Psychology Postdoctoral Residency Program

Southeast Louisiana Veterans Health Care System (116)
P.O. Box 61011
New Orleans, LA 70161-1011
http://www.neworleans.va.gov/

Applications Due:  January 7, 2019

Accreditation Status

The postdoctoral residency at the Southeast Louisiana Veterans Health Care System is fully accredited by the Commission on Accreditation of the American Psychological Association. Our next site visit will be in 2027.

Application & Selection Procedures

Applicants must be U.S. citizen and have completed training in an APA- or CPA-approved clinical or counseling psychology doctoral program and an APA-accredited psychology internship. All requirements for the doctoral degree must be completed prior to the start of the postdoctoral residency year. Please see the section on “Additional Information on Federal Employment” at the end of this brochure for additional conditions and expectations. As an equal opportunity training program, the residency welcomes and strongly encourages applications from all qualified candidates, regardless of gender, racial, ethnic, sexual orientation, disability or other minority status.

Click on the following link to access the APPA CAS (APPIC Psychology Postdoctoral Application). Complete the basic demographic, education, clinical training information and transcripts required of all applicants for all APPA CAS programs. APPA CAS allows you to request letters of recommendation electronically which are then uploaded by the letter writer. (Note: APPA CAS refers to letters of recommendation as “Evaluations”). The specific requirements for the SLVHCS program are indicated below as well as within the APPA CAS system.

The following application requirements must be included (uploaded) in the APPA CAS for all of the postdoctoral residency positions:

1. A letter of interest that identifies career goals, expectations, and goodness of fit with the postdoctoral residency.
2. A doctoral program transcript (copies acceptable).
3. A current curriculum vitae.
4. Letter of status from academic program and anticipated completion date.
5. If your dissertation has not been completed at the time of application, please submit a letter from your dissertation chair documenting the timeline for completion of the dissertation.
6. Three letters of recommendation, one of which must be from an internship supervisor (electronic submissions should be sent directly from letter writer).

The deadline for completed applications is January 7, 2019 for the training year starting in Fall of 2019. All materials must be received by this date in order to be considered. All application materials must be submitted through the APPA CAS.

SLVHCS has an APA-accredited internship program. Interns from our program often choose to apply to our postdoctoral residency, and if they meet the requirements we reserve the right to give them early consideration. Thus, in any given year it is possible that we may not accept applications from outside applicants for one or more positions. We provide an announcement in our listing in the UPPD as to whether we will be accepting external applications by the end of the first week of December.
A successful candidate for the postdoctoral residency positions in PTSD and Behavioral Medicine/Health Psychology will have had some specialty training in the area of emphasis. Our goal is to select postdoctoral residents who have the potential to develop as leaders in clinical services, research, and education.

Each application is initially reviewed for eligibility after all materials are received. A selection committee is composed of supervising faculty in each emphasis area. The selection committee reviews all written materials and provides telephone or in-person interviews to top candidates. Final rankings, and offers, are determined by consensus of the committee based on written and interview information. We emphasize goodness of fit with our training model and program philosophy, and a general openness to feedback and supervision.

Inquiries should be sent to:

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Psychology Service (116)  
Southeast Louisiana Veterans Health Care System  
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Psychology Setting

Southeast Louisiana Veterans Health Care System (SLVHCS) is a medical center with a strong emphasis on teaching health professionals and an ongoing commitment to medical research and preventive medicine. Teaching and research affiliations are currently maintained with Tulane University School of Medicine and the Louisiana State University School of Medicine, enhancing the high quality of patient care provided to veterans. In addition to the Psychology Internship Training Program and Postdoctoral Residency, SLVHCS offers comprehensive health training opportunities to medical students, social work trainees, pharmacy students, nursing students, allied health professionals, and medical fellowship programs.

The SLVHCS Psychology Training Committee is currently comprised of 15 doctoral level psychologists with several additional doctoral level psychologists serving as clinical supervisors within the program. Psychologists apply the knowledge and skills of psychology as a science and profession toward three primary goals: (1) patient assessment, treatment, and rehabilitation; (2) psychology-related education and training; and (3) research designed to enhance knowledge of normal and abnormal behavior and clinically relevant practices. Opportunities are available for postdoctoral residents to participate in all three of these areas. The SLVHCS has six outpatient clinics in the 23 parish southeast Louisiana area.

Psychologists at SLVHCS function within an autonomous Psychology Service and cooperate with Psychiatry and Social Work Services to provide a broad range of mental health services to veterans. Within this system, psychologists hold primary administrative responsibility for a variety of mental health programs. Our new, state of the art, medical center opened in December 2016; thus the 2019-2020 postdoctoral training cohort will be working within the new fully operational medical center. There are currently seven programs within the Mental Health Service that provide specialized mental health services, including the Substance Use Disorder Treatment Team (SUDT), PTSD Clinical Team (PCT), Ambulatory Mental Health Care (AMH), Primary Care Mental Health Integration (PCMHI), Homeless Program, Mental Health Intensive Case Management (MHICM), and Compensated Work Therapy (CWT) teams. Psychologists have been appointed to leadership positions on several clinical teams, reflecting both the capabilities of individual psychologists, and the high regard in which psychologists are held within SLVHCS.
Training Model and Program Philosophy

Guiding Principles
The postdoctoral residency program has been developed to meet the guidelines established by the Association of Psychology Postdoctoral and Internship Centers (APPIC) and the VA Guidelines for Postdoctoral Programs. It ascribes to the principles articulated by the Ann Arbor Conference on Postdoctoral Education and Training in Psychology.

The program has been accredited by the APA since June of 2012. Questions regarding accreditation can be directed to:
Office of Program Consultation and Accreditation
American Psychological Association
750 First Street, NE
Washington, DC 20002
(202) 336-5979
www.apa.org/ed/accred.html

Program Philosophy and Values
Training is the focus of the postdoctoral residency program. Service delivery is an essential vehicle through which training occurs, but is secondary to the educational mission of the postdoctoral residency program. Toward this end, postdoctoral residents are encouraged in a variety of ways to plan their residency experiences in a manner that maximizes their individual learning goals. Supervision is an integral part of the overall learning experience – the staff is committed to providing quality supervision and active mentoring in support of the postdoctoral resident’s individual goals.

Training is grounded in the scientist-practitioner model. Our program assumes that good practice is always grounded in the science of psychology. In turn, the science of psychology is necessarily influenced by the practice of psychology. Consequently, our approach to training encourages clinical practice that is consistent with the current state of scientific knowledge while still acknowledging the complexities of real patients and the limits of our empirical base. In this regard, we aim to produce psychologists who are capable of contributing to the profession by investigating clinically relevant questions through their own clinical research or through program development and evaluation.

Training is individualized. The postdoctoral residency year allows for the consolidation of professional identity, and further development of professional skills and competencies. Because postdoctoral residents function at a more advanced level than the doctoral intern, they are capable of assuming greater responsibility for clinical care, teaching, and research activities. We also strive to build professional identity and responsibility through involvement in the training process itself. Toward this end, postdoctoral residents are called upon to take responsibility for many decisions that impact their learning experiences. With help from their mentors, postdoctoral residents construct an individualized training plan that identifies the goals and experiences of importance to the resident and outlines a strategy for achieving these within the training period. As a part of this plan, postdoctoral residents have a role in selecting the clinical settings in which they will work, and have great latitude in selecting supervisors and mentors.

Training is collaborative. Teams are an integral part of the mental health programs at SLVHCS. Collaboration and cooperation is essential at every level-clinical, research, or administrative. Working with other psychologists as well as with professionals from other disciplines is an important part of professional development at the postdoctoral level.

Training is sensitive to individual differences. Our training program is sensitive to individual differences and diversity. We believe that psychology practice is improved when we develop a broader and more compassionate view of what it is to be human. Our practice is improved as we better understand the complex forces that influence a person’s psychological development, including cultural, social and political factors. Therefore, professional growth requires that the training experiences we offer our trainees, allow them to more thoroughly understand the perspective of others. Our internship and
postdoctoral programs place high value on attracting a diverse group of trainees and on maintaining an awareness of diversity issues during the training year.

**Program Aims and Competencies**

**Purpose and Goals**
The purpose of the Postdoctoral Residency program is to train professional psychologists for independent professional psychology practice in the areas of clinical services, research, and education. This is best achieved through advanced training in general professional psychology complemented by intensive experience in a special area of emphasis.

**Specific Competencies to be Developed**
The postdoctoral residency program is structured to provide training activities to facilitate development of advanced competencies in several areas important for the provision of good clinical care, research, and education. Competencies are separated into two levels:

**Level One Competencies:** These are advanced competency areas required of all APA-accredited programs at the postdoctoral level.

- **Level One Competency #1: Integration of Science and Practice**
  This includes the influence of science on practice and of practice on science.

- **Level One Competency #2: Individual and Cultural Diversity**
  This includes issues of cultural and individual diversity relevant to advanced practice, as appropriate to the setting, the population served, and the focus or specialty area.

- **Level One Competency #3: Ethical and Legal**
  This includes professional conduct, ethics and law, and professional standards for providers of psychological services relevant to advanced practice, as appropriate to the setting, the population served, and the focus or specialty area.

**Level Two Competencies:** Level two competencies are advanced competencies that we believe are an integral part of preparing our residents for advanced practice and eventual leadership roles in clinical services, research, and education—particularly in medical center, public sector, and academic settings. Our Level two competencies include: assessment and intervention skills; communication, interpersonal, and interprofessional skills; and professional development.

- **Level Two Competency #1: Assessment and Intervention Skills**
  Competencies: Residents should be able to appropriately assess and diagnose a broad range of patients with varying psychiatric disorders. Residents should be able to conduct a thorough clinical interview and select appropriate assessment tools for evaluation. Assessment should take cultural considerations into account and be practiced with awareness of current ethical and professional standards. The resident may also demonstrate advanced skill in assessment by providing consultation and/or instruction in this area to other providers. Residents should provide appropriate intervention to a diverse population with a range of presenting problems and treatment needs. Residents should demonstrate advanced skill in empirically supported interventions, with particular emphasis on those most relevant to their focus area, and provide clinical leadership with junior trainees or providers. Residents should demonstrate advanced skill in assessing therapeutic outcomes, revising treatment plans as necessary to achieve therapeutic goals. Residents should demonstrate effective consultation skills to other professionals by providing assistance in clinical matters.

- **Level Two Competency #2: Communication, Interpersonal, and Interprofessional Skills**
  Competencies: Residents should demonstrate effective communication skills with a variety of individuals, including patients, nonclinical staff, supervisors, and clinical and administrative leaders. Residents should demonstrate advanced skills in oral, nonverbal, and written communication in a full range of professional contexts (e.g., individual and group supervision, case consultation, administrative meetings, formal and informal presentations). Residents should demonstrate significant abilities in appropriately delivering challenging feedback or proactively...
addressing interpersonal or interprofessional conflicts. Residents should demonstrate at least beginning skills in supervision and/or consultation, as well as knowledge of, and sensitivity to, ethical, legal, and cultural issues in providing supervision and/or consultation. Residents should demonstrate an advanced level of knowledge of the VA health care and mental health care system, including an understanding of the roles of other professions. Residents actively demonstrate respect for and a willingness to learn from diverse viewpoints.

- **Level Two Competency #3: Professional Development**
  Competencies: Residents should demonstrate continued growth in professional development and identity as a psychologist over the postdoctoral year. Residents should assume increasing professional responsibility and independence in patient care, consultation, and research activities. Residents demonstrate an ability to engage in self-directed learning and are increasingly self-guided in supervision, demonstrating skill in managing their own learning and growth with appropriate input from others. Residents display developmentally appropriate career management as relates to career opportunities, preparation for licensure, and involvement in professional and scientific organizations. They should make themselves available to other professionals as an educational resource and serve as a role model of professional behavior to other less developed trainees.

**Program Structure**

The Postdoctoral Residency year consists of 52 weeks. It typically begins sometime in mid-August. Postdoctoral residents work five eight-hour days each week (8-4:30pm, with a half hour lunch break) and a total of 2080 hours (including vacation and sick leave). Compressed tours may be available according to need of program and patients; work days in our community based clinics are typically 7:30-4pm. About 80% of time is devoted to clinical services, including research, and 20% to attending didactics, peer consultation, meetings, etc. Julie Arseneau, Ph.D. is the Training Director. The training provided meets licensure requirements for the state of Louisiana; all supervisors will be appropriately licensed and able to certify training hours.

**Postdoctoral Residents Primary Training Experiences:**

A. **PTSD emphasis:** Postdoctoral residents work primarily (75%) in the PTSD clinic, but are required to spend additional time (25%) working in clinics/programs outside of PTSD.

B. **Behavioral Medicine/Health Psychology with Pain Psychology emphasis:** Postdoctoral residents work primarily (75%) in the Behavioral Medicine program (pain program), but are required to spend additional time (25%) working in clinics/programs outside of Behavioral Medicine.

C. **Behavioral Medicine/Health Psychology with Primary Care Mental Health Integration (PCMH-I) emphasis:** Postdoctoral residents work primarily (75%) in the Behavioral Medicine program (PCMH-I), but are required to spend additional time (25%) working in clinics/programs outside of Behavioral Medicine.

D. **Ambulatory Mental Health:** Postdoctoral residents work primarily (75%) in the Ambulatory Mental Health Clinic, but are required to spend additional time (25%) working in clinics/programs outside of Ambulatory Mental Health.

E. **Rural and Underserved Populations:** Postdoctoral residents work within our rural Community Based Outpatient Clinic in St. John, in the community with Home-Based Primary Care, and in the PTSD outpatient clinic with veterans who have experiences Military Sexual Trauma, attending to the care of these rural and underserved veterans with an emphasis on empirically supported treatments.
**Posttraumatic Stress Disorder**

The PTSD Outpatient Treatment Program provides specialized outpatient treatment to veterans suffering from military related readjustment problems, including PTSD. Services provided by the PTSD program are in two major areas: 1) Consultation services including diagnostic assessment and treatment planning; 2) Individual and group psychotherapies utilizing evidenced based interventions for PTSD.

Veterans receiving services in this program are combat veterans from WWII, Korean conflict, Vietnam, the 1st Gulf War, and Operations Enduring Freedom, Iraqi Freedom, and New Dawn (OEF/OIF/OND), as well as veterans from peacekeeping missions and those veterans who experienced non-combat trauma while in the military. Additional potential areas of emphasis within the program include services for veterans with trauma and comorbid substance abuse problems, as well as veterans who experienced Military Sexual Trauma.

Many of the program clinicians are trained and have completed VA certification in Prolonged Exposure (PE) and Cognitive Processing Therapy (CPT) for PTSD. Additional evidence-based treatments offered within the clinic include Acceptance and Commitment Therapy (ACT), Cognitive Behavioral Therapy for Depression (CBT-D), Interpersonal Therapy for Depression (IPT), and Cognitive Behavioral Therapy for Insomnia (CBT-I). Mindfulness treatment is used as both a primary and ancillary treatment modality. Mind-body skills groups are offered to the veterans in the PTSD clinic. In addition, tele-mental health services are available. Postdoctoral residents will participate in screening, assessment, case management, and treatment aspects of the program.

Postdoctoral residency instruction will incorporate both experiential and didactic methods, including supervised clinical assessment and treatment, attendance and active participation (teaching) in seminar and colloquium series, participation in applied research, and provision of intermediate levels of supervision (e.g., interview administration and interpretation) to pre-doctoral interns and practicum students. Postdoctoral residents may participate in providing PTSD compensation and pension evaluations for veterans. These evaluations will be closely supervised by psychologists.

Instruction emphasizes individual modeling, with postdoctoral residents typically observing supervisors employing relevant skills prior to attempting them. In-vivo supervision occurs for structured interviews, and postdoctoral residents initially co-leading any groups with experienced staff prior to conducting such groups individually. A full range of empirically-supported treatments are utilized by postdoctoral residents, including Cognitive Processing Therapy and Prolonged Exposure. In each training setting, opportunities exist to engage in consultative and collaborative treatment planning interactions with professionals from other areas, including psychiatrists, physicians, and social workers.

Postdoctoral residents have the opportunity to work with the following members of the PTSD staff:

**Supervisor in OEF/OIF/OND Program: Julie Arseneau, Ph.D.**

Working in the OEF/OIF/OND Program within the PCT provides trainees an opportunity to work with post-9/11 combat veterans along the spectrum of post-deployment and post-trauma reactions. The rotation emphasizes the development of critical skills in the diagnosis and treatment of PTSD, with intervention typically being provided in a time-limited, individual modality. Residents may elect supervised experience using Prolonged Exposure or Cognitive Processing Therapy for PTSD, though a range of therapeutic approaches with demonstrated effectiveness (e.g., psychodynamic, interpersonal, cognitive, behavioral) is supported and encouraged. Other components of the training experience include attention to the engagement of OEF/OIF/OND veterans, provision of psychoeducation, and enhancement of treatment motivation and participation. Supplemental experiences vary in availability, and according to trainee interest, skills, and need. These may include: group therapies, participation in multidisciplinary team meetings, program evaluation and development, and scholarly writing.

**Supervisors in PTSD-SUD: Jackie Ball, Ph.D. and Jessica Walton, Ph.D.**

Working with Dr. Ball or Walton will provide postdoctoral residents with exposure to integrated treatment of the often co-morbid Posttraumatic Stress Disorder and substance use disorders (PTSD/SUD). Along with providing evidence-based integrated treatment to this population, residents will also serve as members of and consultants to the PTSD team and the Substance Use Disorders Team (SUDT) and will have the opportunity to work with providers from others disciplines (Psychologists, Psychiatrists, Social...
Workers, Addiction Therapists, Counselors, and Vocational Rehabilitation workers), usually aiding in the identification of co-morbidity coordination of care, treatment planning, and provision of services.

**Supervisors in General PTSD:** Michelle Hamilton, Ph.D. and Madeline Uddo, Ph.D.

Postdoctoral residents in this rotation will work with veterans with PTSD and Subthreshold PTSD related to military service. Trainees will conduct comprehensive PTSD intake evaluations and do treatment planning. Residents working with Dr. Hamilton may opt to receive training in Acceptance and Commitment Therapy (ACT), Interpersonal Therapy for Depression, and may also opt to participate in Mind Body Medicine Skills groups. Residents may co-lead modules in the Whole Health Trauma, Recovery, and Wellness Program with both Dr. Uddo and Dr. Hamilton. Residents working with Dr. Uddo may have opportunities to do program development and analysis with the Whole Health Program. Research opportunities may be available with Dr. Uddo.

**Behavioral Medicine/Health Psychology**

Psychologists and residents function as consultants on the psychosocial and behavioral aspects of disease expression, control, and prevention and health promotion. SLVHCS offers unique opportunities for applying principles of behavior and cognitive management in the arena of primary and specialty health care service delivery. Residents share responsibilities for providing acute and extended treatments for a wide range of emotional and behavioral complications of disease and medical and surgical procedures, as well as health promotion. There are two major emphasis areas: Primary Care Mental Health Integration, and Pain Psychology. Training opportunities may also be available in the areas of infectious disease, palliative care, bariatrics, home based primary care, and physical medicine and rehabilitation.

**Residency with Primary Care Mental Health Integration Emphasis**

**Supervisor:** Karen Slaton, Ph.D.

In Primary Care Mental Health Integration, there is a strong focus on patient-centered, population-based, integrated care. Utilizing principles of motivational interviewing and VA-developed patient education model (TEACH), the resident will be involved in providing same-day access to behavioral health services for veterans seen in Primary Care and behavioral medicine interventions that are critical to the mission of prevention, health promotion, and chronic disease management. The postdoctoral resident will function on a variety of inter-professional teams in specific roles. The program's settings provide experience with a very diverse range of patient backgrounds and presenting problems. As such, developing competency in the provision of culturally sensitive care is a major training component.

Learning experiences include:

- Behavioral health consultation according to a Co-located, Collaborative Care Model.
- Provision of same-day/as needed access to behavioral health assessment and treatment services for veterans in Primary Care.
- Consultation to primary care providers and other specialists related to management of behavioral health concerns in a medical setting, chronic disease management, and utilization of behavior change strategies related to improving medical outcomes.
- Implementation of evidence-based/supported individual or class intervention practices, such as Brief CBT (pain and insomnia), Behavioral Activation, Motivational Interviewing, and skills-based approaches (e.g., stress management, mindfulness, pain management) targeting behavior change to improve functioning and promote physical and mental health.
- Co-facilitation of interdisciplinary shared medical appointments for chronic health conditions, such as diabetes, chronic pain, tobacco cessation, and the MOVE! weight management program.
- Psychosocial assessments for transplant (viz., lung, kidney, liver, and stem cell) and bariatric surgery.
- Collaboration and consultation with a variety of other disciplines related to implementation and evaluation associated with the Patient Aligned Care Teams.
- Provision of supervision to other psychology trainees.
Residency with Pain Psychology Emphasis

**Supervisors:** Karen Slaton, Ph.D. and Joseph Vigil, Ph.D.

At SLVHCS, chronic pain is treated according to a biopsychosocial model. Utilizing a motivational interviewing consistent patient-centered care approach, Pain Psychology provides comprehensive evaluation of patients with chronic pain, as well as psychological and behavioral interventions for the treatment of chronic pain and co-morbid conditions. Postdoctoral residents will receive training to function effectively as independent clinicians and as members of an interdisciplinary team located in the specialty care setting (pain clinic).

Learning experiences include:

- Provision of health psychology and integrated behavioral health assessment/intervention through participation in individual and group treatment.
- Participation in the CARF accredited Interdisciplinary Pain Management Program along with a pain psychologist, pain physicians, PM&R and Anesthesia fellows, physical therapists, occupational therapists, primary care providers, and others.
- Provision of curbside and formal consultation with interdisciplinary pain team members and health care providers.
- Provision of psychological testing and assessment prior to dorsal column stimulator implant and spinal surgery.

Postdoctoral residents may also rotate through health psychology and PC-MHI services where they will have the opportunity to work with PACT teams providing treatment for chronic pain in a primary care setting and provide clinical coaching to PACT team members.

**Ambulatory Mental Health Emphasis**

**Supervisors:** Thomas Hallinan, Ph.D. and Shannon Hartley, Ph.D.

The postdoctoral resident will spend 75% of time working in the Ambulatory Mental Health outpatient clinic. Primary duties will include screening, triaging, and providing treatment for a variety of DSM-5 diagnoses. The resident will provide a range of therapeutic interventions with an emphasis on, but not restricted to, time-limited strategies. Residents can learn Interpersonal Psychotherapy for Depression and Motivational Enhancement Therapy for Alcohol Use Disorders. Dependent on proficiency, the resident will also engage in completing psychological assessments from within AMH and other services for diagnostic clarification and treatment recommendations. The postdoctoral resident will be a full member of the AMH team including patient staffing, development of treatment plans, and group supervision. An additional 25% of time is spent in a training area outside of AMH, based on the resident’s individual training plan.

**Rural and Underserved Populations Emphasis**

The postdoctoral resident will have training experiences in Community Based Outpatient Clinic (CBOC), Home Based Primary Care (HBPC), and Military Sexual Trauma (MST). Postdoctoral Residency training is outlined in individualized treatment plans. This plan is developed in the beginning of the year by the postdoctoral reside in conjunction with faculty. As this position involves multiple sites and supervisors, these are listed below.

**Community Based Outpatient Clinic**

**Supervisor:** Michele Carroll, Psy.D.

Major components of this rotation include:

- Brief evaluation and treatment of clinical and health psychology problems;
- Triage decision-making to prioritize service delivery;
- Consultation and collaboration with primary care providers for psychological and medical management;
- Psychological assessment, individual and group psychotherapy;
- Referral to specialty mental health programs, and coordination of care with the onsite psychiatrist/mental health staff

Postdoctoral residents have the opportunity to take part in leading empirically based treatment groups on topics such as sleep, pain, mastering emotions, and other chronic medical ailments. On this rotation, Postdoctoral residents will gain experience working with problems that have psychological origins. In addition, interns will have the opportunity to develop skills in promoting healthy behaviors and help patients resolve other medically-related problems.

**Home-Based Primary Care**

**Supervisor:** Arnold James, MPH, Ph.D.

The VA Home-Based Primary Care (HBPC) program provides comprehensive, interdisciplinary primary care services in the homes of veterans with complex and chronic, disabling disease. In addition to primary care interventions, HBPC provides palliative care, rehabilitation, disease management, and care coordination services. HBPC targets veterans in advanced stages of chronic disease, particularly those at high risk of recurrent hospitalization or nursing home placement. Outcome measures have demonstrated HBPC to be effective in managing chronic disease and reducing inpatient days and total cost of care. HBPC teams typically include representatives from such disciplines as medicine, nursing, pharmacy, social work, rehabilitation and dietetics. Currently, HBPC programs have limited, if any, mental health staff providing clinical care. Studies have shown that homebound elders are at especially high risk for mental health problems which may exacerbate medical illness and physical problems.

Under supervision of a clinical psychologist, the fellow will assist in providing coverage for the HBPC team. The fellow will provide a full range of psychological services to HBPC patients, including screening; psychological, cognitive, and capacity assessments; psychotherapy; and prevention-oriented services. Mental health treatment and prevention-oriented services will emphasize evidence-based and best practice approaches. The fellow will also provide evidence-based interventions to help HBPC patients manage behavioral factors associated with behavioral medicine problems and to promote medical compliance. This individual will function as a full member of the HBPC team and provide ongoing team consultation services to other HBPC team members. Process and outcome measures will be implemented to evaluate the impact of providing specialty mental health services on HBPC programs and patients. In addition to the primary role as mental health provider for HBPC, the fellow may have secondary duties in other geriatrics and extended care settings. The level of involvement in these settings will depend on the HBPC workload.

**Military Sexual Trauma**

**Supervisors:** PTSD Clinical Team Supervisors (see PTSD section above)

Training experiences are provided in individual, evidence-based treatment of military sexual trauma (MST) in both female and male veterans. Training is provided in either Cognitive Processing Therapy (CPT) or Prolonged Exposure (PE) therapy, according the program needs and resident preferences. Training in these therapies may include didactics, readings, web-based coursework, and/or team consultation. Individual supervision in clinical application is provided. Additional experiences may include intake assessment (clinical interview and psychometric evaluation) or group psychotherapy. In assessment, there is an emphasis on case conceptualization, differential diagnostic formulation, identification of therapeutic targets and prioritization of these targets for intervention.

**Additional Training Experiences**

**Suicide Prevention**

**Supervisor:** William Hill, Psy.D.

The Suicide Prevention office works closely with mental health and primary care providers to coordinate care for Veterans deemed high risk for suicide. This includes managing the high risk list to ensure that Veterans are being seen within the high risk protocol guidelines; and consulting with providers on
complex cases where suicide risk is a concern. In addition, the Suicide Prevention office accepts crisis calls and responds to consults placed by the National Veterans Crisis Line. Suicide Prevention acts as consultants with hospital management on mental health protocols and procedures related to suicide prevention and investigates reports of patient suicides. Residents will learn from the VA's nationally recognized “best practices” in suicide prevention, working alongside the suicide prevention staff with veterans determined to be at high risk for suicide. Residents may also participate in researching and completing a root cause analysis of aggregate patient suicides for VA leadership.

**DAT LAB: Depression, Anxiety, & Trauma-disorders Laboratory**

**Supervisors: Laurel Franklin, Ph.D., Amanda Raines, Ph.D., and Jessica Walton, Ph.D.**

The Depression, Anxiety, & Trauma-disorders Laboratory (“DAT lab”) mission is to bring together psychologists interested in discussing research ideas; reviewing research articles; and giving and receiving feedback about independent research in the area of anxiety and trauma-related disorders. Supervisor concurrence is required prior to participation. Ongoing projects for 2018-2019 include examination of the diagnostic characteristics of PTSD in DSM-5; overlap of PTSD and depressive disorders; the role of psychometric testing in PTSD assessments; the influence of order on endorsement of PTSD symptoms; age related effects on PTSD symptom endorsement; obsessive compulsive symptoms and suicidal ideation; obsessive compulsive symptoms and sleep.

**Research**

**Supervisors: Laurel Franklin, Ph.D. and Amanda Raines, Ph.D.**

While all residents complete a scholarly project during their training year (see “Long Term Project” in the section below), individual residents may elect to participate in a research-focused training experience. The minimum requirement of 500 clinical hours must be met regardless of participation in research.

Emphasis is placed on development and implementation of an advanced curriculum that will promote resident skills and experiences in clinically relevant research. Specifics of the research training will vary to reflect the diversity of ongoing research programs and opportunities available at the start of the postdoctoral year.

Ongoing projects for 2018-2019 include examination of: the factor structure of PTSD in DSM-5; overlap between symptoms of PTSD with other disorders; the role of gender, trauma type, and trauma response in development of PTSD and subthreshold PTSD symptoms; suicidal correlates among veterans; utility of transdiagnostic treatments within the VA; and the relationship between anxiety sensitivity and opioid use. Drs. Franklin and Raines also collaborate with clinician-researchers across rotations (e.g., SUD-PTSD, CBOCs, AMH) collecting program analysis data to inform clinical work within and outside of SLVHCS. In addition, students working with Drs. Franklin and Raines have opportunities to partner with other VA sites and universities on collaborative projects.

**2018 Publications:**


**Current Grant Funded Projects:**


Raines, A.M., Walton, J.L., & Franklin, C.L. *Improving Access to Evidence Based Care Among Rural Veterans using a Transdiagnostic Treatment Approach*. South Central MIRECC Pilot Study Program Award.

**NCBI BIOGRAPHY:**

**Additional Postdoctoral Residency Program Features**

**Individualized Training**

For postdoctoral residents in AMH, PTSD, PCMHI, and Pain Psychology, approximately 25% of time is comprised of a training experience outside of their emphasis area. For all postdoctoral residents, training is outlined in individualized training plans. This written plan is developed in the beginning of the year by the postdoctoral residents in conjunction with his/her preceptor. This contract contains training goals determined by informal needs assessment, with proposed learning experiences in clinical care, research, teaching, administration, and professional development. This learning contract may be modified during the training year as needed. With the emphasis on individualized training, postdoctoral residents are integrally involved in the training process itself. This aids in fostering professional identity and increased responsibility for the trainee.

**Long Term Project**

Each postdoctoral residents will be expected to devote a number of hours per week of the training year to a long term project. In keeping with our scientist-practitioner model, long term projects, which can be in the area of research or program analysis/quality improvement, will result in a product that is suitable for 1) presentation at a professional conference (e.g., paper, poster, workshop); 2) publication in a professional journal; or 3) submission to IRB.

**Compensation and Benefits**

Postdoctoral residents receive a stipend of $46,102 for the 2018-2019 training year, paid biweekly. Postdoctoral residents also are eligible for the full range of health and life insurance options available to all Federal employees. As with staff psychologists, professional liability coverage for all mandated activity is provided by the Federal Tort Claims Act. Benefits include 13 vacation days, 13 sick days, 10 federal holidays, approved educational and professional leave, and health insurance. Additionally residents are able to utilize AA for workshops and presentations.

**Supervision**

Postdoctoral residents receive at least two-hours per week of individual, face-to-face, regularly scheduled supervision with a licensed psychologist. Postdoctoral residents receive supervision from at least two
psychologists during each training year, one of whom serves as the primary mentor or supervisor. Postdoctoral residents participate in weekly group supervision. In addition, they participate in other structured learning activities, which may include co-therapy, group supervision, didactics, or seminars. Supervision is provided relevant to the professional services conducted by the postdoctoral resident. Moreover, they often have the opportunity to receive supervision of the adjunctive supervision that they provide to other staff or junior trainees. Finally, given the interdisciplinary nature of the training setting, consultation from providers of other disciplines is readily available and easily accessible.

**Preceptorship**
Each postdoctoral resident will be required to select a preceptor from within the Psychology Training Committee. The postdoctoral resident, in consultation with the preceptor and the primary supervisor will develop an individualized training plan which is subsequently approved by the training committee. The preceptor supports the postdoctoral resident’s training and assists the resident with non-clinical issues related to professional development, problem resolution, administrative issues, or other needs not directly related to patient care. The postdoctoral resident meets at least once or twice monthly with his/her preceptor.

**Evaluation**
Each postdoctoral resident’s progress through the program is evaluated both informally and formally. Postdoctoral residents receive ongoing feedback during their regular supervision and other contact with their supervisors. Formal evaluation occurs at the end of the postdoctoral resident’s third, sixth, and twelfth month of training. Such evaluation is based upon direct observation of each postdoctoral resident’s clinical work by multiple supervisors; review of each resident’s written work, including all progress notes and clinical reports; review of any relevant research work product; education and teaching experiences, and consultation with all relevant multidisciplinary clinical staff. The responsibility for communicating the results of this evaluation lies with each individual supervisor. Face-to-face discussion of postdoctoral resident’s evaluation is required before the evaluation is signed and accepted by the Director of Clinical Training. Postdoctoral residents are also asked to provide both verbal and written evaluation of training experiences and supervisors.

**Seminars and Didactics**
Postdoctoral residents are required to attend weekly didactics at the SLVHCS, presented by psychologists and other SLVHCS staff. Additionally, postdoctoral residents attend a monthly Diversity V-TEL presentation directed at the postdoctoral training level which is given by a range of practitioners and researchers employed in a variety of settings throughout the region. Each presentation includes a brief but substantive didactic presentation and embeds opportunities for group discussion among all participating sites throughout the presentation. Postdoctoral residents may attend Psychiatry Grand Rounds at the Tulane University School of Medicine. Postdoctoral residents are also expected to provide didactic training to the trainees and staff at SLVHCS.

**Requirements for Completion**

**Minimum levels of competence expected for postdoctoral residents to remain in good standing in the program:**
- Postdoctoral Residents need to satisfactorily engage in their individualized training plans and review progress in weekly supervision.
- Postdoctoral Residents need to attend required didactics and other seminars and comply with other administrative requirements of the program.
- Postdoctoral Residents need to develop competence in skills specified on the Psychology Training Evaluation: Resident Form. Competencies are assessed by frequent review of individualized training plans, frequent informal evaluation of progress by supervisors and the Training Director and formal three times yearly written evaluations.
- Adherence to the APA ethics code.

**Minimum expectations for postdoctoral residents to complete the postdoctoral residency in good standing with the program:**
- Successfully complete the long-term project.
➢ By the end of the third rotation, obtain ratings of "4" in all Competency Ratings areas on Supervisor's End of Rotation Evaluation.
➢ Not be found to have engaged in any significant ethical transgressions.
➢ Deliver all signed evaluations and training logs (e.g., training plans, supervision contracts, three, six and final evaluations, patient hours log).
➢ Complete at a minimum 500 face to face clinical hours.

**Facility and Training Resources**
Postdoctoral residents are eligible to train in at least three to four outpatient clinics according to training track. Currently, interns and postdocs share a “bullpen” office with a desk, telephone, and computer terminal for each trainee. Swing offices are utilized for individual patient sessions. On different rotations and in different clinic settings, interns may change offices. Training settings consist of large and small conference rooms, and group rooms. SLVHCS is associated with Tulane Medical Center as well as Louisiana State University Medical Center. Postdoctoral residents have on line access to library services including access to psychology and medical journals. Most commonly used intelligence, personality, and neuropsychological tests are available in our test file. Some are also available in an automated administration and interpretation package. Clerical support for clinical scheduling and documentation needs is available through the clinical programs.

**Administrative Policies and Procedures**
Our privacy policy is clear: we will collect no personal information about you when you visit our Website. Problem resolution and complaint procedures to ensure postdoctoral resident have due process in addressing concerns are available and described in our Psychology Postdoctoral Resident Training Manual which postdoctoral residents receive in the beginning of the training year.

**Staff**
The following psychologists serve as supervisors and potential preceptors of postdoctoral resident for the training year. The following brief biographical sketches highlight the qualifications and interests of each faculty member.

**Julie Arseneau, Ph.D.** Staff Psychologist, PTSD Team; Psychology Training Director, SLVHCS; Clinical Assistant Professor, Department of Psychiatry and Behavioral Sciences, Tulane University School of Medicine. Counseling Psychology, University of Maryland-College Park, 2008. Dr. Arseneau completed her internship training in 2008 at SLVHCS and was invited on for a postdoctoral residency in clinical psychology at our site. She subsequently accepted a position within the PTSD program as the OEF/OIF/OND (Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn) staff psychologist. She is licensed in LA. In addition to her clinical work at SLVHCS, Dr. Arseneau serves as a Prolonged Exposure therapy consultant for the National Center for PTSD. Her clinical practice is heavily influenced by relational theory and feminist-multicultural frameworks. Dr. Arseneau’s other professional interests include disaster-related trauma and acute stress reactions; gender and sexuality; feminist and culturally affirmative therapies; and mentoring. Dr. Arseneau is a New England-to-New Orleans transplant who loves local food and music, parading during Mardi Gras, and talking about her home state of Massachusetts. She is ambivalent about running but (mostly) does it anyway.

**Jacqueline Ball, Ph.D.** Staff Psychologist, PTSD/SUD Team. Counseling Psychology, Louisiana Tech University, 2014. Dr. Ball completed her pre-doctoral psychology internship and postdoctoral fellowship with an emphasis on PTSD treatment at SLVHCS. She accepted the position in the general PTSD program upon completion of her postdoctoral fellowship and has recently moved into a position on the PTSD/SUD subspecialty team. Her clinical interests include evidenced-based treatments for PTSD and depression and treating comorbid PTSD and substance use as well as affective and interpersonal difficulties stemming from complex trauma. Dr. Ball serves as a Cognitive Behavioral Therapy for
to completing his doctorate, Dr. Baris B. Konur, Psy.D, enjoys conducting psychological assessments. Motivational Enhancement Therapy for Substance Use Disorder and enjoys conducting psychological assessments. When not at work, Dr. Konur enjoys photography, travel, home renovation, and riding her scooter.

Michele N. Carroll, Psy.D. Staff Psychologist, Mental Health Clinic- St. John Community Outpatient Clinic. Clinical Psychology, Florida Institute of Technology, 1996. Dr. Carroll completed her internship at the University of Alabama at Birmingham Consortium and a post-doctoral fellowship at Spain Rehabilitation (a hospital of the UAB system). She then became the Clinical Director and later the Executive Director of Region One Mental Health Center, a rural community mental health center located in the Mississippi Delta. She was very involved in Mississippi state psychological issues and became the President of the Mississippi Psychological Association in 2007. She returned to Louisiana in 2008 where she is licensed. Her clinical interests include rural mental health, suicide prevention, anxiety disorders, and self-care. In her spare time, Dr. Carroll paints, exercises, and enjoys family and friends.

Laurel Franklin, Ph.D. Interim Chief, Psychology Service; South Central MIRECC Site Director; Clinical Assistant Professor, Department of Psychiatry and Neurology, Tulane University School of Medicine. Dr. Franklin completed a Doctorate of Philosophy in Clinical Psychology at the Pacific Graduate School of Psychology, a psychology internship at the New Orleans VAMC (now SLVHCS), and a research postdoctoral fellowship at Brown University/Rhode Island Hospital. She currently is licensed in Louisiana. Her professional interests are assessment of posttraumatic reactions; treatment of posttraumatic insomnia; and evidenced based treatments for PTSD. Dr. Franklin is currently the Site Investigator for the Cooperative Study 591, comparing Cognitive Processing Therapy to Prolonged Exposure. Other ongoing research projects include examining symptom overlap on the Clinician Administered PTSD Scale for DSM-5 and examining use of measurement-based assessment in PTSD diagnostic exams. Dr. Franklin is a member of the International Society for Traumatic Stress Studies, Anxiety and Depression Association of America, and the Louisiana Psychological Association. She is a board member for several peer-reviewed trauma journals. When not at work, Dr. Franklin enjoys keeping up with her eight-year-old son. She loves Mardi Gras and parading with the Krewe of Muses.

Michelle Hamilton, Ph.D. Associate Director of Training for the Psychology Internship Program and Staff Psychologist, PTSD Team, Clinical Associate Professor, Department of Psychiatry and Neurology, Tulane University School of Medicine. Clinical Psychology, University of Southern Mississippi, 1994. Dr. Hamilton completed her pre-doctoral psychology internship at the New Orleans VAMC (now SLVHCS) in 1994 and began employment at the medical center directly after internship. She is licensed in Louisiana. Dr. Hamilton worked for several years on the inpatient psychiatric unit, the outpatient mental health clinic and most recently in the PTSD program. Her interests include using mind body medicine therapies, EMDR, ACT, and other alternative therapies with PTSD. Dr. Hamilton is passionate about everything New Orleans and can be found at various music, food, and art festivals on the weekends. She enjoys photography, travel, home renovation, and riding her scooter.

Shannon Hartley, Ph.D. Staff Psychologist, Ambulatory Mental Health. Clinical Psychology, University of Alabama at Birmingham, 2006. Dr. Hartley completed internship at the Medical University of Ohio and postdoctoral fellowship in Pediatric Psychology with the University of Louisville School of Medicine and Kosair Children’s Hospital. She then became employed by a private inpatient psychiatric facility in Birmingham, Alabama which served an inner-city population. She conducted psychological evaluations for children, adolescents, and adults. Upon moving to New Orleans, Dr. Hartley joined SLVHCS, conducting intakes for the PTSD program. In December 2013, she joined the Ambulatory Mental Health program. Dr. Hartley is licensed in Alabama. At the VA, Dr. Hartley works with a wide variety of diagnoses and presenting issues, she has a special interest in adjustment to chronic illness. She is also trained in Motivational Enhancement Therapy for Substance Use Disorder and enjoys conducting psychological assessments. Dr. Hartley was born and raised in Metairie, LA and enjoys everything about New Orleans culture, especially the food.

Baris B. Konur, Psy.D. Local Recovery Coordinator, Clinical Psychology, Regent University, 2005. Prior to completing his doctorate, Dr. Konur completed a one-year clinical internship with Eastern Virginia
Medical School in Norfolk, VA with a focus on rehabilitation psychology and clinical neuropsychology within medical and psychiatric settings. Dr. Konur then completed a two year post-doctoral fellowship with the VHA National Center for Organization Development whose mission is to provide organizational assessment and consultation to VHA facilities nationwide. He is licensed in Ohio. These prior experiences have prepared him for his current position as Local Recovery Coordinator for the Southeast Louisiana Veterans Health Care System (SLVHCS). Dr. Konur participates in a variety of functions, including acting as coordinator and Mental Health liaison to the Mental Health Consumer Council, providing consultative services to mental health staff in areas of recovery, collaborating and partnering with community agencies, consulting with primary care staff on serious mental illness, as well as chairing the Disruptive Behavior Committee. Outside of SLVHCS, Dr. Konur enjoys offshore fishing, boating, golf and spending time with his family.

Amanda M. Raines, Ph.D., Core Investigator with the South Central MIRECC and SLVHCS; Assistant Professor, Department of Psychiatry, Louisiana State University. Dr. Raines completed her Doctorate of Philosophy in Clinical Psychology at Florida State University in 2016 and both her pre-doctoral internship and post-doctoral residency at SLVHCS in 2016 and 2017, respectively. Dr. Raines’ research focuses on identifying and empirically examining transdiagnostic risk and maintenance factors, as well as the development and refinement of novel interventions that can be used to prevent and treat anxiety and related forms of pathology including PTSD and suicide. She is a member of the International Society for Traumatic Stress Studies (ISTSS), Association for Behavioral and Cognitive Therapies (ABCT), and Anxiety and Depression Association of America (ADAA). During her free time, Dr. Raines likes to hang out with Dr. Franklin and is sure she has other interests outside of psychology but cannot think of any at this time.

Karen Slaton, Ph.D. Health Behavior Coordinator, Team Leader: Primary Care Mental Health Integration, Pain Psychologist: Interdisciplinary Pain Management Program. Clinical Assistant Professor, Departments of Family Medicine and Psychiatry, Tulane University School of Medicine. Counseling Psychology, The University of Southern Mississippi, 2000. Dr. Slaton completed a clinical psychology internship at Tulane University School of Medicine. After internship, she joined the faculty at Tulane in Family Medicine and Psychiatry where she remained until Hurricane Katrina. Prior to joining the New Orleans VA, Dr. Slaton maintained a private practice as the owner of Northshore Psychological Services and the Center for Wellness and Peak Performance. She is licensed in Louisiana. She is certified in Sports and Clinical Hypnosis and is Secretary/Treasurer for the New Orleans Society for Clinical Hypnosis. Dr. Slaton’s professional interests include behavioral medicine, mind-body medicine, health promotion and disease prevention, clinical hypnosis, performance enhancement and chronic pain. She is a fitness enthusiast and is certified by the American College of Sports Medicine as a Health Fitness Specialist. She is also a registered yoga teacher.

Joseph O. Vigil, Ph.D. Staff Psychologist in Interdisciplinary Pain Management Program, Adjunct Instructor, Department of Rehabilitation Counseling, Louisiana State University Health Sciences Center. Counseling Psychology, The University of Memphis, 2003. Dr. Vigil completed his pre-doctoral psychology internship at the Central Arkansas Veterans Healthcare System in 2003, and he completed his postdoctoral hours working for a private practice in the New Orleans area in 2005, where he also served as a consultant/expert witness in regional torts. Dr. Vigil holds an additional license in Louisiana as a vocational rehabilitation counselor and specializes in rehabilitation psychology assessment and counseling. He is also a member of the American Psychological Association. When not at work for SLVHCS, Dr. Vigil mostly spends time with his children and family. He also enjoys playing and coaching soccer, as well as personal training, when not actively advancing awareness and research for classic Late Infantile Neuronal Ceroid Lipofuscinosis (or Batten Disease).

Jessica Walton, Ph.D. Staff Psychologist, SUD/PTSD Team. Clinical Psychology, Illinois Institute of Technology, College of Psychology 2011. Dr. Walton completed her pre-doctoral psychology internship and postdoctoral fellowship with an emphasis on PTSD treatment and research, at SLVHCS. She accepted the position as SUD/PTSD psychologist upon completion of her postdoctoral fellowship. Her professional interests are evidenced based treatments for PTSD; cognitive behavioral psychotherapy; treatment of posttraumatic insomnia; exposure-based treatments; and clinical research. She is currently a
Co-Investigator and study therapist on a research project examining the effectiveness of Prolonged Exposure (PE) delivered via traditional telemedicine and iPhones to veterans diagnosed with PTSD. Dr. Walton is also a member of the International Society of Traumatic Stress Studies. A New Orleans native, Dr. Walton enjoys playing beach volleyball and is an avid New Orleans Saints fan (Who Dat!).

**Local Information**

The city of New Orleans is a diverse and cosmopolitan community. The residents of New Orleans and southern Louisiana reflect diversity in race, ethnicity, religion, sexual orientation, gender identity, and socioeconomic status. New Orleans and southern Louisiana is an area rich in African American, Creole and Cajun history and events and practices. Our staff both values and participates in the rich cultural experiences of New Orleans and the Gulf Coast region; as such we encourage out trainees to be active participants in their new community. New Orleans is one of the oldest and most fascinating cities in the United States, and thousands of visitors enjoys its unique attractions throughout the year. The famous French Quarter has been declared a National Landmark as have other areas of the city, and the the beautiful homes of the upper and lower Garden District reflect the genius of the architects who designed them. At Jackson Square, where the French Quarter meets the Mississippi, one can see paddlewheels, ferries and tugboats side by side. New Orleans is famous as a birthplace of jazz music, which is played at a wide variety of venues in the city, and a rich diversity of all musical styles abounds. There is an abundance of local theatre, arts, and festivals. The Mardi Gras tradition is very much alive, and the beautiful parades preceding the Lenten season are described as the greatest free show on earth. Carnival is soon followed by the French Quarter Festival and the internationally acclaimed Jazz & Heritage Festival. The New Orleans area is known worldwide for its French, Creole, and Cajun cuisine, as well as the famous seafood of the Gulf Coast Region. Popular recreational activities also include sporting events, such as university and professional football. For those who love the outdoors, Louisiana is a “sportsman's paradise,” with good fishing and beautiful Lake Ponchartrain available for boating. A semitropical climate with rare freezes and lush vegetation makes New Orleans an inviting place for the postdoctoral year.
**Additional Information on Federal Appointments**

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

1. **U.S. Citizenship.** HPTs who receive a direct stipend (pay) must be U.S. citizens. Trainees who are not VA paid (without compensation-WOC) who are not U.S. citizens may be appointed and must provide current immigrant, non-immigrant or exchange visitor documents.

2. **U.S. Social Security Number.** All VA appointees must have a U.S. social security number (SSN) prior to beginning the pre-employment, on-boarding process at the VA.

3. **Selective Service Registration.** Male applicants born after 12/31/1959 must have registered for the Selective Service by age 26 to be eligible for U.S. government employment, including selection as a paid or WOC VA trainee. For additional information about the Selective Service System, and to register or to check your registration status visit [https://www.sss.gov/](https://www.sss.gov/). Anyone who was required to register but did not register before the age of 26 will need to apply for a Status Information Letter (SIL) and request a waiver. Waivers are rare and requests will be reviewed on a case by case basis by the VA Office of Human Resources Management. This process can take up to six months for a verdict.

4. **Fingerprint Screening and Background Investigation.** 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](http://www.archives.gov/federal-register/codification/executive-order/10450.html).

5. **Drug Testing.** Per Executive Order 12564, the VA strives to be a Drug-Free Workplace. HPTs are not drug-tested prior to appointment, however are subject to random drug testing throughout the entire VA appointment period. You will be asked to sign an acknowledgement form stating you are aware of this practice. See item 8 below.

6. **Affiliation Agreement.** To ensure shared responsibility between an academic program and the VA there must be a current and fully executed Academic Affiliation Agreement on file with the VHA Office of Academic Affiliations (OAA). The affiliation agreement delineates the duties of VA and the affiliated institution. Most APA-accredited doctoral programs have an agreement on file. More information about this document can be found at [https://www.va.gov/oaa/agreements.asp](https://www.va.gov/oaa/agreements.asp) (see section on psychology internships). Post-degree programs typically will not have an affiliation agreement, as the HPT is no longer enrolled in an academic program and the program is VA sponsored.

7. **TQCVL.** To streamline on-boarding of HPTs, VHA Office of Academic Affiliations requires completion of a Trainee Qualifications and Credentials Verification Letter (TQCVL). An Educational Official at the Affiliate must complete and sign this letter. For post-graduate programs where an affiliate is not the program sponsor, this process must be completed by the VA Training Director. Your VA appointment cannot happen until the TQCVL is submitted and signed by senior leadership from the VA facility. For more information about this document, please visit [https://www.va.gov/OAA/TQCVL.asp](https://www.va.gov/OAA/TQCVL.asp)

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

8. **Additional On-boarding Forms.** Additional pre-employment forms include the Application for Health Professions Trainees (VA 10-2850D) and the Declaration for Federal Employment (OF 306). These documents and others are available online for review at [https://www.va.gov/oaa/app-forms.asp](https://www.va.gov/oaa/app-forms.asp). Falsifying any answer on these required Federal documents will result in the inability to appoint or immediate dismissal from the training program.

9. **Proof of Identity per VA.** VA on-boarding requires presentation of two source documents (IDs). Documents must be unexpired and names on both documents must match. For more information visit: [https://www.oit.va.gov/programs/piv/_media/docs/IDMatrix.pdf](https://www.oit.va.gov/programs/piv/_media/docs/IDMatrix.pdf)

Additional information regarding eligibility requirements for appointment as a psychology HPT can be found at the end of this brochure.

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

- 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](https://www.sss.gov/Registration/Why-Register/Benefits-and-Penalties)

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

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

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

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

1. The nature of the position for which the person is applying or in which the person is employed;
2. The nature and seriousness of the conduct;
3. The circumstances surrounding the conduct;
4. The recency of the conduct;
5. The age of the person involved at the time of the conduct;
6. Contributing societal conditions; and
7. The absence or presence of rehabilitation or efforts toward rehabilitation.
Program Admission, Outcome, and Support Data

Postdoctoral Program Admissions

Date Program Tables are updated: October 2018

Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program's policies on intern selection and practicum and academic preparation requirements: Applicants must be U.S. citizen and have completed training in an APA-approved clinical or counseling psychology program and an APA-accredited psychology internship. All requirements for the doctoral degree must be completed prior to the start of the postdoctoral residency year. A successful candidate for the postdoctoral residency positions in PTSD will have had some specialty training in trauma and PTSD. A successful candidate for the postdoctoral residency positions in Behavioral Medicine will have had some specialty training in behavioral medicine. Our goal is to select postdoctoral residents who have the potential to develop as leaders in clinical services, research, and education. Our emphasis is on goodness of fit with our training model, program philosophy, and a general openness to feedback and supervision.

Describe any other required minimum criteria used to screen applicants: N/A

Financial and Other Benefit Support for Upcoming Training Year*

Annual Stipend/Salary for Full-time Residents: $46,102
Annual Stipend/Salary for Half-time Residents: N/A
Program provides access to medical insurance for intern? Yes
If access to medical insurance is provided:
Trainee contribution to cost required? Yes
Coverage of family member(s) available? Yes
Coverage of legally married partner available? Yes
Coverage of domestic partner available? No
Hours of Annual Paid Personal Time Off (PTO and/or Vacation): 104
Hours of Annual Paid Sick Leave: 104
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave? Yes

Other Benefits (please describe): N/A

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

Initial Post-Residency Positions: 2015-2018

Total # of residents who were in the 3 cohorts: 15
Total # of residents who remain in training in the residency program: 0

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<thead>
<tr>
<th>PD</th>
<th>EP</th>
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<tbody>
<tr>
<td>Community mental health center</td>
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<tr>
<td>Federally qualified health center</td>
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<tr>
<td>Independent primary care facility/clinic</td>
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<tr>
<td>University counseling center</td>
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<tr>
<td>Veterans Affairs medical center</td>
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<tr>
<td>Military health center</td>
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<td>Academic health center</td>
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<td>Other medical center or hospital</td>
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<tr>
<td>Psychiatric hospital</td>
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Academic university/department
Community college or other teaching setting
Independent research institution
Correctional facility
School district/system
Independent practice setting 3
Not currently employed
Changed to another field
Other 3
Unknown

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