating chronic pain with prescription opioids. *American Journal of Nursing, 119*, 22-29.

Merlin, J.S., Long, D., Becker, W.C., Cachay, E.R., Christopolous, K.A., Claborn, K., Crane, H.M., Edelman, E.J., **Lovejoy, T.I.**, Matthews, W.C., **Morasco, B.J.**, Napravnik, S., O'Cleirigh, C., Saag, M.S., Starrels, J.L., Gross, R., & Liebschutz, J.M. (2019). Marijuana use is not associated with changes in opioid prescriptions or pain severity among people living with HIV and chronic pain. *Journal of Acquired Immune Deficiency Syndromes, 81*, 231-237.

**Morasco, B.J.**, Dobscha, S.K., Hyde, S., & Mitchell, S.H. (2019). Exploratory study examining associations between prescription opioid dose and delay discounting in patients with chronic pain. *Journal of Opioid Management, 15*, 19-25.

**Morasco, B.J.**, Krebs E.E., Adams, M.H., Hyde, S., Zamudio, J., & Dobscha, S.K. (2019). Clinician response to aberrant urine drug test results of patients prescribed opioid therapy for chronic pain. *Clinical Journal of Pain, 35*, 1-6.

Papesh, M. A., Elliott, J. E., **Callahan, M. L.**, Storzbach, D., Lim, M. M., Gallun, F. E. (2019). Blast exposure affects habituation to acoustic startle and auditory event-related potentials: Mechanisms underlying impaired sensory gating. *Journal of Neurotrauma*. DOI: 10.1089/neu.2018.5801

Seal, K.H., Borsari, B., Tighe, J., Cohen, B.E., Delucchi, K., **Morasco, B.J.**, Li, Y., Sachs, E., Abadjian, L., Watson, E., Manuel, J., Vella, L., Trafton, J., & Midboe, A. (2019). Optimizing Pain Treatment Interventions (OPTI): A pilot randomized controlled trial of collaborative care to improve chronic pain management and opioid safety – rationale, methods, and lessons learned. *Contemporary Clinical Trials, 77*, 76-85.

### 2018

Adams, M.H., Dobscha, S.K., Smith, N.X., Yarborough, B.J., Deyo, R.A., & **Morasco, B.J.** (2018). Prevalence and correlates of low pain interference among patients with high pain intensity. *The Journal of Pain, 19*, 1074-1081.

Balba, N.M., Elliott, J.E., Weymann, K.B., Opel, R.A., Duke, J.W., Oken, B.S., **Morasco, B.J.**, Heinricher, M.M., & Lim, M.M. (2018). Increased sleep disturbances and pain in veterans with comorbid TBI and PTSD. *Journal of Clinical Sleep Medicine, 14*, 1865-1878.

**Boehnlein JK**, Hinton DE. From Shell Shock to Posttraumatic Stress Disorder and Traumatic Brain Injury: A Historical Perspective on Responses to Combat Trauma. In Culture and PTSD: Trauma in Global and Historical Perspective, DE Hinton and BJ Good (Eds.). Philadelphia: University of Pennsylvania Press, 2016

---

**Callahan, M. L.** & Storzbach, D. (2018). Sensory Sensitivity and Posttraumatic Stress Disorder in Blast Exposed Veterans with Mild Traumatic Brain Injury. *Applied Neuropsychology: Adult*, DOI: 10.1080/23279095.2018.1433179

Carlson, K.F., Gilbert, T.A., **Morasco, B.J.**, Wright, D., Van Otterloo, J., Herndorf, A., & Cook, L.J. (2018). Linkage of VA and state prescription drug monitoring program data to examine concurrent opioid and sedative-hypnotic prescriptions among veterans. *Health Services Research*, 53, 5285-5308.

Dash, G.F., Wilson, A.C., **Morasco, B.J.**, & Feldstein Ewing, S.W. (2018). A model of the intersection of pain and opioid misuse in children and adolescents. *Clinical Psychological Science*, 6, 629-646.**Nugent, S.M.**, Yarborough, B.J., Smith, N.X, Dobscha, S.K., Deyo, R.A., Green, C.A., & **Morasco, B.J.** (2018). Patterns and correlates of medical cannabis use for pain among patients prescribed long-term opioid therapy. *General Hospital Psychiatry*, 50, 104-110.

Elliott, J. E., Opel, R. A., Chau, A. Q., Weymann, K. B., **Callahan, M. L.**, Storzbach, D., Lim, M. M. (2018). Sleep Disturbances in TBI: Associations with Sensory Sensitivity. *Journal of Clinical Sleep Medicine*. *Journal of Clinical Sleep Medicine*. DOI: 10.5664/jcsm.7220

Hulen, E., Saha, S., **Morasco, B.J.**, Zeigler, C., Mackey, K., & Edwards, S.T. (2018). Sources of distress in primary care opioid management and the role of a Controlled Substance Review Group: A qualitative study. *Pain Medicine*, 19, 1570-1577.

**Lovejoy, T.I., Morasco, B.J.**, Demidenko, M.I., Meath, T.H.A., & Dobscha, S.K. (2018). Clinician referrals for non-opioid pain care following discontinuation of long-term opioid therapy differ based on reasons for discontinuation. *Journal of General Internal Medicine*, 33, 24-30.

**Lozier, C.C., Nugent, S.M.**, Dobscha, S.K., Smith, N.X., Deyo, R.A., Yarborough, B.J., & **Morasco, B.J.** (2018). Correlates of use and perceived effectiveness of non-pharmacologic strategies for chronic pain among patients prescribed long-term opioid therapy. *Journal of General Internal Medicine*, 33, 46-53.

McPherson, S., Smith, C.L., Dobscha, S.K., **Morasco, B.J.**, Demidenko, M.I., Meath, T.H.A., & **Lovejoy, T.I.** (2018). Changes in pain intensity following discontinuation of long-term opioid therapy for chronic non-cancer pain. *Pain*, 159, 2097-2104.

**Morasco, B.J., Lovejoy, T.I.**, & Ilgen, M.A. (2018). Management of chronic pain in patients with comorbid substance use disorder. In: D.C. Turk and R.J. Gatchel (Eds), *Psychological Approaches to Pain Management: A Practitioner's Handbook, Third Edition*. New York: Guilford Press, pp. 530-540.

**Morasco, B.J.**, Shull, S.E., Adams, M.H., Dobscha, S.K., & **Lovejoy, T.I.** (2018). Development of an algorithm to identify cannabis urine drug test results within a multi-site electronic health record system. *Journal of Medical Systems*, 42, 163.

Salinsky M, Rutecki P, Parko K, Goy E, **Storzbach D**, O'Neil M, Binder L, Joos S. (2018) Psychiatric comorbidity and traumatic brain injury attribution in patients with psychogenic nonepileptic or epileptic seizures: A multicenter study of US veterans. *Epilepsia*. 59(10): PMID: 30144027

## **2017**

Demidenko, M.I., Dobscha, S.K., **Morasco, B.J.**, Meath, T.H.A., Ilgen, M., & **Lovejoy, T.I.** (2017). Suicidal ideation and suicidal self-directed violence following clinician-initiated prescription opioid discontinuation among long-term opioid users. *General Hospital Psychiatry*, 47, 29-35.

Frank, J.W., **Lovejoy, T.I.**, Becker, W.C., **Morasco, B.J.**, Koenig, C.J., Hoffecker, L., Dischinger, H.R., Dobscha, S.K., & Krebs, E.E. (2017). Patient outcomes in dose reduction or discontinuation of long-term opioid therapy: A systematic review. *Annals of Internal Medicine*, 167, 181-191.

**Lovejoy, T.I., Morasco, B.J.**, Demidenko, M.I., Meath, T.H.A., Frank, J.W., & Dobscha, S.K. (2017). Reasons for discontinuation of long-term opioid therapy in patients with and without substance use disorders. *Pain*, 158;526-534.

---

**Morasco, B.J.**, Yarborough, B.J., Smith, N.X., Dobscha, S.K., Deyo, R.A., Perrin, N.A., & Green, C.A. (2017). Higher prescription opioid dose is associated with worse patient-reported pain outcomes and more health care utilization. *The Journal of Pain*, *18*, 437-445.

**Nugent, S.M.**, Dobscha, S.K., **Morasco, B.J.**, Demidenko, M.I., Meath, T.H.A., Frank, J.W., & **Lovejoy, T.I.** (2017). Substance use disorder treatment following clinician-initiated discontinuation of long-term opioid therapy resulting from an aberrant urine drug test. *Journal of General Internal Medicine*, *32*, 1076-1082.

**Nugent, S.M., Morasco, B.J., O'Neil, M.E.**, Freeman, M., Low, A., Kondo, K., Elven, C., Zakher, B., Motu'apuaka, M., Paynter, R., & Kansagara, D. (2017). The effects of cannabis among adults with chronic pain and an overview of general harms: A systematic review. *Annals of Internal Medicine*, *167*, 319-331.

**O'Neil, M.E., Nugent, S.M., Morasco, B.J.**, Freeman, M., Low, A., Kondo, K., Elven, C., Zakher, B., Motu'apuaka, M., Paynter, R. & Kansagara, D. (2017). Benefits and harms of cannabis for posttraumatic stress disorder: A systematic review. *Annals of Internal Medicine*, *167*, 332-340.

O'Neil, M. E., Callahan, M., Carlson, K. F., Roost, M., Laman-Maharg, B., Twamley, E. W., Iverson, G. & **Storzbach, D.**, (2017). Postconcussion symptoms reported by Operation Enduring Freedom/Operation Iraqi Freedom Veterans with and without blast exposure, mild traumatic brain injury, and posttraumatic stress disorder. *Journal of Clinical and Experimental Neuropsychology* 39(5): 559-568. PMID: 27681407

## 2016

**Callahan, M. L.**, Binder, L. M., O'Neil, M. E., Zaccari, B., Roost, M. S., Golshan, S., Huckans, M., Fann, J. R., & Storzbach, D. (2016). Sensory Sensitivity in Operation Enduring Freedom/Operation Iraqi Freedom Veterans with and without Blast Exposure and Mild Traumatic Brain Injury. *Applied Neuropsychology: Adult*. DOI: 10.1080/23279095.2016.1261867

Callahan, M., Binder, L. M., O'Neil, M. E., Zaccari, B., Roost, M., Golshan, S., Huckans, M. & **Storzbach, D.**, (2016). Sensory sensitivity in operation enduring freedom/operation Iraqi freedom veterans with and without blast exposure and mild traumatic brain injury. *Applied Neuropsychology: Adult*.

Dobscha, S.K., **Lovejoy, T.I., Morasco, B.J.**, Kovas, A.E., Peters, D.M., Hart, K., Williams, J.L., & McFarland, B.H. (In Press). Predictors of improvements in pain intensity in a national cohort of older veterans with chronic pain. *Journal of Pain*. DOI:<http://dx.doi.org/10.1016/j.jpain.2016.03.006>

Ellis\*, C., Hoffman\*, W.F., Jaehnert, S., **Plagge, J.**, Loftis, J., Schwartz, D., & **Huckans, M.** (2016). Everyday problems with executive dysfunction and impulsivity in adults recovering from methamphetamine addiction. *Addictive Disorders and Their Treatments*. \*Contributed equally as first authors.

**Lovejoy, T.I.**, Dobscha, S.K., Turk, D.C., Weimer, M.B., & **Morasco, B.J.** (2016). Correlates of prescription opioid therapy in veterans with chronic pain and a history of substance use disorder. *Journal of Rehabilitation Research & Development*, *53*, 25-36. <http://dx.doi.org/10.1682/JRRD.2014.10.0230>

**Storzbach, D.\***, Twamley, E. W.\*, **Roost, M-S.**, Golshan, S., Williams, R. M., **O'Neil, M. E.**, Jak, A. J., Turner, A. P., Kowalski, H., Pagulayan, K. F., & **Huckans, M.** (2016). Compensatory Cognitive Training for Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn (OEF/OIF/OND) Veterans with mild traumatic brain injury. *Journal of Head Trauma Rehabilitation*, (Epub ahead of print). [\*shared first authorship.]

**Sklar, Q. T.**, Pak, J. H., & Eltiti, S. (2016). Parent-child closeness and acculturation in predicting racial preference in mate selection among Asian Americans. *Asian American Journal of Psychology*, *7*, 265-273.

## 2015

**Boehnlein JK**, Westermeyer J, Scalco M. The Cultural Formulation Interview for Refugees and Immigrants. In *DSM-5 Handbook on the Cultural Formulation Interview*, R Lewis-Fernandez, N Aggarwal, L Hinton, DE Hinton, L Kirmayer (Eds.). Washington DC: American Psychiatric Publishing, 2015.

---

Dobscha, S.K., **Morasco, B.J.**, Kovas, A. E., Peters, D.M., Hart, K., & McFarland, B.H. (2015). Short-term variability in pain intensity scores in a national sample of older veterans with chronic pain. *Pain Medicine*.

**Huckans, M.**, Fuller, B., Wheaton, V., Jaehnert, S., Ellis, C., Kolessar, M., Kriz, D., Anderson, J.R., Berggren, K., Olavarria, H., Sasaki, A.W., Chang, M., Flora, K., & Loftis, J. (2015). A longitudinal study evaluating the effects of interferon-alpha therapy on cognitive and psychiatric function in adults with chronic hepatitis C. *Journal of Psychosomatic Research*. PMID: 25219976.

**Lovejoy, T.I.**, Heckman, T.G., Sikkema, K.J., Hansen, N.B., & Kochman, A. (2015). Changes in sexual behavior of HIV-infected older adults enrolled in a clinical trial of standalone group psychotherapies targeting depression. *AIDS and Behavior*, 19, 1-8. DOI 10.1007/s10461-014-0746-7

Lovejoy, J.P., Riffe, D., & **Lovejoy, T.I.** (2015). An examination of direct and indirect effects of media use on intentions to avoid unprotected sun exposure. *Health Communication*, 30, 261-270. DOI: 10.1080/10410236.2013.842526

**Morasco, B.J., Greaves, D.W., Lovejoy, T.I.**, Turk, D.C., Dobscha, S.K., & Hauser, P. (2015, May). Development and preliminary evaluation of an integrated cognitive-behavior treatment for patients with the hepatitis C virus who have comorbid chronic pain and substance use disorder. Poster presented at the American Pain Society Annual Meeting, Palm Springs, CA.

**Morasco, B.J.**, Krebs, E.E., Cavanagh, R., Hyde, S., Crain, A., & Dobscha, S.K. (2015). Treatment changes following aberrant urine drug test results for patients prescribed chronic opioid therapy. *Journal of Opioid Management*, 11, 45-51.

Salinsky MC, **Storzbach D, Goy B**, & Evrard C. (2015). Traumatic brain injury and psychogenic seizures in Veterans. *Head Trauma Rehabilitation*; 25, E65-70.

**Storzbach, D.\***, **O'Neil, M. E.\***, **Roost, S-M**, Kowalski, H., Iverson, G. L., Binder, L. M., Fann, J. R. & **Huckans, M.** (2015). Comparing the Neuropsychological Test Performance of Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF) Veterans with and without Blast Exposure, Mild Traumatic Brain Injury, and Posttraumatic Stress Symptoms. *Journal of the International Neuropsychological Society*, 21, 353-363. [\*shared first authorship.]

Thompson, M. N., **Cole, O.D.**, Nitzarim, R., Frost, N, Vue, P. & Stege, A. (2015). Clinical Experiences with Clients who are Low-Income: Mental Health Practitioners' Perspectives. *Qualitative Health Research*. 1675-88. doi: 10.1177/1049732314566327

## 2014

Carr, M., **Goranson, A.**, & Drummond, D. (2014). Stalking of the mental health professional: Reducing risk and managing stalking behavior from patients. *Journal of Threat Assessment and Management*, 1(1), 4-22.

Donahue, J., **Goranson, A.**, McClure, K., & Van Male, L. (2014). Emotion dysregulation, negative affect, & aggression: A moderated, multiple mediator analysis. *Personality and Individual Differences*. 70, 23-28.

**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. (2014). Depression moderates treatment efficacy of an HIV secondary prevention intervention for HIV-positive late middle-age and older adults. *Behavioral Medicine, 40*, 124-133. DOI: 10.1080/08964289.2014.893982

**Lovejoy, T.I.**, Heckman, T.G., & The Project SAFER Intervention Team (2014). Telephone-delivered motivational interviewing to reduce risky sexual behavior in HIV-positive older adults. *Cognitive and Behavioral Practice, 21*, 224-236. DOI: 10.1016/j.cbpra.2013.10.003

**Morasco, B.J.**, **Lovejoy, T.I.**, Turk, D.C., Crain, A., Hauser, P., & Dobscha, S.K. (2014). Biopsychosocial factors associated with pain in Veterans with hepatitis C virus infection. *Journal of Behavioral Medicine, 37*, 902-911. DOI 10.1007/s10865-013-9549-y.

**Morasco, B.J.**, O'Hearn, D., Turk, D.C., & Dobscha, S.K. (2014). Associations between prescription opioid use and sleep impairment among Veterans with chronic pain. *Pain Medicine 15*, 1902-1910.

**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., **Storzbach, D.**, Brenner, L., Quinones, A., Freeman, M., Motu'apuaka, M., & Kansagara, D. (2014). Complications of Mild Traumatic Brain Injury in Veteran and Military Populations: A Systematic Review. *Journal of the International Neuropsychological Society, 20*, 249-261.

## **2013**

Heckman TG, Heckman BD, Anderson T, **Lovejoy TI**, Mohr D, Sutton M, Bianco J, Gau J. (2013). Supportive-expressive and coping group therapies for HIV-infected older adults: results of a randomized clinical trial. *AIDS and Behavior*.

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.**, 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

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

**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*.

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*.

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*.

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

---

## Applying to the VAPORHCS Postdoctoral Fellowships

**Eligibility:** We seek candidates who are **US citizens** and will have completed an **APA-accredited doctoral program** in clinical or counseling psychology and an **APA-accredited internship** as of the start of the Fellowship. The dissertation and all doctoral degree requirements must be verified as completed prior to the fellowship start date. VAPORHCS encourages applications from individuals with diverse backgrounds and with a variety of experiences. As an equal opportunity training program, the fellowships welcome and strongly encourage applications from all qualified candidates, regardless of racial, ethnic, religious, sexual orientation, disability, or other minority status.

### **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 POSTDOCTORAL FELLOWSHIP**

Postdoctoral fellowship applicant must meet the following criteria to be considered for any VA Psychology Postdoctoral Program:

1. Have received a Doctorate from 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. Have completed an internship program accredited by the APA Commission on Accreditation or have completed a VA-sponsored internship.

### **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.

---

Selection Policies:

1. Selection of trainees is based on objective criteria derived from the Fellow's clinical experience (amount and diversity); scholarly preparation; personal maturity and significant life experience represented in cover letter essay; research competency, and the match of clinical interests to the emphasis area.
2. Applications are reviewed by the respective emphasis supervisors and the current postdoctoral trainee.
3. All things being equal, consideration is given to top applications from individuals with diverse backgrounds and with a variety of experiences across Veteran's status, racial, ethnic, religious, sexual orientation, disability, or other historically underrepresented groups.
4. Highly ranked applicants may be asked to participate in telephone interviews or teleconference interviews.
5. Selection decisions made by the emphasis supervisors and trainee are reviewed by the Fellowship Director for eligibility and overall programmatic fit. This includes review of initial applicants with an eye towards recruitment of excellent candidates reflecting diverse backgrounds.
6. Selection decisions may occur as early as the second week of January or into the spring depending upon a variety of factors. Applicants who are no longer under consideration will be notified as soon as possible.
7. Responsibilities. The supervisors of each emphasis area recruit and select the respective candidate for that training area. The Fellowship Director has oversight of the process and the option of final approval for any program candidate's selection.

**Deadlines: Applications must be received by December 11, 2020.** We will acknowledge receipt as quickly as possible, and interview highly qualified candidates once applications have been reviewed. We plan to interview by phone, V-Tel, or Skype to minimize applicant burden.

VAPORHCS plans to comply with APPIC recommended recruitment guidelines for the 2021-2022 recruitment cycle. As such, all of our programs are also advertised on the Universal Psychology Postdoctoral Directory (which can be found at: <http://www.appic.org/About-APPIC/Universal-Psychology-Postdoctoral-Directory>). Additionally, per APPIC Postdoctoral Selection Guidelines, we will comply with the Uniform Notification Date (UND) of February 22, 2021 to make offers to candidates. The exception to this is the MIRECC and Neuropsychology fellowships, which will make offers prior to the UND to our highest qualified and desired applicants typically in early-mid January. For more information regarding selection guidelines, please visit: <http://www.appic.org/About-APPIC/Postdoctoral/APPIC-Postdoctoral-Selection-Guidelines>.

We will cooperate to the best of our ability with our partner VA training programs across the country. We will make an early reciprocal offer for a top candidate if contacted with evidence of a competing offer; and we will permit applicants 1 hour to hold an offer from us.

---

## Application Instructions\*

The following materials are required for all fellowship tracks:

1. A letter of interest (identifying the desired fellowship, a brief summary of your interests and qualifications for this specialty training, why you are interested in this position, and aspirations for your psychology career)
2. Curriculum Vitae (including a brief description of your internship rotations)
3. Three letters of recommendation (at least one from an internship supervisor)
4. A separate, brief memo from your graduate program Training Director or Dissertation Chair stating with certainty that you will complete all graduation requirements, **including the dissertation**, by the start date of the Fellowship (please do not embed this within a letter of recommendation)
5. Official graduate school transcripts
6. **FOR NEUROPSYCHOLOGY ONLY:** Two sample neuropsychological reports.

\* **NOTE** Please see the "Clinical Neuropsychology Fellowship 2021-2022 Supplemental Brochure" for more discussion on application requirements and process for the two-year Neuropsychology Fellowship. You may find that document on our training webpage at: <https://www.portland.va.gov/cptp.aspp>

**We will use the APPA CAS system for application in the fall of 2020.**

<https://appicpostdoc.liaisoncas.com/applicant-ux/#/login>

Applicants may apply to more than one emphasis area; if so please submit separate applications for each emphasis track; a specific letter of intent should be written individually for each emphasis application and submitted with a CV.

Please feel free to contact Dr. Jason C. Steward, Director of Postdoctoral Training, Psychology (e-mail: [Jason.Steward@va.gov](mailto:Jason.Steward@va.gov) phone: 503-220-8262, ext. 51120) with any questions.

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

**Date Program Tables are updated:**

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

**Successful applicants to our program have significant prior training (including education, clinical exposure and research work) in the area of emphasis they choose to pursue during Fellowship. Selection of trainees is based on objective criteria derived from the Fellow’s clinical experience (amount and diversity); scholarly preparation; personal maturity and significant life experience represented in cover letter essay; research competency, and the match of clinical interests to the emphasis area.**

**Describe any other required minimum criteria used to screen applicants:**

Not applicable

**Financial and Other Benefit Support for Upcoming Training Year\***

Annual Stipend/Salary for Full-time Residents	48,963
Annual Stipend/Salary for Half-time Residents	N/A
Program provides access to medical insurance for intern?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>If access to medical insurance is provided:</b>	
Trainee contribution to cost required?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Coverage of family member(s) available?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Coverage of legally married partner available?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Coverage of domestic partner available?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	13 days per year
Hours of Annual Paid Sick Leave	13 days per year
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Other Benefits (please describe): 5 days of professional leave	

## Initial Post-Residency Positions

(Provide an Aggregated Tally for the Preceding 3 Cohorts)

	2016-2019	
Total # of residents who were in the 3 cohorts	12	
Total # of residents who remain in training in the residency program	1	
	PD	EP
Community mental health center		1
Federally qualified health center		
Independent primary care facility/clinic		
University counseling center		
Veterans Affairs medical center	8	
Military health center		
Academic health center		1
Other medical center or hospital		
Psychiatric hospital		
Academic university/department		
Community college or other teaching setting		
Independent research institution		
Correctional facility		
School district/system		
Independent practice setting		1
Not currently employed		
Changed to another field		
Other		
Unknown		

Note: "PD" = Post-doctoral residency position; "EP" = Employed Position. Each individual represented in this table should be counted only one time. For former trainees working in more than one setting, select the setting that represents their primary position.