



**San Francisco VA Health Care System
Psychology Postdoctoral Fellowship Program
Clinical Psychology 2017-2018**

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Table of Contents

Overview	3
Application and Timetable	3
Training Model and Program Philosophy	6
1. Community-Based, General Mental Health Fellowship (2 positions).....	10
2. Evidence-Based Psychotherapy in General Outpatient, Women’s Mental Health and Primary Care	11
3. Geropsychology	13
4. Integrated Care Psychology in HIV and Liver Disease.....	15
5. Dr. Stephen Rao Interprofessional LGBT Healthcare.....	18
6. Primary Care Psychology (4 positions).....	20
7. Posttraumatic Stress Disorder Treatment and Returning Veterans (PTSD & RV)	25
8. Posttraumatic Stress Disorder and Substance Use Disorders Treatment (PTSD/SUD)	27
9. Psychosocial Rehabilitation.....	29
10. Substance Use and Co-occurring Disorders Treatment (2 positions)	32
11. Women’s Mental Health and Trauma	36
Requirements for Program Completion	38
Administrative Policies and Procedures	38
Application & Selection Procedures	42
Application and Timetable	42
San Francisco VA Health Care System Psychology Training Staff	46
APPLICATION FORM.....	61

Overview

For 2017-2018, the San Francisco VA Health Care System will be offering sixteen (16) one-year postdoctoral psychology fellowships with emphasis areas in: Community-Based, General Mental Health (2 positions located at the Santa Rosa CBOC), Geropsychology, HIV/HCV, Interprofessional LGBT Healthcare, Primary Care Psychology (4 positions), PTSD and Returning Veterans, PTSD and Substance Use Disorders, Psychosocial Rehabilitation, Substance Use and Co-occurring Disorders (2 positions), Women's Mental Health and Primary Care: Evidence-Based Psychotherapy, and Women's Mental Health and Trauma.

We will also be offering one (1) two-year postdoctoral psychology fellowship in Clinical Neuropsychology. The application procedure for this fellowship program is separate from the general program and program and application information can be found at: <http://www.sanfrancisco.va.gov/education/psychologytraining.asp>

The San Francisco VA's Psychology Fellowship was recently reaccredited by the Commission on Accreditation (CoA) of the American Psychological Association (APA) for the seven (7) year maximum; next site visit is 2021. The Postdoctoral Residency in Clinical Neuropsychology is accredited by the Commission on Accreditation (CoA) of the American Psychological Association (APA); next site visit is 2019. The San Francisco VA's Psychology Fellowship Program is a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC) and the Postdoctoral Residency in Clinical Neuropsychology is registered with the Association of Postdoctoral Programs in Clinical Neuropsychology (APPCN). Our Psychology Fellowship is affiliated with the University of California, San Francisco.

Application and Timetable: The SFVAHCS is **utilizing exclusively the APPA CAS** (APPIC Psychology Postdoctoral Application System) for applications for all fellowships.

- Applications are **due by Sunday, December 4, 2016, 11:59pm Eastern Time (8:59pm Pacific Time)**.
- All **interviews** will only be conducted on four (4) specific dates as follows:
 - **Monday, 1/23/17**
 - **Monday, 1/30/17**
 - **Friday, 2/3/17**
 - **Monday, 2/6/17**
 - **Every effort will be made to accommodate your preferred interview date, however, we cannot guarantee that you will receive your first choice**
- You **may apply to more than one emphasis area**
- You need to submit only **one application**
- Please submit electronic applications to **APPA CAS** at: <https://appicpostdoc.liasoncas.com/applicant-ux/#/login>.
- **Detailed application instructions** and the application form can be found at the end of this **brochure**.

Please see more details in the **Application & Selection Procedures** section (end of brochure).

The Training Setting

SFVAHCS Web Site

<http://www.sanfrancisco.va.gov/index.asp>

Hospital Community

The San Francisco VA Health Care System, or "Fort Miley," as it is known to native San Franciscans, is a nationally known teaching hospital in one of the most cosmopolitan and diverse cities in the world. Located on a hill seven miles from downtown San Francisco, the hospital overlooks the Pacific Ocean to the west and the Golden Gate Bridge to the north. The grounds cover approximately 30 acres and include 23 buildings.

Each year San Francisco VA Health Care System provides Services to more than 400,000 veterans living in an eight-county area of Northern California. The Medical Center provides diagnostic and treatment services in a number of specialty areas including neurological diseases, cardiology, oncology, renal dialysis, and open heart surgery in addition to mental health treatment.

The San Francisco VA Health Care System is affiliated with the University of California, San Francisco (UCSF), one of the top ranked medical schools in the country, and we train 1500+ of their students in 60+ professional and allied health academic programs yearly.

In addition to its broader commitment to the veteran population and education, SFVAHCS has the largest funded research program in the Veterans Health Administration with more than \$80 million in annual research expenditures. Our Medical Center is the #1 ranked VA Medical Center in terms of research grants. There are over 220 active research projects currently being conducted. Areas of particular interest are: PTSD, substance use, women's health, neuroscience disease, aging, oncology, hypertension, stroke, cardiovascular disease, Hepatitis C, health services research and advanced medical imaging.

SFVAHCS also has the largest non-profit research foundation, Northern California Institute for Research and Education (NCIRE), also known as The Veterans Health Research Institute, which administers \$50 million dollars from which indirect costs serve to enhance the VA research enterprise. The Medical Center has four Medical Science Research Enhancement Award Programs (REAP) in neurology research, prostate cancer, bone research, and rehabilitation research and one HSR&D REAP in aging research. It is one of the few medical centers in the world equipped for studies using both whole-body magnetic resonance imaging (MRI) and spectroscopy, and is the site of VA's National Center for the Imaging of Neurological Diseases.

The Medical Center is fully accredited by the Joint Commission for its general medical and surgical programs as well as its psychiatry and substance use programs. It is approved by the American Medical Association for the training of medical students and residents in all of the major specialties and subspecialties, the Council of Teaching Hospitals of the Association of American Medical Colleges, and the West Bay Hospital Conference.

Patient Population

The San Francisco VA Health Care System serves a predominantly male population ranging in age from 18 to 90+ years, although the number of women accessing services is increasing. All racial/ethnic groups are represented and there is a large LGBT community. Patients span the spectrum of socioeconomic classes but most are considered working class.

Veterans do not have to have served in a war to receive benefits; however, the largest cohorts are the World War II / Korean Conflict veterans, most of whom are roughly 65 to 90 years old, and the Vietnam Era veterans who are now in their sixties. Veterans from the Persian Gulf War (Desert Storm, Desert Shield) and the conflicts in Iraq and Afghanistan (Operation Enduring Freedom [OEF], Operation Iraqi Freedom [OIF]) also receive health care in the VA system. Of late, particular attention has been paid to program development and special services in order to meet the needs of our returning soldiers.

Psychology Setting within SFVAHCS

Psychological services and psychology training at San Francisco VA Health Care System are embedded into the Mental Health Service. The Mental Health Service teams have an interdisciplinary structure with the following disciplines represented: psychology, psychiatry, social work, nursing, internal medicine, addictions specialists.

Psychologists hold key positions in many of our specialized treatment clinics such as General Psychiatry Outpatient Clinic, PTSD Clinical Team, Addiction Recovery Treatment Services Programs, Neuropsychological and Psychological Assessment Program, Health Psychology, Integrated Mental Health and Primary Care, Health Promotion and Disease Prevention, Women's Clinic, Psychosocial Rehabilitation, Geropsychology, Home-based Primary Care, Suicide Prevention Team and our outlying Community-Based Outpatient Clinics in San Bruno, Downtown SF, Santa Rosa, Clearlake, Ukiah and Eureka, CA. All supervising psychologists have clinical faculty appointments in the Department of Psychiatry (Langley Porter Psychiatric Institute), University of California, San Francisco Medical School.

There are several career development awardees (including psychologists) at San Francisco VA showing the commitment of the Medical Center administration to funding trainees and young faculty members and increasing the next generation of basic and clinical scientists and VA faculty members. The clinical, teaching and scholarly achievements of our faculty are extensive, and are delineated at the end of this brochure.

General Breadth of Training

Education of current and future health care providers is one of the five missions of the San Francisco VA Health Care System. Over 650 fellows, residents, interns and students from a wide array of disciplines train here yearly. Unit based in-services are offered regularly. Since the Mental Health Service is affiliated with the Department of Psychiatry, UCSF Medical School, our staff and trainees have access to their library, colloquia and seminars including weekly Psychiatry Grand Rounds. In 2000, the San Francisco VA Health Care System inaugurated a VA-funded clinical Postdoctoral Psychology Fellowship Program in clinical psychology with two emphasis areas in Posttraumatic Stress Disorders (PTSD) and Substance Use Disorders (SUD). Since 2007, our fellowship has expanded to include eleven (11) emphasis areas including Women's Mental Health and Trauma, Primary Care Psychology, Geropsychology, Infectious Disease and Liver Medicine, Psychosocial Rehabilitation, LGBT needs, Community Mental Health/Rural Psychology, Evidence-Based Psychotherapy and a 2-year Postdoctoral Residency in Clinical Neuropsychology. The San Francisco VA Health Care System also has an APA-accredited Psychology Internship Training Program and a large Psychology Externship (practicum) Training Program. Fellows may have the opportunity to supervise these trainees.

Training Model and Program Philosophy

While some of our areas of emphasis do include research activities, the overall philosophy of our psychology training program is best described as scholar-practitioner. Training occurs in the context of the core clinic placements (emphasis areas).

The model is developmental in nature. We recognize that fellows come to us with different levels of experience and we strive to build upon baseline skills and competency benchmarks acquired during predoctoral internship. The fellow will be granted progressively more autonomy and responsibility over the course of the year in an organized sequence. The goal is that the fellow graduate with the competencies of an advanced level psychologist. Advanced training is defined, but not limited to, the following criteria:

- Focused learning by means of intensive immersion in clinical experiences in the emphasis area with supervision by licensed psychologists with established competencies in these areas.
- Didactic training to provide a background and context in the empirical, clinical and other literatures relevant to the area of emphasis.
- Opportunity to acquire leadership, program development and supervisory skills.
- Greater depth of supervised clinical experiences than is feasible for a psychology intern on the same rotations. Examples include exposure to a wider variety of patients, more complicated or challenging cases, or cases requiring specialized skill sets.
- Opportunity to participate in scholarly activities relevant to the emphasis area under the mentorship of psychologists or psychiatrists involved in cutting-edge research in these areas.
- General professional development, including being treated as a junior colleague
- Internalizing the role of supervising and mentoring other trainees
- Multicultural competence and the ability to work effectively with individuals of various ethnic and socioeconomic backgrounds, sexual orientation status, and religious affiliations.

The national training mission of VA is broad and explicitly includes training of health care professionals for the VA system, as well as for the nation. We train fellows who go on to VA jobs, and we train others who go on to work in research, academia, other medical centers, and the private sector. A number of our own postdoctoral fellows have recently gone on to obtain positions in VA careers, both here and at other facilities.

Our training program is sensitive to individual differences and diversity and is predicated on the idea that psychology practice is improved when we develop a broader and more compassionate view of individual differences. In our efforts to train culturally aware and competent psychologists, our program integrates diversity-focused training in the forms of clinical supervision, didactic seminars, and clinical case conferences. Our program faculty has expertise working with patients from various racial/ethnic groups, sexual/gender orientations, religious affiliations, and age groups.

A prime example of our commitment to cultural competence and diversity awareness is our active and expanding Psychology Diversity Committee, with members representing all levels of psychology at the SFVAHCS, including faculty, fellows, interns, and externs. The Diversity Committee aims to provide a professional and open atmosphere that respects diversity and provides a forum to discuss issues related to cultural competence and diversity. Among the committee's activities are: presentation of case material for clinical consultation and discussion, presentations and didactics focused on culture and diversity, and integration of ongoing diversity trainings to faculty and trainees.

Program Goals and Objectives

In the service of training fellows who think critically about psychological issues and apply theory to practice, we are clear about expectations of our graduates. These expectations are rooted in specific core competency goals in the areas of assessment; intervention; consultation; supervision; professional, ethical, and legal conduct; scholarly inquiry; sensitivity to diversity, and professional development.

The Training Program Model and Philosophy are expressed in the following training goals:

1. Fellows will develop competence in psychological evaluation and assessment of adults with a variety of diagnoses, problems, and needs. Although fellows receive supervised training using a range of techniques, emphasis is placed on diagnostic interviewing and assessment.
2. Fellows will develop competence in the provision of psychological interventions and general psychotherapy skills through supervised experience in a range of clinical and theoretical approaches.
3. Fellows will develop competence in providing consultation and in translating psychological principles to colleagues, trainees, and others within an interdisciplinary system of learning. Fellows should be able to think rigorously about what they do as psychologists and within various contexts.
4. Fellows will develop skills in clinical supervision and teaching through supervised experience and didactic training.
5. Fellows will demonstrate professional behavior consistent with professional, ethical and legal standards, guidelines and policies. They will have a mature understanding of professional ethics as well as issues of ethnic, cultural, gender, socioeconomic and sexual diversity.
6. Fellows will understand the interface between science and practice and apply scientific knowledge to the clinical setting and become educated consumers of empirical research.

Fellows will develop the ability to utilize supervision and mentoring regarding professional development and growth. Fellows are expected to develop openness, flexibility and a sincere interest in reflective practice learning about themselves and their identities as psychologists.

Program Structure

Each fellow is selected to join a particular emphasis area (outlined below) and training occurs in the context of the clinical rotations. The fellow will train in the clinic(s) associated with their particular area and receive supervision from the psychologists, psychiatrists and social workers leading those clinics. Even though there generally is one fellow per emphasis area, fellows often have the opportunity to work with each other in overlapping rotations.

Clinical activities include: comprehensive evaluations and brief treatments as part of an integrative multidisciplinary team in the Mental Health ACCESS Center; emphasis area evaluations and interviewing; assessment of cognitive, emotional, behavioral and personality functioning; differential diagnosis; psychotherapy with individuals, groups and couples; and development and delivery of psychoeducational material. Advanced interprofessional training through consultation with team members regarding patient care and writing of care plans is essential. The fellow receives seminar instruction and didactic material to facilitate learning skills related to the emphasis area. Fellows will also focus on developing supervision skills through supervised experience. There is also an importance placed on leadership, program development, and research.

The Telemental Health (TMH) Rotation: The TMH rotation offers services to Veterans from our 6 Community-Based Outpatient Clinics (CBOCs), as well as to some veterans in their own homes. These services include skills-based groups, individual therapy, couples therapy, neuropsychological and psychodiagnostic assessment, pain

management, and some neurobehavioral rehabilitation via video conferencing. This emerging technology is at the forefront of the clinical interventions being offered through VA, which contributes to access to services for Veterans, and the experience provides the trainee an advanced introduction to the technology as well as best practices for TMH. This training experience also offers the unique diversity and cultural perspective of working with the psychosocial aspects presented by Veterans who live in rural and very rural areas of the SFVAHCS catchment. Although the trainee may elect a full rotation, use of this delivery modality to provide services is supported and encouraged across the entire Mental Health Service. The Telemental Health Section consists of a specific interdisciplinary team, but also provides and helps to coordinate telemental health services across the facility.

Staff include Michael Drexler, Shilpa Reddy, and Erik Shumaker as psychologist supervisors. At least one hour per week of supervision by a primary supervisor, as determined based on the interest of the trainee, with specialty supervision/consultation if required (e.g., Cognitive Processing Therapy, CBT-I, PTSD assessment). Fellows are welcome to attend the TMH Didactic Seminar which meets on the 4th Tuesday of the month from 2-3 pm and should attend clinical meetings, which occur on Mondays at 3pm, as appropriate to their caseload (3-8 hours total commitment weekly).

As part of the overall training experience, every fellow participates in a Psychology Training and Fellows Seminar led by Dr. Samuel Wan, Director of Training for the Psychology Postdoctoral Fellowship Program and co-led by Dr. Kellie Rollins, Director of Training for the Psychology Intern and Practicum Program. The Seminar is designed for the exploration of professional, clinical, and training issues with other fellows and staff. Supervision, consultation, leadership, ethics, cultural diversity, licensure and career direction issues are discussed. Completion of the EPPP in particular and CPLEE if appropriate prior to the end of the fellowship year is strongly encouraged and fellows may use allocated authorized leave for study time. Additionally, presentations and didactics will be offered based on fellows' interest and agenda.

Fellows will also attend sessions of the UCSF-CPTP Clinical Seminar Series which focuses on evidence-based clinical interventions, career development, and licensure issues and provides the opportunity to meet and integrate with fellows outside of the VA and other UC Faculty. Many of these seminars count for coursework required for licensure as a psychologist in California.

In keeping with our philosophy that postdoctoral fellows are considered "junior colleagues," fellows also attend the Psychology Faculty Meeting chaired by Dr. Russell Lemle, Psychology Director, which meets approximately 2 times per month. The agenda for this meeting focuses on issues current psychologists on staff are facing. Fellows have ample opportunities to participate in program development and take active leadership roles. All fellows have the opportunity to conduct an administrative project during the year. Examples of such are Externship Coordinator, Quality Improvement Projects, or organizing various training seminars.

Research activities may be negotiated with your supervisor. The fellow may select a research mentor and meet weekly to discuss planned or ongoing research. The fellow may join an existing project or pick a topic of research interest, collaborate in the development of grants for new research projects, and attend regularly scheduled research laboratory meetings.

Time commitment: The fellowship requires a one-year (12 month, 52 week), full-time training commitment of approximately 40 hours per week earning 2080 hours towards licensure.

Supervision: Fellows will receive at least four (4) hours of regularly scheduled supervision per week with a minimum of two supervisors, at least two of which will be individual supervision. Supervision and evaluation methods include self-report of clinical work, supervision sessions, live observation of client and/or staff interactions; review and co-signature

of all written material such as progress notes or other additions to the computerized patient record system; observation of case formulation and case presentation in staff meetings, treatment planning conferences, and other multidisciplinary settings; review of process notes, audiotape recording and/or videotape recording of psychotherapy and assessment sessions; and the review of psychological testing protocols and reports. Fellows should expect to be assigned readings and literature reviews as part of their supervision.

Self Disclosure: Self-disclosure in forms of discussions about countertransference and personal reactions to patients may be required with some supervisors. Our attention to this is meant for the benefit of the fellow's patients and the fellow's reflective practice and professional development. Fellows may also be asked to disclose personal information in the context of their training if the supervisor feels that such personal information is needed in order to evaluate or obtain assistance for a fellow whose personal problems are preventing the fellow from performing professional activities competently or whose problems are posing a threat to the fellow or others.

Evaluations: Our goal is to produce graduates who are prepared to assume different roles as professional psychologists. The training goals stated above describe the core competencies that we feel are essential for this overarching goal and evaluations are necessary to guide and determine our progress in obtaining this goal. Fellows are formally evaluated three times per year (4 months, 8 months, 12 months [end of year]). Evaluations are discussed with fellows and may be modified by mutual agreement before being placed in the training files. Fellows also are asked to evaluate their supervisors and clinic rotations at each evaluation period and an exit interview with the Director of Clinical Training will be completed at the end of fellowship to solicit feedback and suggestions for the program going forward.

In response to APA's increasing emphasis on setting, measuring and objectifying criteria for acquisition of these skills, our Fellow Evaluations quantitatively track successful mastery of each benchmark and competency area.

Training Experiences

The **San Francisco VA Health Care System** will be offering **sixteen** (16) one-year postdoctoral psychology fellowship positions in **2017-2018** with **emphasis areas** in:

1. **Community-Based, General Mental Health Fellowship (2 positions located at the Santa Rosa CBOC)**
2. **Evidence-Based Psychotherapy in General Mental Health, Women's Mental Health and Primary Care**
3. **Geropsychology**
4. **Integrated Care Psychology in HIV and Liver Disease**
5. **Interprofessional LGBT Healthcare**
6. **Primary Care Psychology (4 positions)**
7. **PTSD and Returning Veterans**
8. **PTSD and Substance Use Disorders Treatment**
9. **Psychosocial Rehabilitation**
10. **Substance Use and Co-occurring Disorders Treatment (2 positions)**
11. **Women's Mental Health and Trauma**

Brief depictions of our **eleven** (11) emphasis areas are provided below in alphabetical order.

1. Community-Based, General Mental Health Fellowship (2 positions)

The two Community-Based, General Mental Health fellows spend 80% of their time at the Santa Rosa Community-Based Outpatient Clinic (CBOC). The Santa Rosa CBOC is located 55 miles north of San Francisco and serves veterans residing in Sonoma, Napa, and Mendocino counties. The Santa Rosa Clinic is the largest VA CBOC in Northern California, serving almost 10,000 veterans with ten specialty clinics on site. The Mental Health clinic functions as a generalist clinic, with a strong emphasis in community-based care and evidenced-based treatments. During the course of their fellowship, the fellows develop advanced competence in the assessment and treatment of PTSD, Substance Use Disorders, Mood Disorders, OIF/OEF adjustment, and a broad range of chronic and acute disorders. The fellows receive training and supervision in evidence based treatments (e.g., CBT, CPT, MET). In addition, the fellows develop further competence in clinical and triage assessment, individual and group therapy, psycho-educational skill-based programs, and program development. One day per week is spent at the SFVAMC, pursuing additional advanced specialty training, depending upon the fellows' interests and training needs.

Overall Program Structure: Santa Rosa Community-Based, General Mental Health fellows provide 6-8 hours of individual therapy, co-facilitate 2-3 process or skill-based groups, conduct one new patient assessment, and cover 4 hours of on-call/triage support during the regular work week. Fellows also have the opportunity to pursue additional training and clinical experience in an area of advanced interest relating to the specialty programs and clinics offered at the Santa Rosa CBOC and the SFVAMC (e.g., women's health, geropsychology, trauma disorders, substance use disorders, couples therapy, suicide prevention, behavioral health, primary care integration, and telemental health). In addition, all fellows have the opportunity to supervise psychology practicum students in individual/group treatment, with additional supervision each week. Additional hours are spent in weekly clinical seminars, MH team meetings, all-clinic staff meetings, and individual supervision with psychology and psychiatry staff. In addition to clinical responsibilities, fellows

develop competency in providing consultation to providers from other disciplines, preparing reports, making didactic presentations, and participating and presenting in multidisciplinary case conferences. The MH team in Santa Rosa consists of six psychologists, four psychiatrists, two psychiatric nurses, one clinical social worker, one psychiatric nurse practitioner, two peer specialists, and two staff assistant.

Integration with SFVAMC and Santa Rosa CBOC: The fellows selected for the Community-Based, General Mental Health fellowship are integrated with Psychology and Mental Health Services at the San Francisco VA Medical Center. The fellows participate in the VA Psychology Staff Meeting, the Evidenced-Based Psychotherapy Seminar, the Psychology Fellow Seminar, the Psychology Training Committee Meeting, and the Psychology Diversity Curriculum Planning Committee Meeting.

Supervision: Primary supervision of the fellows is provided on-site by the full-time staff psychologists at the Santa Rosa CBOC. Additional supervision and clinical feedback are provided by staff psychologists and psychiatrists at both the Santa Rosa CBOC and the SFVAMC.

Fellows have the option of approved extended hours to address clinical care demands in the clinic, with appropriate adjustments in their weekly schedules.

Core Faculty: Jeremy Joseph, PhD, Andrew Turner, PhD, ABPP

Additional Training Faculty: Lisa Grossman, PhD, Elizabeth Shumaker, PhD, Lindsey Brown, PhD, Erik Shumaker, PhD, Emily Keram, MD, Peter Stuart, MD.

2. Evidence-Based Psychotherapy in General Outpatient, Women's Mental Health and Primary Care

This fellowship emphasizes the delivery of evidence-based psychotherapies (CBT, DBT, IPT, CBT-I, IRT, mindfulness-based interventions) across mental health, medical practice, and integrated care settings. The fellow receives core training/supervision in evidence-based psychotherapies in the General Psychiatry Outpatient Service (GPOS), with additional training and supervision in the modification and implementation of EBPs in Women's Clinic and Medical Practice/Primary Care. The following clinics and experiences capture the diverse training opportunities available to the fellow:

General Mental Health (approx. 30% time; primary supervisor: John McQuaid, PhD)

The General Mental Health rotation focuses on the GPOS service with optional activities in specific clinics as described below. The balance of activities can be modified to meet the particular training plan of the fellow.

- **General Psychiatry Outpatient Service (GPOS)** – GPOS is an interdisciplinary outpatient mental health clinic that provides psychotherapy and psychiatric services to male and female veterans of all eras who present with various mood, anxiety, and personality disorders. Within this setting, the fellow may provide individual and group psychotherapy, supervision of trainees, as well as support/leadership/participation in a weekly team meeting and a weekly EBP didactic. Treatment using video teleconferencing (V-Tel) is routinely provided through this clinic.
- **Dialectical Behavior Therapy Team** – The DBT team is an interdisciplinary team of staff and trainees who provide a comprehensive program of DBT to eligible veterans (e.g., those with personality disorders, chronic

suicidal behaviors, and/or emotion dysregulation). The fellow generally carries 1-2 DBT clients and is required to participate in the weekly DBT consultation team meeting. Opportunities to co-facilitate the weekly skills training group are also available. Ongoing training in DBT is encouraged through the invitation of guest speakers and expert clinicians, as well as didactics frequently available through the Palo Alto VA.

- **Mood Clinic** – This clinic, headed by a psychiatrist as medical director, focuses on training a rotating class of psychiatry residents. The psychology fellow has the opportunity to participate in this clinic by providing psychotherapy and consultation services. Typical mood clinic clientele include veterans with severe mood disorders requiring pharmacotherapy intervention (e.g., bipolar disorders, treatment resistant unipolar depressions, co-occurring personality disorders, and psychosocial stressors). The fellow carries an individual caseload and participates in a weekly team meeting.

Women's Clinic (approx. 30% time; supervisor: Caitlin Hasser, MD)

- **Women's Mental Health Clinic** – The Women's Mental Clinic specializes in providing mental health services to female veterans, eligible spouses of veterans (ChampVA), and transgender veterans seeking a women's-focused program (e.g., preference for female providers, mental health concerns with a specific gender focus such as MST or other interpersonal trauma, lifecycle issues such as pregnancy and parenting, complex medical comorbidity requiring collaborative care with women's clinic PCP). The fellow provides evidence-based psychotherapy to three individual clients, co-facilitates a DBT skills training group ("Jumpstart Your Coping Skills") with the fellow in Women's Mental Health and Trauma, and participates in a weekly case conference series. The fellow receives 30-minutes of weekly individual supervision with Dr. Hasser, as well as 30-minutes of group supervision with the fellow in Women's Mental Health and Trauma.
- **Women's OEF/OIF Integrated Care Clinic** – The OEF/OIF Integrated Care Clinic (OIC) provides a "one-stop" care visit for veterans accessing services at VA for the first time. A typical visit (which lasts approximately three hours) includes primary care, social work support, and a brief mental health assessment. The fellow conducts the mental health assessment, facilitates "warm hand-offs" to other OIC providers, and provides appropriate referrals for women veterans scheduled for this service. The fellow covers the OIC clinic every other week, which provides a unique opportunity for follow-up with patients on "off-weeks," either to provide additional assessment or short-term psychotherapy. Occasionally, the fellow may continue seeing the patient for an individual course of psychotherapy, providing continuity of care to the veteran. Finally, the fellow participates in a monthly OIC team meeting/case conference series.
- **Program Development and Evaluation** – The fellow, in collaboration with the fellow in Women's Mental Health and Trauma, is responsible for organizing the annual Women's Mental Health Program retreat. This is an all-day long event – typically occurring in the spring – that provides an opportunity for women's clinic mental health staff and trainees to re-connect with each other and their work. The retreat also features a concrete focus or "theme" designed to provide new content/ideas for program improvement and development. Past retreats themes have included integration of research and practice in women's mental health (2015), and a proposal to restructure the women's clinic group psychotherapy program (2014).

Medical Practice/Primary Care and Health Psychology (approx. 30% time; supervisor: Jennifer Manuel, PhD)

- **Move, Strength, and Wellness Program** – The Move, Strength, and Wellness (MSW) program is a 10-week interdisciplinary, evidence-based, weight management program for obtaining a healthier lifestyle. The program incorporates nutrition, behavior change, cardiovascular exercise, and strength training while taking into consideration individual needs and preferences. The MSW team includes a dietician, psychology fellow,

and recreational therapist who co-facilitate a weekly 90-minute group session. Veterans in this program also participate in a weekly off-site exercise class. The fellow leads the behavioral health portion of the group sessions, provides consultation during weekly team meetings, and is responsible for monitoring the mental health of program participants. Opportunities for data collection and analysis, as well as scholarly presentation of group outcomes are possible throughout the year.

- **Women's *MOVE!* Program** – The Women's *MOVE!* Program is a newly developed interdisciplinary team of providers offering a 10-week weight management course exclusively for female veterans. The program focuses on helping women improve their nutrition, build confidence engaging in physical activity, and improve their coping strategies, mood, body image, and self-esteem. The core interdisciplinary team consists of a dietician, psychology fellow, and psychologist. Participants in this program also participate in a weekly off-site exercise class. The fellow co-facilitates the behavioral health portion of this weekly 90-minute class along with her supervisor. A one-hour weekly team meeting is held to facilitate program planning and growth, promote team dynamics, and monitor veteran progress over time.
- **Health and Wellness Programs** – Throughout the year, the fellow may also participate in a number of other interdisciplinary health and wellness interventions based on interest. Opportunities include groups for smoking cessation, progressive tinnitus management co-lead with audiology, and general health and wellness drop-in groups through primary care. Additional opportunities for individual assessment, intervention, and team participation are offered through medical practice/primary care. The fellow receives one hour of weekly individual supervision with Dr. Manuel.
- **Motivational Interviewing Training and Coaching in Medical Practice** – The fellow may participate in MI training and coaching for providers (MDs, NPs, RNs, and LVNs) in Medical Practice.

Behavioral Health Access Clinic (approx. 10% time; supervisor determined by timing of rotation and learning goals)

- The Behavioral Health Access Clinic is the medical center's centralized point of contact for all mental health referrals. The Access Center (as it is commonly called) allows clinicians to work in an interdisciplinary team environment with psychiatrists, social workers, other faculty, and trainees. Fellows perform psychodiagnostic evaluations of adult veterans, make recommendations to specialty clinics, and provide short-term psychotherapy as needed.

Core Faculty: John McQuaid, PhD, Jennifer Manuel, PhD, Caitlin Hasser, MD

3. Geropsychology

The Fellow will develop skills and competencies following the Pikes Peak Model for Training in Professional Geropsychology, as promulgated by APA Divisions 12 (Section II) and 20. After completing the first year of training (2080 supervised hours) the Fellow will have completed the educational requirements to continue the phase of the formal affiliation process with the Specialty Board of the American Professional Psychology (ABPP) specializing in Geropsychology for Board Certification by ABGERO. The fellowship functions within the Department of Geropsychiatry at the San Francisco VA Medical Center (SFVAMC). The Fellowship will include the following rotations:

Community Living Center (CLC) and Social Focus Cohort (SFC)– (4 months). The CLC is a 120-bed skilled nursing facility for veterans admitted for either long-term care or short-stay rehabilitation. Veterans present with a wide range of neuropsychological conditions and psychological problems, often interacting with the physical difficulties that require extended care and/or rehabilitation. Neuropsychological conditions can include head injuries, strokes, dementias, Parkinson's disease, Huntington's Disease, neuropsychiatric disorders, and multiple sclerosis, among others. Psychological diagnoses may include major depression, anxiety disorders (including PTSD), schizophrenia, schizoaffective disorder, autism spectrum disorders, problems with interpersonal functioning, bereavement, end of life issues and adjustment disorders, to name a few. Referral questions include assessment of decision-making capacity, differential diagnosis (i.e., delirium vs. dementia etc.) and enhancement of treatment compliance. Along with individual and neuropsychological assessments there are also weekly groups such as *Living with Chronic Illness* and a harm reduction substance abuse group. As the clientele changes in the CLC, groups adjust to veteran needs and there is opportunity to introduce new group content as the year goes on. We have recently rolled out a cognitive rehabilitation group based on the CogSMART protocol. Additionally, the Fellow will participate in weekly interdisciplinary team meetings.

Social Focus Cohort (SFC) – In 2007, the CLC launched a 15-bed unit based on a needs assessment focused on veterans with psychiatric diagnoses and/or personality disorders that were exacerbated by being in the CLC. The general purpose of the SFC is to assist veterans in achieving the highest possible level of psychological, behavioral, cognitive, and social functioning within the least restrictive level of care possible. The primary goal is to improve the veterans overall quality of life achieved through various groups, individual therapy, and re-integration exercises. SFC is an interdisciplinary team including Geropsychology, Nursing, MDs, CNAs, Recreational Therapy, Social Work, and Occupational Therapy.

Palliative Care / Hospice – (4 months) This service provides care to veterans with life-limiting and terminal illness, and their families. The Fellow will acquire skills needed to assist veterans and families with end of life care, such as individual and family therapy, brief neuropsychological and capacity assessments, mood evaluations, bereavement counseling, and consultation/liaison for the interdisciplinary team. The Fellow participates in weekly interdisciplinary team meetings and hospital rounds.

Home Based Primary Care (HBPC) – (4 months) The Home Based Primary Care (HBPC) program provides in-home primary medical care and psychosocial services for Veterans whose chronic medical conditions have made it difficult or impossible for them to access the outpatient clinics for the medical care they need. During this rotation, the fellow will provide home-based clinical services such as interview assessments, cognitive screenings, brief individual & family therapy for a variety of emotional disorders, caregiver support and psychoeducation, interventions for pain and weight management, smoking cessation, and adherence to medical regimens. While working with the HBPC team, the fellow will be collaborating with various interdisciplinary teams that include a physician, nurse practitioners, occupational therapist, social worker, pharmacist, dietician, and psychologist.

Geriatric Mood Assessment Clinic (GMAC) – (all year) The fellow will have the opportunity to lead or co-facilitate a weekly Geropsychology outpatient group. Group topics evolve based on need, but may be focused on addressing depression, anxiety, PTSD, adjustment to illness, or other topic relevant to the geriatric population. There is an opportunity to follow veterans for weekly outpatient individual therapy as well. Experience in outpatient neuropsychological evaluation is available depending on Fellow's experience and/or desire to participate. Additionally, the fellow will attend in a weekly GMAC interdisciplinary team meeting led the Chief of the Department of Geropsychiatry.

Weekly didactics and seminars – (all year) Several didactics are offered through the departments of Geropsychiatry, Geriatric Medicine, and Neuropsychology. New this year is a collaborative national didactic training

offered by Geropsychology faculty across multiple sites. Lecture topics include multicultural issues in aging, capacity assessment, interdisciplinary team assessment, etc. Lastly, there will be many opportunities to present to a wide range of different professional disciplines both at the SFVAMC and UCSF, as well as at conferences if so desired.

Committee Involvement (all) The fellow will have the opportunity to participate in various committees such as the Dementia Committee, Diversity Committee, Training Committee, and Disruptive Behavior Committee. The fellow is also invited to attend bi-weekly staff meetings to gain exposure to administrative perspectives and additional areas of professional development.

Primary Supervisor: Diana Partovi, PsyD
Clinical Neuropsychologist/Psychologist

Secondary Supervisors: Jeremy Doughan, PsyD
Clinical Geropsychologist

Donna Rasin-Waters, PhD
Clinical Neuropsychologist/Psychologist

Elizabeth Shumaker, PhD
Clinical Psychologist

4. Integrated Care Psychology in HIV and Liver Disease

Overview:

This unique fellowship includes an emphasis on the behavioral and mental health treatment of HIV and various liver diseases, primarily hepatitis C virus (HCV). The fellow is seen and respected as an integral member of the full interdisciplinary team of both the Infectious Diseases (ID) and Liver clinics. This fellowship also includes a rotation with the Addiction Recovery Treatment Services (ARTS) program, with training in substance use treatment that directly relates to and impacts their work with patients in the ID and Liver clinics. Through the course of the fellowship, the fellow will develop advanced competence in the behavioral and psychological treatment of concerns common with patients living with HIV or liver disease, such as stigma, depression, anxiety, substance use/abuse, sexual dysfunction, cognitive impairment, insomnia, adherence issues, and disclosure concerns. The fellow will receive training on and flexibly apply evidence-based treatments, such as ACT, CBT, IPT, relapse prevention, motivational interviewing, and psychoeducation interventions.

This fellowship is part of a national fellowship program which includes psychology residencies across the nation with an emphasis on the behavioral and mental health treatment of patients living with hepatitis C, advanced liver disease, and HIV; thus, you will have the added support of a national VA program (e.g. national seminar didactic series) and a cohort of peer colleagues for additional consultation and collaboration.

Program Structure and Clinical Activities:

The integrated care psychology in HIV and Liver Disease fellow will work as part of two dynamic and supportive interdisciplinary teams, which includes nurses, physicians, social workers, and other mental health providers. The majority of the fellow's clinical activities are directly related to the ID and Liver clinics, including providing individual and group therapy, conducting treatment-focused psychosocial evaluations, and providing in-clinic triage and consultation services. Additional clinical opportunities within this fellowship include: learning supervision skills via supervising a psychology trainee, providing services through telemental health, and opportunities for program

development. Weekly seminars and didactics related to HIV and Liver clinical care are provided, as well as training with a heavy focus on diversity and multicultural competence/humility. The fellow will also participate in staff meetings, treatment conference meetings, and multidisciplinary case conferences and will receive both individual and group supervision from licensed providers. This fellowship allows for flexibility in gaining desired experience and opportunities across our health care system, including a significant amount of work with veterans who identify as LGBTQ, collaboration with Primary Care Psychology and other integrated care programs.

The fellow's time will be spent as follows:

Infectious Diseases (ID) Clinic (~30% time):

Through work in the ID clinic, the fellow will develop competence in the medical and psychosocial aspects of HIV clinical care. Medical aspects include: history and course of the HIV epidemic in this country and abroad, knowledge of HIV risk factors, knowledge of disease progression and HIV-associated cognitive impairment, and working knowledge of current HAART medications, common side effects, and barriers to medication adherence. Psychosocial concerns specific to those living with HIV/AIDS include adjustment to and coping with new diagnosis; disclosure of HIV-positive status to sexual partners, friends, and family; and managing HIV-related stigma. Common stressors associated with disease progression and/or longer term survival include decision about employment/disability; affected family and caregiver stress; grief (about change in own functional status and/or friends/partners who have died); and end-of-life issues. Other comorbid concerns often seen in our clinic include: depression, anxiety, substance use/abuse, sexual dysfunction, stress, cognitive impairment, insomnia, and chronic pain.

The fellow will facilitate brief assessment and interventions (short and long-term individual and group therapy) for the above listed concerns and crisis management as needed. The fellow provides coverage for one of two weekly ID Clinics where your role includes seeing patients for mental health triages and brief behavioral health interventions, making appropriate referrals, providing consultation to the other providers, and other aspects of primary care and health psychology. In this capacity, the fellow gains autonomy and competence in providing mental health services in the context of a fully integrated co-located team while having direct access to a supervising psychologist as needed. The fellow is also involved in providing psychoeducation and risk reduction counseling for HIV-negative veterans who initiate pre-exposure prophylaxis (PrEP) to reduce risk of HIV transmission and may occasionally offer supportive therapy to more seriously ill patients on inpatient medical units as needed.

Liver Clinic (~30% time):

The fellow will provide coverage for the weekly Liver Clinic with a focus on veterans with Hepatitis C. During the Liver Clinic the fellow will be on-call to offer consultation, assessment and triage, brief behavioral health intervention, and crisis management as needed. The fellow will offer short term harm reduction or treatment readiness counseling as well as couples and family psychoeducation for patients with hepatitis C who are preparing to initiate antiviral treatment or who are on treatment and require additional support. The fellow will work closely with clinic providers (physicians, pharmacists, social workers, and nurses) on a variety of issues, including risk assessment, strategies to increase treatment adherence, and referral to appropriate mental health and/or substance use treatment programs. The primary role of the fellow is two-fold: 1) to help prepare veterans with Hepatitis C for treatment, which includes ensuring that a veteran is assessed for untreated/undertreated mental health diagnoses, history of violence, suicidality, depression, substance use, and to the extent possible the likelihood that a veteran will be treatment adherent; that a veteran is provided with brief intervention as necessary for depression, anxiety, anger, insomnia, and/or substance use; and 2) to support veterans who are on antiviral medications to ensure successful treatment, which includes treatment adherence in the management of side effects. Common stressors associated with initiation of antiviral treatment for HCV include decision making around treatment, reduction of risk behavior prior to and during treatment (e.g. alcohol use), and coping with treatment response and termination. The fellow may also follow patients with hepatitis C who live in rural areas through the use of telemental health (TMH) technology and in collaboration with mental health services in the Community Based Outpatient Clinics (CBOCs).

The fellow will also gain an understanding of: history and course of the hepatitis C virus epidemic in this country and specifically with the veteran population; current prevalence/incidence rates of infection; knowledge of HCV risk factors, barriers to medical care, and health behaviors that are common among those who are currently infected or those at higher risk for infection; knowledge of current HCV testing procedures and HCV disease progression; working knowledge of treatment options, common side effects and barriers to medication adherence; and treatment issues specific to HIV/HCV co-infection.

Addiction Recovery Treatment Services Program (~10% time)

The Addiction Recovery Treatment Services (ARTS) within the Mental Health Service is comprised of several program areas that address the individual and diverse treatment needs of veterans with substance use disorders (SUD) and co-occurring psychiatric disorders. Please see the ARTS program section of this brochure for full descriptions of the training clinics. The ID/Liver psychology fellow will work closely with our substance use disorders program; however the exact roles will be collaboratively developed based on the fellow's training goals. This experience could include a range of clinical activities, including individual and group psychotherapy, case coordination, diagnostic evaluations and treatment planning. Other opportunities that may be possible include providing consultative services, administering a Contingency Management program, and developing/implementing a new group to address identified needs. Fellows will have the opportunity to gain experience with various interventions including motivational enhancement, CBT relapse prevention, abstinence-based interventions, harm reduction approaches and treatment of co-occurring psychiatric disorders. Program development opportunities may also be possible. Fellows are expected to participate in a weekly substance use seminar. Fellows will complete their training year with a strong foundation of addiction treatment skills as well as an ability to adapt and apply those skills for patients in ID, Liver, and other specialty medical settings.

Supervision and Training Opportunities (~20% time)

The fellow will be provided supervision with licensed psychologists affiliated with the ID/Liver Clinics and the ARTS program, along with other integrated care psychologists as appropriate. While individual supervision will include case management, it will also focus strongly upon professional development within the clinics and VA setting, ethical decision-making, multicultural and diversity issues, issues concerning program development, professional identity, interface between clinics, supervision and work/life integration. The fellow may have opportunities to supervise interns and externs on individual treatment, co-lead groups with these trainees as the senior clinician, and receive supervision from staff focused on acquisition of this skill.

There are a variety of opportunities for the fellow to learn about and gain experience in HIV and liver disease clinical care, integrated care, health psychology, behavioral medicine, substance use treatment, and topics related to diversity/multiculturalism. The fellow will participate in two didactic/clinical meetings, one through the ARTS program and one through the National HIV/Liver Disease Seminar Series for Psychology Fellows. The fellow will also attend staff meetings with interdisciplinary staff from the ID and Liver clinics.

Additional Opportunities (~10%)

The fellow may choose to participate in additional experiences that will further their professional development and are in line with their specific training goals. Opportunities for program development include: develop and implement new groups, create new protocols to streamline clinical care, and/or reduce barriers to care within the ID and Liver clinics. Other unique experiences through this fellowship include opportunities to work in our community-based Downtown clinic, teach and/or give presentations to a national audience through the SCAN-ECHO (Specialty Care Access Network-Extension for Community Healthcare Outcomes) program, and assist in the organization of community outreach events (e.g. World AIDS Day celebration). Past fellows have also been given opportunities to collaborate on grants, manuscripts, and quality improvement projects depending on interest and availability. Engagement with the Psychology Diversity Committee and/or participation in psychology staff meetings is also available and encouraged.

Core Faculty and Primary Supervisor:

William Hua, PhD, Staff Psychologist, ID and Liver Clinics

Additional Faculty:

Maggie Chartier, PsyD, MPH, National Public Health Clinical Psychologist

Chris Galloway, PhD, Staff Psychologist, Addiction Recovery Treatment Services Program

Infectious Disease Clinical Team:

Harry Lampiris, MD, Acting Chief, Infectious Disease

Robert Daroff, MD, Staff Psychiatrist

Joseph Wong, MD, Staff Physician

Paul Sullam, MD, Staff Physician

Lynn O'Brien, NP, Nurse Practitioner

Mai Vu, PharmD, Clinical Pharmacy Specialist

Reginald Hilarie, MSN, RN, Charge Nurse

Liver Clinical Team:

Alex Monto, MD, Chief Hepatologist

Helen Yee, PharmD, Clinical Pharmacy Specialist

Erica Trimble, NP, Nurse Practitioner

Cyndi Bakir, CNS, Clinical Nurse Specialist

5. Dr. Stephen Rao Interprofessional LGBT Healthcare

In reviewing the following description of the Interprofessional LGBT Health Care Fellowship, please be aware this fellowship closely follows the Developmental Model of Training/Supervision. The fellowship not only contains a number of core experiences but also opportunities for a variety of clinical experiences. These are influenced by the fellow's own areas of expertise, training interests, and general competencies.

The fellow in this emphasis area will serve LGBTQ Veterans in the main Medical Center, local Community-Based Outpatient Clinics (CBOCs), and community settings. Under the supervision of staff psychologists affiliated with the Fellowship, the LGBTQ health care fellow will provide individual psychotherapy, group psychotherapy, and consultation visits for LGBTQ Veterans. The fellow will support the hub of VA's health care delivery by providing integrated and coordinated health care focused on prevention, wellness, and chronic disease management. Additionally, the fellow will conduct quality improvement projects in order to improve healthcare delivery and consistently elevate the "voice of the LGBT Veteran" with ongoing program evaluation.

As a core component of this fellowship, the fellow will also spend time (1) coaching, consulting, and training other VA providers to deliver clinically and culturally competent care for LGBTQ Veterans; (2) developing training modules for fellows, interns, externs, residents, and other clinical staff on personalized and proactive LGBTQ health care; and (3) collaborating with VA Leadership to overcome system obstacles, build community alliances, and sustain services and resources for building an informed VA environment and culture that empowers all Veterans and families we serve.

A number of core rotations and clinical experiences comprise this specialty fellowship:

1. Infectious Disease Clinics (8 hours/week for 12 months): This interdisciplinary clinic at the main Medical Center provides the LGBT fellow with the opportunity to provide behavioral medicine and integrated care psychology services to veterans living with HIV, including the treatment of stigma, depression, anxiety, substance use/abuse, sexual dysfunction, insomnia, adherence issues, and disclosure concerns. Clinical opportunities include: brief individual therapy, psychoeducational groups, treatment-focused mental health evaluations, and consultation services to medical providers. The supervising psychologist for this rotation is Dr. William Hua.
2. Downtown Community-Based Outpatient Clinic (CBOC) (1 day/week for 12 months): The Downtown CBOC is an accredited, comprehensive homeless center which offers Veterans a number of services, including access to therapy, housing, and employment. The fellow will be able to provide services to a largely homeless, low-SES, ethnically diverse population of Veterans. The fellow facilitates a support group for gay, bisexual, and/or questioning men at this CBOC. The Downtown CBOC is located in the SoMa (South of Market St.) area of San Francisco and is easily accessible by public transportation. The supervising psychologist for this rotation is Dr. Michael Burnias.
3. Evaluations related to Transgender Health Care (variable: 4-6 throughout the year): Through connection with the Women's Clinic and Endocrinology, the fellow is expected to complete evaluations for readiness for cross-sex hormone treatment being initiated at the SFVA. The fellow may also be asked to complete evaluations for readiness for gender affirming surgeries that are being performed in the community. The fellow also facilitates a support group for trans-identified Veterans at the main Medical Center. The supervising psychologist for these experiences is Dr. Michael Burnias. **NOTE:** As of this writing, although the VA does not currently perform surgical interventions for the purpose of treatment of Gender Dysphoria, the current political climate indicates this *may* change in the relatively near future. *If so*, the fellow can expect to complete readiness evaluations for surgical interventions performed at the SFVA Medical Center or with affiliated partners as there is still a relatively small number of surgeons trained to perform surgical interventions for gender dysphoria (i.e. genital surgeries).
4. Program Development (6-8 hours/week for 12 months): This emphasis area was inaugurated at the SFVA in 2013-2014. Given the rise of focus on the LGBTQ community and especially our Veterans, the fellow is expected to continue the fellowship's legacy of needs assessment, outreach, and program development. Past fellows have completed various projects, including dissemination of an adapted Safe Space training for VA staff, securement of grants related to the reduction of risky sexual behaviors in at-risk populations, coordination of an LGBT Pride event at the SFVA Medical Center, and development of Peer Support Specialist positions for female and trans veterans. Community outreach events have included participating in the Annual San Francisco Pride Event or local stand downs. For fellows interested in publication, supervisors affiliated with the LGBT Fellowship and/or Medical Center will work with you to determine ways in which you can turn quality improvement projects into publishable works. This may include help identifying appropriate journals for publication, as well as help organizing papers to follow a QI model.
5. Neuropsychological Evaluations (variable: about 4 throughout the year): Given the potential impact of HIV/AIDS progression on neurocognitive functioning, an additional training opportunity may exist to complete neuropsychological evaluations through the Infectious Disease Clinic. The supervising psychologist for this experience would be Dr. Jeremy Doughan. This clinical experience will remain contingent on the fellow's relevant experience and supervisor availability.

6. Additional Clinics/Supervision (variable): Each fellow is encouraged to consider their personal training interests and competencies when electing to pursue clinical experiences in differing clinics throughout the SFVA. In the past, fellows have trained in the Substance Use and PTSD clinic (SUPT) or Women's Clinic. Individual competencies will be evaluated when determining supervisory opportunities within specific clinics.
7. Conference Calls with National LGBT Health Care Fellowship (1x/month): The fellow will have monthly phone calls with the LGBT fellows across all the VA sites (currently 9). These calls are often led by the National LGBT Health Care Fellowship Didactic Coordinator, Kile Ortigo, PhD, who is an alumni of this fellowship program from the SFVA. Didactic trainings are identified by the existing fellows.
8. Didactics/Trainings: We are currently working on creating a seminar focused primarily on sexuality, including differing expressions of sexuality, sexual relationships, and treatment of sexual dysfunctions that would occur in conjunction with a national SCAN-ECHO program of the same focus.

Please contact Dr. Michael Burnias for further details.

Primary Supervisors:

Michael Burnias, PsyD

Additional Core Faculty:

Will Hua, PhD; Kaela Joseph, PhD; Jeremy Doughan, PsyD

6. Primary Care Psychology (4 positions)

The psychology fellows in the Primary Care emphasis area develop specific skills and competencies in: medical issues; psychosocial aspects of chronic illness; evaluation and assessment of common and unique mental health issues found in medical settings; psychological interventions for common and unique mental health and substance abuse issues; assessment of suicide risk and suicide prevention; consultation and outreach in medical practice; health promotion and disease prevention interventions and approaches; multidisciplinary and interdisciplinary care within the Patient Aligned Care Teams (PACT) along with research, leadership and supervision in behavioral medicine, health services, and integrated care. The fellows work in several primary care/integrated care settings including: Medical Practice – Mental Health Integrated Clinic (MP-MHIC); Downtown Clinic; San Bruno Community Based Outpatient Clinic (CBOC); Women's Clinic; Pain Clinic; Infectious Disease Clinic and Liver Clinic; Health Psychology Clinic; Health Promotion Disease Prevention Program (HPDP), PACT Intensive Management (PIM), and Managing Obesity in Veterans Everywhere! (MOVE!).

The postdoctoral fellowship in primary care psychology is integrated with the interprofessional Center of Excellence for Education in Patient-aligned Care Teams (CoE EdPACT). We are one of seven Centers of Excellence in Primary Care Education (COE) throughout VA. The VA has organized primary care into interprofessional patient-centered and team-based care based on principles and evidence-based practices relevant for improving healthcare for veterans. The overall mission of the SFVA CoE EdPACT is to develop and implement a model of patient-centered, interprofessional education that advances primary care within and beyond the VA. The EdPACT training model brings together teams of health care providers and staff, including internal medicine (IM) residents, nurse practitioner (NP) students, psychology postdoctoral fellows, pharmacy residents, nutrition fellows, and social work trainees to build core

knowledge and skills that they apply to their own individual patient panel, a shared team panel of patients, and to the clinical systems in which they work. This educational model incorporates design principles for optimal workplace learning, using experiences from clinical practice as the primary curricular material, establishing a culture and supportive working relationships that reinforce patient-centered approaches to care, and activating providers/staff/trainees to take responsibility for improving patient care. Communication, teamwork, and continuous performance improvement are primary foci of interprofessional skill-building.

The psychology fellows in the primary care emphasis area spend the majority of their time working collaboratively in busy primary care settings with other professionals including medicine residents, nursing staff, nutritionists, pharmacists, and social workers. They all receive training in the primary care clinics at the main SFVA campus and at either the Downtown Clinic or San Bruno CBOC. They also receive training in other selected integrated care clinics, including Pain Clinic, Infectious Diseases/Liver Clinics, and Women's Clinic. As a team, the fellows provide a broad range of health services including mental health and behavioral health care to veterans living within the community. The goal of the training program is to prepare fellows to be able to work independently in a variety of primary care settings and formats and to interface effectively with medical staff and allied professionals to provide comprehensive patient-centered care.

The overall philosophy of the primary care emphasis area is best described in terms of the scholar practitioner and junior colleague models, consistent with the overall postdoctoral psychology training program. Fully embracing a generalist training model, the psychology fellows in the primary care emphasis area respond to a broad range of consultation requests. Mental health triage represents a significant component of their experience in primary care/integrated care settings. This involves meeting with veterans who screen positive for mental health conditions or for whom their primary care providers feel that a connection to mental health services would be beneficial. Veterans are assessed for the full range of mental health conditions and harm risk and referred onto appropriate mental health clinics. Fellows also provide brief, focused health related interventions. Opportunities for the development of group treatments involve cross-discipline collaboration.

Another major component of the psychology fellows' experience in primary care settings involves behavioral disease management. As behavioral medicine experts, the fellows provide brief interventions aimed at helping veterans to better manage diseases such as diabetes, hypertension, pulmonary, arthritis, HIV/HCV, and coronary disease. Assessment is another component of the fellows' training. Referral questions include assessment of dementia, competency, and independent living issues. Other veterans may be referred for diagnostic clarification including assessment of traumatic brain injury. Fellows also participate in focused training in pain management and work with veterans with chronic pain individually and in group settings.

The fellowship offers a wide range of experiences and is tailored to fit the needs and long term professional goals of trainees. Additional interprofessional training opportunities exist within the Pain Clinic, Women's Clinic, Infectious Disease/Liver Clinics, Health Psychology Clinic, PACT Intensive Management (PIM), and Health Promotion and Disease Prevention (HPDP), both within and outside of the immediate primary care settings. Fellows in the primary care emphasis area also have an opportunity to develop supervision skills in the ongoing supervision of pre-doctoral psychology trainees. Research opportunities exist and fellows are expected to be involved in research through either small project of their own or as part of an ongoing faculty project.

The psychology fellows in the primary care emphasis area receive supervision from the psychologists, psychiatrists and social workers leading the integrated care clinics described below. Clinical activities include: emphasis area evaluations and interviewing; assessment of cognitive, emotional, behavioral and personality functioning; differential diagnosis; psychotherapy with individuals, groups and couples; development and delivery of psycho-educational material and advanced interprofessional training through consultation with team members. The fellows also develop supervision skills. There are additional opportunities for leadership, program development, and research.

Skills and Competencies:

The fellows assigned to the Primary Care emphasis area work in a number of medical/integrated care clinics (outlined below). The specific skills and competencies to be developed include and are consistent with APA's Report of the Interorganizational Work Group on Competencies for Primary Care Psychology Practice, released in March 2013:

1. Science – Fellows base their daily practice on the scientific literature utilizing evidence based practices. They advance their knowledge of the biological, cognitive, affective, developmental, sociocultural and socioeconomic factors on health and illness. They develop advanced understanding of epidemiology, public health services, and public health policy. Fellows also participate in the development and execution of research, including needs assessments, quality improvement projects, or outcomes assessments.
2. Systems – Fellows learn the culture, interdisciplinary system of care, and chain of command unique to primary care. Fellows develop advanced understanding of their role in the PACT team and effectively advocate for better integration of mental health services.
3. Professional Values and Attitudes – Fellows consolidate their professional identity as a Primary Care Psychologist by raising relevant psychological issues to the team and evidence an attitude of flexibility by adapting their roles and activities in the best interest of patient care. Fellows take a patient-center approach that integrates cultural identity, health beliefs, and illness history that impact health behaviors. Fellows are sensitive to issues of diversity and modify interventions in response to a variety of social or cultural factors. Fellows also identify and address the distinctive ethical issues encountered in PC practice, including dual relationship matters, confidentiality, informed consent, boundary issues, and team functioning. Fellows practice in a reflective capacity, remaining self-aware in a complex fast paced environment.
4. Interprofessionalism – Fellows develop the ability to work effectively in a team-based system, including identifying and utilizing the unique contributions of each member's expertise and promoting collegial and efficient communication. Fellows have the opportunity to participate in team training and use their psychological skills to support team functioning. Fellows develop advanced skills in building and sustaining relationships within primary care including conflict management and effective boundaries.
5. Practice Management – Fellows learn to prioritize care using evidence-based models and practices and provide services based on specific clinic needs. Fellows work effectively along a continuum from prevention focused services with persons with subclinical problems to providing care for persons with chronic conditions. Fellows learn effective time management, operating at a pace consistent with PC clinic needs, including optimizing brief appointments based on patient needs while also being able to provide more lengthy assessments as indicated. Fellows learn to co-interview and co-intervene with other disciplines within primary care. Relevant psychological and neuropsychological assessments are administered with understanding of the strengths and limitation of such tools. Fellows learn how the patient's physical condition, such as lab reports, etc., may be incorporated into case conceptualization. Fellows identify strengths, including personal, family, and community, to promote health, and interventions are inclusive of these systems. Fellows develop advanced skill in targeting interventions on functional outcome and symptom reduction and use Motivational Interviewing and methods such as "Teach Back" to encourage proper use of health resources and optimize patient participation in their healthcare. Fellows learn to serve as a bridge between primary care and other specialty mental health services. Fellows develop advanced expertise in consultation and follow up with other team members.
6. Teaching – Fellows assist with the development and deployment of curriculum and training for other professionals addressing specific psychological problems encountered in primary care and they participate in the training activities of other healthcare professionals. Fellows demonstrate the ability to coach trainees, physicians and staff in patient and

family centered care behaviors. Fellows provide ongoing training to staff and other professionals on integrated care and the role of psychologists in primary care. Fellows also demonstrate a basic level of competence in supervising other more junior trainees within the clinic as available.

7. Health Promotion and Disease Prevention -- Fellows build upon the fund of knowledge and skill to effectively implement health behavior assessments and interventions for the promotion of general health and to address health risk behaviors as part of disease prevention and chronic disease management (e.g., tobacco use cessation, striving for a healthy weight, limiting alcohol, promoting patient self-management interventions targeting behaviors such as increasing participation in regular exercise and physical activity, healthy eating, sleep hygiene and stress management). Fellows also expand their skills in providing health behavior assessment and interventions with veteran patients and their families with multiple co-morbidities and or chronic disease, special needs, and complex clinical problems. Fellows develop the skill to coach, consult with, and support healthcare team members who will provide evidence-based health behavior self-management interventions such as motivational interviewing, shared decision making and other behavioral health interventions. Fellows develop knowledge of and ability to utilize existing evidence-based behavioral health resource materials and develop new materials when needed.

Primary Care Postdoctoral Training Rotation Sites:

1. Medical Practice – Mental Health Integrated Clinic (MP-MHIC) (8 hours/week): In Medical Practice, fellows function as members of PACT teams and participate in huddles in which plans for team-based care are discussed. Each fellow is fully integrated as a member of the PACT/EdPACT team. In the Mental Health Integrated Clinic, veterans who screen positive for mental health concerns are evaluated and consultation services are provided to the medical staff. The fellows provide consultation to PACT teams and CoE EdPACT preceptors and trainees. The therapeutic approach integrates cognitive behavioral, existential, and mindfulness based therapies. Neuropsychological evaluations are also performed with an emphasis on traumatic brain injury (TBI). In addition, the psychology staff members are involved in the coordination of services for returning OEF/OIF/OND veterans, consulting to the PCT, performing compensation and pension evaluations, and participating on the TBI Interdisciplinary Team.

2. Downtown VA Clinic: Two of the primary care psychology fellows each spend one day per week at the Downtown VA Clinic. Each fellow is fully integrated as a member of the PACT/EdPACT team. The staff psychologist at the clinic serves as a designated supervisor. The fellows also receive supervision on their work at the clinic from their primary supervising psychologist. The on-site delegated supervisor is Dr. Michael Burnias, staff psychologist.

3. San Bruno Community-based Outpatient Clinic (CBOC): Two of the primary care psychology fellows each spend one day per week at the San Bruno CBOC for the fellowship year. Each fellow is fully integrated as a member of the PACT/EdPACT team. The fellows receive supervision from staff psychologists at San Bruno in addition to their primary supervising psychologist. The on-site delegated supervisors are Dr. Nate Ewigman (Thursdays) and Dr. Kelly Koo (Fridays).

4. Pain Clinic (6-8 hours/week, optional): The Pain Psychology rotation is an opportunity for fellows to participate in interdisciplinary, medical-based clinics that take a multi-modal approach to the treatment of chronic pain conditions. Pain psychology services are offered at primary, secondary, and tertiary levels of care. Pain psychology is embedded in a number of different services, including Anesthesia, ARTS, and Medical Practice. An emphasis of this rotation is on learning how to work collaboratively within an interdisciplinary team setting, and facilitating therapeutic interventions in shared medical visits. In addition to psychology, disciplines represented in various pain services include anesthesia, physical medicine and rehabilitation, physical therapy, pharmacy, psychiatry, internal medicine/primary care, and nursing. Veterans who are referred to pain services are often struggling with complex pain conditions, psychiatric/substance use disorders, and significant physical disability. Pain Psychologists are available for triage, assessment, consultation, individual, and group interventions via in-person, telephone, and/or video-teleconferencing.

Specific treatment interventions may include medication consultation, motivational enhancement, relaxation and coping skills, brief risk and cognitive screenings, behavioral health education, emotion regulation/stabilization, and the treatment of general mental health within medical specialty clinics. Fellows have the opportunity to participate in a number of different interdisciplinary assessment/treatment clinics (i.e., Anesthesia-Pain, Integrated Pain Team (IPT), Prescription Opioid Safety Team (POST)), co-lead weekly pain management groups, and/or provide individual therapy (MI, CBT, ACT, biofeedback) for the management of chronic pain. The primary supervising psychologists in the Pain Clinics are Drs. Sarah Palyo, Payal Mapara, and Erin Watson.

5. Women's Clinic (4-6 hours/week, optional): This clinic provides primary care and mental health care to female veterans. The SFVAMC has a long tradition of providing comprehensive healthcare for women veterans. The women's clinic opened in 1988, and in 1993 established one of the first Women Veteran's Comprehensive Health Centers in the country. Women are one of the fastest growing segments of the veteran population and are projected to nearly double within the next few years to comprise up to 14% of VA health care users (Women Veterans Health Strategic Health Care Group, Nov 2008). The training of clinicians in the provision of quality, gender appropriate care is a high priority for the VA. Many of the patients seen in this clinic suffer from PTSD and MST. The primary supervising psychiatrist is Dr. Maithri Ameresekere.

6. Health Promotion and Disease Prevention Program (HPDP) (2-4 hours/week, optional): The fellows within the HPDP program provide assessments and interventions for patients along with consultations and health behavior coaching to healthcare members as part of interprofessional PACT teams and the CoE EdPACT both in primary care/integrated care settings at the SFVA main campus and in the CBOCs. The primary supervising psychologist for this program is Dr. Jen Manuel and Dr. Brian Borsari.

7. Managing Obesity in Veterans Everywhere! (MOVE!) (2-4 hours/week, optional): The MOVE! Program is a preventive health initiative across the VHA healthcare system and is designed to provide interdisciplinary assessment and treatment of obesity in the veteran population. Psychological assessments are conducted with morbidly obese patients being considered for bariatric surgery. Individual and group therapies are provided to facilitate long-term weight management and adjustment to post-surgical lifestyle changes. The primary supervising psychologists are Dr. Jen Manuel and Dr. Brian Borsari.

8. Infectious Diseases and Liver Clinics (4-8 hours/week for 6 or 12 months, optional): These interdisciplinary clinics provide fellows with the opportunity to provide behavioral medicine and integrated care psychology services to veterans living with HIV or hepatitis C, including the treatment of stigma, depression, anxiety, substance use/abuse, sexual dysfunction, insomnia, adherence issues, and disclosure concerns. Clinical opportunities include: brief individual therapy, psychoeducational groups, treatment-focused mental health evaluations, and consultation services to medical providers. There are also a number of opportunities for program development (e.g. create a new psychotherapy group, rapid HIV/HCV testing) or involvement in quality improvement projects to increase access to care related to these two clinics. The primary supervising psychologist is Dr. William Hua.

9. Health Psychology Clinic (2-4 hours/week, optional): In this clinic, the post-doctoral fellow gains additional experience with chronic pain and clinical psychological consultation and treatment of patients with other medical conditions. Psychological interventions are provided in the form of extended consultations and use of individual or group therapy formats. Hypnosis and biofeedback therapies are also provided to help patients manage stress and pain. The Director of the Health Psychology Clinic and supervising psychologist is Dr. Tim Carmody.

10. PACT Intensive Management (PIM; 4-8 hours/week for 6 or 12 months, optional): PIM is an elective rotation that provides primary care psychology fellows the opportunity to work with veterans with a high level of complexity and risk for acute care utilization. Intensive care management occurs within the context of a highly interprofessional team emphasizing team-based intervention. Sexual trauma, chronic pain, substance use/abuse, PTSD, depression, non-

adherence to chronic diseases, and dementia are commonly seen in our population, which ranges in age from 29 to 99. Intervention and assessment can occur through home/community visits, in outpatient or inpatient settings, co-visits with other providers, via phone and telemental health video conferencing. In addition to a wide range of clinical experiences, opportunities for consultation, involvement in quality improvement/research, facilitation of team building, and coordination of care across medical and mental health teams abound. The primary supervising psychologist is Dr. Nate Ewigman.

Coordinator of Primary Care Emphasis Area: Timothy Carmody, Ph.D.

Core Faculty:

Timothy Carmody, Ph.D., Director, Health Psychology
Joseph Grasso, Ph.D., Staff Psychologist, Primary Care Mental Health
Jennifer Manuel, Ph.D., Health Behavior Coordinator, HPDP, EdPACT
Sarah Palyo, Ph.D., CPE, Clinical Director of the IPT and IPRP

Additional Faculty:

Maithri Ameresekere, M.D., Staff Psychiatrist, Women's Clinic
Brian Borsari, Ph.D., Health Behavior Coordinator, HPDP
Michael Burnias, Psy.D., Staff Psychologist, Downtown Clinic
Nate Ewigman, Ph.D., Staff Psychologist, PACT Intensive Management (PIM)
William Hua, Ph.D., Staff Psychologist, Infectious Disease and Liver Clinics
Kelly Koo, Ph.D., Staff Psychologist, San Bruno CBOC
Payal Mapara, Psy.D., Staff Psychologist, Pain Clinic
Erin Watson, Psy.D., Staff Psychologist, Pain Clinic

7. Posttraumatic Stress Disorder Treatment and Returning Veterans (PTSD & RV)

While the fellow in PTSD & RV has the opportunity to work with veterans from all eras, the focus of this fellow's clinical responsibilities involves working with post-09/11 veterans who have served in the wars in Iraq and Afghanistan (Operation Iraqi Freedom [OIF], Operation Enduring Freedom [OEF] and Operation New Dawn [OND]).

Because many of these veterans are struggling with substance abuse problems and other high-risk behaviors along with ambivalence about entering formal treatment, a special focus is on assessing issues of risk, and using motivational interviewing and harm reduction to support the veteran in identifying and working toward his/her self-identified goals for treatment.

The fellow assigned to this emphasis area spends ~38 hrs/wk on the PTSD Clinical Team (PCT) and ~2 hrs/wk participating in Psychology Program activities. Time with PCT includes taking on a leadership role in our PTSD 360 Clinic (~5 hrs/wk), and representing the PCT in the OEF/OIF Integrated Care Clinic (conducting mental health triage, ~2.25 hrs/wk). Time with PCT may also include serving as a PTSD specialty consultant in the Behavioral Health Access Center (conducting mental health intake, ~4 hrs/wk). These sub-rotations are described below.

PCT (95%): The Post-Traumatic Stress Disorder Clinical Team (PCT) at San Francisco VA Medical Center is one of the largest in the nation with regard to clinical activity. Our PCT specializes in the outpatient treatment of veterans from all eras who have PTSD related to combat, combat support, combat training, or military sexual trauma (MST) in the course of active duty military service. We also treat veterans whose

primary mental health diagnosis is PTSD, regardless of trauma type, and a significant proportion of our patients have histories of complex trauma. Many of our veterans suffer from co-morbid disorders, depression and substance abuse being the most frequent. Issues regarding medical illness, chronic pain, postwar adjustment, and relationship stress are increasingly common.

We serve a predominantly male population ranging in age from 18 to 90+ years, although the number of women accessing services is increasing. Our population is quite diverse, with multiple ethnicities (significant numbers of Filipino American veterans), ages, sexual orientations and levels of SES represented. Veterans are not required to have served in a war to be treated by the PCT; however, our largest cohorts are Vietnam Era veterans and veterans of the current wars in Iraq and Afghanistan (Operation Enduring Freedom [OEF] and Operation Iraqi Freedom [OIF]). We also serve World War II / Korean War veterans and veterans from modern deployments (e.g., Persian Gulf, Desert Storm, Desert Shield and peacekeeping operations). Our clinic utilizes a phase-based approach to trauma recovery (i.e., evaluation, stabilization, exposure/uncovering, integration and relapse prevention, maintenance), and offers a wide range of treatment modalities, including group psychotherapy, individual psychotherapy, medication management, couples/family psychotherapy, and case management. Specialized training is available in motivational interviewing (MI), Acceptance and Commitment Therapy (ACT), Prolonged Exposure (PE), Cognitive Processing Therapy (CPT), Cognitive Behavioral Therapy for Insomnia (CBT-I), CBT for PTSD, and Seeking Safety. Because group psychotherapy is central to our treatment approach, we also offer a full range of group-based modalities, including drop-in psychoeducation, support, and meditation groups, timelimited skills-based classes, and ongoing long-term process groups.

The fellow receives individual and group supervision by psychology staff, and also attends (and helps organize, together with the fellow in PTSD & SUD) a weekly multidisciplinary seminar and clinical conference, which reviews the empirical literature pertaining to a number of different topics relevant to PTSD, including: epidemiological research findings, diagnostic research, treatment research (e.g., relative efficacies of group and individual therapies, research on cognitive behavioral, psychodynamic, exposure therapies), physiological findings in PTSD, psychopharmacological treatment of PTSD, and cultural factors in the expression of and treatment for PTSD within various subpopulations. Additional professional development occurs at regularly scheduled PCT Staff Meetings, PCT Didactic Curriculum Meetings, and PCT Supervisors' Meetings. The fellow may also participate in a monthly interdisciplinary case conference meeting on issues pertaining to Traumatic Brain Injury (TBI) in OIF/OEF/OND veterans and attend/participate in periodic Psychiatry Grand Rounds.

PTSD 360 Clinic: This is a multidisciplinary ongoing-care clinic, in which PTSD-specialty medication management and brief individual behavioral treatments are provided. This 3-hour clinic currently runs twice weekly, with the fellow taking the lead on overseeing brief behavioral interventions in one clinic, and the fellows in PTSD and SUD taking the lead in the other. "Taking the lead" in 360 Clinic means (1) periodically throughout the year teaching and supervising brief structured interventions (typically 1-2 sessions) to externs, interns, and residents. This is done with the support and guidance of staff who specialize in these areas, and currently includes interventions such as Motivational Interviewing and Brief CBT for Insomnia; and (2) within the context and timeframe of the 360 Clinic, providing weekly direct supervision to psychology extern(s)/intern(s) conducting brief PTSD stabilization-focused individual psychotherapies (typically 4-8 sessions), again with the support and guidance of psychology staff. The fellow also provides an additional hour of supervision to at least one junior psychology trainee outside of 360 Clinic, and is provided with dedicated time for "supervision of supervision" in individual and group supervision settings. [Up to 5.0 hrs/wkly, not incl. supervision provided outside of 360 Clinic]

OEF/OIF Integrated Care Clinic (ICC): The fellow is responsible for one shift each week conducting triage

and assessment interviews with OIF/OEF/OND veterans in the Integrated Primary Care clinic. In this clinic, the veteran receives same day, sequential visits with a primary care provider, a mental health provider, a social worker, and neurology, if indicated, to provide a “one stop shop” model for early diagnosis and initiation of care. The fellow is responsible for conducting the mental health portion of the visit, assessing and responding to any issues of acute risk, and triaging as needed for further mental health assessment and specialty care. The fellow also attends a 1x/monthly meeting of all ICC core staff (primary care providers, combat case manager social workers, mental health providers) and ancillary providers (e.g., specialists in TBI, chronic pain, etc.) for case consultation and additional training. [Up to 2.25 hrs/wkly, incl. monthly staff mtg]

Behavioral Health Access Center: This intake clinic serves as the starting point for patients entering mental health care at SFVA. The fellow may serve as the PTSD specialist on one Behavioral Health Access Center team, conducting specialty PTSD evaluations and consulting with fellow team members regarding veterans who might benefit from further assessment and treatment for PTSD. The fellow will also have the opportunity to train psychiatry residents and psychology trainees in the assessment of PTSD using the Clinician-Administered PTSD Scale (CAPS). [Up to 4.0 hrs/wkly]

Psychology (5%): The PTSD & RV Fellow attends weekly seminars led by SFVAMC/UCSF staff, as well as other service and committee meetings, including the Psychology Staff Meeting and the Diversity Committee Meeting.

Core Faculty: G. Dawn Lawhon, PhD, Sabra Inslicht, PhD, Shira Maguen, PhD, Susan Maxwell, PsyD, and Martha Schmitz, PhD

8. Posttraumatic Stress Disorder and Substance Use Disorders Treatment (PTSD/SUD)

The fellow assigned to this emphasis area spends ~28 hrs/wk on the PTSD Clinical Team (PCT), including taking on a leadership role in PCT's PTSD 360 Clinic (~5 hrs/wk) and representing PCT & SUPT in the OEF/OIF Integrated Care Clinic (conducting mental health triage, ~2.25 hrs/wk), ~10 hrs/wk in the Substance Abuse/PTSD Treatment Clinic (SUPT), and ~2 hrs/week participating in Psychology Program activities.

It should be noted that a significant percentage of the veterans enrolled in PCT services are also either maintaining recovery from substance use disorders or looking at their substance misuse/abuse for the first time. Therefore, the PTSD/SUD fellow has opportunities in both clinics to conduct interventions based in Motivational Interviewing and harm reduction.

PCT (70% time): The Post-Traumatic Stress Disorder Clinical Team (PCT) at San Francisco VA Medical Center is one of the largest in the nation with regard to clinical activity. Our PCT specializes in the outpatient treatment of veterans from all eras who have PTSD related to combat, combat support, combat training, or military sexual trauma (MST) in the course of active duty military service. We also treat veterans whose primary mental health diagnosis is PTSD, regardless of trauma type, and a significant proportion of our patients have histories of complex trauma. Many of our veterans suffer from co-morbid disorders, depression and substance abuse being the most frequent. Issues regarding medical illness, chronic pain, postwar adjustment, and relationship stress are increasingly common.

We serve a predominantly male population ranging in age from 18 to 90+ years, although the number of women accessing services is increasing. Our population is quite diverse, with multiple ethnicities (significant numbers of Filipino American veterans), ages, sexual orientations and levels of SES represented. Veterans are not required to have served in a war to be treated by the PCT; however, our largest cohorts are Vietnam Era veterans and veterans of the current wars in Iraq and Afghanistan (Operation Enduring Freedom [OEF] and Operation Iraqi Freedom [OIF]). We also serve World War II / Korean War veterans and veterans from modern deployments (e.g., Persian Gulf, Desert Storm, Desert Shield and peacekeeping operations). Our clinic utilizes a phase-based approach to trauma recovery (i.e., evaluation, stabilization, exposure/uncovering, integration and relapse prevention, maintenance), and offers a wide range of treatment modalities, including group psychotherapy, individual psychotherapy, medication management, couples/family psychotherapy, and case management. Specialized training is available in motivational interviewing (MI), Acceptance and Commitment Therapy (ACT), Prolonged Exposure (PE), Cognitive Processing Therapy (CPT), Cognitive Behavioral Therapy for Insomnia (CBT-I), CBT for PTSD, and Seeking Safety. Because group psychotherapy is central to our treatment approach, we also offer a full range of group-based modalities, including drop-in psychoeducation, support, and meditation groups, timelimited skills-based classes, and ongoing long-term process groups.

The fellow in PTSD/SUD receives individual and group supervision by psychology staff, and also attends (and helps organize, together with the fellow in PTSD & RV) a weekly multidisciplinary seminar and clinical conference, which reviews the empirical literature pertaining to a number of different topics relevant to PTSD, including: epidemiological research findings, diagnostic research, treatment research (e.g., relative efficacies of group and individual therapies, research on cognitive behavioral, psychodynamic, exposure therapies), physiological findings in PTSD, psychopharmacological treatment of PTSD, and cultural factors in the expression of and treatment for PTSD within various subpopulations. Additional professional development occurs at regularly scheduled PCT Staff Meetings, PCT Didactic Curriculum Meetings, and PCT Supervisors' Meetings. The fellow may also participate in a monthly interdisciplinary case conference meeting on issues pertaining to Traumatic Brain Injury (TBI) in OIF/OEF/OND veterans and attend/participate in periodic Psychiatry Grand Rounds.

PTSD 360 Clinic: This is a multidisciplinary ongoing-care clinic, in which PTSD-specialty medication management and brief individual behavioral treatments are provided. This 3-hour clinic currently runs twice weekly, with the fellow in PTSD/SUD taking the lead on overseeing brief behavioral interventions in one clinic, and the fellow in PTSD & RV taking the lead in the other. "Taking the lead" in 360 Clinic means (1) periodically throughout the year teaching and supervising brief structured interventions (typically 1-2 sessions) to externs, interns, and residents. This is done with the support and guidance of staff who specialize in these areas, and currently includes interventions such as Motivational Interviewing and Brief CBT for Insomnia; and (2) within the context and timeframe of the 360 Clinic, providing weekly direct supervision to psychology extern(s)/intern(s) conducting brief PTSD stabilization-focused individual psychotherapies (typically 4-8 sessions), again with the support and guidance of psychology staff. The fellow in PTSD/SUD also provides an additional hour of supervision to a junior psychology trainee outside of 360 Clinic, and is provided with dedicated time for "supervision of supervision" in individual and group supervision settings. [Up to 5.0 hrs/wkly, not incl. supervision provided outside of 360 Clinic]

OEF/OIF Integrated Care Clinic (ICC): The fellow in PTSD/SUD is responsible for one shift each week conducting triage and assessment interviews with OIF/OEF/OND veterans in the Integrated Primary Care clinic. In this clinic, the veteran receives same day, sequential visits with a primary care provider, a mental health provider, a social worker, and neurology, if indicated, to provide a "one stop shop" model for early diagnosis and initiation of care. The fellow is responsible for conducting the mental health portion of the visit, assessing and responding to any issues of acute risk, and triaging as needed for further mental health

assessment and specialty care. The fellow in PTSD/SUD also attends a 1x/monthly meeting of all ICC core staff (primary care providers, combat case manager social workers, mental health providers) and ancillary providers (e.g., specialists in TBI, chronic pain, etc.) for case consultation and additional training. [Up to 2.25 hrs/wkly, incl. monthly staff mtg.

SUPT (25% time) Complementing the training program in the PCT is the training experience in the Substance Use/PTSD Treatment Clinic (SUPT). Our SUPT is a uniquely specialized program in the VA system dedicated to treatment of veterans with co-occurring SUD and PTSD related to combat, combat support, combat training, or military sexual trauma (MST) in the course of active duty military service. Similar to the PCT, our veteran population is quite diverse and multicultural. The interdisciplinary team consists of a psychiatrist, two psychologists, two social workers, postdoctoral psychology fellows, predoctoral interns, externs, and psychiatry residents. The fellow's clinical experiences on this rotation will include a wide range of clinical interventions that include individual and group psychotherapy, case coordination, diagnostic evaluations and treatment planning. Fellows learn techniques to work with these populations in a phase-oriented program which emphasizes group treatment and psycho-educational modalities (e.g., anger management; PTSD symptom management; seeking safety, mindfulness), but that also utilizes individual approaches. Fellows may also receive supervised experience supervising junior trainees on this rotation. The SUPT team provides a supportive context for fellow's clinical skill development and the exploration of and insight into the common countertransference reactions to this patient population. The fellow learns to provide specialized approaches including evidence-based trauma-focused treatments. In addition, the fellow learns about a variety of treatment models, including systems-informed, ACT-informed, cognitive-behavioral, and psychodynamic therapies, as well as increase one's understanding of the neurobiological underpinnings of substance use disorders, PTSD, and approaches to psychopharmacology. There is a weekly interdisciplinary team meeting and a didactic seminar during which fellows have the opportunity to present their cases and/or relevant research and to learn from the team about the complex nature of treating cooccurring PTSD and substance use disorders. Supervision is provided primarily by staff psychologists, but significant consultation is available from the team lead staff psychiatrist.

Psychology (5%): The fellow in PTSD & SUD attends weekly seminars led by SFVAMC/UCSF staff, as well as other service and committee meetings, including the Psychology Staff Meeting and the Diversity Committee Meeting.

Core PCT Faculty: G. Dawn Lawhon, PhD, Sabra Inslicht, PhD, Shira Maguen, PhD, Susan Maxwell, PsyD, and Martha Schmitz, PhD

Core SUPT Faculty: Kristine Burkman, PhD and Sam Wan, PhD

9. Psychosocial Rehabilitation

The fellow in the Psychosocial Rehabilitation (PSR) emphasis area participates largely in clinical care and training for Veterans with serious mental illness (SMI). The fellow will receive training in a number of clinics and programs, across a continuum of coordinated services: Psychosocial Rehabilitation and Recovery Center (PRRC), General Psychiatric Outpatient Services (GPOS), Psychiatric Intensive Care Unit (PICU), Mental Health Intensive Case Management (MHICM), Peer Support, and other programs serving Veterans with SMI. The fellow will participate in clinical practice, program development, teaching, and possibly research activities. Across these experiences, the fellow receives advanced supervision and training in assessment, intervention, consultation and supervision, scholarly inquiry, professional issues, ethics, and

sensitivity to diversity. The number of hours per week for each site and activity will be worked out collaboratively with the fellow at the outset of the fellowship, to take into account the particular fellow's skills, interests, and needs. There is an emphasis on professional development, and the fellow is encouraged to pursue individualized interests and strengths in developing and implementing evidence-based treatment interventions and conducting research studies for the veteran population. Across settings, there is an emphasis on interdisciplinary collaboration and approaches.

The general focus areas are described more fully below:

Clinical Training (60-65%):

- I. Direct Clinical Service: There are several clinical and education experiences and venues in which the fellow will be involved to gain training in psychosocial rehabilitation and recovery. Since psychosocial rehabilitation and recovery programming at the VA nationally, and at our VA specifically, has been identified as an important focus, the fellow will learn skills in clinical leadership and program development. The fellow will get exposure to the following programs, with specific amount of time and involvement in each service varying, dependent on individual training interests and career goals:
 - a. PRRC. The Psychosocial Rehabilitation and Recovery Center (PRRC) program serves Veterans with SMI and GAF scores of 50 or less, supporting them in building on their strengths, learning new skills and wellness strategies, and working toward their life goals. Based on a community college model, students (Veterans) enroll in classes (groups) that are in line with their individually identified recovery goals. PRRC services are aimed at promoting community integration through effective symptom management, improved communication, increased self-esteem, and positive coping. The fellow may be involved at all levels of the program, providing recovery-oriented, evidence-based individual and group interventions, and recovery-oriented assessment, including neuropsychological assessment as needed. The fellow will work in close coordination with the interdisciplinary team, and is expected to attend PRRC staff meetings and contribute to interdisciplinary training.
 - b. GPOS. The fellow will be involved in providing psychotherapy to individuals with SMI seen in General Psychiatric Outpatient Services (GPOS). The work will be done in close collaboration and with the support of the interdisciplinary team, and with supervision from attending psychologists and/or psychiatrists.
 - c. PICU. The fellow will provide some evaluation, individual and group interventions on the psychiatric inpatient unit (Psychiatric Intensive Care Unit, PICU). Evaluations focus on strengths and on meeting recovery goals chosen by the individual, and neuropsychological assessment will be included as needed.
 - d. MHICM. The Mental Health Intensive Case Management (MHICM) team provides home visits to Veterans with SMI, and shares numerous cases with the PRRC. Those individuals served by the MHICM program have a recent history of either frequent or lengthy stays on the inpatient unit, diagnoses of SMI, and GAF scores below 50. MHICM providers practice Assertive Community Treatment (ACT), one of the empirically-supported approaches to improve the lives of individuals with SMI. The fellow may serve as a liaison between MHICM and PRRC, take part in MHICM home visits and recovery-oriented individual services.

- e. Telemental Health. Under the supervision of the Director of Telemental Health, the fellow will have the opportunity to gain experience providing a range of services to Veterans, with an emphasis on providing EBPs to those with SMI. Use of Telemental Health has become an area of important focus within VA, providing increased access to services, especially for rural and very rural veterans.
- f. Workplace Violence Prevention Program (WVPP). Under the supervision of the Coordinator of the Workplace Violence Prevention Program, the fellow will have the opportunity to gain experience in addressing challenging behaviors of Veterans who present for services, with a focus on developing behavioral approaches for those with SMI. In recent years, there has been increased focus on issues of safety and access, and involvement in the WVPP will add breadth to the fellow's experience of working with Veterans with SMI under a range of circumstances.
- g. Access Center. The Access Center serves as the initial point of contact for veterans establishing mental health care at the SFVAMC, and is comprised of 10 multidisciplinary and multispecialty teams. Veterans are seen for initial intakes and up to six visits in the interim prior to establishing care at one of the mental health clinics at the VA. The fellow may take part in intake interviews, brief psychotherapy, and will work in close collaboration with the multidisciplinary team in assisting veterans with establishing care and providing appropriate referrals.
- h. Other Possible Experiences. Based on career goals and interests, the fellow may also suggest experiences to be negotiated with the supervisors and relevant staff. For instance, rapid assessment and crisis intervention with Veterans with SMI often occurs in Psychiatric Evaluation Services (mental health emergency); the fellow could gain exposure to the work in this emergent setting. Furthermore, suicide prevention in SMI has emerged as a topic of particular interest to the field and to VA. The fellow may seek out opportunities in this area, in collaboration with the SFVAMC Suicide Prevention Coordinator.

II. Provision of Clinical Supervision and Teaching:

- a. Peer Support. Peer support is an essential feature of PSR. Under the direction of the Chief of Peer Support, the fellow will engage in at least one activity with Peer Support Specialists, such as facilitating a clinical consultation group.
- b. Supervision of Externs. The psychology fellow will provide group supervision to the psychology PSR extern students, as well as incidental individual supervision to all PSR externs. The fellow is required to supervise at least one extern case individually.

III. Supervision (4 hours/week):

- a. The fellow will receive a total of two hours individual supervision and two additional hours of group supervision per week.

Program Development and Research (15-20%):

- I. Program Development: The fellow will participate in ongoing work across settings to facilitate integration of care and smooth transitions to support intervention for Veterans with SMI. As a part of this and in coordination with the Local Recovery Coordinator (LRC), the fellow will assist in the assessment of

recovery-oriented knowledge and skill of staff in various programs. In collaboration with the LRC, the fellow will participate in staff training based on the results of such assessments. While the fellow will work as a co-leader/co-therapist in classes/groups currently provided, the development of new groups following the principles of psychosocial rehabilitation and recovery will be encouraged.

- II. Recovery Project: The fellow will also conduct an independent PSR "Recovery Project" in order to enhance the Recovery Model orientation of health professionals and the quality of care provided to veterans at the SFVAMC. The project may focus on a variety of efforts such as developing continuing education or research conferences for health professionals, curricula for health professions training programs, patient education materials, clinical demonstration projects, quality improvement projects, system-level assessments, or other areas. Fellows are also encouraged to take leadership roles by developing didactic projects and disseminating educational materials through a variety of efforts (e.g., planning regional invitational meetings, developing a training website) in order to educate health professionals and advance psychosocial rehabilitation training and collaboration.
- III. Research: Some of the SFVAMC research strengths of particular interest to the fellow will likely include such studies as cognitive remediation in schizophrenia, neuroimaging in schizophrenia, and interventions targeting stigma or psychosis for Veterans with SMI. While research is not the primary focus of the fellowship, some involvement in clinical research will be encouraged to foster the development of a scholar-practitioner model worldview.

Didactic Training and Seminars (10-15%):

The fellow will attend and help facilitate a PSR Training Seminar for psychology Externs. The fellow will also participate in the monthly PSR Interprofessional Fellowship Seminar and the twice monthly PRRC Seminar. There are also regular trainings/seminars in the programs listed above, as well as periodic Mental Health Services Grand Rounds and Continuing Education presentations.

Core Faculty: Jennifer Boyd, PhD, CPRP, Michael Drexler, PhD, CPRP, Elena Bassett, PhD. In addition, recent adjunctive supervision has been provided by John McQuaid, Ph.D. (GPOS), Maisie Ketron, LCSW (PRRC), Elana Schlafman, LCSW (MHICM), Nikhil Majumdar, MD (PICU), and others.

10. Substance Use and Co-occurring Disorders Treatment (2 positions)

The Addiction Recovery Treatment Service (ARTS) within the Mental Health Service includes several collaborating clinics addressing the diverse treatment needs of veterans with Substance Use Disorders (SUD) and co-occurring psychiatric disorders: Substance Use/PTSD Treatment Clinic (SUPT), Opioid Treatment Program (OTP), Drug and Alcohol Treatment Clinic (DAT), Intensive Outpatient Program (IOP), Prescription Opioid Safety Team, and Transitions Program.

The fellow in the Substance Use Disorders Treatment and Co-occurring Disorders emphasis area is an integral member of the service, being received as a "junior colleague." The fellow assumes critical teaching, supervision, program development and leadership responsibilities. Specific activities are tailored to the fellow's interests, potential growth areas and current training opportunities. The fellow will divide time between SUPT, OTP, IOP and DAT and may choose to work in POST and Transitions Program. While the fellow is housed in ARTS, experiences are more focused on co-occurring disorders (primarily PTSD and SUD), with SUPT typically the largest rotation. Descriptions of

training experiences within each clinic are listed below.

Clinical Rotations:

In the General Addictions Programs (DAT and IOP), there are a range of training opportunities in the assessment and treatment of substance use disorders and co-occurring conditions that span the continuum of recovery from initial engagement and contemplation of change through long-term recovery. There are two clinics in the general addictions programs: an intensive outpatient program (IOP) and a continuing care clinic (Drug and Alcohol Treatment Clinic, DAT). Veterans admitted to the General Addictions Programs often present with a variety of stressors, which are typically related to a history of addiction to alcohol and other drugs. Treatment addresses a range of difficulties, including primary affective disorders, primary psychoses, transient affective or psychotic symptoms resulting from substance abuse, PTSD, anxiety disorders, cognitive impairment, personality disorders, and various medical problems. The focus in treatment is consistent with SAMHSA's 2011 definition of recovery. Specifically, recovery includes emphasis in 4 domains: Health, Home, Purpose, and Community. Using an integrative approach, care coordinators and group facilitators utilize evidence based methods (e.g., MI and CBT), facilitate peer support in groups, and assist in connecting veterans with appropriate veteran and community resources to help them succeed in recovery.

1. The Intensive Outpatient Program (IOP) provides comprehensive intensive outpatient treatment and runs M, W, F from 9am-1pm. IOP is staffed by a multidisciplinary team. Veterans meet regularly with a care coordinator and participate in a variety of groups, such as CBT Relapse Prevention, Seeking Safety, DBT skills, mindfulness skills, vocational and recreation therapy, 12-step and Life Ring. Additionally, veterans meet with a psychiatrist to consult about medication assisted treatments for addiction as well as psychiatric medications, as needed. Trainees working in IOP will develop expertise in assessing, diagnosing and treating addictive disorders and related medical and psychiatric conditions, including managing and appropriately triaging intoxication and withdrawal. There are a variety of ongoing group therapy offerings available and the Psychology Postdocs also have an opportunity to work with other trainees, including addiction medicine fellows, anesthesia pain fellows, psychiatry residents, medical students, and other psychology trainees.

2. The Drug and Alcohol Treatment Clinic (DAT), staffed by a multidisciplinary team, is designed to encourage long-term continuing care, with both an abstinence-based track and a harm reduction track. Treatment within the abstinence track is based on a three phase model (roughly equivalent to stabilization/sobriety, sustained recovery/abstinence, and integration/ ongoing maintenance). The harm reduction track uses a motivational interviewing approach to engage veterans and assist them in working towards change. The DAT clinic utilizes group psychotherapy as the main treatment modality. Early treatment is highly structured and behaviorally oriented, and the fellows will have the opportunity to co-facilitate skills-based groups such as CBT Relapse Prevention, Mindfulness Based Relapse Prevention, and Dialectical Behavioral Therapy with a SUD focus. Trainees may also co-facilitate semi-structured, process style groups, where advanced phases are progressively less structured and more psychotherapy/insight oriented.

Individual psychotherapy opportunities are available, and postdocs will be encouraged to adopt the treatment modality that best meets the needs of the veterans they are working with (e.g., CBT, dynamic psychotherapy, existential, etc.). Trauma exposure is fairly common among this veteran population and, in the context of addiction, many veterans demonstrate pervasive dysregulation of affect, cognition, behavior, relationships, and self-identity and frequently present with chronic homelessness, legal consequences, and interpersonal problems. Postdocs will have the opportunity for care coordination and collaboration with numerous community partners including transitional housing and residential treatment programs, back-to-work programs, VA medical providers, probation officers, and various social service agencies.

Previously, a three-day Motivational Interviewing (MI) workshop followed by six-months of ongoing consultation was

made available to the fellows over the course of the training year. This offering is made as staff are available. MI is a Veteran-centered, strengths-based communication style that can enhance your ability to assist veterans in facilitating change in a variety of health behaviors, including substance use, smoking, weight loss, and medication management. As such, MI can be tailored to be used in both mental health and medical settings. The SFVA currently has 5 permanent staff members who serve as consultants to the Empirically Based Practice (EBP) national rollout of MI/Motivational Enhancement Therapy (MET), permitting this unique “outside-of-rollout” training opportunity. The training has been provided by Drs. Jennifer Manuel, and Brian Borsari.

Core Faculty: Chris Galloway, PhD, Stephanie Cardoos, PhD, and Joan Zweben, PhD

Additional Faculty: DAT Clinic Director, Sally Vrana, MD and IOP Medical Director, Ellen Herbst, MD.

3. Substance Use/PTSD Treatment Clinic (SUPT) (approx. 10 hours weekly):

The SUPT is a uniquely specialized program in the VA system dedicated to treatment of veterans with co-occurring SUD and PTSD related to combat, combat support, combat training, or military sexual trauma (MST) in the course of active duty military service. Similar to other rotations our veteran population is quite diverse and multicultural. The interdisciplinary team consists of a psychiatrist, two psychologists, two social workers, postdoctoral psychology fellows, predoctoral interns, externs, and psychiatry residents. The fellow's clinical experiences on this rotation will include a wide range of clinical interventions that include individual and group psychotherapy, case coordination, diagnostic evaluations and treatment planning. Fellows learn techniques to work with these populations in a phase-oriented program which emphasizes group treatment and psycho-educational modalities (e.g., *Seeking Safety*, *Anger Management*; PTSD symptom management; mindfulness), but that also utilizes individual approaches. Fellows may also receive supervised experience supervising junior trainees on this rotation.

The SUPT team provides a supportive context for fellow's clinical skill development and the exploration of and insight into the common countertransference reactions to this patient population. The fellow will also learn to provide specialized approaches including evidence-based trauma-focused treatments. In addition, the fellow will learn about a variety of treatment models, including systems-informed, ACT-informed, cognitive-behavioral, and psychodynamic therapies, as well as increase one's understanding of the neurobiological underpinnings of substance use disorders, PTSD, and approaches to psychopharmacology. There is a weekly interdisciplinary team meeting and a didactic seminar during which fellows will have the opportunity to present their cases and/or relevant research and to learn from the team about the complex nature of treating co-occurring PTSD and substance use disorders.

Core Faculty: Sam Wan, PhD and Kristine Burkman, PhD.

Additional Faculty: John Straznickas, MD, Staff Psychiatrist and Team Leader of SUPT will also be provided.

4. Opioid Treatment Program (OTP) (approx. 3-6 hours weekly):

The Opioid Treatment Program (OTP) within Addiction Recovery Treatment Services (ARTS) of the Mental Health Service (MHS) is an intensive outpatient treatment program for veterans with primary opioid use disorder (e.g., heroin, prescription pain medications, etc.) and offers comprehensive mental health services, psychosocial rehabilitation and medication-assisted treatment (MAT) for addiction. The majority of OTP patients also have co-occurring psychiatric disorders and polysubstance use issues (e.g., stimulants, alcohol, sedatives/hypnotics/anxiolytics, nicotine, etc.). Given the destructive nature of chronic substance abuse, particularly injection drug use, many also suffer from medical illnesses such as hepatic diseases, cancers and severe psychosocial stressors including homelessness. Patients are mostly men, range in age from 23-75 and 40% are ethnic minorities. A large percentage of our newer admissions are young adults in their 20s and early 30s.

OTP functions as a multidisciplinary hospital team that includes a psychiatrist, a psychologist, a social worker, nurses, addiction therapists, psychology post-doctoral fellows, psychology interns and practicum students, psychiatry residents, addiction medicine fellows, research staff, nursing students, toxicology specialists and a pharmacist.

Although classified as an outpatient program, the milieu more resembles an intensive day program and many veterans come to the program 4-6 days per week. While pharmacotherapy is not a requirement for patients to participate in OTP, most choose medication assisted treatment for opioid use disorder; it is supported by a large evidence base and is mandated as a treatment option within the VA. We offer in-clinic dispensing of buprenorphine and methadone as well as outpatient buprenorphine treatment and naltrexone. Our nurses also help patients manage psychiatric and other medications such as disulfiram for alcohol use disorder. Psychology fellows will learn a significant amount about psychopharmacology in addition to psychosocial treatments of addiction.

The fellow will be fully integrated into the OTP team and will participate in weekly Clinical Team Meetings and daily medical rounds (“huddles”) when schedule permits. This rotation will provide fellows with an opportunity to increase knowledge of substance use disorders, particularly opioid use disorder, medication assisted treatments, associated co-morbid medical conditions, and co-occurring psychiatric disorders, while developing a solid foundation in effective evidence-based treatment for addiction and recovery from the addiction lifestyle.

Clinical opportunities include individual psychotherapy cases (long-term and/or short-term problem focused utilizing CBT, IPT and psychodynamic models), co-facilitation of psychotherapy groups (interpersonal process and/or skills-based), psychological and neuropsychological assessment, and treatment planning/case coordination. In most years, the fellow chooses to co-lead the Young Adults Recovery Group with Dr. Rollins, a unique service-wide interpersonal process psychotherapy group for younger veterans based on Yalom’s IPT and SAMHSA’s TIP-41 and utilizes harm reduction and motivational interviewing techniques. The fellow may also have the opportunity to plan, develop, and implement a psychotherapy group of choice with an intern or extern and supervise. Examples of past groups include Matrix Model for Stimulant Use Disorders, DBT, Seeking Safety, social anxiety treatment, harm-reduction alcohol recovery, mindfulness-based groups, pain management, social skills, and anger management.

There is an emphasis placed on leadership, consultation, teaching skills and professional and program development for the fellow in OTP. Depending on interest, there may be opportunities to engage in quality improvement projects, participation in the Addiction Research Program, or conducting our Contingency Management (CM) program, an evidence-based program targeting stimulant use. OTP also runs an Opioid Overdose Education & Naloxone Distribution Program (OEND) that includes individual and group overdose prevention education sessions for patients and friends/families in conjunction with the prescribed medication kit. Fellows may opt to work with staff on delivering this critical psychoeducation or assist with collecting outcome data with a plan for a poster or paper submission.

Core Faculty: One hour per week of individual supervision will be provided by Dr. Kellie Rollins.

Substance Use Transitions Program (optional)

The Substance Use Transitions Program is a recently developed program designed to enhance opportunities for early engagement and initiation of treatment for Veterans with substance use problems. The primary clinical activity available in this rotation is co-leading Motivational Interviewing/Harm Reduction based groups. Groups will be co-led with a Transitions Program staff member and potentially another trainee. A range of interdisciplinary trainees rotate through these groups (Psychology Externs, Interns and Postdoctoral Fellows; Psychiatry Residents; Social Work Interns; Nursing students). Conducting brief individual MI interventions may also be possible as part of this rotation. This program is housed within ARTS yet most of the activities occur in the Behavioral Health Access Center or in medical settings throughout the hospital. The Transitions Program is new and continuing to evolve and expand so there is a continuous process of program design, development, and evaluation; trainee participation in this is invited.

Core Faculty: Chris Galloway, PhD and Sam Wan, PhD.

Prescription Opiate Safety Team (POST) (optional)

POST is a multidisciplinary consult service staffed by addiction psychiatry, addiction psychology, pain psychology, and pharmacy. The team conducts integrated assessments for patients who have complex histories including pain and typically high-risk opioid use and/or opioid use disorders. Assessment focuses specifically on determination of the presence or risk of developing an opioid use disorder, pain, risk of adverse events related to opioid use, and concurrent addictions/mental health issues. The team then makes medication and treatment recommendations for referring medical providers. In addition to assessment, POST psychologists often provide brief behavioral pain interventions or motivational interviewing to assist with engagement or specific treatment recommendations.

Core Faculty: Stephanie Cardoos, PhD, Payal Mapara, PsyD, and Tauheed Zaman, MD

Additional Opportunities and Responsibilities

1. Supervision Training

Developing as a supervisor/teacher is a vital component of the fellow's training year. In addition to participating in didactics on supervision provided in the broader SFVA fellow training seminar, the fellow engages in supervision of psychology externs. The fellow leads a weekly 60-minute group supervision meeting with 2-4 psychology externs, which includes a review of cases (e.g., theory, conceptualization, and therapy techniques), assigned SUD readings, and professional development topics. Additionally, the fellow meets weekly with one psychology extern for 30-60 minutes of individual supervision. The fellow utilizes his/her own weekly individual supervision time ("sup of sup") to monitor his/her performance and training needs as a supervisor, discuss assessment and teaching assessments used with trainees, and expand his/her own skills as a supervisor/teacher.

2. Advanced Substance Use Disorders Faculty/Fellow Seminar

The Advanced Substance Use Faculty/Fellow Seminar is a weekly collegial 90-minute forum required for fellows and is the core of their didactic training. It is chaired by Joan Zweben, Ph.D., an APA Division 50 fellow and author of numerous books, articles and papers on the treatment of addiction. The seminar is attended by ARTS staff psychiatrists, staff psychologists, psychiatry residents, post-doctoral fellows from the ARTS, Infectious Disease Clinic and PTSD/SUD emphasis areas, medical students, psychology externs, anesthesia medicine fellows and invited professionals from the community. The seminar covers the full range of the scholarly underpinnings of substance use disorders including: a review of prevailing treatment models such as Relapse Prevention, Contingency Management, Motivational Interviewing, Pharmacotherapy, and other psychosocial treatments of addiction; sociopolitical and legal issues affecting the field; pertinent research studies; medical interventions relevant to substance use; issues pertaining to special populations (e.g., opiate replacement in pregnant women, exposure treatment in co-occurring PTSD/SUD populations, use of prescription medications in adolescents, methamphetamine use in gay men, alcohol use in the elderly); and review of specific substances including newer drugs of abuse and challenges with urine drug testing. To augment learning and seminar discussion, there are required and recommended readings throughout the year. Fellows take an active role by presenting three times during their fellowship. Presentations may include case presentations, didactics on a topic of interest, discussing research findings, and/or using the seminar as a venue to prepare a job talk or conference presentation with a knowledgeable and often lively audience.

11. Women's Mental Health and Trauma

The postdoctoral fellow in Women's Mental Health and Trauma will be primarily based in the Women's Clinic, with substantial coordination with the Access Center, primary care and the Posttraumatic Stress Disorder Clinical Team (PCT) and a rotation through the High Risk Obstetric Program at San Francisco General Hospital (SFGH).

Clinical: Fellow will participate in the Access Center, evidenced-based psychotherapy, the Women's OEF/OIF Integrated Care Clinic, and in a rotation with the high risk obstetric program at SFGH.

1. The fellow will have a caseload of 6-8 women veterans for individual psychotherapy. There will be opportunities to learn evidence based psychotherapies, which may include Cognitive Behavioral Therapy, Interpersonal Psychotherapy, Seeking Safety, Acceptance and Commitment Therapy, Dialectical Behavioral Therapy, Cognitive Processing Therapy (through PCT) , and Prolonged Exposure (through PCT). In addition, the fellow will participate in the Women's Clinic group therapy program by facilitating and potentially developing groups.
2. The fellow will spend 4 hours/week for 6 months at the Access Center, conducting comprehensive diagnostic evaluations and treatment planning with women veterans who want to establish mental health services at the San Francisco VA.
3. The OEF/OIF Integrated Care Clinic provides the fellow an opportunity to interface with newly returning women veterans. In this clinic, the veteran initially meets with a primary care provider, second with a mental health provider, third with a social worker, and with neurology if indicated to provide a "one stop shop" model for early diagnosis.
4. For six months, the fellow will also rotate one day every other week in the San Francisco General High Risk Obstetrics clinic. The women who are served in this clinic are from a wide range of cultural backgrounds, many of whom are monolingual Spanish speakers, and have been exposed to high rates of violence and trauma. A high percentage of them suffer from mental health issues, homelessness, and poverty. In the HROB clinic, the trainee will consult with a multidisciplinary team that includes primary care providers, obstetricians, social workers, and other mental health providers, and participate in the weekly multidisciplinary case conference with psychiatry, social work, and obstetric providers.

Didactics/Supervision: The fellow assigned to Women's Mental Health and Trauma emphasis area will participate in one hour long didactic/clinical meetings at the Women's Clinic. They will have the opportunity to supervise externs on individual treatment and to co-lead groups with these trainees, as the senior clinician. Fellows will be provided supervision by licensed psychologists from the Women's Mental Health Program and the PTSD Clinical Team (Drs. Leonardo, Maguen, Schmitz and Inslicht), staff psychiatrist, Dr. Caitlin Hasser and licensed social worker, Leila Zwelling. While the focus of supervision will include case management and the conduct of evaluation and treatment, it will also focus strongly upon professional development within the Clinic and VA setting. Issues concerning program development, professional identity, interface between clinics, supervision, and work/life balance will be covered.

Program development: As the Women's Mental Health Program is undergoing growth to better serve our women veterans, the fellow will have up to 4 hour/week to work on a program development related project. It has been our tradition that our fellow will be in charge of preparing and leading the annual Women's Mental Health Program retreat with the Women's Health & EBP Fellow S/he will be responsible for surveying the topic for the retreat, inviting presenters, and following up on action plans.

Core faculty and supervisors: Jacy Leonardo, PhD, MA; Caitlin Hasser, MD; Leila Zwelling, LCSW; Shira Maguen, PhD.; Martha Schmitz, PhD, Sabra Inslicht, PhD., Melissa Nau, MD (SFGH)

Requirements for Program Completion

Fellowship is a full-time (40-hour week), one year (12 month, 52 week), commitment equaling approximately 2080 hours, inclusive of paid holidays and formal approved leave time.

In response to APA's increasing emphasis on setting, measuring and objectifying the benchmark criteria for acquisition of these clinical skills, our Fellow Evaluations quantitatively track successful mastery of each competency area.

In order for Fellows to maintain good standing in the program they must:

- For the 4 and 8 month evaluation points, obtain evaluation ratings that are the equivalent of "little supervision needed" in at least 80% of items for each competency area.
- Demonstrate progress in those competency areas where less than 80% of items on the evaluation have been rated equivalent to "little supervision needed".
- Not be found to have engaged in any significant ethical transgressions

In order for Fellows to successfully complete the program, they must:

- By the end of the year, obtain evaluation ratings of the equivalent to "no supervision needed" in 100% of items in each competency area.
- Not be found to have engaged in any significant ethical transgressions

Facility and Training Resources

Fellows will have their own workspace with lockable cabinets, drawers, their own computer and telephone line with private extension number. They may share cubicles depending on the nature of the emphasis area you are assigned (e.g., Primary Care fellow will be housed in Medical Practice and may need to rotate space with medical residents). You may inquire about your workspace during your interview. Fellows may carry VA issued pagers and are not expected to use their own resources such as cell-phones, flash drives or recording equipment. Fellows have access to program support, medical library at the VA as well as use of UCSF library and other resources. Clinical space will be provided through a room check-out procedure. Each VA computer has access to the Internet and on-line literature search resources as well as word processing and CPRS medical record keeping. There is a broad range of psychological and neuropsychological tests available. Clerical support is available through each treatment unit as well as through Psychological Services. The SFVAHCS Medical Library has over 350 current journal subscriptions, 43 of which are mental health related. Medline and Psych Info searches are provided through the library, as are numerous other resources. Fellows also have access to the medical library of UCSF, with its 2,600 current journals and Center for Knowledge Management services.

Administrative Policies and Procedures

Our privacy policy is clear: we will not collect personal information about you when you visit our Website.

Procedures for due process in cases of problematic performance are in place, as are grievance procedures to be followed by fellows and staff alike.

POLICY & PROCEDURES FOR PROBLEMATIC FELLOW PERFORMANCE AND DUE PROCESS

Introduction

It is the purpose of the Clinical Psychology Training Program to foster and support the growth and the development of Fellows during the training year. An attempt is made to create a learning context within which the Fellow can feel safe enough to identify, examine, and improve upon all aspects of his or her professional functioning. Therefore, Fellows are encouraged to ask for and supervisors are encouraged to give feedback on a continuous basis. When this process is working, there should be no surprises since a Fellow is aware of his/her progress on an ongoing basis. It is a goal of training for supervisors to work with Fellows to identify both strengths and problem areas or deficiencies as early in the year as possible so as to be able to develop a plan with the Fellow to address the problem area(s) and build on the strengths.

Definitions of Problematic Behaviors

For the purposes of this document Fellow “problematic behaviors” are defined broadly as an interference to professional functioning which is reflected in one or more of the following ways:

1. a violation of American Psychological Association or Veterans Health Administration professional and/or ethical standards;
2. repeated non-adherence to the rules and regulations of the Clinical Psychology Training Program and/or the San Francisco VA Health Care System;
3. an inability to acquire professional skills that reach an acceptable level of competency, and/or;
4. an inability to control personal stress and/or excessive emotional reactions which interfere with professional functioning.
5. professional issues that impair the ability to perform satisfactorily as psychologists-in-training

Evaluative criteria which link this definition of “problematic behaviors” to particular professional behaviors are incorporated in the specific evaluation forms for clinical work which are completed by supervisors formally at 4 month intervals. These criteria are kept in mind throughout the year and discussions regarding a Fellow’s progress with respect to them are discussed by the staff in an ongoing manner.

While it is a professional judgment as to when a Fellow’s behavior becomes serious rather than just problematic, for the purposes of this document a “problem” refers to a Fellow’s behaviors, attitudes, or characteristics which, while of concern and which require remediation, are perceived to be not very unexpected or excessive for professional in training. Problems typically become identified as “severe” when they include one or more of the following characteristics:

1. the Fellow does not acknowledge, understand, or address the problem when it is identified;
2. the problem is not merely a reflection of a skill deficit which can be rectified by academic or didactic training;
3. the quality of services delivered by the Fellow is sufficiently negatively affected;
4. a disproportionate amount of attention by training personnel is required, and/or
5. the Fellow behavior does not change as a function of feedback, remediation efforts, and/or time.

Policy

A. It is the policy that a Fellow may fail a specific rotation, and/or entire Fellowship and/or they may be terminated from the program prior to completion. It is expected that this will be an extremely unusual event. Because the Fellows group may be diverse and because Fellows come with different skills and abilities, it is not expected that all Fellows will have achieved the highest level of accomplishment in all areas in order to satisfactorily complete a rotation. Failure and/or termination may occur for any of the following reasons but it is not limited to this list:

1. incompetence to perform typical psychological services in this setting and inability to attain competence during the course of Fellowship;
2. violation of the ethical standards of psychologists;
3. failure to meet the minimum standards for either patient contact, didactic training, or testing competence;
4. behaviors which are judged as currently unsuitable and which hamper the Fellow's professional performance;
5. violation of VHA or San Francisco VA Health Care System regulations.

B. It is also the policy that the Fellow can invoke his/her right of appeal as specified the Procedures and Due Process section of this document.

Procedures and Due Process

A. Determination of "Severe Problematic Behavior" Status

Whenever a supervisor becomes aware of a Fellow's problem area or deficiency which seems not be resolvable by the usual supervisory support and intervention, it should be called to the attention of the Director of Training. The Director of Training will gather information regarding this problem including, if appropriate, an initial discussion with the Fellow. The Director of Training will then present the situation to a meeting of the Training Committee (minus the Chief Psychologist). A determination will then be made by consensus whether or not to label the Fellow with, "severe problematic behaviors," which implies the possibility of discontinuing the training. This will be done after a thorough review of the Fellow's work and performance, and one or more meetings with the Fellow to hear his /her point of view. If such a determination is made, a further decision is made by majority vote of the Training Committee to either (1) construct a remedial plan which, if not successfully completed, would be grounds for termination; or (2) initiate the termination procedure.

B. Remedial Action

A Fellow who is determined with "severe problematic behaviors" but potentially able to benefit from the remedial action will be asked to meet with the Training Committee to discuss the concern(s) and to determine the necessary steps to correct it. If deemed helpful by the Fellow, members of the faculty at the Fellow's graduate program may be consulted for input into this planning process. When a plan for correction has been determined, the Fellow will receive written explanation of the concern and specifics of the corrective plan. This plan will also specify the time frame for the corrective action and the procedure for determining that the correction has been adequately achieved. If the correction has not been accomplished, either a revised remedial plan will be constructed, or the Training Committee will proceed to terminate the Fellow.

C. Procedure for Termination and Appeal

1. Due Process: The Fellow will be provided an opportunity to present arguments against termination at a special meeting of the Training Committee. Direct participation by the Director of Training or another designee from the Fellow's graduate program shall be sought. If he/she is unable to attend personally, arrangement shall be made for some means of conference call communication. Additionally, other representation may be sought by the Fellow.
2. Appeal: Should the Training Committee recommend termination, the Fellow may invoke his/her right of appeal to the Chief Psychologist. That individual may appoint one or more psychologists to assist him/her in responding to the appeal. These psychologists would not be on the Training Committee (nor would have supervised the Fellow) and may include someone from another APA-accredited program such as Palo Alto VA. The training program shall abide by the decision of the appeal process.

Grievance Policy & Procedures

It is the goal of the Psychology Training Program to provide an environment that creates congenial professional interactions between staff and Fellows that are based on mutual respect; however, it is possible that a situation will arise that leads an Fellow to present a grievance. The following procedures are designed to ensure that a grievance is resolved in a clear, timely and practical manner.

1. Causes for grievance could include, but are not limited to, exploitation, sexual harassment or discrimination, racial harassment or discrimination, religious harassment or discrimination, capricious or otherwise discriminatory treatment, unfair evaluation criteria, and inappropriate or inadequate supervision and training.
2. Causes for grievances should be addressed in the following steps:
 - a. The Fellow should make a reasonable effort to resolve the matter with the person(s) with whom the problem exists. This might include discussion with the individual in a dyad or with a sympathetic third person to act as an intermediary. When causes for grievance involve a psychologist, the Fellow should always notify the Director of Training, even if the issue is resolved.
 - b. A situation might be too difficult for a Fellow to speak directly to the individual. In that instance, the Director of Training should be involved to seek an informal resolution of the matter. The UCSF Office of the Ombuds may also be a resource to the Fellow in the pursuit of an informal resolution.
 - c. If the steps taken in a. and b. above fail to resolve the matter adequately, the Fellow can file a formal written grievance with the Director of Training. This grievance should outline the problem and the actions taken to try and resolve it. The Director of Training has the responsibility to investigate the grievance. The Director of Training will communicate to the Psychology Training Committee and will involve the Training Committee in the investigation as warranted. Based upon the findings of the investigation by the Director of Training (and Training Committee, if indicated), the Director of Training will decide how to resolve the matter. In most instances, this decision will be made in consultation with the Training Committee.
 - d. If the grievance is against the Director of Training, the Psychology Director will designate a member of the

Psychology Training Committee to undertake the investigation of the matter and report back to that office.

- e. If the Fellow is not satisfied with the Director of Training's decision, the matter can be appealed to the Chief Psychologist who will review the complaint and decision and either support the decision, reject it, or re-open the investigation in order to render a decision.
- f. Finally, if the Fellow is not satisfied with the Chief Psychologists' decision, the matter can be appealed to the Commission on Accreditation with APA, who will review the complaint and decision.

Application & Selection Procedures

In addition to our sixteen (16) General Clinical positions, we will also be offering one (1) two-year postdoctoral psychology fellowship in Clinical Neuropsychology. The application procedure for this fellowship program is separate from the general program and program and application information can be found at:

<http://www.sanfrancisco.va.gov/education/psychologytraining.asp>

Application and Timetable: The SFVAHCS is **utilizing exclusively the APPA CAS** (APPIC Psychology Postdoctoral Application System) for applications for all fellowships.

- Applications are **due by Sunday, December 4, 2016, 11:59pm Eastern Time (8:59pm Pacific Time)**.
- All interviews will only be conducted on four (4) specific dates as follows:
 - **Monday, 1/23/17**
 - **Monday, 1/30/17**
 - **Friday, 2/3/17**
 - **Monday, 2/6/17**
 - **Every effort will be made to accommodate your preferred interview date, however, we cannot guarantee that you will receive your first choice**
- You **may apply to more than one emphasis area**
- You need to submit only **one application**
- Please submit electronic applications to **APPA CAS** at: <https://appicpostdoc.liasoncas.com/applicant-ux/#/login>.
- **Detailed application instructions** and the application form can be found at the end of this **brochure**.

Eligibility:

Candidates **MUST** be graduates of **APA-accredited doctoral programs in clinical or counseling psychology** and **MUST** have completed an **APA-accredited internship**. All requirements for the doctoral degree must be completed prior to the start of the fellowship year. Persons with a Ph.D. in another area of psychology who meet the APA criteria for respecialization training in Clinical or Counseling Psychology are also eligible. The VA requires that applicants are **US Citizens**, men have registered for selective service, and all have had varicella infection ("chicken pox") or vaccination for such prior to the start of the fellowship. For the Clinical Neuropsychology Residency candidates must be graduates of **APA-accredited doctoral programs in clinical or counseling psychology** with specialized training in clinical neuropsychology consistent with guidelines established in the Houston Conference on specialty education and training in clinical neuropsychology. They must also have completed an **APA-accredited internship** with additional general and specialized training to prepare the applicant for clinical neuropsychology residency training.

Specific details related to eligibility as found on www.psychologytrainingva.gov:

1. U.S. citizenship. VA is unable to consider applications from anyone who is not currently a U.S. citizen. Verification of citizenship is required following selection. All interns and fellows must complete a Certification of Citizenship in the United States prior to beginning VA training.
2. A male applicant born after 12/31/1959 must have registered for the draft by age 26 to be eligible for any US government employment, including selection as a paid VA trainee. Male applicants must sign a pre-appointment Certification Statement for Selective Service Registration before they can be processed into a training program. Exceptions can be granted only by the US Office of Personnel Management; exceptions are very rarely granted.
3. Interns and Fellows are subject to fingerprinting and background checks. Match result and selection decisions are contingent on passing these screens.
4. VA conducts drug screening exams on randomly selected personnel as well as new employees. Interns and Fellows are not required to be tested prior to beginning work, but once on staff they are subject to random selection for testing as are other employees.
5. Have received a Doctorate from an APA-accredited graduate program in Clinical or Counseling Psychology. Persons with a doctorate in another area of psychology who meet the APA criteria for respecialization training in Clinical or Counseling Psychology are also eligible.
6. Have completed an internship program accredited by the APA Commission on Accreditation or have completed a VA-sponsored internship.

Nondiscrimination Statement

The SFVAHCS Psychology Postdoctoral Fellowship Program is committed to a policy of nondiscrimination on the basis of race, sex, age, religion, ethnicity, disability, marital status, sexual orientation, and Veteran status. This policy is in adherence with application, selection, orientation and employment in all SFVAHCS programs, services and activities. The San Francisco VAMC is an Affirmative Action / Equal Opportunity Employer.

Selection Process

Completed applications are reviewed by the supervisors of each emphasis areas (who are members of the Psychology Training Committee) and the current postdoctoral fellows assigned to that area of emphasis. These members, in addition to the Director of Training Psychology Postdoctoral Fellowship, form the Fellowship Selection Committee for each area of emphasis.

Application ratings are based on the applicant's interest, experience and quality of previous clinical training in the area of emphasis, academic work and accomplishments, letters of recommendation, personal qualities of the applicant (maturity, ethics, responsibility, insight, etc.) and written material. Ultimately, our selection criteria are based on a "goodness-of-fit" and we look for fellows whose experience and career goals match the training that we offer.

If you have been selected to interview, you will be invited by telephone by a member of the Selection / Training Committee of the emphasis area. It is anticipated that all applicants will be notified whether they will be invited or not either by telephone or by email no later than **January 31, 2017**.

Interviews

Interviews will take place on-site, occasionally by telephone or Vtel, and will be conducted on between **January and February, 2017**.

- All interviews will only be conducted on four (4) specific dates as follows:
 - **Monday, 1/23/17**
 - **Monday, 1/30/17**
 - **Friday, 2/3/17**
 - **Monday, 2/6/17**
 - **Every effort will be made to accommodate your preferred interview date, however, we cannot guarantee that you will receive your first choice**

Interviews consist of a series of meetings with members of the Fellowship Selection Committee (traditionally supervisors and postdocs in that emphasis area). Once you are invited, you can coordinate your interview date with our program administrator, or a member of the Selection /Training Committee.

Notification

The emphasis areas for the Postdoctoral Fellowship Program will begin making offers on **Monday, February 27, 2017 at 7:00am Pacific Time via telephone**. Candidates will be allotted **24 hours** to hold their offer. Emphasis area positions will remain open until filled. The Fellowship Program abides by APPIC's policies and procedures about notification.

Training Term

The fellowship is a full-time (40 hours per week), one year, (12 month, 52 week) commitment beginning on approximately **September 5, 2017 (exact start date to be confirmed)**. One year at full-time equals approximately 2080 hours. Fellows are entitled to 10 federal holidays and earn sick leave and vacation (annual leave) days at a rate of 4 hours of each per two-week pay period (a total of 13 days of each). San Francisco VA also offers generous professional leave for conferences and other approved educational activities.

Stipend and Benefits

The current stipend is **\$50,228** per year. State and federal income tax and FICA are withheld from Fellows' checks. Fellows are not covered by Civil Service retirement or leave and are not eligible for federal life insurance benefits. The United States Government covers fellows for malpractice under the Federal Tort Claims Act. VA offers individual and family health insurance plans for fellows on a matching basis, (i.e., fellows pay half of the premium and the VA pays the other half.) On June 26, 2013, the Supreme Court ruled that Section 3 of the Defense of Marriage Act (DOMA) is unconstitutional. As a result of this decision, the Office of Personnel Management (OPM) has now extended benefits to employees and annuitants who have legally married a spouse of the same sex. Dental and vision insurance are also available. San Francisco VA Health Care System also offers a public transportation reimbursement program. Fellows are entitled to 10 federal holidays and earn sick leave and vacation (annual leave) days at a rate of 4 hours of each per two-week pay period (a total of 13 days of each). San Francisco VA also offers professional leave for conferences and other approved educational activities.

Application Procedure

Application Deadline: **Sunday, December 4, 2016, 11:59pm Eastern Time (8:59pm Pacific Time)** exclusively to the **APPA CAS** (APPIC Psychology Postdoctoral Application) System.

<https://appicpostdoc.liaisoncas.com/applicant-ux/#/login>.

Please DO NOT MAIL any materials in hard copy form.

1. The **Application** form (found at the end of this brochure)
2. Current **Curriculum Vitae**
3. Official graduate school **transcripts**
4. **Three (3) letters of Recommendation.**
 - a. Note: One of your letters may include a letter of support from your current Internship Training Director indicating that you are in good standing to successfully complete your predoctoral internship, including the expected completion date. If internship already completed, you can mail a copy of your predoctoral internship certificate.
5. A **letter of support from your Dissertation chairperson** describing your dissertation status and timeline if you have not completed your graduate degree. Dissertations must be complete before the postdoctoral fellowship begins. Please note we will be monitoring dissertation progress and status on a routine basis. All requirements for the doctoral degree must be completed prior to the start of the fellowship year.
6. **One (1) work sample.** Clinical or academic work samples are acceptable (e.g., a redacted clinical evaluation summary; other work-samples may include published manuscripts on which you are main author or other manuscripts or evidence of scholarly and/or clinical productivity and proficiency).

Contact Information

Questions regarding your application or other administrative matters should be directed to the Program Support Assistant, Ms. Jamye Kubick at Jamye.Kubick@va.gov or Ms. Danielle Moriarity at Danielle.Moriarity@va.gov.

Specific questions regarding the Fellowship Training Program may be directed to the Director of Training, Dr. Sam Wan at samuel.wan@va.gov.

The San Francisco VA's Psychology Fellowship was recently reaccredited by the Commission on Accreditation (CoA) of the American Psychological Association (APA) for the seven (7) year maximum; next site visit is 2021. The Postdoctoral Residency in Clinical Neuropsychology is accredited by the Commission on Accreditation (CoA) of the American Psychological Association (APA); next site visit is 2019. The San Francisco VA's Psychology Fellowship Program is a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC) and the Postdoctoral Residency in Clinical Neuropsychology is registered with the Association of Postdoctoral Programs in Clinical Neuropsychology (APPCN). Our Psychology Fellowship is affiliated with the University of California, San Francisco.

Commission on Accreditation (CoA), American Psychological Association 750

First Street, NE
Washington, DC 20002-4242
202-336-5979 www.apa.org/ed/accreditation/

Other Information

In accord with the Federal Drug-Free Workplace Program, fellows may be subject to urine testing for illicit drug use. Other branches of the federal government (Office of Personnel Management) may conduct routine background checks at their discretion.

The San Francisco VAMC is an Affirmative Action/Equal Opportunity Employer.

San Francisco VA Health Care System Psychology Training Staff

Maithri Ameresekere, MD is a Staff Psychiatrist in the Women's Mental Health Program and the Post Traumatic Stress Disorder Program, member of the SFVA Dialectical Behavioral Therapy consultation team and Assistant Clinical Professor at UCSF. She completed her residency at the Massachusetts General Hospital/McLean Hospital adult psychiatry residency program affiliated with Harvard Medical School. Prior to medical school, she completed her undergraduate degree at Stanford University and her M.Sc. from the Harvard School of Public Health. She subsequently attended Tufts University School of Medicine and graduated with research honors relating to academic work on Somali Refugee Women's Birth Experiences. Dr. Ameresekere has teaching and clinical experiences in post-conflict settings of South Sudan and Liberia fueling her interest in capacity building in resource poor environments and mental health training for non-psychiatrists. Her interests include post-conflict mental health, post-traumatic stress disorder, women's mental health, primary care-mental health integration, and improving access to care amongst immigrant and ethnic minority populations. She has a strong commitment to teaching and regularly supervises psychology and psychiatry trainees.

Keith R. Armstrong, LCSW is the Director of the Family Therapy Clinic, the social workers in Mental Health Service and is a Clinical Professor of Psychiatry at the University of California, San Francisco (UCSF). He is also a member of the Posttraumatic Stress Disorder Program. Prior to his 23 years of outpatient work at the VA he was the inpatient social worker for the VA's Psychiatric Inpatient Unit. He received his master's degree in Social Work from University of California, Berkeley in 1984. He is author of clinical and research articles and chapters addressing the treatment of traumatized individuals and families. He co-authored *Courage After Fire*, a self-help book for returning Iraq and Afghanistan veterans and their families and recently co-authored book *Courage After Fire for Parents*. In 2005 he also won the Excellence in Direct Teaching Award by the Haile Debas Academy of Medical Student Educators and in 2011 he won the prestigious George Sarlo award given to the top UCSF Department of Psychiatry instructor. In 2013 he was given his 5th excellence in teaching award by the University of California Psychiatry Residents Association. He is currently a consultant to the intensive Family Therapy program at UCSF and in 2013 was named national social worker of the year for the VA.

Elena D. Bassett, PhD is a Clinical Psychologist in the San Francisco VA Healthcare System's Psychosocial Rehabilitation and Recovery Center (PRRC) and an Assistant Clinical Professor at UCSF, specializing in recovery-oriented services for Veterans with serious mental illness (SMI). Dr. Bassett earned her doctorate in Clinical Psychology from Northwestern University and completed her pre-doctoral internship at the VA San Diego/University of California, San Diego. She completed a postdoctoral fellowship at the Palo Alto VA, where she focused on psychosocial rehabilitation and recovery-oriented services for Veterans with SMI and PTSD. Dr. Bassett has expertise in evidence-based treatments for SMI, particularly cognitive behavioral therapy for psychosis (CBTp), and provides CBTp to numerous populations, including recently returned Veterans with early psychosis and those with histories of trauma/PTSD. She also provides clinical supervision, training, and consultation in CBTp and recovery-oriented services for individuals with SMI, and is a primary supervisor for psychology trainees focusing on Psychosocial Rehabilitation. Her clinical and research interests include the role of trauma/adversity in SMI, early intervention in psychosis, and evidence-based services that promote recovery and community integration for Veterans with SMI.

Steven L. Batki, MD is Chief of the Substance Abuse Programs, Director of the Addiction Psychiatry Fellowship Program, and Director of the Addiction Research Program at the San Francisco VA Medical Center. He is Professor in Residence in the UCSF Department of Psychiatry. In his previous role at UCSF, he was Director of the Division of Substance Abuse and Addiction Medicine at San Francisco General Hospital. Dr. Batki engages in clinical research in addiction psychiatry and psychopharmacology with a focus on the treatment of addiction and comorbid mental illness and medical disorders. His research work is currently funded by NIDA and the Department of Defense. His

NIDA projects are aimed at improving the treatment of methamphetamine dependence. Dr. Batki's DoD-funded research at the San Francisco VAMC focuses on clinical trials to improve the treatment of alcohol use disorder in veterans with PTSD and in veterans with mild TBI.

Brian Borsari, PhD received his PhD in clinical psychology from Syracuse University in 2003. He also completed an internship at The Boston Consortium in Clinical Psychology in 2003. From 2003 to 2015 he was at the Center for Alcohol and Addiction Studies at Brown University. From 2007-105 he was at the Providence Veterans Affairs Medical Center as a clinical psychologist, and in 2015 he joined the San Francisco VAMC and UCSF. Over the past 20 years, Dr. Borsari has worked to develop a research program in implementing and evaluating brief motivational interventions for alcohol use in college students and other populations. Dr. Borsari is also investigating the in-session components of motivational interviewing that may be linked to subsequent behavior change (e.g., the working alliance). Dr. Borsari is also interested in the assessment and treatment of addictive behaviors, including high risk drinking behaviors in college students (e.g., pregameing, drinking games), marijuana use in returning Veterans, and enhancing treatment engagement for co-morbid disorders in a variety of populations.

Jennifer E. Boyd, PhD, CPRP is the Associate Chief of Mental Health for Psychosocial Recovery Services. She is also an Adjunct Professor of Psychiatry at the University of California, San Francisco. Dr. Boyd was educated at Stanford University, the University of Maryland, Georgetown University, and Columbia University. Her most recent research focuses on the internalized stigma of severe mental illness. In clinical, teaching, and advocacy work, Dr. Boyd supports the recovery model of psychosocial rehabilitation. She received awards from the American Psychological Association Division 18 in 2009 for Outstanding Contributions in Psychosocial Rehabilitation, and in 2013 the Michael S. Neale award for service to people with serious mental illness. In 2014 she received an APA Presidential Citation for her work on stigma. Her management portfolio for the Mental Health Service includes Peer Specialists, Recreation Therapy, Behavioral Health Care Coordinators, and the Psychosocial Rehabilitation and Recovery Center. She serves as the Local Recovery Coordinator for the facility.

Kristine Burkman, PhD is a staff psychologist with the Substance Use and PTSD (SUPT) Clinic and the PTSD Research Program. Dr. Burkman received her doctorate in clinical psychology from Northwestern University, Feinberg School of Medicine, where her research focused on developmental trauma and risk behaviors among youth in the child welfare system. She completed her pre-doctoral internship and postdoctoral fellowship at the San Francisco VA Medical Center, where she specialized in traumatic stress and co-occurring substance use disorders. Dr. Burkman provides supervision to trainees in psychology and psychiatry and offers training in comprehensive diagnostic evaluations, engagement among highly ambivalent veterans, individual and group psychotherapy, and program development. She runs the Cognitive Processing Therapy (CPT) Seminar within the SUPT program. Dr. Burkman's clinical and research interests include developmental trauma, war stress, psychological impact of killing in war, moral injury, gender differences in combat PTSD, and phase-based models of care.

Michael P. Burnias, PsyD is Staff Psychologist at the San Francisco VA Medical Center (SFVAMC) and Downtown Clinic (DTC). He is also the coordinator of the Interprofessional LGBTQ Health Care Postdoctoral Psychology Fellowship at the SFVA. Dr. Burnias obtained his PsyD in Clinical Psychology at Pepperdine University. He completed his Clinical Internship at the Institute of Living at Hartford Hospital and his Postdoctoral Fellowship in LGBTQ Health Care at the SFVAMC. Dr. Burnias' main clinical interests involve LGBTQ health care, identity development across the lifespan, cultural competency/humility, and psycho-diagnostic assessments.

Stephanie L. Cardoos, PhD is a staff psychologist for the Drug and Alcohol Treatment Clinic (DAT) and Prescription Opioid Safety Team (POST). Dr. Cardoos earned her PhD in clinical psychology from the University of California, Berkeley in 2015 after completing her predoctoral internship at the SFVAMC. She subsequently returned to the SFVAMC to complete a postdoctoral fellowship in the Substance Use and Co-occurring Disorders Treatment emphasis area. Dr. Cardoos's clinical and research interests include understanding the mechanisms of health risk

behavior throughout the lifespan, assessment and integrated treatment of substance use and co-occurring disorders (e.g., chronic pain; PTSD), collaborative patient-centered care among health care providers, increasing access to care for a diverse patient population, and program development and evaluation.

Timothy P. Carmody, Ph.D. is Health Sciences Clinical Professor of Psychiatry, UCSF, and Director of the Health Psychology Program at the San Francisco VA Health Care System (SFVAHCS). He is also a senior psychology scholar in the VA Quality Scholars Fellowship Program, Director of Psychology Research Fellowship Training, and Coordinator of the clinical psychology postdoctoral fellowship program in the primary care emphasis area. He received his doctorate in clinical psychology from the University of Montana. He has long been an advocate for interprofessional (team-based) health care and oversees staff psychologists at SFVAHCS who are involved in behavioral medicine, primary care, and integrated care programs. His professional and research interests include nicotine dependence, chronic pain, obesity/weight control, coronary risk behaviors, and mental health integration in primary care. He has published in a variety of areas in behavioral medicine including smoking cessation and pain management. Dr. Carmody has been the recipient of a Research Career Development Award from the National Heart, Lung, and Blood Institute (NHLBI) and has served on several ad hoc grant review committees for NHLBI. He was also a member of the Evidence-Based Behavioral Medicine Committee for the Society of Behavioral Medicine. His research has been funded by the VA HSR&D and RR&D Programs, NIDA, and the University of California Tobacco-Related Diseases Research Program. He serves as an editorial consultant to several professional journals and is a member of the editorial boards for the *Journal of Clinical Psychology in Medical Settings* and *Psychological Services*. He also serves as chair of the VA's National Technical Advisory Group for tobacco use cessation and is past-president of APA Division 18 (Psychologists in Public Service).

Maggie Chartier, PsyD, MPH is a staff psychologist at the San Francisco VA Medical Center and an Assistant Clinical Professor at UCSF. She is also the Deputy Director for VHA's HIV, Hepatitis, and Public Health Pathogens Program (HHPHP) in the Office of Public Health/Clinical Public Health. She received her MPH in Epidemiology at the University of Washington, Seattle in 2004 and her PsyD from the PGSP-Stanford Consortium in Palo Alto, California in 2009. She completed her clinical internship at UCSF and her postdoctoral fellowship in HIV/HCV Psychology at the San Francisco VA. Her primary areas of interest are in the psychological care of patients with HIV and Hepatitis C, health psychology, and Acceptance and Commitment Therapy (ACT).

Jeremy Doughan, PsyD is an Assistant Clinical Professor of Psychiatry at UCSF School of Medicine and staff clinical psychologist at the San Francisco Department of Veterans Affairs Medical Center, Division of Geropsychiatry. Dr. Doughan provides clinical services to a number of programs and clinics throughout the medical center: Home Based Primary Care, Hospice/Palliative Care Service, Geriatric Medical Practice Clinic and Geropsychiatry Mood Assessment Clinic. In addition, Dr. Doughan is faculty for the Geropsychology training program at SFVAMC. Dr. Doughan received his undergraduate degree in psychology from the University of Minnesota. He subsequently received his master's and doctoral degree from the Minnesota School of Professional Psychology. During his graduate tenure, he completed an advanced practicum in geriatrics at the Minneapolis Department of Veterans Affairs Medical Center, a pre-doctoral APA clinical psychology internship at the Miami Department of Veterans Affairs Medical Center and APA postdoctoral fellowship in Clinical Psychology, with Geropsychology specialization, at the Department of Veterans Affairs Boston Healthcare System. He held academic appointments as a Teaching Fellow in Psychiatry at the Boston University School of Medicine and Clinical Psychiatry Fellow at Harvard Medical School. Currently he is an Adjunct Professor of Psychology at the University of San Francisco. Dr. Doughan's interests include geriatric-neuropsychological evaluations, personality assessments of older adults, interpersonal psychotherapy of geriatric patients and academic teaching/supervision of trainees.

Michael L. Drexler, PhD, CPRP is the Director of the Telemental Health (TMH) Section and Workplace Violence Prevention Program (WVPP) Coordinator, and is a staff psychologist and neuropsychologist at the San Francisco

VA Medical Center. Prior roles at SFVAMC have included Clinical Director of the Psychosocial Rehabilitation and Recovery Center, Local Psychosocial Recovery Coordinator (LRC) for Severe Mental Illness, Geriatric Neuropsychologist and Geropsychologist. He provides supervision and consultation to trainees at all levels in TMH, WVPP, Psychosocial Rehabilitation, Neuropsychology, and Hospice. Before coming to the VA, he worked at Laguna Honda Hospital and Rehabilitation Center in San Francisco, serving as Director of the Neuropsychology Service, Program Director of Psychosocial Units (with a focus on SMI), and Psychosocial Coordinator of the Dementia Cluster. Dr. Drexler has worked as the consulting neuropsychologist for Geriatric Services of San Francisco, Garfield Geropsychiatric Hospital in Oakland, Morton Bakar Geropsychiatric Center in Hayward (during which time Telecare Corporation embraced the psychosocial rehabilitation model), and Letterman Army Medical Center in San Francisco. He is Assistant Clinical Professor at UCSF, Adjunct Professor of Neuropsychology and Neuropsychological Assessment at the California School of Professional Psychology of Alliant International University, Instructor in Psychosocial Rehabilitation, Geropsychology and Neuropsychology at UC Berkeley Extension, and is Lecturer, Level 6, teaching the Gerontology Focus courses at Notre Dame de Namur University in Belmont California. He is a Fellow of the National Academy of Neuropsychology, and board certified by the Psychiatric Rehabilitation Association (formerly the United States Psychiatric Rehabilitation Association). Clinical placements while in training included Pyramid Alternatives in Pacifica, Garfield Geropsychiatric Hospital in Oakland (now Garfield Neurobehavioral Center), internship was at SFVAMC, and his Postdoctoral Fellowship (focusing on neuropsychology and rehabilitation psychology) was completed at Laurel Grove Rehabilitation Hospital (Eden Hospital) in Hayward California. He received his doctorate from the California School of Professional Psychology of Alliant International University, Berkeley, in 1988.

Nate Ewigman, PhD, MPH is a staff psychologist at the San Francisco VA Health Care System and Co-lead of the PACT Intensive Management Program. He received his MPH in Health Services Research, Management & Policy in 2009 and his PhD in 2014 from the University of Florida in Gainesville, Florida. He completed his clinical internship at the Edward Hines Jr., VA in Chicago and his postdoctoral fellowship in Primary Care Psychology from the San Francisco VAHCS. His primary interests include quality improvement, program development and evaluation, and applied research focused on innovative health care delivery approaches. Clinical interests include complex multimorbid patients, team-based intervention, psychological treatment for high-utilizing conditions and Motivational Interviewing (MI).

Maria Isabella Fernandez, MD is the Director of Psychiatric Intensive Care Unit and Assistant Clinical Professor at University of California, San Francisco. She graduated medical school at the University of Barcelona and completed residency at UCSF and a fellowship in geriatric psychiatry at Brown University. Her areas of interest are inpatient psychiatry, mood disorders, electroconvulsive therapy, and geriatric psychiatry. She teaches and directly supervises 3rd year UCSF medical students on their core psychiatry rotation and lectures in medical student rounds. She has published in the areas of panic disorder and treatments with buprenorphine.

Chris Galloway, PhD is Program Director for the Addiction Recovery Treatment Services (ARTS) Intensive Outpatient Program and Transitions Program. Additionally, he is the VISN 21 SUD Program Lead (the liaison for VA Central Office and the SUD programs at VA's in this region). Prior to these roles he developed and directed the Suicide Prevention Program at the SFVAMC, served as Co-Chair of the hospital's Disruptive Behavior Committee, Co-Chair for the Mental Health Service's Quality Improvement Committee, and led the Mental Health Service's Systems Redesign efforts. Volunteering outside of the VA he is President of the Board of the Greater SF Bay Area Chapter of the American Foundation for Suicide Prevention. After receiving his PhD in Clinical Psychology in 2006 from the University of North Carolina at Chapel Hill, he completed a Postdoctoral fellowship with the Dual Disorders team at the Center for Excellence in Substance Abuse Treatment and Education at the Seattle VA. Dr. Galloway offers opportunities for training in all aspects of assessment and treatment of addictions, as well as program development. Particular areas of emphasis include brief MI interventions for substance use problems in non-SUD settings, CBT for SUD, and continuity of care. Dr. Galloway's research interests include assessment, etiology, and

treatment of substance use and comorbid mental health conditions.

Lisa Grossman, PhD is a staff psychologist in the Primary Care Clinic at the Santa Rosa CBOC. She completed her doctoral training at Pacific Graduate School of Psychology, with specialization in Neuropsychology, and her internship at the Reno VAMC. She then completed a postdoctoral fellowship in Neuropsychology at San Francisco General Hospital. Dr. Grossman practiced as a staff psychologist at Schwab Rehabilitation Hospital and Care Network in Chicago, and has also provided assessment and treatment in general medical, extended care, and outpatient practice settings. From 2004 to 2015, she served as Consulting Neuropsychologist on the Acute Rehabilitation Unit at Santa Rosa Memorial Hospital, while also providing individual psychological and neuropsychological treatment, cognitive rehabilitation, and family and medical staff consultation in her private practice. At the Santa Rosa CBOC, she provides full-time, direct patient care and consultation to the Primary Care providers, while also serving as a member of the larger Mental Health Clinic team. Her professional interests include behavioral medicine, individual and family adjustment to illness and injury, neuropsychological recovery from trauma, and cognitive rehabilitation.

Caitlin Hassler, MD is the Director of the Women's Mental Health Program, the VA site director for UCSF psychiatry residency training program and Associate Clinical Professor at UCSF. She completed medical school at the University of Virginia in 2003 and her psychiatry residency at UCSF in 2007. The women's mental health program is currently expanding with increases in the services provided to women as well as educational opportunities for trainees in this integrated setting. Her interests include affective and anxiety disorders during pregnancy and the postpartum period, intimate partner violence, sexual trauma, post-traumatic stress disorder, primary care-mental health integration, interprofessional teaching and improving access to care. She has a strong commitment to education and regularly supervises psychology and psychiatry trainees.

Ellen Herbst, MD is Associate Chief of the Addictions Recovery Treatment Services and Assistant Clinical Professor of Psychiatry at UCSF. She is the Medical Director of the Intensive Outpatient Program (IOP) for patients with substance use disorders and Staff Psychiatrist of the Student Veteran Health Program (SVHP) at City College of San Francisco. She is principal investigator of a study investigating the feasibility of Stay Quit Coach, a mobile app designed to help Veterans with posttraumatic stress disorder (PTSD) quit smoking, and is co-investigator on several of Dr. Steve Batki's clinical trials investigating pharmacotherapies for alcohol use disorder in Veterans with PTSD and/ or mild traumatic brain injury. Dr. Herbst has a strong commitment to teaching and regularly supervises UCSF psychiatry residents, psychology trainees, addictions psychiatry and anesthesia pain fellows, and medical students.

Michael E. Hoefler, MD is Medical Director of the Opioid Treatment Program (OTP) and Associate Director of the UCSF Addiction Psychiatry Fellowship Program. He is a Clinical Professor of Health Sciences in the UCSF Department of Psychiatry. He also serves on the education committee and area VI (CA, HI, AK) advocacy committee for the American Academy of Addiction Psychiatry (AAAP). Dr. Hoefler's areas of interest are pharmacologic treatments for opioid use disorder, general psychopharmacology, clinical drug testing, and management of disability benefits in substance users. Dr. Hoefler also serves as national consultant for motivational interviewing within the VA.

William Q. Hua, Ph.D., is a clinical health psychologist in the Infectious Diseases and Liver clinics, where he provides behavioral medicine and integrated care services for veterans living with HIV and/or hepatitis C virus (HCV). He mentors providers to deliver integrated care psychology services to veterans with HIV or HCV as the director of the Specialty Care Access Network Extension for Community Healthcare Outcomes (SCAN-ECHO) Mental Health HIV/HCV program. At the San Francisco VA Medical Center, he also serves the roles of preceptor for the Integrated Care Psychology Fellowship in HIV and Liver Disease and is the Chair of the Psychology Diversity Committee. Dr. Hua is an assistant clinical professor at the University of California-San Francisco (UCSF) and co-

lead for the UCSF/SFVA Clinical Psychology Training Program clinical seminar. He is passionate about Acceptance and Commitment Therapy (ACT) and leads an ACT learning and supervision group. Prior to coming to the San Francisco VA in 2013, Dr. Hua received his Ph.D. in Clinical Health Psychology & Behavioral Medicine from the University of North Texas and behavioral medicine training through the Palo Alto VA Health Care System psychology internship and fellowship programs. Dr. Hua is also the co-founder of a nonprofit organization called Here to Hope which focuses on promoting health and education for both HIV-positive and HIV-negative children living in children's homes in Guyana, South America.

Sabra Inslicht, PhD is the Director of the Psychology Research Fellowship Program for the San Francisco VA Advanced Fellowship in Women's Health, Assistant Professor at UCSF, and a Staff Psychologist at the PTSD Clinic at the San Francisco VA Medical Center (SFVAMC). She received her PhD in clinical and health psychology from the University of Pittsburgh, completed a clinical internship at the Palo Alto VA and postdoctoral fellowships at Stanford and UCSF/SFVAMC. Within the PTSD program, Dr. Inslicht specializes in evidenced based treatments for PTSD, including Prolonged Exposure (PE) for PTSD and she co-leads the PE seminar and supervises PE cases. Research interests include: mechanisms of biological risk and resilience in PTSD such as fear conditioning and extinction processes, neuroendocrine, immune, neurosteroid, and neuroimaging correlates; sex differences in the biology of PTSD; women's health; pharmacological adjuncts to enhance fear extinction; and the application of these findings to the treatment of PTSD in veterans. She is available for consultation on both research and clinical activities.

Jeremy Joseph, PhD is a Staff Psychologist with the Mental Health Clinic at the Santa Rosa CBOC. Dr. Joseph received his doctorate in Clinical Psychology from the University of Wyoming, where his research focused on the impact of trauma on meaning-making processes. He completed his pre-doctoral internship at the Southwest Consortium Predoctoral Psychology Internship where he trained with both the Albuquerque VA Hospital and Indian Health Service. Following internship, he completed a two-year postdoctoral fellowship with the South Texas Research Organizational Network Guiding Studies on Trauma and Resilience (STRONG STAR) located in the Department of Psychiatry at UT Health Science Center - San Antonio. Dr. Joseph provides individual and group therapies, triage assessment and intervention, and clinical supervision to graduate student externs. His ongoing research interests include cognitive flexibility, nightmare disorder, and the use of mindfulness to develop greater awareness of self and context.

Kaela M. Joseph, PhD, is the Women Veterans Program Manager and a Staff Psychologist in the San Francisco VA Healthcare System (SFVAHCS). Dr. Joseph earned her PhD in Clinical Psychology, with an emphasis in LGBTQ Psychology, from Palo Alto University in 2015. She completed her Clinical Internship at the Boise VAMC, and completed the Stephen M. Rao Fellowship in Interprofessional LGBT Health Care through the SFVAHCS. Dr. Joseph is experienced in providing clinical care and consultation in the areas of LGBTQ psychology, sexual health/functioning, women's health, chronic pain, and substance use disorders. Dr. Joseph is an active member of national and international professional organizations concerning various facets of human sexuality including the American Association of Sexuality Educators, Counselors, and Therapists (AASECT) and the World Professional Association for Transgender Health (WPATH). Dr. Joseph was the recipient of the I CARE Award for Outstanding LGBT Veteran Service in 2015, and received a Certificate of Recognition from the American Psychological Association's HIV Office for Psychology Education (HOPE) in 2014 for her previous work as a regional trainer. Dr. Joseph has a strong interest in teaching and supervision, and works as an adjunct lecturer at the California Institute of Integral Studies (CIIS). Her teaching and clinical interests include human sexuality and gender psychology, quality improvement in healthcare settings, adapting EBP's to better address diversity and minority stress, Acceptance and Commitment Therapy (ACT), feminist psychology, and the psychology and sociology of popular culture fandoms (aka communities of fans of popular media such as "Star Wars," comic book heroes, and sci-fi television shows).

Susan Karpenko, LCSW is a clinical social worker and certified group psychotherapist from the American Group Psychotherapy Association. She received her graduate degree in Social Welfare from the University of California Berkeley. She is a staff member with the San Francisco VA's Substance Use and Posttraumatic Stress Disorder program (SUPT). She provides treatment for veterans with co-occurring substance disorder and complex trauma histories, including combat, military accident and military sexual trauma. She supervises trainees from multiple health care provider disciplines in the SUPT program. She is a leader in providing and maintaining the Anger Management groups. She practices evidence-based treatments, including Prolonged Exposure and Cognitive Behavioral Therapies and has adapted them to group therapy settings. She is key provider of group therapy training to psychology interns, externs, residents and social work interns.

Karen Kasch, PhD is the Evidence-based psychotherapy coordinator and a staff psychologist in the general mental health clinic at San Francisco VA. She received her doctorate from SUNY Stony Brook, where she conducted research on chronic depression, as well as family studies of mood and anxiety. She completed her internship at Palo Alto VA and her postdoctoral research fellowship at Stanford University, where she continued her research on mood disorders. She later returned to Palo Alto VA where she served in several different roles, including as psychologist on the high acuity inpatient unit, in the psychosocial rehabilitation program, on the PTSD Clinical Team, and as chair of the Disruptive Behavior Committee. Dr. Kasch specializes in cognitive-behavioral interventions, with an emphasis on the behavioral, and has supervised trainees in the provision of Cognitive Behavioral therapy, Cognitive Processing Therapy, Prolonged Exposure, Motivational Interviewing, among other therapies. She has served as a consultant for the Motivational Interviewing and Motivational Enhancement therapy initiative in VA since its inception in 2011 and is a member of the Motivational Interviewing Network of Trainers (MINT).

G. Dawn Lawhon, Ph.D. is a Health Sciences Assistant Clinical Professor in the UCSF Department of Psychiatry and the training coordinator for the Posttraumatic Stress Disorder Clinical Team (PCT), where she has been on staff since 2007. After receiving her Ph.D. in Clinical Psychology and Women's Studies from the University of Michigan (1998-2004), Dr. Lawhon completed a clinical post-doctoral fellowship in PTSD at the San Francisco VAMC (2004-2005) and a NIDA-funded research fellowship in substance abuse treatment at the University of California, San Francisco (2005-2007). Within the PCT, Dr. Lawhon conducts evaluations, leads therapy groups, and treats patients in individual therapy, with emphasis on enhancing treatment motivation and engagement, particularly in the context of complex trauma. Dr. Lawhon specializes in integrative group treatment of PTSD, in which psychoeducation and cognitive behavioral skill building are provided within a relational and mindfulness-based frame. Dr. Lawhon also provides supervision to psychiatry residents, psychology externs, interns, and fellows, and participates in the PCT educational seminar.

Kewchang Lee, MD is Director of the Psychiatry Consultation Unit at the SF-VAMC and Clinical Professor of Psychiatry at the UCSF School of Medicine. He is actively involved in clinical and teaching activities, focusing on consultation-liaison psychiatry and mental health issues in the primary care setting. He is Director of the UCSF Fellowship Program in Psychosomatic Medicine, and has published several chapters in psychiatry, internal medicine, and geriatric medicine texts. Dr. Lee was educated at Harvard University, and received his MD at New York University in 1992. He was trained in the psychiatry residency program at UCSF.

Russell Lemle, PhD is Psychology Director, Mental Health Service and Clinical Professor, UCSF Medical School, Department of Psychiatry. He obtained his doctorate from SUNY at Buffalo in 1979. He completed his pre-doctoral internship at UCLA Neuropsychiatric Institute and postdoctoral fellowship in Family Therapy at Langley Porter Psychiatric Institute. Between 1984 and 1993, he was Chief of the SFVAMC Outpatient Alcohol Clinic. Since 1992, he has been the Psychology Director (formerly called Chief Psychologist). Other areas of professional interest, teaching and publications include couples therapy, group therapy, psychotherapy process and suicide prevention. Dr. Lemle is heavily involved in national VA Psychology issues and mentors trainees who are interested in the

development of mental health policy. For his significant contributions, he has received an APA Presidential Citation in 2005, the APA Division 18 Harold Hildreth Award in 2011, the Association of VA Psychologist Leaders' Antonette Zeiss Distinguished Career Award in 2013 and their Patrick DeLeon Advocacy Award in 2016. Dr. Lemle is a Fellow in APA Division 18.

Jacy A. Leonardo, PhD, MA is a Staff Psychologist in the Women's Mental Health Clinic at the San Francisco VA Medical Center (SFVAMC). She completed her BA in psychology from Boston College. Following that degree Dr. Leonardo worked for and with various not-for-profit community mental health programs and public hospitals. She has experience with diverse clinical populations, across the lifespan, with a particular interest and focus on complex trauma and women. Dr. Leonardo returned to school to obtain her MA in Social-Organizational Psychology from Teachers College, Columbia University. She worked as an administrator doing program development and assessment for several years before resuming clinical work. Dr. Leonardo later earned an MA and PhD in Clinical Psychology from Alliant International University. Since re-engaging in clinical work, Dr. Leonardo has been dedicated to work with Veterans. She completed her predoctoral internship at the Denver VA and postdoctoral fellowship at the SFVAMC, in Women's Mental Health and Trauma. Dr. Leonardo also worked at the National Center for PTSD designing an employer initiative program for Veterans. Most recently she was at the Peninsula Vet Center in Menlo Park specializing in working with families and Veterans with combat and military sexual related trauma. Dr. Leonardo is VA-certified in CPT. Dr. Leonardo's clinical and research interests include program development, advocacy for partners of Veterans, female Veterans, outreach, caregiving, and understanding the impact of systems and intergenerational and developmental trauma on healing.

Shira Maguen, PhD is Director of the Psychology Fellowship Program for the VA Advanced Fellowship Program in Mental Illness Research and Treatment, Associate Professor of Psychiatry at UCSF, and a Staff Psychologist on the Posttraumatic Stress Disorder Clinical Team (PCT). Dr. Maguen completed her internship and postdoctoral training at the National Center for PTSD at the VA Boston Healthcare System after receiving her doctorate in Clinical Psychology from Georgia State University. She is involved with both the clinical and research components of the PTSD program. Within the PTSD clinical program, Dr. Maguen conducts evaluations and sees patients for individual therapy. She is involved in the provision of services for the returning Afghanistan and Iraq War veterans, and is the Mental Health Director of the OEF/OIF Integrated Care Clinic. Dr. Maguen specializes in evidence-based cognitive behavioral therapies, including Cognitive Processing Therapy (CPT) and Prolonged Exposure (PE) Therapy and for PTSD. She leads the CPT seminar and supervision group offered through the PCT. She provides supervision to psychology interns, externs and fellows, teaches psychiatry residents in training with the PCT, and participates in the PCT educational seminar. Her research interests fall under the umbrella of PTSD and include risk and resilience factors in veterans, the psychological impact of killing in war, mental health issues in female veterans, and sleep and PTSD.

Nikhil Daniel Majumdar, MD, is the Medical Director for the Inpatient Mental Health Unit and Psychiatric Evaluation Services at the San Francisco Veteran Affairs Medical Center. He is board certified in Psychiatry and Addiction Medicine with plans for Brain Injury Medicine on the horizon. He has been trained in Mindfulness-Based Stress Reduction and Behavioral Activation Therapy, which outlines two of his favorite off work topics, relaxing and finding interesting things to do. He has an occupational focus on recovery-oriented rehabilitative care for severe and persistent mental illness, especially when influenced by traumatic brain injuries and addictions. He strives to educate medical students, psychiatric residents, clinical psychology trainees, and other interdisciplinary team members on practicing the highest level of clinical care while also maintaining appropriate work-life balance and clinician self-care, because he's recovery-oriented toward his colleagues as well as his patients. He, of course, immediately undermines this point by working extensively in the California Department of Corrections and Rehabilitations and Zuckerberg San Francisco General Hospital Psychiatric Emergency Department during his off hours from the VA. He has published chapters in several books, presented at national conferences, and is co-investigator on two ongoing clinical research trials. He graduated from Ross University School of Medicine and was

trained at the University of Nevada - Reno and Michigan State University - Kalamazoo Center for Medical Studies psychiatry programs.

Jennifer K. Manuel, PhD is a Staff Psychologist in the Health Promotion and Disease Prevention (HPDP) program, the Associate Director for Psychology in the Center of Excellence in Primary Care Education, and a Health Sciences Assistant Clinical Professor of Psychiatry at the University of California (UCSF). She received her doctorate in clinical psychology from the University of New Mexico and completed her clinical internship at the Palo Alto VA Medical Center. Dr. Manuel completed a postdoctoral fellowship in drug abuse treatment services research at the University of California, San Francisco where her work focused on training healthcare providers in motivational interviewing and examining the efficacy of brief motivational interventions in healthcare settings. Following her postdoctoral fellowship at UCSF, she was the Program Evaluator for the VA Central Office Motivational Interviewing (MI) and Motivational Enhancement Therapy (MET) Training Programs.

Payal Mapara, PsyD, is a staff psychologist with the Pain Clinic, the Rural Integrated Pain Team, and the Prescription Opioid Safety Team (POST) at the SFVAMC. Dr. Mapara provides individual and group chronic pain treatment to veterans at the SFVAMC and rural clinics via tele-mental health, as well as consultation to medical providers regarding the treatment and assessment of chronic pain and addiction. She received her Psy.D. in Clinical Psychology from the Ferkauf Graduate School of Psychology at Yeshiva University and completed her clinical internship at the Manhattan Campus of the VA New York Harbor Healthcare System. She completed a post-doctoral fellowship in Primary Care at the San Francisco VAMC, where she focused on Pain Management. Dr. Mapara's clinical interests include the integration of pain management into primary care as well as the assessment and treatment of co-occurring chronic pain and substance use disorders.

John R. McQuaid, PhD, is the Acting Chief of Mental Health Services at the San Francisco VA Healthcare System, and Interim Vice Chair for the SFVAMC, Department of Psychiatry, UCSF Weill Institute for Neurosciences at the University of California, San Francisco. He is also a Co-Director of Psychology at the Langley Porter Psychiatric Institute and serves as a staff psychologist for the General Psychiatric Outpatient Service (GPOS) at the SFVAMC. He completed his undergraduate education at the University of California, San Diego, his PhD at the University of Oregon, and his internship and postdoctoral fellowship at the University of California, San Francisco. Prior to joining the San Francisco VA in 2009, Dr. McQuaid worked at the VA San Diego Healthcare System and UCSD for 13 years as Director of a mood clinic. Dr. McQuaid's clinical and research expertise is in the development and use of cognitive-behavioral interventions for psychiatric disorders and health management issues. He has served as a PI, co-investigator or consultant on several treatment studies applying cognitive-behavior therapy to treatment of psychosis, comorbid depression and substance dependence, phantom limb pain and high risk sex behaviors. Dr. McQuaid also has extensive experience as a clinical supervisor, having twice received the teaching excellence award from the VA San Diego/UCSD Psychology Internship Program.

Brian Mohlenhoff, MD, is the Director of Pharmacotherapy for the posttraumatic stress disorder program (the PTSD Clinical Team, PCT). He studied the history and sociology of medicine at the City University of New York, earned his M.D. at UCSF in 2009 and then stayed at UCSF for his residency in general adult psychiatry. He completed a VA Advanced Fellowship in Mental Illness Research and Treatment at the San Francisco VA Medical Center, researching PTSD with Dr. Thomas Neylan and the Stress and Health Research Program and working in the neuroimaging lab of Dr. Michael Weiner. His clinical and research interests include PTSD and the contribution of sleep problems to the symptoms and sequelae of PTSD. He lives in Pacifica. He looks forward to his next backpacking trip.

Thomas Neylan, MD is the Director of the Posttraumatic Stress Disorders (PTSD) Clinical and Research Programs at the San Francisco Veterans Affairs Medical Center. He is a Professor, In Residence in the Department of Psychiatry at the University of California, San Francisco. Dr. Neylan has been an active researcher in the study of

sleep and Posttraumatic Stress Disorder for the past 18 years. He has been the Principal Investigator on multiple funded projects sponsored by the National Institutes of Health, the National Institute of Justice, the Department of Defense, and the Department of Veterans Affairs. Dr. Neylan has first-authored multiple articles in prominent psychiatric journals including the Archives of General Psychiatry, the American Journal of Psychiatry, Biological Psychiatry, Chronobiology International, Journal of Clinical Psychiatry, Journal of Traumatic Stress, Neuropsychopharmacology, and Psychosomatic Medicine. He has presented his research at national meetings such as the American Psychiatric Association, the American College of Neuropsychopharmacology, the American Sleep Disorders Association, and the International Society for Traumatic Stress Studies. Dr. Neylan has served on the National Institutes of Health, Center for Scientific Review, Adult Psychopathology and Disorders of Aging Study Section.

Tatjana Novakovic-Agopian, PhD is a Rehabilitation Neuropsychologist at SFVAMC TBI- Polytrauma Clinic. She is also an Assistant Professor at UCSF, and a Co-Director of the Program in Rehabilitation Neuroscience at SFVAMC, VANCHCS and UC San Francisco. She received her graduate education from Johns Hopkins University and California School of Professional Psychology, and her postdoctoral training at UCSF. Her clinical interests include assessment and cognitive rehabilitation/reintegration of individuals recovering from brain injury. Her research focuses on development and implementation of theory driven interventions for rehabilitation of executive control functions after brain injury, PTSD and in aging, and on ecologically valid multi-level outcome assessment methods. She is currently a Principal Investigator and a Co-Investigator on VA Merit and DOD sponsored clinical research studies investigating effectiveness of cognitive trainings in Veterans with PTSD, and history of TBI. She served as chair of the Brain Injury Research Committee of the California Pacific Regional Rehabilitation Center, and is a past president of the Northern California Neuropsychology Forum. She has presented her work internationally and is an author of a number of peer reviewed publications.

Nancy Odell, LCSW is an Associate Clinical Professor at the UCSF School of Medicine, Department of Psychiatry and a clinical social worker on the Substance Use/ Posttraumatic Stress Team. She is a certified group psychotherapist from the American Group Psychotherapy Association where she also holds an Academic Membership. She has over twenty years of experience in treating PTSD and provides group psychotherapy supervision for psychiatry residents receiving training in the treatment of co-occurring PTSD and substance use disorders. She coordinates the SUPT Clinical Seminar, an interprofessional training seminar, and provides supervision to interprofessional trainees when requested. Ms. Odell received her graduate degree in Clinical Social Work from Boston College and worked at the National Center for Posttraumatic Stress Disorder prior to working at the San Francisco VA Medical Center. She participated in an inter-cultural exchange in the Republic of Vietnam. She traveled to Vietnam and met with various mental health professionals, university and government officials to exchange treatment information on Posttraumatic Stress Disorder and substance use disorders. Ms. Odell participated in a treatment outcome study with Stanford University investigating the effectiveness of group psychotherapy for women diagnosed with Posttraumatic Stress Disorder from childhood sexual abuse. She participated in MIRECC and DOD funded studies investigating the effectiveness of exposure based treatments for Vietnam and Iraq/Afghanistan veterans. Ms. Odell has training in Cognitive Processing Therapy (CPT), Prolonged Exposure (PE) and Mindfulness Based Stress Reduction treatment. She has extensive training in Control Mastery Theory and her orientation is cognitive/behavioral and psychodynamic. Ms. Odell has a private practice in San Francisco.

Sarah Palyo, Ph.D., CPE, is a psychologist and the Clinical Director of the Intensive Pain Rehabilitation Program and the Clinical Director of the Integrated Pain Team for the San Francisco VA Healthcare System. She is an Assistant Clinical Professor at the University of California, San Francisco. She received her Ph.D. in clinical psychology from the State University of New York at Buffalo and completed her clinical internship at the Palo Alto VA Healthcare System. She completed a post-doctoral fellowship in Stanford University's Behavioral Medicine Clinic. She received her Certified Pain Educator (CPE) credential from the American Society of Pain Educators in

2013. Dr. Palyo specializes in the assessment and treatment of co-occurring chronic pain conditions and psychiatric disorders, with an emphasis on CBT and ACT based interventions. Dr. Palyo also helped to develop San Francisco VA's Intensive Pain Rehabilitation Program, which is the CARF-accredited, tertiary pain program for VISN21. She also received funding from the Office of Rural Health to help develop the Integrated Pain Team for the San Francisco VA's rural CBOCs. She co-leads the San Francisco VA's SCAN-ECHO program for chronic pain, which provides education and consultation to providers all across VISN21. Dr. Palyo's research interests include co-occurring chronic pain and PTSD and resiliency.

Diana Partovi, PsyD is a Clinical Neuropsychologist/Geropsychologist at the San Francisco VA Medical Center (SFVAMC) specializing in the treatment and cognitive assessment of older adults. Dr. Partovi obtained her B.A. at University of Washington, and her Psy.D. in Clinical Psychology (with an emphasis in neuropsychological assessment) at Alliant International University in 2012. She completed her Clinical Internship at the VA Northern California Health Care System (VA NCHCS), with a specialty in neuropsychology. Dr. Partovi completed two years of Postdoctoral Fellowship specializing in neuropsychological assessment. Her first year of fellowship was at SFVAMC with focus on psychological interventions for older adults, and neuropsychological assessment (including a focused neuropsychology rotation at the Memory and Aging Center at UCSF). Her second postdoctoral year was completed at VA NCHCS, focused on neuropsychological assessment, particularly in the areas of neurodegenerative disorders. Her research interests include impact of mild traumatic brain injury (mTBI) and co-morbid PTSD on psychological symptomatology and treatment compliance. Dr. Partovi has also developed and implemented a modified cognitive rehabilitation protocol for older adults and their partners.

Donna Rasin-Waters, PhD, is a staff psychologist at the San Francisco Veterans Affairs Medical Center. She provides program development and services to veterans on the newly forming Behavioral Education and Support Team (BEST), an embedded mental and behavioral health program in acute inpatient medicine. She received her doctorate in clinical psychology from Long Island University – Brooklyn Campus and her postdoctoral certificate in neuropsychology from the Fielding Graduate University, New York City Campus. Her clinical and research interests include geropsychology, health care reform policy and system transformation.

Shilpa Reddy, PhD is a staff Psychologist in the TMH Section, who provides a range of evidence-based interventions, with some focus on those with Severe Mental Illnesses. She completed her Postdoctoral Fellowship at the SFVAHCS with an emphasis on Psychosocial Rehabilitation, with experience working across a number of clinics and sections. She has experience in providing individual, couples and group interventions by TMH. She has training in CBT, ACT, Emotion Focused Couple's therapy and Cognitive processing therapy. Her experience over the last 15 years spans three different countries (U.S., India and Australia) and she brings a deep awareness of diversity issues that influence health and illness. Shilpa is a board member of the San Francisco Psychological Association, currently serving as the Diversity Committee chair. She is Thesis Committee Member in Art Therapy Psychology at Notre Dame de Namur University. In addition, she is faculty at the Felton Institute of Research and Training and she trains community mental health professionals in Cognitive Behavioral Therapy and Cognitive Behavioral therapy for psychosis.

Kellie Rollins, PsyD is the Director of Psychology Internship and Practicum Training Programs at San Francisco VA Medical Center (SFVAMC) and staff psychologist in the Opioid Treatment Program (OTP) within the Substance Abuse Programs at SFVAMC. She assumes a clinical educator role as Associate Clinical Professor in the Department of Psychiatry at the University of California, San Francisco School of Medicine. Dr. Rollins received her Doctor of Psychology degree from Nova Southeastern University in 2005 after completing predoctoral internship at Harvard Medical School/Boston VA Medical Center where she specialized in assessment and treatment of severe psychopathology in women Veterans and longer-term psychodynamic psychotherapy. She subsequently completed her postdoctoral fellowship at SFVAMC, focusing on the treatment of substance use disorders and posttraumatic stress and was hired on as staff in 2006. In her role as staff psychologist in Opioid Treatment Program (OTP), she

provides individual psychotherapy and group psychotherapy for Veterans with substance use disorders and co-occurring psychiatric, personality/characterological and medical conditions. As Director of Psychology Training at SFVAMC, Dr. Rollins leads the APA accredited clinical psychology predoctoral internship and the practicum training programs. She is also Co-chair of SFVAMC Mental Health Service Quality Improvement (QI), Member-At-Large of the Executive Committee of the National VA Psychology Training Council (VAPTC) and Campus Training Representative for the APA Federal Education Advocacy Coordinators. Beyond the VA, she is chair of American Association for Treatment of Opioid Dependence (AATOD) conference workshop committee and has a part-time private practice in San Francisco.

Johannes C. Rothlind, PhD directs the Neuropsychological Assessment Program at the SF VAMC. He is an Associate Clinical Professor of Psychiatry at UCSF. Dr. Rothlind obtained his PhD in Clinical Psychology from the University of Oregon in 1990, with a focus in neuropsychology. He completed his pre-doctoral clinical psychology internship at the UCSD/San Diego VAMC with special emphasis in geriatric neuropsychology. From 1990-1992 he completed a NIA-sponsored postdoctoral neuropsychology fellowship at the Johns Hopkins University School of Medicine, where he was engaged in mentored research on the neuropsychology of Huntington's disease and received further supervised training in clinical neuropsychology. Dr. Rothlind came to the SFVAMC in 1995 after several years on the faculty of the University of Maryland School of Medicine, as an assistant professor of psychiatry. His responsibilities at the SFVAMC include leadership of the operations of the Neuropsychological Assessment Program. He provides evaluation and consultation services to a wide range of clinical programs including the various clinics of the Mental Health Service, Medical Practice Clinics, the PADRECC, Memory Disorders Clinic, Comprehensive Epilepsy Program, and TBI clinic. He is the Director of the Clinical Neuropsychology Residency training program at the San Francisco VA, and provides teaching and supervision to clinical psychology trainees at all levels of experience (practicum students, interns, post-doctoral fellows). He leads weekly training seminars and case-conferences reviewing core topics in neuropsychological and psychological assessment, including functional neuroanatomy, and theoretical and empirical foundations of clinical neuropsychological assessment and consultation. Dr. Rothlind also maintains active collaboration with SFVAMC and UCSF investigators studying the effect of deep brain stimulation for treatment of Parkinson's disease. His research interests also include developing methods for brief and reliable assessment of disorders of self-awareness in patients with neuropsychological disorders.

Martha Schmitz, PhD, ABPP is a staff psychologist at the San Francisco Veterans Affairs Medical Center and Assistant Clinical Professor at University of California-San Francisco School of Medicine. She provides Posttraumatic Stress Disorder treatment to veterans residing in rural areas via telehealth, as well as at the medical center. Dr. Schmitz offers continuing education workshops and consultation in the treatment of PTSD and substance abuse to clinicians both nationally and abroad. She began working with Lisa M. Najavits, PhD, author of *Seeking Safety: A Treatment Manual for PTSD and Substance Abuse*, as a postdoctoral fellow at McLean Hospital-Harvard Medical School in 2000 and continues to work as her associate through Treatment Innovations. She received her doctorate in counseling psychology from the University of Missouri-Columbia after earning her master's and bachelor's degrees from the University of California-Davis. She has collaborated on several research projects in both the United States and France. Her clinical and research interests include posttraumatic stress disorder, substance abuse, and resiliency in survivors of trauma.

Sarah Shonkwiler, LCSW is the Outreach and Education Coordinator of the San Francisco Veterans Administration (SFVA) Family Therapy Program and is a Clinical Professor of Psychiatry at the University of California, San Francisco (UCSF). She received her master's degree from the Smith College School for Social Work in 2000 and completed her post-graduate training at the Ackerman Institute for the Family in New York City. Additionally, she has advanced training in Emotionally Focused Therapy (EFT) for Couples. Her extensive experience in VA and Community Mental Health settings has encompassed therapy provision, clinical supervision and program management.

Elizabeth Mulligan Shumaker, PhD, ABPP is a Staff Psychologist at the Santa Rosa Community Based Outpatient Clinic, where she serves as a consultant to the Home-Based Primary Care team and provides geriatric cognitive assessments and individual and group therapy in the outpatient clinic. She earned her doctorate in Clinical Psychology from Washington University in St. Louis and completed her internship and postdoctoral fellowship at VA Boston, both with specializations in Geropsychology. She subsequently obtained her board certification in Geropsychology. Prior to her time at the SFVA, she was a staff psychologist at VA Boston, with roles including serving as the Track Coordinator for Geropsychology training, providing psychodiagnostic assessments and individual and group therapy in an outpatient Geriatric Mental Health Clinic, and supervising interns, fellows, and psychiatry residents through the Harvard South Shore program. Nationally, Dr. Shumaker serves as the Chair Elect for the Council of Professional Geropsychology Training Programs and is a member of APA's Commission for the Recognition of Specialties and Proficiencies in Professional Psychology. She is VA certified in Cognitive Behavioral Therapy for Insomnia (CBT-I) and Cognitive Processing Therapy (CPT). Her primary professional interests include supervision and training, bereavement, late-life family relationships, cancer survivorship, and trauma recovery among older adults.

John Straznickas, MD is the Team leader for the Substance Use Posttraumatic Team (SUPT) and a staff attending psychiatrist in the Addiction Recovery Treatment Services (ARTS) Program at the San Francisco VA Medical Center. He is an Associate Clinical Professor in the Department of Psychiatry at the University of California, San Francisco School of Medicine, and has received several teaching awards from the residents in psychiatry including the Excellence in Teaching Award in 2004, 2007, 2008 and 2010. He organizes the substance abuse seminar for all the trainees and supervises the psychiatry residents and the psychology fellows, interns, externs and medical students. He has expertise in the theory and practice of group psychotherapy and leads two group supervision seminars for both faculty group leaders and psychiatry residents. Dr. Straznickas received his medical degree from Duke University and is a graduate of the UCSF psychiatry residency program.

Andrew Turner, PhD, ABPP, is a Staff Psychologist in the Santa Rosa Community Based Outpatient Clinic of the SFVAHCS. He completed his doctoral training at the University of Missouri-Columbia, and his internship at the Mid-Missouri Psychological Consortium, a three-hospital program involving the VA, Medical School, and State Hospital. He then practiced in Wyoming for twenty-two years, first in community mental health and hospital care, and later at the University of Wyoming, as an administrator, clinician, and faculty member in both Psychology and Family Medicine. From 2003 to 2013, he served as an Assistant Dean in the University of Washington School of Medicine, and Associate Clinical Professor in the Departments of Family Medicine and Psychiatry, focused on rural medical education and behavioral health. In July 2013, he joined the Santa Rosa CBOC where he provides leadership for the psychology training program, the clinic's group therapy program, as well as direct patient care. His professional interests include multidisciplinary and culturally-sensitive care, trauma recovery, behavioral health, and supervision and training. Dr. Turner is certified as a national Cognitive Processing Therapy (CPT) provider.

Samuel Wan, PhD, is Director of Training for the Postdoctoral Fellowship Training Program at the SFVAHCS, Staff Psychologist and Clinical Supervisor with the Substance Use and PTSD (SUPT) Clinic and Assistant Clinical Professor of Psychiatry at the School of Medicine at the University of California, San Francisco. He completed his doctoral internship with the Boston Consortium in Clinical Psychology and postdoctoral fellowship in Substance Use Disorders at the SFVHCS. He received his PhD in Counseling Psychology from Boston College, and BA in Psychology from the Univ. of California, Berkeley. As team member of the SUPT clinic, Dr. Wan performs a range of clinical, administrative, and educational activities focused on the assessment, management, and treatment of co-occurring substance use disorders and PTSD in the veteran population. Dr. Wan's clinical interests include substance use disorders, posttraumatic stress disorder, multicultural psychology, particularly Asian American psychology, and gender issues. In 2016, Dr. Wan was elected Treasurer for the Association of VA Psychologist Leaders (AVAPL), and in 2015 he completed serving as Chair of the Conference Planning Committee for the 17th

and 18th Annual VA Psychology Leadership Conferences. He is a member of the VA Psychology Training Council's Multicultural and Diversity Committee, and is a member (and former chair) of the SFVHCS Psychology Diversity Committee, and is former Member-At-Large for Division 51 (Society for the Psychological Study of Men and Masculinity). In 2014, Dr. Wan was awarded a Presidential Citation by APA President, Dr. Nadine Kaslow, and in 2012, he was selected to receive the **James Besyner Early Career Award for Distinguished Contributions to VA Psychology by the AVAPL**. In 2008-09, Dr. Wan was an Early Career Leadership Fellow with the Asian American Psychological Association, a leadership development program that he subsequently co-chaired for several years.

Erin C. Watson, PsyD, is a Clinical Health Psychologist at the San Francisco VA Healthcare System (SFVAHCS) specializing in pain management in primary care. Dr. Watson earned her PsyD in Clinical Psychology with an emphasis in Primary Care Psychology & Behavioral Medicine from Adler University in 2014. She completed her Clinical Internship at the Portland VAMC/Oregon Health and Science University (OHSU), and Postdoctoral Fellowship at the SFVAHCS, with a focus on HIV/AIDS and Liver Disease. Dr. Watson has specialized behavioral medicine training in chronic pain, infectious disease, hepatitis C and liver disease, weight management/bariatrics, organ transplant, and primary care psychology. Her clinical and research interests include the integration of behavioral health in medical specialty clinics, education for allied health professionals, social responsibility and health disparities, and program development and evaluation. Dr. Watson was the recipient of a 2016 Federal Employee of the Year award for her team efforts in integrated care diversity-related programming. Dr. Watson serves as a consultant for the National VA Motivational Interviewing and Motivational Enhancement therapy initiative, and practices evidence-based cognitive behavioral and acceptance and commitment therapies.

Tauheed Zaman, MD is Medical Director of the Prescription Opioid Safety Team (POST), a multidisciplinary service that cares for medically complex, opioid addicted patients at the San Francisco VA. He supervises UCSF psychiatry residents in their Longitudinal Care Experience clinic, and UCSF Addiction Psychiatry fellows in managing a variety of substance use disorders. He has served on the Council for Addictions at the American Psychiatric Association (APA), authoring the APA's position statement on marijuana as medicine, and presented a series of APA workshops on behavioral addictions, and on integrated care. He has published on psychiatric comorbidities associated with substance use in both adults and adolescents, and on practical approaches to motivational interviewing for medical providers. He completed his psychiatry residency at the Harvard-Cambridge program, where he served as Chief resident, and completed his fellowship in Addiction Psychiatry at the UCSF/San Francisco VA.

Joan Zweben, PhD is part time staff psychologist at the VA where she supervises trainees in issues related to the treatment of addiction. Dr. Zweben is a Clinical Professor in the Department of Psychiatry, UCSF Medical Center. Dr. Zweben is an APA Fellow in the Addiction Division since 1997. Most of her time is spent as Director of the East Bay Community Recovery Project in Oakland, a substance abuse treatment program that provides psychological and medical services in residential and outpatient settings, and also offers supportive housing. Dr. Zweben is widely known as a consultant in the area of drug and alcohol treatment. She is an author of four books and over 70 journal articles and book chapters on substance abuse issues. She does consulting and training in a wide range of drug and alcohol treatment modalities.

Leila Zwelling, LCSW is the Director of the San Francisco VA's Interpersonal Psychotherapy Program, Assistant Director of the SFVA Women's Clinic Mental Health Clinic and an Assistant Clinical Professor with UCSF's Psychiatry Department. She also serves as a Staff Consultant for the VA Interpersonal Psychotherapy Rollout Program. Additionally, Ms. Zwelling coordinates and supervises trainees in the Women's Integrated Care Clinic, providing mental health treatment and consultation in the primary care setting. She provides gender-specific treatment for female veterans with complex trauma histories, including childhood abuse, combat and military sexual trauma, and intimate partner violence, and is VA-certified in Prolonged Exposure. Ms. Zwelling has played a key role in the expansion of women's mental health services at the San Francisco VA. A graduate of the University of

Virginia, she completed clinical training with UCSF's Infant-Parent Program, and worked in San Francisco General Hospital's Psychiatry Department prior to joining the VA.



**APPLICATION FORM
San Francisco Department of Veterans Affairs Health Care System
Psychology Postdoctoral Fellowship Program**

***This form is to be submitted in APPA CAS as "Other".**

Application(s) Deadline: Sunday, December 4, 2016, 11:59PM Eastern Time (8:59PM Pacific Time)

Please print.

I. Identifying Information

Name:
U.S. Citizen? YES / NO (MUST BE TO APPLY)
Mailing Address:
Email:
Work Telephone:
Home or Mobile Telephone:
Please identify/provide the telephone number where you can be reached at 7:00am (Pacific Time) on Monday, 02/27/2017:

II. Rank Order Emphasis Area to which you are applying

Please rank order **ONLY** those to which you are interested. The San Francisco VA Health Care System will be offering **sixteen (16)** one-year psychology postdoctoral fellowships in 2017-2018 with emphasis areas in the following:

We will also be offering one (1) two-year postdoctoral psychology fellowship in Clinical Neuropsychology. The application procedure for this fellowship program is separate from the general program and program and application information can be found at: <http://www.sanfrancisco.va.gov/education/psychologytraining.asp>

RANK	EMPHASIS AREA
	Community-Based, General Mental Health Fellowship (2 positions located at the Santa Rosa CBOC)
	Evidence-Based Psychotherapy in General Mental Health, Women’s Mental Health and Primary Care
	Geropsychology
	Integrated Care Psychology in HIV and Liver Disease
	Dr. Stephen Rao Interprofessional LGBT Healthcare
	Primary Care Psychology (4 positions)
	PTSD and Returning Veterans
	PTSD and Substance Use Disorders Treatment
	Psychosocial Rehabilitation
	Substance Use and Co-occurring Disorders Treatment (2 positions)
	Women’s Mental Health and Trauma

III. Doctoral Program

Doctoral Program:	
Program APA ACCREDITED? YES / NO (MUST BE APA ACCREDITED TO APPLY)	
Program Type: Clinical / Counseling AND University / Professional	
Doctoral Degree: Psy.D. / Ph.D.	Completed? YES / NO
Dissertation title:	

Dissertation date completed:

If not completed, *please provide contact information for your dissertation chairperson including* a letter of support describing your dissertation status and timeline.

Dissertation Chairperson:

Email:

Phone:

IV. Internship Program

Predoctoral Internship Program:

Internship APA ACCREDITED? YES / NO (MUST BE APA ACCREDITED TO APPLY)

Predoctoral Internship Completed (date):

If not completed, *please provide contact information for your Predoctoral Internship Training Director including* a letter indicating you are in good standing and when you are expected to graduate.

Director of Training:

Email:

Phone:

V. Required Application Materials

- 1) Application form (submitted into APPA CAS as "Other")
- 2) Current Curriculum Vitae
- 3) Official graduate school transcript(s)
- 4) Three (3) letters of recommendation
 - a) One of the letters may be a letter of support from your current Internship Training Director indicating that you are in good standing to successfully complete your predoctoral internship, including the expected completion date.
- 5) A letter of support from your Dissertation chairperson describing your dissertation status and timeline if you have not completed your graduate degree. Dissertations must be complete before the postdoctoral fellowship begins. Please note we will be monitoring dissertation progress and status on a routine basis. All requirements for the doctoral degree must be completed prior to the start of the fellowship year.
- 6) One (1) work sample. Clinical or academic work samples are acceptable (e.g., a redacted clinical evaluation summary; other work-samples may include published manuscripts on which you are main author or other manuscripts or evidence of scholarly and/or clinical productivity and proficiency).

VI. Interviews

Please rank order the following interview dates. Every effort will be made to accommodate your preferred interview date, however, we cannot guarantee that you will receive your first choice

RANK	DATE
	Monday, 1/23/17
	Monday, 1/30/17
	Friday, 2/3/17
	Monday, 2/6/17

IV. Application Checklist

Please submit all application materials electronically to APPA CAS by Sunday, December 4, 2016, 11:59pm Eastern Time (8:59pm Pacific Time). Please do not mail any materials in hard copy form.

	Completion of Application Form (submitted into APPA CAS as "Other")
	Current Curriculum Vitae
	Official Graduate Transcript(s)
	Three (3) letters of recommendation in support of your application. *One of the letters may be a letter of support from your current Internship Training Director indicating that you are in good standing to successfully complete your predoctoral internship, including the expected completion date. If already completed, you can email a copy of your predoctoral internship certificate.
	Dissertation title and date completed. *If not completed, please provide a letter of support from your dissertation chairperson describing your dissertation status and timeline.
	One (1) Work Sample
	Interview Ranking

Thank you for your interest in and consideration of the SFVAHCS Psychology Postdoctoral Fellowship Program for your training!