



Psychology Postdoctoral Residency

Director, Psychology Training Program (116B)
Department of Veterans Affairs Medical Center
1601 SW Archer Road
Gainesville, Florida 32608-1197
(352) 548-6020

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

The Seal of the Department of Veterans Affairs

Application due date: January 4, 2019

Accreditation Status

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

Application & Selection Procedures

To apply, candidates should submit the following by January 4, 2019 (We will be accepting applications either through the mail or through the APPACAS system.)

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

Applications should be directed to:

Jeffrey Bates, Ph.D.

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

Inquiries should be directed to:

Director of Training: [Jeffrey Bates, Ph.D.](#)
Preceptor for Substance Abuse Emphasis: [Jason Pickren, Psy.D.](#)
Preceptor for Geropsychology Emphasis: [Carrie Ambrose, Ph.D.](#)
Preceptor for Health Psychology Emphasis: [Valerie Shorter, Ph.D.](#)

All are available at the same address as Dr. Bates or may be reached by e-mail or by phone at 352-548-6308.

As noted above, application materials **MUST** be received by **January 4, 2019**. After receipt of written materials, suitable applicants will be called to set up interviews. In person interviews are preferred but we realize that the cost of travel may be prohibitive. Therefore, phone or VTEL interviews are acceptable. All applicants will be notified in a time frame that is consistent with APPIC guidelines (<http://www.appic.org/About-APPIC/Postdoctoral/APPIC-Postdoctoral-Selection-Guidelines>). Subsequently, our notification date will be February 25, 2019. We will be able to reciprocate an offer prior to that date if a candidate has a bona fide offer from another training program. At the time that a position is offered, the selectee may accept, decline, or request that they be able to put the offer on hold for a maximum of **24 hours** before a decision is required.

Eligibility Requirements

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

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. **(These forms noted below are not required to apply for our internship program, but will be required for those interns with whom we match.)**

- 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.

Waiver requests are rare and will be reviewed on a case by case basis. Waiver determinates are made by the VA Office of Human Resources Management and can take six months for a verdict.

4. Background Investigation. 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 will be 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.

6. 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 more information about this document, please visit <https://www.va.gov/OAA/TQCVL>.

- 1. Health Requirements.** Among other things, the TQCVL confirms that you, the trainee, are fit to perform the essential functions (physical and mental) of the training program and immunized following current Center for Disease Control (CDC) guidelines and VHA 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.
- 2.** Primary source verification is required for all your prior education and training. Your training directors will be reaching out to the appropriate institutions to get that done and complete.

7. Additional 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.

8. VA identity proofing 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

Additional information regarding eligibility requirements for appointment as a psychology HPT can be found at the end of this brochure. Please following the included link for additional information about program eligibility for VA Psychology Training Programs (<https://www.psychologytraining.va.gov/eligibility.asp>). Falsifying these documents will result in the intern's immediate dismissal.

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

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

Psychology Setting

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

We also offer an APA accredited Internship in Professional Psychology which has been accredited since 1981. The internship offers five generalist positions and one additional position with an emphasis in geropsychology. Additionally, we offer practicum level training and have from 10-20 graduate students from the University of Florida and Florida State University during a given year. Currently we have over 65 psychologists on staff throughout our medical center's health care system, including two hospitals, eight community based outpatient clinics (CBOCs) and three large multidisciplinary outpatient clinics. Our staff is well represented in all major areas of healthcare provision as well as serving on a variety of professional committees and boards, oftentimes in leadership positions. Our medical center is affiliated with the University of Florida and Shands Hospital and as such, offers clinical training to a variety of disciplines including medicine, psychiatry, nursing, pharmacy, and social work.

Training Aims

Our psychology postdoctoral residency program strives to provide a coherent series of training experiences that lead residents to develop the advanced competencies that are needed to practice autonomously in an interprofessional healthcare setting. Additionally, we provide postdoctoral residents clinical and structured learning experiences to develop advanced competencies in one of three emphasis areas within clinical psychology (Geropsychology, Health Psychology, and Substance Use Disorder Treatment). We believe that the primary learning mechanism for competency development is hands on clinical work with patients and interprofessional teams. Training experiences offered provide the opportunity to cultivate a broad set of generalist skills, while also focusing on one of the three specific emphases mentioned above. *Through this progression of training experiences, we aim to produce psychologists who have developed advanced competencies in clinical psychology broadly and advanced competencies within an emphasis area specifically (Substance Use Disorder Treatment, Health Psychology, or Geropsychology). Additionally, we aim to produce psychologists who are prepared with the requisite knowledge and skills to provide leadership to clinical teams, interprofessional teams, and/or professional organizations.*

Our postdoctoral residency program continually strives to understand, appreciate, embrace, and apply concepts related to diversity in our work with trainees, patients, and interprofessional teams. In our program, diversity is perceived as a distinct competency and is also interwoven

into how we think about the development of the overall competencies required to become a practicing, licensed psychologist. The inherent dynamic nature of society, and thus diversity, leads us to a broad conceptualization of diversity, and motivates us to persistently explore the meaning of and application of diversity issues. We endeavor to continually grow new opportunities for our training program and supervisors to be thoughtful of and engage in meaningful dialogues about diversity throughout the training year. *We aim to produce psychologists who have developed advanced competencies in considering the broad and dynamic nature of diversity and who integrate the application of diversity concepts throughout practice.*

Our postdoctoral residency program integrates clinical, scientific, and ethical knowledge in the development of attitudes and skills basic to clinical psychology. Therefore, the philosophy of training offered by the NF/SGVHS is best described as a “practitioner-scholar” model. The training experiences have a strong clinical focus. However, knowledge and use of empirically supported processes and interventions are expected and encouraged in all aspects of the program. *Our aim is to produce psychologists who are able to integrate science and practice in their work with patient and inter-professional teams; who are able to engage in program development from a practitioner-scholar perspective; and who are able to disseminate knowledge in a way that is informed by both science and practice.*

At the core of our postdoctoral residency program is a developmental model that is largely based in professional mentorship with the resident’s preceptor. The mentor (preceptor) will provide close consultation with the resident throughout the training year and will serve. The mentor and supervisors commit to deliver training in a manner that is respectful to the needs of the resident, while providing the combination of challenge and support necessary for competency development. Mentors and supervisors use formative and summative evaluation to collaboratively make decisions regarding caseload, types of patients assigned, and proximity of supervision in a way that encourages clinical skill development at an appropriate, but progressive level of autonomy.

Consistent with our overall aims, training is expressed in the following broad competencies:

1. Research - Residents will demonstrate the ability to critically evaluate and disseminate research or other scholarly activities at the local (including the host institution), regional, or national level.
2. Ethical and Legal Standards - Residents will demonstrate the ability to respond professionally in increasingly complex situations with a greater degree of independence across levels of training including knowledge and in accordance with the APA Code, relevant laws, regulations, rules, policies, standards and guidelines.
3. Individual and Cultural Diversity - Residents will demonstrate ability to conduct all professional activities with sensitivity to human diversity, including the ability to deliver high quality services to an increasingly diverse population. Residents demonstrate knowledge, awareness, sensitivity, and skills when working with diverse individual, as well as with communities that embody a variety of cultural and personal background and characteristics.
4. Professional Values and Attitudes - Residents will demonstrate maturing professional identities and a sense of themselves as a "Psychologist" and awareness of and receptivity to areas needing further development.
5. Communication and Interpersonal Skills - Residents will demonstrate effective communication skills and the ability to form and maintain successful professional relationships.
6. Assessment - Residents will develop competence in evidence-based psychological assessment with a variety of diagnoses, problems, and needs. focus is placed on developing competence in

diagnostic interviewing and the administration and scoring of psychometrically-validated instruments assessing personality.

7. Intervention - Residents will develop competence in the provision of evidence-based interventions for adults with a variety of diagnoses, problems, and needs. Residents will select and implement these interventions from a range of therapeutic orientations, techniques, and approaches.

8. Supervision - Residents will demonstrate knowledge of evidence-based supervision models and practices and apply this knowledge in direct or simulated practice.

9. Consultation and Interprofessional Skills - Residents will develop competence in the intentional collaboration of professionals in health service psychology with other individuals or groups.

Program Goals & Objectives

Training Competencies and Objectives

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

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

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

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

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

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

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

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

In addition to these seven core competencies, residents are expected to demonstrate competency development in emphasis specific areas as well.

Program Structure

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

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

Teaching Method/Supervision

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

Additional Learning Activities

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

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

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

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

Competency Evaluations

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

Program Evaluation

The Psychology Training Program is committed to program assessment and quality improvement. Informal, continuous program evaluation is conducted in the monthly Training Committee Meetings that are attended by the training staff, interns, and postdoctoral residents. Postdoctoral residents are encouraged to discuss issues, concerns, and suggestions for improvement throughout the year with their supervisors and the Training Director. Supervisors and postdoctoral residents complete formal evaluations of one another and the training experiences at 3, 6, 9, and 12 months. These evaluations focus on the attainment of each of the seven goals as relevant to the particular rotation. The postdoctoral residents will also complete a comprehensive year-end evaluation of the postdoctoral residency program. Graduates of the postdoctoral residency program are surveyed one year after completion to obtain feedback and suggestions for improvement. The training staff thoroughly review the postdoctoral resident's evaluations and ensure that recommendations for improvement are seriously considered and implemented when appropriate. The Training Director spearheads the quality improvement activities of the postdoctoral residency program. When possible, he attends the APPIC training conferences and other relevant conferences to stay abreast of the cutting edge issues in psychology training. Ideas for improvement obtained from the conferences are shared with the training staff and integrated into the training program. In addition to local program evaluation, the postdoctoral residency program will be regularly evaluated by national professional and accrediting bodies such as APPIC and the Committee on Accreditation for APA.

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

Training Experiences

SUBSTANCE ABUSE EMPHASIS AREA:

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

The emphasis in substance abuse provides an extensive training experience in the assessment and treatment of substance use disorders and provides the opportunity to function as part of interdisciplinary teams including (but not limited to) psychologists, psychiatrists, social workers, addiction therapists, and nurses. The teams provide continuity of care by following patients as they transition through various intensities of interventions in their recovery. This training will prepare postdoctoral residents to assume clinical, academic, and/or administrative leadership positions wherever they may continue their clinical careers.

Postdoctoral residents will spend most of their time sharpening their skills in understanding the process of addiction, psychosocial factors associated with addiction, assessment techniques, diagnostic measures and issues, detoxification protocols, and psychopharmacology. In addition, they will develop expertise with treatment interventions utilized in residential programs including motivation enhancement therapy, group psychotherapy, family therapy and issues of co-dependency and enabling, cognitive behavioral methods of relapse prevention, social skills training, milieu therapy and appropriate referral.

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

Assessment and Diagnosis:

- Diagnosis and classification of substance disorders and substance-induced disorders, including an understanding of the American Society of Addiction Medicine (ASAM) placement criteria and the VA's new measure for substance use disorders, the Brief Addiction Monitor (BAM).
- Protocols for co-morbid psychiatric disorders, neuro-cognitive function/impairment, and personality disorders.
- The physical, intellectual, behavioral, and emotional concomitants of acute alcohol/drug impairment.
- Assessments of relapse potential, high-risk issues, substance use inventories, and readiness to change.

Intervention:

- Specific modalities of treatment in which the postdoctoral resident may gain experience include Motivational Enhancement Therapy (MET), cognitive-behavioral group therapies, Network Therapy, relapse prevention, process-oriented group psychotherapy, psycho-educational group treatment, addiction education, coping skills, communication skills, problem solving skills, family and

marital therapies, Mutual Help Therapies, therapeutic communities, pharmacotherapeutics, and vocational rehabilitation.

Consultation and Communication:

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

Professional and Ethical Behavior:

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

Human Diversity:

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

Practitioner-Scholar Model:

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

Supervision and Teaching Skills:

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

Training sites include:

1. Gainesville Substance Abuse Treatment Team (G-SATT).

Some SUD training experiences are fairly focused on specific modalities, populations, and/or supervisory experiences. The Gainesville SATT experience is dynamic and growth-producing primarily due to the variety and complexity of the options and experiences available. The Gainesville SATT experience can be tailored for each trainee with options from inpatient to

community re-entry, dual-diagnosis,, 12-Step Facilitation, SMART Recovery, intensive group therapy across months, and single session assessment. There are several opportunities to gain experience in empirically standardized treatments and evidenced based treatment.

One of the greatest strengths of training with SATT is the amount of support, supervision, and/or autonomy offered. All of our supervisors are trainee-centered who deeply appreciate an emphasis on SUD treatment and training. This site emphasizes providing postdoctoral residents support, camaraderie, knowledge, supervision, and developing autonomy. Ultimately, our investment in SUD trainees is an investment in our passion for changing hearts and minds impacted by SUD.

This program is comprised of an Ambulatory Detoxification and Preparation for Treatment (ADAPT) program, a Substance Abuse Residential Rehabilitation Treatment Program (SARRTP), and a community-based Intensive Outpatient Treatment (IOP)

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

2. Psychiatric Residential Rehabilitation Treatment Program (PRRTP)

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

Supervisor: TBD – at the time of this brochure, the PRRTP Psychologist Position is vacant. If the position remains vacant at the time the resident begins his or her experience, all training experiences will occur through the Gainesville SATP and PSATT programs.

3. PTSD/Substance Abuse Treatment Track (PSATT)

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

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

GEROPSYCHOLOGY EMPHASIS AREA

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

The GRECC program is affiliated with the Institute for Aging at the University of Florida, which offers a wide range of didactic experiences that reflect the true multidisciplinary nature of this organization. Academicians and clinicians with widely diverse interests enjoy the opportunity to

study together in this setting and address issues related to aging. In addition to the above, the Geriatric and Extended Care Service has been a model of interdisciplinary teamwork for over 20 years. It is an essential site for the training of health professionals from the University of Florida and Santa Fe Community College locally and from a variety of colleges and universities across the country. Trainees from psychology, medicine, psychiatry, pharmacy, neurology, speech, social work, and rehabilitation medicine draw upon the expertise in geriatrics at the NF/SG VHS while engaging in their clinical, research, and teaching activities.

Extended care programs serve the aging and/or chronically ill veterans who may be homebound, in institutional care, or primary care and who range in age from 50s to greater than 100 years of age. Diagnostic categories include dementia, stroke, cardiovascular disease, congestive heart failure, malignancy, respiratory conditions, chronic pain, diabetes, renal disease and a variety of other chronic illnesses most often occurring as multiple medical conditions. Care is provided in inpatient, outpatient and home settings.

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

Objectives for this training experience:

Assessment and Diagnosis:

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

Intervention:

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

Consultation and Communication:

- Develop consultation liaison skills in working with interdisciplinary treatment teams.
- Provide efficient, accurate, and relevant contributions during interdisciplinary team meetings. Consult with interdisciplinary team members when assessing veterans and when developing and implementing team-based interventions (e.g., behavioral plans).
- Communicate team interventions and planning to family members, significant others, and/or caregivers.

Professional and Ethical Behavior:

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

Human Diversity:

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

Practitioner-Scholar Model:

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

Supervision and Teaching Skills:

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

Training Rotations – The postdoctoral residents' year is divided into two 6-month periods, each with one major and one minor rotation. Both major rotations will be at geropsychology training sites: one in Gainesville and one in Lake City. The order of the rotations, the opportunities within each rotation, and the minor rotations will be chosen based on the postdoctoral residents' interests and training plan. Minor rotations include neuropsychology, Honor Center domiciliary, primary care psychology, medical psychology, women's clinic, PCT clinic, and substance abuse programs/clinics. Supplemental elective training opportunities are also available. The major rotation training sites and opportunities are described below:

(1) Malcom Randall VA Medical Center Geropsychology (Gainesville)

Supervisory Psychologist: Carly Ostrom, Ph.D.

This rotation includes opportunities to work with a variety of interdisciplinary teams that provide primarily inpatient services to older adults. These opportunities may include:

Geriatric Evaluation and Management (GEM): Short-term rehabilitation team that is designed to provide comprehensive interdisciplinary assessment, treatment, preventive, and restorative/ rehabilitative care to veterans who have sustained a change in physical functioning. This is a teaching service, meaning medical students, medical residents, and trainees from other disciplines are part of the clinical team.

Short Stay Service: Short-term inpatient services including rehabilitation or skilled nursing care (wound care, IV antibiotics). This is a non-teaching service. Common presenting concerns include: Adjustment (to medical conditions, change in functioning, hospitalization), depression, anxiety, insomnia, multiple medical comorbidities, grief and anticipatory grief, cognitive deficits, substance abuse, PTSD, challenging/responsive behaviors, and interpersonal conflicts.

Palliative Care Consult Team: This multidisciplinary team addresses inpatient and outpatient consults for veterans who have been diagnosed with a life-limiting illness. The team rounds two times each day. They make recommendations for optimal care, focusing on the veteran's wishes and promoting quality of life. They provide ongoing follow-up care including opportunities for psychology trainees to provide team consultation, individual therapy, and family therapy.

(2) Lake City VAMC CLC

Supervisory Psychologist: Carrie Ambrose, Ph.D.

The Community Living Center at the **Lake City VAMC** is located approximately 45 miles north of Gainesville. It consists of five separate neighborhoods with a total of 230 beds. The neighborhoods' specialties include specialty care for people with dementia and other cognitive challenges, rehabilitation and restorative care, intensive skilled nursing/medical management, long-term care, hospice/palliative care, and inpatient respite stay.

The five neighborhoods include:

Eagle's Cove: 60-bed neighborhood for veterans who need long-term care. Opportunities to answer consults, conduct short-term and long-term psychotherapy, complete neuropsychological testing and capacity evaluations, write reports, implement behavioral interventions and behavioral contracts, and facilitate psychoeducational or psychotherapeutic groups (e.g., Meaning-Centered Psychotherapy Group).

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

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

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

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

Overall Goals of Culture Change are:

1. **Restore** control over daily living to residents, respecting the right of residents to make their own decisions
2. **Involve** all levels of staff in the care process, honoring those who work most closely with residents
3. **Include** families and friends in a comprehensive team building approach to care

4. **Provide** a familiar and hospitable environment, a supportive workplace and responsive, individualized care practices that focus on the needs and preferences of people

Psychology has an essential role in Culture Transformation within the CLC, including leading monthly Quality of Life meetings, in which culture-change ideas are brainstormed, specific goals are developed, and progress is discussed. Exciting culture-transformation successes include establishing a buffet-style lunch rather than serving veterans trays in their rooms, initiating Montessori-inspired engagement, implementing Music & Memory programming for veterans with dementia, utilizing "Do you recall" videos, starting a monthly CLC newsletter, modifying medical and nursing practices to reduce unnecessary blood draws and care tasks, and planning special meals, holiday celebrations, gatherings, and events (e.g., senior prom).

HEALTH PSYCHOLOGY EMPHASIS AREA

The emphasis in health psychology provides an extensive training experience in the assessment and treatment of health psychology issues and provides the opportunity to function as part of an interdisciplinary team including (but not limited to) psychologists, physicians, physician assistants, psychiatrists, social workers, and nurses. Postdoctoral residents will gain experience working on both inpatient medical units (ICU, surgery, oncology and general medicine) and in outpatient primary care clinics. Postdoctoral residents will also have the opportunity to gain in-depth experience in pain management and/or healthy lifestyle promotion. In addition, postdoctoral residents will work on a year-long health psychology project, aimed at allowing the resident to have the experience of health psychology program development and/or health psychology program evaluation. This training will prepare postdoctoral residents to assume clinical, academic, and/or administrative leadership positions wherever they may continue their clinical careers. Below are the specific objectives for this training experience.

Assessment and Diagnosis:

- Psychological consults on inpatient medical units which take into consideration medical, social, and psychological issues. Particular focus on answering the consult question in a useful manner, providing helpful recommendations to medical staff, determining need for short term and/or long term mental health follow-up, and providing referrals when appropriate.
- Triageing "warm-handoff" same-day referrals from primary care providers. Conducting brief assessments with patients to provide accurate diagnosis and work with patient to determine best possible treatment options if needed.
- Identify medical issues which may impact mood/cognition.
- Identify psychological conditions which may impact medical condition.
- Assess lifestyle choices which may be having negative impact on an individual's physical and mental health.

Intervention:

- Effective case conceptualization and development of appropriate treatment plans.
- Brief interventions with patients (and families) if indicated while individual is receiving treatment on inpatient medical unit. Interventions can include stress management, relaxation training, addressing sx of depression/anxiety, adjusting to new medical diagnosis, coping with prolonged hospitalization, and motivational interviewing for healthy behavior change.
- Brief outpatient psychological interventions with individuals referred by PCP. Interventions can include addressing adjustment issues, bereavement, CBT for insomnia, pain management, phase of life issues, and motivational interviewing for healthy behavior change.
- Facilitate at one or more health psychology focused group(s) (examples include smoking cessation, pain management, weight management, diabetes management, etc.).

Consultation and Communication:

- Develop consultation liaison skills with interdisciplinary treatment teams.
- Distinguish appropriate from inappropriate consults and educate referral sources.
- Develop knowledge of roles of treatment team members and understanding of their knowledge base and skills.
- Development of problem-solving strategies with referring staff.
- Proficient skill in report writing that is clear, concise, and communicate effectively clinical data to referring clinicians.
- Understanding of when to refer for appropriate treatment.

Professional and Ethical Behavior:

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

Human Diversity:

- Demonstrate understanding of the impact of diversity issues such as: individual differences (sociocultural, ethnic, and socioeconomic), gender, sexuality and physical/cognitive/psychological issues on patient's experience of hospitalization/medical problems.
- Recognize the impact of cultural and/or individual differences in the assessment and treatment of individuals in primary care setting.

Practitioner-Scholar Model:

- Effective use of relevant sources of information related to the area and application of that knowledge to assessments and interventions.
- Sharing with staff of North Florida/South Georgia Veterans Health System relevant information learned through review of relevant sources in the health psychology emphasis area.
- Design and conduct one health psychology focused project during the training year. Examples of successful projects include designing and conducting research, conducting a literature review and meta-analysis, or designing and implementing a new treatment group. Postdoctoral residents are encouraged to be creative and may submit other ideas for their project for approval by the Training Committee.

Supervision and Teaching Skills:

- Provision of supervision to an intern or a practicum student on at least three cases throughout the year under the supervision of licensed psychologist.
- Maintain ongoing discussion of supervision issues with the Preceptor throughout the year.
- Participation in monthly professional development meetings with postdoctoral subcommittee and completion of readings as assigned.

Rotations

The postdoctoral resident's year is divided into two 6-month periods, each with one major and one minor rotation. The order of the rotations, the opportunities within each rotation, and the minor rotations will be chosen based on the postdoctoral resident's interests and training plan.

Major Training Rotations – Both major rotations will be in health psychology: one in Medical Psychology at Gainesville VAMC and one in Primary Care at Gainesville VAMC.

The major rotation training sites and opportunities are described below:

- 1. Medical Psychology.** The Gainesville VA Medical Center (GVAMC) is a 240-bed acute care hospital that also provides an extensive array of specialty services. We are the primary hospital for a large catchment area which serves most of north Florida and parts of south Georgia. The postdoctoral resident on this rotation will have the opportunity to respond to health psychology consults for patients on all medical units at the GVAMC including surgery, oncology, general medicine, SICU, CTICU, and MICU. Consult questions can include adjustment issues, coping with new illness, depression, anxiety, end of life issues, substance use issues, health behavior change, and family coping. Postdoctoral residents will learn how to conduct brief bedside evaluations and provide concise timely feedback to referral sources. As GVAMC is a teaching hospital, residents often have the opportunity to interact with other professional trainees as well. Postdoctoral residents will also participate in weekly rounds with the inpatient Psychiatry Consultation & Liaison Team to coordinate care and foster a team approach to patient care.

The GVAMC also is the main site in our system for pre-transplant evaluations. Postdoctoral residents on this rotation will conduct comprehensive mental health evaluations for individuals being considered for heart, lung, liver, kidney and bone marrow transplant. These evaluations include through record review, interview with the patient, brief cognitive testing, and interview with the patient's primary support person. These assessments are coordinated with our social work colleagues, and recommendations are provided to the transplant team in a timely manner.

Supervisor: Valerie Shorter, Ph.D.

- 2. Primary Care Behavioral Health (PCBH).** The PCBH rotation is located at the Gainesville VAMC (GVAMC). The GVAMC has the largest primary care clinic of our catchment area. On this rotation, interns learn how to adapt traditional clinical and health psychology services for the primary care setting. Postdoctoral residents on this rotation will have the opportunity to respond to consults via "warm handoff" from the Primary Care providers (physicians, medical residents, and ARNPs). Postdoctoral residents will hone their skills in brief assessment, triaging patients, concise report writing, and providing appropriate recommendations/referrals. Postdoctoral residents will also conduct brief (6-8 session) therapy with patients.

Common referral questions for the PCBH rotation include ones which can be categorized as *mental health* (e.g. depression, PTSD, anxiety, dementia, somatoform, adjustment disorders); *health behavior change* (e.g. smoking cessation, increasing physical activity, and weight management); and *behavioral medicine* (e.g. insomnia, pain management, coping with illness, treatment adherence, and practitioner-patient communication) in nature. Less common, but significant referrals for veterans with chronic mental health illnesses (e.g. bipolar affective disorder, schizophrenia and psychosis of unknown etiology) are also evaluated. While the rotation emphasizes individual treatment, monthly psychoeducational groups for Tobacco Cessation are available.

Postdoctoral residents can choose to emphasize particular patient populations or particular presenting problems as availability allows. In addition, at times a University of

Florida graduate student trains on the same rotation, and the VAMC postdoctoral resident is invited to actively partake in training supervision as appropriate to their level of competence.

Supervisors: Julius Gylys, Ph.D. and Timothy Ketterson, Ph.D.

Minor Training Rotations: The postdoctoral resident has the opportunity to participate in one or both of the following minor rotations. :

a. Health Promotion and Disease Prevention

Postdoctoral residents who choose to participate in this minor rotation will have the opportunity to work with our Health Behavior Coordinator in a variety of areas. The postdoctoral resident will be able to facilitate/co-facilitate interdisciplinary wellness groups focused on mindfulness, whole health, weight and diabetes management, as well as complete psychological assessment for bariatric surgery candidates. Opportunities are also available to co-facilitate a gender-affirming group and to complete psychological evaluation for cross-sex hormone therapy candidates. In addition, the postdoctoral resident would have the opportunity to participate in motivational interviewing and whole health trainings and be involved with administration and outreach such as with tobacco cessation and LGBT care. This minor rotation can be tailored specifically to the individual's interests and training goals.

Supervisor: Erica Hoffman, Ph.D.

b. Pain Psychology

Postdoctoral residents who choose to participate in the Pain Psychology minor will have the opportunity to work with our Pain Psychologist in a variety of areas. Postdoctoral residents will have the opportunity to receive training in and implement Cognitive Behavioral Therapy for Chronic Pain (CBT-CP), an 11-session manualized, empirically based and validated treatment for chronic pain created by the VA. Postdoctoral residents will also have the opportunity to co-facilitate a Pain Management and Coping Skills Group. In addition, postdoctoral residents will have the opportunity to conduct in-depth evaluations for individuals being considered for spinal cord stimulator or who are experiencing complex pain. These evaluations include writing clear and concise reports and presenting findings to Neuromodulation Team (consisting of physicians, PA's, RN's, DPT's, and Pharmacists).

Supervisor: Kevin Lancer, Ph.D.

Alternatively, the postdoctoral resident may choose to participate in any of the other available minor rotations including geropsychology, neuropsychology, Honor Center domiciliary, women's clinic, PCT clinic, substance abuse programs/clinics. Supplemental elective training opportunities are also available.

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

The SATT Team. We are fortunate to have opportunities across the spectrum of care, including providing care in inpatient, residential, and outpatient settings. Psychological services offered in these settings include assessment (cognitive and personality), therapy (group and individual), and consultation. Some of the specific modalities used in treatment include 12-Step Facilitation, Seeking Safety, SMART Recovery, CPT, DBT, PE, MI, and CBT. We offer training experiences in many empirically supported treatments and emphasize evidenced based care for the treatment of Substance Use Disorders. Finally and perhaps most importantly, each site in both Lake City and Gainesville also offers the opportunity to work with psychologists dedicated to connecting the treatment of both trauma-related disorders and SUD.

One of the greatest strengths of training with SATT is the amount of support, supervision, and/or autonomy offered. All of our supervisors are trainee-centered. The supervisors place high value on working with trainees across the spectrum of previous SUD training, from no such experience to highly experienced. Considering the prevalence of co-morbid SUD in all populations, we think it necessary to offer a tailored rotation of depth and breadth of training to help develop the needed competencies to treat individuals who have a substance use disorder diagnosis. By the end of their training rotation, postdoctoral residents will refine their knowledge of substance use disorders, criteria, and course of recovery and will conduct a range of treatment service that includes individual and group treatment along with case management activities. Postdoctoral residents will also demonstrate knowledge of the rehabilitation process while working in an interdisciplinary team environment.

Supervisory Psychologists: Wandamaria Lopez, Psy.D.; Jason Pickren, Psy.D.;

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

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

Other aspects of the program include weekly attendance at Rounds with Psychiatry Consultation-Liaison team to coordinate care and foster team approach to patient care. Meetings with hospital or clinic staff groups are conducted upon request, either ad hoc to address matters of acute concern or on a regular schedule in the interest of providing support, improving communication, and enhancing team identity and cohesion.

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

Supervisory Psychologist: Valerie Shorter, Ph.D.

Primary Care Behavioral Health

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

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

Supervisory Psychologists: Ph.D.; Julius Gylys. Ph.D., Tim Ketterson, Ph.D., Michelle Smith, Ph.D.

Clinical Neuropsychology

The rotation offers postdoctoral residents the opportunity to participate in the evaluation and treatment of patients demonstrating diverse neurological disorders (e.g., dementia, epilepsy, TBI, cerebrovascular disease, movement disorders, MS, psychopathology, etc). Postdoctoral residents will learn to administer a variety of standard neuropsychological assessment instruments within an ongoing clinical context. Traditional outpatient neuropsychological assessment as described above, as well as inpatient assessment experience for patients with SMI are available. Clinical practice will be supplemented with interdisciplinary didactic experiences. Opportunities for interdisciplinary collaboration through participation with the TBI and Epilepsy teams allow postdoctoral residents to collaborate with physicians and rehabilitation professionals. Postdoctoral residents can use this training experience to gain new skills in neuropsychological assessment or as an experience to polish, refine, and gain more autonomy if they have already had significant training in this area.

Postdoctoral residents who complete this rotation will be able to:

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

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

The Residence at the HONOR Center

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

Trainees who complete this rotation will be able to:

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

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

PTSD Clinical Team, Gainesville Division

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

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

Postdoctoral residents become a member of the team and has an opportunity to broaden skills in psychological assessment, symptom conceptualization, differential diagnosis and treatment. The team believes strongly in developing a collaborative partnership with the veterans in the program to assist them through a series of progressive stages that culminates in the reduction or elimination of their symptoms. Group, individual and family therapies are employed. The

postdoctoral resident will have the opportunity to conduct Evidence Based Therapies (EBT's) for PTSD with veterans.

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

Rotation Goals and Objectives:

- Discuss and apply research findings in assessment, conceptualization, diagnosis and psychotherapy.
- Complete rotation and acquire hours of direct patient contact.
- Complete at least 8 psychological assessments including interpretation of results, conceptualization of symptoms, diagnoses and treatment recommendations.
- Produce a comprehensive, integrated written report on each assessment.
- Serve as a co-facilitator in at least one psychoeducational group that meets 1 time per week for 75 minutes.
- Serve as a co-facilitator in at least one group that teaches relaxation skills and cognitive-behavioral techniques for managing affect and meets 1 time per week for 75 minutes.
- Serve as a co-facilitator in at least one exposure-based psychotherapy/EBT group that meets 1 time per week for 75 minutes.
- Provide evidence based individual treatment or family therapy to at least 2 veterans who are being seen in the PCT program.
- Actively participate in case conceptualization and treatment planning performed in the weekly PCT treatment team meeting.
- Actively participate in care coordination for veterans with PTSD and traumatic brain injury as part of the medical center's TBI Clinical Team.
- During supervision, discuss 2 ethical dilemmas in therapy.
- Attend supervision as scheduled and participate fully.
- Meet deadlines for completion of required work.
- Develop awareness of how PTSD interacts with individual differences in ethnicity, lifestyle, gender, and age-related factors.
- During supervision, discuss diversity awareness related to PTSD.
- Work with diverse veterans in the program.
- Work with diverse staff members in coordinating care for veterans in the program.

Supervisory Psychologists: Tom Hundersmarck, Ph.D.

Inpatient Psychiatry

Supervisory Psychologists: Sara Civetti, Psy.D., Heather Tree, Ph.D., Gavin Shoal, Ph.D.

This rotation offers postdoctoral residents the opportunity to participate in the evaluation and treatment of patients with severe mental disorders and consists of one of two potential placements—the inpatient psychiatric unit of the Gainesville VAMC and the PRRC, located in Gainesville but off of the grounds of the medical center. The two settings provide unique training experiences, with the inpatient unit giving exposure to patients suffering from acute disturbances and with the PRRC providing exposure to patients who have achieved some degree of stability but who wish to expand and improve their psychosocial functioning. Postdoctoral residents conduct psychological assessments, including diagnostic interviews and personality tests, and participate in a variety of treatment modalities, including individual, group, and family

therapy. Both sites have vibrant interdisciplinary team settings, in which psychologists are highly valued team members, and active peer support specialist programs. Specific training opportunities for each aspect of this rotation are described below.

On the inpatient unit, postdoctoral residents work with patients in need of stabilization during a crisis or decompensation, with typical diagnoses including schizophrenia, bipolar disorder, major depression, and posttraumatic stress disorder (PTSD) and with typical clinical problems involving acute psychoses, suicidality, homicidality, and comorbid substance use disorders. In this setting, the time frame for assessment and treatment of a patient is almost always short term (i.e., approximately 1-2 weeks). In addition to diagnostic and assessment opportunities, the postdoctoral resident will have the opportunity to participate in brief, solution-focused individual interventions that include motivational, skills-based, or psychoeducational evidence-based treatments, such as Motivational Interviewing for substance use disorders and components of evidence-based group therapy interventions like Life Skills Training for severe mental illness, as well as Cognitive Behavioral Therapy, Acceptance and Commitment Therapy, and Dialectical Behavior Therapy Skills Training for mood and personality disorders. postdoctoral residents may also participate in a 4-week, transitional, skills-based support group for Veterans discharging from the inpatient unit that is designed to serve as a warm handoff and clinical bridging intervention during the critical time following discharge from an inpatient hospitalization. In addition, postdoctoral residents who would like additional assessment experience will have the opportunity to participate in neuropsychological assessments of cognitive dysfunction related to psychiatric illness, as well as of a wide range of neurological conditions. postdoctoral residents are welcome to participate in a cognitive training group experience that educates veterans about cognitive dysfunction typical in psychiatric illness and that teaches compensatory strategies in the areas of verbal learning/memory, prospective memory, attention/concentration, and executive functioning. Finally, there are multiple opportunities to participate in program development and evaluation; interested postdoctoral residents may participate in ongoing clinical research.

Postdoctoral Residents who complete this rotation will be able to:

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

- Discuss diversity issues pertaining to individual, cultural, and other group differences and become aware of how one's own background and life experiences affect one's work with patients who have severe mental illnesses and who also come from a wide range of backgrounds with regard to diversity factors

Requirements for Completion

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

Facility and Training Resources

The North Florida/South Georgia Veterans Health System Psychology Postdoctoral Residency Program has a number of training resources available both intramurally and through the auspices of the University of Florida. Psychology Service has four full-time administrative positions to assist in providing clerical and technical support to Psychology Service and the postdoctoral residency program. All postdoctoral residents have their own private offices where they see patients. Each office has a telephone, digital recorder, testing materials, and an individual Windows-based personal computer for in-office use.

Both the Lake City and the Gainesville VA Medical Centers maintain their own professional libraries, which are open to the postdoctoral residents, as is the 220,000 volume medical library at the J. Hillis Miller Health Center, which receives 2,000 periodicals. The University of Florida's libraries contain a total of 2.6 million bound volumes, which are available for reference. Literature searches and regional interlibrary loan services are also available through the VA medical library. Both audiotape and videotape capabilities are available through Psychology Service and the Medical Media Service. A videotape and audiotape library is also maintained. Most commonly used intelligence, personality, achievement, vocational, and neuropsychological tests are available in our test file. Some are also available in an automated administration and interpretation package. Windows-based computers with word processing, database, and statistical software are available. A computerized patient database permits patient scheduling, as well as retrieval of medical and biographic information..

Administrative Policies and Procedures

Stipend, Hours, and Leave

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

The stipend for the program is \$46,553 for the year, paid biweekly. Benefits include 13 vacation days, 13 sick days, 10 federal holidays, up to 5 days of approved educational or professional leave, and health insurance. Malpractice coverage is provided under the Federal Tort Claims Act. Additionally, postdoctoral residents are able to utilize AA for workshops and presentations with advanced supervisory approval.

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

Training Staff

Chief

GEORGE SHORTER, PH.D.

Auburn University, 2001

Clinical psychology; dual-diagnosis; addictive disorders

Assitant Chief

JENNIFER W. ADKINS, PH.D.

Auburn University

Behavioral family therapy; health psychology; OCD; PTSD

Director of Training

JEFFREY BATES, PH.D.

University of Georgia, 2003

Empathy/Empathic Health Care, Violence Risk Assessment, Forensic Psychology, Suicide Prevention

Training Supervisors

CARRIE AMBROSE, PH.D.

University of Mississippi, 2013

Geropsychology, Behavioral Health, Residential Long-Term Care

JOHN AUERBACH, PH.D.

State University of New York at Buffalo, 1988

Attachment theory, intersubjectivity theory, relational approaches to psychotherapy, PTSD

JASON DEMERY, PH.D., ABPP-CN

University of Florida, 2004

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

SARA CIVETTI, PSY.D.

Florida Institute of Technology, 2014

Substance Use Disorders, SMI, Personality Disorders

CHRISTIAN DOW, PH.D.

Rosalind Franklin University of Medicine, 2007

Cognitive patterns in Epilepsy and pseudoseizures; Dementia; TBI

ELIZABETH DIZNEY, PSY.D.

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

JULIUS GYLYS, PH.D.

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

ERICA HOFFMANN, Ph.D.

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

THOMAS HUNDERSMARCK, PH.D.

Temple University, 1991
PTSD; personality disorders; family and couples therapy; substance abuse disorders

TIMOTHY KETTERSON, PH.D.

University at Albany, State University of New York, 2000
Medical psychology, Primary Care Behavioral Health, Geropsychology

KEVIN M. LANCER, PH.D.

University of Nevada, Las Vegas, 2006
Primary care clinical and health psychology; psychoneuroimmunology; geropsychology; psychotherapy; performance enhancement

WANDAMARIA LOPEZ, PH.D.

St. Louis University, 1990
Clinical psychology; PTSD; domestic violence; personality disorders; military mental health; individual, family and group psychotherapy

MERLE MILLER, PH.D.

University of Oklahoma, 2008
Geropsychology, Behavioral Management related to dementia, Staff empowerment and team building,
Culture Transformation

CARLY OSTROM, PH.D.

Gallaudet University, 2014
Geropsychology, Deafness, American Sign Language, (3) Behaviorism, (4) Strengths-based approaches/compensatory strategies

JULIA OWEN-SHOAL, PSY.D

Florida Institute of Psychology, 2006
PTSD; Substance Use Disorders, Health Psychology, Recovery Model, Assessment and outcome measures

JASON PICKREN, PSY.D.

Nova Southeastern University, 2007
Substance Use Disorders, Recovery Model

KHALIL SAKALLA, PH.D.

University of North Dakota--Grand Forks, 2004
Geropsychology; health psychology; Mental Health Clinic

KIMBERLY SHAW, PH.D.

University of Miami, 1989

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

GAVIN SHOAL, PH.D.

University of Kentucky, 2005

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

VALERIE SHORTER, PH.D.

Ohio University, 1999

Health psychology; primary care psychology; rehabilitation psychology

MICHELLE SMITH, PH.D.

Jackson State University, 2013

Clinical Health/Medical Psychology, Chronic Pain Management, Health Disparities and Barriers to Physical and Mental Healthcare Utilization

CHRISTOPHER N. SOZDA, PH.D.

University of Florida, 2013

Dementia, Stroke, Movement Disorders, TBI, ADHD/LD

HEATHER TREE, PH.D.

University of Kansas, 2009

mTBI, Multiple Sclerosis, Neuropsychological Assessment practices

Clerical Staff

OTILIA TORRES-GARCIA

Secretary

JACK MCKENZIE

Program Support Clerk, PCT

Trainees

2017-2018 Postdoctoral Residency Class

NF/SG Veterans Health System, University of Northern Colorado
West Palm Beach VAMC, Virginia Consortium Program in Clinical Psychology
University of Oklahoma Health Sciences Center, Florida Institute of Technology

2016-2017 Postdoctoral Residency Class

Vanderbilt University/Nashville VAMC Consortium, Nova Southeastern University
NF/SG Veterans Health System, Georgia Southern University
William Jennings Bryan Dorm VAMC (Columbia, SC), Nova Southeastern University

2015-2016 Fellowship Class

NF/SG Veterans Health System, Wichita State University
NF/SG Veterans Health System, Regent University
Memphis VAMC, University of Memphis

2014-2015 Fellowship Class

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

2013 - 2014 Fellowship Class

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

2012 – 2013 Fellowship Class

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

2011 – 2012 Fellowship Class

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

2010 – 2011 Fellowship Class

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

2009-2010 Fellowship Class

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

2008-2009 Fellowship Class

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

2007-2008 Fellowship Class

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

2006-2007 Fellowship Class

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

2005-2006 Fellowship Class

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

2004-2005 Fellowship Class

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

Local Information

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

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

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

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

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
- 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
- (7) The absence or presence of rehabilitation or efforts toward rehabilitation.