



# VA Puget Sound Health Care System American Lake Division

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## Psychology Doctoral Internship Program Brochure 2025 – 2026



Mt. Rainier



**Department of  
Veterans Affairs**

Affiliated with the University of Washington

## BRIEF OVERVIEW

### APPIC Match Codes

Description	Code	Number of Positions
Generalist Program	162311	4
Generalist Program – Clinical Neuropsychology Rotation	162313	1

The doctoral internship program at American Lake is a generalist program. However, due to our Clinical Neuropsychology training experience, many people wishing to specialize in this area for postdoctoral training apply to our program each year. Thus, the program has two distinct match codes—both are within our generalist program, but the Clinical Neuropsychology match code guarantees the neuropsychology specialty track rotation.

### Important Application Dates

- Applications due: November 1, 2024
- Interview notification date: December 10, 2024
- Interview/Open House dates (all virtual at this time): January 8, 2025, and January 14, 2025
- Anticipated Training Year dates: July 14, 2025 – July 10, 2026  
*Per Office of Academic Affiliation guidelines, VA internships are required to begin within July 1 and July 15 annually.*

### COVID-19 Update

In 2020 the VA Puget Sound psychology training programs quickly transitioned to primarily telehealth, telework, telesupervision, and other virtual training. While we are unable to predict how public health requirements and institutional policies may evolve by the fall of your internship year, these capabilities are all currently in use to varying degrees across our training site. As of this writing, most psychologists and all interns are working primarily on-site, providing both in-person and telehealth care. Our facility is committed to following public health guidelines based on the best available scientific evidence, and we will continue to pursue optimal training within that context.

### Accreditation Status

The Doctoral Internship Program at **VA Puget Sound – American Lake** is accredited by Commission on Accreditation (since April 1977) and our next site visit was expected to occur in 2022. Due to pandemic-related delays, our site visit was delayed until November 2024.

**Questions related to APA accreditation should be directed to the Commission on Accreditation:**

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

### APPIC Membership Status

The Doctoral Internship and Postdoctoral Residency Programs at American Lake are each members of the Association of Psychology Postdoctoral and Internship Centers (APPIC).

## Stipend

Interns receive a competitive stipend paid in 26 biweekly installments. VA internship stipends are locality adjusted to reflect different relative costs in different geographical areas. The Office of Academic Affairs has [published](#) that the annual internship stipend at our site for training year 2024-2025 is \$37,693.

## Application Procedures

American Lake is an APA-accredited program currently with seven funded positions. This equal opportunity program is open to all qualified students (who are US citizens) from APA-accredited, CPA-accredited, and/or another VA recognized accrediting body (e.g., PCSAS) accredited clinical, counseling, and combined professional-scientific graduate programs and abides by the selection procedures used by APPIC (APPIC Site # 1623).

## Intern Recruitment and Selection

The procedures for intern recruitment and selection include development of an internship selection committee composed of American Lake psychologists. The committee is responsible for careful review of applications to the internship program. Each application is reviewed by two psychologists for goodness-of-fit which is determined by strength in a variety of categories, including research skills, scholarly productivity, dissertation progress, diversity, intervention experience with adults, assessment experience with adults, quantity and quality of supervision received, evidence of interpersonal and communication skills, and academic rigor of the doctoral program. The application review ratings are discussed by the full committee and these result in determining interview offers\*. Interviews are conducted by American Lake psychologists and, occasionally, postdoctoral residents using a standardized set of questions. The final rank list is determined by a combined score of the application review mean score and interview mean score with the former being weighted more heavily than the latter.

*\* Applicants requiring any interview accommodation due to disability are asked to request such assistance at the time they receive notification of an interview offer.*

## Applications and Interviews

Onsite visits and onsite interviews are not expected, in an ongoing effort to mitigate illness transmission and to be equitable in opportunities available to applicants. More information about scheduling virtual interviews and opportunities to attend virtual presentations about our training program will be forthcoming. To get a glimpse of our campus, please feel free to look at the very brief video created by our Medical Media: [VA Puget Sound Health Care System American Lake Campus - YouTube](#). Required application materials must be submitted by the application due date noted above.

These include:

1. Completed AAPI Application
2. Graduate Transcripts
3. Three Letters of Recommendation
4. Certification of Readiness for Internship by Training Director (Form is included in the APPIC application.)
5. Follow AAPI online application procedures (e.g. cover letter, curriculum vitae, essays).

## Internship Admissions, Support, and Initial Placement Data

Historically, this program has received applications at a ratio of approximately 25:1 from highly qualified candidates for the limited number of internship positions. Our selection criteria include "goodness of fit" between the intern's interests and the training we offer, training experience, academic credentials, writing skills, and dissertation status. For additional information, please see the INTERNSHIP PROGRAM TABLES later in this document.

## ABOUT THE VA PUGET SOUND HEALTH CARE SYSTEM



### Overview

With a reputation for excellence in caring for our Nation's Veterans, VA Puget Sound strives to lead the nation in terms of quality, efficiency, and public service. As the primary referral site for VA's northwest region, VA Puget Sound Health Care System provides care for Veteran populations encompassing Alaska, Washington, Idaho, and Oregon. Since its inception, VA Puget Sound has distinguished itself as a leader in teaching, research, and patient care while earning prestigious recognition as part of the largest health care network in the country. We consider it our privilege to serve the health care needs of more than 80,000 Veterans living in the Pacific Northwest.

In addition to two divisions located at American Lake and Seattle, VA Puget Sound offers services at several community-based outpatient clinics. They are located in Bellevue, Bremerton, Federal Way, Mount Vernon, North Seattle, Port Angeles, and South Sound (Chehalis).

### Mission

Honor America's Veterans, as well as their families, caregivers, and survivors, by providing exceptional and innovative care that improves their health and quality of life.

### Vision

The Veterans Health Administration will continue to be the benchmark of excellence and value in health care. Our Mental Health Service strives to provide services reflective of the latest technologies in both patient-centered and evidence-based care. We provide this care in engaged, interprofessional teams who support learning, discovery, and continuous quality improvement. Our efforts also emphasize preventative and population health and contribute to the Nation's well-being through education, research, and service in national emergencies.

### Core Values

Compassion, Commitment, Excellence, Professionalism, Integrity, Accountability, Stewardship



Defining  
**EXCELLENCE**  
in the 21st Century

More information on the VA Puget Sound Health Care System can be found at:  
<http://www.pugetsound.va.gov>

## ABOUT THE AMERICAN LAKE DIVISION

The VA Puget Sound Health Care System (VAPSHCS) is comprised of two divisions (American Lake and Seattle), each with its own Psychology Training Programs. The American Lake Division of VAPSHCS is located in Lakewood, WA, a major suburb of Tacoma. Nestled along 1.8 miles of the beautiful American Lake shoreline with Mt. Rainier standing to the East, this Division enjoys one of the most beautiful settings in the VA system. The 378 acres of medical center grounds include 110 acres of natural habitat, 8 acres of lawns, and a 55-acre golf course.



Medical Center Grounds

The American Lake campus was founded in 1923 as the 94th Veterans Hospital built by the War Department for the provision of care to World War I Veterans. The Secretary of the Army authorized, under a revocable license, the Veteran Bureau's use of 377 acres of the 87,000-acre Fort Lewis Army Base property.

The planning committee chose a site on the western shores of American Lake and aspired to build a facility that was both functional and aesthetically pleasing. They chose a Spanish-American architectural style reminiscent of the United States early military structures, such as the Alamo. Many of the stucco and terra cotta buildings are listed on the National Register of Historical Buildings and are still enjoyed by both patients and staff for their beauty.

The medical center was dedicated in 1924 and chartered with a single mission— neuropsychiatric treatment. On March 15, 1924, the first 50 patients were admitted to the hospital, by transfer, from Western State Hospital at Fort Steilacoom. Over the years, American Lake has grown from its original mission to a national leader in integrated health care.



Club House, Veterans Golf Course

Psychologists, physicians, social workers, nurses and ARNPs, dentists, rehabilitative medicine, physician assistants, and auxiliary staff make up the more than 800 individuals employed at this campus.

American Lake's Psychology Internship Training Program has been training doctoral psychology interns since the 1950s.

## **ABOUT THE TRAINING PROGRAM**

### **Mission**

Training provided through the American Lake Psychology Training Programs (Internship and Residency) supports the Mission of VA Puget Sound to “Honor America’s Veterans by providing exceptional and innovative care that improves their health and quality of life,” and the national VA Missions of patient care, education, research, and serving as back-up to the Department of Defense.

The Training Program has a specific mission, as captured in the following statement:

*“It is the mission of the Psychology Internship Training Program at the American Lake Division of VA Puget Sound to ensure that Veterans and others across the nation have continuing access to highly qualified, ethical, and professional health service psychologists who integrate science into their practice, with sensitivity to and knowledge about the influence of ethnic, cultural, and individual differences on their psychological services.”*

### **Philosophy**

It is our belief that excellence in health service psychology requires attention to ethics, diversity, science, and practice. The internship program at American Lake draws from the Scientist-Practitioner model, which requires the integration of science and practice. We subscribe to the belief that interns pursuing a career in clinical work should follow scientifically proven practices, and that those who become researchers should utilize clinical sensitivity and insight in designing and implementing their research.

### **Diversity Statement**

The Psychology Training Committee at the VA Puget Sound, American Lake Division is committed to fostering an appreciation for multiculturalism and preparation for research and practice in a multicultural society among our trainees and staff. We believe it is crucial to understand how facets such as race, ethnicity, language, immigration history, sexual orientation, gender, age, disability, health status, national origin, indigenous heritage, socioeconomic status, education, and religious/spiritual views powerfully shape an individual’s life and experience as well as inform our own clinical practice. Our Psychology Training Program is thus dedicated to creating an environment focused on increasing the knowledge of, and competence around, multicultural issues. In service of this aim, we formed a Diversity Committee which actively creates opportunities for our trainees and staff to discuss, experience, and learn about multiculturalism. We also encourage trainees and staff to explore their own multicultural identity to help build personal and professional awareness of their own unique experiences. We prioritize these opportunities as we believe that rich educational experiences are gained when we learn and work with people from a multitude of backgrounds. We hope you will join our program and welcome your participation in continuing to cultivate an inclusive workplace and community.

### **Overview of the Training Program**

The doctoral internship at American Lake provides supervised health service psychology (HSP) experience to doctoral candidates in Clinical or Counseling Psychology who are enrolled in programs accredited by the Canadian Psychological Association (CPA), the APA CoA, and/or another VA recognized accrediting body (e.g., PCSAS).

### **Psychology Setting**

The Psychology Service at the VAPSHCS is comprised of over 160 psychologists, approximately 55 of whom are assigned to the American Lake Division. The Psychology Service, under the leadership of Dr. Mark Reger, is primarily affiliated with the larger Mental Health Service, though consists of staff that cut across service lines (e.g., Geriatrics and Extended Care, General Medicine Service, Anesthesiology, Rehabilitation Medicine). Internship training at the American Lake Division is provided by the doctoral-level psychologists affiliated with the American Lake Division and supplemented by

professionals from other disciplines. Psychologists work in clinical care programs, providing clinical, administrative, and/or research functions, depending on the needs of the particular program.

### **Program Aims**

Our aims reflect our belief that a psychologist is defined both by specific training received and, more importantly, by the attitude with which clinical and research problems are approached. Our aims also support the VA's broader mission of training psychologists competent and committed to practice in public service settings.

Our internship program is developed from the basic perspective that a health service psychologist should be broadly trained in accordance with the Profession-Wide Competencies (PWCs) defined by the APA. We believe a practitioner must be a generalist before becoming a competent specialist. To that end, internship training at American Lake is designed to provide clinical experience across the spectrum of psychological skills, while allowing for some experience in specialty or focus areas, as well as involvement in research. We expect interns to participate in a range of placements that foster acquisition of PWCs, complement their individual training to-date, and further their professional development and career plans.

Interns should seek out and be exposed to a wide array of patients and problems and should work with a variety of programs and supervisors. Interns in our program are expected to further develop already-acquired PWCs. Likewise, interns in our program are expected to have exposure to, and/or direct clinical experiences with, patients that represent a cross-section of the diverse Veterans served at VAPSHCSs American Lake Division and to acquire sensitivity to, and knowledge of, cultural differences, as well as other individual differences that influence the manner in which services are provided.

The intern's transition from "student-in-training" to entry-level health services psychologist is as important to this program as the acquisition of technical skills. Interns are expected to develop professional relationships with other clinical staff and to participate as active and valuable members of the treatment team. Interns are partners in the development of training goals for their internship year.

The program has four overarching aims and the nine PWCs are addressed within those aims:

### **Major Aims**

Our internship program's major **aims** include:

1. Preparation for effective, entry level functioning in complex and comprehensive public service environments.
2. Development of professional identity that includes valuing justice, integrity, respect, and ethical practice.
3. Commitment to the appreciation, generation, and application of scientifically derived knowledge, including the integration of science with practice.
4. Commitment to and respect for individual and cultural diversity.

### **Required Profession-Wide Competencies (PWCs)**

The focus of the internship year is on the acquisition of Profession-Wide Competencies in health service psychology. Please see American Psychological Association, Commission on Accreditation. 2015. Standards of Accreditation for Health Service Psychology. Retrieved from <http://www.apa.org/ed/accreditation/about/policies/standards-of-accreditation.pdf> and the APA's 2012 Competency Benchmark Revision for further elaboration on these competencies (<http://www.apa.org/ed/graduate/benchmarks-evaluation-system.aspx>).

**Science/Research:** Understanding of research, research methodology, techniques of data collection and analysis, biological bases of behavior, cognitive-affective bases of behavior, and development across the lifespan. Respect for scientifically derived knowledge. Generating research that contributes to the professional knowledge base and/or evaluates the effectiveness of various professional activities.

**Individual and Cultural Diversity:** Possess and utilize awareness, sensitivity, and skills during professional interactions with diverse individuals, groups, and communities who represent various cultural and personal backgrounds, and characteristics defined broadly and consistent with APA policy.

**Ethics and Legal Standards:** Awareness of legal issues and application of ethical concepts and behaviors regarding professional activities with individuals, groups, and organizations.

**Professional Values, Attitudes, and Behaviors:** Behavior and comporment that reflect the values and attitudes of psychology.

**Communication and Interpersonal Skills:** Practice conducted with personal and professional self-awareness and reflection, awareness of competencies and appropriate self-care. Relate effectively and meaningfully with individuals, groups, and/or communities.

**Intervention Skills:** Interventions designed to alleviate suffering, and to promote health and well-being of individuals, groups, and/or organizations. Integration of research and clinical expertise in the context of patient factors.

**Assessment Skills:** Assessment and diagnosis of problems, capabilities, and issues associated with individuals, groups, and/or organizations.

**Supervision:** Supervision and training in the professional knowledge base of enhancing and monitoring the professional functioning of others.

**Consultation and Interprofessional Skills:** Knowledge of key issues and concepts in related disciplines. Identify and interact with professionals in multiple disciplines. The ability to provide expert guidance or professional assistance in response to a client's needs or goals.

## Intern Preparation

Incoming interns are required to be enrolled in doctoral programs in Clinical or Counseling Psychology that are accredited by the CPA, the APA CoA, and/or another VA recognized accrediting body (e.g., PCSAS). To be eligible to attend internship at American Lake, incoming interns must have adequate academic preparation, including that all coursework required for the doctoral degree must be completed prior to the start of the internship year, successful completion of any qualifying or comprehensive doctoral examinations, successful proposal of dissertation, be in good academic standing with the home graduate program, have provided face-to-face intervention to adult patients, have conducted face-to-face assessment with adult patients, have received individual supervision with direct observation of their graduate level clinical work, and meet the eligibility requirements for VA employment. Applicants must meet the eligibility qualifications for psychology training within the Department of Veterans Affairs: <https://www.psychologytraining.va.gov/eligibility.asp> - these include, but are not limited to: U.S. Citizenship, completion of our application materials, and VA employment requirements. Note: All applicants who are U.S. citizens, required to register for the Selective Service, born after December 31, 1959, and who are not otherwise exempt, must show proof of Selective Service registration as part of their VA application. Acceptance of Interns is contingent upon the results of a background check, TQCVL verifications (see <https://www.va.gov/OAA/TQCVL.asp>), and possible drug screening. Interns are appointed as temporary employees of the Department of Veterans Affairs. As such, Interns are subject to laws, policies, and guidelines posted for VA staff members. There are infrequent times in which this guidance can change during a training year which may create new requirements or responsibilities for Interns. If employment requirements change during the course of a



training year, Interns will be notified of the change and impact as soon as possible and options provided. The Training Director will provide you with the information you need to understand the requirement and reasons for the requirement in a timely manner. Please note that the VA is a drug-free workplace (see [https://www.va.gov/OAA/onboarding/VHA\\_HPTsDrug-FreeWorkplaceOAA\\_HRA.pdf](https://www.va.gov/OAA/onboarding/VHA_HPTsDrug-FreeWorkplaceOAA_HRA.pdf)). Finally, because internship is part of the doctoral training requirement, interns must not be granted their degree by their academic institution prior to successful completion of the internship year.

### Preparation for Licensure

The program prepares interns to meet licensure requirements for Washington State <https://www.doh.wa.gov/LicensesPermitsandCertificates/ProfessionsNewReneworUpdate/Psychologist/LicenseRequirements>. If you have plans to practice in a particular jurisdiction outside of Washington, please contact that jurisdiction's licensing board to seek clarification. Licensing information can be found via the Association of State and Provincial Psychology Boards (ASPPB) at <http://www.asppb.net/>.

### Administrative Policies and Procedures

**Leave:** See OAA national policies, as well as the Office of Personnel Management ([www.opm.gov](http://www.opm.gov)) for full information on leave and benefits for VA personnel. Administrative Leave may be applied for (e.g., for conference presenting, dissertation defense, postdoctoral interviews) and is reviewed on an individual basis.

**Holidays and Leave:** Interns usually receive the 11 annual federal holidays. (On occasion, not all 11 fall within a training year; e.g., federal employees are not paid for a holiday that falls on the first day of work, which can impact the total stipend slightly as well). In addition, interns accrue 4 hours of sick leave and 4 hours of annual leave for each full two week pay period as an intern, for a total of 104 hours of each during the year.

**Family Leave and Support:** Although trainees are not eligible for the Federal Medical Leave Act (FMLA), our program is happy to support trainees through the birth or adoption of a child during their residency year. Current and past trainees have opted to take leave without pay to be home with a new family member and extend their training year accordingly to still complete the requirements of the internship. Trainees at American Lake will be offered accommodations related to lactation while at work in accord with the Patient Protection and Affordable Care Act revised the Fair Labor Standards Act (<https://www.opm.gov/policy-data-oversight/worklife/reference-materials/nursing-mother-guide.pdf>). It is unlikely that a trainee would be paid for time extended beyond the initial training year, due to the nature of the year-long employment contracts associated with VA trainee status.

**Privacy:** We will collect no personal information about you when you visit our website.

**Due Process:** Impairment and grievance procedures are consistent with VA Human Resource regulations and outlined in the Psychology Internship Training Manual which is made available to interns as they enter the program and is provided to any interested party upon request



Lincoln Quote, Community Living Center

**Benefits:** Internship appointments are for 2080 hours, which is full-time for a one-year period. VA interns are eligible for health insurance (for self, spouses, and legal dependents) and for life insurance, just as are regular employees.

**Liability Protection for Trainees:** When providing professional services at a VA healthcare facility, VA-sponsored trainees acting within the scope of their educational programs are protected from personal liability under the Federal Employees Liability Reform and Tort Compensation Act 28, U.S.C.2679 (b)-(d).

## THE TRAINING YEAR

### Program Structure

The internship begins in mid-July every year. During the initial orientation to the training year, interns become familiar with the various clinical/research programs and learn about specific training opportunities. They meet with the Training Director(s) to establish training needs and interests before choosing rotations.

The program employs a four-month rotation structure (equivalent to trimesters), allowing for three rotations during the internship year. Rotations are based on a 40-hour work week, with training program requirements accounting for a portion of the overall time commitment. Interns can expect to typically work 40-45 hours per week – a little closer to 45 hours as they acclimate to each new rotation, with that then settling into 40 hours once they have gotten “into the flow” of the clinical setting. With very few and extremely rare exceptions, all rotations will occur at the American Lake Division. To assure breadth of training and that sufficient direct clinical hours are obtained for Washington licensure requirements, no more than one rotation per year may focus primarily on assessment.

In addition to the trimester rotational system, there are a number of training activities which span the entirety of the year. These are described in more detail later in the brochure, but they include: weekly group supervision; weekly intern didactics; x2/month faculty didactics (which trainees are invited to attend); a research project; and monthly peer consultation.

Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12
Clinical Rotation 1				Clinical Rotation 2				Clinical Rotation 3			
Research Requirement											
OPTIONAL Minor Rotation (can select one): Assessment; Couples Therapy; Evidence-Based Psychotherapy for PTSD											

### Inclusion, Diversity, Equity, and Access (IDEA)

The Psychology Training Program at VA Puget Sound American Lake is sensitive to individual differences and diversity and is committed to engage in practice that is culturally sensitive. We value greatly the complexity and richness of cultural diversity and strive to foster an environment that actively promotes diversity (e.g., age, disability, ethnicity, gender, gender identity, language, national origin, race, religion, culture, sexual orientation, marital/parental status, social economic status, etc.). Moreover, the concept of IDEA is a central component of the Psychology Training Program, both at the doctoral internship and postdoctoral residency level.

A number of clinical and training opportunities exist within the program related to diversity, including participation in the American Lake Division’s Diversity Committee, which is a subcommittee of the Training Committee. This Committee challenges trainees and faculty alike in their awareness and implementation of individually and culturally informed best practices.

There are multiple ways for interns to participate in Diversity Committee-related activities. For example, trainees are welcome to participate in monthly Diversity Committee meetings. These meetings provide opportunities to discuss Committee-related activities such as the Mentoring Program, influencing particular tasks that the Committee focus on each year, seminar and didactic presentations related to multiculturalism, and developing new learning opportunities for the Psychology Service. In terms of the Diversity Mentorship Program, interns are encouraged, but not required, to participate in this program by receiving mentorship from staff members. The Diversity Committee is very interactive and

encourages trainees to consider the impact of multicultural issues in everyday clinical and research practice.

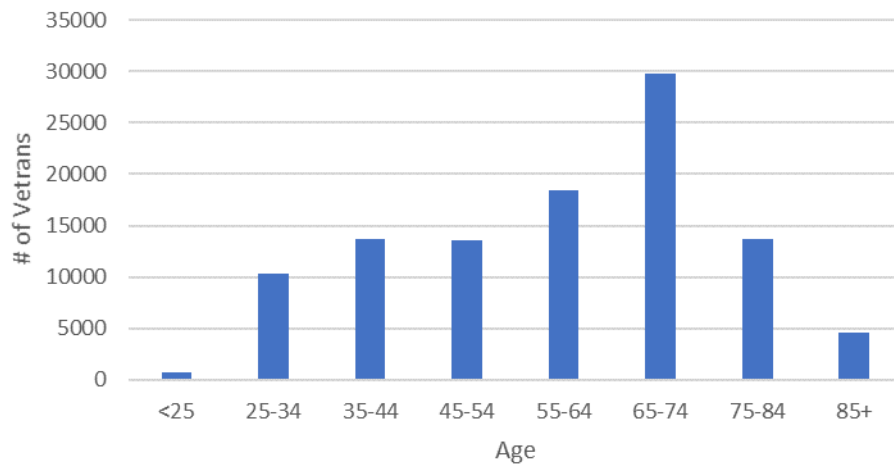
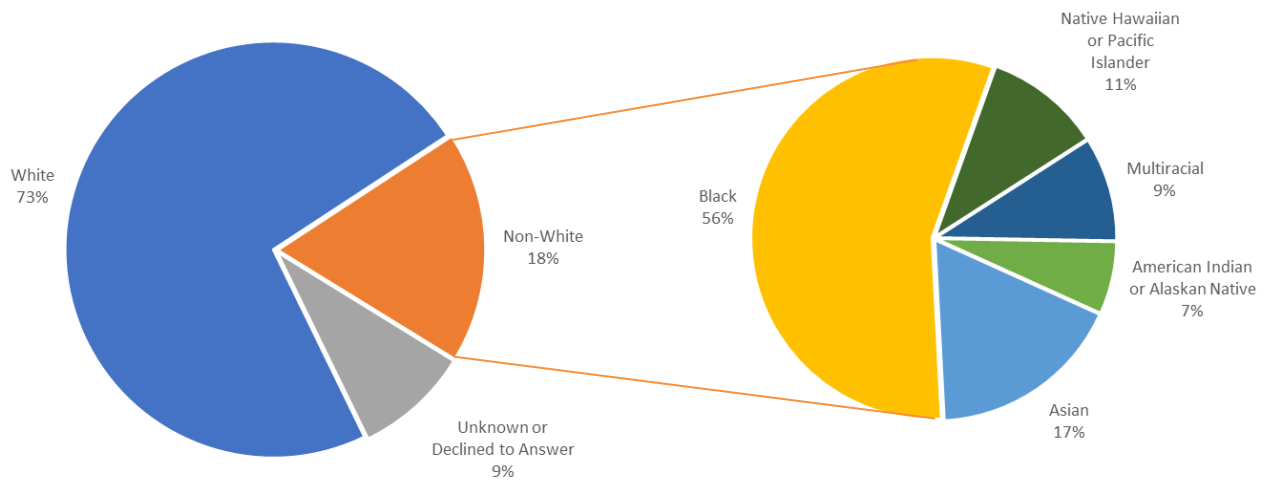
In addition to the diversity within the training programs, the Pacific Northwest has a history of richness in diversity. Washington State is home to over 60 Native American tribes and has one of the highest concentrations (nationwide) of military personnel with Joint Base Lewis-McChord (Army/Air Force) just a few miles away from American Lake. Rich in the arts, the greater Puget Sound is home to a wide range of world class venues to include Seattle Symphony, Pacific Northwest Ballet, Seattle Art Museum, Tacoma Museum of Glass, UW Arts Series, Seattle Men's & Women's Chorus, Bumbershoot and Folk-life Festival, to name a few.

### **Additional Resources**

As the American Lake Psychology internship program enjoys a long history of providing excellent training, it is well-integrated into the VA Puget Sound and VISN 20 Northwest Network training infrastructure. The full resources of VA Puget Sound, affiliated with the University of Washington, are available to trainees in this program. The Psychology Training Program at American Lake has didactic training exchanges with Joint Base Lewis McChord, as well as the Seattle Division of the VAPSHCS. The Center for Education and Development at VA Puget Sound oversees all academic and continuing education activities for our facility, which includes over 1,600 academic trainees and more than 2,700 employees. There are two branch libraries as well as our medical media services.

In addition to the interprofessional core clinical staff and faculty, trainees receive support from administrative staff. Mental Health Service at American Lake has allocated necessary clinical space and equipment to ensure high-quality training in the service of Veterans' healthcare. There is dedicated office space for clinical care. Equipment made available for the training program include computers for staff, phones, video teleconference, fax machines, and copy machines. The medical record is completely computerized at this facility, so appropriate training and ongoing resources for using it effectively is available, as are a full selection of psychological assessment materials.

## Patient Demographics by Race and Age



Note: Data reflects all of VA Puget Sound Health Care System (Seattle, American Lake, and community-based outpatient clinics).

## **Research Project**

While the primary focus of the internship year is the development and refinement of clinical skills, the internship program at American Lake values the integration of research into psychological practice. As such, a portion of the training year is focused on psychological research. Interns are required to develop a research project at the outset of the training year, in consultation with the Training Directors and Research Lead. Dissertation research is not an acceptable option for this training requirement. We define the Science competency broadly and think of three categories of research falling under this broad umbrella. These include traditional research (e.g., RCTs, empirical projects requiring IRB review, meta-analyses, review papers), utilizing an implementation science (IS) framework to ask systems-based questions to evaluate models of care, and utilizing program evaluation and quality assessment/improvement (QA/QI) frameworks to illustrate clinical service challenges, opportunities, and potential solutions. Thus, an intern research project may take several forms, to include the following:

- Participate in an ongoing research project here at VAPSHCS (e.g., Mental Health Research, GRECC, etc.)
- Participate in an approved research opportunity connected to the intern's home university (not dissertation)
- Conduct a meta-analysis in an area of the intern's interest
- Complete a literature review and research methods section for relevant research that could be done here or taken to post graduate work
- Complete a grant proposal
- Complete an Implementation Science project to assess a systems level question
- Complete a Quality Assessment/Improvement project to assess a clinic/program level question
- Conduct an approved research project based off an open dataset (e.g., Pew Research Center, General Social Survey, etc.)

Interns *may* allocate up to four hours per week for research over the course of the training year, depending on the scope of their project. Interns must complete a research product (e.g., poster, presentation, or manuscript submission; grant submission; or, IS or QA/QI report) by early July and present their final project as a poster at the annual Research Colloquium – a part of the end-of-year psychology training retreat.

## **Service**

Interns are asked to assist in the development and administration of the Training Program by participating in committees and activities. These opportunities have historically included, but are not limited to, service on the Training Committee, service on the Diversity Committee, service on the Education and Didactic Committee, presentations to Psychology Service, participation in internship Interview Day, and/or assistance with development of orientation and training week for incoming interns.

## **Provision of Education**

Interns are expected to engage in the education of others and there are many opportunities to do so. These opportunities may include, and are not limited to, education to service recipients and their family members in clinical placements, presentation to peers and senior peers (e.g., internship didactic series, integrated postdoctoral didactic series), presentations to Psychology Service (e.g., journal club series, seminar series, Training Day, etc.), presentation to interprofessionals within or outside of VA Puget Sound (e.g., clinical team meetings, leadership team briefings, etc.), outreach to community groups, and/or consultation to interprofessional staff and/or trainees.

## **Seminars and Other Educational Offerings**

Education is an integral part of the training year, with a variety of opportunities available throughout the training year. Interns play an important role in shaping these didactic and other educational experiences by completing evaluation forms, participating in an end-of-year review with the Training Director(s), and

active involvement with the Psychology Training Committee. Consistent with our commitment to individual and cultural diversity, presenters are asked to document specifically how they will address diversity, equity, and inclusion in their presentations.

#### *Intern Didactic Series*

The intern Didactic Series is a weekly training experience comprised of a number of topics in the areas of professional development, administrative, clinical issues in psychology, culture and psychology, and current topics in clinical research. This is a **required** training activity. Please see the final pages of this brochure for an overview of recent didactic topics.

#### *Faculty/Psychology Service Seminar Series/Media Club*

The Faculty/Psychology Service Seminar Series is a x2/month continuing education program for the psychology faculty and trainees at the American Lake Division. Topics and presenters are quite varied, and are drawn from within the VA, nearby educational and governmental institutions, as well as from private practice. Interns may elect to give a presentation to the service during the course of the training year. Media Club offerings are educational meetings in which a group of individuals discuss current media relevant to psychology (articles, books, podcasts, talks, etc.), providing a forum for a collective effort to keep up with the literature. This is an **optional** training activity. Please see the final pages of this brochure for an overview of recent didactic topics.

#### *VHA Mandatory Training for Trainees (MTT)*

The MTT course includes all content necessary for trainees to practice safely and effectively in VA. Please go to the following website, which will direct you to the TMS portal, to complete: <http://www.va.gov/OAA/mandatory.asp>. This is **required** prior to beginning internship training.

#### *UW Psychiatry Grand Rounds*

Grand Rounds is a Department of Psychiatry & Behavioral Sciences Continuing Medical Education program, which consists of a series of educational lectures. Presenters at the Grand Rounds include both Department faculty and speakers from other institutions around the country. Grand Rounds typically occurs twice per month (generally every other Friday from 13:00 to 14:00). A yearly schedule, as well as access to the live telecast may be accessed at [http://www.uwpsychiatry.org/education/grand\\_rounds/index.html](http://www.uwpsychiatry.org/education/grand_rounds/index.html). Attendance is optional.

#### *Other Off-Site Training Opportunities*

Additional off-site training opportunities may be available over the course of the training year through Madigan Army Medical Center (located at nearby Joint Base Lewis-McChord), the University of Washington, the Seattle Division of VAPSHCS, Western State Hospital, and other local trainings/experiences. In addition, interns are encouraged to participate in unsponsored training and academic experiences, such as the APA annual conference and Washington State Psychological Association. These events may be approved for Administrative Leave on a limited case-by-case basis.

### *Cultural Outings*

While pandemic mitigation efforts have restricted our abilities to engage in outings in recent years, we are excited to have resumed experiences in our community which provide cultural exposure and insights. Recent outings have included:

- Joint Base Lewis-McChord (annual)
- Land acknowledgement with local tribal elders (annual)
- Buffalo Soldier Museum (2023)
- Smudging ceremony with local tribal elders (2024)

### *Intern Lunch*

90 minutes per week can be aside for interns to meet and share concerns about issues of mutual interest. Interns are to be released from competing activities during this meeting time. The Psychology Training Committee strongly encourages interns to meet together; however, participation in the intern lunch meeting is not required.



*American Lake VA trainees at Joint Base Lewis-McChord outing*

## **Supervision**

Formal supervision (i.e., scheduled face-to-face individual contact) is provided for at least two hours per week. Two additional hours per week of structured supervision (group-based or individual) are also provided. Overall responsibility and coordination of supervision and training rest with the Psychology Training Directors at American Lake, in conjunction with Chief, Psychology Service.

Supervisors vary in their theoretical orientation and supervisory style. Each, however, is committed to providing a meaningful training experience, and provides supervision using the Competency Based Supervision framework (Falender & Shafranske, 2004) that aligns with the APA Board of Educational Affairs (BEA) Guidelines for Clinical Supervision in Health Service Psychology <http://www.apa.org/about/policy/guidelines-supervision.pdf>. A supervision contract is negotiated between the intern and supervisor at the beginning of each rotation, addressing the content and goals of the rotation and focus of the supervisory sessions. The supervisor's goal is to establish a collegial supervisory relationship in which both participants benefit professionally from the experience. A mid-rotation discussion between intern and supervisor addresses progress in meeting specified goals and allows for mid-course corrections as needed.

### *Group Supervision*

In addition to their scheduled individual supervision, Interns participate in weekly group supervision every Tuesday, 1300-1400. The group supervision addresses three specific learning needs, which rotate throughout the year, with each focus area being facilitated by a different group supervisor.

- Intern Group Supervision of Supervision
  - Interns are **required** to participate in a competency-based group supervision of supervision series with their fellow Interns every third week. This is a special series on supervision and consultation whereby Interns are afforded an opportunity to provide in-vivo peer supervision and consultation in concert with select senior psychologists in the program. This series is based on Falender's Competency-Based Supervision model. The group supervision



facilitator will be providing updates to rotation supervisors, which will be incorporated into the mid-rotation and end-of-rotation Internship Competency Evaluation.

- Intern Group Supervision of Assessment
  - Interns are **required** to participate in a group supervision of assessment series with their fellow Interns every third week. This is a special series on assessment whereby Interns are afforded an opportunity to develop their assessment competency via discussion, review of readings, role-play, and review of assessment case materials under the supervision of supervisors in the program who take turns leading this supervision hour. The group supervision facilitators will be providing updates to rotation supervisors, which will be incorporated into the mid-rotation and end-of-rotation Internship Competency Evaluation.
- Intern Group Supervision of Clinical & Professional Development
  - Interns are **required** to participate in group supervision focused on working through challenges which can be faced while transitioning into the role of a psychologist. This is an opportunity to discuss in a group setting reactions to patients, career development, and interpersonal growth. The group supervision facilitator will not be providing updates to rotation supervisors and will not be participating in the completion of the mid-rotation and end-of-rotation Internship Competency Evaluation. However, there may be instances where it is indicated for the group supervision facilitator to bring certain matters to the attention of the Training Directors and/or Faculty (e.g., safety, harmful clinical care).

## Evaluation

Each primary supervisor provides ongoing formative evaluation and two summative evaluations of the intern's performance, including integrating evaluative feedback from other supervisor's involved in the intern's training (e.g., secondary clinical supervisor, assessment supervisor, group supervision supervisor, research project mentor). One of the summative evaluations, occurring mid-rotation, focuses on the specific competencies required of all interns. Both evaluations are discussed by the supervisor and intern. Copies of the end-of-rotation evaluations become part of the information sent to the intern's graduate director of clinical training, providing feedback about the internship year.

Both summative evaluations are retained after the internship is completed and provide a basis for letters of recommendation. Successful completion of the training year rests on successful completion of each rotation and the required training activities.



*Patio Across from Exercise Hall*

The intern provides an evaluation of the training experience at the mid-way point and at the end of each rotation. Further, at the end of the training year, the intern provides an overall evaluation of his/her internship experience. Both interim and final evaluations provided by the interns assist the program in its self-assessment process.

Supervisory staff meet monthly in the Psychology Supervisors' Meeting to review intern progress as well as to discuss general issues related to the training program.

Training staff and interns meet monthly or as needed to discuss policy concerns and evaluation procedures.

## Requirements for Successful Completion

Consistent with APA CoA expectations, we have identified clear minimum levels of achievement (MLAs):

### ***In order for interns to maintain good standing in the program they must:***

- Establish training goals and rotation objectives that are consistent with the Psychology Training Program's training goals
- For the first and second training rotations, obtain ratings of at least a "3" in all of the Competency Ratings areas on Supervisor's End-of-Rotation Evaluation
- Attend and actively participate in each of the required seminars and training activities described earlier in this manual
- Not be found to have engaged in any ethical, legal, or conduct violations

### ***In order for interns to successfully complete the program, they must:***

- Successfully complete the required three assessments
- Successfully complete the research project
- By the end of the third rotation, obtain ratings of "5" in all of the Competency Ratings areas on Supervisor's End-of-Rotation Evaluation
- Not be found to have engaged in any ethical, legal, or conduct violations
- Deliver all signed evaluations and training logs (annual training goals, supervision contracts, rotation training goals, mid-rotation evaluations, end-of-rotation evaluations, log of internship activities [hours, didactic, assessment], research goals, mid-research evaluation, end-of-research evaluation, mid-year goals, and final internship report).



*American Lake VA campus*

## Rotation Descriptions

### **ADDICTION TREATMENT CENTER (ATC)**

The American Lake Addiction Treatment Center (ATC) is an outpatient-based specialty program focused on the treatment of substance use disorders as well as other co-occurring mental health diagnoses. The patient population is comprised of persons who have ongoing problems with alcohol and/or prescribed or nonprescribed substances, with alcohol being the most treated substance. The ATC also offers treatment for problematic gambling. The population ranges widely in age and is ethnically and racially diverse; some patients served in the ATC are legally mandated to treatment. Typically, our patients have substantial disruption in their significant relationships, housing and/or employment. Concomitant medical problems related to substance abuse are common. Treatment plans are collaboratively developed with the Veteran based on their identified recovery goals. Treatment intensity may vary from intensive 12-week rehabilitation focused treatment with both group therapy and psychoeducational classes, to weekly or monthly group therapy or individual sessions. Abstinence monitoring is also a part of treatment for many of the Veterans. The ATC offers both office-based and clinic-based buprenorphine, as well as methadone via our Opioid Treatment Program. This rotation is a great opportunity for interns who are interested in developing and refining their diagnostic skills, learning treatment of substance use disorders and co-occurring disorders and working within an interdisciplinary team.

Profession-Wide Competencies addressed on this rotation include: Ethics and Legal Standards, Individual and Cultural Diversity, Professional Attitudes, Values, and Behaviors, Communication and Interpersonal Skills, Assessment, Intervention, and Consultation and Interprofessional Skills.

#### ***Staff:***

Drs. Elisia Yanasak, Troy Robison, and Fiona Kurtz-Thornley are the supervising psychologists on this rotation.

#### ***Training:***

An intern who chooses this rotation will have the opportunity to function as a member of the inter-professional treatment team delivering services to Veterans seeking care for substance use disorders. The intern may serve as a co-therapist in the intensive outpatient therapy groups that meet three times per week; will serve as a case manager for selected clients in the program; will have the opportunity to participate in weekly support groups as a co-leader; will have the opportunity to implement evidence-based treatments for substance use disorders; and will conduct intake assessments for selected patients. In addition, the ATC program offers specialty groups in which an intern may choose to participate. Examples include a gambling group, relapse prevention, a support group for patients in our opioid treatment program, and Seeking Safety.

#### ***Supervision:***

Interns will be provided with two hours of individual supervision per week and will attend weekly interdisciplinary team meetings. Direct observation is provided via co-therapy, live observation, and/or recording of sessions.

#### ***Capacity and Time:***

This rotation can usually accommodate one intern at a time.

## *A Week in the Life...*

**Addictions Treatment Center (ATC)**

### **Monday**

**A.M.** Individual client sessions, Charting

**P.M.** Individual supervision; Individual therapy/case management; Treatment team meeting

### **Tuesday**

**A.M.** Co-facilitate intensive outpatient group; Individual therapy/case management, Charting

**P.M.** Group Supervision; Individual therapy/case management; Intern check-in with Training Directors; Intern didactic series

### **Wednesday**

**A.M.** Intake with Veteran entering substance use treatment; Co-facilitate intensive outpatient group

**P.M.** Individual therapy/case management; Charting, Co-facilitate specialty group, Psychology Service Seminar Series/Journal Club/Staff Meeting/Peer consultation

### **Thursday**

**A.M.** Individual therapy/case management; Co-facilitate intensive outpatient group

**P.M.** Individual therapy/case management, Charting Individual supervision

### **Friday**

**A.M.** Individual client sessions, Charting

**P.M.** Research time

## **HOMELESS ENGAGEMENT RECOVERY OPPORTUNITY (HERO) PROGRAM**

(Rotation is unavailable for the current 2024-2025 training year)

The HERO Program is a Mental Health residential treatment program that focuses on working with Veterans who were recently unhoused or in an unsafe environment. The HERO Program offers a unique therapy context not typically seen in outpatient settings wherein a patient's interpersonal dynamics with other residents are often the focus of therapeutic interventions and insight generation. Presenting concerns frequently include themes of internalized stigma, grief/loss, substance use disorders, and trauma processing (e.g., military, childhood, race-based). The HERO Program works with a large interdisciplinary team to offer Veteran-centered care in-line with the VA Whole Health Model.

Profession-Wide Competencies addressed on this rotation include: Individual and Cultural Diversity; Communication and Interpersonal Skills; Assessment; Intervention; Consultation and Interprofessional Skills; Professional Attitudes, Values, and Behaviors; Ethics and Legal Standards.

### ***Staff:***

Dr. Gina Kuusisto is the supervising psychologist on this rotation.

### ***Training:***

A HERO intern will have opportunities to be involved in a range of mental health treatment offerings (e.g., Dialectical Behavior Therapy, Acceptance and Commitment Therapy, Mindfulness-Based Relapse Prevention, Compassion Focused Therapy), based on availability. The intern will also provide individual psychotherapy and assessment, depending on interest. Specifically, there will be opportunities to train in the VA Whole Health Model, PTSD-focused therapies (e.g., PE, CPT), SUD intervention, interpersonal process, somatic therapies, and contextual behavioral therapies. The HERO intern will be a part of an interpersonally dynamic team that works closely together in therapeutic treatment team meetings, treatment planning, and the overall care provided to HERO Veterans.

Interns will obtain both generalist and specialist experience (i.e., training in a residential setting, with the Whole Health model, with Veterans coming to the program from unsafe living situations). This rotation is a good fit for interns who seek to strengthen their transdiagnostic treatment skills.

Opportunities can include EMDR and biofeedback, as well as potential for involvement in the Domiciliary DEI Workgroup, Didactic Series, and larger community programming (e.g., Resident Advisory Committee; Community Meetings). The HERO Program works closely in collaboration with the Substance Treatment and Recovery (STAR) and Veterans Intensive PTSD (VIP) Programs.

### ***Supervision:***

Interns will be provided with two hours of individual supervision per week and will attend weekly interdisciplinary team meetings. Direct observation is provided via co-therapy, live observation, and/or tape review.

### ***Capacity and Time:***

This rotation can usually accommodate one intern at a time. In instances when a resident is scheduled to complete clinical training in HERO, the resident will be given priority.

## *A Week in the Life...*

### **Homeless Engagement & Recovery Opportunity (HERO) Program Mental Health Residential Rehabilitation Treatment Program (MHR RTP)**

#### **Monday**

**A.M.** HERO team meeting, HERO treatment planning meetings with Veterans

**P.M.** Cofacilitate Compassion-Focused Therapy (CFT) or ACT group, Individual therapy, Administrative time

#### **Tuesday**

**A.M.** Supervision, Intake assessment, Administrative time

**P.M.** Group supervision, MHR RTP monthly didactic series/DEI Book Club, Intern didactic series

#### **Wednesday**

**A.M.** HERO team meeting, Individual therapy

**P.M.** Administrative time; Psychology Service Meeting/Psychology Seminar/Psychology Journal Club/Peer Consultation

#### **Thursday**

**A.M.** Diversity Committee, Supervision, HERO repair councils with Veterans

**P.M.** Cofacilitating DBT Skills or Whole Health group, Administrative time, General MHR RTP meetings

#### **Friday**

**A.M.** Assessment supervision, Individual therapy

**P.M.** Research time, Administrative time, Intern Lunch

## **MENTAL HEALTH INTENSIVE OUTPATIENT PROGRAM (IOP)**

The Mental Health Intensive Outpatient Program (IOP) delivers care to Veterans from across VA Puget Sound (both Seattle and American Lake Divisions and all CBOCs) in need of intensive services for stabilization. We offer a level of care between traditional outpatient mental health programs and the acute psychiatry unit. Treatment goals are established collaboratively with the Veteran and often focus on symptom stabilization, crisis management, and psychosocial rehabilitation. The IOP is a 4-week program that provides assessment, daily group therapy, individual treatment, and case management services. Groups are conducted virtually while individual therapy may be conducted virtually or face-to-face depending on the Veteran's preference.

Veterans in IOP present with a wide range of difficulties. Common presenting diagnoses include MDD, PTSD, Bipolar Disorder, Personality Disorders, and Schizophrenia/Schizoaffective Disorder. Often, Veterans also have co-occurring substance use disorders. Many Veterans enrolled in IOP have recently discharged from the acute psychiatry unit or have presented for psychiatric emergency services within the last week. This rotation offers a chance to work with Veterans in an acute phase of illness who may be struggling with suicidal and/or homicidal ideation.

The IOP team is interdisciplinary and consists of psychology and social work. The group schedule currently focuses primarily on traditional and third-wave CBT (including Mindfulness, DBT and ACT skills), and open process. Individual treatment modalities are typically based on EBPs and vary depending on the presentation of the Veteran. In specific instances, Veterans may remain in individual therapy with IOP providers longer than 4 weeks to complete a full course of an EBP.

Profession-Wide Competencies addressed on this rotation include: Assessment, Intervention, Ethics and Legal Standards, Individual and Cultural Diversity, Consultation and Professional Skills, Professional Attitudes, Values, and Behaviors, and Consultation and Interpersonal Skills.

### ***Staff:***

Rosemary Walker, Ph.D. and Marissa Rudolph, Ph.D. serve as primary supervisors for the IOP rotation at American Lake. Seattle-based IOP staff Kelly Allred, Ph.D. and Samantha Yard, Ph.D. are available to provide ancillary support and consultation as needed.

### ***Training:***

The intern's experiences will include: Individual and group psychotherapy, diagnostic evaluation, crisis intervention, case management, team consultation, treatment planning, and (if desired) program development and evaluation. Due to the fast pace and complexities of a short-term treatment program, IOP is recommended as a full-time rotation.

### ***Supervision:***

Interns will be provided with two hours of individual supervision per week. Direct observation is provided via co-therapy, live observation, and/or tape review.

### ***Capacity and Time:***

This rotation can usually accommodate one American Lake intern per rotation (due to the virtual nature of IOP, Seattle VA trainees may also rotate in the program at the same time).

## *A Week in the Life...*

### ***Intensive Outpatient Program (IOP)***

#### **Monday**

**A.M.** IOP team meeting; group; individual psychotherapy

**P.M.** Individual psychotherapy; program development

#### **Tuesday**

**A.M.** Supervision; individual psychotherapy; group

**P.M.** Group supervision; check-in with Training Directors; Intern Didactic Series

#### **Wednesday**

**A.M.** Intake assessment; group

**P.M.** Research; Faculty/Psychology Service Didactic Series/Staff Meeting/Peer Consultation

#### **Thursday**

**A.M.** IOP team meeting; group; individual psychotherapy

**P.M.** Individual psychotherapy; psychological assessment/report writing

#### **Friday**

**A.M.** Supervision; individual psychotherapy

**P.M.** Intern Lunch; research



## **MENTAL HEALTH CLINIC**

The Mental Health Clinic (MHC) is the specialty mental health service's all-purpose outpatient clinic, which serves patients reflecting the full spectrum of mental health needs. Veterans served by the MHC vary widely in age and are ethnically and racially diverse; approximately one-third of patients are women. Among the patients served in the MHC, all diagnoses are represented (depression is most common, followed by anxiety) with the majority of patients presenting with co-morbid conditions. The MHC staff includes psychologists, nurses and advanced practice nurses, social workers, an occupational therapist, a creative arts therapist, and psychiatrists.

Profession-Wide Competencies addressed on this rotation include: Assessment, Intervention, Ethics and Legal Standards, Individual and Cultural Diversity, Consultation and Professional Skills, Professional Attitudes, Values, and Behaviors, and Consultation and Interpersonal Skills.

### ***Staff:***

Drs. Andrew Jeon and Sarah Jones are the clinical supervisors for this rotation.

### ***Training:***

The intern's core experiences on this rotation embody the essence of this training program's generalist philosophy, emphasizing evidence-based individual, couples, and group psychotherapy, psychological assessment, and psychological consultation with an interprofessional staff. The intern will engage in clinical assessment and treatment of our Veterans, navigate ethical issues as they arise with our population, and work with the diverse life experiences represented within our clinic. The intern will operate as a member of the Behavioral Health Interdisciplinary Program (BHIP) teams.

### ***Supervision:***

Interns will be provided with two hours of individual supervision per week and will attend weekly interdisciplinary BHIP team meetings (to be assigned based on primary supervisor). Direct observation is provided via co-therapy, live observation, and/or tape review.

### ***Capacity and Time:***

This rotation can accommodate one to two interns at a time, depending on supervisor availability.

## *A Week in the Life...*

**Mental Health Clinic (MHC)**

### **Monday**

**A.M.** Supervision; Individual Psychotherapy Sessions

**P.M.** Individual Psychotherapy Sessions

### **Tuesday**

**A.M.** MHC Team Meeting; Individual Psychotherapy Sessions

**P.M.** Co-lead Mindfulness Group; Group Supervision Intern Check-In with Training Directors; Intern Didactic Series

### **Wednesday**

**A.M.** Individual Psychotherapy Sessions

**P.M.** Individual Psychotherapy Sessions; Faculty/Psychology Service Didactic Series/Staff Meeting/Peer Consultation

### **Thursday**

**A.M.** Couples Supervision; Diversity Committee Meetings and Administrative Time for Projects; Individual Psychotherapy Session

**P.M.** Intern Lunch; Individual and Couples Psychotherapy Sessions

### **Friday**

**A.M.** Administrative Time for Notes or Assessment Administration/Report Writing; Case Consultation

**P.M.** Supervision; Protected Research Time (Including Research Mentor Meetings)

## NEUROPSYCHOLOGY SPECIALTY TRACK ROTATION OFFERING

### MHC NEUROPSYCHOLOGY

The Neuropsychology Track in our APA-accredited program offers an *Emphasis* (as defined in the Clinical Neuropsychology Taxonomy, [04d10a\\_edce6d4834d0402381dbb78ee6ef7451.pdf \(cospp.org\)](#)) in clinical neuropsychology, with a minimum 33% of the year's clinical rotation experiences dedicated to training in clinical neuropsychology. Importantly, the intern who matches with our Neuropsychology Track will still be completing a generalist internship training year – matching with the Neuropsychology Track ensures that they will receive priority in being placed in the MHC Neuropsychology Clinic for their first rotation, but is not intended to indicate that they will be guaranteed or obligated to continue neuropsychology training throughout the training year. That said, the intern who matches with the Neuropsychology Track will have several opportunities to gain further experience in neuropsychology through:

- Completion of the elective Assessment minor (while on rotations after first rotation on MHC Neuropsychology);
- Utilization of the research project requirement to complete a project in a domain associated with neuropsychology (see training section);
- Potentially completing a rotation in the Rehabilitative Care Service (though with notation that the intern who matches with the Neuropsychology Track will not be given preference above other interns for this rotation, which has historically been a limited offering).

In this way, interns can bolster their neuropsychology experiences throughout the training year beyond participation in the neuropsychology major clinical rotation with MHC. Consistent with the Houston Conference Guidelines ([houston\\_conference.pdf \(theaacn.org\)](#)), we believe the role of internship is to provide a generalist focus, while also providing our Neuropsychology Track intern with experience which will make them competitive when applying to clinical neuropsychology postdoctoral positions. Of note, although the American Lake VA does not currently have an active MHC neuropsychology postdoctoral position, VA Puget Sound has historically offered a neuropsychology postdoctoral position within the Seattle VA training program. Interns within Puget Sound are not guaranteed or given special preference in postdoc selection process, although interns at the American Lake VA will meet and interact with the neuropsychology faculty at Seattle VA during shared didactics, meetings, and seminars, which may help interns decide whether to apply and whether the postdoc would be a good fit for them.

While MHC Neuropsychology is housed in the Mental Health Clinic, we are a generalist neuropsychology service that receives consults from throughout the hospital. Our most common referral sources are Mental Health, Neurology, Geriatrics, and Primary Care. The patient population is diverse in several ways, and particularly with respect to age, SES, and disability status. Cases tend to be complex, often featuring a range of comorbid and interacting medical, neurologic, psychiatric, and/or substance use-related factors.

Profession-Wide Competencies (PWCs) specifically addressed within this rotation include Assessment Skills; Ethics and Legal Standards; Individual and Cultural Diversity; Communication and Interpersonal Skills; Professional Values, Attitudes, and Behaviors; and Consultation and Interprofessional Skills.

#### **Staff:**

Main Supervisor on this rotation is Dr. Kosky.

Email: [karen.kosky@va.gov](mailto:karen.kosky@va.gov)

Supplementary supervision may be provided by Dr. Sanchez and tiered supervision with geriatric neuropsychology fellow Dr. Emily Hicks will also be available.

#### **Training:**

Interns on the MHC Neuropsychology rotation will see their clinical cases under the supervision of Dr. Karen Kosky, with occasional supplementary supervision and case experience with Dr. Sanchez. The focus of this rotation is on neuropsychological assessment. The intern will be scheduled to see 1-2 cases per week, including chart review, clinical interview, testing, scoring, report write-up, and feedback. These are cases scheduled to see the supervisor, which allows for close supervision on every case. We follow a developmental model of supervision that allows an intern to take more of a lead in patient care as the rotation progresses, consistent with their advancing clinical competencies. While on this rotation, in addition to the regular intern didactics, interns are required to attend our neuropsychology-specific offerings including Neuropsychology Seminar, and Neuropsychology Case Consultation (each once monthly and bimonthly respectively). Interns may also supplement their training by attending additional didactic opportunities, such as geriatric/GRECC weekly didactics, University of Washington Project ECHO dementia conferences, and University of Washington Clinical Pathologic Conference.

Regarding completing the required research project during the internship year, many neuropsychology interns request the ability to do their project in a domain related to neuropsychology. The MHC neuropsychology clinic does not have active research projects running. Interns can meet the research requirement in a variety of ways, such as completing a literature review (within or outside of neuropsychology based on intern interest), working on an ongoing research project with another supervisor outside of MHC neuropsychology, or the training staff can support the intern in running their own research project. The MHC neuropsychology staff may be able to help connect the intern to other faculty who may be willing to supervise neuropsych-related projects, although this is dependent on staff availability.

***Supervision:***

Interns will be provided with minimum two hours of individual supervision per week, although the intern often receives more. Direct observation is provided via live observation.

***Capacity and Time:***

This rotation can currently accommodate only the intern who matches with the Neuropsychology Specialty Track

*A Week in the Life...*

***Neuropsychology Specialty Track***

**Monday**

**A.M.** Admin. Time; Report Writing; etc.

**P.M.** Research; GRECC didactics (optional)

**Tuesday**

**A.M.** Admin. Time; Report Writing; etc.

**P.M.** Admin, Group supervision; check-in with Training Directors; Intern Didactic Series

**Wednesday**

**A.M.** Pre-case supervision; Neuropsychological Evaluation (interview and testing)

**P.M.** Feedback sessions; Supervision; Faculty/Psychology Service Didactic Series/Staff Meeting/Peer Consultation

**Thursday**

**A.M.** Minor rotation/participation in a MHC group for additional clinical hours (optional); Admin and report writing time; Committee participation

**P.M.** Supervision; Test scoring and report writing; Neuropsychology specific didactics and seminars

**Friday**

**A.M.** Pre-case supervision; Neuropsychological Evaluation (interview and testing); UW-Alzheimer's Disease Research Center – Clinicopathological Correlation Conference (optional);

**P.M.** Admin. time; Scoring and Report Writing; Intern lunch; Feedback sessions



## **PAIN CLINIC**

The pain clinic consists of a multidisciplinary team approach to chronic pain. There are three psychologists, two physicians (psychiatrist and anesthesiologist), one physical therapist, two pharmacists, two physician's assistants, one nurse practitioner and three nurses, one yoga instructor, two massage therapists, and one acupuncturist who work together to administer comprehensive pain management care for veterans with complex chronic pain. The clinic practices from a biopsychosocial approach, which drives much of the treatment. Mindfulness, ACT, and CBT are strong components in the clinic. The multidisciplinary approach to pain management consists of integrating disciplines to assess and treat pain through behaviorally based methods.

The following Profession-Wide Competencies are emphasized on this rotation: Consultation and Professional Skills, Intervention, Individual and Cultural Diversity, Professional Attitudes, Values and Behaviors, and Communication and Interpersonal Skills.

### ***Staff:***

Drs. Erik Clarke, Amy Frers, and Samantha Glovak are the supervising psychologists on this rotation. Other staff include: Brandell Arce, PA-C, Michelle Koval, PA-C, Kathy Rinehart, Pharm.D., Suraj Devasthali, Pharm.D., Elizabeth Kirbow, DPT, Catherine Howe, M.D., Bernard Canlas, M.D., James Corliss, MN, APRN, Pamela Higley, MPA, ERYT-500, AHC, plus many more.

### ***Training:***

Interns will learn what it is like to be a part of a multidisciplinary team, work closely with other disciplines, and collaborate on patient care and program development. Interns participate in core training activities and are welcome to tailor their remaining time to their specific interests (see below).

Required/core aspects of training:

- Co-disciplinary appointments where Veterans are seen for intake and subsequent follow-ups by both a psychologist and a medical provider at the same time
- Individual pain psychology cases

Additional training opportunities:

- Group co-facilitation: The pain clinic offers a variety of groups to Veterans, including pain clinic orientation, mindfulness, CBT, ACT, pain neuroscience education, relaxation skills, self-compassion, and more.
- Outpatient Functional Restoration Pain Program (oFRPP) is an intensive, 8-week interdisciplinary rehabilitation program with physical therapy groups, psychology groups and Mind-Body groups led by various disciplines. This program was originally CARF-accredited in September 2015 and has maintained its accreditation status to-date.
- Active Management of Pain (AMP) is an outpatient group co-facilitated by a psychologist and physical therapist. The AMP program was created by VA central office as an intervention focused on teaching veterans core behavioral health and physical exercise skills in the treatment of chronic pain.

### ***Supervision:***

Interns will be provided with two hours of individual supervision per week and will attend weekly interdisciplinary team meetings. Direct observation is provided via co-therapy, live observation, and/or tape review. Trainees may also attend the Thursday afternoon SCAN ECHO collaboration with the DOD for didactics and case presentations.

### ***Capacity and Time:***

Pain Clinic can usually accommodate 1 intern at a time.

## *A Week in the Life...*

***Pain Clinic***

### **Monday**

**A.M.** Co-disciplinary appointments; Research

**P.M.** Mindfulness or ACT group; Research; Education and Didactic Committee Meetings

### **Tuesday**

**A.M.** Orientation group; Team meeting; Supervision; Functional Restoration Program Progress Review

**P.M.** Psychotherapy sessions; Group Supervision; Intern check-in with Training Directors; Intern Didactic Seminar

### **Wednesday**

**A.M.** Co-disciplinary appointments; Psychotherapy sessions: Diversity Mentoring

**P.M.** Psychotherapy sessions; Psychology Service meeting /Psychology Seminar /Peer Consultation

### **Thursday**

**A.M.** Team meeting, Psychotherapy sessions

**P.M.** Functional Restoration groups

### **Friday**

**A.M.** Individual supervision; Assessment supervision; Psychotherapy sessions

**P.M.** Psychotherapy sessions; Intern lunch



## **PTSD OUTPATIENT CLINIC (POC)**

The POC is a specialized outpatient clinic that provides evidence-based, trauma-focused treatment for Veterans who struggle with PTSD as a result of their military service or Military Sexual Trauma (MST). Treatment in the POC is almost entirely PTSD-focused interventions with one preparatory offering for individuals not yet ready to engage in a trauma-focused intervention. Such evidence-based, PTSD-focused interventions are most likely to be delivered individually, however, one is also delivered in a group format (CPT). The POC patient population ranges widely in age, and is ethnically and racially diverse; approximately 16% of the Veterans served in the clinic are female-identified. Additionally, among those served in the POC, the majority present with a primary diagnosis of military-related PTSD, with many also presenting with co-occurring conditions.

Profession-Wide Competencies specifically addressed within this rotation include Assessment, Intervention, Ethics and Legal Standards, Individual and Cultural Diversity, Consultation and Interpersonal Skills, and Professional Attitudes, Values and Behaviors.

### ***Staff:***

Current supervisors on this primary rotation are Drs. Hannah Reas and Ashley Torri. Dr. Jennifer King supervises the yearlong PTSD Exposure Therapy minor rotation, though an intern is not required to rotate through the POC in order to participate in the minor.

### ***Training:***

The intern's core experiences on this rotation embody the essence of this training program's generalist philosophy, emphasizing evidence-based individual and group psychotherapy, psychological assessment, and psychological consultation. The POC is currently staffed by eight psychologists.. Each of the POC staff is trained, formally or informally, in at least one of the following evidenced-based treatments with some trained in more: CPT, PE, EMDR, Written Exposure Therapy (WET), and Exposure, Relaxation, and Rescripting Therapy-Military (ERRT-M).

### ***Supervision:***

Interns will be provided with 2 hours of individual supervision per week and will attend daily POC team meetings known as Huddles. Direct observation is provided via co-therapy, live observation, and/or video recording review.

### ***Capacity and Time:***

This rotation can usually accommodate two interns per rotation, dependent on staffing and office space.

## *A Week in the Life...*

### ***PTSD Outpatient Clinic (POC)***

#### **Monday**

**A.M.** POC team meeting (Huddle); Psychotherapy sessions

**P.M.** Psychotherapy sessions/Treatment planning sessions

#### **Tuesday**

**A.M.** POC team meeting (Huddle); POC Intake; Supervision

**P.M.** Psychotherapy session/Treatment planning session; Group Supervision; Intern check-in with Training Directors; Intern Didactic Seminar

#### **Wednesday**

**A.M.** POC team meeting (Huddle); Psychotherapy session/Treatment planning session; Co-lead PTSD 101 Group

**P.M.** Psychotherapy sessions; Supervision of Supervision Seminar; Psychology Service Seminar Series/Journal Club/Staff Meeting/Peer Consultation

#### **Thursday**

**A.M.** POC team meeting (Huddle); Training Committee and/or Diversity Committee Meetings; Co-lead CPT Group

**P.M.** POC Intake; Research

#### **Friday**

**A.M.** Assessment Supervision; Psychotherapy sessions

**P.M.** Supervision; Research

## **PRIMARY CARE MENTAL HEALTH INTEGRATION (PCMHI)**

The PCMHI team provides consultation and collaborative care alongside primary care staff to Veterans with mild to moderate mental health conditions and behavioral health concerns. This multidisciplinary team setting offers same-day access to Veterans enrolled in primary care services, facilitates psychoeducational classes and group therapy, and provides brief, evidence-based, individual therapy to meet a variety of Veterans' needs. Trainees can expect to gain experience with brief functional assessment, risk assessment, treatment planning, intervention skills, consultation, and team-based collaborative care. Trainees may also have the option for specialty training within women's health or in geropsychology, depending on supervisor availability. The PCMHI team serves a diverse population with varying cultural, educational, and religious backgrounds.

Profession Wide Competencies addressed on this rotation include: Assessment and Intervention, Individual and Cultural Diversity, Research, Ethical and Legal Standards, Communication and Interpersonal Skills, Professional Attitudes, Values and Behaviors, and Consultation and Interprofessional Skills.

### ***Staff:***

Primary supervisors for PCMHI include: Drs. Josh Breitstein, Emily Cox-Martin, Liz Hirschhorn, Annie Mueller, and Janna Fikkan. Additional consultants on rotation include: Dr. Rosamond Smith, Ms. Kris Delicana, Ms. Traci Donals, Ms. Deanna Sohler Rosenlind, Ms. Elizabeth Wehnert, Dr. Jacob Manuel, Ms. Erin Millett and Dr. Rebecca Olufade.

### ***Training:***

This rotation is focused on brief, functional assessment and evidence-based therapies. An intern on this rotation may engage in ongoing quality improvement projects, including project development. The intern will also be exposed to common ethical and legal issues including risk assessment, end-of-life issues, vulnerable adult status, third-party mandated reporting, ability to make medical decisions, navigating federal versus state codes, and privacy and confidentiality. Consultation and collaboration with primary care staff is also an integral part of this rotation.

### ***Supervision:***

Interns will be provided with two hours of individual supervision per week and will attend weekly PCMHI team meetings. Direct observation is provided via co-therapy and/or live observation

### ***Capacity and Time:***

This rotation can accommodate one or two interns at a time, depending on supervisor availability.

## *A Week in the Life...*

### **Primary Care Mental Health Integration (PCMHI)**

#### **Monday**

**A.M.** Co-facilitate ACT group, Individual therapy/follow up appointments, PCMHI supervision

**P.M.** Same Day Access Clinic

#### **Tuesday**

**A.M.** PCMHI team meeting; Co-facilitate Living with Purpose Group; Individual therapy/follow-up appointments

**P.M.** Group Supervision; Intern check-in with Training Directors; Intern Didactic Series

#### **Wednesday**

**A.M.** Administrative time, Couples therapy, Individual therapy/follow-up appointments; PCMHI supervision

**P.M.** Same Day Access Clinic; Psychology Service Seminar Series/Psychology Service Staff Meeting/Peer Consultation

#### **Thursday**

**A.M.** Diversity committee meeting, Couples supervision, Assessment supervision, Diversity mentorship walk & talk, Intern lunch

**P.M.** Co-facilitate CBT-I group, Assessment protected time

#### **Friday**

**A.M.** Research (independent research time, research meetings with mentor)

**P.M.** Individual therapy/follow-up appointments; Administrative time

## **PSYCHOSOCIAL REHABILITATION AND RECOVERY CENTER (PRRC) / SERIOUS MENTAL ILLNESS (SMI)**

The PRRC/SMI rotation includes opportunities for individual psychotherapy, group psychotherapy, psychological assessment, and consultation with other members of Veteran's treatment team (e.g., psychiatrists, addictions treatment, inpatient psychiatry, vocational rehabilitation, etc.). Research can be included through involvement in quality improvement projects within the PRRC and/or Mental Health Intensive Case Management (MHICM) program. The SMI population often offers significant opportunities to consider ethical and legal standards in the context of psychiatric crises and psychosocial stressors. Individual and cultural diversity is addressed through work with a specialty population (SMI) with Veterans from a range of cultural backgrounds and ages. Additionally, the PRRC receives consults for treatment of complex cases that often benefit from psychological assessment, allowing interns the opportunity to focus on psychological assessment, if desired, on this rotation.

Treatment within this rotation is guided by evidence based practices as well as the recovery model. Treatment can be described as person-centered, collaborative, and goal oriented.

Profession-Wide Competencies addressed on this rotation include: Research, Ethical and Legal Standards, Individual and Cultural Diversity, Communication and Interpersonal Skills, Professional Attitudes, Values and Behaviors, Consultation and Interpersonal Skills, Assessment, and Intervention.

### ***Staff:***

Drs. Samantha Overstreet and Daniel Fischer are the supervising psychologists on this rotation. Other staff include graduate psychologist Amber Brown, registered nurse Shayne de Leon-Matranga, vocational rehabilitation specialist Tony Leverette, peer support specialist Jean Perkins, and social workers Jessica Burnham, JaQuay Robinson, and Akimma Wright-d'Abreau.

### ***Training:***

Interns will be responsible for individual therapy, group therapy, case management, and psychological assessment of Veterans with serious mental illness. The balance of the above activities are driven by intern's rotational goals and desired experiences. Additionally interns will work within a multidisciplinary team with opportunities to consult with Veterans' psychiatrists and other members of their treatment team.

### ***Supervision:***

Interns will be provided with two hours of individual supervision per week as well as 2 hours of group supervision (assessment, supervision). Supervisors will offer additional supervision as needed. Direct observation is provided via co-therapy, live observation, and/or tape review.

### ***Capacity and Time:***

This rotation can usually accommodate one intern at a time.

## *A Week in the Life...*

**Psychosocial Rehabilitation and Recovery Center (PRRC)**

### **Monday**

**A.M.** MHICM meeting/observation; Individual Psychotherapy Sessions

**P.M.** Coping with Voices group; Individual Psychotherapy Sessions

### **Tuesday**

**A.M.** ACT group; Individual supervision; Diversity Mentoring

**P.M.** Individual therapy cases; Group Supervision; Intern check-in with Training Directors; Intern Didactic Series

### **Wednesday**

**A.M.** Team meeting; Women's Healthy Connections group

**P.M.** Psychology Service Seminar Series/Journal Club/Staff Meeting/Peer Consultation

### **Thursday**

**A.M.** STAIR group; PRRC Assessment

**P.M.** Individual therapy cases; Individual supervision

### **Friday**

**A.M.** 2<sup>nd</sup> STAIR Group; PRRC Assessment

**P.M.** Intern lunch; Research

## **REHABILITATION CARE SERVICE (RCS)**

The Rehabilitation Care Service (RCS) is an energetic and collegial service that provides integrated care to Veterans with a variety of medical conditions, such as traumatic brain injury (TBI), stroke, multiple sclerosis (MS), amyotrophic lateral sclerosis (ALS), limb loss, vision loss, musculoskeletal pain, and cancer. Psychologists and interns are appreciated members of interprofessional teams, providing an array of cognitive and psychodiagnostic assessments, group and individual psychotherapy, and team training and consultation. RCS includes the Center for Polytrauma Care, the Blind Rehabilitation Unit (BR), the Telerehabilitation team, and several other speciality clinics and teams. Interested interns need not have had previous experience in a rehabilitation setting, but strong assessment and general clinical skills are helpful.

### ***Staff:***

Primary supervisors on this rotation are Drs. Anderson, Bertolin, and Noonan.

### ***Training:***

#### Rehabilitation Outpatient Clinical Services

Supervisor: Dr. Derek Anderson

Rehabilitation Outpatient Clinical Services include rehabilitation psychology interventions, which are offered in both individual and group formats. Psychologists and trainees in RCS provide empirically supported treatments to Veterans with acquired disability/injuries to address comorbid psychological disorders (e.g., PTSD, depression, anxiety), pain, adjustment disorders, and sleep problems. We receive referrals for Veterans enrolled in any one of our rehabilitation care outpatient teams, including Limb Loss, MS, ALS, Stroke, Cancer, and Musculoskeletal Pain. Interns will have an opportunity to provide outpatient individual therapy, usually offered in a brief therapy model but available for longer-term interventions as indicated. Sessions can be provided in-person or through telehealth technology, depending upon the Veteran's preference. Secondly, several ongoing support groups (Stroke, MS, ALS support groups) are offered and trainees are encouraged to be involved at whichever level best supports their training goals. Finally, there are occasional opportunities to conduct comprehensive assessments; such evaluations can range from brief cognitive screening to full neuropsychological batteries. Assessments conducted on this rotation are integrated with treatment and feedback is provided to Veterans, families, and clinical teams.

#### Blind Rehabilitation and Telerehabilitation

Supervisor: Dr. Madison Bertolin

As part of the interdisciplinary blind rehabilitation team, BR psychology provides both inpatient and outpatient assessment and rehabilitation psychology intervention for Veterans with vision loss. A substantial minority of our patients have a neurologic etiology for their vision loss (e.g., TBI, stroke) and the majority have adjustment concerns, comorbid psychological disorders (e.g., PTSD, depression, anxiety), pain, sleep dysregulation, and/or other cognitive or neurologic issues. Interns will gain experience conducting intake assessments with Veterans newly admitted to the inpatient unit to assess their current coping with vision loss, psychological status, and cognitive functioning. They will also have the opportunity to follow these Veterans during their admission for individual psychotherapy, co-facilitate an inpatient support group, and conduct objective cognitive assessments/provide recommendations to support learning if there are cognitive barriers. For outpatients connected with blind rehabilitation and low vision services, trainees may have the opportunity to assist with triaging and care coordination; conduct risk assessments, psychodiagnostic assessments, and comprehensive neuropsychological assessments; co-facilitate a telehealth support group available to inpatients and outpatients; and provide outpatient individual psychotherapy and cognitive rehabilitation services.

Clinical services provided as a member of the telerehabilitation team are also wide-ranging and include individual and group interventions, psychodiagnostic assessment, and comprehensive neuropsychological evaluation. Interns will gain experience conducting in-person and tele-neuropsychological assessments for referrals originating from a variety of rehabilitation care outpatient clinics and teams (e.g., MS, ALS, Stroke), with each assessment tailored to the individual patient's unique situation and needs. They may also have the opportunity to provide cognitive rehabilitation interventions via video telehealth technology in either individual or group formats. Finally, there are frequent opportunities to conduct psychological assessments and provide brief individual psychotherapy to Veterans with acquired disability, particularly new mobility limitations, via telehealth.

### Center for Polytrauma Care

Supervisor: Dr. Sarah Noonan

The VA Polytrauma System of Care provides comprehensive, interdisciplinary care to Veterans who have sustained traumatic brain injuries. At VA Puget Sound, services are provided on an outpatient basis to individuals in the postacute phase. The majority of our patients are post-9/11 era Veterans who have sustained one or more mild TBIs/concussions, although we see Veterans across the age span and spectrum of TBI severity. We also receive referrals to assist with care planning for other populations served through the RCS, such as stroke, brain tumor, and anoxic/hypoxic injury. Our Polytrauma team is comprised of professionals from several disciplines, including physiatry, speech-language pathology, occupational therapy, physical therapy, recreational therapy, vocational rehabilitation, social work, and nursing.

Psychology contributions in the Center for Polytrauma Care are wide-ranging, depending on the Veteran's presenting concerns and prior treatment history. Interns will gain experience conducting intake interviews, with an emphasis on obtaining histories of potential concussive events. They will help determine when formal cognitive assessment is indicated, perform neuropsychological evaluations when appropriate, provide psychoeducation on common co-occurring conditions and related treatment resources (e.g., posttraumatic stress symptoms, sleep disorders, chronic pain), and connect patients with other professionals on our team and other services within our facility. They may also have opportunities to provide individual and group psychotherapy and cognitive skills training.

### **Supervision:**

Interns will be provided with 2+ hours of individual supervision per week. Direct observation is provided via co-treatment and/or live observation.

### **Capacity and Time:**

This is a full-time rotation available to 1 intern for either 2<sup>nd</sup> or 3<sup>rd</sup> rotation. Interns who participate in this rotation will split their time between 2 of the 3 primary supervisors listed above. Supervisors will be determined based upon staff availability/clinic demands.



**Monday**

**A.M.** Neuropsychological intake or assessment; assessment scoring

**P.M.** Report writing; individual supervision; neuropsychology case conference

**Tuesday**

**A.M.** Individual therapy/feedback appointments; assessment scoring/report writing

**P.M.** Note writing; group assessment supervision; intern check-in with training directors; Intern Didactic Series

**Wednesday**

**A.M.** Individual supervision; individual therapy/feedback appointments

**P.M.** Administrative time; Psychology Service Seminar Series/Journal Club/Staff Meeting/Peer Consultation

**Thursday**

**A.M.** Polytrauma team meeting; Blind Rehabilitation neuropsychological intake or assessment

**P.M.** Rehabilitation didactic; report writing

**Friday**

**A.M.** Research Project; report writing

**P.M.** Intern lunch; service committee meeting

## **SUBSTANCE TREATMENT AND RECOVERY (STAR) PROGRAM**

(Rotation is unavailable for the current 2024-2025 training year)

An intern would be involved in all aspects of this rotation, including conducting group and individual therapy, utilizing evidence-informed treatments as well as case management. An intern would have access to treatments such as ACT, DBT, MI, CBT, CBT for SUD, and Mindfulness, among others. An intern would be a member of the interprofessional team and the larger domiciliary environment which includes multiple social workers, psychologists, peer support, and medical providers. Additionally, the intern on this rotation has an opportunity to present to MHR RTP staff on topics of interest and expertise.

The Profession-Wide Competencies (PWCs) that would be addressed in this rotation include:

- **Ethics & Legal Standards:** Through discussion related to Veterans with legal mandates for treatment, child and vulnerable adult abuse reporting policies, treatment interfering behaviors and decisions based on how to manage this in a residential setting, among others.
- **Individual & Cultural Diversity:** Through discussion related to diversity of Veterans presenting to program (age, race, combat exposure, war era, gender, etc.) as well as substances of choice and how that impacts treatment/recovery efforts.
- **Professional Attitudes/Values/Behaviors:** Through discussion on these topics from experiences in therapy settings as well as interactions with team members.
- **Communication & Interpersonal Skills:** Through discussion on these topics from experiences in therapy settings as well as interactions with team members.
- **Intervention:** Intern will be facilitating and co-facilitating group therapy as well as conducting individual therapy.
- **Consultation & Interpersonal skills:** through discussion on these topics from experiences in therapy settings as well as interactions with team members.

### ***Staff:***

Dr. Zeba Ahmad-Maldonado is the supervising psychologist on this rotation. Drs. Megan Harned and Matthew Cook serve as consulting psychologists on this rotation.

### ***Training:***

Interns will be responsible for managing a small caseload of Veterans in the STAR Program as well as co-facilitating multiple groups per week. An intern would also be expected to attend approximately three Dom team meetings and at least one of STAR team meetings per week.

### ***Supervision:***

Interns will be provided with two hours of individual supervision per week and additional supervision as needed. Direct observation is provided via co-therapy, live observation, and/or recordings review.

### ***Capacity and Time:***

This rotation can accommodate one intern at a time.

## *A Week in the Life...*

### **Substance Treatment and Recovery (STAR) Program Mental Health Residential Rehabilitation Treatment Program (MHR RTP)**

#### **Monday**

**A.M.** Treatment team meeting with Veteran; Co-facilitating Act Group; Individual Therapy

**P.M.** STAR Team Meeting; DOM Afternoon Huddle

#### **Tuesday**

**A.M.** Supervision; Intake; Co-facilitating ACT Group

**P.M.** DOM Education Series Presentation; Intern check-in with Training Directors; Intern Didactics; Administrative Time

#### **Wednesday**

**A.M.** Community Meetings with Veterans; STAR Team Meeting with Veterans; Co-facilitating Relapse Prevention

**P.M.** STAR Team Meeting; Psychology Service Meeting/Psychology Seminar/Psychology Journal Club/Peer Consultation

#### **Thursday**

**A.M.** Supervision; Individual Therapy; Co-facilitating Relapse Prevention Group

**P.M.** Individual Therapy; Administrative Time; DOM Afternoon Huddle

#### **Friday**

**A.M.** Treatment team meeting with Veteran; Individual Therapy

**P.M.** Research Time; Intern Lunch

## **SUICIDE PREVENTION TEAM (SPT)**

The Suicide Prevention Team (SPT) serves as the back-half of the Veteran's Crisis Line and the local experts on high risk Veterans. The team is composed of clinical social workers, admin support, and is led by a clinical psychologist. The SP team works between both facilities and the CBOCs to ensure VA Puget Sound's Veterans who are at elevated risk for suicide are engaged in care and that the local communities know and trust the VA as a committed partner that shares the goal of reducing Veteran suicide.

The SPT works from a crisis intervention model to triage calls from the Veterans Crisis Line (VCL) and respond to all VCL referrals within 1 business day. The SPT also manages the placement and monitoring of High-Risk Flags on Veteran's charts and works across the facility to ensure treatment is enhanced for those Veterans.

In addition to these clinical duties, the SPT works to engage in community education and training opportunities. This includes providing suicide prevention gatekeeper training as well as coalition building and strategic partnership with organizations such as the Washington State Department of Veterans Affairs and many Veteran oriented non-profit agencies.

The SPT also provides education, program implementation, and suicide postvention outreach across VA Puget Sound, including VA's national Risk Identification Strategy, Suicide Prevention 2.0 programs, and the Recovery Engagement and Coordination for Health – Veterans Enhanced Treatment (REACH VET) program; a predictive analytics tool for risk reduction.

In participating in this rotation, the intern develops the following Profession Wide Competencies: Consultation and Interprofessional Skills, Ethics and Legal Standards, Communication and Interpersonal Skills, Science, Crisis Intervention, Individual and Cultural Diversity, Professional Attitudes, Values and Behaviors, and Assessment.

### ***Staff:***

Dr. Larry Pruitt is the supervising psychologist on this rotation. Additional staff include the VA Puget Sound Suicide Prevention Coordinators and staff; Kara Walker, LICSW; David Kapelle, LICSW; Leidy Mcintosh, LICSW; Carl Duman, LICSW; Tomi Dominguez, LICSW; Andrea O'Malley-Jones, LICSW, JD; Gena Aytch, LICSW Jennifer Harrison, LICSW, Beatriz Florez, LICSW; Jennifer Conway-Soto, LICSW, Rachel Morgan, LICSW, and Heather Sanchez, LICSW.

### ***Training:***

The rotation will consist, broadly, of crisis intervention, bridge case management, community outreach and coalition building activities.

Crisis Intervention: The Intern can expect to follow up on calls, by Veterans, to the VA Veterans Crisis Line. After initial triage, callers are offered follow up by their local Suicide Prevention Team. Veterans who agree to local follow-up, or who are in an imminent crisis necessitating follow-up, are contacted by SPT staff within 24 hours of their initial call. This contact may center on suicidal crisis management, engagement/access to care, or a host of other needs including housing, substance abuse treatment, primary care, and Veteran benefits services. The Intern should expect to become facile with suicide risk assessment, access points for Veterans to initiate care, and internal/external resources for Veterans in acute need.

Bridge Case Management: Often, veterans who are at elevated risk for suicide will need assistance while getting engaged with longer term mental health services. This often follows periods of inpatient hospitalization. To bridge that period of time between inpatient and outpatient care, SPCs often step in to follow up with Veterans, track the completion of follow up contact by providers, and stay in touch with high-risk Veterans to provide on-going risk assessment. The intern can expect to perform this

role as well, completing follow up calls with Veterans flagged as high risk for suicide and coordinating care plans with other providers. This includes engaging with the Reach Vet and Serious Mental Illness Re-Engagement programs as well. Protocols used during this rotation include Collaborative Assessment and Management of Suicide (CAMS) as well as the Advanced Safety Planning Intervention (ASPI).

Community Outreach and Coalition Building: While crisis management happens within the walls of the VA, a true public-health focused suicide prevention program involves engaging with the larger community to build coalitions, provide training, and create a network where the VA is seen as a trusted partner for Veterans at risk for suicide. The intern can expect to engage in regular community outreach, providing S.A.V.E. trainings (VA's gatekeeper education program for suicide prevention), and participating on VA Puget Sound's larger coalition projects, including the VA/SAMHSA Governor's Challenge for Suicide Prevention.

***Supervision:***

Interns will be provided with two hours of individual supervision per week and will attend weekly team meetings with the larger Suicide Prevention Team. The rotation will begin with a week of shadowing a current SPC in order to gain familiarity with some unique aspects of the suicide prevention program including the interface with the crisis line. This will be followed by a period of direct observation before starting more independent work. Trainees may also attend various national weekly/monthly technical assistance calls on topics such as risk identification, Reach Vet, and other SP related topics.

***Capacity and Time:***

This rotation can accommodate 1 full intern at a time. Please note that a portion of the clinical work conducted on this rotation is telephonic – while video encounters are additionally utilized, the nature of the encounters necessitates utilizing whatever contact method is available. Please check your state licensure requirements to ensure that your desired state of licensure accepts telephonic encounters as direct clinical care.

## *A Week in the Life...*

**Suicide Prevention Team (SPT)**

### **Monday**

**A.M.** Responding to crisis calls from the Veteran's Crisis Line.

**P.M.** Planning for upcoming community outreach events.

### **Tuesday**

**A.M.** Responding to crisis calls from the Veteran's Crisis Line, Team Meeting.

**P.M.** Coordination of Reach Vet and SMI Re-engagement cases, Individual supervision.

### **Wednesday**

**A.M.** Responding to crisis calls from the Veteran's Crisis Line, Bridge cases management.

**P.M.** National Technical Assistance Call, Psychology service meeting /Psychology Seminar/Psychology Journal Club/Peer Consultation

### **Thursday**

**A.M.** Responding to crisis calls from the Veteran's Crisis Line, Individual Supervision

**P.M.** Community outreach events/provision of S.A.V.E. Training(s)

### **Friday**

**A.M.** Responding to crisis calls from the Veteran's Crisis Line

**P.M.** Intern lunch, National SPC community call, Mental Health Summit planning meeting.

## **VETERAN'S INTENSIVE PTSD (VIP) PROGRAM**

(Rotation is unavailable for the current 2024-2025 training year)

The Veteran's Intensive PTSD (VIP) program is the residential PTSD program serving Veterans with chronic or complex PTSD, along with other co-occurring disorders, who need a higher level of care than traditional outpatient. The VIP program is part of the larger Mental Health Residential Rehabilitation Treatment Program (MHR RTP). The treatment environment is robust and multifaceted. Interventions are holistic, focusing on recovery from the individual level (e.g., individual therapy using evidence-based approaches), all the way up to the systemic level (e.g., engaging a therapeutic milieu as an intervention.) Treatment is rigorous, as Veterans are expected to engage in multiple forms of therapy at once, and strengths-based and Whole Health oriented, drawing from Veterans' personal resources. Veterans participating in this program range in age, race and ethnicity, co-occurring disorders, combat exposure, and military branch of service, among other diverse factors. Veterans may be admitted to the program regardless of trauma type, as all forms of trauma (e.g., childhood, military, and civilian trauma experiences) may be targeted. There are opportunities to work with Veterans who experience co-occurring substance use and PTSD in addition to complex trauma.

Profession-Wide Competencies specifically addressed within this rotation include Ethics and Legal Standards, Individual and Cultural Diversity, Professional Attitudes, Values, and Behaviors, Communication and Interpersonal Skills, Intervention, Assessment, and Consultation and Interpersonal Skills.

### **Staff:**

Dr. Kristin Gayle is the primary supervising psychologist in this rotation. Day-to-day, open-door consultation is available and expected with all staff, to include VIP treatment providers: Drs. Marli Corbett and Katherine Christensen, and clinical social worker, Diana Kurtz; Recreational Therapist: Mani Dhami; Psychiatrist: Dr. Jay Jawad; Physician Assistant: John Ramirez; and nursing staff.

### **Training:**

An intern would be expected to function as a full member of the interprofessional team and would be involved in all aspects of this rotation, which includes facilitating treatment groups, providing individual psychotherapy, and conducting psychological assessments. Depending on an intern's training needs/goals they may select a group emphasis for their rotation. The Skills Group Emphasis involves focus on Dialectical Behavior Therapy (DBT) groups. The EBP Enhancement Group Emphasis focuses on groups (e.g., Values-Based In Vivo Exposure, Cognitive Processing Therapy, and Moral Injury groups) that enhance residents' individual psychotherapy sessions. An intern would have exposure to multiple evidence-based treatments such as Prolonged Exposure therapy and Cognitive Processing therapy. Additional training opportunities in transdiagnostic approaches (e.g., Skills Training in Affective and Interpersonal Regulation/STAIR) and trauma informed care are available (e.g., Trauma-Informed Guilt Reduction and Adaptive Disclosure). Participation in measurement based care to guide treatment planning is expected for all interns. In addition to VIP specific programming, the intern may be able to, depending on his/her interest, have greater involvement with the domiciliary environment through participation in MHR RTP-wide interventions and meetings. An intern would be expected to attend Domiciliary and VIP meetings each week. In addition to clinical training opportunities, an intern would have the option to participate in program evaluation as an opportunity to blend clinical training and administrative responsibilities.

### **Supervision:**

Two hours of individual supervision per week. Additional individual supervision is provided, as needed. Direct observation is provided via co-therapy, live observation, and/or audio recordings.

### **Capacity and Time:**

This rotation can accommodate one intern at a time.

## A Week in the Life...

### Veteran's Intensive PTSD (VIP) Program



Domiciliary Rec Hut "2023 Art Show"

#### Possible VIP Intern Schedule (depending on emphasis)

**EBP Enhancement Group Emphasis**

**Or**

**Skills Group Emphasis**

#### Monday

**A.M.** Staff meetings; Treatment Team Meetings with residents; Research Time

**A.M.** Staff meetings; Treatment Team Meetings with residents; Research Time

**P.M.** Psychotherapy session; co-lead Process Group

**P.M.** Psychotherapy session(s); Domiciliary Staff Meeting

#### Tuesday

**A.M.** Treatment Team Meetings with residents; Research Time

**A.M.** Treatment Team Meetings with residents; co-lead DBT Skills Group

**P.M.** Psychotherapy session

**P.M.** Psychotherapy session(s)

#### Wednesday

**A.M.** Staff meetings; Treatment Team Meetings with residents; co-lead Moral Injury group

**A.M.** Staff meetings; Treatment Team Meetings with residents; Psychotherapy session

**P.M.** Psychotherapy session; co-lead PTSD 101 or Values-Based In Vivo group; Domiciliary Staff Meeting

**P.M.** Psychotherapy session(s); Domiciliary Staff Meeting

#### Thursday

**A.M.** Treatment Team Meetings with residents; Research Time; Co-Lead Process Group

**A.M.** Treatment Team Meetings with residents; Research Time

**P.M.** Psychotherapy session(s)

**P.M.** Psychotherapy session(s); co-lead STAIR group

#### Friday

**A.M.** Staff meetings; Treatment Team Meetings with residents

**A.M.** Staff meetings; Treatment Team Meetings with residents; co-lead CPT group

**P.M.** Weekly VIP Close-Out group; Psychotherapy session; Domiciliary Staff Meeting

**P.M.** Weekly VIP Close-Out group; Psychotherapy session; Domiciliary Staff Meeting



## ELECTIVE MINOR ROTATION DESCRIPTIONS

### **ASSESSMENT MINOR**

The Assessment Minor occurs for a portion of each week across the entirety of the training year. This minor provides opportunity for and training in comprehensive psychodiagnostics assessments, incorporating psychological testing, clinical interviewing, and additional data points (e.g. collateral interviews) as indicated. This Minor Rotation is tailored toward those interns interested in further developing their psychological assessment skills, regardless of anticipated career path – you don't need to see yourself as a budding neuropsychologist or forensic psychologist to enjoy this training opportunity!

#### ***Staff:***

Dr. Samantha Overstreet is lead of the Assessment Supervision team. The current Assessment Minor supervisors are Dr. Karen Kosky and Dr. Erin Verdi.

#### ***Training:***

Interns will be responsible for managing one comprehensive assessment at a time throughout the training year. Four hours per week will be dedicated for the Assessment Minor – three hours for activities involved with the assessment (e.g., records review, interview, testing and interpretation, comprehensive report writing), and one hour for supervision.

#### ***Supervision:***

Interns will be provided with one hour of individual supervision per week. This will be in addition to the x2/month Assessment group supervision provided to the entire cohort. Direct observation is provided via live observation and/or tape review. Supervision and clinical work will be scheduled in collaboration with the assigned Assessment Supervisor as well as the Primary Rotation supervisor.

#### ***Capacity and Time:***

This rotation can accommodate up to two interns at a time. Should more interns request the elective than there is capacity, preference will be given to those who are not already scheduled to rotate through a clinic which already contains a significant assessment focus (e.g. MHC Neuro, RCS).

### **COUPLES THERAPY MINOR**

The Couples Therapy Minor occurs for a portion of each week across the entirety of the training year. The primary modality taught and practiced on this Minor Rotation is Integrative Behavioral Couples Therapy. The Minor Rotation is housed within the Mental Health Clinic, though interns do not need to be assigned to a Mental Health Clinic rotation to participate in this Minor Rotation. This Minor Rotation is best tailored to those interns who, regardless of past experience, are interested in potentially practicing couples therapy in their future careers.

#### ***Staff:***

Dr. Melissa Caris is the supervising psychologist on this rotation.

#### ***Training:***

Interns will be responsible for managing a caseload of two couples at a time throughout the training year. Three hours per week will be dedicated for the Couples Therapy Minor – two hours for hour-long patient appointments, and one hour for supervision. Background readings may be assigned as a means of ensuring understanding of Integrative Behavioral Couples Therapy.

#### ***Supervision:***

Interns will be provided with one hour of group supervision per week (if two interns elect the minor; if only one intern does this Minor, individual supervision will occur), and additional supervision as needed. Direct observation is provided via co-therapy, live observation, and/or tape review. Supervision, and clinical work, will occur Thursday afternoons. Scheduled supervision will occur in-person, in building 61.

***Capacity and Time:***

This rotation can accommodate two interns at a time. Should more interns request the elective than there is capacity, preference will be given to those who have expressed an interest in incorporating couples treatment into their future career.

**PTSD THERAPY MINOR**

The Couples Therapy Minor occurs for a portion of each week across the entirety of the training year. The primary modalities taught and practiced on this Minor Rotation is Prolonged Exposure Therapy, as well as Written Exposure Therapy. The Minor Rotation is housed within the PTSD Outpatient Clinic, though interns do not need to be assigned to a PTSD Outpatient Clinic rotation to participate in this Minor Rotation. This Minor Rotation is best tailored to those interns who, regardless of past experience, are interested in potentially practicing evidence-based trauma therapy in their future careers.

***Staff:***

Dr. Jennifer King is the supervising psychologist on this rotation.

***Training:***

Interns will be responsible for managing a caseload of two trauma patients at a time throughout the training year. Three hours per week will be dedicated for the PTSD Therapy Minor – two hours for hour-long patient appointments, and one hour for supervision. Background readings or trainings may be assigned as a means of ensuring understanding of Prolonged Exposure Therapy. All interns (regardless of whether they will be doing this minor) will attend a full-day Prolonged Exposure workshop at the beginning of the training year.

***Supervision:***

Interns will be provided with one hour of group supervision per week (if two interns elect the minor; if only one intern does this Minor, individual supervision will occur), and additional supervision as needed. Direct observation is provided via co-therapy, live observation, and/or tape review. Supervision, and clinical work, will occur Thursday afternoons. Scheduled supervision will occur both in-person and via telesupervision.

***Capacity and Time:***

This rotation can accommodate up to two interns at a time. Should more interns request the elective than there is capacity, preference will be given to those who have expressed an intent for a trauma-focused career, and to those who are not already scheduled to rotate through a clinic focusing on trauma (e.g., POC, VIP).

## PSYCHOLOGY SERVICE FACULTY

**Zeba S. Ahmad-Maldonado, PhD** is the Program Manager for the Substance Treatment and Recovery (STAR) Program in the MHR RTP. She received her Ph.D. in Clinical Psychology from Seattle Pacific University, completing her doctoral internship at the Louis Stokes DVAMC in Cleveland, Ohio. She is licensed to practice in Washington state and is a Clinical Instructor in the Department of Psychiatry and Behavioral Sciences at the University of Washington. Dr. Ahmad's theoretical orientation is Cognitive Behavioral. Dr. Ahmad was certified in Cognitive Behavioral Therapy for Substance Use Disorders (CBT for SUD) through the VA in 2015. She is a trained consultant for the national CBT for SUD training program through the VA. At American Lake, Dr. Ahmad is the Chair of the Diversity Committee, a Committee serving under the Training Committee. Dr. Ahmad has a special emphasis on diversity related issues.

**Derek Anderson, PhD** is a psychologist in the Rehabilitation Care Service. He obtained his PhD in Clinical Psychology from Ohio State University and is licensed in Washington state. He completed his doctoral internship at the Seattle VA and postdoctoral residency in Rehabilitation Psychology at the Seattle VA. Clinically, he is interested in adjustment to chronic disabilities and currently conducts brief outpatient neuropsychological assessments as well as provides individual and group psychotherapy. His intervention approaches are guided by empirically supported treatments, including Cognitive Behavioral Therapy (CBT), Behavioral Activation, Acceptance and Commitment Therapy (ACT), Motivational Interviewing (MI) and Problem-Solving Therapy techniques to promote mood management, pain management, and optimize response to disability within a rehabilitation setting. As for research, he is most broadly interested in examining response to chronic medical conditions or acquired disability among patients and their family members. His most recent research efforts have included examining mood and social support among patients with limb loss. Additionally, he has been serving as a study therapist for an ongoing grant-funded, multi-site, group intervention for chronic pain management.

**Madison Bertolin, PhD** is a clinical rehabilitation neuropsychologist in Rehabilitation Care Services, working primarily with the Blind Rehabilitation and Telerehabilitation teams. She earned her PhD in Clinical Psychology, with a specialization in Neuropsychology, from Saint Louis University. She subsequently completed a neuropsychology internship at the Southwest Consortium and postdoctoral fellowship in neuropsychology at the VA Puget Sound, Seattle division. She is licensed in Washington state. Her professional areas of expertise and clinical interests involve inpatient and outpatient neuropsychological assessment with a variety of rehabilitation populations, psychotherapeutic interventions for optimizing response to disability, and adaptation of rehabilitation psychology and neuropsychology services for telehealth.

**Joshua Breitstein, PsyD** is a psychologist in the Primary Care Mental Health Integration (PCMHI) Clinic. He attended The Georgia School of Professional Psychology, earning his PsyD in 2008. While attending his graduate program, he earned a 2-year Health Professions Scholarship in the United States Army. He completed internship and post-doctoral training at Madigan Army Medical Center where he was trained as a clinical psychologist with a specific emphasis on military psychology. He served on active duty from 2007 to 2011, completing one deployment to Iraq from 2010 to 2011 as the psychologist assigned to the 85<sup>th</sup> Combat Stress Control Detachment. Dr. Breitstein holds an active psychology license in Washington state. His theoretical orientation is cognitive behavioral within an interpersonal framework. Dr. Breitstein received advanced training in sleep medicine at Madigan Army Medical Center. He brings diversity experience working with active duty military populations across all branches of service. Dr. Breitstein clinical and research interest is in the area of sleep medicine. He enjoys mentoring and supervising interns providing trainees with a diverse understanding of military culture and its impact on cognition and behavior. Dr. Breitstein also enjoys training interns in various aspects of sleep medicine and applying these principles to treatment in a primary care setting.

**Cody L. Bullock, PhD, ABPP**, is a clinical psychologist in the PTSD Outpatient Clinic (POC). He received his PhD from Pacific Graduate School of Psychology at Palo Alto University, with an emphasis in Neuropsychological Assessment in 2011. He completed his doctoral internship at Heartland Behavioral Health Hospital through the Ohio Psychology Internship Program, and his postdoctoral residency through the San Francisco VA Medical Center, in the Rural Psychology Track. Dr. Bullock has been licensed since 2013, and specifically in Washington state since 2015. He has completed VA rollout trainings in MET, PE, WET, and CPT. He has enjoyed serving on a variety of workgroups with areas including staff education, review of risk management documentation, training committee, diversity mentorship, and psychology trainee clinical and psychological assessment supervision. His theoretical orientation is primarily CBT-based. He currently is also an Army Psychologist and a Major in the Army Reserves, having joined in 2016 and serving in a Unit whose mission is to provide Behavioral Health services in deployed environments. He has two areas of specialized training as an Army Psychologist – Aeromedical Psychology and SERE Psychology – and has had two deployments to the Middle East in 2019 and 2021 providing a wide range of Behavioral Health services and consultation. He obtained board certification in Clinical Psychology in 2023.

**Melissa Caris, PhD** is a psychologist in the Mental Health Clinic (MHC). She completed her PhD in Clinical Psychology at Seattle Pacific University, her doctoral internship at VA Puget Sound Health Care System, American Lake Division, and is licensed in Colorado. She has a MA in Marriage and Family Therapy from Whitworth University. She uses a combination of cognitive behavioral therapy and family systems theory to inform her clinical practice with individuals and couples.

**Erik Clarke, PhD**, is a psychologist in the Pain Clinic and Team Lead for the Residential Functional Restoration Pain Program. He received his Ph.D. in Counseling Psychology from The University of Kansas in Lawrence, KS. He completed his doctoral internship at the St. Louis VAMC which included rotations in Pain Clinic, Spinal Cord Injury Unit, and PCMHI. He went on to complete a post-doctoral fellowship in Chronic Pain and PCMHI at VA Puget Sound Healthcare System at the American Lake campus in Tacoma, WA. He is licensed in Washington state since 2018. Dr. Clarke has training in evidence-based treatments for chronic pain and substance use disorder which include Acceptance and Commitment Therapy for chronic pain and Mindfulness Based Relapse Prevention. Other evidence-based practices of interest to Dr. Clarke include Motivational Interviewing and Pain Neuroscience Education. He currently serves as Co-research chair on the training committee.

**Emily Cox-Martin, PhD** is a clinical health psychologist in the Mental Health Clinic. She received her PhD in clinical psychology with a focus in health psychology from Virginia Tech, and completed her pre-doctoral internship in behavioral medicine at the VA Boston Psychology Internship Training Program. Dr. Cox-Martin was a National Cancer Institute R25 Fellow at the University of Texas MD Anderson Cancer Center and completed clinical fellowship rotations in the Department of Pain Medicine and the Tobacco Treatment Center. Her theoretical orientation is primarily third wave cognitive behavioral therapy, ACT, mindfulness and compassion-based approaches, and existential therapies (e.g., Meaning Centered Therapy). She has advanced training in health behavior change, chronic pain management, psycho-oncology, and CBT-I. Her research interests include the application of mindfulness- and acceptance-based interventions for chronic and terminal medical conditions. She currently serves as an assessment supervisor and a member of the Training Committee.

**Janna L. Fikkan, PhD** is a staff psychologist in the Women's Health Clinic and part of the Primary Care Behavioral Health Team. She received her PhD in Clinical Psychology from the University of Vermont. She completed a pre-doctoral internship at Duke University Medical Center and a postdoctoral fellowship in health psychology at Duke Integrative Medicine. She is licensed in Washington and is Clinical Associate Professor in the Department of Psychiatry and Behavioral Sciences at the University of Washington. Her theoretical orientation integrates behavioral and interpersonal approaches. Her professional interests include health psychology, women's health, training and mentoring of interns and residents and professional development of women in the field of psychology.

**Daniel J. Fischer, PhD** is the Program Manager in the PRRC. He is licensed in Washington state. Dr. Fischer received his PhD in Clinical Psychology from the University of New Mexico. He completed his doctoral internship at the VAPSHCS, American Lake Division and his postdoctoral residency in the Center for Excellence in Substance Abuse Treatment and Education (CESATE) at VAPSHCS, Seattle Division. Dr. Fischer has received advanced training in the practice and education of MI and is a member of the Motivational Interviewing Network of Trainers (MINT). He is certified through the VA in CPT and is completing certification in IPT. His theoretical orientation is cognitive behavioral and he identifies as a generalist clinically. His professional interests include issues related to client engagement and retention as well as the training and dissemination of empirically based practices.

**Amy Frers, PhD** is a psychologist in the Pain Clinic. She completed her PhD in Clinical Health Psychology at the University of Colorado-Denver, her doctoral internship at VA Puget Sound, American Lake Division, and is licensed in the state of New York. She considers her theoretical orientation to be integrative and grounded in ACT and CBT. She also integrates compassion-focused therapy into her work and has special interest in helping patients with chronic pain modify health behaviors (e.g., tobacco cessation, diet). She is the lead psychologist for the functional restoration pain program, and she also provides individual and group psychotherapy in the Pain Clinic.

**Kristin Gayle, PhD** is the Program Director of the Workplace Violence Prevention Program and Chair of the Disruptive Behavior Committee. She received her PhD in Clinical Psychology from Seattle Pacific University in 2009 after completion of internship at the New Jersey VA Health Care System. She began working at the VAPSHCS, American Lake Division following graduation in 2009. She is licensed in Washington state. Her theoretical orientation is integrative, relying heavily on cognitive-behavioral and interpersonal frameworks. Her professional interests include recovery-oriented treatment, changing cultures to provide more recovery-oriented treatment, and the treatment of serious mental illness.

**Elizabeth Hirschhorn, PhD** is a geropsychologist in the PCMHI Clinic and the Associate Training Director for VA Puget Sound Health Care System, American Lake Division. She earned her PhD in Clinical Psychology from the Catholic University of America. She completed her doctoral internship at the VA Salt Lake City Health Care System and her postdoctoral residency in geropsychology at VAPSHCS, American Lake Division. She is licensed in the state of Washington. Her theoretical orientation is primarily behavioral and informed by geropsychological theory. Her professional interests include interprofessional care, utilization of mental health services by older Veterans, and the integration of technology into mental health care. She is a member of the Diversity Committee.

**Scott Hunt, PhD** is a psychologist in the Psychiatric Assessment and Clinical Care (PACC) Unit. He received his PhD in Clinical Psychology from Fielding Graduate University. He completed both his doctoral internship and a postdoctoral research residency at the VAPSHCS, American Lake Division. Dr. Hunt's clinical orientation is integrative and his clinical interests are in emergency mental health, psychodiagnostics, and assessment. His research at the VA has ranged from biomedical research in antidepressant augmentation to aspects of religiousness in marital quality. He is licensed in WA state.

**Andrew Jeon, JD, PhD** is a program manager in the American Lake Mental Health Clinic (MHC). Dr. Jeon received a Ph.D. in clinical psychology from the University of Nebraska – Lincoln. He completed his internship at VA Central Iowa Health Care System (Des Moines, IA) where he then worked on the Disruptive Behavior Committee (DBC), Employee Threat Assessment Team (ETAT), and Behavioral Health Interdisciplinary Program (BHIP). Dr. Jeon is a licensed psychologist in the state of Iowa. His theoretical orientation is primarily second-wave cognitive behavioral therapy with a specialty in anxiety disorders and exposure/response prevention.

**Sarah Jones, PhD** is a clinical psychologist in the Mental Health Clinic. She received her PhD in clinical psychology from the University of Nevada, Las Vegas. She completed her predoctoral internship at Mount Sinai St. Luke's/Roosevelt Hospitals and a postdoctoral residency at a private practice specializing in sexual health. Dr. Jones's theoretical orientation integrates primarily

psychodynamic, interpersonal, and cognitive-behavioral approaches and her clinical interests include treatment of trauma and sexual wellness concerns. Dr. Jones is currently in process of becoming an AASECT Certified Sex Therapist.

**Jennifer C. King, PhD** is the co-occurring substance use/PTSD specialist at American Lake and serves as the liaison between the POC and ATC. She received her PhD in Clinical Psychology (with an emphasis in forensic psychology) from Palo Alto University and completed her doctoral internship at VA St. Louis Health Care System. She is licensed in Kansas. Her theoretical orientation is cognitive-behavioral with a particular focus in behavioral therapy. Dr. King completed the VA rollout training in Prolonged Exposure in 2015 and Written Exposure Therapy in 2020. Her professional interests include co-occurring substance use and PTSD in the Veteran population, Prolonged Exposure, “killing” and combat trauma specifically, harm reduction, and culturally-informed, inclusive care. Dr. King is the preceptor for the Behavioral and Cognitive Psychology postdoctoral residency track, as well as serves as the local EBP coordinator for American Lake.

**Karen Kosky, PsyD** is a clinical neuropsychologist in the Mental Health Service Line. She completed her doctoral degree in clinical psychology from Indiana University of Pennsylvania. She completed a neuropsychology-focused internship at the APA-accredited Missouri Health Sciences Psychology Consortium and a two year, APPCN-member postdoctoral fellowship in adult neuropsychology at the University of Missouri. Prior to coming to the American Lake VA, she worked at a group practice specializing in adult autism spectrum disorder assessments. She is licensed in Washington State.

**Fiona Kurtz-Thornley, Ph.D., L.P.**, is a staff psychologist in the Addiction Treatment Center (ATC) at the American Lake VAHCS. She earned her degree in Clinical Psychology at Seattle Pacific University, and completed internship at American Lake. She also received postdoctoral training at the Seattle VA Center of Excellence in Substance Addiction Treatment and Education (CESATE). Her clinical focus is in the assessment and treatment of cooccurring disorders, particularly cooccurring SUDs and PTSD. She also has specialty knowledge and a background in the assessment of adult Attention Deficit/Hyperactivity Disorder (ADHD). She currently serves as an assessment supervisor and as a member of the Diversity Committee.

**Gina Kuusisto, PhD** is a licensed clinical psychologist in the Mental Health Residential Rehabilitation Program (MHR RTP) as part of the Homeless Engagement & Recovery Opportunity (HERO) Program. She received her PhD in clinical psychology from Seattle Pacific University with a focus on treating complex trauma and PTSD in various populations, to include individuals involved in sex trafficking in the Seattle area and refugee populations. She completed her internship at Louis Stokes Cleveland VA and her postdoctoral residency in women’s residential trauma treatment at VA Palo Alto. Additionally, she has previously worked with Active Duty Military as a civilian psychologist at Madigan Army Medical Center. Dr. Kuusisto has extensive training in the use of DBT, ACT, EMDR, PE, CPT, and Compassion-Focused Therapy. She is involved in the psychology internship and postdoctoral training programs at American Lake, as well as the Diversity Committee where she has had the opportunity to collaborate with Seattle VA in hosting monthly Diversity Cafés.

**Jacob Manuel, PhD** is a staff psychologist and preceptor in Primary Care Mental Health (PCMHI). He graduated from Pacific University in Oregon with a Ph.D. in Clinical Psychology where his research involved the development and validation of a measure designed to assess barriers to treatment enactment in participants of mindfulness-based interventions. He was subsequently awarded NIH funding to further validate this measure on a sample of law enforcement officers undergoing mindfulness-based resilience training. He completed internship at the Southern Oregon VA and postdoctoral residency at American Lake in PCMHI. Currently, Dr. Manuel is implementing a mindfulness-based resilience training for primary care providers. His interests/areas of training also include: diversity issues in psychology, trauma-informed interventions, sleep disturbance/CBT-I, LGBTQ+ issues, third-wave behavioral treatments, and mindfulness-based interventions. Dr. Manuel is the preceptor for the PCMHI postdoctoral residency.

**Annie Mueller, PhD** is a geropsychologist in the PCMHI Clinic. She received her PhD in Clinical Psychology with curricular emphasis in aging from the University of Colorado at Colorado Springs. She completed both her internship in clinical psychology and postdoctoral residency in geropsychology at VA Puget Sound, American Lake Division. Her theoretical orientation is integrative, with emphasis on cognitive behavioral. She has completed VA rollout trainings in CBT for Depression and ACT for Depression. Her clinical interests include aging and mental health, late life anxiety, end-of-life care, chronic illness and disability, and telemental health. She serves on both the Training Committee and the Diversity Committee and is the preceptor for the geropsychology postdoctoral residency. She is licensed in Washington state.

**Jared Mull, PsyD** is a clinical psychologist in the PTSD Outpatient Clinic (POC). He received his PsyD from Pacific University in Oregon and is licensed in the state of Washington. He completed his internship at the Alaska VA Healthcare System in Anchorage Alaska. He has completed national roll-out trainings in Cognitive Processing Therapy (CPT) and Motivational Interviewing (MI). His interests include providing evidenced-based psychotherapies for the treatment of PTSD, and while his main theoretical orientation is CBT, has occasionally been accused of entertaining Acceptance and Commitment Therapy.

**Sarah Noonan, PhD** is a clinical neuropsychologist in Rehabilitation Care Services, working primarily within the Center for Polytrauma Care. She earned her PhD in Clinical Psychology, with a specialization in Neuropsychology, from the San Diego State University/University of California, San Diego joint doctoral program. She completed her internship and postdoctoral residency within the VA Boston Healthcare System, where she received advanced clinical training in neuropsychological assessment, cognitive rehabilitation, and evidence-based treatments for PTSD, and conducted research within the Boston Attention and Learning Laboratory and the VA Boston Neuroimaging Research Center. She is licensed in Washington state. Her professional interests include mTBI/concussion diagnosis and treatment in combat Veterans, holistic cognitive interventions, and neuroplasticity.

**Samantha Overstreet, PhD**, is a psychologist in the Psychosocial Rehabilitation and Recovery Center (PRRC). She received her Ph.D. in Clinical Psychology from The University of Tulsa in Tulsa, OK. She completed her doctoral internship at the Hunter Holmes McGuire VAMC in Richmond, VA in their Serious Mental Illness Across the Lifespan track. She went on to complete a post-doctoral fellowship in Psychosocial Rehabilitation and LGBT Healthcare at VA Connecticut Healthcare System in West Haven, CT. She is licensed in Rhode Island since 2017. Dr. Overstreet's theoretical orientation integrates cognitive-behavioral and third-wave modalities, and she is a strong proponent of the recovery model. She has training in evidence-based treatments for serious mental illness, and is a VA-certified provider of Social Skills Training for Schizophrenia. Dr. Overstreet's professional interests include recovery-oriented systems change, personality assessment, and diversity issues, particularly LGBTQ advocacy. She currently serves as an assessment supervisor and as a member of the Diversity Committee.

**Larry D. Pruitt, PhD** is the Director of Suicide Prevention at both the American Lake and Seattle divisions of VA Puget Sound. He received his PhD in Clinical Psychology from the University of Nevada, Reno. He completed his doctoral internship at the VA Sierra Nevada Medical Center and his postdoctoral fellowship at the University of Washington's Center for Anxiety and Traumatic Stress. He is a Licensed Clinical Psychologist in Washington State and an Associate Clinical Professor in the Department of Psychiatry and Behavioral Sciences at the University of Washington. His theoretical orientation is primarily behavioral. Dr. Pruitt has served as a member of the Military Suicide Research Consortium, the Joint DOD/VA Strategic Decision Team in response to Executive Order 13822, The Department of Defense's Suicide Prevention and Risk Reduction Committee, and the 2019 update to the VA/DoD Clinical Practice Guidelines for the Identification and Management of Suicide Risk. Dr. Pruitt co-chairs the VA Puget Sound Suicide Risk Reduction Committee.

**Hannah Reas, PhD** is a staff psychologist in the PTSD Outpatient Clinic (POC) at VA Puget Sound Healthcare System, American Lake Division. She completed her postdoctoral fellowship in Behavioral

and Cognitive EBP Treatments for PTSD at American Lake, where she also completed her pre-doctoral internship. She has a Master of Arts degree with an emphasis in Marriage and Family Therapy from Pepperdine University and received her PhD in Clinical Psychology from Seattle Pacific University. Her theoretical orientation is primarily cognitive-behavioral and trauma-focused (PE, CPT). Additional clinical interests include provision of evidence-based psychotherapies for PTSD via telehealth. Her research interests include military trauma (MST, combat), moral injury, understanding the effects of the sociopolitical climate on mental health outcomes, and the intersection between substance misuse and PTSD. Dr. Reas is a member of the Diversity Committee and hopes to continue providing trauma-informed & culturally sensitive care to the Veterans we serve.

**Greg Reger, PhD** is the Deputy Associate Chief of Staff for the Mental Health Service at VAPSHCS and an Associate Professor in the Department of Psychiatry and Behavioral Sciences at the University of Washington School of Medicine. He received his PhD in Clinical Psychology from Fuller Theological Seminary in 2004 and completed his psychology internship at Walter Reed Army Medical Center. He is an Army Veteran and deployed to Iraq in 2005 in support of Operation Iraqi Freedom. Dr. Reger spent 5 years as a civilian employee with the Department of Defense (DoD) leading teams designing and evaluating technology in support of psychological health. His research has focused on the development and evaluation of virtual reality, mobile applications, and other innovative technologies for psychological purposes. He is currently funded to evaluate a virtual reality patient to support provider training in motivational interviewing. Dr. Reger also led the VA/DoD team that designed the PE Coach mobile application and was recently funded to conduct a pilot trial of patient preferences for PE Coach and the impact of the app on clinically relevant outcomes.

**Mark Reger, PhD** is the Chief of Psychology and a Professor in the Department of Psychiatry & Behavioral Sciences at the University of Washington. He completed his doctorate in clinical psychology at the Rosemead School of Psychology at Biola University, his internship at the American Lake campus of VA Puget Sound, and a three-year NIH NRSA postdoctoral fellowship at the VA Puget Sound and the University of Washington School of Medicine. Dr. Reger's research centers on military and veteran suicide prevention. He has several lines of research in which he is working to develop and test novel suicide prevention interventions. He also conducts epidemiological research on military and veteran suicide. Dr. Reger works to translate science into suicide prevention policy and best practices, and therefore frequently contributes to clinical practice guidelines, national workgroups, and other policy initiatives. Prior to taking his current position, he spent 10 years in the Department of Defense where he led the development and implementation of the Department of Defense's suicide surveillance system. Dr. Reger has served as the principal investigator for multiple large federally funded studies.

**Troy Robison, PhD** is a psychologist in the Addictions Treatment Center (ATC). He completed his PhD in Clinical Psychology at Ohio University, his doctoral internship at the Cincinnati VA Medical Center, and is licensed in the state of Washington. His approach to psychotherapy is primarily humanistic, with specific interests in mindfulness-based interventions and the incorporation of neurobiology into psychological treatments for addiction. He also provides Behavioral Couples Therapy for SUD and gambling addiction treatment in the ATC.

**Orlando Sánchez, PhD** is a clinical neuropsychologist in the MHC. He attended Seattle Pacific University and completed his doctoral internship at the University of Miami/Jackson Memorial Hospital where clinical interests focused on neuropsychological assessment and neurorehabilitation of patients with varied neurologic injuries, particularly TBI and CVA/strokes. He completed postdoctoral fellowships in neuropsychology at the Truman VA Medical Center and Minneapolis VA Health Care System with emphasis in: TBI via a national DoD-DVA longitudinal treatment and research program, CVA/stroke, geriatrics – including the Memory Disorders Clinic through GRECC, and polytrauma. He has been licensed in the state of Washington since 2018. Clinical interests include cross-cultural neuropsychology, particularly assessment and treatment pertaining to indigenous peoples of the Americas (North, Central, and South America), cultural competency, and neurorehabilitation. Research/scholarly interests include cultural competency training, acculturation, TBI/PTSD, and health disparities.



**Dale E. Smith, PhD** is the Program Manager of the POC. He received his doctorate in social psychology from the University of Florida and completed the University of Washington's Respecialization Postdoctoral Training Program in Clinical Psychology. He completed his doctoral internship in the Psychiatry and Behavioral Sciences Department at the University of Washington School of Medicine, and has been licensed in Washington since 1992. He has held faculty positions at the University of Florida, the American University, and the University of Washington prior to his clinical licensure and has held a number of administrative positions since assuming the role of the program director of the specialized outpatient PTSD clinic at American Lake. He is also the lead mentor for the VISN 20 PTSD Mentoring Program. Dr. Smith's diversity interests include how beliefs are shaped by sociopolitical cultures within and across time, and his professional interests include the psychology of trauma. He is also interested in the delivery of patient care and treatment outcomes.

**Rosamond Smith, PhD** is a staff psychologist in Primary Care Mental Health Integration (PCMHI) based in the Puyallup Community Based Outpatient Clinic (CBOC) and serving the SPPA (Silverdale, Puyallup, Port Angeles) CBOCs. She received her M.S. in Counseling Psychology from The University of Southern Mississippi and her Ph.D. in Counseling Psychology from the University of Louisville. She completed her doctoral internship at VA Puget Sound – American Lake, and her post-doctoral fellowship at the Center for Excellence in Substance Abuse Treatment and Education (CESATE) at VA Puget Sound – Seattle, where she focused on dual-diagnosis treatment of PTSD/SUD. She has been licensed in Washington state since 2019. Dr. Smith conceptualizes veterans from a relational gestalt theoretical orientation, which is humanistic, existential, holistic, emotion-focused, phenomenological, process-experiential, strengths-focused, and intentionally relational/interpersonal. Her graduate training programs were heavily CBT and MI focused, and she frequently uses these and other empirically supported treatments within the relational gestalt framework. Dr. Smith is a VA-certified provider of Cognitive Processing Therapy and Cognitive Behavioral Therapy for Insomnia, and is VA trained in Whole Health and Prolonged Exposure for Primary Care. Other professional interests include treatment of grief, work centered on personal and community values, and challenging oppressive systems through therapy and professional development. She currently serves as the facilitator for the Clinical and Professional Development Group and as a member of the Diversity Committee.

**Jason Stolee, PhD** is the Psychology Training Director for VA Puget Sound Health Care System – American Lake Division, and also works in the Mental Health Clinic. He completed his doctorate degree in clinical psychology at the Rosemead School of Psychology, Biola University, and his internship and postdoctoral residency at Madigan Army Medical Center. He served within the Active Duty Army for four years, including one deployment to Iraq, and then worked as a civilian staff psychologist and associate training director at Madigan Army Medical Center prior to joining the staff at American Lake in 2021. Dr. Stolee's professional interests are in the areas of exposure treatment for PTSD, insomnia, and cultural humility. He is a licensed psychologist in the state of Washington.

**Ashley Torri, Psy.D.** is a Graduate Psychologist in the PTSD Outpatient Clinic (POC) currently pursuing licensure in the state of Washington. She received her Psy.D. in Clinical Psychology from Roosevelt University in 2019, and she completed her doctoral internship at Mann-Grandstaff VA Medical Center in Spokane, Washington. Since joining the POC in 2019, she has completed VA rollout training in Cognitive Processing Therapy. Dr. Torri's professional interests include combat and military sexual trauma, moral injury, and implementing evidence-based treatments in a culturally sensitive way, and her theoretical orientation is primarily third-wave cognitive-behavioral with attention to the psychotherapy process.

**Amanda Ernst Wood, PhD** is a Mental Health Research psychologist a VAPSHCS and a Clinical Associate Professor with the Department of Psychiatry and Behavioral Sciences, University of Washington School of Medicine. Dr. Wood received her PhD in Clinical Psychology from the Graduate School of Psychology at Fuller Theological Seminary. She completed her doctoral internship at the VAPSHCS, American Lake Division, and her postdoctoral residency in Chronic Mental Illness and Neuropsychology at the University of Washington/VAPSHCS. She is currently licensed in the state of

Washington. Dr. Wood's research interests include pharmacogenetics, provider burnout, and the treatment substance abuse, depression, and PTSD.

**Elisia Yanasak, PhD** is the Program Manager of the ATC at VAPSHCS, American Lake Division. She received her PhD at the University of Houston in 2002. She completed her doctoral internship at VAPSHCS, American Lake Division. She completed her postdoctoral residency in the interdisciplinary treatment of substance abuse at the Center of Excellence in Substance Abuse Treatment at VAPSHCS, Seattle Division. She has been licensed in Washington state since 2004. Her theoretical orientation is primarily cognitive behavioral. Her clinical interests include the treatment of male and female Veterans diagnosed with substance use and comorbid psychiatric disorders. Her research interests include Evidence Based Treatment of SUDs.

## ALUMNI

### 2024 Graduates

Graduate Program	Post-Internship Setting
PGSP-Stanford PsyD Consortium	Staff Psychologist: Veterans Intensive PTSD Program VA Puget Sound, <b>American Lake</b> Division
University of Wyoming	Postdoctoral Residency National Center for PTSD
East Carolina University	Postdoctoral Residency: Health Psychology VA Phoenix Health Care
East Carolina University	Postdoctoral Residency: Health Psychology VA Phoenix Health Care
University of Montana	Postdoctoral Residency: Geriatrics, Geriatric Research, and Clinical Center (GRECC) VA Puget Sound, Seattle Division
George Mason University	Staff Psychologist: Mental Health Clinic VA Puget Sound, <b>American Lake</b> Division
Baylor University	Postdoctoral Residency: Residential Treatment Focus VA Puget Sound, <b>American Lake</b> Division

### 2023 Graduates

Graduate Program	Post-Internship Setting
Lehigh University	Staff Psychologist: Veterans Intensive PTSD Program VA Puget Sound, <b>American Lake</b> Division
University of Tennessee, Knoxville	Postdoctoral Residency: Mood and Anxiety Focus VA Puget Sound, Seattle Division
University of Tulsa	Staff Psychologist: Psychosocial Rehabilitation and Recovery Center VA Puget Sound, <b>American Lake</b> Division
Seattle Pacific University	Postdoctoral Residency: Integrated Primary Care Behavioral Health Swedish Medical Group
Brigham Young University	Staff Psychologist: Primary Care Mental Health Integration VA Puget Sound, <b>American Lake</b> Division
Rowan University	Postdoctoral Residency: Rehabilitation Psychology Program VA Northeast Ohio (Louis Stokes)
University of Wyoming	Postdoctoral Residency: Sport Psychology Premier Sport Psychology

### 2022 Graduates

Graduate Program	Post-Internship Setting
Loma Linda University	Staff Psychologist: Mental Health Clinic VA Puget Sound, <b>American Lake</b> Division
University of Pennsylvania	Postdoctoral Residency Cadence Child & Adolescent Therapy
University of Colorado, Denver	Postdoctoral Residency: Primary Care-Mental Health Focus VA Puget Sound, <b>American Lake</b> Division
University of Denver	Staff Psychologist: Mental Health Clinic VA Martinsburg Healthcare System,
University of Vermont	Staff Psychologist: Women's Health Clinic VA Puget Sound, <b>American Lake</b> Division
University of Louisville	Postdoctoral Residency: Geropsychology Focus

	VA Puget Sound, <b>American Lake</b> Division
Seattle Pacific University	Staff Psychologist: Veterans Intensive PTSD Program VA Puget Sound, <b>American Lake</b> Division

### 2021 Graduates

Graduate Program	Post-Internship Setting
Seattle Pacific University	Postdoctoral Residency, Residential Treatment Focus VA Puget Sound, <b>American Lake</b> Division
Wheaton College (IL)	Postdoctoral Residency, PTSD Treatment Focus Hines VA
University of Indianapolis	Postdoctoral Residency, Neuropsychology Focus VA Puget Sound, Seattle Division
Kent State University	Postdoctoral Residency, Pain Focus Cleveland VA
Fordham University	Postdoctoral Residency, PTSD Treatment Focus VA Puget Sound, <b>American Lake</b> Division
University of New Mexico	Postdoctoral Residency, Substance Abuse Treatment and Recovery Focus Kaiser Permanente Health Care (CA)

### 2020 Graduates

Graduate Program	Post-Internship Setting
University of Massachusetts – Boston, Counseling	School of Community Health Sciences Oklahoma State University
Western Michigan University	Postdoctoral Residency, Outpatient Mental Health Focus Warren Alpert Medical School of Brown University/Providence VA Medical Center
University of Central Florida	Staff Psychologist VA Puget Sound, <b>American Lake</b> Division
University of North Texas	Consultant
Fuller Graduate School of Psychology	Postdoctoral Residency, Neuropsychology focus Loma Linda VA
University of Alabama	Postdoctoral Residency, Sleep and Circadian Health focus Stanford University School of Medicine
Palo Alto University	Postdoctoral Residency, PTSD focus VA Palo Alto Health Care System
Seattle Pacific University	Postdoctoral Residency, Behavioral & Cognitive/PTSD Focus VA Puget Sound, <b>American Lake</b> Division

### 2019 Graduates

Graduate Program	Post-Internship Setting
University of Louisville, Counseling	Postdoctoral Residency, Psychosocial Rehabilitation and LGBT Healthcare Focus VA Connecticut
University of Montana	Postdoctoral Residency, PCMHI Focus VA Puget Sound, <b>American Lake</b> Division
Seattle Pacific University	Postdoctoral Residency, CESATE Addictions Focus VA Puget Sound, Seattle Division
Washington State University, Clinical	Postdoctoral Residency, University of Nebraska Medical Center Clinical Neuropsychology
Seattle Pacific University	Postdoctoral Residency, Couple and Family Health Focus VA Puget Sound, Seattle Division

University of Oregon, Counseling	Staff Position VA Puget Sound, <b>American Lake</b> Division
Utah State University, Combined	Assistant Professor Western Michigan University

### 2018 Graduates

Graduate Program	Post-Internship Setting
University of Wisconsin, Madison, Counseling	Postdoctoral Residency, Anxiety & Mood Disorders Counseling Focus VA Puget Sound, Seattle Division
University of Iowa	Seeking Employment (at time of original entry into table)
West Virginia University	Postdoctoral Fellowship, Research, (Academic Setting)
University of Montana, Missoula	Postdoctoral Residency, Telehealth Focus VA Puget Sound, Seattle Division
University of Nebraska, Lincoln	Postdoctoral Residency, PCMHI Focus VA Puget Sound, <b>American Lake</b> Division
University of Louisville	Postdoctoral Residency, CESATE Addictions Focus VA Puget Sound, Seattle Division
St. John's University	Postdoctoral Residency, Clinical Neuropsychology VA Connecticut Healthcare System
University of Wisconsin, Madison, Clinical	Postdoctoral Residency, Research University of California – San Diego (Academic Setting)

### 2017 Graduates

Graduate Program	Post-Internship Setting
University of South Florida	Postdoctoral Residency, PTSD and Polytrauma Focus Salt Lake City
Washington University, St. Louis	University of Wisconsin-Madison School of Medicine and Public Health/Alzheimer's Disease Research Center
University of Toledo	Postdoctoral Residency, Center of Excellence in Substance Abuse Treatment (CESATE) Addictions Focus VA Puget Sound, Seattle Division
Seattle Pacific University	Postdoctoral Residency, PCMHI VA Puget Sound, Seattle Division
University of Southern California	Postdoctoral Residency, Telehealth VA Puget Sound, Seattle Division
University of California, Berkley	Postdoctoral Fellowship, Research, Dementia MIRECC San Francisco VA
University of Colorado, CS	Postdoctoral Residency, Geropsychology Boston VA
University of Arizona	Postdoctoral Residency, Sleep Medicine Stanford

### 2016 Graduates

Graduate Program	Post-Internship Setting
University of Northern Illinois	Postdoctoral Fellowship, Research, Emory University (Academic Setting)
Case Western Reserve University	Postdoctoral Residency in Geriatric Neuropsychology VA
Seattle Pacific University	Postdoctoral Residency, Telehealth VA Puget Sound, Seattle Division
University of Missouri, Columbia	Postdoctoral Residency, PTSD Minneapolis VA

Arizona State University	Postdoctoral Residency, PCMHI Phoenix VA
University of Denver	Postdoctoral Residency, Integrated Primary Care Denver
University of Tulsa	Postdoctoral Residency, PTSD VA Central Arkansas
Idaho State University	Postdoctoral Residency, Kaiser Permanente Central Valley Consortium

### 2015 Graduates

Graduate Program	Post-Internship Setting
University of New Mexico	Postdoctoral Residency, CESATE Addictions Focus VA Puget Sound, Seattle Division
University of Kentucky	Postdoctoral Residency, Pain/PCMHI Focus VA Puget Sound, <b>American Lake</b> Division
University of Nevada, Reno	Postdoctoral Residency, Telehealth Focus VA Puget Sound, Seattle Division
University of Maryland	Postdoctoral Residency, Private Clinical Practice
University of Nevada, Las Vegas	Postdoctoral Residency, Neuropsychology
University of Oregon	Postdoctoral Residency, Clinical
University of Alabama	Postdoctoral Residency, Geropsychology Pittsburgh VA
CSPP San Francisco	Postdoctoral Residency, Research

### 2014 Graduates

Graduate Program	Post-Internship Setting
University of Colorado, CS	Postdoctoral Residency, Geropsychology VA Puget Sound, <b>American Lake</b> Division
University of Maryland	Staff Psychologist VA Puget Sound
University of North Texas	Postdoctoral Residency, Addictions Focus Dallas VA
University of Mississippi	Research Fellowship Ann Arbor VA (Academic Setting)
University of Nevada, Reno	Postdoctoral Residency, Telehealth Focus Puget Sound VA, Seattle Division
University of Wisconsin, Madison	Postdoctoral Residency, Primary Care, Portland VA
Ohio University	Seeking Employment (at time of original entry into table)

**INTERNSHIP PROGRAM TABLES**

Date Program Tables are updated: **08/26/2024**

**Program Disclosures**

As articulated in Standard I.B.2, programs may have “admission and employment policies that directly relate to affiliation or purpose” that may be faith-based or secular in nature. However, such policies and practices must be disclosed to the public. Therefore, programs are asked to respond to the following question.

Does the program or institution require students, trainees, and/or staff (faculty) to comply with specific policies or practices related to the institution’s affiliation or purpose? Such policies or practices may include, but are not limited to, admissions, hiring, retention policies, and/or requirements for completion that express mission and values.	<b>No</b>
If yes, provide website link (or content from brochure) where this specific information is presented:	

**Internship Program Admissions**

Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program’s policies on intern selection and practicum and academic preparation requirements:
<p>The procedures for intern recruitment and selection include development of an internship selection committee composed of American Lake psychologists. The committee is responsible for careful review of applications to the internship program. Each application is reviewed by two psychologists for goodness-of-fit which is determined by strength in a variety of categories, including research skills, scholarly productivity, dissertation progress, diversity, intervention experience with adults, assessment experience with adults, quantity and quality of supervision received, evidence of interpersonal and communication skills, and academic rigor of the doctoral program. The application review ratings are discussed by the full committee and these result in determining interview offers. Interviews are conducted, typically at our on-site interview day, by American Lake psychologists and postdoctoral residents using a standardized set of questions. The final rank list is determined by a combined score of the application review mean score and interview mean score with the former being weighted more heavily than the latter.</p>
Does the program require that applicants have received a minimum number of hours of the following at time of application? If Yes, indicate how many:
Total Direct Contact Intervention Hours: _____ Yes    Amount: <u>350</u>
Total Direct Contact Assessment Hours: _____ Yes    Amount: <u>75</u>
Describe any other required minimum criteria used to screen applicants:

Applicants must have successfully proposed their dissertation, be in good academic standing at a doctoral program in clinical, counseling, or professional-scientific psychology that is accredited the APA CoA, CPA, and/or another VA recognized accrediting body (e.g., PCSAS), have completed all basic course work, have completed basic requirements for the doctoral degree except for the dissertation (although we strongly encourage people to complete their dissertations prior to internship), have certification by their Director of Clinical Training (DCT) of readiness for internship (a form for this purpose is provided in the APPIC application forms), have completed our application materials (AAPI), and have at least four years of pre-internship graduate training by the time the internship begins.

In addition, the Department of Veterans Affairs (VA) adheres to all Equal Employment Opportunity and Affirmative Action policies. As a Veterans Health Administration (VHA) Health Professions Trainee (HPT), you will receive a Federal appointment, and the following requirements will apply prior to that appointment

1. **U.S. Citizenship.** HPTs who receive a direct stipend (pay) must be U.S. citizens. Trainees who are not VA paid (without compensation-WOC) who are not U.S. citizens may be appointed and must provide current immigrant, non-immigrant or exchange visitor documents.
2. **U.S. Social Security Number.** All VA appointees must have a U.S. social security number (SSN) prior to beginning the pre-employment, on-boarding process at the VA.
3. **Selective Service Registration.** Male applicants born after 12/31/1959 must have registered for the Selective Service by age 26 to be eligible for U.S. government employment, including selection as a paid or WOC VA trainee. For additional information about the Selective Service System, and to register or to check your registration status visit <https://www.sss.gov/>. Anyone who was required to register but did not register before the age of 26 will need to apply for a Status Information Letter (SIL) and request a waiver. Waivers are rare and requests will be reviewed on a case by case basis by the VA Office of Human Resources Management. This process can take up to six months for a verdict.
4. **Fingerprint Screening and Background Investigation.** Please read and carefully consider all of these criteria, even if you do not believe they apply to you. All HPTs will be fingerprinted and undergo screenings and background investigations. Additional details about the required background checks can be found at the following website: <http://www.archives.gov/federal-register/codification/executive-order/10450.html>.
5. **Drug Testing.** Per Executive Order 12564, the VA strives to be a Drug-Free Workplace. HPTs are not drug-tested prior to appointment, however are subject to random drug testing throughout the entire VA appointment period. You will be asked to sign an acknowledgement form stating you are aware of this practice. See item 8 below.  
The VA as a Federal facility prohibits use of medicinal and recreational marijuana/cannabis/CBD for all employees. The information has been verified by our Employee Assistance Program leadership and, in the past, trainees have been asked to submit to random screenings. If you use any of these substances, regardless of its purpose or legal status, the successful completion of internship may be threatened.
6. **Affiliation Agreement.** To ensure shared responsibility between an academic program and the VA there must be a current and fully executed Academic Affiliation Agreement on file with the VHA Office of Academic Affiliations (OAA). The affiliation agreement delineates the duties of VA and the affiliated institution. Most APA-accredited doctoral programs have an agreement on file. More information about this document can be found at <https://www.va.gov/oaa/agreements.asp> (see section on psychology internships). Post-degree programs typically will not have an affiliation agreement, as the HPT is no longer enrolled in an academic program and the program is VA sponsored.
7. **TQCVL.** To streamline on-boarding of HPTs, VHA Office of Academic Affiliations requires completion of a Trainee Qualifications and Credentials Verification Letter (TQCVL). An Educational Official at the Affiliate must complete and sign this letter. For post-graduate programs where an affiliate is not the program sponsor, this process must be completed by the VA Training Director. Your VA appointment cannot happen until the TQCVL is submitted and signed by senior leadership from the VA facility. For



policy. This protects you, other employees and patients while working in a healthcare facility. Required are annual tuberculosis screening, Hepatitis B vaccine as well as annual influenza vaccine. *Declinations are EXTREMELY rare.* If you decline the flu vaccine you will be required to wear a mask while in patient care areas of the VA.

- b. **Primary source verification of all prior education and training** is certified via the TQCVL. Training and Program Directors will be contacting the appropriate institutions to ensure you have the appropriate qualifications and credentials as required by the admission criteria of the training program in which you are enrolled.

- 8. Additional On-boarding Forms.** Additional pre-employment forms include the Application for Health Professions Trainees (VA 10-2850D) and the Declaration for Federal Employment (OF 306). These documents and others are available online for review at <https://www.va.gov/oa/app-forms.asp>. Falsifying any answer on these required Federal documents will result in the inability to appoint or immediate dismissal from the training program.
- 9. Proof of Identity per VA.** VA on-boarding requires presentation of two source documents (IDs). Documents must be unexpired and names on both documents must match. For more information visit: [https://www.oit.va.gov/programs/piv/\\_media/docs/IDMatrix.pdf](https://www.oit.va.gov/programs/piv/_media/docs/IDMatrix.pdf)

**Additional information regarding eligibility requirements (with hyperlinks)**

- Trainees receive term employee appointments and must meet eligibility requirements for appointment as outlined in VA Handbook 5005 Staffing, Part II, Section B. Appointment Requirements and Determinations. [https://www.va.gov/vapubs/viewPublication.asp?Pub\\_ID=646&FType=2](https://www.va.gov/vapubs/viewPublication.asp?Pub_ID=646&FType=2)
- Selective Service website where the requirements, benefits and penalties of registering vs. not registering are outlined: <https://www.sss.gov/Registration/Why-Register/Benefits-and-Penalties>

**Additional information specific suitability information from Title 5 (referenced in VHA Handbook 5005 – hyperlinks included):**

**(b) Specific factors.** In determining whether a person is suitable for Federal employment, only the following factors will be considered a basis for finding a person unsuitable and taking a suitability action:

- (1) Misconduct or negligence in employment;
- (2) Criminal or dishonest conduct;
- (3) Material, intentional false statement, or deception or fraud in examination or appointment;
- (4) Refusal to furnish testimony as required by § 5.4 of this chapter;
- (5) Alcohol abuse, without evidence of substantial rehabilitation, of a nature and duration that suggests that the applicant or appointee would be prevented from performing the duties of the position in question, or would constitute a direct threat to the property or safety of the applicant or appointee or others;
- (6) Illegal use of narcotics, drugs, or other controlled substances without evidence of substantial rehabilitation;
- (7) Knowing and willful engagement in acts or activities designed to overthrow the U.S. Government by force; and
- (8) Any statutory or regulatory bar which prevents the lawful employment of the person involved in the position in question.

**(c) Additional considerations.** OPM and agencies must consider any of the following additional considerations to the extent OPM or the relevant agency, in its sole discretion, deems any of them pertinent to the individual case:

- (1) The nature of the position for which the person is applying or in which the person is employed;
- (2) The nature and seriousness of the conduct;
- (3) The circumstances surrounding the conduct;
- (4) The recency of the conduct;
- (5) The age of the person involved at the time of the conduct;
- (6) Contributing societal conditions; and The absence or presence of rehabilitation or efforts toward rehabilitation.

### Financial and Other Benefit Support for Upcoming Training Year

Annual Stipend/Salary for Full-time Interns	\$38,054
Annual Stipend/Salary for Half-time Interns	n/a
Program provides access to medical insurance for intern?	<b>Yes</b>
If access to medical insurance is provided:	
Trainee contribution to cost required?	<b>Yes</b>
Coverage of family member(s) available?	<b>Yes</b>
Coverage of legally married partner available?	<b>Yes</b>
Coverage of domestic partner available?	<b>No</b>
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	104
Hours of Annual Paid Sick Leave	104
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	<b>Yes</b>
Other benefits (please describe):	
Leave without pay is managed on a case-by-case basis and in accordance with Office of Personnel Management guidelines: <a href="http://www.opm.gov/policy-data-oversight/pay-leave/leave-administration/factsheets/leave-without-pay/">http://www.opm.gov/policy-data-oversight/pay-leave/leave-administration/factsheets/leave-without-pay/</a>	

\*Note. Programs are not required by the Commission on Accreditation to provide all benefits listed in this table.

### Initial Post-Internship Positions

(Provide an Aggregated Tally for the Preceding 3  
Cohorts)

	<b>2020-23</b> (2020-2021, 2021-2022, and 2022-2023 cohorts)	
Total # of interns who were in the 3 cohorts	20	
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree	0	
	PD	EP
Academic teaching	0	0
Community mental health center	0	0
Consortium	0	0
University Counseling Center	0	0
Hospital/Medical Center	4	0
Veterans Affairs Health Care System	11	5
Psychiatric facility	0	0
Correctional facility	0	0
Health maintenance organization	0	0
School district/system	0	0
Independent practice setting	0	0
Other	0	0

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

## **EEO and Prohibited Discrimination**

VA does not tolerate discrimination, including workplace harassment, based on race, color, religion, national origin, sex (including gender identity, transgender status, sexual orientation, and pregnancy), age, disability, genetic information, marital/parental status, political affiliation, or retaliation for opposing discriminatory practices or participating in the discrimination-complaint process. This applies to all terms and conditions of employment, including recruitment, hiring, promotions, transfers, reassignments, training, career development, benefits, and separation.

VA's Office of Resolution Management (ORM) is responsible for administering an impartial and effective complaints management process to receive, investigate, and resolve, if possible, complaints of employment discrimination at the earliest possible stage. Employees may report allegations of discrimination to ORM at (888) 737-3361. The regulations governing the Federal EEO complaint process are found in 29 CFR Part 1614.

## **Due Process**

### *Grievance*

A trainee has a grievance if they have any concern and believes a complaint related to that is in order. Two primary examples include if a trainee believes that a harmful and serious act or injury has been committed (e.g., requests made of a trainee by any VA employee or consultant to engage in behavior conflicting with the *APA Ethical Principles of Psychologists and Code of Conduct* and *Federal Employee Code of Conduct*, acts of gender or racial harassment, sexual harassment, observance of serious professional misconduct, observation of illegal behaviors, a desire to appeal an unsatisfactory evaluation). Trainees may seek counsel and advice concerning how they should direct a grievance, as well as the substance of their complaint. However, throughout the grievance process, everyone involved is expected to be sensitive to the privacy, confidentiality, and welfare of others. A grievance may be addressed either informally or formally. Usually, an informal procedure should be attempted first. The trainee may attempt a direct resolution of the grievance with the involved party, or may informally address the grievance with a supervisor, the Training Director, or the Chief Psychologist. When resolving problems, or grievances, the APA Ethics Code is to be followed at all times, in particular the standard related to treating others with courtesy and respect.

### *Informal Problem Resolution*

Initially, an intern having a grievance with their supervisor or other staff member should discuss the situation with that individual and seek resolution of the problem. Open and direct communication is recommended. Similarly, approaching (instead of avoiding) the problem directly is also encouraged. Addressing the problem at the lowest level possible is best, although seeking outside consultation and help as soon as it is needed is advised.

### *Mediation*

If an informal resolution cannot be reached, the Training Director or Associate Training Director should be alerted and they may act as a mediator or help to select a facilitator/mediator (from Psychology Service, Mental Health, or the VA EEO's office) who is agreeable to both parties involved.

### *Formal Notice and Hearing*

If a resolution is not reached via mediation the trainee with the grievance can bring it to the Chair of the Training Committee for formal problem resolution. The Training Committee will provide a hearing for the grievance within 5 business days, unless an extension is mutually agreed upon by the Chair of the Training Committee and the trainee with the grievance. The Training Committee gives the Resident and the supervisor (or other VA psychologist) written *notice* of a *hearing* at least 48 hours before the hearing, asks the intern and the supervisor (or other VA psychologist) to present their issues, and may also interview others on matters related to these issues. The Training Committee then makes specific recommendations to maximize training and minimize conflict, along with a time frame for carrying them out. Specific and measurable evidence of success will be specified and expected in the time frame.

### *Appeal*

The Chief Psychologist has minimal involvement in the training programs and rarely has an evaluative role within the programs. Thus, an appeal of the Training Committee decision may be made to the Chief Psychologist (or designee, e.g., Deputy Chief), who will make the final decision. The Chief Psychologist has the ultimate responsibility for the sensitive and appropriate evaluation of all grievances against psychology trainees and Psychology Service personnel. The Chief Psychologist is also responsible for ensuring equitable and unbiased procedures. The Chief will eliminate any conflict of interest in the evaluation of a grievance. The Chief will provide a hearing for the appeal within 5 business days, unless an extension is mutually agreed upon by the Chief and the trainee requesting the appeal. The Chief gives the involved parties written notice of a hearing at least 48 hours before the hearing, asks the involved parties to present their issues, and may also interview others on matters related to the issues.

Disciplinary actions against staff members are the responsibility of the Chief Psychologist (or designee) and of the VA Puget Sound's Human Resources Department.

### *Intern Grievances with Non-Psychologists and/or people who are not faculty*

If an intern has a grievance with someone who is outside of the training programs (who is not a psychologist), the VA Puget Sound Health Care System policies and procedure are followed to address such a grievance. Such grievances are the responsibility of VA Puget Sound's Human Resources Department. All employment-related disciplinary actions are subject to the guidelines outlined in the current VA Employee Handbook.

These procedures are not intended to prevent an intern from pursuing a grievance under any other mechanisms available to VA employees and/or psychologists, including:

- EEO Officers, available on-site
- The Washington State Psychology Licensing Board (1-360-236-4910)
- APPIC, 17225 El Camino Real, Onyx One – Suite #170, Houston, TX 77058-2748 (832-284-4080)
- Office of Program Consultation and Accreditation, The American Psychological Association, 750 First Street NE, Washington D.C. 2002-4242 (202-336-5979)

### **Contacting Current Interns**

Current interns are one of the best sources of information about our training program. We strongly encourage applicants to talk with current interns about their satisfaction with the training experience. Please feel free to email the Training Director or Associate Director and request to speak with an intern. Your request will be forwarded to the current interns and an intern will contact you.

Questions about the internship programs and application process can be directed to question to Dr. Jason Stolee at [Jason.Stolee@va.gov](mailto:Jason.Stolee@va.gov).

## **NORTHWEST LIVING**

The American Lake Division of the VA Puget Sound Health Care System is located in Lakewood, a city of about 59,000 people. Located within Pierce County (population of 831,928), Lakewood is 15 miles from downtown Tacoma and 45 miles from Seattle.

The population of the greater Puget Sound region is approximately 3.9 million. The Puget Sound holds two of the United States' busiest ports: the Port of Seattle and the Port of Tacoma. As such, the area has historically been an international hub for transportation, shipping, and industry. It is now also known for being the home of high technology development, the aerospace industry, and its military bases, including Joint Base Lewis-McChord (JBLM). In fact, the American Lake Division shares its border with JBLM, a joint military base of the United States Army and Air Force located in Pierce and Thurston Counties in Washington. JBLM has more than 25,000 soldiers and civilian workers. The post supports over 120,000 military retirees and more than 29,000 family members living both on and off post.

According to the 2020 U.S. census, Pierce County (within which American Lake VA resides) census respondents identified as: 36.1% ethnic minority, 10.2% foreign born, 15.3% speaking a language other than English in their home, and 9.5% with a disability.

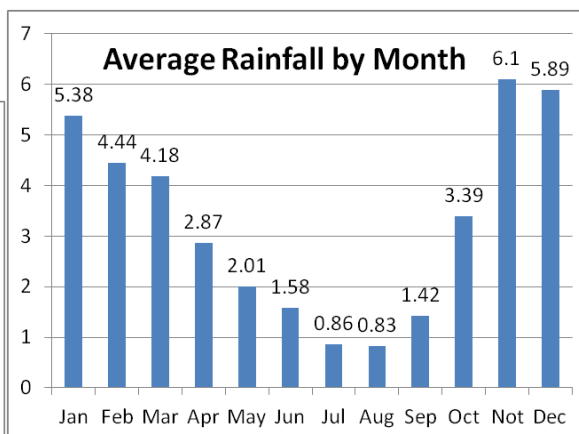
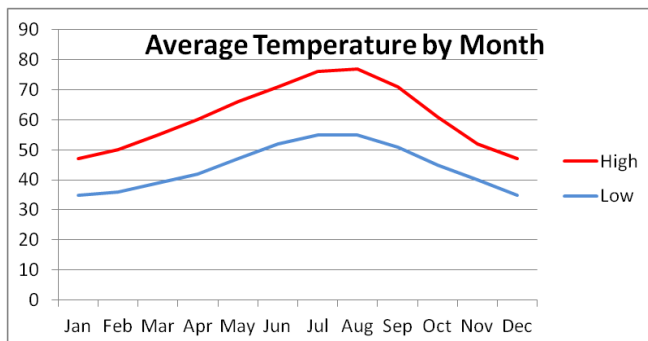
### **Housing**

According to Zillow, the typical value of a home in Tacoma in 2024 was around \$491,417, though there is considerable range depending upon neighborhood and the size of home. According to Apartments.com, the average rent for an apartment in the Tacoma metropolitan area in 2024 was around \$1,0182/month for a studio, \$1,404 for a one bedroom, \$1,687 for two bedrooms, and \$2,033 for three bedrooms, though this varies based on factors such as the size, location, etc.

Some interns prefer to live in Seattle and commute to Tacoma. King County (in which Seattle is located) real estate and rental prices are higher than Pierce County (in which Tacoma is located). According to Zillow, the typical value of homes in Seattle in 2024 was around \$869,584. According to Apartments.com, the average rent for an apartment in the Seattle-Bellevue metropolitan area in 2024 was around \$1,482/month for a studio, \$2,025/month for one bedroom, \$2,690/month for two bedrooms, and \$3,772 for three bedrooms, though again with considerable variability.

### **Climate**

The area enjoys a temperate marine climate with rare summer and winter extremes. Rainy days are frequent during the winter months, averaging about 40 inches of rain per year. There are usually at least a few days of snow during the winter months, though the accumulation is typically minimal. Summers in this region are delightful, with average temperatures in the high 70s with minimal humidity.



## Transportation

Most employees commute by car from Tacoma, about 30 minutes from American Lake, but many commute from Seattle, Olympia, and the surrounding areas. There is a free shuttle that runs between the Seattle and American Lake VA campuses to which Veterans and employees have access. The local bus system provides regular transportation throughout the Tacoma area. There is also a commuter rail that connects Tacoma to Seattle, though it does not operate on weekends. Seattle-Tacoma International Airport, 35 miles away from the American Lake VA, provides worldwide travel through many commercial airlines on frequent schedules. Amtrak provides transit from Vancouver, BC to Portland, OR (and beyond), and there are also several bus lines connecting these cities as well.

## Recreational Activities

The Pacific Northwest has abundant opportunities for any outdoor activity imaginable. The scenic beauty of the Cascade and Olympic Mountain ranges, Puget Sound and its islands, state parks, and the four National Parks within the Pacific Northwest are all easily accessible. "Sea level to ski level in two hours" is no exaggeration! Point Defiance is a 760 acre park within the city of Tacoma, which offers miles of forested trails, a public beach with kayak rentals, gardens, an off leash dog park, a zoo and aquarium, and a living history museum. Cougar Mountain and Tiger Mountain parks near Issaquah are also great areas for hiking, biking, or trail running enthusiasts. Puget Sound has 20,000 shoreline miles with bays, coves, and islands with plentiful opportunities for boating, fishing, and clamming. Mount Rainier (14,400 ft), Crystal Mountain, Alpentel, Snoqualmie Pass, and other nationally known winter sports areas are within 75 to 100 miles. There are more than 15 public golf courses within 20 minutes driving time from the Medical Center, most of which are open year round.

## Entertainment, Culture, and the Arts

Tacoma and Seattle have many fine restaurants and nightspots affordable on an intern's stipend. The Pacific Northwest is known for good theater, and Tacoma is no exception. Community and college playhouses abound, and there are a multitude of music venues offering concerts and shows of every genre imaginable. Tacoma also has an independent movie theater, the Grand Cinema, which offers film festivals throughout the year. Major sports of all kinds are available within the Seattle-Tacoma area, including college and professional baseball, basketball, soccer,

and football, as well as horse, automobile, and hydroplane racing. The Tacoma and Seattle area hosts a diverse array of cultural history and arts venues ranging from museums to theaters to community parks and gardens. Some museums have free admission days, such as the first Thursday of every month in Seattle and the third Thursday of every month in Tacoma. There is also an abundance of local farmer's markets throughout Tacoma and Seattle, many of which are open throughout the year.

For more on the Tacoma area, please see: <https://www.cnn.com/travel/tacoma-washington-best-towns-america/index.html>

## RECURRING TRAINING ACTIVITIES

While specific didactic topics can change from year-to-year, it can be helpful to see what a “typical” year of educational experiences looks like. Below is a sampling of the those activities during our 2023-2024 training year.

### *Internship Didactics (required)*

- Clinical Interviewing
- Fact-Finding in the Assessment Process
- Multimethod and Test Instruments
- Essentials of Report Writing
- Providing Assessment Feedback
- White Privilege in Working with Veterans from BIPOC Communities
- Psychiatric Medications (2-part series)
- Life after Internship (Early Career Psychologist Panel)
- Applying to Postdocs (4-part series)
- Prolonged Exposure (2-part series)
- Geropsychology
- Intersectionality: The Complexity of Humans
- Motivational Interviewing (4-part series)
- Reproductive Health (2-part series)
- Cognitive Behavioral Therapy for Insomnia (2-part series)
- Dialectical Behavioral Therapy (3-part series)
- Provider Self-Care Following Patient Suicide
- Navigating the Sociopolitical Climate in the VA
- Acceptance and Commitment Therapy (2-part series)
- Serving Native Peoples
- Transgender and Non-Conforming Veteran Experiences
- Couples Therapy
- Written Exposure Therapy
- Rural Veterans
- Disability Awareness and Responding to Disability-Related Concerns
- Women in the Military
- Considering Religion and Spirituality in the Lives of Veterans
- Cognitive Processing Therapy (2-part series)

### *Faculty/Psychology Service Didactics (optional)*

- Addressing Provider Burnout with Art Therapy
- Using Applied Role-Playing Games in the Treatment of Veterans
- Journal Club: Addressing Burnout
- MMPI-3
- Journal Club: Is Our Understanding of Resilience Wrong?
- Exposure, Relaxation, and Rescripting Therapy for Veterans
- Intersections of Diversity and Trainees with Problems of Professional Competence
- Impact of Dissociation on Exposure Therapy for PTSD Outcomes and Adherence among U.S. Military Service Members
- Clinical Supervisors' Experiences with and Barriers to Supporting Trainees Who Have Experienced Identity-Based Harassment
- Pathways to the Therapist Paragon: A Decolonial Grounded Theory
- Psychological Safety, Shame, and Supervision: Practical Strategies
- Journal Club: The Future of Intervention Science: Process-Based Therapy
- Bridging Worlds: Supporting Native Servicemembers and Veterans through Cultural Respect and Understanding
- Best Practices in Suicide Assessment/ Intervention via Telehealth
- Assessing ADHD for the Non-Neuropsychologist
- Competency-Based Supervision
- Telesupervision: Current State and Best Practices



### **Puget Sound VA Didactic Opportunities**

In addition to the above-listed offerings provided by American Lake VA, being a part of the larger Puget Sound VA provides us access to additional shared and collaborative workshop opportunities. In the recent past, these have included:

- Suicide Prevention, Assessment and Management (annual)
- Ethical Coding and Documentation for Psychotherapy Services (annual)
- Effective Allyship (2024)
- Building Clinical Skill and Confidence with Culturally Responsive Care (2023)
- Overcoming Barriers for Aspiring Leaders (2023)