



## **The North Florida/South Georgia Veterans Health System Psychology Postdoctoral Residency**

Department of Veterans Affairs Medical Center  
1601 SW Archer Road  
Gainesville, Florida 32608-1197  
(352) 548-6308

<http://www.northflorida.va.gov/careers/psychology/index.asp>

**Application due date: January 4, 2021**

The required and helpful information about our site is contained below and is important to consider for your residency year. With that stated, the feedback we regularly receive is: "Your program is better than your brochure." Therefore, we have added this introduction to share a little more about why we think our program is special, and why we are glad you are considering our program.

*This document may contain links to sites external to Department of Veterans Affairs.  
VA does not endorse and is not responsible for the content of the external linked websites.*

Our service and training program operate from a clear trauma-informed perspective. Many sites have rotations providing experiences working with individuals who have endured trauma, and what sets our training program apart is our trauma-informed and trauma-responsive perspective throughout all experiences. Our goal is for this perspective to inform your thinking in general clinical work and your continued development of theoretical and conceptual competencies.

There are also many of training programs that stress the importance of measurement-based care and evidenced-based treatment. Our program embraces these concepts, as well as recognizes the difference between empirically standardized treatment and evidenced-based treatment. We not only want our trainees to learn specific, validated interventions, but also how to utilize these practices to best apply them to the individual patients with whom they work. To that end, we emphasize the content and process of psychotherapy, the interpersonal role of the individual providing the interventions, and the science behind and importance of case conceptualization. Our training opportunities are designed to provide the opportunity to integrate the “heart and head” of psychology practice; an integration we believe leads to improved clinical outcomes, better insight into psychological processes leading to change, and increased satisfaction with clinical work.

The postdoctoral residency year provides practitioners to not only get the supervised hours needed for licensure, it allows practitioners to specialize in a particular area and hone their skills. As an emerging psychologist, this is a time to establish your professional identity and maximize opportunities to grow into that identity. We emphasize work-life balance in our program because we believe being a psychologist is what you do and not who you are (although who you are does inform what you do). We encourage our residents to be at work on time and work hard, and at the end of the workday to be with friends and family enjoying life.

More than anything else, we are committed, passionate, and excited about our program and about training psychologists. The psychologists in our healthcare system are not required to supervise; rather, they volunteer because of their commitment to training. The remainder of our brochure provides especially important (and required) information; however, this information does not describe the heart of our program or our staff (which is what is truly special about our program). We wish you the best in your application and thank you for considering our site.

### ***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***

***We will be accepting applications either through the mail or through the APPACAS system. To apply, candidates should submit the following by January 4, 2021:***

- A cover letter stating training, research, and career goals; as well as the emphasis area for which you are applying (Geropsychology, Substance Use, 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; and
- An abstract of your dissertation and a copy of another scholarly work.

### **Applications directed to:**

***Dian Evans, JD, PhD, MSCP***  
Neuropsychologist  
Director of Training (116B)  
Department of Veterans Affairs Medical Center  
North Florida/South Georgia Veterans Health System

1601 SW Archer Road  
Gainesville, Florida 32608-1197  
(352) 548-6308  
E-mail: [dian.evans@va.gov](mailto:dian.evans@va.gov)

### **Inquiries directed to:**

Director of Training: Dian Evans, J.D., Ph.D., M.S.C.P.  
Preceptor for Substance Abuse Emphasis (Interim): Mattie President, Ph.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 and phone as Dr. Evans, or may be reached by e-mail.

Dr. President – [mattie.president@va.gov](mailto:mattie.president@va.gov)  
Dr. Ambrose – [carrie.ambrose@va.gov](mailto:carrie.ambrose@va.gov)  
Dr. Shorter – [valerie.shorter@va.gov](mailto:valerie.shorter@va.gov)

As noted above, application materials **MUST** be received by **January 4, 2021**. After receipt of written materials, suitable applicants will be called to set up interviews. In person interviews have typically been preferred; however, the COVID-19 crisis has prompted the profession of health service psychology to move to virtual recruitment and selection for at least the 2021-22 training year. We are striving to adjust to the new reality of gathering accurate information about each other that is often obtained in person.

The APPIC Board of Directors has identified principles that should be utilized as training programs develop their own recruitment practices, as well as a non-exhaustive list of virtual interviewing “Dos and Don’ts,” which can be accessed as follows: <https://www.appic.org/Portals/0/Website%20docs/APPICs%20Virtual%20Interviewing%20Tip%20Sheet.pdf>

All applicants will be notified in a time frame consistent with APPIC guidelines (<http://www.appic.org/About-APPIC/Postdoctoral/APPIC-Postdoctoral-Selection-Guidelines>). Subsequently, our notification date will be February 22, 2021, 10:00 a.m. ET. At the time a position is offered, the selectee may accept, decline, or request they be able to put the offer on hold following APPIC guidelines before a decision is required. Applicants should acknowledge receipt of postdoctoral position offers received through email or voice message within one hour of receiving the offer even if they choose to hold the offer. We will be able to reciprocate an offer prior to the February 22<sup>nd</sup> uniform notification date if a candidate has a bona fide offer from another training program.

### **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 postdoctoral residency program, but will be required for those residents 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.

**Federal law requires that most males living in the US between the ages of 18 and 26 register with the Selective Service System. *Male*, for this purpose, is any individual born male on their birth certificate regardless of current gender. Males required to register, but who failed to do so by their 26th birthday, are barred from any position in any Executive Agency. Visit <https://www.sss.gov> to register, print proof of registration or apply for a Status Information Letter.**

Further, information is available on the VA Psychology Training website that notes the following (<https://www.psychologytraining.va.gov/docs/Trainee-Eligibility.pdf>)

- 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>.

**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.

Primary source verification is required for all your prior education and training. Your training director will reach out to the appropriate institutions to 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 resident'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](mailto:apaaccred@apa.org)  
Web: [www.apa.org/ed/accreditation](http://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: Geropsychology, substance use, and 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, most years 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. During a pandemic, we may not offer practicum level training due to the risk. Currently, we have over 75 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, leading residents to develop the advanced competencies needed to practice autonomously in an interprofessional healthcare setting. Additionally, we provide residents clinical and structured learning experiences to develop advanced competencies in three emphasis areas within clinical psychology (Geropsychology, Health Psychology, and Substance Use Disorder Treatment). We believe 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. *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 also 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 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 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 as the primary supervisor. 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.



### ***Program Structure***

All three 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. Residents receive at least 2 hours of individual supervision, one hour of group supervision and 2 hours of structured training experiences weekly.

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 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 resident. At the beginning of each rotation, the resident and rotation supervisor, in consultation with the Psychology Training Committee, identify the training goals and negotiate a contract specifying the rotation activities that will maximize the

achievement of these goals. Residents begin their training year and rotations as co-therapists/observers with the supervising psychologist. Once the resident has learned the relevant skills, s/he will provide services independently, with at least two hours of individual supervision. Supervisors may 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. Residents are also involved in the decision-making processes affecting the administration of the training program, and serve as members of the Psychology Training Committee and vote on matters of programmatic significance; with the exception of decisions relating to specific residents.

### ***Additional Learning Activities***

Postdoctoral resident 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 project 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, residents will present at least one conference during the training year to Psychology Staff; as well as two didactics to the psychology doctoral interns (one in their area of emphasis and the other of their choice in an area of specialization or interest). Residents will participate in rotation-specific training opportunities (e.g., grand rounds) on a regular basis and in relevant Psychology Service continuing education programs.

Residents participate in several monthly meetings. One of these meetings is with the Director of Training and other psychology residents; and another is with the other residents, the DOT, and the three emphasis area Preceptors, and when available, the Chief of Psychology Service. These meetings serve to facilitate professional development. Residents will also be expected to attend the monthly Psychology Service Staff Meeting, Diversity Committee Meeting, and the Psychology Service Training Committee Meeting.

### ***Psychology Service Diversity Committee***

Our training program celebrates diversity in all of its forms, which is illustrated by the inclusion of diversity in clinical experiences, didactic trainings, professional interactions, and community outreach activities throughout the training year. We have an active Psychology Service Diversity Committee that is committed to improving educational opportunities for staff and trainees on differences of race, ethnicity, gender identity, sexual orientation, religion, sex, national origin, age, disability, culture, and intellectual

perspective; and how these differences impact mental and physical health issues and delivery of care. We believe *cultural humility* is vital to understanding mental illness and essential to provision of care. As such, VA psychologists are obligated to ensure that culturally competent services continually evolve in order to better respond to the needs of our increasingly diverse Veteran population.

**Throughout each training year we offer a variety of diversity-related educational opportunities:**

- Formal Continuing Education for staff and trainees
- Quarterly journal discussions of recent, scholarly research
- Didactic trainings for Postdoctoral Psychology Residents
- A collaborative Postdoctoral Resident *Cultural Humility Project*

Although the medical center serves a predominately adult male population, there is an increasing number of female Veterans in our healthcare system. In 1999, the Women's Health Clinic opened to address the unique medical and mental health needs of female Veterans. Our healthcare system has also seen increases in race/ethnic minority Veterans and LGBT Veterans using VA facilities. The Psychology Service in particular has developed several groups and outreach programs for minority Veterans, which include the Women Veteran Support Group, Race-Based Stress and Trauma Empowerment Group, LGBT Support Group, and Transgender Support Group.

Our committee members originate from a wide variety of cultural backgrounds, share a commitment that every Veteran receive equitable and clinically validated services in a culturally appropriate manner, and strive to examine minority disparities in physical and mental health care specific to the VA. As a part of the training experience, all trainees will be considered members of the Diversity Committee and will attend quarterly committee meetings to evaluate and improve the current diversity program.

***Psychology Service Diversity Committee Members***

Michelle L. Smith, Ph.D., Chair

Jacqueline H. Sherman, Ph.D.

John S. Auerbach, Ph.D.

Amy H. Voltmer, Psy.D.

Wandamaria Lopez, Ph.D.

Mattie President, Ph.D.

Aixa L. Long, Psy.D.

Kimberly H. Shaw, Ph.D.

Elizabeth P. Dizney, Psy.D.

***Psychology Postdoctoral Resident Group Project***

Cultural Humility is, *"An other's oriented stance that seeks to develop mutual partnerships that address power imbalances with interpersonal respect, as well as a lifelong commitment*

*to openness to new cultural information, critical self-examination of cultural awareness, and motivation to learn from others” (Upshaw et al., 2019).*

Purpose and goal of the *Cultural Humility Project*: The Cultural Humility Project is a program development project with the objective of creating a process to increase cultural humility in the Psychology Service.

#### Cultural Humility Project – Objectives

- Identify a way to increase cultural humility among staff in the Psychology Service.
- Create the Action Steps - Identify the steps to implement the process.
- Implement the Action Steps - Implement the process
- Evaluate the Outcome – CE Presentation to Psychology staff about the results of the process implementation, lessons learned, and the plan for sustainment.

In order to facilitate continued training in general psychotherapy skills, residents may choose to carry 1-3 outpatient cases for the year. These cases can be couples, families, or individuals with a wide variety of presenting concerns and diagnoses. Residents can select a psychotherapy group to follow for six months or a year as one of these cases, as well. Residents 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 residents in each of the core competency areas so 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, 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 three-month mark, a “4” in all areas at the six-month mark, and “5” 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 attended by the training staff and residents. Residents are encouraged to discuss issues, concerns, and suggestions for improvement throughout the year with their supervisors and the Training Director. Supervisors and 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 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 resident's evaluations and ensure 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, 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.

## **Training Experiences**

### **SUBSTANCE USE 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 Substance Abuse Treatment Team (SATT) facility in the Gainesville community. 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 rotations in different treatment areas, such as Primary Care Mental Health Integration, PTSD, Women's Clinic, Inpatient Psychiatry, 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 residents to assume clinical, academic, and/or administrative leadership positions wherever they may continue their clinical careers.

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. Residents will also be encouraged to have one of their intern didactic presentations in substance use, provide support to interns in their diversity project, and work with the other psychology residents collectively on their Cultural Humility Project. Professional development is highlighted with resident participation in Training Committee meetings, Associated Health Committee training days, and psychology intern and resident interviews.

***Below are the specific objectives for the Substance Use 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 resident may gain experience include Motivational Interviewing/Motivational Enhancement Therapy (MI/MET), Cognitive Behavior Therapy for Substance Use Disorder (CBT-SUD), Mindfulness Based Relapse Prevention (MBRP), Seeking Safety, Cognitive Processing Therapy (CPT), Prolonged Exposure (PE), Skills Training in Affective and Interpersonal Regulation (STAIR), Concurrent Treatment of PTSD and SUD, Network Therapy, Mentalization Based Therapy (MBT), 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 the Health Insurance Portability and Accountability Act (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:***

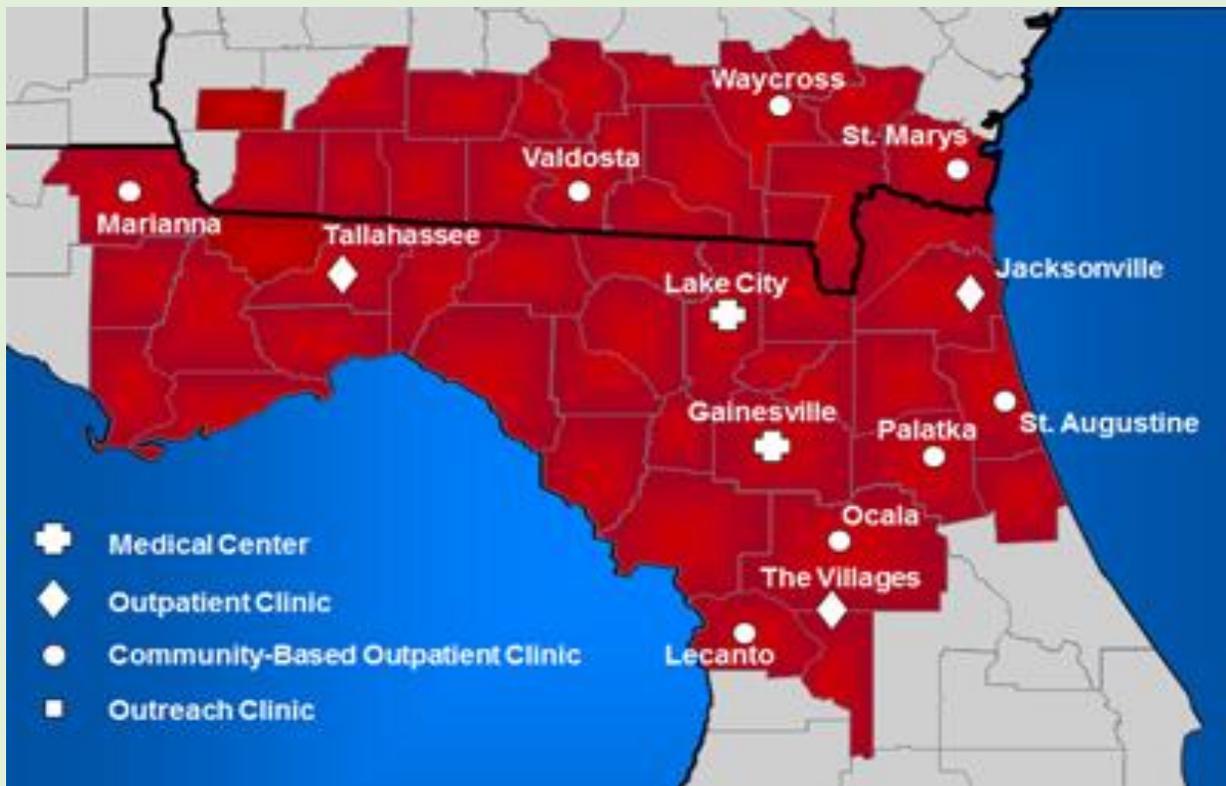
- Demonstrates understanding of the impact of individual differences and cultural diversity on substance abuse treatment
- Integrates the above knowledge into the development and implementation of a treatment plan for substance abusing veterans

***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. 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 Use Disorder/Posttraumatic Stress Disorder (Dual Diagnosis Program)**

The Gainesville Substance Abuse Treatment Team (G-SATT) offers a variety of training experiences related to the assessment and treatment of *both* PTSD and substance use disorders.

About 60% of the US population will experience at least one traumatic event during their lifetime (Kessler, Sonnega, Bromet, Hughes, & Nelson, 1995). According to the National Center for PTSD, about 27% of all Veterans have been diagnosed with both PTSD and a co-occurring substance use disorder. Therefore, the G-SATT clinic is often tasked with treating substance use disorders through a trauma-focused lens. This makes training at the G-SATT a dynamic experience given the variety and complexity of the population we serve.

We strive to individually tailor the training experience to each resident’s unique training goals and professional aspirations. There are also a variety of training experiences, which include substance use disorder intake assessment, mental health evaluation, and psychological testing. In addition, the G-SATT offers both groups and individual treatment options: 12-Step Facilitation and addiction education, 12-step programs, relapse prevention, coping and relaxation skills trainings, SMART Recovery, women’s group therapy, Medication-Assisted Treatment (MAT), CPT, PE, Eye Movement Desensitization and Reprocessing (EMDR), STAIR, Seeking Safety, Moral Injury, and Concurrent Treatment

of PTSD and Substance Use Disorder Using Prolonged Exposure (COPE). Residents will have the opportunity to gain knowledge about the bi-directional relationship of Substance Use Disorder (SUD) and PTSD and navigate how these co-occurring disorders have the potential to compromise veterans' recovery efforts. Residents will also gain experience working with Veterans across multiple levels of SUD treatment, from intensive outpatient treatment to community recovery, and across various demographics and systems of care, such as with homeless and/or justice-involved Veterans working toward community re-entry.

G-SATT is an interdisciplinary outpatient treatment program comprised of Ambulatory Detoxification and Medication-Assisted Treatments, Intensive Outpatient Therapy (IOP), and traditional outpatient care to facilitate transition to community recovery.

One of the greatest strengths of training in G-SATT is the amount of support, supervision, and autonomy offered. All supervisors deeply appreciate an emphasis on SUD/trauma-focused treatment; all are trainee-centered and have a heart for training and supervision. This site emphasizes providing residents support, camaraderie, knowledge, supervision, and creativity, while developing a strong sense of autonomy. Ultimately, our investment in SUD residents is an investment in our passion for changing hearts and minds impacted by SUD.

*Supervisory Psychologists: Jason Pickren, PsyD & Mattie President, Ph.D.*

## **2. Lake City: Substance Use Disorder Residential Rehabilitation and Outpatient Treatment Programs**

The Lake City Substance Abuse Treatment Team (L-SATT) supports the following two levels of SUD treatment:

1. Traditional and Intensive Outpatient Programs, which are also interdisciplinary and recovery-oriented programs that include options for trauma-focused treatment such as Seeking Safety; and
2. Two SUD Residential Rehabilitation Treatment Programs (SUD RRTP):

A. The **Substance Abuse Residential Rehabilitation Treatment Program (SARRTP)** serves Veterans with a primary diagnosis of substance use disorders through an interdisciplinary treatment team of physicians, nurse practitioners, psychologists, social workers, occupational therapists, peer support specialists, vocational rehabilitation specialists, recreational therapists, dietitians, nurses and health techs, and program support assistants. The typical length of stay for Veterans admitted to SARRTP is 45-60 days but may be longer depending on the complexity of symptoms and risk factors. Veterans receive addiction, health and nutrition education classes, process-oriented group therapy, evidence-based and trauma-focused treatments, relapse prevention, life-skills training, leisure skills education and recreational therapy, vocational rehabilitation, and exposure to self-help groups within the community to facilitate the transition to community recovery.

B. The **Psychosocial Residential Rehabilitation Treatment Program (PRRTP)** serves Veterans with dual diagnoses of substance use disorder (SUD) and serious mental illness (SMI), such as a mood/thought disorder or severe PTSD, which typically has resulted in multiple hospitalizations. Most Veterans admitted to PRRTP stay for a period of 8-12 weeks and are also served by an interdisciplinary team of providers promoting, in addition to the above, Dialectical Behavior Therapy (DBT), social skills training, Mentalization Based Therapy (MBT), and medication management training. Mindfulness-based approaches to emotion regulation, distress tolerance, and relapse prevention are emphasized, and treatments for PTSD (e.g. PE, CPT, and EMDR) are also available. Veterans discharging from PRRTP may be transitioned to the VA outpatient Psychosocial Rehabilitation Recovery Center (PRRC) or other outpatient mental health programs, as well as to self-help community-based recovery support programs.

Residents embedded in either SUD RRTTP will develop expertise in the role of psychologist on an interdisciplinary treatment team; while providing individual therapy, process-oriented and behavior-oriented group therapies, psychological assessments and testing, relaxation and relapse prevention training, didactic psychoeducational classes, and more. Residents will be exposed to the role of medication-assisted treatment in SUD recovery, trauma-informed care, peer support specialists, and other discipline's approaches to provision of services to Veterans with SUD.

Residents embedded in either SUD RRTTP will develop expertise in the role of psychologist on an interdisciplinary treatment team; while providing individual therapy, process-oriented and behavior-oriented group therapies, psychological assessments and testing, relaxation and relapse prevention training, didactic psychoeducational classes, and more. Residents will be exposed to the role of medication-assisted treatment in SUD recovery, trauma-informed care, peer support specialists, and other discipline's approaches to provision of services to Veterans with SUD.

*Supervisory Psychologist: John S. Auerbach, 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 resident.

The emphasis in Geropsychology provides an invaluable opportunity to address and resolve the unique difficulties presented by an aging veteran population. 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. Residents will conduct their work in an interdisciplinary team setting that will allow them to interact with other trainees and preceptors from other disciplines. 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.

In addition, postdoctoral residents will work on a yearlong Geropsychology project, aimed at allowing the resident to have the experience of Geropsychology program development and/or Geropsychology program evaluation. The resident's project will be presented to the Psychology Department and GRECC. Resident's project will also be presented at the annual GRECC poster day along with all other GRECC residents' projects. Residents will also be encouraged to have one of their intern didactic presentations in the area of Geropsychology, provide support to interns in their diversity project, and work with the other psychology residents collectively on their Cultural Humility Project. Professional development is highlighted with resident participation in Training Committee meetings, Associated Health Committee training days, and psychology intern and resident interviews.

Objectives for this training experience:

***Assessment and Diagnostic Competency:*** To broaden the resident's development of interviewing and assessment skills, utilizing the psychodiagnostic interview and neurocognitive screening to provide an initial assessment and treatment plan.

- Observe clinical interviews conducted by the supervisor, prior to assuming the clinical responsibility for the intakes or consultations. Perform at least 5 intake interviews.
- Integrate relevant information from rounds and interdisciplinary team consultation into case conceptualizations.

- Learn how to evaluate consultations (i.e., identify what unstated problem may be underlying a consult) by discussing each consult with the supervisor and, if possible, with the referral source.
- Select, administer, score, and accurately interpret tests appropriate for older adults.
- Understand aging individuals in the context of social structures, as social contexts define and shape the lives of older people.

***Intervention Competency:*** To develop resident's competency in case conceptualization and then selecting from a wide variety of treatment modalities from behavioral management to traditional psychotherapy based on the needs and abilities of the individual veteran.

- Develop a treatment plan tailored to the veteran's individual needs.
- Plan at least one behavioral intervention.
- Provide short-term psychotherapy for at least 3 clients.
- Provide couples therapy or family counseling as needed.
- Professionally and appropriately consult and communicate with an interdisciplinary team.
- Attend weekly team meetings and rounds, providing succinct summaries of relevant assessments or conceptualizations and working with team to develop an overall plan.
- Develop brief and effective writing skills for assessments and progress notes.
- For consultations, give succinct and effective feedback to referral source.

***Professional and Ethical Behavior:*** To enhance resident's ability to consider ethical issues and to make professional and ethical decisions in their work.

- Discuss ethical dilemmas faced by psychologists who work with older adults, including dying with dignity, DNR declarations, Advance Directives, infantilization, balancing safety and autonomy, capacity and surrogate decision-makers, the right to decline treatment, privacy limitations in the CLC setting, confidentiality, and the provision of palliative care.
- Appropriately respond to ethical dilemmas, such as seeking supervision, consulting with the interdisciplinary team, mandatory reporting if indicated, following ethical principles, modeling respectful interactions, and mitigating risk.

***Human Diversity:*** To promote resident's knowledge of and sensitivity to issues of human diversity and cultural differences.

- Discuss individual and cultural differences, ethnicity, and sexual diversity, as it relates to the conceptualization and treatment of veterans.
- Identify age-related diversity factors, such as cohort-based differences in experiences, norms, and values.

- Work effectively with diverse veterans and staff and discuss related issues in supervision.

***Practitioner-Scholar Model:*** To promote the residents’ ability to seek out and to apply both new and previous knowledge about the lives of older adults and how that relates to their specialized care.

- Read and discuss at least two recommended readings or scientific articles related to older adulthood and apply the knowledge to working with older adults.
- Appreciate the effects common medications may have on older adults.
- The GRECC resident will present or lead a journal article discussion at a GRECC Friday Noon Conference.
- The GRECC resident will present at the annual GRECC Poster Day.

***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 Geropsychology postdoctoral resident will have Geropsychology emphasis training throughout the training year. The training year will be separated into two 6-month periods. During each 6-month period, the Geropsychology resident will divide their time between a Geropsychology rotation (Gainesville or Lake City) and another non-gero rotation. For example:

First 6 months:           Gainesville Geropsychology  
  Rotation + non-gero rotation

Second 6 months:       Lake City Geropsychology Rotation  
  + non-gero rotation

The order of the rotations, the opportunities within each rotation, and the non-gero rotations will be chosen based on the resident’s interests and training plan. Adjunctive elective training opportunities are also available.

Area of emphasis rotation training sites and opportunities:

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

This rotation includes opportunities in the Gainesville Community Living Center (CLC) and the Palliative Care Consult Team. Residents on this rotation work closely with interdisciplinary teams to provide primarily inpatient services to older adults.

The Gainesville CLC has 28 beds, and provides comprehensive interdisciplinary assessment, treatment, preventive, and restorative/rehabilitative care to veterans who have sustained a change in physical functioning or who need skilled nursing care (e.g., wound care, IV antibiotics). Length of stay is typically 2 weeks to 90 days. The CLC has a teaching service, where medical students, medical residents, and trainees from other disciplines are part of the clinical team. Common presenting concerns in the CLC include: Adjustment (to medical conditions, change in functioning, hospitalization), depression, anxiety, insomnia, pain management, grief and anticipatory grief, cognitive deficits, substance use, PTSD, and challenging/responsive behaviors.

The Gainesville Palliative Care Consult Team is a multidisciplinary team that addresses inpatient and outpatient consults for veterans who have been diagnosed with a life-limiting illness. The team meets and rounds daily. During rounding, the team meets with veterans and their loved ones to facilitate goals of care conversations, explore values and treatment goals, assess and manage symptoms, and facilitate next steps such as hospice care. Geropsychology residents may provide team consultation, individual therapy, and caregiver/family support.

*Supervisory Psychologist: Carly Ostrom, Ph.D.*

## **(2) Lake City VAMC CLC**

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. Each neighborhood has its own interdisciplinary team in which psychology is fully integrated. The neighborhoods' specialties include 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. Training opportunities include: short-term and long-term psychotherapy, complete neuropsychological testing and capacity evaluations, implement behavioral interventions (STAR-VA) and behavioral contracts, facilitate psychoeducational or psychotherapeutic groups (e.g., Meaning-Centered Psychotherapy Group, Next Steps Amputee Group, Mindful Warrior), staff education, 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; and
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 quarterly CLC newsletter, modifying medical and nursing practices to reduce unnecessary blood draws and care tasks, and planning special meals, holiday celebrations, gatherings, and monthly CLC events.

*Supervisory Psychologists: Carrie Ambrose, Ph.D. & Julie Barritt, Ph.D.*

### **Characteristics of Both Geropsychology Rotations**

**Interdisciplinary Teams:** An integral part of both Geropsychology rotations is participation as a member of an interdisciplinary treatment team, which includes representatives from Nursing, Medicine, Social Work, Physical or Kinesio Therapy, Occupational Therapy, Recreational Therapy, Dietetics, Chaplain services, and Pharmacy. Residents will attend interdisciplinary didactic rounds and care plan meetings. Psychology frequently collaborates with multiple disciplines and provides consultation for referral sources with services ranging from evaluation to behavioral management or psychotherapy.

**Veteran Diversity:** Veterans in Geropsychology settings are heterogeneous in terms of their:

1. Ethnicity and Intersectionality;
2. Age (increase in referrals for veterans in their 50s and 60s);
3. Cognitive Abilities (cognitively intact, mild to major neurocognitive disorders);
4. Medical Conditions (heart conditions, respiratory conditions, strokes, cancers, diabetes, kidney disease, obesity, amputations, recent surgical procedures, wounds, infections);
5. Lifestyle (rural, unusual living arrangements, chronic substance abuse); and
6. Presenting Problems (adjustment to medical conditions or functional changes, depression, anxiety, sleeping problems, grief, chronic pain, SMI, relational problems)

With our diverse population, postdoctoral residents can tailor the training experience to their interests and training goals.

**Opportunities:** Postdoctoral residents who complete Geropsychology training will have the opportunity to:

- Conduct initial assessments of new admissions;
- Select, administer, score, and interpret tests appropriate for geriatric populations, such as symptom assessments, informant-based measures, cognitive screeners, and limited neuropsychological assessments;
- Conduct medical decision-making capacity assessments and write reports;
- Conduct behavioral analysis using STAR-VA and develop a behavior management plan;
- Perform evaluations of dementia and age-related cognitive decline, becoming familiar with the prevailing diagnostic nomenclature and specific diagnostic criteria;
- Provide variety of interventions, including individual therapy, group therapy, caregiver support, family therapy, behavioral intervention, behavioral health (e.g., smoking cessation, pain management), environmental modification, and interdisciplinary team interventions;
- Gain factual and experiential information about certain life events that typically occur in later life;
- Utilize specific techniques for working with older adults who experience emotional suffering and dysfunction secondary to dementia;
- Learn about medical conditions and medications, and their effects on personality, emotion, cognitive functioning, and behavior;
- Work with older adults who are diverse in terms of socioeconomic and demographic factors, culture, medical conditions, personal and spiritual values and beliefs, life experiences, cognitive abilities, communication needs (e.g., aphasia, hearing loss), and social context;
- Understand and learn how to respond to ethical concerns; such as those related to suspected exploitation, balancing safety and autonomy, working with surrogate decision-makers, privacy limitations in the CLC setting, etc.;
- Contribute to culture transformation and quality of life efforts; and
- On average, trainees spend at least 8 hours a week in direct contact on their gero rotation (e.g., individual therapy, assessment, behavioral observation, IDT consultation/collaboration).

## **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. Residents will gain experience working on both inpatient medical units (ICU, surgery, oncology and general medicine) and in outpatient primary care clinics. Residents will also have an opportunity to gain in-depth experience in pain management and/or healthy lifestyle

promotion. In addition, 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 residents to assume clinical, academic, and/or administrative leadership positions wherever they may continue their clinical careers. Residents will also be encouraged to have one of their intern didactic presentations in Health Psychology, provide support to interns in their diversity project, and work with the other psychology residents collectively on their Cultural Humility Project. Professional development is highlighted with resident participation in Training Committee meetings, Associated Health Committee training days, and psychology intern and resident interviews.

Below are the specific objectives for this training experience.

### **Assessment and Diagnosis:**

- Psychological consults on inpatient medical units taking 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;
- Triaging “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; and
- 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 symptoms of depression/anxiety, adjusting to new medical diagnosis, coping with prolonged hospitalization, and motivational interviewing for healthy behavior change;
- Brief outpatient psychological interventions with patients 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; and
- 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; and
- Understanding of when to refer for appropriate treatment.

**Professional and Ethical Behavior:**

- Demonstrate understanding of the APA Ethical Principles and Code of Conduct and HIPAA;
- 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; and
- 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; and
- 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; and
- Examples of successful projects include designing and conducting research, conducting a literature review and meta-analysis, or designing and implementing a new treatment group. 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; and

- Participation in monthly professional development meetings with postdoctoral subcommittee and completion of readings as assigned.

## **Rotations**

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

Area of Emphasis Training Rotations – Both rotations will be in health psychology: One in Medical Psychology at Gainesville VAMC and one in Primary Care Mental Health Integration at Gainesville VAMC.

The area of emphasis 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 Medical Psychology program offers psychological services to Medical and Surgical inpatients and outpatients and their families on a consultation-liaison basis. Currently, consultations are being done on medical inpatient wards, intensive care units (cardiothoracic, medical, and surgical), a chemotherapy clinic, and other medical/surgical specialty clinics.

Residents 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, assisting in end-of-life planning, 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. Residents will also have an opportunity to work with medical inpatients who have been identified as high risk for suicide, to provide support and ensure that their mental health needs are met while on medical unit. In addition, residents will also perform evaluations of candidates for organ transplantation (kidney, heart, lung, liver), bone marrow/stem cell transplantation, gender-affirming surgery, gender-affirming hormone therapy, and other medical interventions.

Other aspects of the program include weekly Medical Psychology team meetings and clinical health psychology journal/book discussions. 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.

Residents who complete this rotation will be able to:

- Conceptualize a psychological consultation issue utilizing clinical interview and history, including information from the client's Computerized Patient Record System (CPRS) entries.
- Demonstrate competence in consultation, in responding to referring professionals, and in intervention as indicated.
- Conduct evaluations preceding medical/surgical procedures and convey results of these effectively both verbally and in written reports.
- Demonstrate knowledge of medical record review, medical terminology, pharmacology, and pathology.
- Participate in the interdisciplinary approach to health care, spanning the range from prophylaxis to assisting in end-of-life planning.
- Acquire familiarity with science-based and other professional literature pertinent to health psychology topics, receiving materials from supervisor and researching relevant literature independently.

*Supervisory Psychologists: Valerie Shorter, Ph.D. & Michelle Smith, Ph.D.*

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

Common referral questions for PCMHI include ones that 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.

Residents can choose to emphasize patient populations or presenting problems as availability allows. In addition, at times a University of Florida graduate student

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

*Supervisory Psychologists: Julius Gylys, Ph.D. & Timothy Ketterson, Ph.D.*

Additional 6-Month Training Rotations for Health Psychology Area of Emphasis: The resident has an opportunity to participate in one or both of the following rotations:

a. Healthy Living

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, including evidence-based intervention and assessment, administration, outreach, training, and program improvement/development related to health behaviors (e.g., tobacco cessation, nutrition, exercise) and whole health. The resident will be able to facilitate/co-facilitate interdisciplinary wellness groups (e.g., mindful breathing and movement, weight management), as well as complete psychological assessment for bariatric surgery candidates. Opportunities are also available to co-facilitate a gender-affirming group. The resident would have the opportunity to be involved with tobacco cessation administration and outreach, as well as participate in motivational interviewing trainings. The resident would be working closely with interdisciplinary colleagues/teams. More training experiences are likely to be offered than those listed as this minor rotation is dynamic and evolving. This minor rotation can be tailored specifically to the individual's interests and training goals.

*Supervisory Psychologist: Erica Hoffmann, Ph.D.*

b. Pain Psychology

Residents who choose to participate in the Pain Psychology rotation will have the opportunity to work with our Pain Psychologist in a variety of areas. 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 an opportunity to co-facilitate a Pain Management and Coping Skills Group. In addition, 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).

*Supervisory Psychologist: Kevin Lancer, Ph.D.*

Alternatively, the resident may choose to participate in any of the other available 6-month rotations; including Geropsychology, diversity/multiculturalism and leadership, neuropsychology, inpatient psychiatry, women's clinic, and substance use programs/clinics. Supplemental elective training opportunities are also available.

**ADDITIONAL 6-MONTH TRAINING ROTATIONS** – Residents have an opportunity to craft a personalized training plan for the year that meets their needs for continued and/or new training experiences in addition to those in their emphasis areas. Thus, while residents are engaged in rotations half-time all year in their emphasis areas, the other half-time is available for two rotations of the residents’ choice.

### ***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 Medical Psychology program offers psychological services to Medical and Surgical inpatients and outpatients and their families on a consultation-liaison basis. Currently, consultations are being done on medical inpatient wards, intensive care units (cardiothoracic, medical, and surgical), a chemotherapy clinic, and other medical/surgical specialty clinics.

Residents 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, assisting in end-of-life planning, 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. Residents will also have an opportunity to work with medical inpatients who have been identified as high risk for suicide, to provide support and ensure that their mental health needs are met while on medical unit. In addition, residents will also perform evaluations of candidates for organ transplantation (kidney, heart, lung, liver), bone marrow/stem cell transplantation, gender-affirming surgery, gender-affirming hormone therapy, and other medical interventions.

Other aspects of the program include weekly Medical Psychology team meetings and clinical health psychology journal/book discussions. 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.

Additional information about the Medical Psychology rotation in Gainesville can be found in the information provided about the Health Psychology emphasis area.

*Supervisory Psychologists: Valerie Shorter, Ph.D. & Michelle Smith, Ph.D.*

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

The PCMHI rotation is located at the Gainesville VAMC (GVAMC). The GVAMC has the largest primary care clinic of our catchment area. On this rotation, residents learn how to adapt traditional clinical and health psychology services for the primary care setting.

Residents on this rotation will have the opportunity to respond to consults via “warm handoff” from the Primary Care Providers (physicians, medical residents, and APRNs). Residents will hone their skills in brief functional assessments, triaging patients, concise report writing, and providing appropriate recommendations/referrals. Residents will also have an opportunity to conduct brief (6-8 session) therapy with patients.

Common referral questions for PCMH include ones that 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.

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

Additional information about the PCMH rotation in Gainesville can be found in the information provided about the Health Psychology emphasis area.

*Supervisory Psychologists: Julius Gylys, Ph.D. & Timothy Ketterson, Ph.D.*

### ***The SATT Team***

There is a movement afoot. The racially motivated war on drugs has failed, and we are in need of a more nuanced approach to the resulting trauma. For too long we have misunderstood and mistreated those struggling with substance use disorders and trauma. We need all the help we can get to correct this social injustice. We can say with full confidence that there is no more rewarding work than to be on the right side of history.

We offer a well-rounded, challenging, and moving rotation centered around learning the true causes of and treatments for addiction and trauma. The opposite of addiction is not sobriety. The opposite of addiction is connection. Connection happens to also be the final step of trauma recovery. So, our training experiences highlight the importance of vets re-connecting to their emotions, their memories, their identities, and their communities while healing from complex trauma. In the process, we have seen repeatedly that trainees come to understand themselves in new and unexpected ways.

Experiences in group therapy, individual therapy, and psychological assessment are plentiful, rich, and guided by modalities proven to facilitate recovery including 12 step facilitation, CBT, Motivational Interviewing, CPT, PE, STAIR and many others. There are multiple SATT psychologists and trainees who work together in an outpatient setting as a

built-in sub-team within the clinic to provide support, mentorship, and comradery. We will look back at these times as a breakthrough in the progression of our relationship with substances and trauma. It is an exciting and harrowing moment. Ask around if you like, because we know that past trainees will confirm our description. And, we hope to count you among them in the future.

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, COPE, 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. 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.

Additional information about the SATT rotations in Gainesville and Lake City can be found in the information provided about the SUD emphasis area.

*Supervisory Psychologists: Jason Pickren, PsyD; Mattie President, Ph.D.; & John Auerbach, Ph.D.*

### ***Malcom Randall VA Medical Center Geropsychology (Gainesville)***

This rotation includes opportunities in the Gainesville Community Living Center (CLC) and the Palliative Care Consult Team. Residents on this rotation work closely with interdisciplinary teams to provide primarily inpatient services to older adults.

The Gainesville CLC has 28 beds, and provides comprehensive interdisciplinary assessment, treatment, preventive, and restorative/rehabilitative care to veterans who have sustained a change in physical functioning or who need skilled nursing care (e.g., wound care, IV antibiotics). Length of stay is typically 2 weeks to 90 days. The CLC has a

teaching service, where medical students, medical residents, and trainees from other disciplines are part of the clinical team. Common presenting concerns in the CLC include: Adjustment (to medical conditions, change in functioning, hospitalization), depression, anxiety, insomnia, pain management, grief and anticipatory grief, cognitive deficits, substance use, PTSD, and challenging/responsive behaviors.

The Gainesville Palliative Care Consult Team is a multidisciplinary team that addresses inpatient and outpatient consults for veterans who have been diagnosed with a life-limiting illness. The team meets and rounds daily. During rounding, the team meets with veterans and their loved ones to facilitate goals of care conversations, explore values and treatment goals, assess and manage symptoms, and facilitate next steps such as hospice care. Geropsychology residents may provide team consultation, individual therapy, and caregiver/family support.

*Supervisory Psychologist: Carly Ostrom, Ph.D.*

### ***Geropsychology – Lake City VAMC – Community Living Center***

The Community Living Center (CLC) 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. Each neighborhood has its own interdisciplinary team in which psychology is fully integrated. The neighborhoods' specialties include 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. Training opportunities include: short-term and long-term psychotherapy, complete neuropsychological testing and capacity evaluations, implement behavioral interventions (STAR-VA) and behavioral contracts, facilitate psychoeducational or psychotherapeutic groups (e.g., Meaning-Centered Psychotherapy Group, Next Steps Amputee Group, Mindful Warrior), staff education, 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:***

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

- **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 quarterly CLC newsletter, modifying medical and nursing practices to reduce unnecessary blood draws and care tasks, and planning special meals, holiday celebrations, gatherings, and monthly CLC events.

Additional information about the Geropsychology rotations in Gainesville and Lake City can be found in the information provided about the Geropsychology emphasis area.

*Supervisory Psychologists: Carrie Ambrose, Ph.D. & Julie Barritt, Ph.D.*

### ***PRRC/HONOR Center Rotation***

This rotation offers a range of clinical experiences in the Community Reintegration and Recovery Service Line, which serves homeless Veterans and Veterans with severe and chronic mental illness. Residents will have the opportunity to learn from and collaborate closely with multiple interdisciplinary teams to address a range of diagnoses, including schizophrenia, bipolar disorder, PTSD, MDD, and SUD. One day of the rotation will be spent at the HONOR Center, our residential treatment program for homeless Veterans, which serves 45 Veterans with a variety of medical, psychological and/or substance abuse problems. One day of the rotation will be spent at our Psychosocial Recovery and Rehabilitation Center (PRRC), which provides outpatient, Recovery-oriented treatment focused on reintegration into the community. The third day will be dedicated to follow-up appointments and psychological assessments, depending on the residents’ training needs.

There are several unique aspects to this rotation that are particularly important to emphasize. First, working in any hospital setting requires strong interdisciplinary skills, and this is especially true in working with our most vulnerable and disenfranchised Veterans. This rotation offers the invaluable opportunity to learn from providers from other disciplines, many of whom have been serving this population for years. Second, this rotation allows for a broad range of experiences that can be tailored to the residents’ training goals. In addition to the HONOR Center and PRRC, residents would have the option to work with Veterans across levels of care, including the MHICM (Mental Health Intensive Case Management) and HudVash programs. Finally, this rotation provides a unique perspective on trauma treatment that may include, but often transcends, traditional trauma processing treatment. Our emphasis on community reintegration offers unique opportunities to augment coping skills, address avoidance, and build a supportive community.

Residents who complete this rotation will be able to:

- Demonstrate an ability to participate in interdisciplinary treatment planning for individuals struggling with homelessness in addition to severe and chronic mental illness
- Identify and utilize appropriate assessment tools to provide diagnostic clarification and aid in treatment planning – Assessment tools utilized at this rotation include self-report, personality assessment, and cognitive assessment
- Provide individual therapy with an emphasis on Recovery-oriented principles
- Develop a time-limited therapy group based on residents' strengths/interests and the needs of the community
- Demonstrate understanding of the community integration model by participating in at least 1 community integration outing with the supervising psychologist.

*Supervisory Psychologist: Amy Voltmer, Psy.D.*

### ***Diversity/Multiculturalism and Leadership***

Diversity/multiculturalism and leadership development is fundamental to psychology training and clinical practice. This rotation will provide enough structure to achieve the highest levels of proficiency in those skills traditionally associated with the profession of psychology and program development, from a multicultural perspective. The goal of this rotation is to assist residents in developing an expertise in the delivery of diverse and multiculturally informed, evidenced-based treatment for diverse Veterans. This rotation will help residents increase:

- Sensitivity to aspects of mental/behavioral health, mental illness, and recovery associated with cross-cultural and transcultural experiences of diverse Veterans
- Awareness and integration of their own diversity and multiculturalism and how it impacts their interactions with Veterans.
- Awareness of, be sensitive to, and competent in the impact of unique psychosocial factors (e.g., poverty, incarceration, sociopolitical, immigration) on the mental and behavioral health of diverse Veterans

This rotation will provide supervised experiences in traditional psychological techniques appropriately modified for work with disenfranchised and minority Veterans. Clinical practice will be supplemented with diversity-focused didactic experiences, supervision, and community outreach. This rotation will also provide residents with an opportunity to learn about the importance of diversity-related program development in psychology training and clinical practice. On this rotation residents will have the opportunity to:

- Demonstrate knowledge of the impact of diversity and multiculturalism on psychological assessment, psychotherapy, and behavioral health interventions;

- Provide individual and group mental/behavioral health interventions to diverse Veterans;
- Provide consultation and feedback to VA staff and trainees on diversity issues involving Veterans;
- Develop programs to increase mental and behavioral health services offered to diverse Veterans on a Psychology service and/or system-wide level;
- Participate in VA and community outreach for diverse Veterans; and
- Provide in-service trainings to staff related to diversity/multicultural issues in the practice of psychology.

*Supervisory Psychologist: Michelle L. Smith, Ph.D.*

### ***Women's Primary Care Clinic and Military Sexual Trauma***

This primary care clinic provides outpatient medical and mental health services to female Veterans and eligible wives of 100% service-connected Veterans. In addition to the supervisory psychologist, the team is composed of two primary care providers (an MD and a nurse practitioner specializing in women's health), four nurses (2 RNs and 2 LPNs), a licensed clinical social worker (also serving as the transgender coordinator for NF/SG Veterans Health System), a full-time PCMHI psychiatrist, and a clerical support person.

Residents will have the opportunity to participate in an interdisciplinary team approach to patient care (Primary Care Mental Health Integration – PCMHI) involving both a full range of behavioral health issues and treatment related to specialized areas; such as military sexual trauma, intimate partner violence, complex trauma, personality disorders, combat trauma, and transgender/gender dysphoria. Learning experiences include psychological evaluations and provision of evidenced-based psychotherapy approaches, both short- and long-term; including trauma-based approaches (CPT and PE) and Dialectical Behavior Therapy (DBT). The comprehensive DBT program in the Women's Clinic has been established to provide empirically based treatment for some of the most distressed female Veterans. Our residents have an opportunity to join the weekly DBT consultation team as a member of the comprehensive DBT program. Treatment interventions may be utilized with individuals, couples, families, and group; as well as a combination of different interventions. Opportunities to co-facilitate ongoing interpersonal process and cognitive-behavioral groups are available to the resident; including Cognitive Processing Therapy for MST, Dialectical Behavioral Therapy, STAIR, and CBT for Chronic Pain. A resident may initiate and develop short-term psychotherapy groups to address specific health-related concerns; such as assertiveness, weight loss, coping with depression, and parenting. A resident will also have an opportunity to work with women across a wide age-range and cultural background.

*Residents who complete this rotation will be able to:*

- Conduct comprehensive psychological assessments involving interviews and testing as appropriate;
- Develop appropriate therapy treatment plans and referrals;
- Conduct brief and long-term individual psychotherapy with female veterans, including evidence-based trauma protocols (CPT and PE) and Dialectical Behavior Therapy;
- Co-lead existing groups and/or organize new groups to meet the resident's areas of interest; and
- Gain an understanding of the social issues impacting female Veterans in their daily lives; especially the issues of sexual trauma, intimate partner violence, familial responsibilities, adjustment issues, race, gender, and financial constraints.

*Supervisory Psychologist: Elizabeth P. Dizney, PsyD*

### ***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.

*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; and
- 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., ABPP-CN*

## **Inpatient Psychiatry**

This rotation offers residents the opportunity to participate in the evaluation and treatment of patients with severe mental disorders on the inpatient psychiatric unit at the Gainesville VAMC. This setting provides training experiences with Veterans suffering from acute psychological disturbances and substance use concerns. Residents will spend approximately three days per week on the inpatient unit and will function as part of an interdisciplinary team. Residents will conduct psychological assessments, which include diagnostic interviews and psychopathology and personality tests. They will also have an opportunity to participate in a variety of treatment modalities, including individual and group therapy. The inpatient unit is a vibrant interdisciplinary team setting, in which psychologists are highly valued team members.

On the inpatient unit, residents will 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 psychosis, 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 resident will have the opportunity to participate in brief, solution-focused individual interventions including motivational, skills-based, or psychoeducational evidence-based treatments. These interventions may include Motivational Interviewing for substance use disorders, and components of evidence-based group therapy interventions such as 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. Finally, there are multiple opportunities to participate in program development and evaluation; interested postdoctoral residents may participate in ongoing clinical research.

*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 regarding such matters; and
- 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.

*Supervisory Psychologist: Sara Civetti, PsyD & Kerry Wagner-Bellocchio, PsyD*

### ***Requirements for Completion***

To successfully complete a rotation, residents must obtain ratings of at least "3" in all areas of the evaluation forms at the three-month mark, ratings of at least "4" at the six-month mark, and ratings of at least "5" at the end of the twelve-month mark. These ratings indicate residents are performing in a manner consistent with their current level of training and expected competency levels. Residents are expected to abide by the APA ethical principles and relevant Florida Rules and Laws. Residents are expected to complete their projects and have made two professional presentations and two presentations for didactics to the psychology doctoral interns.

### ***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.

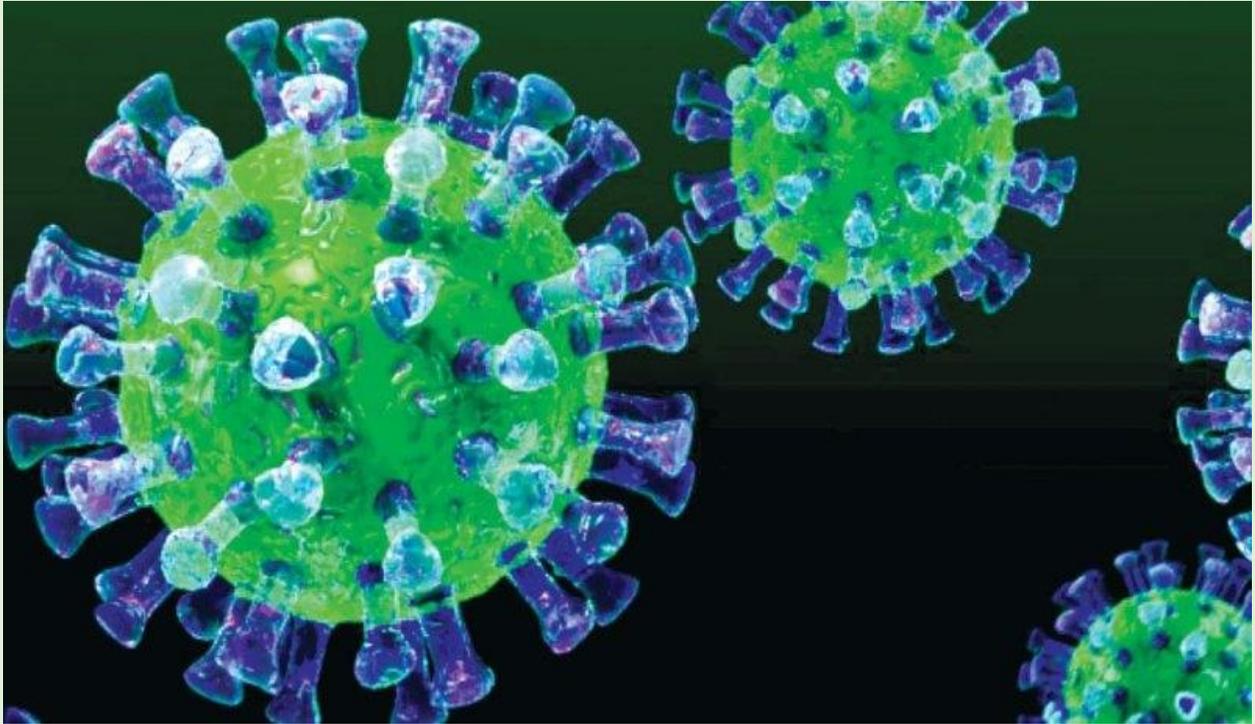
### ***Administrative Policies and Procedures***

#### **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 approximately \$46,222 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, 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 Memoranda for Complaints, Grievance Procedures, Problematic Performance, Due Process, and Training Plan Amendments. 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 residents receive at the outset of the training year.



### ***Training in the Age of COVID-19***

**Remote Seminars:** Seminars may be offered remotely, with presenters and participants at different locations during the seminar transmission. Remote seminars may be offered by WebEx, Skype, Zoom, or other approved platforms, and information will be readily available to participants in advance of the seminar. The expectation is that any seminars offered remotely will be attended in their entirety, with Residents actively participating.

**Telework:** Residents who have completed initial Orientation requirements and have demonstrated adequate clinical and administrative skills relative to their desired rotations may be eligible for telework during a public health crisis. Telework is a privilege, requiring adherence to a formal Telework Agreement and completion of all prerequisites for telework. The safety of our Veterans and Residents are always at the forefront of what we do, but while every effort is made to secure telework during any public health crisis, telework itself is not guaranteed and can be limited. It is important for Residents to maintain an online presence and complete clinical and/or administrative duties as effectively as they would in person when they are teleworking. In this way, we can know that our Veterans and our Residents are always safe during any public health crisis.

**Unique Circumstances:** Reasonable efforts will be made to maintain safety of all Residents throughout their participation in the program. Facility requirements related to face-to-face contact with Veterans and colleagues will be provided to each Resident, and adherence to these requirements is obligatory. Residents who require accommodations for a disability should seek these accommodations via the Human Resources department.

## ***Training Staff***

### ***GEORGE SHORTER, PH.D.***

#### **Title: Associate Chief of Staff (ACOS), MHSL**

Dr. George Shorter earned his Ph.D. in Clinical Psychology from Auburn University in 2001. He was appointed as Associate Chief of Staff for Mental Health for North Florida/South Georgia Veterans Health System (NF/SGVHS) in September of 2019 having previously served as Chief of Psychology Service. Dr. Shorter is responsible for all mental health programs and staff in this system, including two hospitals, three large multispecialty outpatient clinics, and nine community-based outpatient clinics. NF/SGVHS system measures among the largest VA systems in the nation, serving approximately 140,000 Veterans per year with around 37,000 Veterans utilizing mental health services. Dr. Shorter is a member of the VA's National Psychology Professional Standards Board and the Planning Committee for the VA Psychology Leadership Conference; he has served as Chairperson of the State of Florida's DUI Programs Review Board, Acting National Director of Recovery Services and of Mental Health Intensive Case Management Programs, as President of the Association of VA Psychologist Leaders, and as Acting Director of North Florida/South Georgia Veterans Health System's Mental Health Service.

**Personal Interests:** Dr. Shorter enjoys fishing, surfing, flying remote control model aircraft, and spending time with his wife and two children.

### ***JENNIFER W. ADKINS, PH.D.***

**Title:** Associate Chief, Psychology Service / Acting Chief, Psychology Service

**Schools:** University of Florida, BS; Auburn University, MS & PhD

**Internship:** University of Florida Department of Public Health and Health Professions

**Residency:** University of Florida Department of Psychiatry

**License:** Florida – 2007 to present

**Duties:** Mental Health and Psychology Leadership, Clinical Psychologist, VACO Family Therapy National Trainer and Consultant

**Professional Interests:** Dr. Adkins' approach is best described as integrative. Her clinical work is most often influenced by behavioral, cognitive behavioral, family systems, and developmental theory. Her professional interests include couple and family therapy, parent training, and interventions for anxiety disorders. Dr. Adkins is a founding member of the VA Lived Experience workgroup: a group of VA healthcare professionals who have a lived experience with mental illness and who work to reduce stigma associated with mental illness through advocacy and education.

**Personal Interests:** Dr. Adkins enjoys spending time with her family and friends. She prefers to be outdoors and close to a body of water whenever possible. She can be found swimming, kayaking, hiking and camping with her family whenever her schedule permits. She also enjoys being creative and especially enjoys sharing her love for all things crafty with her daughter.

***DIAN EVANS, J.D., PH.D., M.S.C.P.***

**Titles:** Director of Training, Neuropsychologist, Forensic Psychologist

**Schools:** Fairleigh Dickinson University (Psychology), Montclair State University (Psychology), Fielding Graduate University (Psychology), Loyola University (Law), New York University (Law), University of Maryland (undergraduate journalism) and University of Oklahoma (undergraduate nursing and graduate journalism)

**Internship:** Wyoming State Hospital

**Fellowship:** Hackensack University Medical Center

**Licenses:** New York, South Carolina, Louisiana, and New Jersey

**Duties:** In addition to her role as the Director of Training, Dr. Evans' clinical focus is on assessment.

**Professional Interests:** Dr. Evans' professional interests include training, supervision, neuropsychological assessment, forensic assessment, general assessment, psychopharmacology and the psychology of health and disease.

**Personal Interests:** Favorite avocations include spending time with her family, eating out, music, traveling the world, reading and writing. She likes eating, but not cooking. She very much likes riding in hot air balloons and very much dislikes driving automobiles. If she ever wins the lottery, which she plans to do this year, she will buy a hot-air balloon, hire a limousine driver, and hire a Chef among other things. Most of all, she loves sitting on her balcony after work watching nature with her husband and her two dogs, Sazerac, a Shih Tzu and Tipitina, a Pug.

***Training Supervisors***

***CARRIE AMBROSE, PH.D.***

**Title:** Staff Psychologist

**Schools:** University of Mississippi (Graduate), Auburn University (Undergraduate)

**Internship:** Central Arkansas Veterans Healthcare System, Generalist Track

**Residency:** North Florida South Georgia Veterans Health System, Geropsychology Emphasis

**License:** Florida, 2015-present

**Duties:** Community Living Center Psychologist, Preceptor for Postdoctoral Residency Geropsychology Emphasis, Behavioral Recovery Outreach Psychologist, STAR-VA Behavior Coordinator

**Professional Interests:** Dr. Ambrose's theoretical orientation is cognitive behavioral. She also utilizes meaning-centered and values-based interventions to serve Veterans residing in our Community Living Center for short-term rehab/skilled nursing care, long-term care, dementia care, and hospice/palliative care. She is also interested in behavioral planning to managing responsive behaviors in those with dementia and served as a STAR-VA training consultant for three years. Other professional interests include the promotion of quality of life for those residing in long-term care through culture transformation.

***JOHN AUERBACH, PH.D.***

State University of New York at Buffalo, 1988

Attachment theory, intersubjectivity theory, Mentalization Based Therapy, Mindfulness Based Cognitive Therapy, performance-based assessment, substance use disorders, personality disorders, PTSD

***JULIE BARRITT, PH.D.***

**Title:** Geropsychologist

**Schools:** University of Northern Colorado (Doctorate), University of Northern Colorado (Masters), Arizona State University (Undergraduate)

**Internship:** North Florida/South Georgia VAMC - General Track

**Residency:** North Florida/South Georgia VAMC - Geropsychology

**License:** Florida

**Duties:** Clinical Psychologist - Lake City Community Living Center

**Professional Interests:** Geropsychology, Long-Term Care, Short-Term Rehab, Dementia Care and Dementia Related Neuropsychology, Ethics, Hospice and Palliative Care

***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.***

**Title:** Clinical Psychologist

**Schools:** Florida Institute of Technology (Graduate), SUNY Binghamton University (Undergraduate)

**Internship:** Mountain Home VAMC, Johnson City, TN

**Residency:** NF/SG VAMC, SUD Track

**License:** Florida, 2015-Present

**Duties:** Clinical Psychologist, Inpatient Mental Health; Dialectical Behavior Therapy Program

**Professional Interests:** Dr. Civetti considers herself to be a Third Wave Cognitive Behavioral Psychologist who conceptualizes from a humanistic and relational perspective. On the inpatient unit, she utilizes short-term evidence-based practices (CBT, ACT, MI, DBT) with individuals who have been diagnosed with a variety of psychological disorders including, but not limited to depression, anxiety, substance use disorders, SMI, personality disorders, chronic suicidality. She also has a strong interest in working with Veterans who have complex trauma and personality disorders in an outpatient setting. Dr. Civetti's other professional interests include psychological testing to clarify diagnosis and guide the course of treatment, couples therapy, as well as training and supervision.

**Personal Interests:** Dr. Civetti enjoys traveling, boating, the outdoors, anything related to food and eating, spending time with her family, and yoga/exercise. She has a husband and fur baby, whom she loves going on mindful walks with!

***CHRISTIAN DOW, PH.D.***

**Title:** Neuropsychologist

**Schools:** Rosalind Franklin University of Health Sciences (Doctorate), Chicago Medical School/Finch University of Health Sciences (Masters), University of Wisconsin-Whitewater (Undergraduate)

**Internship:** Southwest Consortium-New Mexico VAMC - Neuropsychology Track

**Residency:** University of Florida - Neuropsychology

**License:** Florida

**Duties:** Clinical Psychologist – Neuropsychology Service

**Professional Interests:** Dr. Dow is an officer in the Army Reserve with deployments to Iraq and Kuwait and a recent mission to support COVID-19. His clinical interests include cognitive patterns in epilepsy and psychogenic seizures; dementia; traumatic brain injury.

***ELIZABETH DIZNEY, PSY.D.***

**Title:** Staff Psychologist – Women’s Clinic PCMHI; Clinical supervisor for practicum, internship, and residency programs

**Schools:** Forest Institute of Professional Psychology (PsyD); Missouri State University (BA)

**Internship:** Houston Independent School District – Psychology Services

**Residency:** Mental Health and Mental Retardation Authority of Harris County (MHMRA) – Forensic Unit

**Licenses:** Florida, 2005-present; Kentucky, 2003-2005

**Duties:** Clinical Psychologist

**Professional Interests:** Eating disorders and obesity, food addiction, DBT, personality disorders, complex trauma, PTSD, PCMHI, chronic pain

***JULIUS GYLYS, PH.D.***

**Title:** Staff Psychologist

**Duties:** PCMHI Provider and Training Supervisor

**Education:** Ohio University (Psychology Graduate Program), Syracuse University, University of Toledo

**Internship:** University of Florida, Department of Clinical and Health Psychology

**License:** Florida, 2000-present

**Additional Appointments:** Clinical Assistant Professor, University of Florida, Department of Clinical and Health Psychology

**Other Relevant Prior Experience:** Volunteer High School Teacher, Navajo Reservation; Chronic Disease Prevention Program Manager, FL Dept of Health

**Professional Interests:** Primary Care Behavioral Health, Tobacco Cessation, Mindfulness, Contemplative Psychology, Student Operated Community Free Clinics

**Personal Interests:** Dr. Gylys personal interest are his Family, Road & Trail Running, Vegetarian Cooking, Shambhala Meditation, Social Justice, Day Hiking, Travel, and Being Outdoors.

***ERICA HOFFMANN, Ph.D.***

**Title:** Health Behavior Coordinator/Staff Psychologist

**Schools:** Bowling Green State University (Graduate), University of Wisconsin – Madison (Undergraduate)

**Internship:** Pittsburgh VAMC, Generalist Track

**Residency:** North Florida/South Georgia VHA, Substance Use Emphasis

**License:** Florida, 2014 - Present

**Duties:** Clinical Psychologist with Health Promotion and Disease Prevention

**Professional Interests:** Dr. Hoffmann utilizes CBT, Motivational Interviewing, ACT and other mindfulness-based interventions to assist Veterans with health behaviors and whole health. She is active in interdisciplinary care with MOVE! Weight Management, Recreation Therapy, and Bariatric Surgery, among other teams. Dr. Hoffmann also serves as a Tobacco Cessation Lead Clinician and member of the Transgender/LGB Workgroup.

**Personal Interests:** Dr. Hoffmann strives for balance through travel, food and restaurants, outdoor activities, quality time with others, yoga, mindfulness, and novel experiences. She and her partner also stay busy working on their new (old) house and daunting yard.

***TIMOTHY KETTERSON, PH.D.***

**Title:** Staff Psychologist, Primary Care-Mental Health Integration (PC-MHI)

**Schools:** Ph.D. in Counseling Psychology (2000) - University at Albany, State University of New York (SUNY-Albany); M.A. in General-Experimental Psychology (Major: Developmental Psychology)(1991) - Southern Illinois University – Edwardsville (SIU-E); B.A. in Psychology (1988) - University of Georgia

**Internship:** North Florida / South Georgia Veterans Health System (1998-99) – Geropsychology (GRECC Intern)

**Residency:** 2-year NIH-sponsored Fellowship in Health Promotion Research / Department of Clinical & Health Psychology, University of Florida (1999-2001)

**License:** Florida

**Duties:** Primary Care Psychologist & Clinical Supervisor (PC-MHI & Outpatient Psychotherapy rotations)

**Professional Interests:** Clinical & Health Psychology, Health Promotion & Behavior Change (Tobacco Cessation), Psychology of Aging / Life Transitions, Telehealth & e-Health, Relational Influences on Vocational Development, and Professional Advocacy / Leadership

**Professional Service:** President of the Florida Psychological Association (FPA; 2017-19), FPA Treasurer (2014-16), President of North Central Chapter of FPA (2011-13), Chapter Representative to the Board of Directors (2007-13)

**Personal Interests:** Dr. Ketterson enjoys spending time with family & friends, traveling (international & domestic), and classifies himself as both a *Music Enthusiast NOS* (he plays trumpet & flugelhorn in an a band), and an *Automobile Enthusiast NOS* (he enjoy driving *con brio*, maintaining his vintage cars, & attending *endurance road racing* events). He is fan of domesticated felines, admires fine art & architecture, reads about *human history & natural science*, and communes with nature (via *back yard* birding, kayaking, hiking, visiting mountains and beaches). He also enjoy following space flight/exploration, and anything related to aviation. Most recently, he has discovered the benefits of practicing yoga and endeavors to keep at it.

***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.***

**Title:** NF/SG Associate Chief, Substance Use Disorders (SUD)

**School:** St. Louis University (1990)

**Internship:** Wilford Hall (USAF) Medical Center, San Antonio, TX

**License:** Georgia

**Professional Interests:** Dr. Lopez is a USAF Veteran and has maintained a private practice in Valdosta, GA since 1990 where she not only provides traditional outpatient psychological services for children, adults and families, but has used this practice as a vehicle for program development of community-based family violence intervention programs, establishment of a not-for profit organization for children, and other local, military, and state-wide consultative services. Through the years, her areas of clinical interests include SUD, PTSD, ADHD, couples/families, consultation, and military mental health. She especially enjoys leadership development of self and others and has been recognized locally and nationally by Leadership and Business and Professional Women's organizations. She joined the VA staff in 2006; and several years later she spread her wings to serve the VA organization as co-coordinator of the VISN 8 Competency Development for Leaders Program in which she is energized and inspired by working with some of the most talented and motivated multi-disciplinary professionals in the VA!

**Personal Interests:** Dr. Lopez loves her husband of nearly 40 years, her two adult sons, her extended family and friends, and her beautiful baby goddaughter! She is motivated to use her voice to eradicate racial/social injustice! She loves The Word, music, people, and Latin dancing!!!

***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.***

**Title:** Geropsychologist

**Schools:** Gallaudet University (Doctorate), Minnesota State University Mankato (Masters), St. Catherine's University (Undergraduate)

**Internship:** North Florida/South Georgia VAMC Geropsychology Track

**Residency:** North Florida/South Georgia VAMC Geropsychology Emphasis

**License:** Florida

**Duties:** Clinical Psychologist – Gainesville Community Living Center and Palliative Care Consult Team

**Professional Interests:** Geropsychology, Dementia, Hospice and Palliative Care, Deafness, American Sign Language

***JASON PICKREN, PSY.D.***

Nova Southeastern University, 2007

Substance Use Disorders, Recovery Model

Dr. Pickren is a primary SUD preceptor. He serves as an officer in the US Army National Guard and is currently deployed to Kuwait. His pre-deployment words to fellow SUD coworkers gives a sense of his spirit and commitment: "Our cause is righteous so our faith can be shaken but not broken."

***MATTIE PRESIDENT, PH.D.***

**Title:** Staff Psychologist

**Schools:** Santa Fe College, University of North Florida, California School of Professional Psychology at Alliant International University – Los Angeles Campus

**Internship:** University of South Florida Counseling Center/James A. Haley VAMC – Tampa, FL

**Residency:** Returning Veterans/Polytrauma Fellow, Memphis VAMC – Memphis, TN

**License:** Florida PY 10279

**Duties:** PTSD/SUD Specialist, Primary Rotation Supervisor (Gainesville SATT Clinic), Acting SUD Preceptor, Diversity Committee (Member), Telemental Health Champion (Facility Co-Champion)

**Professional Interests:** Cultural Diversity, Trauma, Grief, Dual diagnosis (PTSD/SUD), Polytrauma (TBI/PTSD), Sleep, Sex therapy, Couples

**Personal Interests:** Zip lining, Hiking, Kayaking, Indoor Rock Climbing, International travel, Foodie, Annual Taste the Islands Experience

***KHALIL SAKALLA, PH.D.***

University of North Dakota--Grand Forks, 2004

Geropsychology; health psychology; Mental Health Clinic

***KIMBERLY SHAW, PH.D.***

**Title:** Clinical Health Psychologist, Prevention and Management of Disruptive Behavior Facility Program Coordinator; Chair, Employee Threat Assessment Team

**Graduate Program:** PhD University of Miami: Pediatric Health, Clinical Child and Applied Developmental Psychology

**Internship:** Rush-Presbyterian St. Luke's Medical Center

**Fellowship:** University of Miami, Adolescent Health

**License:** Florida

**Professional Interests:** Dr. Shaw's foundational clinical model is the integration of Interpersonal Neurobiology and Neuro-cardiology/Polyvagal Theory, i.e. the application of the modern neuroscience of relationships to enhancing emotional and physical wellness. She has a strong passion for developmentally based clinical supervision from this comprehensive biopsychosocial, evidence-based model. The major focus of her clinical work is trauma-informed and trauma-responsive couples and family intervention including Cognitive-Behavioral Conjoint Therapy for PTSD and Parent-Infant psychotherapy. Other interests include Medical Traumatic Stress, Late-Onset Stress Symptomatology, Geropsychology and Palliative Care.

**Personal Interests:** Dr. Shaw maintains a very active lifestyle. On the weekends you will often find her enjoying the many outdoor activities that Gainesville has to offer: boating, kayaking, stand-up paddle boarding, biking, hiking and of course yoga with baby goats! She also loves live music events, local restaurants and above all her family and friends.

***VALERIE SHORTER, PH.D.***

**Title:** Clinical Supervisor, Internship and Residency Programs

**Schools:** Ohio University (graduate); University of Delaware (undergraduate)

**Internship:** University of Florida, Clinical and Health Psychology, Medical Psychology track

**Residency:** University of Florida, Clinical and Health Psychology, Transplant Psychology

**License:** Florida, 2000-present

**Duties:** Clinical Psychologist, Medical Psychology Supervisor, Health Psychology Residency Preceptor

**Professional Interests:** Health Psychology; Transplant Psychology; Rehabilitation Psychology

***MICHELLE SMITH, PH.D.***

**Title:** Medical Psychologist

**Schools:** Jackson State University (graduate), University of North Carolina at Chapel Hill (undergraduate)

**Internship:** North Florida/South Georgia Veterans Health System, Gainesville, FL (general track)

**Licenses:** Florida (2014-Present), Georgia (2015-Present)

**Duties:** Clinical Psychologist, Medical Psychology

**Professional Interests:** Dr. Smith's theoretical orientation is the biopsychosocial model. She utilizes short-term evidence-based therapies (MI, CBT, Solution-Focused) with medical and surgical inpatients diagnosed with a variety of mental health concerns (e.g., depression, poor adjustment, anxiety, maladaptive behaviors). Dr. Smith's other clinical interests include the treatment of minority health disparities, chronic pain management, and presurgical evaluations (organ transplantation, bariatric, gender-affirming, spinal cord stimulator). Her primary research interests include the study of minority health disparities and barriers to physical and mental healthcare utilization. Dr. Smith is the chair of the Diversity Committee, participates in the intern and resident training programs, and provides supervision.

***CHRISTOPHER N. SOZDA, PH.D., ABPP-CN***

**Title:** Clinical Supervisor, Internship and Residency Programs

**Schools:** University of Florida (Graduate), University of Pittsburgh (Undergraduate)

**Internship:** VA Northern California Healthcare System (Clinical Psychology - Neuropsychology Track)

**Residency:** VA Northern California Healthcare System (Clinical Neuropsychology)

**License:** Florida

**Duties:** Clinical Neuropsychologist, Mental Health Service Line

**Professional Interests:** Dr. Sozda has been designated as Board Certified in Clinical Neuropsychology by the American Board of Professional Psychology. His clinical interests

include assessment of dementias, stroke/cerebrovascular disease, movement disorders, and traumatic brain injuries.

***HEATHER TREE, PH.D.***

**Title:** Neuropsychologist

**Schools:** The University of Kansas (Doctorate), Central Missouri State University (Masters), Central Missouri State University (Undergraduate)

**Internship:** Dwight D. Eisenhower VA Medical Center – Generalist Track

**Residency:** The University of Michigan/Ann Arbor VA Medical Center - Neuropsychology

**License:** Kansas

**Duties:** Clinical Psychologist – Neuropsychology Service

**Professional Interests:** Her clinical interests include traumatic brain injury, multiple sclerosis, cognitive rehabilitation in severe mental illness and neuropsychological assessment practices. Interests also include the role of hope, optimism, and social support in coping and recovery of various medical conditions. She also serves as a member on the interdisciplinary teams for caregiver support and traumatic brain injury.

***AMY VOLTMER, PSY.D.***

**School:** Regent University

**Internship:** NF/SG VAMC

**Residency:** NF/SG VAMC, Substance Use Disorders Residency

**License:** Florida, 2019-Present

**Duties:** Clinical Psychologist, PRRC & Honor Center; DBT Program

**Professional Interests:** Dr. Voltmer’s theoretical orientation is an integration of attachment/interpersonal and third-wave cognitive-behavioral theories. She utilizes DBT, MI, ACT, and Time-Limited Psychodynamic Therapy modalities within a framework of cultural humility to address complex trauma, substance use disorders, severe mental illness, and personality disorders. She also has a strong clinical interest in providing comprehensive psychological assessment to Veterans with complex presentations.

Research interests include implicit bias, intersectionality, and cross-cultural research. Dr. Voltmer serves as the committee chair of the Community Reintegration and Recovery Service Line’s Education Committee, and also serves on the Psychology Diversity Committee.

***KERRY WAGNER-BELLOCCHIO, PSYD***

Immaculata University, 2018

Dual diagnosis, substance use disorders, PTSD, complex trauma, personality disorders, DBT, ACT

**Clerical Staff**

**KATIE WOOD**

Acting Secretary for Psychology

**MELISSA HARRIS**

Program Support Clerk

**RESIDENTS:**

**2020-2021 Postdoctoral Residency Class**

NF/SG Veterans Health System, Regent University  
Hershel "Woody" Williams VA Medical Center, Chicago School of Professional Psychology

**2019-2020 Postdoctoral Residency Class**

NF/SG Veterans Health System, Nova Southeastern University  
Orlando Veterans Health System, University of Colorado  
Missouri Health Sciences Psychology Consortium, Harry S. Truman Veterans Health System,  
University of South Alabama

**2018-2019 Postdoctoral Residency Class**

NF/SG Veterans Health System, Regent University  
Miami Veterans Health System, Immaculata University  
Central Arkansas Veterans Health System, Eastern Michigan University

**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 Health 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](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):**

**(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.

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**For additional information, please contact:**

***Dian Evans, J.D., Ph.D., M.S.C.P.***

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