

# Psychology Postdoctoral Residency Program



Southeast Louisiana Veterans Health Care System (117)  
 P.O. Box 61011  
 New Orleans, LA 70161-1011  
 504-412-3700  
<http://www.neworleans.va.gov/>

**Applications Due: January 4, 2021**

## **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 4, 2021** for the training year starting in Fall of 2021. 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/virtual 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:***

Christopher R. L. Parkinson, Ph.D., ABPP  
 Co-Director, Psychology Training Programs  
 Psychology Service (117)  
 Southeast Louisiana Veterans Health Care System  
 P.O. Box 61011  
 New Orleans, LA 70161-1011  
[Christopher.Parkinson@va.gov](mailto:Christopher.Parkinson@va.gov) or 504-210-7403

### **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 social work trainees, pharmacy students, nursing students, allied health professionals, medical students, and medical residency & fellowship programs.

Kenneth Jones, Ph.D. currently serves as Chief of Psychology and C. Laurel Franklin, Ph.D. serves as Associate Chief of Psychology. The SLVHCS Psychology Training Committee is currently comprised of 20 doctoral level psychologists. We currently have five graduate-level externs, five pre-doctoral interns and five postdoctoral residents. 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 residents to participate in all three of these areas. 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 of these areas. SLVHCS has eight 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 2021-2022 postdoctoral training cohort will be working within the new, fully operational medical center. There are currently nine 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), Compensated Work Therapy (CWT), Military Sexual

Trauma (MST) clinic, Family Program, and psychologists are also integrated into various healthcare teams within the hospital. 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](http://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. 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 (8:00-4:30pm, with a half hour lunch break, and 2, 15-minute breaks) 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 7:30-4:00pm. About 80% of time is devoted to clinical services, including research, and 20% to attending didactics, peer consultation, meetings, etc. Jessica Walton, Ph.D. and Christopher R. L. Parkinson, Ph.D., ABPP are Co-directors of training with Dr. Walton overseeing the internship and Dr. Parkinson the residency program respectively. 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 (2 positions):** 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 Primary Care Mental Health Integration (PCMHI) emphasis:** Postdoctoral residents work primarily (75%) in the Behavioral Medicine program (PCMHI), but are required to spend additional time (25%) working in clinics/programs outside of Behavioral Medicine.
- C. **Behavioral Medicine/Health Psychology with Pain & Rehabilitation Psychology emphasis:** Postdoctoral residents work primarily (75%) in the Behavioral Medicine program (pain & rehabilitation programs), but are required to spend additional time (25%) working in clinics/programs outside of Behavioral Medicine.
- D. **Acute Care: Inpatient Mental Health & Medicine:** Postdoctoral residents work half (50%) of time in the Inpatient Mental Health Unit and half (50%) of time in the Inpatient Medical setting.

- E. Rural and Underserved Populations:** Postdoctoral residents work within our rural Community Based Outpatient Clinic in St. John and in the community with Home-Based Primary Care, attending to the care of rural and underserved Veterans with an emphasis on empirically supported treatments.
- F. Lesbian, Gay, Bisexual, and Transgender (LGBT) Healthcare:** Postdoctoral residents obtain experience with interventions to address the LGBT population and focus on providing care to Veterans who identify as a member of the LGBT community. Specific time is dedicated to program development and evaluation within SLVHCS.

#### **A. Posttraumatic Stress Disorder**

**Supervisors: Jessica Walton, Ph.D.; Chelsea Ennis, Ph.D.**

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. Additional potential training opportunities within the program include services for Veterans with trauma and comorbid substance abuse problems, as well as Veterans who experienced Military Sexual Trauma.

Trainees may conduct comprehensive intake evaluations and have the opportunity to administer additional PTSD-specific assessments (e.g., CAPS-5) for situations when diagnostic clarification is needed. Residents may opt to participate in the treatment planning group where Veterans are educated on both non-EBP and EBP treatment options offered within the program. Residents working with Dr. Walton can receive training in providing evidence-based psychotherapies (EBPs), including Prolonged Exposure Therapy, Cognitive Processing Therapy for PTSD, as well as treatments for trauma-related insomnia (Cognitive Behavioral Therapy for Insomnia), Motivational Enhancement Therapy (MET), recurrent nightmares (Imagery Rehearsal Therapy), and emotional and interpersonal regulation difficulties (Skills Training in Affective and Interpersonal Regulation). Residents working with Dr. Ennis can receive training in providing EBPs for PTSD (i.e., PE and CPT), depression (CBT for depression), and sleep disturbances (i.e., IRT for nightmares and CBT for insomnia). In addition, residents may work with high-risk Veterans with Dr. Ennis via the Inpatient and Post-Discharge groups. In these groups, residents will have the opportunity to provide psychoeducation and brief CBT for suicide prevention among Veterans who have recently been discharged from the inpatient unit at SLVHCS.

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.

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 physicians, clinical pharmacists, social workers, and nursing staff.

## **Health Psychology/Behavioral Medicine**

Psychologists and residents function as consultants on the psychosocial and behavioral aspects of disease expression, control, and prevention and overall 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 & surgical procedures, as well as health promotion. We offer two major emphasis areas: Primary Care-Mental Health Integration, and Pain & Rehabilitation Psychology. Training opportunities may also be available in the areas of infectious disease, palliative care, bariatrics, and home-based primary care.

### **B. 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 as well as behavioral medicine interventions that are critical to the mission of prevention, health promotion, and chronic disease management. All trainees are exposed to the VA PCMH Certification training material and conduct patient interactions according to this model. Interventions are brief and focused on improving veteran functional impairments. Evidence supported treatments developed by the Center for Integrated Care are utilized along with interventions from behavioral activation, problem solving training, CBT, DBT, and ACT to name a few. 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 an Integrated, 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 psychological and 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 mellitus, chronic pain, tobacco cessation, and the MOVE! weight management program.
- Psychosocial assessments for transplant (e.g. lung, kidney, liver, and stem cell) and presurgical evaluations prior to bariatric surgery.
- Collaboration and consultation with a variety of other disciplines related to implementation and evaluation associated with the Patient Aligned Care Teams (PACTs).
- Provision of supervision to other psychology trainees.
- Other behavioral medicine experiences can be created to meet resident training goals.

### **C. Residency with Pain and Rehabilitation Psychology Emphasis** **Supervisor: Joseph Vigil, Ph.D.**

Postdoctoral residents will receive training in integrated health care in the broad area of behavioral medicine with emphasis in pain and rehabilitation psychology. At SLVHCS, the model of care involves working on a variety of interdisciplinary teams across the hospital utilizing motivational interviewing and a patient-centered approach. Current clinical opportunities include working on medicine floors and working

closely with rehabilitation psychology in Physical Medicine and Rehabilitation (PM&R) service, which includes the Pain Medicine service, working as both a behavioral health consultant and providing direct interventions using both group and individual approaches. Postdoctoral residents will receive training to function effectively as independent clinicians and as members of an interdisciplinary team located in the specialty care setting.

Learning experiences include:

- Helping patients and other providers understand and overcome barriers to treatment adherence for medical issues, acute and chronic illnesses, and cognitive and physical limitations.
- Provision of health psychology and integrated behavioral health assessment/intervention through participation in individual and group treatment, accepting referrals from areas such as Primary Care, Neurology, Urology, Infectious Disease, Gastroenterology, etc.
- Participation in PM&R clinics, such as Spinal Cord Injury (SCI), ALS, Cardiac Rehabilitation, Amputee, Polytrauma Team (with TBI patients), etc.
- Assessments to formulate recommendations to various interdisciplinary teams, including psychosocial assessment prior to solid organ transplantation and presurgical evaluations prior to device implantations (e.g., SCS, LVAD, intrathecal pumps), bariatric surgeries, neurosurgery, etc.
- At all VA Medical Centers, chronic pain is treated using a stepped-care approach and according to a biopsychosocial model. 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.
  - Participation in the Pain Evaluation Program (PEP) a specialized team for evaluating and recommending treatment for pain within the primary care setting.
  - Provision of curbside and formal consultation with interdisciplinary pain team members and health care providers including pain physicians (including PM&R and Anesthesia fellows).
  - Provision of psychological testing and assessment prior to spinal cord stimulator and pain pump implantation, as well as spinal surgeries.
  - Implementation of evidence-based or supported interventions: (1) Cognitive Behavioral Therapy for Pain (CBT-CP, BCBT-CP, CBT-CP/PTSD) (2) Acceptance and Commitment Therapy for Chronic Pain, (3) Clinical Hypnosis for Pain, (4) Yoga Therapy for Pain, and (5) Mindfulness-based approaches to pain treatment.
  - Participation in the CARF-accredited Comprehensive Pain Rehabilitation Program (CPRP) along with a pain psychologist, physical therapists, occupational therapists, dietitians, recreational therapists, and others allied health professionals.

Postdoctoral residents will work broadly in health psychology functioning in other areas of the hospital, such as Primary Care-Mental Health Integration (PCMHI) and may have the opportunity to work with PACT teams providing treatment for medical conditions in a primary care setting and provide clinical coaching to PACT team members.

Finally, the residency aims to increase knowledge and competencies with clinical research. This may include conducting research (e.g., analyzing data and preparing manuscripts on existing data sets and other involvement in ongoing research projects), program development, program evaluation, critical reviews of articles and book chapters, grant writing, and attendance at research meetings.

#### **D. Acute Care: Inpatient Mental Health & Medicine**

**Primary Supervisors: Christopher R. L. Parkinson, Ph.D., ABPP and Desirae N. Vidaurri, Ph.D.**

There are unique aspects to working on an inpatient setting including higher acuity, increased complexity, faster pace, and atypical workflow. Psychologists in this setting typically focus on provision of short-term, evidence-based interventions. These interventions are often provided in collaboration with other



healthcare professionals and/or patients' families. These unique aspects, among others, are shared by psychologists who work in both inpatient mental health and medical settings. Due to these similarities, SLVHCS offers a combined residency in acute care with 50% of time spent in inpatient mental health and 50% of time spent in the inpatient medical setting.

Our facility is also acutely aware of the challenges faced by healthcare providers on inpatient settings during the COVID-19 pandemic. SLVHCS has established TeleAcute Care services by which our behavioral health providers can continue to provide consultation and intervention via tablets on various inpatient settings.

### **Inpatient Psychology**

#### **Supervisor: Desirae N. Vidaurri, Ph.D.**

On this rotation, emphasis is placed on adapting empirically supported treatments for short term delivery on an acute mental health unit. Focus will be on learning a modular approach to flexibly applying treatments that are evidence based, particularly from a cognitive behavioral perspective, to a broad range of diagnoses. Residents will have the flexibility to tailor the experience to their training goals, customizing their experience by highlighting particular areas of interest (e.g., assessment; brief individual therapy), while learning to work in an acute setting.

Major components of this rotation include:

- Leading or co-leading group therapy, tailoring empirically supported treatments, particularly from a cognitive behavioral perspective, to the current population on the unit
- Exposure to cognitive behavioral therapies, including Dialectical Behavior Therapy (DBT), and other complementary treatments such as Motivational Interviewing
- Collaboration with other mental health professionals, such as psychiatry, pharmacy, social work, and nursing within a uniquely integrated team

Residents will have the opportunity to:

- Engage in assessment, such as learning and/or administering diagnostic interviews and personality or symptom measures
- Provide psychoeducation to Veterans on mental health diagnoses, such as explaining the relationship between avoidance and anxiety or isolation and depression
- Conduct brief recovery focused, cognitive behavioral interventions, such as utilizing a solution focused approach for an identified stressor
- Lead or co-lead group therapy, utilizing a modular approach to implement cognitive behavioral treatments such as basic CBT for PTSD, depression, and insomnia, DBT skills, and Motivational Interviewing

Residents will engage in professional development related activities, such as:

- Collaboration with an interdisciplinary team to further develop their identity as a psychologist among other mental health professionals, including psychiatry, social work, nursing, and pharmacy
- Participate in or organize outreach activities, such as caring contact letter campaigns as a means of suicide prevention, for Veterans who have been discharged from the unit
- Learn more about administrative roles that psychologists may fill, such as organizing and coordinating programming for the unit

### **Inpatient Consultation-Liaison**

#### **Supervisor: Christopher R. L. Parkinson, Ph.D., ABPP**

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

This rotation is designed to provide a combination of training experiences broadly within Health Psychology on an inpatient medical setting. The rotation emphasizes evidence-based education and clinical training with a goal of preparing the resident to function independently as a Clinical Health

Psychologist in a multidisciplinary, inpatient medical setting. The inpatient medicine rotation takes a biopsychosocial approach emphasizing the interrelated aspects of health and disease, cognition, emotion, personality, and behavioral factors. Treatment is based on a whole health approach and is not limited to one domain of functioning.

The resident provides consultation-liaison services to inpatient teams on the medicine, surgery, intensive care units, and community living center. Due to the diversity of areas from which consults are received and the varied presenting concerns of patients, the resident will gain experience with a full range of medical and psychiatric issues encountered in a fast-paced environment. Psychological consultation may be requested for issues such as adjustment to a new medical diagnosis, anxiety, depression, quality of life, behavioral management of physical symptoms (fatigue, insomnia, nausea, pain), adherence to treatment regimens, marital/family conflict, end-of life/existential issues, pre-existing psychiatric issues, and concerns regarding medical decision-making capacity. Residents will learn to comprehensively, yet concisely evaluate patients with comorbid medical and psychiatric conditions to determine accurate diagnoses considering pertinent information for conceptualization, appropriate treatment, and feedback to referring medical teams. Brief cognitive assessment may at times be utilized to inform treatment recommendations and decision-making. The resident will primarily focus on the provision of short-term evidence-based treatments.

The resident will gain experience working on a multidisciplinary team of hospitalists, medical residents/fellows, medical students, social workers, nurses, and other allied health professionals. The resident will achieve competencies in communication skills, collaboration with other health professionals, treatment planning, and delivery of bedside Health Psychology interventions. To facilitate continued education, the resident will complete assigned readings targeting differential diagnosis and common psychological presentations of medical conditions. They will attend a national Health Psychology Seminar Series and have the opportunity to present at medical grand rounds. The resident will regularly attend interdisciplinary rounds (IDR) on the medical and surgical units from which consults are received.

### **E. Rural and Underserved Populations Emphasis**

**Supervisors: Michele Carroll, Psy.D.; Arnold James, Ph.D.**

The postdoctoral resident will have training experiences in a Community Based Outpatient Clinic (CBOC) and Home Based Primary Care (HBPC). Postdoctoral Residency training is outlined in individualized treatment plans. This plan is developed in the beginning of the year by the postdoctoral resident 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, regulating emotions, and other chronic medical ailments. On this rotation, Postdoctoral residents will gain experience working with problems that have psychological origins. In addition, residents 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 elderly patients 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 adherence. 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.

**F. Lesbian, Gay, Bisexual, & Transgender (LGBT) Healthcare Emphasis  
Supervisors: Arnold James, Ph.D.; Marie Barrett, Ph.D.; Taylor Ceroni, Ph.D.; Christopher Parkinson, Ph.D., ABPP, and Andrea LaPlante, Psy.D.**

The LGBT healthcare resident's training will be focused on the development of clinical skills relevant to working with LGBT-identified individuals and will occur across a variety of clinics.

Approximately 40% of the resident's training time will be spent in specialty medical clinics, including the Infectious Disease Clinic and Transgender Primary Care Clinic. The Infectious Disease Clinic provides comprehensive care for the treatment/management of HIV, HCV and other sexually transmitted infections. In this clinic, the resident will develop advanced skills in biopsychosocial conceptualization, assessment, and treatment and gain experience working on an interdisciplinary team to enhance LGBT Veterans' healthcare experience. In the Transgender Primary Care Clinic, the resident will primarily provide readiness evaluations for cross-sex hormone treatment and gender-affirming surgeries that are outsourced to the community.

Approximately 20% of the resident's time will be spent in the Outpatient Mental Health clinics (i.e., AMH, MST, PCT). The focus of this portion of training will be receiving training in evidence-based interventions (e.g., PE, CPT, ACT, STAIR) specific to addressing health disparities in LGBT-identified individuals. Mental health issues addressed in this area will include mood disorders, anxiety disorders, personality disorders, trauma, adjustment disorders, substance use disorders, and relationship problems with the focus being application of clinical skills to various presenting problems experienced by LGBT-identified individuals. Further, the resident will facilitate two LGBT-focused support groups and have the opportunity to develop and implement new LGBT programming.

Approximately 15% of the resident's time will be spent working off-site at CrescentCare, a Ryan White and Center for Disease Control and Prevention funded community health center focused on underserved populations such as the LGBT community. Of note, CrescentCare and SLVHCS are the only healthcare facilities in the Greater New Orleans area that currently have a 100% rating on the Human Rights Campaign's Health Equality Index. As part of this rotation, the resident will have opportunities to provide

outpatient individual and group therapy, including Seeking Safety designed for LGBT individuals. The resident will also conduct neurocognitive testing primarily for HIV-related cognitive impairment.

In addition to clinical care, the resident will have approximately 15% of their time dedicated to outreach, program development, and research. The resident will conduct needs assessments for programs in which they are engaged in order to identify areas of growth and program development to meet the needs of LGBT Veterans. The resident will have opportunities to engage in quality improvement and research across SLVHCS and CrescentCare. Additionally, the resident will have the opportunity to participate in various hospital committees including the SLVHCS LGBTQ Resource Committee, an interdisciplinary committee that assists with organizing outreach events such as the Transgender Day of Remembrance, LGBTQ Health Summit, and New Orleans Pride.

Lastly, the resident will have 10% of their time dedicated to a long-term project, which may be conducted within any of the settings described previously.

## **Additional Training Experiences**

### **Palliative Care**

**Supervisor: Christopher R. L. Parkinson, Ph.D., ABPP**

Residents interested in obtaining experiences in palliative care psychology will develop education and skills in the following areas (1) Psychological, sociocultural, interpersonal, and spiritual factors in chronic disease and life-threatening or terminal illness, (2) Advanced illness and the dying process, (3) Socioeconomic and health services issues in end-of-life care and systems of care, (4) Normative and non-normative grief and bereavement, (5) Assessment of issues common in patients with chronic, life-threatening, or terminal illness and their family members, (6) Treatment of patients with chronic, life-threatening or terminal illness focusing on symptom management (e.g. pain, depression, anxiety) and end-of-life issues (e.g. suffering, grief reactions, unfinished business), (7) Treatment of family and social systems, (8) Interface with other disciplines through interdisciplinary teams and consultation in multiple venues, (9) End-of-life decision making and ethical issues in providing palliative care and hospice services.

Opportunities within palliative care exist on both the outpatient and inpatient settings working within the context of our core interdisciplinary team comprised of five disciplines: medicine, psychology, social work, nursing, and chaplaincy. The role of psychology in the outpatient clinic is predominantly to provide assessment of psychological/cognitive symptoms, quality of life, and existential suffering in order to provide intervention and treatment recommendations. Concerns for which patients may be identified/referred include difficulty managing a physical condition and its associated symptoms (e.g. pain associated with malignancy), increased psychological distress, maladjustment, adherence issues, evaluation of capacity, complicated family dynamics, decreased overall quality of life, and existential crises experienced within the context of a terminal illness. Group interventions are also offered such as support groups (e.g. cancer, caregiver), problem-solving therapy, meaning-centered psychotherapy, and groups for advance care planning.

Inpatient psychological services are also provided to patients who are hospitalized on various medical services 1) Inpatient Medicine/Surgery, 2) Community Living Center, and 3) Hospice. Psychologists provide assessment and intervention at the bedside and serve as an active member on the interdisciplinary team. Family members of Veterans are evaluated and offered individual counseling for caregiver stress. Bereavement services are also offered to family members/caregivers of Veterans.

### **Ambulatory Mental Health (AMH)**

**Supervisor: Shannon Hartley, Ph.D.**

Working within the framework of the Ambulatory Mental Health Clinic (AMH), multidisciplinary staff provide comprehensive mental health services to Veterans suffering from issues related to anxiety, mood, personality, adjustment, and grief. Primary duties within AMH 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.

### **Psychosocial Rehabilitation (PSR)**

**Supervisor: Baris Konur, Psy.D.**

This rotation will emphasize development of skills needed to provide psychological services to a population with serious mental illness (SMI).

Major components of this rotation include evaluation and treatment of clinical and psychosocial problems both within an outpatient clinical setting and out in the community;

- Collaborate and work hand-in-hand with the Mental Health Intensive Case Management (MHICM) team
- Outreach to Veterans with SMI that are lost to care via the SMI Re-Engage Program
- Collaborate and consult with community providers and other stakeholders
- Provide group psychoeducation as part of the Psychosocial Recovery Program
- Provide education to staff and community stakeholders on SMI, Veteran issues, and other relevant topics

Residents have the opportunity to take part in promoting recovery principles and providing mental health care outside of a traditional outpatient setting. The rotation is highly customizable and allows the resident a large amount of flexibility in what services are provided depending on interests. In addition, residents are provided the opportunity to participate in activities that are outside of what is commonly thought of as “VA psychologist” activities. As this rotation is set within a community based outpatient clinic, residents will also gain experience working with problems that have biopsychosocial origins (mood, anxiety, substance abuse, sleep, adjustment, life stressors, medical conditions, pain, and anger management).

### **Research**

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

Whereas all residents complete a scholarly project during their training year (see “Long Term Project” in the section below), individual residents also may apply 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 as well as the trainees experience and skill level.

### **Recent Publications (\* Denotes Trainee):**

\*Macia, K. S., Raines, A. M., Maieritsch, K., & Franklin, C. L. (in press). Comparison of PTSD Symptom Networks in Veterans with Combat Versus Other Trauma. *Journal of Affective Disorders*.

\*Heggeness, L. F., Paulus, D. J., Vidaurri, D. N., Franklin, C. L., & Raines, A. M. (in press). Depressive symptomatology and alcohol misuse among treatment-seeking military veterans: Indirect associations via ruminative thinking. *Addictive Behaviors*.

- \*Boffa, J. W., Houtsma, C., Raines, A. M., Franklin, C. L., Constans, J. I., Schmidt, N. B., & Jones, K. R. (2020). Rural Suicide Prevention and COVID-19: Failing to Prepare is Preparing to Fail. *Journal of Rural Mental Health, 44*, 202-204.
- Raines, A. M., \*Macia, K. S., Currier, J., Compton, S. E., Ennis, C. R., Constans, J. I., & Franklin, C. L. (2020). Spiritual Struggles and Suicidal Ideation in Veterans Seeking Outpatient Treatment: The Mediating Role of Perceived Burdensomeness. *Psychology of Religion and Spirituality*. Advance online publication.
- Raines, A. M., Allan, N. P., \*McGrew, S. J., Gooch, C. V., Wyatt, M., Franklin, C. L., & Schmidt, N. B. (2020). Evaluating the utility of a brief computerized anxiety sensitivity intervention for opioid use: A pilot investigation. *Addictive Behaviors, 104*.
- Raines, A. M., \*Thomas, E. A., Tock, J. L., Hallinan, T. M., Hartley, S., MacKenna, H., Constans, J. I., & Franklin, C. L. (2020). Examining the Effectiveness of a Group-Based Behavioral Activation Treatment for Depression among Veterans. *Journal of Psychopathology and Behavioral Assessment, 42*, 306-313.
- McGrew, S. J., Ennis, C. R., Vujanovic, A., Franklin, C. L., & Raines, A. M. (2019). An Initial Investigation of the Association between Distress Intolerance and Posttraumatic Stress within Military Sexual Trauma Survivors. *Psychological Trauma: Theory, Research, Practice, and Policy, 12*(3), 306-312.
- Franklin, C. L., Raines, A. M., & \*Hurlocker, M. C. (2019). No trauma, no problem: Symptoms of posttraumatic stress in the absence of a Criterion A stressor. *Journal of Psychopathology and Behavioral Assessment, 41*(1), 107-111.

NCBI Bibliography:

[https://www.ncbi.nlm.nih.gov/sites/myncbi/1vEH7rVV\\_YIA3/bibliography/51034918/public/?sort=date&direction=ascending](https://www.ncbi.nlm.nih.gov/sites/myncbi/1vEH7rVV_YIA3/bibliography/51034918/public/?sort=date&direction=ascending).

Google Scholar Bibliography:

<https://scholar.google.com/citations?user=s34Y8HwAAAAJ&hl=en&oi=ao>

## **Additional Postdoctoral Residency Program Features**

### **Individualized Training**

For postdoctoral residents in PTSD, PCMHI, and Pain & Rehabilitation 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 supervisor(s). 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 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 \$46,222 for the 2021-2022 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 authorized absence (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, residents often have the opportunity to receive supervision of the adjunctive supervision they provide to other staff or junior trainees such as interns and externs. Finally, given the interdisciplinary nature of the training setting, consultation with providers of other disciplines is encouraged.

## 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 direct 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 Co-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 Video-teleconferencing (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 nationally within the VA system. 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 SLVHCS trainees and staff members.

## Telehealth

Clinical Video Telehealth (CVT) is defined as the use of real-time interactive video conferencing, sometimes with supportive peripheral technologies, to assess, treat and provide care to a patient remotely. Typically CVT links the patient(s) at a clinic to the provider(s) at another location. CVT can also provide video connectivity between a provider and a patient at home or other non-VA location.

Postdoctoral residents have the opportunity to conduct assessments and therapy through CVT in many clinics at SLVHCS reducing physical and financial barriers to care and increasing access for rural Veterans.

### **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 & 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.
- At the end of the year, all items should be rated **5 or higher** in the Competency Ratings area of Rotation Evaluation by Supervisor.
- 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) to Co-directors of training.
- 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 space with a desk, telephone, and computer terminal for each trainee. Swing offices are utilized for individual patient sessions. On various rotations and in different clinic settings, residents 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 online 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 residents 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 and Faculty**

The following psychologists serve as supervisors of postdoctoral residents for the training year. The following brief biographical sketches highlight the qualifications and interests of each faculty member.

**Marie Barrett, Ph.D.** Staff Graduate Psychologist, MST Clinic, PTSD Team. Clinical Psychology, Western Michigan University, 2018. Dr. Barrett completed her pre-doctoral psychology internship at



SLVHCS with an emphasis on PTSD and MST. She began her postdoctoral fellowship at SLVHCS but transitioned to a full-time clinical staff position in the MST clinic during her fellowship year. Her professional interests include evidence-based treatments for PTSD and anxiety; third-wave behavioral therapies; mindfulness; language and relational frame theory; burnout and compassion fatigue; the psychology of gender and sexuality; and issues of cultural diversity, social justice, and power as they relate to clinical practice. Dr. Barrett enjoys creative writing, birdwatching, and experiencing as much of the New Orleans food and music scene as possible.

**Joseph “Jay” Boffa, Ph.D.** VISN 16 South Central MIRECC Core Investigator; SLVHCS Graduate Psychologist and Suicide Prevention Coordinator; Tulane University School of Medicine Department of Psychiatry and Behavioral Sciences Adjunct Clinical Instructor. Dr. Boffa completed his Doctorate of Philosophy in Clinical Psychology at Florida State University and pre-doctoral internship at SLVHCS in 2020, after which he joined the SLVHCS staff. His research has focused on cognitive-affective variables that intersect PTSD and suicide risk, and the development of novel interventions to target those conditions. Dr. Boffa has published more than three-dozen peer-reviewed articles and obtained funding awards from the NIMH, Military Suicide Research Consortium, and VA South Central MIRECC. His clinical specialties include diagnostic assessment, cognitive behavioral therapies for anxiety- and trauma-related disorders, and suicide risk management. He is an unabashed Southern California native, which actually lends itself to enjoying everything about New Orleans. Well, except the humidity.

**Royce D. Butler, Psy.D., M.H.A.** Staff Psychologist, Primary Care Mental Health Integration (PCMHI)/Ambulatory Mental Health (AMH); Clinical Health Psychology, Nova Southeastern University, 2011; Clinical Psychopharmacology, Nova Southeastern University, 2014. Dr. Butler completed his pre-doctoral psychology internship with an emphasis on behavioral medicine/health psychology at SLVHCS. He then worked in PCMHI at the G.V. (Sonny) Montgomery VA Medical Center in Jackson, MS for two years prior to returning to his home state of Louisiana to work at the VA Community-Based Outpatient Clinic (CBOC) in Baton Rouge. He will be taking the Psychopharmacology Examination for Psychologists (PEP) this fall to become a licensed medical psychologist with prescriptive authority in Louisiana. His primary theoretical orientation is cognitive-behavioral/client-centered therapy and his professional interests include psychopharmacology, chronic illness management (particularly cardiovascular health, diabetes, cancer, chronic pain management, and dementia/other neurocognitive disorders), and reducing mental health stigma especially in minority populations. Dr. Butler enjoys spending time with friends and family, traveling, music, and taking care of his beagle, Jax.

**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 was then 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 when she joined SLVHCS as Suicide Prevention Coordinator and then became the St. John Clinical Psychologist. Dr. Carroll’s clinical interests include rural mental health, treatment of Obsessive-Compulsive Disorder and other anxiety disorders, and self-care. In her spare time, Dr. Carroll glitters cups, enjoys being a Who Dat, and cheers on the Tigers.

**Taylor L. Ceroni, Ph.D.** Staff Psychologist; Intimate Partner Violence (IPV) Coordinator; South Central MIRECC Affiliated Faculty Member. Dr. Ceroni completed her Doctorate of Philosophy in Counseling Psychology at the University of Akron in 2019. She completed her pre-doctoral psychology internship at SLVHCS with an emphasis on PTSD. She subsequently accepted a position as the IPV Coordinator upon completion of her internship. Dr. Ceroni’s clinical interests include the assessment and treatment of IPV and interpersonal trauma, as well as evidence-based treatments for PTSD (i.e., Prolonged Exposure, Cognitive Processing Therapy). Her clinical practice is also informed by feminist and multicultural therapy theory. Her research interests include IPV and IPV-related PTSD, issues of diversity and multiculturalism (e.g., gender, sexuality, race), empowerment, and feminist therapy interventions. In her free time, she

enjoys exploring and eating her way through New Orleans, as well as, spending time with her sassy cat, Meatball.

**Sheila A Corrigan, PhD.** Staff Psychologist, Mental Health Clinic- Slidell Community Outpatient Clinic (CBOC). Clinical Psychology, State University of New York at Binghamton, 1985. Dr. Corrigan completed her internship at the University of Mississippi Medical Center-Jackson VA Consortium with a specialty in Behavioral Medicine. She was part of the internship and training staff at the University of Mississippi Medical Center where her clinical and research work focused on eating disorders and dietary patterns. She was co-Investigator and Co-PI on NHI-funded grants examining lifestyle influences on hypertension. Dr Corrigan moved to the New Orleans VA where she has been a psychologist, at first specializing in Behavioral Medicine/Health Psychology. After Hurricane Katrina she has worked as the general psychologist at the Slidell CBOC. Dr Corrigan's nonclinical interests involve glittering shoes and at this point, planning weddings.

**Daniel DeBrule, Ph.D.** Dr. DeBrule earned his Ph.D. in Clinical Psychology from the University of Southern Mississippi and completed internship/residency at the New Orleans VA Medical Center and University of Mississippi Medical Center/Jackson VA, after being displaced from the New Orleans VA in 2005 by Katrina. His clinical experience entails VA hospitals, university clinics, medical centers, community mental health, and private practice. He was an Assistant Professor at Indiana University South Bend where he regularly taught Abnormal Psychology, Senior Clinical Research, Social Psychology, and a rare semester-long course in Suicide and Depression. He served as the Lab Director of IU South Bend's Suicide Research Team and project director of the Alice Swarm Trust endowment; which involved undergraduate mentoring, coordinating training programs, and initiating community projects to enhance mental health and suicide prevention in the Michiana area. He has delivered lectures at NASA, Notre Dame University, Rice University, Baylor College of Medicine, MD Anderson, and has been a keynote speaker at various State Suicide Conferences. He was awarded the Early Career Psychologist recognition by the Indiana Psychological Association in 2013 and the presidential merit distinction by the American Psychological Association for his workshop on Integrated Care, presented at the APA annual conference, in 2016. Dr. DeBrule is a Faculty member of the National Suicidology Training Center, and regularly offers national VHA webinars on topics related to suicide prevention, grief after suicide, health psychology, and posttraumatic growth. Dr. DeBrule was the Health Behavior Coordinator at the Houston VA Medical Center for 7 years, where he coordinated health promotion programs such as MOVE!, Wellness initiatives, and managed training programs such as Motivational Interviewing for doctors and nurses in Primary Care. He currently works at SLVHCS (New Orleans VA Medical Center) as a Suicide Prevention Coordinator. Dr. DeBrule continues to live in Houston, and visits New Orleans often while also Teleworking. He also regularly supervises and mentors grad students, interns, and post-grads, serves as a faculty member at the Baylor College of Medicine, and works as a consultant and private practice therapist in the Houston community.

**Chelsea R. Ennis, Ph.D.** Staff Psychologist, PTSD Team; South Central MIRECC Affiliated Faculty Member. Dr. Ennis completed her Doctorate of Philosophy in Clinical Psychology at Florida State University in 2019. She completed her pre-doctoral psychology internship at SLVHCS with an emphasis on PTSD and suicide prevention research. She subsequently accepted a position as a PTSD psychologist upon completion of her internship. Dr. Ennis' clinical interests include evidence-based treatments for PTSD and mood disorders (i.e., Prolonged Exposure, Cognitive Processing Therapy, cognitive behavioral therapy for depression), and suicide prevention interventions. Dr. Ennis is also currently the Principal Investigator on a South Central MIRECC Pilot Grant examining the utility of a group-based cognitive behavioral therapy for suicide prevention among rural Veterans. Her research interests include the identification of clinical correlates and risk factors for non-suicidal self-injury, as well as suicide prevention interventions. In her free time she enjoys eating and drinking her way through New Orleans and playing with her goldendoodle, Hazel.

**Laurel Franklin, Ph.D.** Assistant Chief, Psychology Service; Clinical Associate Professor, Department of Psychiatry and Behavioral Sciences, Tulane University School of Medicine. Dr. Franklin received a Ph.D. in clinical psychology from Pacific Graduate School of Psychology, and completed a psychology internship at the New Orleans VAMC (now SLVHCS) and a postdoctoral fellowship at Brown

University/Rhode Island Hospital. Currently 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 Lead for the South Central Mental Illness, Research, Education and Clinical Center (MIRECC). Current research projects include examining use of measurement-based assessments to aid in diagnostic decision making. Dr. Franklin is a member of the International Society for Traumatic Stress Studies, Anxiety and Depression Association of America, Southeastern Psychological Association, 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 nine-year-old son. She loves Mardi Gras, her French Bulldog "Skull," and traveling with her family.

**Shannon Hartley, Ph.D.** Staff Psychologist, Ambulatory Mental Health (AMH). Dr. Hartley completed her Ph.D. in Clinical Medical Psychology, 2006, with the University of Alabama at Birmingham. Postdoctoral fellowship in Pediatric Psychology at the University of Louisville School of Medicine and Kosair Children's Hospital was completed in 2007. She then worked at an inpatient psychiatric facility in Alabama, serving an inner-city population by conducting psychological evaluations for children, adolescents, and adults. Upon moving to New Orleans, Dr. Hartley joined SLVHCS where she first served in the PTSD Clinical Team and then AMH. She works with a wide variety of diagnoses and presenting issues using various treatments including Interpersonal Psychotherapy for Depression, Problem Solving Therapy, and Motivational Enhancement Therapy for Substance Use Disorder. Dr. Hartley was born and raised in Metairie, LA. Along with her husband and four children, she is grateful to call it home.

**Arnold James, Ph.D.** Dr. James is a Louisiana licensed Clinical Psychologist. He received his education from The University of South Carolina. He received a Bachelor of Science in Psychology, a Master of Public Health in Health Education and Promotion, and his Doctor of Philosophy in Clinical-Community Psychology. He was affiliated with the Tulane School of Medicine, Department of Psychiatry and Behavioral Sciences for over 20 years, in various capacities diagnosing and treating mental disorders. He has worked as an inpatient and outpatient psychotherapist, in and around the New Orleans Metro area, employing brief and long-term psychotherapy modalities. Currently, he is a psychologist in Home Base Primary Care at the Southeast Louisiana Veterans Health Care System and treats outpatients in a private practice. These patients have a wide range in age, and severity of diagnostic presentation. Dr. James has completed a postdoctoral fellowship in Psychoanalytic Psychotherapy from the New Orleans-Birmingham Psychoanalytic Institute, and was awarded DIPLOMATE status in the International Academy of Behavior Medicine, Counseling and Psychotherapy in Psychotherapy.

**Kenneth "Ken" Jones, Ph.D.** joined SLVHCS as the Chief of Psychology in April 2019, after 15 years of service with VA headquarters. Most recently, Dr. Jones served as the Director of Associated Health in the VA Office of Academic Affiliations (OAA), overseeing allied health clinical training across VA, where he significantly expanded mental health training positions. Previously, he led the national development and implementation of the MOVE! Weight Management Program for Veterans. He first came to VA in 1991 and has 23 total years of VA service. He has also worked in academic and clinical settings. A clinical health psychologist/ psychophysicologist, his clinical and research interests include the management of chronic pain, obesity, metabolic syndrome, functional gastrointestinal disorders, and stress. He holds his Ph.D. in Clinical Psychology from the University of Southern Mississippi, interned at Rush Medical University, and was a clinical research fellow at the University of North Carolina at Chapel Hill. He was the 2017 recipient of the James Besyner Lifetime Achievement Award from the APA Section of VA Psychologists in Public Service, and he is the 2019 recipient of the VA Psychology Training Council - Antonette and Robert Zeiss Award for his support of VA clinical training nationally. He holds awards for his research efforts (military sexual trauma in female Veterans, the pathophysiology of irritable bowel syndrome) and for his clinical leadership with VA's weight management program. Dr. Jones is the President Elect of the Association of VA Psychology Leaders (AVAPL), a group that is independent of VA.

**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.

**Andrea LaPlante, Psy.D.** Dr. LaPlante completed her doctorate in Clinical-Community Psychology from the University of La Verne in La Verne, CA in 2013. She completed her internship and postdoctoral fellowship at the Louisiana State University Health Sciences Center, Department of Psychiatry where she has retained a gratis faculty position. She is licensed as a clinical psychologist in Louisiana and is staff psychologist at CrescentCare. Her career has focused on providing care to underserved populations and people living with HIV. Her professional interests include direct clinical care as well as research, program development, and training/supervision. In her spare time, she enjoys yoga, cooking, and attending local plays and festivals.

**Christopher R. L. Parkinson, Ph.D., ABPP** Co-Director of Psychology Programs; Board Certified Clinical Health Psychologist; Palliative Care Psychologist; Adjunct Clinical Instructor, Department of Psychiatry & Behavioral Science, Tulane University School of Medicine; and South Central MIRECC Affiliated Faculty Member. Dr. Parkinson completed his Doctorate of Philosophy in Clinical Psychology at Rosalind Franklin University of Medicine & Science in 2014 with emphasis in Health Psychology. He completed internship at the Gulf Coast Veterans Health Care System in Biloxi, Mississippi and postdoctoral fellowship in Behavioral Medicine/Health Psychology with emphasis in Pain at SLVHCS. He is currently licensed in Louisiana. Dr. Parkinson's professional interests include behavioral medicine, adjustment to chronic illness, psycho-oncology, promoting resilience, enhancing quality of life, assessing capacity, advance care planning, telehealth, and interprofessional health care. Dr. Parkinson is a member of the Society of Behavioral Medicine and President-Elect of the Louisiana Psychological Association. He is a native New Orleanian. During his free time, he enjoys travelling, LSU football (Geaux Tigers!), arguing for the superiority of Marvel to DC, and parading with the Krewe of King Arthur.

**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. To date, she has published over 80 peer-reviewed manuscripts and received support for work from various intramural and extramural agencies. Dr. Raines is a member of the International Society for Traumatic Stress Studies (ISTSS), Association for Behavioral and Cognitive Therapies (ABCT), Association of VA Psychologist Leaders (AVAPL), and Louisiana Psychological Association (LPA) where she serves as an Executive Director. During her free time, she 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.** Program Manager: Primary Care Mental Health Integration and Behavioral Medicine, Health Behavior Coordinator; Clinical Assistant Professor, Departments of Family Medicine and Psychiatry and Behavioral Health, 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. She is licensed in Louisiana. She is certified in Sports and Clinical Hypnosis and is President of the New Orleans Society for Clinical Hypnosis. Dr. Slaton's professional interests include behavioral medicine, integrated mind-body medicine, health promotion and disease prevention, clinical hypnosis, performance enhancement and

treatment of chronic pain. She is a fitness enthusiast and is certified by the American College of Sports Medicine as an Exercise Physiologist. She is also a registered yoga teacher.

**Desirae N. Vidaurri, Ph.D.** Inpatient psychologist. Inpatient Program Coordinator. Acting Local Recovery Coordinator. Clinical Instructor. Clinical Psychology, University of Maine, 2016. Dr. Vidaurri completed her pre-doctoral internship with an emphasis on trauma recovery and 11 months of a trauma focused post-doctoral residency at SLVHCS in 2016 and 2017, respectively, before joining SLVHCS as a Staff Psychologist. She is currently licensed in Virginia. Dr. Vidaurri's training, which began at her undergraduate institution (hook 'em), has focused on understanding the incorporation of research into psychology. This strong emphasis on empirically based treatments, particularly cognitive behavioral therapies, was further maintained throughout graduate school and subsequent training experiences. Clinically, she has particular interest in trauma-related disorders and depression, as well as working with populations with low motivation/confidence to engage in treatment; which lends nicely to her role on the acute inpatient mental health unit. Overall, Dr. Vidaurri strives to provide evidence based treatments in a way that is palatable for all Veterans, aiming to find ways to improve quality and continuity of care. Outside of work, she greatly enjoys time with friends and experiencing the New Orleans lifestyle, with a particular proclivity for food and all things Mardi Gras and glitter.

**Joseph O. Vigil, Ph.D.** Staff Rehabilitation Psychologist detailed to the Physical Medicine and Rehabilitation Product Line, 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 mostly performing neurocognitive and disability assessments, 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 American Psychological Association's Division 22 (Rehabilitation Psychology) and Southern Pain Society. 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.** Director of Training for Psychology Service, SLVHCS; Staff Psychologist, PTSD Team; Adjunct Clinical Instructor, Department of Psychiatry and Behavioral Sciences, Tulane University School of Medicine; MIRECC affiliate. Clinical/Rehabilitation 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 PTSD/SUD 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. Dr. Walton enjoys spending time with family, playing Fantasy Football, and working out at Orange Theory. A New Orleans native, Dr. Walton, is an avid New Orleans Saints fan and travels to away games several times per football season to support her "Who Dat" boys.

### **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, 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 our 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 enjoy its unique attractions throughout the year. The famous French Quarter has been declared a National Landmark as have other historic areas of the city, including the beautiful homes of the upper and lower Garden District which reflects the genius of the architects who

designed them. At Jackson Square, where the French Quarter meets the Mississippi, one can see functioning paddleboats, ferries, and tugboats side by side. New Orleans is famous as the birthplace of jazz music, which is played widely throughout 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 great 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/>. 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>.
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> (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>
- 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. Per VHA Directive 1192.01 flu shots are now mandatory for all health care personnel. For more information visit: [Directive 1192.01](#)
  - b. **Primary source verification of all prior education and training** is certified via the TQCVL. Training and Program Directors will be contacting the appropriate institutions to ensure you have the appropriate qualifications and credentials as required by the admission criteria of the training program in which you are enrolled.
8. **Additional On-boarding Forms.** Additional pre-employment forms include the Application for Health Professions Trainees (VA 10-2850D) and the Declaration for Federal Employment (OF 306). These documents and others are available online for review at <https://www.va.gov/oa/app-forms.asp>. Falsifying any answer on these required Federal documents will result in the inability to appoint or immediate dismissal from the training program.
9. **Proof of Identity per VA.** VA on-boarding requires presentation of two source documents (IDs). Documents must be unexpired and names on both documents must match. For more information visit: <https://www.oit.va.gov/programs/piv/media/docs/IDMatrix.pdf>

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)**

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

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

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

- (1) Misconduct or negligence in employment;
- (2) Criminal or dishonest conduct;
- (3) Material, intentional false statement, or deception or fraud in examination or appointment;
- (4) Refusal to furnish testimony as required by § 5.4 of this chapter;
- (5) Alcohol abuse, without evidence of substantial rehabilitation, of a nature and duration that suggests that the applicant or appointee would be prevented from performing the duties of the position in question, or would constitute a direct threat to the property or safety of the applicant or appointee or others;

- (6) Illegal use of narcotics, drugs, or other controlled substances without evidence of substantial rehabilitation;
- (7) Knowing and willful engagement in acts or activities designed to overthrow the U.S. Government by force; and
- (8) Any statutory or regulatory bar which prevents the lawful employment of the person involved in the position in question.

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

- (1) The nature of the position for which the person is applying or in which the person is employed;
- (2) The nature and seriousness of the conduct;
- (3) The circumstances surrounding the conduct;
- (4) The recency of the conduct;
- (5) The age of the person involved at the time of the conduct;
- (6) Contributing societal conditions; and
- (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: August 2020**

**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 resident 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: \$46,222

Annual Stipend/Salary for Half-time Residents: N/A

Program provides access to medical insurance for resident? 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

(Provide an Aggregated Tally for the Preceding 3 Cohorts)

	2017-2018		2018-2019		2019-2020	
Total # of resident who were in the 3 cohorts	4		5		3	
Total # of residents who remain in training in the residency program	0		0		0	
	PD	EP	PD	EP	PD	EP
Community mental health center						
Federally qualified health center						
Independent primary care facility/clinic						
University counseling center						1
Veterans Affairs medical center		2		1		
Military health center						
Academic health center						
Other medical center or hospital				1		2
Psychiatric hospital						
Academic university/department						
Community college or other teaching setting						
Independent research institution						
Correctional facility						
School district/system						
Independent practice setting		2		1		
Not currently employed				1		
Changed to another field						
Other				1		
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.