Clinical Psychology Internship
2018 - 2019

VA Portland Health Care System
Portland, Oregon

Affiliated with Oregon Health & Science University
Welcome

The Psychology Training Committee at the VA Portland Health Care System (VAPORHCS) appreciates your interest in our clinical psychology internship. Accredited by the American Psychological Association’s Office of Program Consultation and Accreditation since 1978,* the internship continues a strong commitment to fostering clinical skills and professional identity in interns. VAPORHCS psychology staff values collegial working relationships with interns as well as the opportunity to teach and provide supervision.

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

Thank you for considering VAPORHCS for your clinical psychology internship. We look forward to reviewing your application.

Sincerely,

Marilyn Huckans, Ph.D.
Director of Training for Psychology

Psychology Training Committee:
Chris Anderson, Darin Bergen, James Boehnlein, Ines Campoverde, Odessa Cole, Bret Fuller, Lee Hutson, Jason Steward, Dan Storzbach, Sarah Súñiga, and Amy Wagner

Last site visit occurred in 2017
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The Veteran Affairs Portland Health Care System (VAPORHCS) is an attractive and vital health care center. 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 VAPORHCS is located just across the Columbia River. This spacious campus houses long-term rehabilitation programs, a skilled nursing facility, a substance abuse treatment program, a PTSD clinic, a post-deployment clinic, and primary care.

Additional community based outpatient clinics (CBOCs) are located at other locations such as Hillsboro, Fairview, and West Linn.

VAPORHCS values diversity; therefore, many of our staff are veterans themselves and represent the population we serve in regards to race, ethnicity, sexual orientation, disability, and faith.

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

Overview

VAPORHCS continues a long-standing commitment to clinical psychology internship training. Our internship program has been fully accredited by the American Psychological Association (APA) since 1978. Programs and training activities described in this brochure reflect the psychology staff's roles within the current organization of the health care system. We currently offer seven internship positions.

VAPORHCS psychology staff consists of over 50 clinical psychologists with the majority holding faculty appointments in the Department of Psychiatry at the Oregon Health & Science University (OHSU). More than 35 of these psychologists are directly involved in the internship training program. Settings across both campuses afford staff the opportunity for clinical practice, training, research, and administration. Psychology, psychiatry, social work, nursing, and other disciplines have a collaborative relationship throughout VAPORHCS. Interns frequently work as part of multidisciplinary teams in addressing patient needs.

National VA guidelines designate this as a one-year, full-time, 2080 hour internship, including federal holidays, vacation, and sick days. The 2018-2019 internship training year will begin on June 25, 2018.

Philosophy of Training

The number one priority of the VAPORHCS psychology internship program is to provide students with a positive, supportive training experience. Interns work reasonable hours, are provided ample supervision and didactic opportunities, and are treated as junior colleagues by the psychology staff. Professional development is a primary focus of our training, as we assist interns in transitioning from graduate school to a professional career. Our intent is to prepare students by the end of the internship year for entry-level professional positions or additional postdoctoral training. We follow a generalist model, focusing on skills of assessment, intervention, and consultation with diverse patient populations. In addition to developing clinical competence, we expect interns to develop their own professional identity during the training year. This includes integration of professional and ethical behavior with articulation of one's worldview and its relationship to trainees’ preferred theoretical orientations, development of clinical specialties, and focused research endeavors.
The VAPORHCS internship believes that clinical practice should be influenced by the science of psychology, and vice versa. Therefore, we support clinical practices that are consistent with current scientific research literature, while also considering the variables found in real practice. We hope to develop psychologists who are capable of contributing to the professional literature through their own clinical research.

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

**Program Aims and Competencies**

Our Program Aims and Competency Areas include the following:

1) **Assessment:** Interns will demonstrate competence in conducting evidence-based assessment consistent with the scope of Health Service Psychology.

2) **Intervention:** Interns 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:** Interns 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:** Interns 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:** Interns 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:** Interns will be knowledgeable of ethical, legal, and professional standards of behavior while integrating them into professional conduct.

7) **Individual and Cultural Diversity:** Interns 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:** Interns will demonstrate professional values, attitudes, identity and behavior.

9) **Communication and Interpersonal Skills:** Interns will demonstrate effective communication and interpersonal skills when delivering professional services and engaging in professional activities and interactions.

Through experiential training and learning activities, interns receive training in most competency areas across all rotations - assessment, intervention, consultation, research, ethical and legal standards, individual and cultural diversity, professional values and attitudes, and communication and interpersonal skills. Although interns do not typically supervise other trainees or staff, supervision competencies are addressed through simulated practice (e.g., role plays, vignettes) during a six- or seven-week supervision-focused group supervision block.
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 interns during their orientation period, or upon request prior to internship. 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 internship, interns will perform at an intermediate or advanced level on most competencies and will be well-prepared for postdoctoral fellowships or jobs as early career psychologists, consistent with their training.

**Diversity at the VA Portland Health Care System**

The Portland area provides a wide array of diverse cultural opportunities, such as festivals, open and affirming faith communities, Lesbian, Gay, Bisexual, Transgender, Intersex, or Queer (LGBTIQ) events, advocacy groups and organizations, clubs, museums, theatres, music venues, gardens, etc. For additional information on Portland events and activities, see: [https://www.portlandoregon.gov/25782](https://www.portlandoregon.gov/25782).

“Partners in Diversity” is a local organization that has the mission of attracting and retaining professionals of color to the northwest, honoring professionals of color who have relocated to Oregon, and connecting them to the multicultural community: [https://www.partnersindiversity.org/programs/say-hey.html](https://www.partnersindiversity.org/programs/say-hey.html).

On an institutional level, the Veteran’s Health Administration (VHA) is an equal opportunity employer which welcomes and strongly encourages applications from all qualified psychology candidates, regardless of racial, ethnic, religious, sexual orientation, disability, or other minority status. In alignment with this mission, VAPORHCS fosters a diverse workforce and inclusive working environment through equal employment opportunities such as outreach, retention, policy development, workforce analysis, and education.

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

On a programmatic level, the VAPORHCS psychology program values diversity and inclusion. Therefore, our Training Director(s), Psychology Training Committee, supervisors, and other staff strive to provide a warm and inclusive environment, in an effort to cultivate cultural competency. We recognize diversity and cultural sensitivity is a developmental process which includes behavioral, cognitive and emotional growth. As a training program, we realize the importance of continued reflection and improvement with cultural competency and consider ourselves a work in progress. Thus, we aim to provide trainings on self-awareness and self-efficacy of socio-economic-political issues in the service of our veterans.

As part of our efforts to improve our awareness, the psychology staff established a Multicultural and Diversity Committee (MDC) in 2011 to identify, improve, and maintain
cultural competencies of our staff and trainees. Our MDC reflects both the National VA MDCs, and APAs commitment to diversity and inclusion. The MDC 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.

In addition, the Sexual Orientation and Gender Identity Advisory Group (SOGI) was created under the MDC to promote self-exploration, awareness and respect of diversity issues related to LGBTIQ veterans. SOGI is an interdisciplinary team of providers who are committed to the development and implementation of LGBTIQ-affirmative services for veterans at the VAPORHCS, including the provision of appropriate training and consultation support to VAPORHCS staff and trainees.

Recent demographic information about our psychology staff and interns are summarized below:

**Intern Demographics:** From 2004 to 2015, among 58 interns who graduated from our program, 40 (70%) were women and 18 (31%) were men; 53 (93%) identified as Caucasian, 0 (0%) as American Indian/Alaskan Native, 4 (7%) as Asian/Pacific Islander, 1 (2%) as Black/African American, and 2 (4%) as Hispanic/Latino; 9 (16%) identified as LGBTIQ; 5 (9%) identified as subject to the Americans with Disability Act; 1 (2%) identified as having a foreign background; 0 (0%) were active duty military, and 3 (5%) were veterans; 7 (12%) spoke fluently in other languages in addition to English; and, 18 (31%) identified as having a background that was primarily urban, 14 (24%) primarily rural, 25 (43%) primarily suburban, and 1 (2%) a mix of geographical settings.

**Staff Demographics:** Of 61 psychologists in 2016, 36 (59%) are women and 25 (41%) are men; 51 (84%) identify as Caucasian, 0 (0%) as American Indian/Alaskan Native, 4 (7%) as Asian/Pacific Islander, 0 (0%) as Black/African American, 6 (10%) as Hispanic/Latino, and 1 (2%) as Ukrainian/Austrian; 6 (10%) identify as LGBTIQ; 2 (3%) identify as subject to the Americans with Disability Act; 1 (2%) is active duty in the military, and 6 (10%) are veterans; 9 (15%) speak fluently in other languages in addition to English; 1 (speaks Afrikaans, 1 Burmese, 1 French, 1 German, 1 Swiss German, 1 Korean, and 3 Spanish); 19 (31%) identify as having a background that is primarily urban, 9 (15%) primarily rural, 22 (36%) primarily suburban, and 4 (7%) a mix of geographical settings; 49 (80%) received doctoral degrees in clinical psychology and 12 (20%) in counseling psychology; and, 45 (74%) have a Ph.D. and 16 (26%) have a Psy.D.

**Structure of the Internship**

Because we believe that full-time immersion allows greater in-depth learning in a particular specialty area, each intern participates in three, four-month long, full-time training rotations. Rotations offered include Health Promotion and Recovery, Health Psychology, Neuropsychology, Outpatient Mental Health, Posttraumatic Stress Disorder Clinical Team, Rural Tele-Mental Health and Substance Abuse Treatment Program. Each setting provides training in intervention and
assessment within the generalist model, as well as clinical work with special populations.

Interns participate in a structured, two-week orientation program when they first arrive. During orientation, interns are given a program handbook/orientation binder that includes internship policies and procedures, program evaluation forms, rotation training agreements, and other resources; these materials are also available to interns and the public upon request prior to internship. The Training Director reviews the orientation binder with interns, and interns attend rotation previews as well as a variety of didactic seminars. After attending all the rotation previews, interns complete a form outlining their training objectives/goals for the year, and their preferred rotations. Interns are encouraged to discuss this form with the Training Director, their preceptor, or other staff prior to submission. The form is then reviewed with the Training Director and the Training Committee to assist with the rotation assignment process. In line with the program’s generalist training model, we believe that all rotations provide excellent and meaningful training experiences to interns, and we are unable to guarantee that all interns will be assigned to their top rotation preferences. Ultimately, rotation assignments are made by the Training Director and Training Committee based on intern training needs, rotation coverage needs, and intern preferences.

**Research**

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

**Stipend & Benefits**

The stipend is currently $25,345 for the internship year. Benefits include health and life insurance (intern pays part of premium; available to same gender partners), paid holidays, paid vacation and sick leave, free access to VAPORHCS and OHSU libraries, and use of the Employee Fitness Center. Interns with children have access to low-cost child care located on the Portland Campus (provided there are openings) and have qualifying status for a VA child-care subsidy program. Like all other VA employees, interns are eligible for unpaid medical and maternity/paternity leave (once all other leave has been used), consistent with VA leave policies and the Family and Medical Leave Act. However, in the case of extended leave, a remediation plan will need to be developed to ensure that an intern completes training equivalent to a 2080-hour, twelve-month long internship year, as required by APA; at the discretion of the training program, this may require that an intern continue training unpaid for a period beyond the typical internship year. A remediation period may not extend more than six months beyond the typical internship year, and it must not interfere
with the training of new interns. Like all other VA employees, interns are eligible for leave to accommodate cultural and religious holidays.

**Intern Life**

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

The intern class shares an office furnished with desks, computers, and telephones. Sharing space provides consultation opportunities with colleagues and builds camaraderie within the intern class. Past intern classes have reported that they prefer this arrangement to individual, isolating offices. The intern office is adjacent to a shared postdoctoral resident office, a shared psychiatry fellows office, a collection of workstations shared by the social work interns, counseling students, and psychology practicum students, and the Mental Health Education Program Support Assistant’s office.

At the end of each weekly didactic seminar and group supervision, interns are given one-hour of Intern Development Time during which they are encouraged to socialize with one another, discuss issues related to their individual rotations and professional development, and offer support to each other. Interns are encouraged to enjoy this time away from the VA and build class cohesion. Past intern classes have explored Portland's excellent array of restaurants for this mandatory meeting, while others choose to relax on the waterfront or at a local park.
**Typical Activities on the Inpatient Mental Health and Recovery Rotation (IMHR)**

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<thead>
<tr>
<th>Monday</th>
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<tbody>
<tr>
<td><strong>Morning</strong></td>
<td>Morning Report/Treatment Team Meetings</td>
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<tr>
<td></td>
<td>Co-Facilitate Daily Planning and Goal-Setting Group</td>
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<tr>
<td></td>
<td>Individual Client or Psychological Testing</td>
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<tr>
<td><strong>Afternoon</strong></td>
<td>Co-Facilitate Group (e.g., Hope and Recovery or Changing Habits)</td>
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<td></td>
<td>Individual Clinical Supervision</td>
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<td>Individual Client or Psychological Testing</td>
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<tr>
<th>Tuesday</th>
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<tbody>
<tr>
<td><strong>Morning</strong></td>
<td>Morning Report/Treatment Team Meetings</td>
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<tr>
<td></td>
<td>Co-Facilitate Daily Planning and Goal-Setting Group</td>
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<tr>
<td></td>
<td>Co-Facilitate Group (e.g., Anger Management Skills)</td>
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<tr>
<td><strong>Afternoon</strong></td>
<td>Psychological Testing or Individual Client</td>
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<td></td>
<td>Scoring Tests or Writing Chart Notes</td>
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<td></td>
<td>Providing Preliminary Test Feedback to Treatment Team and Client</td>
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<thead>
<tr>
<th>Wednesday (alternating - every other Wednesday is research time)</th>
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<tbody>
<tr>
<td><strong>Morning</strong></td>
<td>Morning Report/Treatment Team Meetings</td>
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<tr>
<td></td>
<td>Co-Facilitate Daily Planning and Goal-Setting Group</td>
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<td></td>
<td>Inpatient Programming/Project Development</td>
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<tr>
<td><strong>Afternoon</strong></td>
<td>Intern Seminar</td>
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<td></td>
<td>Group Supervision</td>
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<td>Intern Process Time</td>
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| Thursday                                                      |                                                                                                           |
|                                                             |-----------------------------------------------------------------------------------------------------------|
| **Morning**                                                  |Morning Report/Treatment Team Meetings                                                                     |
|                                                             |Co-Facilitate Daily Planning and Goal-Setting Group                                                        |
|                                                             |Psychological Testing or Individual Client                                                                 |
| **Afternoon**                                                |Co-Facilitate Group (e.g., Distress Tolerance Skills)                                                     |
|                                                             |Providing Preliminary Test Feedback to Treatment Team and Client                                          |
|                                                             |Scoring Tests, Writing Chart Notes or Report Writing                                                      |

| Friday                                                        |                                                                                                           |
|                                                             |-----------------------------------------------------------------------------------------------------------|
| **Morning**                                                  |Morning Report/Treatment Team Meetings                                                                     |
|                                                             |Co-Facilitate Daily Planning and Goal-Setting Group                                                        |
|                                                             |Psychological Testing or Individual Client                                                                 |
| **Afternoon**                                                |Co-Facilitate Group (e.g., Managing Negative Thoughts)                                                     |
|                                                             |Individual Clinical Supervision                                                                          |
|                                                             |Report Writing or Writing Chart Notes                                                                     |
# Typical Activities on the Health Psychology Rotation

<table>
<thead>
<tr>
<th>Day</th>
<th>Morning</th>
<th>Afternoon</th>
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<tbody>
<tr>
<td>Monday</td>
<td>Hep C Treatment Support Group&lt;br&gt;Supervision w/ Dr. Fuller&lt;br&gt;Individual Client (Hep C/Behavioral Medicine)</td>
<td>Hep C Client: Pre-Interferon Evaluation&lt;br&gt;Individual Client (Hep C/Behavioral Medicine)</td>
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<tr>
<td>Tuesday</td>
<td>Individual clients (Primary Care)&lt;br&gt;GM Psych Intake</td>
<td>Weight Management Group (monthly)&lt;br&gt;Paperwork</td>
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<tr>
<td>Wednesday</td>
<td>Research Hours</td>
<td>Intern Seminar&lt;br&gt;Group Supervision&lt;br&gt;Intern Process Time</td>
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<tr>
<td>Thursday</td>
<td>Individual Clients (Hep C/Behavioral Medicine)</td>
<td>Hep C Treatment Team Case Conference&lt;br&gt;Paperwork</td>
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<tr>
<td>Friday</td>
<td>Individual Clients (Primary Care)</td>
<td>Individual Clients (Primary Care)&lt;br&gt;Supervision w/ Dr. Mallon&lt;br&gt;Paperwork</td>
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## Typical Activities on the Mental Health Clinic Rotation

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<tr>
<th>Day</th>
<th>Morning</th>
<th>Afternoon</th>
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<tbody>
<tr>
<td><strong>Monday</strong></td>
<td>▪ Minor focus Clients</td>
<td>▪ Minor focus Clients and Individual Supervision</td>
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<tr>
<td><strong>Tuesday</strong></td>
<td>▪ Individual and or Family/Couples Clients</td>
<td>▪ Individual Supervision</td>
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<td></td>
<td>▪ Group Preparation</td>
<td>▪ Treatment Team Meeting</td>
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<td></td>
<td>▪ Treatment Team Meeting</td>
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<tr>
<td><strong>Wednesday</strong></td>
<td>▪ Individual Clients</td>
<td>▪ Intern Seminar</td>
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<td></td>
<td>▪ Co-lead Group, e.g. DBT Skills for Living</td>
<td>▪ Group Supervision</td>
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<td></td>
<td>▪ Debrief group</td>
<td>▪ Intern Process Time</td>
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<tr>
<td><strong>Thursday</strong></td>
<td>▪ Psychosocial providers meeting</td>
<td>▪ Co-lead Group, e.g. ACT, Managing Your Moods, MBCT-Depression</td>
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<td></td>
<td>▪ Individual Supervision</td>
<td>▪ Debrief group</td>
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<td></td>
<td>▪ Individual Client</td>
<td>▪ Individual Clients</td>
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<td>▪ Assessment Supervision</td>
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<tr>
<td><strong>Friday</strong></td>
<td>▪ Paperwork</td>
<td>▪ Research Hours</td>
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<td>▪ Group Preparation</td>
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<td>▪ Assessment Client</td>
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### Typical Activities on the Neuropsychology Rotation

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<th>Day</th>
<th>Morning</th>
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<tr>
<td>Monday</td>
<td>- Team Meeting (alternating case presentations and admin)</td>
<td>- Testing</td>
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<td>- Supervision - 1 hour</td>
<td>- Neuropsychology Journal Club (bi-monthly)</td>
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<td>- Writing Evaluations</td>
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<td>Tuesday</td>
<td>- Testing</td>
<td>- Scoring Tests</td>
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<td></td>
<td>- Completing Follow Ups</td>
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<tr>
<td>Wednesday</td>
<td>- Follow-Up Appointments or Writing Evaluations</td>
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<td></td>
<td>- Intern Seminar</td>
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<td>- Group Supervision</td>
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<td></td>
<td>- Intern Process Time</td>
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<tr>
<td>Thursday (OHSU day varies by rotation)</td>
<td>- Supervision – 1 hour</td>
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<td></td>
<td>- Testing</td>
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<tr>
<td></td>
<td>- Scoring Tests</td>
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<td></td>
<td>- Writing Evaluations</td>
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<tr>
<td>Friday</td>
<td>- Follow-Up Testing</td>
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<td>- Writing Evaluations</td>
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<td>- Research Hours</td>
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**Typical Activities on the PTSD Rotation**

<table>
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<th>Monday</th>
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<tr>
<td><strong>Morning</strong></td>
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<tr>
<td></td>
<td>Intake Clinic</td>
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<tr>
<td></td>
<td>Supervision</td>
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<td>Individual Clients/Paperwork</td>
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<td></td>
<td>Group Treatment (e.g., Cognitive Processing Therapy) and Debriefing</td>
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<td>Individual Clients/Paperwork</td>
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<td>Group Treatment (e.g., Acceptance and Commitment Therapy) and Debriefing</td>
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<td>Individual Clients/Paperwork</td>
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<td></td>
<td>Individual Clients/Paperwork</td>
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<td></td>
<td>PTSD Clinical Team (PCT) Meeting</td>
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<td><strong>Afternoon</strong></td>
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<td></td>
<td>Intern Seminar</td>
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<td>Group Supervision</td>
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<td>Intern Process Time</td>
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<td>Individual Clients/Paperwork</td>
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<td></td>
<td>PTSD Symptom Management Group and Debriefing</td>
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<td><strong>Afternoon</strong></td>
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<td>Individual Clients/Paperwork</td>
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<tr>
<th>Friday (alternating - every other Friday is research time)</th>
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**Typical Activities on the Rural Telemental Health Rotation**

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<th>Day</th>
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<tr>
<td><strong>Monday</strong></td>
<td>▪ Supervision (Fairview CBOC)                                           ▪ Group Treatment or Individual Clients</td>
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<tr>
<td>Morning</td>
<td>▪ Individual Clients                                                    ▪ Administrative - Charting/Reports</td>
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<tr>
<td>Afternoon</td>
<td>▪ Administrative - Charting/Reports                                     ▪ Interprofessional Educational Seminar</td>
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<tr>
<td><strong>Tuesday</strong></td>
<td>▪ Supervision (Portland RTH)                                            ▪ Individual Clients</td>
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<tr>
<td>Morning</td>
<td>▪ Individual Clients                                                    ▪ Administrative - Charting/Reports</td>
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<tr>
<td>Afternoon</td>
<td>▪ Administrative - Charting/Reports                                     ▪ Individual Clients</td>
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<tr>
<td><strong>Wednesday</strong></td>
<td>▪ RTH All Staff Meeting, Provider Meeting, Case Consultation or          ▪ Intern Seminar</td>
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<tr>
<td>Morning</td>
<td>Educational Seminar                                                     ▪ Group Supervision</td>
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<tr>
<td>Afternoon</td>
<td>▪ Administrative - Charting/Reports                                     ▪ Intern Process Time</td>
<td></td>
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<tr>
<td><strong>Thursday</strong></td>
<td>▪ Group Treatment or Assessment                                         ▪ Individual Clients</td>
<td></td>
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<tr>
<td>Morning</td>
<td>▪ Individual Clients                                                    ▪ Administrative - Charting/Reports</td>
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<tr>
<td>Afternoon</td>
<td>▪ Administrative - Charting/Reports                                     ▪ Individual Clients</td>
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<tr>
<td><strong>Friday</strong></td>
<td>▪ Journal Club                                                          ▪ Research Time and/or Program Development Project</td>
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<tr>
<td>Morning</td>
<td>▪ Individual Clients                                                    ▪ Administrative - Charting/Reports</td>
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<tr>
<td>Afternoon</td>
<td>▪ Research Time and/or Program Development Project                       ▪ Research Time and/or Program Development Project</td>
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## Typical Activities on the Substance Abuse Rotation

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<th>Day</th>
<th>Morning</th>
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<tr>
<td>Monday</td>
<td>Team Meeting</td>
<td>Initial Treatment Psychoeducational Group</td>
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<td>Class of 1945 Group</td>
<td>Initial Treatment Core Groups</td>
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<td></td>
<td>Charting</td>
<td>Paperwork/Readings</td>
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<td>Paperwork</td>
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<tr>
<td>Tuesday</td>
<td>Individual Client</td>
<td>Paperwork</td>
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<tr>
<td></td>
<td>Class of 1945 Group</td>
<td>Charting</td>
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<td></td>
<td>Supervision</td>
<td>Team Meeting</td>
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<td></td>
<td>Write Notes/Reading</td>
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<td></td>
<td>Liver Transplant Candidacy Evaluation</td>
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<tr>
<td>Wednesday</td>
<td>Complex Addictions Team Meeting</td>
<td>Intern Seminar</td>
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<td>Report Writing</td>
<td>Group Supervision</td>
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<td>Paperwork</td>
<td>Intern Process Time</td>
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<td>Readings</td>
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<td>Continuing Care Group</td>
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<tr>
<td>Thursday</td>
<td>Paperwork/Readings</td>
<td>Liver Selection Conference</td>
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<td>Supervision</td>
<td>Supervision</td>
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<td>Individual Client</td>
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<td>Charting</td>
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<td>Paperwork</td>
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<tr>
<td>Friday</td>
<td>Team Meeting</td>
<td>Research Hours</td>
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Training Rotation Descriptions

Inpatient Mental Health and Recovery Rotation (IMHR)

**Supervisor: Dr. Burks.** This rotation emphasizes interdisciplinary collaboration and mental health Recovery-oriented treatment in the context of inpatient psychiatry and mental health. Supervision is tailored to the intern’s individual strengths, needs, and clinical/professional development goals.

**Inpatient Psychiatry.** Under the supervision of Dr. Burks, the intern’s time will be spent on group interventions, psychological assessment, and individual interventions for veterans staying on the Inpatient Psychiatry Unit. The veterans are generally in acute distress, may be at risk for self-harm, and the average length of stay is about 7 days. The range of diagnoses typically seen include mood disorders, psychotic spectrum disorders, PTSD, dementia, substance use disorders, personality disorders, and other acute psychiatric conditions. Within the Inpatient Psychiatric Unit, interns function as part of interdisciplinary teams that promote stabilization, recovery and wellness for veterans on the unit. Interns attend interdisciplinary unit meetings such as Morning Report and Treatment Team Meetings. A focus of this experience is learning to assess and treat veterans from a Recovery perspective and developing a deeper understanding of the Recovery approach to working with people with acute and serious mental illness. Mental health recovery is a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. The recovery model is an approach to treatment that emphasizes and reinforces multiple elements (e.g., culture, strengths and responsibility, hope, holistic, peer support, relational) in order to reduce mental health symptoms and restore personal and social functioning. The intern will also have the opportunity to engage in program development, create new groups and activities, as well as provide training to other staff (e.g., psychiatry residents, nurses, social workers, chaplains, allied health trainees) who work on the Inpatient Psychiatric Unit.

Health Psychology and Integrated Care

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

The General Medicine-Psychiatry Clinic (GM-Psych) is a consultation and treatment service that serves patients and primary care providers in the VA’s Primary Care Clinic. Its mission is to provide evaluation, and when indicated, short-term treatment for medical patients who have concurrent mental health issues, which frequently are related to their medical problems. For example, patients may be struggling to implement lifestyle changes to ameliorate their medical conditions, or may be facing a new, serious medical diagnosis. The challenge is to function as a generalist mental health provider, and prioritize intervention strategies with patients who typically have several interrelated problems. Meeting the needs of the medical provider who refers the patient is as important as meeting the needs of the patient. The intern will also gain experience with evaluation of veterans participating in the
Post-Deployment Clinic. Typically, about half the intern’s time is devoted to evaluations, and half to treatment. Intern goals for the training experience are solicited in order to help determine the specific cases assigned. This training is located in the Hillsboro Community Based Outpatient Clinic and requires driving about 11 miles from the main campus. Dr. Mallon is the clinical supervisor for this component of the rotation.

**Primary Care and Mental Health Integration**: The intern will be co-located in the primary care team and attend to the mental health needs of veterans outside of the mental health clinic. Physicians consult with the behavioral medicine team to help with referrals to other programs, brief treatments in the exam room for psychological conditions such as depression, anxiety and trauma. Screening and brief intervention for alcohol and substance use, PTSD and depression will assist physicians in treating the entire veteran rather than just physical needs. Interventions for chronic medical conditions such as chronic pain, diabetes management, weight control and smoking cessation are also a part of PCMHI. Dr. Fuller is the primary supervisor for this part of the rotation.

**Mental Health Clinic**

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

**General outpatient mental health.** Interns have the opportunity to gain exposure to the full spectrum of mental health diagnoses. Breadth of training is encouraged by offering interns exposure to new demographic groups, diagnostic groups, and treatment approaches. Depth of training is encouraged by supporting interns in developing more experience in their particular interest areas. Intern activities include intake assessments and individual therapy. Supervisor: Dr. Goy, Ortola, or Steward

**Mindfulness-based Interventions:** These may include group-based interventions in Acceptance and Commitment Therapy, Mindfulness-based Cognitive therapy for Depression, and Dialectical Behavior Therapy-based Interpersonal Effectiveness and Emotion Regulation classes. Supervision in individual use of mindfulness-based interventions is available as well. Supervisor: Dr. Ortola

**Palliative Care.** Interns will absorb the working atmosphere of the Inpatient Palliative Care Consult Team (PCCT) by attending weekly inpatient work rounds under the supervised supervision of the Palliative Care Psychology Fellow. Select outpatient therapy with patients with life-limiting diseases will be assigned based on interest and availability. Interns may also request opportunities to work with older adults as part of this training emphasis. Supervisor: Dr. Goy

**Couples and family therapy.** Depending upon training needs, interests, and prior experiences, interns will have the opportunity to work with couples and/or families following the Integrated Behavioral Couples’ Therapy (IBCT) model. Training in this area includes supervised couples/family therapy cases.
Supervisor: Dr. Steward

**Group therapy.** Interns will be involved as leaders and co-leaders in recurrent psychoeducational groups. Motivated interns can be involved in the development of new groups. There may be opportunities to be involved in process groups as well. Supervisor: Dr. Ortola or Dr. Steward.

**Assessment.** Interns work one half day each week in the Psychology Assessment Clinic. Mental Health Clinic interns respond to assessment requests from mental health providers and conduct cognitive and personality evaluations to answer referral questions. Supervisor: Dr. Goranson.

**Neuropsychology**

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

**Posttraumatic Stress Disorder (PTSD)**

**Supervisors: Drs. Blevins, Grodin, Heiy, Lusk, Plagge, Powch, Súñiga, and Wagner.** Interns on this rotation work as integral members of the PTSD Clinical Team. This multidisciplinary team responds to requests for assessment and treatment of PTSD throughout the Medical Center. In addition to combat trauma, veterans may present with military sexual trauma and other types of trauma that occur in the line of duty. Co-diagnoses and associated issues commonly occurring in these populations include childhood trauma, substance abuse, mood disorders, personality disorders, and traumatic brain injury. Training emphasizes conceptualization and treatment of acute and chronic posttraumatic sequelae, largely from a cognitive-behavioral perspective. Supervision is conducted in individual and group formats and incorporates interns’ individual training goals and attention to the impact of working with traumatized populations. Supervision will also focus on facilitating intern development of consultation and interprofessional skills as a psychologist working within an interdisciplinary treatment team. This rotation takes place on the Vancouver and Portland campuses and will require the intern to travel between both locations. Listed below are some of the experiences available on this rotation.

**Individual, Couples, Family, and Group Therapy, and Assessment.** Interns maintain a caseload of individual clients with opportunities for couples and family therapy as treatment-relevant and consistent with interns’ training objectives. Interns are also expected to participate in skills-based groups with opportunities for process groups or trauma processing.
groups. While more male veterans are seen in our outpatient clinic than female, opportunities exist for working with female veterans and will be incorporated into interns’ training as much as possible. Efforts will be made to generate a caseload that is diverse along a range of dimensions and training will include cultural considerations in PTSD assessment and treatment. The primary therapeutic orientation of supervisors is cognitive-behavioral, though additional orientations and treatments may be incorporated according to the supervisor and case. The PTSD Clinical Team adheres to empirically supported approaches to treatment. Interns will have opportunities for training in Prolonged Exposure treatment, Cognitive Processing Therapy, and skills-based training for management of PTSD symptoms. Additional treatments, such as Behavioral Activation, Acceptance and Commitment Therapy, Adaptive Disclosure, and Compassion-Focused Therapy may be incorporated as relevant. In addition, interns will complete a minimum of two psychological assessments, which include the Clinician Administered PTSD Scale (CAPS), personality assessments as relevant, and a thorough case formulation.

**Group Therapy.** The PTSD Clinical Team offers a range of group treatment options for veterans, including PTSD Symptom Management (a skills-based, psychoeducational group, separate groups offered for women veterans), Cognitive Processing Therapy, Compassion-focused Therapy for Anger, Acceptance and Commitment Therapy for Moral Injury, Seeking Safety, PTSD Growth Group (manualized motivation enhancement and social re-integration group), and PTSD Graduates and Support Groups (process groups). Interns co-facilitate, on average, four groups during this rotation.

**PTSD-Focused Assessments.** Interns obtain training in standard PTSD diagnostic and screening assessment instruments including the Clinician Administered Structured Interview for PTSD (CAPS) and the Posttraumatic Stress Disorder Checklist (PCL). Interns will also complete, at least, two integrative assessments that include PTSD-focused assessment with personality assessment and cognitive testing, according to supervisor and client need.

**Rural Telemental Health**

**Supervisors:** Drs. Campbell, Campoverde, Chisholm, & Hutson. The Rural TeleMental Health (RTH) rotation offers interns a distinct and innovative training using technology to complement their psychotherapy, psychological evaluation consultation, and interprofessional skills.

Due to its cost-effectiveness and client satisfaction, both VA and non-VA systems are adopting telemental health technologies to decrease health disparities among Rural populations. Therefore, there is a national need to fill these positions with trained and experienced professionals. This rotation will assist interns in establishing competencies that will become ever more in demand as these services proliferate. Specifically, trainees will learn the unique ethical considerations, characteristics of building teleconferencing rapport, technological challenges, service limitations, and advantages of electronic communication.
Interns can expect to work towards decreasing health disparities in an interprofessional training model serving Rural Pacific NW (Oregon, Washington & Idaho) veterans in partnership with Chaplaincy, social work, and psychiatry trainees using video teleconferencing and other emerging technologies. They will learn the unique combination of economic, social, and cultural factors affecting rural veterans, and are encouraged to contribute to scholarly and research opportunities to further telemental health. As a result of socio-eco-cultural influences, many of our rural veterans have multifactorial medical and mental health issues; therefore, interns will acquire advanced skills and knowledge in assessment, evaluation, psychotherapy, consultation, and case management.

In accordance to availability, interns will have opportunities to participate in psychological testing, couples and/or group video teleconferencing. Supervision will be provided both virtually and live/direct. This rotation strives to prepare the intern with fundamental telemental health and cultural competence in an effort to broaden their professional opportunities, whether they choose to work within a rural or urban environment.

**Substance Abuse Treatment Program**

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

**Other Training Experiences**

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

One afternoon a week is devoted to internship training activities that include a 90-minute didactic seminar, one hour of group supervision, and one hour of intern professional development and mutual support time (i.e., Intern Development Time). The afternoon focuses on development of both clinical competency and professional identity. Didactic seminars cover a variety of topics, examples of which are listed in the next section. Staff psychologists conduct the weekly group supervision.

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

In addition to working with their individual and group supervisors, interns are paired with a psychologist staff member to serve as their preceptor for the duration of the training year. The primary function of a preceptor is to provide professional guidance and support and is considered complimentary to but independent from both individual and group clinical supervision. Preceptors assist interns with the development of career or professional knowledge (such as orienting and socializing interns in mental health workplace environments; discussing ethical issues; exploring transitions from practicum student, to intern, to postdoc and ultimately independent professional) and provide interns with practical awareness and understanding of administrative and institutional protocols. Interns typically meet with preceptors during or prior to orientation, at least once per rotation, and as needed throughout the internship year.

Regularly scheduled didactics, group supervision (one hour per week), primary individual supervision (three hours per week), preceptor meetings, and intern time (one hour per week) all occur through face-to-face meetings. However, at times supplemental or consultative supervision may occur through telephone or video-conferencing if, for example, this supplemental supervision would enhance an intern’s training experience and adjunct supervisors are unavailable for in-person meetings. Additionally, if their schedule permits, interns may attend supplemental didactics through venues other than the internship didactic series, and, at times, some of these didactics may occur through telephone, video, or internet technologies.

**Didactic Seminars**

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

- Military Culture
- Unconscious Bias and Other Multicultural and Diversity Related Issues
- Spiritual Diversity
- Understanding Diversity in Gender & Sexual Identity
- Ethical Decision Making
- Supervision Skills
- Suicide Risk Assessment
- Violence Risk Assessment and Threat Management
- Military Sexual Trauma
- PTSD Assessment
- Evidence Based Treatments for PTSD, Substance Use Disorders and Other Diagnoses
- Neuropsychology
- Ethical and Cultural Considerations with Rural Telemental Health Populations
- Professional and Career Development
- Interprofessional Collaboration
- Self-care and Burnout

Clinical competence includes competence in working with culturally and individually diverse veterans. Therefore, a number of staff didactics are focused on diversity related topics each
In addition to these weekly seminars, a wide range of educational opportunities are available at VAPORHCS and OHSU, including but not limited to the following: Geriatric Research Education and Clinical Center (GRECC) video conference seminars; Mental Illness Research, Education, and Clinical Center (MIRECC) video conference seminars; Geropsychiatry journal club discussions; Neuropsychology Case Conference and Journal Club Meetings led by Dr. Daniel Storzbach; Neuropsychology Case Conference led by Dr. Diane Howieson; and OHSU Psychiatry Grand Rounds. The internship encourages the development of a lifelong pattern of continuing education through reading and attending lectures, seminars, and conferences.

Required Training Experiences for Interns

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

Assessment
Interns obtain assessment experience on all rotations. Interns will conduct intake assessments, learn to integrate cultural issues into their formulations, and learn to make competent DSM5 diagnoses. Interns will also use a number of personality and cognitive assessment instruments, including the MMPI-2, PAI, WMS-IV, and WAIS-IV. Interns will learn to clarify referral questions, consider cultural factors when selecting 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.

Intervention
VAPORHCS uses a number of psychological treatment approaches which include consideration of veterans’ unique cultural factors and emphasis of empirically-supported treatments. Interns are generally trained on a brief therapy or episode of care (time-limited) model. Presenting problems include anxiety, depression, personality disorders, and major mental illness. Family therapy may be used as an adjunctive or primary mode of therapeutic intervention. Additionally, interns will provide group therapy for a variety of veterans. Interns acquire skills in developing, planning, and leading psychoeducational and process groups. Some years interns have been offered the opportunity for certification or focused training in a specific evidence based psychotherapy (e.g., MI, PE, CPT). However, certification opportunities are not guaranteed as they are contingent on trainer and supervisor availability, intern interest and skill level, and other institutional factors that vary year to year.

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

**Clinical Psychology Postdoctoral Fellowship Programs**

To learn more about the fellowships that we offer at VAPORHCS, or to apply, please see our Clinical Psychology Fellowships brochure which can be found at our training program’s website: [http://www.portland.va.gov/cptp.asp](http://www.portland.va.gov/cptp.asp).
Meet the Staff

Staff members are scientist-practitioners of psychology. Staff roles include delivery of clinical service, research, consultation, trainee supervision, mentorship, and administration. The majority are also OHSU faculty. Below are brief descriptions of psychology staff who work with psychology interns:

David W. Greaves, Ph.D., Chief of Psychology, Administrative Director of the Mental Health & Clinical Neuroscience Division, VAPORHCS. Clinical Associate Professor of Psychology in the Department of Psychiatry, OHSU. Dr. Greaves received his Ph.D. from Brigham Young University in 1991 and completed his internship at 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.

Marilyn Huckans, Ph.D., Director of Training for Psychology, Staff Psychologist and Neuropsychologist for the Mental Health & Clinical Neuroscience Division, VAPORHCS. Associate Professor of Psychology in the Department of Psychiatry, OHSU. After receiving her doctorate in clinical psychology at George Mason University in 2004, Dr. Huckans completed postdoctoral training in health psychology research and clinical neuropsychology at 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 the outdoors, camping, sports, games, and outings with her four energetic children, husband, and friends.

Christy Blevins, Ph.D., Staff Psychologist, PTSD Clinical Team, VAPORHCS. Dr. Blevins received her doctorate in Clinical Psychology from Auburn University, where she conducted research on the psychological assessment of traumatic stress responses. She completed her internship at VAPORHCS and postdoctoral fellowship at VA Palo Alto Health Care System working primarily in the Women’s Trauma Recovery Program. Subsequently, she joined VAPORHCS as a staff psychologist on the PTSD Clinical Team. Her professional interests include evidence-based assessment and treatment of PTSD and other sequelae of interpersonal trauma.

Christopher F. Anderson, Ph.D., Program Co-Manager for the Substance Abuse Treatment Program (SATP) and the PTSD Clinical Team (PCT), VAPORHCS. 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.

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

Derek J. Burks, Ph.D., Staff Psychologist for Inpatient Mental Health, VAPORHCS. Dr. Burks received his Ph.D. in Counseling Psychology from the University of Oklahoma in 2009. He completed a post-doctoral fellowship in the VAPORHCS Mental Illness Research, Education, and Clinical Center (MIRECC) program and a concurrent post-doctoral master’s degree in clinical research from OHSU in 2011. He then worked as a telemental health psychologist at the VA North Texas beginning in 2012 before joining the VAPORHCS staff in 2016. Dr. Burks is
a VA Regional Trainer for CPT and his clinical interests include inpatient group therapy, DBT, CBT, CPT, telemental health, and common factors in psychotherapy. He currently serves on the VAPORHCS Psychology Training Committee, Sexual Orientation and Gender Identity (SOGI) Advisory Group, and the Oregon Psychological Association (OPA) Diversity Committee. His research interests include topics such as authenticity, altruism, and empathy among healthcare providers, and healthcare disparities among LGBT and American Indian populations. When not at work, he enjoys catching up on sleep, spending time with family and friends, and enjoying Oregon nature.

Megan Callahan, Psy.D., Clinical Neuropsychologist and Research Psychologist for the Neuropsychology Service, VAPORHCS. 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’s research collaborations involve studying the psychological and cognitive effects of brain trauma, cognitive rehabilitation for veterans with comorbid mTBI and PTSD, alternative treatment and rehabilitation methods for trauma (i.e., yoga for PTSD), and systemic interventions for healthy brain function and improved quality of life. She is currently a co-Investigator and the Multisite Study Coordinator for a VA Merit funded RCT examining the effectiveness of a hybrid intervention for comorbid mTBI and PTSD.

Keith A. Campbell, Ph.D., Staff Psychologist for Rural Telemental Health. Dr. Campbell received his clinical psychology doctorate from Purdue University in 1983. Dr. Campbell’s professional history includes university teaching, community mental health and hospital based clinical practice, consultation services, clinical services for adults, couples, children and families as well as grant-funded research. His broad clinical interests are complemented by specialized focus in the treatment of psychological trauma, corporate & legal consultation services and the use of telehealth innovations for mental health treatment.

Ines Campoverde, Ph.D., Staff Psychologist for Rural Telemental Health, Chair of the Psychology Multicultural Diversity Committee, VAPORHCS. Assistant Professor in the Department of Psychiatry, OHSU. Dr. Campoverde received her Ph.D. in Counseling Psychology from the University of Utah, and her post-doctoral training was completed with the United States Air Force. Yes, she challenged her leadership and clinical abilities and served as a medical officer and chief psychologist for an Air Force medical center. Currently, she serves rural veterans through individual and group modalities via video teleconferencing, and she is a rotation supervisor with the Rural Telemental Health team. Dr. Campoverde values education, is a member of the psychology training committee, and volunteers her time to clinical and group supervision with interns and post-doctoral residents. She is an integrative practitioner and uses ACT principals as her foundation. Her interests tend to reflect her social advocacy which includes the psychology of women, diversity and inclusion, cultural competency, supervision, and Telemental Health practice. When she is not serving veterans, she spends her time laughing with her family, enjoying the outdoors, and is entranced with Jane the Virgin, RuPaul’s Drag Race, and Orphan Black.

Tracy Chisholm, Psy.D., Staff Psychologist for Rural Telemental Health (RTH), VAPORHCS. Dr. Chisholm received her clinical psychology doctorate from Nova Southeastern University in 2011. She completed a Medical/Health Psychology residency at the Memphis VA Medical Center. Given her clinical background focusing on Med/Health psychology, neuropsychology, and rehabilitation psychology, Dr. Chisholm strives to find innovative ways to provide these needed specialized services to veterans throughout the Pacific Northwest, using telehealth technologies. She has a specialized interest in anxiety-
spectrum disorders, TBI, sleep disorders as well as psychoneuroimmunology. Dr. Chisholm has several family members who have served in the military, making her work at the VA a very personally meaningful mission. Dr. Chisholm has recently become a first-time mother and enjoys spending her time exploring the outdoors with her husband, newborn, and 2 fur-babies. She also enjoys traveling, gardening, photography, painting, and finding new recipes to master.

**Odessa Cole, Ph.D., Staff Psychologist for 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 supervisor for this fellowship and greatly enjoys supervision. Dr. Cole currently works in the Women’s Clinic with a focus on Acceptance and Commitment Therapy towards value driven health behavior change and is dedicated to offering women Veterans trauma informed, culturally aware care that addresses issues affecting females across the reproductive life span. Dr. Cole is also involved PCMHI program development as she strives to work with primary care staff to better integrate services to meet Veteran’s health and wellness goals. Dr. Cole spends any free time outdoors, backpacking, gardening, biking as well as eating her way through every great restaurant in Portland!

**Matt Coopersmith, Psy.D., Staff Psychologist for the Substance Abuse Treatment Program (SATP), VAPORHCS.** Dr. Coopersmith received his doctorate in clinical psychology from The Chicago School of Professional Psychology in 2009. He completed his internship at the Psychological Services Center of Pacific University and his post-doctoral fellowship at Oregon State Hospital. He joined VAPORHCS staff in 2013 and provides clinical services within the SATP. Dr. Coopersmith provides individual and group psychotherapy, case management services, and psychological assessment. His early training was in the use of Cognitive-Behavioral therapies and he eventually discovered an interest in Dialectical Behavior Therapy (DBT). He was intensively trained in DBT and currently facilitates a DBT skills group within the SATP.

**Bret Fuller, Ph.D., Staff Psychologist for the Mental Health Clinic, VAPORHCS.** Assistant Professor in the Department of Psychiatry, 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.

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

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

Nathan Hantke, Ph.D., Clinical Neuropsychologist for Rural Telemental Health, VAPORHCS. National Associate Director, VA Advanced Fellowship Program in Mental Illness Research and Treatment. Assistant Professor of Psychology in the Department of Psychiatry, OHSU. Dr. Hantke received his doctorate in Clinical Psychology from Marquette University. He completed his internship at the VA San Francisco Medical Center and a two-year post-doctoral MIRECC fellowship at the VA Palo Alto Health Care System and Stanford University’s School of Medicine. He joined the staff of Rural Telemental Health in 2016, where he provides psychotherapy and neuropsychological evaluations for rural Veterans. Dr. Hantke’s primary research interests are in geriatric neuropsychology and executive dysfunction in older adults. He also serves as the National Associate Director for the VA’s fellowship programs in mental illness research, which includes MIRECC, SMITREC, and the VA’s Centers of Excellence programs.

Jane Heiy, Ph.D., Staff Psychologist for the PTSD Clinical Team, VAPORHCS. Dr. Heiy received her doctorate in clinical psychology from the Ohio State University and completed her internship at VAPORHCS. Following internship, she remained in the Portland-area and completed a fellowship at the Portland Dialectical Behavior Therapy Institute. She remained at this clinic as a staff psychologist for a few years on the PTSD recovery team before returning to VAPORHCS. Dr. Heiy currently is a part of the PTSD clinical team and specializes in working with veterans who have experienced military sexual trauma and/ or a complex trauma history, generally working from a behavioral approach to enhance each veteran’s strengths and quality of life. She spends the rest of her time tackling new sports, Oregon terrain, and vegetable-gardening ventures with her wife and the Lus (Lu the cat and Lu the dog… It’s a long story).

Daniela Hugelshofer, Ph.D., Supervisory Psychologist and Program Manager of the Fairview Mental Health Clinic. Assistant Professor of Psychology in the Department of Psychiatry, OHSU. Dr. Hugelshofer received her doctorate in clinical psychology from Washington State University in 2006, after completing her pre-doctoral internship at 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.

Lee Hutson, Ph.D., Staff Psychologist for Rural Telemental Health (RTH), VAPORHCS. Dr. Hutson received her doctorate in clinical psychology from Palo Alto University – Pacific
Graduate School of Psychology in 2010 after she completed her internship training at VAPORHCS. Her two-year postdoctoral training in Polytrauma Neuropsychology was also completed at VAPORHCS. She joined the Rural Telemental Health team in 2012 and is stationed at the Bend CBOC. The majority of her practice is providing psychological services to rural veterans via video teleconferencing. She serves as a secondary supervisor on the RTH rotation. Her clinical interests include telehealth, PTSD, neuropsychological assessment, cognitive rehabilitation for MCI and comorbid TBI/PTSD, and the provision of neuropsychological services via telehealth. Dr. Hutson’s past research involvement has included long-term outcome from moderate to severe TBI and cognitive rehabilitation for MCI and comorbid mTBI/PTSD. In her free time, Dr. Hutson enjoys traveling, reading sci-fi novels, skiing, and spending time outdoors in beautiful Central Oregon.

**Wendy Johnson, Ph.D., Team Lead and Staff Psychologist for the Substance Abuse Treatment Program (SATP), VAPORHCS.** Dr. Johnson received her doctorate from University of New Mexico after completing her predoctoral internship at VAPORHCS in 2007. She joined the SATP staff in 2008 and is team lead for the complex addictions team. Her interests are in evaluation and dissemination of evidence based therapies for substance use disorders. She is especially interested in motivational interviewing and has been a member of the Motivational Interviewing Network of Trainers (MINT) since 2003. She is a trainer and consultant with the VA National Training Initiatives for Motivational Interviewing and Motivational Enhancement Therapy. Dr. Johnson also employs and provides supervision in a variety of evidence based treatments for substance use disorders including harm reduction and behavioral couples therapy. Dr. Johnson also consults with the Regional Liver Transplant Program, performing pre-transplant evaluations to assess Veteran’s risk of relapse following transplant surgery. When not working, you will usually find Dr. Johnson enjoying a variety of activities with her beloved English Setters.

**Michael Lee, Ph.D., Staff Psychologist for the Primary Care Clinic at the Fairview Clinic, VAPORHCS.** Dr. Lee spent the entirety of his professional career in primary care settings. He is passionate about integrated behavioral health and all things associated with it, including program development, staff training, the art of brief therapy, CBT-I, and CBT-CP. Prior to coming to the Portland VA, he managed primary care behavioral health programs at the Palo Alto VA in California, and at the International Community Health Services in Seattle, Washington. His clinical philosophy got its inspiration from Chan Buddhism, the Renaissance, Victor Frankl, Bruce Lee (that’s right), Milton Erickson, modern neurosciences, and all others who broke away from the intellectual trance and oppression of traditions and embraced what-is. While he was born in South Korea, he considers Seattle his home. He is very happily married to a French-Korean woman and they make frequent trips to Paris and Rome. In his spare time, he enjoys hiking and dancing with his wife, trading stocks, reading and writing, and gardening.

**Travis Lovejoy, Ph.D., M.P.H., Staff Psychologist for the Substance Abuse Treatment Program (SATP), VAPORHCS. Core Investigator and Implementation Science Lead, Center to Improve Veteran Involvement in Care, VAPORHCS. Assistant Professor, Department of Psychiatry and School of Public Health, 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 the use of 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 behavioral medicine professional associations and currently serves as Chair of
Dr. Lovejoy is actively involved in health psychology and behavioral medicine professional associations such as the Society for Health Psychology (Division 38 of the American Psychological Association). Please visit www.travislovejoy.com to learn more about Dr. Lovejoy’s professional and personal interests and activities.

Jaimie Lusk, Psy.D., Staff Psychologist for the PTSD Clinical Team, VAPORHCS. Dr. Lusk graduated from University of Denver, and joined staff September 2015, after an amazing VAPORHCS internship. A combat veteran, she attended the US Naval Academy, served in the US Marine Corps from 2001-2005, and deployed during Operation Iraqi Freedom. She is passionate about facilitating recovery from PTSD and moral injury, as well as readjustment difficulties, through the practice of exposure, emotional processing, self-compassion, and committed action. Her research currently involves exploration of the function of diverse religious and spiritual beliefs, practices, and experiences as they relate to suicidal thoughts and behaviors among veterans. On the weekends, Jaimie is tearing up single track on a mountain bike, trail running, or attempting to surf.

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

Benjamin Morasco, Ph.D., Staff Psychologist, VAPORHCS. Associate Professor of Psychology in the Department of Psychiatry, OHSU. Dr. Morasco received his doctorate in clinical psychology from Saint Louis University in 2003. He completed a postdoctoral fellowship in clinical health psychology at Harford Hospital and a research fellowship in addictive behaviors at the University of Connecticut Health Center. He joined 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 O’Neil, Ph.D., Neuropsychologist for the Neuropsychology Service, VAPORHCS. Assistant Professor of Psychology in the Departments of Psychiatry and Medical Informatics and Clinical Epidemiology, OHSU. Dr. O’Neil received her doctorate from the University of Oregon and then completed internship at VAPORHCS and an AHRQ K fellowship at OHSU. She provides treatment and supervision related to PTSD, depression, cognitive rehabilitation, family therapy, and neuropsychological/psychological assessment. She also serves as a research mentor to graduate students, interns, and fellows. Her research interests focus on quantitative methods, systematic reviews, cultural competence assessment and training, and the psychological and cognitive effects of trauma, depression, blast exposure, and TBI. In her spare time, she cooks, skis, hikes and camps with her dogs, and bikes everywhere, rain or shine.
Gina L. Ortola, Ph.D., Staff Psychologist for the Mental Health Clinic, VAPORHCS. Assistant 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 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 National Training Consultant. Dr. Ortola has been a member of the Sexual Orientation and Gender Identity (SOGI) Advisory Group since its inception in 2013 and is currently Chair of SOGI. She is a member of the Multicultural and Diversity Committee as well. Outside of work, Dr. Ortola enjoys cooking, reading, photography, and spending time with her son.

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

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

Josh Rinker, Psy.D., Staff Psychologist at Fairview CBOC, VAPORHCS. Dr. Rinker worked in emergency and transplant medicine prior to receiving his doctorate from the Adler School of Professional Psychology in Chicago, IL with a concentration in Traumatic Stress Psychology. He completed his internship at VA SORCC and his postdoctoral residency in the PTSD Clinic at the Albany VA. Dr. Rinker is currently the PTSD/SUD specialist at the Fairview CBOC and takes a stage-based approach to treatment, integrating his humanistic orientation with evidence- and research-supported interventions. Dr. Rinker is also passionate about professional development, and currently serves as the Early Career Psychologist representative for the VA Section of Division 18.

Veronica Rodriguez, Ph.D., Staff Psychologist for the Substance Abuse Treatment Program, VAPORHCS. 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.

**Saw-Myo Roost, Ph.D., Research Psychologist, Neuropsychology Service and PTSD Clinical Team, VAPORHCS.** Dr. Roost received her doctorate from Michigan State University in 2007, after completion of her internship at the VA Portland. Given a very rewarding experience during the internship year, it was an easy decision to stay on for two more years as a polytrauma postdoctoral fellow. Currently, she is a research psychologist in the Neuropsychology Clinic. Her clinical and research interests include geriatric neuropsychology, cognitive rehabilitation, and treatment of co-morbid PTSD and traumatic brain injury. When away from work, she enjoys exploring the Pacific Northwest with her husband and two sons, reading good books, and checking out the Portland food scene with friends.

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

**Jason C. Steward, Ph.D., Director Postdoctoral Training in Psychology, Staff Psychologist in the Mental Health Clinic, VAPORHCS.** 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.

**Daniel Storzbach, Ph.D., Head of the Neuropsychology Service and Research Psychologist, VAPORHCS. Associate Professor of Psychiatry and Neurology, OHSU.** Dr. Storzbach received his doctorate in clinical psychology from the University of Nebraska-Lincoln in 1995 and completed his postdoctoral training in neuropsychology at 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 Merit-funded study of Cognitively Augmented Behavioral Activation, a multisite investigation of an innovative psychotherapy for comorbid PTSD/TBI. He is also the Local Site Investigator for a multisite Cooperative Studies Program study investigating the use service dogs for Veterans with PTSD. Dr. Storzbach additionally collaborates on other research with VA and OHSU investigators, particularly at VAPORHCS’s PTSD Clinical Team, VAPORHCS’s Sleep Clinic, VAPORHCS’s Epilepsy Center of Excellence,
VAPORHCS’s National Center for Rehabilitative Auditory Research, and OHSU’s Center for Research on Occupational and Environmental Toxicology. He enjoys travel, hiking, and dining with his family in the Pacific Northwest.

Sarah Súñiga, Ph.D., Staff Psychologist for the PTSD Clinical Team and the Substance Abuse Treatment Program, VAPORHCS. Dr. Súñiga received her doctorate from Kent State University in Clinical Psychology with a Health Psychology emphasis. She completed her internship at VAPORHCS in 2007 and remained to complete postdoctoral training in PTSD. Dr. Súñiga became a staff psychologist in 2009 and since then has been the PTSD/SUD Specialist for VAPORHCS working primarily with the PTSD Clinical Team and Substance Abuse Treatment Program. Her clinical work is focused on providing assessment and treatment of comorbid PTSD/SUD. Dr. Súñiga is a passionate champion of Prolonged Exposure (PE) and has been a PE consultant for the National Center for PTSD. Her clinical interests include evidence based treatment for PTSD, contextual behavior therapy, and mindfulness-based approaches. Dr. Súñiga comes from a family with a long history of military service, including her grandfather who served in WWII (Army), her father (Air Force), brother (Navy), uncles and cousins (from all branches, including Coast Guard!). Currently, Dr. Súñiga (US Army Reserves) and her cousin, Justin (US Air Force), are the remaining family members actively serving.

Malinda Trujillo, Ph.D., Staff Psychologist for the Vancouver Mental Health Team, VAPORHCS. Co-Chair, Multicultural and Diversity Committee, VAPORHCS. Dr. Trujillo received her doctorate from Colorado State University in 2008 after completing her pre-doctoral internship at the Greater Los Angeles VA Ambulatory Care Center (VA-LAACC). After receiving her degree, she completed her postdoctoral training in PTSD at the North Florida/South Georgia veterans Health Care System in 2009. Dr. Trujillo joined the VAPORHCS in 2009. She is currently a staff psychologist for the Vancouver Mental Health Team. Her areas of interest include evidence based treatment for PTSD, anxiety, mood disorders, dual diagnosis treatment, Latino psychology, and multicultural psychology. She serves on the VAPORHCS Psychology Training Committee, Multicultural and Diversity Committee, and the National VA Psychology Training Council Multicultural and Diversity Committee. She is a VA Regional Trainer for Unconscious Bias.

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

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 11th among VA organizations in
overall grant support from the Department of Veterans Affairs. Currently, more than 172 staff at this VA are Principal Investigators involved in more than 535 active medical and behavioral science research projects. The VAPORHCS research community is supported by $33 million in VA, National Institutes of Health (NIH), Department of Defense (DoD) and other funding sources in FY2014.

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

Recent Staff Publications and Presentations

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

**2017 and In Press**


**O’Neil, M., Callahan, M.,** Carlson, K., **Roost, M.,** Laman-Maharg, B., Twamley, E., Iverson, G., & **Storzbach, D.** (in press). Post-concussion symptoms reported by Operation Enduring


**2016**


**2015**


2014


**2013**


2012


Applying to the VA Portland Health Care System Internship

Eligibility

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

In accordance with APA philosophy and VA policy, our internship also accepts applications from doctoral level psychologists who have returned to school to re-specialize in clinical or counseling psychology. The applicant must be enrolled in an APA-approved clinical or counseling program, show documentation of adequate didactic and practicum preparations, and be approved for an internship by their Director of Clinical Training.

ELIGIBILITY REQUIREMENTS FOR ALL VA TRAINING PROGRAMS

1. U.S. citizenship. VA is unable to consider applications from anyone who is not currently a U.S. citizen. Verification of citizenship is required following selection. All trainees 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. Psychology trainees 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. Psychology trainees are not required to be tested prior to beginning work, but once on staff they are subject to random selection for testing as are other employees.

ADDITIONAL ELIGIBILITY CRITERIA FOR INTERNSHIP

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

1. Doctoral student in good standing at an APA-accredited graduate program in Clinical or Counseling psychology. Persons with a doctorate in another area of psychology who meet the APA criteria for re-specialization training in Clinical or Counseling Psychology are also eligible.

2. Approved for internship status by graduate program training director.

ELIGIBILITY FOR VA EMPLOYMENT

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

**Selection Process**

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

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

In the selection process, several criteria are considered:

- Clinical experience, including total hours and number of comprehensive assessments
- Scholarly preparation, indicated by the academic transcript, research experience and productivity, presentations and publications, and teaching experience
- Quality of the cover letter
- Quality of the letters of reference
- The fit between the applicant's stated objectives and VAPORHCS offerings

A member of the psychology staff evaluates each completed application. After this initial review, a cut is made, and the top applications are evaluated a second time by the Training Committee. In order to facilitate planning for internship site visits, applicants will be informed by e-mail as soon as possible whether or not they remain under consideration after the initial review. Generally, notification is made by early to mid December. For the 2016-2017 academic year, we received 159 completed applications and invited 59 applicants to attend the Open House.
Application Procedures and Checklist

All materials must be submitted on or before November 1, 2017 through the online AAPI.

- AAPI online application (www.appic.org)

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

- A brief (1 to 2 pages) statement of interest, specifically highlighting relevant issues of cultural competence, by addressing the following:
  - What stimulated you to study psychology?
  - What life experiences have influenced you professionally and personally?
  - What kinds of therapies have you employed and how would you characterize your theoretical orientation?
  - How do you incorporate cultural competency into your conceptualizations, and how do you hope to grow as a culturally competent practitioner during your internship year?
  - What are your interests and goals for the internship and beyond?
  - Why did you apply to VAPORHCS?

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

VAPORHCS Internship’s APPIC Match Number: 152711

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

We do not offer individual interviews as part of our selection process. An invitational day-long Open House will be held on Tuesday, January 16, 2018 to acquaint finalist candidates with the internship program. Applicants who remain under consideration after the initial review of their application will receive an invitation in early to mid December. At the Open House, staff psychologists, fellows, and current interns will describe the training experiences offered and will be available to answer questions. Small break-out groups with current interns and/or staff supervisors provide an opportunity for candidates to learn about and communicate specific training interests. The Open House serves as the final part of our review of candidates for internship, providing an opportunity for our staff and interns to learn more about you. Changes may be made to the working list of rankings based on Open House impressions. Candidates are strongly encouraged to attend the Open House to obtain the most information about our site and to meet our staff in person. If you are unable to attend the Open House, we may be able to arrange for you to talk briefly with an intern on another date. This option is not always feasible and is subject to intern availability.

Applicants selected for internship at VAPORHCS will be asked to submit one or two sample psychological assessment reports during the summer prior to beginning internship.

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

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Psychology Internship (P3MHN)
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Portland, OR 97239
E-mail: marilyn.huckans@va.gov

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

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