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 8, 2018

Accreditation Status
The postdoctoral residency at the Southeast Louisiana Veterans Health Care System was fully accredited by the Commission on Accreditation of the American Psychological Association in June of 2012.

Application & Selection Procedures
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.

Please note that a Certification of Registration Status, Certification of U.S. Citizenship, and drug screening are required to become a VA postdoctoral resident. The Federal Government requires that male applicants to VA positions who were born after 12/31/59 must sign a Pre-appointment Certification Statement for Selective Service Registration before they are employed. It is not necessary to submit this form with the application, but if you are selected for this postdoctoral residency and fit the above criteria, you will have to sign it. All postdoctoral residents must complete a Certification of Citizenship in the United States prior to beginning the postdoctoral residency. We cannot consider applications from anyone who is not currently a U.S. citizen. Matched postdoctoral residents are subject to fingerprinting and background checks. The VA conducts drug screening exams on randomly selected personnel as well as new employees. Postdoctoral residents are not required to be tested prior to beginning work, but once on site they are subject to random selection in the same manner as other staff.

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. More explicit instructions can be found within APPA CAS.

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 at the time of application your dissertation has not been completed, 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 8, 2018 for the training year starting in Fall of 2018. 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 approved internship program. As such, interns from our program often choose to apply to our postdoctoral residencies. If they meet the requirements we reserve the right to give them early consideration. Thus, it is possible that we may not always accept applications from outside applicants for one or more positions. We will provide an announcement for all outside applicants on the home page of our website as to whether we will be accepting applications by the end of the first week of December.**

A successful candidate for the postdoctoral residency positions will have had some specialty training in trauma and PTSD, behavioral medicine, or substance abuse. 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. Our emphasis is on goodness of fit with our training model, program philosophy, and a general openness to feedback and supervision.

**Inquiries should be sent to:**

Julie Arseneau, Ph.D.
Director, Psychology Training Program
ATTN: Postdoctoral Residency Information
Mental Health Service (116)
Southeast Louisiana Veterans Health Care System
P.O. Box 61011
New Orleans, LA 70161-1011
Julie.Arseneau@va.gov or 504-507-2000 ext 65203

**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 11 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 November 2016; thus the 2018-2019
internship class 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, PTSD, Ambulatory Mental Health Care, Primary Care Mental Health, 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

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 early- to 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. 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 Director of Clinical Training. 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 in the PTSD clinic, but are required to spend additional time working in clinics/programs outside of PTSD.
B. Behavioral Medicine/Health Psychology with Pain Psychology emphasis: Postdoctoral residents work primarily in the Behavioral Medicine program (pain program), but are required to spend additional time 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 in the Behavioral Medicine program (PCMH-I), but are required to spend additional time working in clinics/programs outside of Behavioral Medicine.
D. Substance Use Disorders and Ambulatory Mental Health: Postdoctoral residents work half time in the Substance Use Disorders Treatment team (SUDT), and half time in the Ambulatory Mental Health Clinic.
E. Rural and Underserved Populations: Postdoctoral residents work within the Military Sexual Trauma Program and at a rural Community Based Outpatient Clinic, attending to the care of both 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), Cognitive Processing Therapy (CPT), Acceptance and Commitment Therapy (ACT), and Cognitive Behavioral Therapy for Insomnia (CBT-I). Seeking Safety is used in time-limited groups focusing on simultaneous treatment of PTSD and substance abuse. 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, Prolonged Exposure, ACT, relaxation training, anger management, cognitive behavioral therapy, and nightmare prevention. 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: Julie Arseneau, Ph.D.**

Embedded within the PTSD Clinical Team, the OEF/OIF/OND Program provides trainees an opportunity to work with post-9/11 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: program evaluation and development, group therapies, participation in multidisciplinary team meetings, and scholarly writing.

**Supervisor: Lisa-Ann Cuccurullo, Psy.D.**

Training experiences are provided in the assessment and treatment of military sexual trauma (MST) in both female and male veterans. This includes intake assessment (clinical interview and psychometric evaluation), individual psychotherapy, and 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. In treatment, there is an emphasis is placed on Evidenced-Based Psychotherapies (EBP’s). Postdoctoral residents can select instruction in Acceptance and Commitment Therapy (ACT), Dialectical Behavior Therapy (DBT), or Prolonged Exposure (PE). Training in all therapies includes: didactics, readings, and supervised clinical application with veterans.

- **ACT**: Postdoctoral residents are able to co-facilitate an ACT group, have individual ACT patients, and co-facilitate a Mindfulness group.
- **DBT**: Postdoctoral residents are able to co-facilitate DBT skills group, have individual DBT patients, and co-facilitate a Mindfulness group.
- **PE**: Postdoctoral residents are able to attend a weekly PE consultation group, maintain a caseload of PE patients, and have supervision based on audio tapes of PE sessions.

A postdoctoral resident working with Dr. Cuccurullo may wish to engage in other experience such as: scholarly writing, ad hoc journal review with supervisor, learning the Clinician Administered PTSD Scale (CAPS).

**Supervisor: Michelle Hamilton, Ph.D.**
Postdoctoral residents working with Dr. Hamilton will have the opportunity to learn Acceptance and Commitment Therapy, and co-facilitate modules in the Trauma, Recovery, and Wellness Whole Health Program. They may also participate in Mind-Body Medicine Skills groups.

**Supervisors: Jessica Walton, Ph.D.**
Working with Dr. Vigil and Dr. 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, interns 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.

**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.

**Behavioral Medicine Health Psychology Emphasis: Primary Care Mental Health Integration**
**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.

**Behavioral Medicine Health Psychology Emphasis: Pain Psychology**

*Supervisors: Karen Slaton, Ph.D. (primary supervisor) 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.

**Substance Use Disorders/ Ambulatory Mental Health Emphasis**

*Supervisors: Mercedes Carswell, Ph.D. and Shannon Hartley, Ph.D.*

*Substance Use Disorders:* The postdoctoral resident will work 50% under the SUDT outpatient clinic. The postdoctoral resident will be an integral member of the multidisciplinary SUDT team (comprised of psychiatrists, psychologists, social workers, addiction therapists, peer support specialists, and nursing staff). The postdoctoral resident will deliver services at two SLVHCS outpatient clinics with New Orleans as the primary site. Primary duties will include providing direct patient care including comprehensive substance use disorders (SUD) assessment, individual and group psychotherapy, and psychological assessment. Mastery of evidence-based interventions for SUD, including MET and CBT-SUD, will be emphasized throughout the training year. There may be opportunities for program development activities depending on the postdoctoral resident’s interests. By the end of the training year, the postdoctoral resident will be expected to demonstrate 1) advanced skill in the bio-psychosocial-spiritual assessment and diagnosis of SUD, 2) proficiency in creating patient-centered, multidisciplinary SUD treatment plans,
3) a working knowledge and implementation of evidence based interventions for SUD, 4) advanced psychotherapy skills when delivering aftercare/relapse prevention interventions, 5) an ability to function effectively within a multidisciplinary team, and 6) advanced skill in conducting psychological testing for diagnostic clarification and treatment recommendations.

Ambulatory Mental Health: The postdoctoral resident will work 50% under the Ambulatory Mental Health outpatient clinic. Primary duties will include screening, triaging, and providing treatment for a variety of DSM-5 diagnoses, providing a range of therapeutic interventions with an emphasis on time-limited, evidence-based approaches, and completing psychological assessments 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.

Rural and Underserved Populations Emphasis

Training Experiences
The postdoctoral resident will have training experiences in Community Based Outpatient Ambulatory Mental Health, Military Sexual Trauma (MST) (via tele-mental health), and Tele-mental Health for PTSD. 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.

Military Sexual Trauma (Tele-Health)
Supervisors: Lisa-Ann Cuccurullo, Psy.D.
Training experiences are provided in the assessment and treatment of military sexual trauma (MST) in both female and male veterans. This includes intake assessment (clinical interview and psychometric evaluation), individual psychotherapy, and 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. In treatment, there is an emphasis is placed on Evidenced-Based Psychotherapies (EBP’s). Postdoctoral residents can select instruction in Acceptance and Commitment Therapy (ACT), Dialectical Behavior Therapy (DBT), or Prolonged Exposure (PE). Training in all therapies includes: didactics, readings, and supervised clinical application with veterans.

• ACT: Postdoctoral residents can co-facilitate an ACT group, have individual ACT patients, and co-facilitate a Mindfulness group.
• PE: Postdoctoral residents can attend a weekly PE consultation group, maintain a caseload of PE patients, and have supervision based on audio tapes of PE sessions.

A postdoctoral resident working with Dr. Cuccurullo may wish to engage in other experience such as: scholarly writing, ad hoc journal review with supervisor, learning the Clinician Administered PTSD Scale (CAPS).
**Additional Postdoctoral Residency Program Features**

**Individualized Training**
For postdoctoral residents in PTSD, PCMH, and Pain Psychology, approximately 25% of time is comprised of a training experience outside of their focus area. These experiences can include opportunities for training in Health Psychology/Behavioral Medicine, Ambulatory Mental Health Clinic, Community Based Outpatient Clinics, or the Substance Use Disorders Treatment team.

The postdoctoral resident’s 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 resident will be expected to devote up to eight hours per week of the training year in 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, for example, will result in a product that is suitable for 1) presentation at a professional conference (paper, poster, workshop, etc.); 2) publication in a professional journal; or 3) submission to IRB.

**Compensation and Benefits**
Postdoctoral residents receive a stipend of $42,239 for the 2017-2018 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 VTEL 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. Postdoctoral residents have ample office space to conduct therapy and assessment. Each office is equipped with a desk, networked computer, chairs, and telephone. 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; Director of Clinical Training for Psychology Programs; Clinical Assistant Professor, Department of 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. An emigree to New Orleans from the Northeast, Dr. Arseneau spends much of her free time eating, speaking, and dancing like a local.

**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.

**Mercedes Carswell, Ph.D.** Staff Psychologist, Substance Abuse Treatment Program. Clinical Psychology and Sport Psychology, Michigan State University, 2008. Dr. Carswell completed her internship at the Missouri Health Sciences Psychology Consortium (Truman VA) and worked in the residential substance abuse treatment program at the Central Texas Veterans Healthcare System prior to joining the SLVHCS staff in 2009. She is licensed in Florida. Her clinical interests include group therapy, assessment, and multicultural psychology. She is also a member of the hospital's multidisciplinary Palliative Care Team. While her theoretical orientation is primarily cognitive-behavioral, she is open to other case conceptualizations and interventions. In her spare time, Dr. Carswell enjoys traveling and attending many of the festivals and concerts in New Orleans. An avid football fan, you can usually find her watching Florida Gator games on Saturdays and NFL games on Sundays in the fall.

**Lisa-Ann Cuccurullo, Psy.D.** Military Sexual Trauma Coordinator, Staff Psychologist, PTSD Team; Assistant Director of Clinical Training. Clinical Psychology, La Salle University, 2011. Dr. Cuccurullo completed her pre-doctoral internship and her postdoctoral fellowship, with an emphasis on PTSD treatment and research, at SLVHCS. She accepted her position as MST psychologist upon completion of her fellowship. Her clinical and research interests include sexual trauma, exposure based treatments, empirically supported treatments, cognitive behavioral therapies, suicide prevention, and personality disorders. She is a part of the VA Prolonged Exposure Initiative, as a national consultant, and currently is working with Dr. Franklin, as the Sub-Investigator of a VA Cooperative Studies Program project investigating PE and CPT. As a New Orleans transplant from Brooklyn, New York, she is an avid sports fan (Go Yankees!) and spends her time exploring NOLA culture. Dr. Cuccurullo lives on the parade route, during Mardi Gras season she can be found watching the parades and catching beads.
Laurel Franklin, Ph.D. Staff Psychologist; Evidence Based Psychotherapy Coordinator; MIRECC Site Leader; Clinical Assistant Professor, Department of Psychiatry and Neurology, Tulane University School of Medicine; Prolonged Exposure National Consultant. Clinical Psychology, Pacific Graduate School of Psychology, 2001. Dr. Franklin completed her 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 the effectiveness of CBT for posttraumatic insomnia delivered by telephone; using Imagery Rehearsal Therapy for posttraumatic nightmares with an olfactory component; examining symptom overlap on the Clinician Administered PTSD Scale for DSM-5; and how perceived readiness for psychotherapy affects outcome in patients with PTSD. Dr. Franklin is a member of the International Society of Traumatic Stress Studies, and is a board member for several peer-reviewed trauma journals. When not at work, Dr. Franklin enjoys keeping up with her five year old son. She is Board President of Funny Bones Improv, an organization that promotes healing though laughter to hospitalized children in New Orleans and Chicago. She loves Mardi Gras and parades 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.
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. In her spare time she is a fabric artist and builds homes with Habitat for Humanity. She enjoys live local music, professional football and hiking and kayaking with her husband. The weekends find her in bucolic Abita Springs passing the time with her pets Mathilda and Atticus Finch.

Joseph O. Vigil, Ph.D. Staff Psychologist in Substance Abuse, PTSD Team, 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 Ponchatrain available for boating. A semitropical climate with rare freezes and lush vegetation makes New Orleans an inviting place for the postdoctoral year.