

**PSYCHOLOGY POSTDOCTORAL RESIDENCY TRAINING PROGRAM
VA St. Louis Health Care System
St. Louis, Missouri
2017 - 2018**



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**Accredited by the
American Psychological Association**
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Expected Start Date: July 24, 2017*

*may be negotiable depending on individual circumstances

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FOREWARD

Thank you for your interest in our psychology training program at the VA St. Louis Health Care System!

The VA St. Louis Health Care System has offered psychology training since the late 1950's. Our psychology internship program earned accreditation by the American Psychological Association (APA) in 1980 and has grown through the years to our current structure of 5 general internship positions and 1 neuropsychology track position. We began our postdoctoral training programs in 2008 and became accredited by the APA in March 2013 (next review will be 2020). In our traditional 1-year programs, residents training within the emphasis areas of **Recovery Programs (PRRC/MHICM), Posttraumatic Stress Disorder (PTSD), and Primary Care Mental Health Integration (PCMHI)**. In our 2-year specialization in **Clinical Neuropsychology** we have two positions with rotating start dates. Therefore, one Neuropsychology position is awarded each year.

The traditional clinical psychology positions (PRRC/MHICM, PTSD, PCMHI) are designed to emphasize advanced, evidence-based clinical training in frontier areas of psychology service delivery while our Clinical Neuropsychology residency is designed to meet specific specialization standards.

We know you are carefully scouring the details of specific programs you have identified as matching your training interests and we understand the importance of seeking placements that will offer the best personal and professional returns for the investment of your time and resources. As you sort through all these details, **we would like to offer a few highlights of what you can expect from our postdoctoral residency programs.**

- You can expect mentoring and supervision from incredibly talented and skilled practitioners who are enthusiastically committed to your training and growth.
- You can expect a training structure that equally supports and challenges your progressive development over the course of residency.
- You can expect to find a training environment that equally recognizes and values the contributions our residents bring to us in the form of diverse and informed perspectives.

For the training year 2017-2018, our targeted start date will be **July 24, 2017**. Our program may accommodate later start dates for those applicants still finishing their internship at the time of our targeted start date.

If you have questions about our program please contact me by e-mail at Martina.Ritchhart@va.gov or by phone at (800) 228-5459, ext. 6-6653 or ext. 5-1411.

Sincerely,

Dr. Martina Ritchhart & St. Louis Psychology Training Committee

Questions regarding program status should be directed to the Commission on Accreditation:
Office of Program Consultation and Accreditation
American Psychological Association
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I. PSYCHOLOGY WITHIN THE VA ST. LOUIS HEALTH CARE SYSTEM

The VA St. Louis Health Care System (VASTLHCS) is a two-division medical center with the majority of medical specializations being housed at the John Cochran (JC) division and the majority of the mental health/rehabilitation services being housed at the Jefferson Barracks (JB) division. The Hope Recovery Center, located in midtown St. Louis, also provides services to Veterans including housing programs, job programs, and mental health programs. VASTLHCS provides comprehensive mental health care, including inpatient, residential, outpatient, integrated services (e.g., MH services integrated into Primary Care, Spinal Cord Injury, Community Living Center, and Pain Rehabilitation Programs), and community-based services to an average of nearly 16,000 veterans and greater than 145,000 visits a year. The Mental Health Service is led by the Associate Chief of Staff, Dr. Metzger, who is a psychologist. Psychologists are members of Medical Staff of the VASTLHCS, which allows them to serve on various facility-level leadership and steering committees. The Internship program remains under the administrative oversight of the Psychology Training Council and Training Director.

In accordance with the overall mission of the Veterans Health Administration (VHA), psychology training (as well as other associated health and medical programs) is to be conducted within an integrated service delivery model. Training is designed not only to improve the health of our veterans but also to ensure an active and competent workforce of health professionals able to support the Department of Defense (DoD) and Federal Emergency Management Agency (FEMA) in times of local or regional disaster.

Psychologists at the VA St. Louis Health Care System engage in a wide variety of clinical, teaching, and administrative activities and have considerable autonomy in their professional endeavors. The number of psychologists and the diverse areas in which we practice have undergone a rapid expansion in the last few years. We have approximately 45 doctoral level psychologists on site operating in a variety of areas within mental health and integrated into medical clinics. The doctoral supervisory staff is highly qualified and experienced, and all are licensed as psychologists. Various staff members have part-time private practices, are affiliated with local universities/medical schools, conduct research, and are active in community and national professional organizations. Some of our psychologists are engaged in research activities, and when their areas of research align with residency placements, this can afford another opportunity for psychology residents.

II. PSYCHOLOGY TRAINING

Our program has run continuously since its inception with the full support of VA administration and leadership. We receive VA funding to host 6 psychology interns and 5 psychology residents. We also regularly offer unpaid practica rotations to students from APA-accredited psychology graduate programs with which we hold affiliation agreements.

Psychology residents within each of the emphasis areas begin their training year by collaborating with their primary supervisors to identify specific clinical areas for growth and to set personal goals for training, resulting in the collaborative development of a learning agreement which guides the resident's training experiences. These documents explicate training objectives, experiences, and expectations for training fidelity while also meeting the State of Missouri's licensure requirements for post-degree resident supervision. A review of license activity from our residency classes since 2008 shows they each have obtained licensure at the earliest date at which they were eligible. A review of our staff biographical vignettes at the conclusion of this brochure reveals we have a large number of staff who trained within this

very VA! We believe this reflects the rigor and excellence of our training curriculum, the rewarding nature of the professional psychology careers within our health care system, and the collegiality of the psychologists serving together at our VA.

To maintain quality and fidelity to excellence in training, our program routinely collects training data through comprehensive quarterly training evaluations, supervisor evaluations, and post-graduation evaluations measuring how well elements of the training environment help residents develop necessary clinical and professional competencies. We host 2 town hall meetings with all trainees and supervisors over the course of the year in our Psychology Service Meetings and each spring we offer an anonymous survey designed to elicit honest feedback and recommendations regarding all elements of our training program. This structure allows for information sharing and collaborative problem solving in real-time, as opposed to a process of delayed solicitation and delayed action. This information is used in the Training Council's annual strategic planning session to continue quality improvements. We believe it is because of these procedures that our formal program outcome data has consistently reflected positive evaluations from our interns and residents.

III. THE PSYCHOLOGY RESIDENCY PROGRAM

A. Mission Statement: The objective of the VA St. Louis Health Care System Postdoctoral Fellowship Program is to produce skilled, well-rounded, ethical, licensure-ready clinicians capable of the independent practice of psychology. We use a developmentally-based, mentorship model which emphasizes flexible application of self-directed learning in the Scholar-Practitioner tradition. Upon successful completion of training, all fellows will have met the postdoctoral supervised experience requirements for licensure in the state of Missouri and most other states. They will also demonstrate:

- Advanced competence in the provision of specialized psychological services to the VA patient population from their area of clinical training focus (e.g., PTSD, Neuropsychology, PCMH, Recovery Services)
- Advanced competence in the use of assessment tools and technique
- Facility in Evidenced-Based Treatments
- Competence in the provision of clinical supervision
- Competence in scholarship including conducting a performance improvement/quality management project, clinical or program evaluation research, contribution to the professional literature, or comparable scholarly work
- Competence with integrating cultural awareness, knowledge, and best practice applications across all areas of their clinical and professional training

The core curriculum of the program will vary slightly depending on the specific area of training as outlined below. However, each residency position is designed to meet licensure in the State of Missouri and as such, will necessarily include didactic, interdisciplinary treatment team participation, and other professional activities as outlined in the Missouri State Committee of Psychologists Practice Act and Rules available at www.pr.mo.gov/psychologists.asp. Accordingly, while the majority of each resident's primary learning experience will involve intensive clinical exposure to the specialty area of their choice, they will also be engaged in other learning activities which are specifically outlined in each area of training section below.

We currently have 5 funded resident positions. Each residency position is designed as a full-time (40 hours/wk), 12 month (2080 hour) training experience with the exception of the

Neuropsychology residencies which are 2 year appointments, with the proviso that the second year appointment is contingent upon satisfactory completion of the first year. The two year residency schedule is designed to form the basis for pursuing board certification for Neuropsychology. Residents are expected to complete the entire training commitment in their area of specialty training.

B. Areas of Clinical Training:

1. Posttraumatic Stress Disorder (1 FTEE position)

The PTSD residency provides a one-year intensive training experience in clinical psychology with an emphasis on diagnosis, treatment and consultation with a military combat-related PTSD patient population.

Clinical Service Overview: The VASLHCS is the only VA in the nation that has 2 Posttraumatic Stress Disorder Clinical Teams (PCT). PTSD Team 2 serves our returning Veterans from Afghanistan and Iraq (OEF/OIF/OND), and PTSD Team 1 serves Veterans from all previous conflicts. Both PCTs are fully functional multidisciplinary teams, with services offered by psychologists, psychiatrists, social workers, and nursing staff. Staffs on both teams are certified in various evidence based treatments including CPT, PE, CBT for Insomnia, ACT, MI, CBT, and Problem Solving Therapy.

PCT 1 (World War II – 2000)

PTSD Team 1 treats veterans with PTSD stemming from conflicts ranging from WWII through 2000. There is an emphasis on Vietnam Veterans, though veterans from others conflicts, such as Desert Storm, are increasingly seeking services. The clinic has approximately 1500+ PTSD patients enrolled in active care and receives a steady stream of new patients providing opportunity for evaluation/assessment and treatment planning. The clinic model offers a range of treatment options but is primarily group therapy-driven and offers a wide variety of therapy modalities. There are two tracks of group treatment; long-term process groups and time-limited evidence based therapy groups. Examples of current group offerings include an Intro to PTSD Class (for new patients), multiple Vietnam Trauma Process Groups, Seeking Safety, Cognitive Processing Therapy, ACT for Combat PTSD, as well as more symptom focused groups, such as hyperarousal/anger, comorbid depression, and sleep/nightmare related to combat PTSD.

PCT 2 (Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn)

PTSD Team 2 was created to provide an evidenced-based continuum of mental health care to veterans from OEF/OIF/OND with combat-related PTSD and associated injuries and/or adjustment problems. This team works closely with adjacent resources such as Primary Care Mental Health Integration, the Level 2 Polytrauma/TBI Team, Inpatient Mental Health, the Women's Clinic, Veteran's Justice Outreach, and multiple internal and external liaison services/resources dedicated to triaging the care needs for veterans of current military operations. Following independent research conducted into OEF/OIF/OND Veterans' preferences for treatment, this program strongly emphasizes evidence based individual psychotherapy for PTSD. Psychologists in PTSD 2 trained with Dr. Resick at the Center for Trauma Recovery as CPT was being developed and adapted to military trauma, and PTSD 2 therapists are certified in CPT, PE, CBT-I, ACT, MI, and Problem Solving Therapy.

Resident Experiences: Residents will participate in a training program of approximately 70% clinical service, 10% research/performance improvement/program evaluation, 10% inter-professional treatment team meetings/consultation, 10% didactics/professional development

with some flexibility dependent upon individual areas of interest. Breadth of training will promote advanced skills in diagnosis and treatment with an emphasis on evidenced-based intervention, inter-professional treatment team functioning, as well as a project outlined more below. Depth of training will emphasize advanced skill acquisition and expertise in the treatment of military PTSD and trauma-related disorders. The resident's time is divided between the two teams in order to maximize learning about the differences in PTSD presentation and treatment needs among various cohorts.

The resident will be involved in every stage of service provision including opportunities in triage, consultation and liaison, assessment (both diagnostic interview and psychometric assessment), differential diagnosis, psychotherapeutic intervention, multidisciplinary PCT treatment team meetings, and veteran outreach and education as appropriate. Interaction with adjacent clinics and professional disciplines will be an integral part of training. The clinical service portion of training will emphasize acquisition of evidenced-based intervention skills, which may include CBT, CPT, PE, CBT-I, ACT, MI, and Seeking Safety, with an emphasis on exposure/trauma narrative-based treatment approaches.

We expect that residents will play an active role in performance improvement/quality management in their training area in the form of a scholarly project for the year. This project will be identified in the first month of training in a collaborative fashion with the fellow's primary supervisor and related staff, and progress will be monitored by the resident's supervisors. Possible projects will involve program development, outcome measure design and/or implementation, fidelity measures, or performance improvement enhancements to existing programs. In order to facilitate a comprehensive knowledge base of trauma theory and interventions, residents will also make use of medical library, VA online educational programs, and special local or regional training. They will also participate in scheduled didactic and enrichment seminars to provide an additional breadth of learning with respect to the broader traditions of clinical psychology.

Facilities and Staff Support: The 2 PTSD teams are housed in our PTSD clinic building, which includes a dedicated trainee office with computer access and unit secretarial support. The two PCTs are staffed by 4 Psychiatrists, 5 Psychologists, 3 Clinical Social Workers, 2 psychiatric RNs, and 2 unit clerks.

2. Recovery Programs (Chronic/Serious Mental Illness) (1 FTEE position)

The Recovery Programs Postdoctoral Residency provides a one-year advanced training experience in Psycho-Social Rehabilitation (PSR) services and interventions for veterans with Serious Mental Illness (SMI). PSR services at VA St. Louis Health Care System are informed by SAMHSAs ten guiding principles of recovery and we see ourselves as a recovery model program. Over the course of the year the resident will participate in a broad range of training experiences including diagnosis, assessment and intervention, as well as in depth instruction in Evidence-Based Practices (EBPs) for SMI.

Clinical Services: The residency is primarily located at VA St. Louis Hope Recovery Center (HRC) and the resident is considered a member of the Psychosocial Rehabilitation and Recovery Center (PRRC) treatment team. In addition to the primary PRRC assignment, the resident will also participate actively with the Mental Health Intensive Case Management (MHICM) team, our local Assertive Community Treatment (ACT) team.

Clinical training and responsibilities include assessment and treatment of veterans with SMI such as schizophrenia spectrum disorders, mood disorders (Major Depressive Disorder, Bipolar Disorder) and Posttraumatic Stress Disorder. Specific clinical opportunities include providing psycho-educational and skills groups, individual therapy, and individual recovery coaching within the PRRC. The resident will provide services at the Hope Recovery Center, other VA St. Louis locations as needed, and some services during community visits. The resident acts as a liaison between the PRRC and the MHICM team and in this role attends MHICM team meetings once weekly. The resident has the opportunity to work closely with other program staff at the HRC, namely staff from the homeless programs and Compensated Work Therapy (CWT) team, to provide coordinated care and services. The resident will also have an opportunity to interact with providers from the wider VA St. Louis community by attending monthly meetings including the monthly Psychology staff meetings, and monthly Psychology Grand Rounds seminars.

In addition to providing clinical services, the resident will be actively involved in a program development project. Though it is not required, interested PRRC residents have the opportunity to receive training in methods for Compensation and Pension exams (a fairly standard role of psychologists within many VA hospitals), and may serve on a psychology counsel or other psychology or VA wide committee of interest. While the residency is not primarily research oriented, the interested resident can pursue research projects.

Methodology: The PRRC and MHICM programs serve veterans with SMI who struggle with attaining and maintaining independent functioning. Many of the veterans we serve also suffer with co-occurring physical health issues (for example Type II Diabetes, COPD and other chronic health conditions) and/or substance abuse issues. The PRRC and MHICM teams have an interdisciplinary staff (psychologists, social workers, occupational therapists, nurses, and peer support specialists), and as such we provide a range of mental health, physical health and wellness, and case management services. Treatment is based on the recovery model, which emphasizes veteran choice, maximizes independence, and seeks to instill hope that a meaningful life is within reach of every individual.

Residents are taught psychological interventions and clinical assessment in the context of our PRS/recovery model program. Trainees will learn skills through direct provision of care, supervision, instructional readings, and both on, and off-site training opportunities. The resident is expected to attain proficiency in such evidence-based interventions as Cognitive-Behavioral Therapy (CBT), Motivational Interviewing (MI), and certain aspects of Dialectical-Behavioral Therapy (DBT). In addition to learning these clinical skills the resident will also develop proficiency in consultation with other health and mental health providers including psychiatrists, other physicians, nurses, social workers, occupational therapists, vocational rehabilitation specialists, peer support specialists, dieticians, physical therapists and others. The resident will be responsible for data management, i.e., processing and analyzing data pertaining to recovery-oriented programs as measured by Northeast Program Evaluation Center (NEPEC). Hence, there are ample already-embedded opportunities for performance improvement, quality management, and research endeavors.

Facilities and Staff Support: The Hope Recovery Center is located in a major metropolitan area approximately one mile from the main medical hospital in the VA St. Louis system, John Cochran Division hospital. The HRC has full access to and support from all hospital resources including a physical library, on-line library, Information Technology, computerized note system and medical record. The resident will be provided all resources to effectively fulfill their duties including office space with a desk, phone, computer, and Internet access.

3. Neuropsychology (1 FTEE Position, 2 Year Program*)

The VA St. Louis Health Care System has funding for two Neuropsychology Residents. This results in one training position opening for each training year. The Neuropsychology Postdoctoral Residency program provides a two year training program in accordance with the recommendations of the Houston Conference on Specialty Education and Training in Clinical Neuropsychology. The Neuropsychology Postdoctoral Residency program will provide the necessary training and preparation for residents to be eligible for ABPP Board Certification in Clinical Neuropsychology and to practice as specialty-trained clinical neuropsychologists. As noted previously, the program is APA-accredited as a specialty practice postdoctoral residency program in clinical neuropsychology. Residents will participate in training in both a comprehensive outpatient neuropsychological evaluation clinic and in inpatient and outpatient neurorehabilitation settings.

The overall goal of the VA St. Louis Health Care System Postdoctoral Program in Clinical Neuropsychology is designed to help residents meet multiple competencies of professional practice and to secure a sense of professional identity such that they become well-rounded, ethical, licensure-ready clinicians with advanced specialty neuropsychology competencies capable of the independent practice of psychology. This goal is accomplished via a scholar-practitioner training model which informs the programmatic structure and the training activities that are included.

Accordingly, the structure of the program during Year One is designed to meet licensure requirements as set forth by the State Committee of Psychologists Practice Act and Rules (State of Missouri). The remainder of the training (Year Two), is designed to complete the training necessary to meet eligibility for ABPP Board Certification in Clinical Neuropsychology, most notably through fulfilling Houston Conference training requirements. As previously stated, as a specialty neuropsychology residency program within a broader integrated residency program at VA St. Louis Health Care System, while there are some shared goals (e.g., eligibility for licensure as a psychologist), our primary goals are consistent with Houston Conference Guidelines and, in specific, the Houston Conference Guidelines Exit Criteria define the training goals for the two year program.

The general programmatic guidelines as outlined in the Houston Conference Guidelines are met by our two year full time residency program as follows:

- 1. The faculty is comprised of a board-certified clinical neuropsychologist and other professional psychologists** (the Neuropsychology Residency Training Director, Dr. Hogg, is ABPP in Clinical Neuropsychology)
- 2. Training is provided at a fixed site or on formally affiliated and geographically proximate training sites, with primarily on-site supervision** (training occurs at VA St. Louis Health Care System and affiliation agreements are in place with Washington University School of Medicine, the site of current external didactics)
- 3. There is access to clinical services and training programs in medical specialties and allied professions** (VA St. Louis Health Care System is a broad multidisciplinary medical center with a range of health care training programs. The resident has regular interactions with a broad range of health care professionals including medical providers in primary care, neurology, neuropathology, psychiatry, as well as other psychologists and other psychology residents and interns, nurse practitioners, nursing,

physician assistants, and a range of allied professions – e.g., occupational therapy, physical therapy, speech therapy, vocational rehabilitation specialists)

4. There are interactions with other residents in medical specialties and allied professions (the resident interacts with other members of their residency class (including the other Neuropsychology Resident); interacts with medical residents and allied professions through the Polytrauma/TBI Clinic, in context of Neuropsychology Clinic, and in context of external didactics at neurology and neuropathology at Washington University in St. Louis)

5. Each resident spends significant percentages of time in clinical service, and clinical research, and educational activities, appropriate to the individual resident's training needs for the Neuropsychology Specialty Residency Program.

The following is a review of the Houston Conference based residency training goals as outlined in the Neuropsychology Postdoctoral Residency Learning Agreements with reference to training program activities which accomplish those goals:

1. Advanced skill in the neuropsychological evaluation, treatment and consultation to patients and professionals sufficient to practice on an independent basis. Residents develop advanced skills in these areas through two neuropsychology rotations (neuropsychology clinic and neurorehabilitation). Formal didactics occurring throughout the two-year training period focus both on laying the foundations for a neuropsychological knowledge base, as well as exposing the resident to the latest in scientific advances in our field.

2. Advanced understanding of brain-behavior relationships. Residents obtain an advanced understanding of brain-behavior relationships through clinical neuropsychology rotations that include training and supervision of neuropsychological evaluations and neurorehabilitation treatment. Residents also participate in a two year didactic sequence which further develops an advanced understanding of brain-behavior relationships, including the Neuropsychology Neuroanatomy and Neuropathology Seminar, Neuropsychology Journal Club, as well regular attendance at Washington University Brain Cuttings, and Neurology Grand Rounds.

3. Scholarly activity, e.g., submission of a study or literature review for publication, presentation, submission of a grant proposal or outcome assessment. Residents are required to participate in scholarly activity, whether that be preparation of a scholarly paper or literature review, participation in a faculty guided ongoing research, or development of an independent, mentored project. Residents' scholarly activity receives mentorship from core neuropsychology faculty with additional input as needed from adjunct faculty, in line with the residents' scholarly activity focus. We will be providing scholarly activity opportunities congruent with Houston Conference training guidelines including support in conducting literature reviews or an original study of neuropsychological relevance. Dependent upon individual interests, residents can participate in VA sponsored research investigator training, and have access to ongoing applied research in the form of program evaluation efforts. Residents can also participate in VA sponsored Program Improvement training.

4. A formal evaluation of competency in the exit criteria 1 through 3 shall occur in the residency program. Formal evaluations at 3, 6, 9, 12, 15, 18, 21, and 24 months

assess whether residents are successfully progressing towards meeting the exit criteria per the respective Year One and Year Two Learning Agreements. If a resident does not progress according to minimum competencies required, a remediation plan is established with the goal of assisting the resident to successfully achieve all required competencies.

5. Eligibility for state or provincial licensure or certification for the independent practice of psychology. Upon completion of the program, typically by the end of Year One, residents are eligible for licensure to independently practice psychology in the state of Missouri.

6. Eligibility for board certification in clinical neuropsychology by the American Board of Professional Psychology. Residents are also eligible for American Board of Professional Psychology specialty certification in clinical neuropsychology upon successful completion of the two year training program.

In summation, the overarching training goal of the VA St. Louis Health Care System Neuropsychology Postdoctoral Residency Program is to produce highly trained, scientifically knowledgeable, clinically skilled independent practitioners who will be competent to work as advanced clinical neuropsychologists.

Clinical Service: VA St. Louis Health Care System Neuropsychology Clinic (located at Jefferson Barracks Division), is staffed with one full-time Neuropsychologist and a second Neuropsychologist who is dedicated to the clinic half-time. Referrals to the neuropsychology service are received from the VA St. Louis Health Care System, Community Based Outpatient Clinics as well as from other VISN 15 VA facilities without a clinical neuropsychologist on staff. The veteran population covers a diverse age range, ethnic diversity (predominantly European American and African American), residential diversity (urban, suburban, and rural), and includes a significant female veteran referral base. A broad spectrum of clinics refers veterans for neuropsychological evaluation services including Neurology, Extended Care/Rehabilitation, Mental Health/Psychiatry, Primary Care, and the Women's Clinic. Presenting conditions include cerebrovascular accidents, dementias, major psychopathology, multiple sclerosis, seizure disorder, substance use disorders, and traumatic brain injury, as well as occasions of HIV/AIDS, lupus, and oncological conditions.

VA St. Louis Health Care System also has a Polytrauma Level II Network Site with one full-time position assigned polytrauma psychologist/neuropsychologist. Polytrauma patients are individuals, mainly from the OEF/OIF conflicts, who have sustained multiple injuries (such as TBI, PTSD, amputation, visual and auditory impairments, etc.). Neuropsychological evaluation plays an important role in the team's multidisciplinary assessment and planning. The resident will serve as part of a multidisciplinary team and have opportunities to attend weekly interdisciplinary team meetings.

Additional supplemental clinical experiences will include C&L consultation to our inpatient treatment facilities located at Jefferson Barracks, including our inpatient psychiatric facility, the Spinal Cord Injury center, and our Community Living Center (which includes step-down inpatient care and inpatient physical medicine and rehab).

Residents will also receive specific training and experience in clinical supervision, including documentation and supervision approaches in clinical neuropsychology.

Methodology: Residents will participate in a training program of approximately 70-80% clinical service, 10% didactics/structured readings/professional development, 10% scholarly activity/research.

Clinical Training: Residents will train in both comprehensive and targeted neuropsychological evaluation and consultation. Training emphasizes diagnostic issues, clinical data integration, and functional recommendations. Neuropsychological assessment and recommendations are tied to evidence-based approaches. Empirical neuropsychological literature forms the basis of evaluation approaches and recommendations. Residents will develop strong familiarity with empirical neuropsychological literature and will learn how to update their practice as new substantive findings are published and as empirically superior assessment instruments become available. Between the two training sites residents will provide comprehensive outpatient neuropsychological evaluations as well as provide inpatient and outpatient evaluations and treatment with veterans with neurorehabilitation needs. The resident will serve as part of a multidisciplinary team and have opportunities to attend team meetings.

In addition to general psychology postdoctoral programming within VA St. Louis Health Care System (e.g., various enrichment seminars, Psychology Training Seminar, Psychology Grand Rounds), the VA St. Louis Health Care System Neuropsychology faculty provides didactic experiences including weekly Neuropsychology Case Conference with Neuropsychology Journal Club substituting one week each month, as well as a monthly Neuropsychology Neuroanatomy and Neuropathology Seminar intended to prepare residents for board certification. Residents and interns participate in leading case conferences and journal club presentations. The VA St. Louis Health Care System, through its academic affiliations with two leading universities (Washington University in St. Louis and Saint Louis University), is able to provide a wide range of didactic opportunities for neuropsychology residents. Residents are currently participating in WUMC Neurology Grand Rounds and WUMC Neuroanatomy Grand Rounds (i.e., Brain Cuttings), and Saint Louis Children's Hospital Neuropsychology Seminars (connected with Washington University).

4. Primary Care Mental health Integration (1 FTEE position)

Clinical Service: VA St. Louis Health Care System was awarded substantial funding to integrate mental health services into primary care. Our first 2 positions began in 2006 and with additional funding in 2007 our program has now grown to 10 full-time psychologists who are integrated into the all primary care teams at the John Cochran and Jefferson Barracks Divisions, 4 Community Based Outpatient Clinics (in Missouri and Illinois), and 3 community Annex clinics. In 2009, we added a full-time psychiatrist and a full-time nurse coordinator to meet the needs of the integrated team. Our primary care clinics are interdisciplinary and based upon the Medical Home Model, which is identified within the VA system as Patient Aligned Care Teams (PACT).

Methodology: Our training approach is based on providing the fellow with exposure to a broad range of primary care patients and providing comprehensive training in the core areas of skill and knowledge for primary care practice, as outlined by the APA Interdivisional Task Force for a Primary Care Curriculum (McDaniel, Belar, Schroeder, Hargrove, & Freeman, 2002). This includes didactic and experiential content in the biological, cognitive, behavioral, and socio-cultural aspects of health and illness, health policy and healthcare systems, clinical assessment and interventions of common primary care conditions, inter-professional collaboration in primary care, and ethical, legal, and professional issues in primary health care.

Initially residents observe supervisors and are provided with didactic experiences that educate them in the areas listed above. As the resident becomes more familiar with the service delivery model, they are required to engage in services which essentially mirror that of fully licensed staff. This includes conducting intake visits with patients referred for a general evaluation or determination of level of care needed following a positive screen for depression, PTSD, or substance use. Additionally the PCMHI team works collaboratively with the primary care providers to offer services to address the most common health related visits, including diabetes management, chronic pain, and obesity. In cases that do not require more specialized or intensive services, the primary care resident provides brief interventions (typically limited to 4-6, 30 minute sessions) for a wide variety of problems, including: Helping patients adhere to interventions initiated by the PCP; maintaining stable functioning in a patient who has responded to previous treatment; managing a chronic medical condition or improving tolerance to invasive or uncomfortable medical procedures; helping change lifestyle issues or health risk factors among patients.

Application of evidence-based care is supported through a variety of mechanisms. First, whenever possible, interventions are guided by VA/DOD Clinical Practice Guidelines for depression, substance use disorders, PTSD and psychotic disorders. Second, emphasis is also placed on current literature regarding the screening, assessment, and treatment of behavioral health issues in PC, which is maintained through a biannual journal club held during our PCMHI staff meetings. Third, additional EBT training is available through our staff experts in CBT and MI as described elsewhere in this brochure.

This program is considered a “traditional” (non-specialty) residency program, where PCMHI is an area of emphasis. This has allowed us some flexibility in facilitating training experiences based upon a fellow’s specific area of interest. Past examples include work with the Spinal Cord Injury program on the days they host SCI PACT medical appointments and conducting group services through the Interdisciplinary Pain Rehabilitation program. Other opportunities may be available depending upon space and resources, although our primary focus is always upon working within primary care services. Learning agreements are developed at the beginning of the training year and placement/location for residents typically occurs based upon availability with respect to office space, supervisor availability, and the fellow’s specific interests.

Residents are also allotted a small portion of dedicated time to participate in scholarly activities which may include joining research studies already in progress or developing specific programs for implementation within the program.

Facilities and Staff Support: In 2011, the delivery of primary care (PC) services expanded access to veterans through the development of “annex clinics” within St. Louis communities. We currently operate out of John Cochran, Jefferson Barracks, North County, St. Charles County, Washington MO, Belleville IL, 2 general Annex locations, and the Women’s Clinic Annex. Each team varies in composition and patient population, but includes physicians, physician assistants, pharmacists, nurse practitioners, and psychologists. The postdoctoral resident is expected to attend PC team meetings and be available to provide both informal and formal didactic in-services to Primary Care Providers (PCPs). Interactions with PC staff are frequent, with the resident providing timely feedback to any referring PCP by one or more of the following means: electronic progress note, in-person consultation with PCPs, e-mail messaging, and/or an instant message (using our secure IM programming).

Residents have frequent contact with specialty mental health services for those patients who require more intensive/extensive mental health services, including Psychiatry, PTSD Programs,

Behavioral Medicine, Substance Abuse Treatment, Neuropsychology, and the PRRC/MHICM programs. It is expected that the resident facilitate referral to specialty care services and monitor follow-up. This entails frequent communication with these specialty services and provides the resident with additional education in how to determine when to refer patients for more intense case and what types of intermediate services can be provided within a PC setting.

Outcomes: Residents from our programs most typically go on to VA staff psychology positions, or other medical or private practice positions with an emphasis in health psychology.

IV. ADDITIONAL TRAINING EXPERIENCES/REQUIREMENTS

In addition to the completing the core training experiences in their area of emphasis as described above, fellows will also be required to participate in 5 hours/week of professional learning experiences designed to provide advanced training and meet Missouri licensure requirements for additional learning experiences. This will include but not be limited to:

- *Enrichment Seminars-* (2.0 hours of each topic/month) Advanced training in core competency areas of
 - Evidenced-Based Treatment
 - Diversity/Multicultural Competency
 - Clinical Supervision
- *Peer-reviewed psychology case conferences-* (average 1.5 hrs/mo)
- *Inter-professional treatment team meetings-* on their respective area of specialty (1-2 hrs/week)
- *Professional Reading-* (Minimum of 1 hr/week)
- *Scholarly Activity/Research-* Design, collection, analysis, and presentation of Quality Management/Performance Improvement/Research (estimated 2 hrs/week)
- *Supervision/Mentoring of junior trainees-* (1 hr/week of resident-led supervision typically occurring during a training placement with a concurrent intern or practicum student)

Residents' training experiences over the course of a year typically focus on clinical work with the goal of integrating scientific and theoretical knowledge gained through your previous studies and practica. Residents across each of the emphasis areas are expected to develop a meaningful project during their training year. These projects vary widely and are agreed upon by both residents and their primary supervisors. Protected time is allotted to this enterprise on a weekly basis, as appropriate, and a final product is expected at the end of the year. While there may be opportunities to join already approved IRB research projects within our hospital, which would meet the expectation of a meaningful project, most residents will not find it feasible to develop a new research project and have it passed through the IRB within a timely fashion. However, residents are offered opportunities to become involved in performance improvement and quality assurance projects within the department as another path to completing a meaningful project.*

**Any other collection of clinical data for research purposes outside of performance improvement and quality assurance efforts requires the concurrence of the Research & Development and Medical Center IRB approval.*

V. RESOURCES AVAILABLE TO RESIDENTS

A wide range of support facilities will be available to residents, as described in the above sections. Residents will be provided the necessary office space in which to provide professional services in an appropriately confidential and secure manner. The medical center is currently undergoing a staged renovation and expansion of physical facilities which will include additional, future space dedicated to psychology trainees. Residents will have access to all of the clerical and technical support available to senior staff including computer/internet access, computer support personnel, and medical media (for presentation services). The John Cocharne Division of the medical center has a medical library which contains approximately 2600 volumes in the areas of Psychology and Psychiatry, and currently subscribes to 50 journals in the behavioral sciences, with additional journal access through ProQuest Psychology Data base with an additional access to 68 mental health-related journals. Extensive computer services are available, including all major medical on-line data base/literature search capabilities, inter-library loan services, and library support services.

VI. EVALUATION OF TRAINING PLAN AND PROGRESS

Within the first month of the residency, each resident will, in concert with their designated supervisor(s), develop a learning agreement to guide the structure and content of the training term. This agreement is subject to approval of the Training Director. The learning agreement will include, but may not necessarily be limited to, the following core competency training objectives:

- Advanced skills in targeting, conducting, and interpreting psychological assessments
- Advanced skills in communicating assessment findings
- Advanced skills in conceptualizing, implementing and evaluating evidenced-based treatment interventions
- Skills in conducting effective inter-professional consultation with staff of diverse professional and cultural backgrounds
- Skills in developing and maintaining a viable and effective professional psychological role on multi-disciplinary teams
- Skills in developing and implementing a quality management, performance improvement or comparable scholarly project to be performed over the course of the year.

An additional core competency requirement is the completion of a peer-reviewed case presentation demonstrating competency in psychological assessment and intervention during the psychology department Grand Rounds. A peer-reviewed “pass” will meet this requirement. This is the same biannual requirement for employed doctoral-level staff in psychology.

Formal competency evaluations of the progress of residents are conducted at mid-rotation and two weeks before the end of the semester for each semester (for a total of 4 evaluations over the training year). Second year Neuropsychology residents are evaluated at the same intervals in year two as well. However, informal feedback opportunities regarding performance is expected to occur on a regular basis in the context of supervision. Each formal evaluation will be completed by the primary and secondary supervisors and will reviewed with the resident. Each evaluation meeting will address, but not be limited to:

- Progress of the resident in meeting the stated training/competency objectives, goals and expectations specified in the learning contract, with suggestions for improvement (if needed) in the areas of professional conduct, ethics, assessment, consultation, etc.
- Any amendments/revisions of the learning agreement as needed

All evaluations are to be conducted in writing and signed by both the supervisor(s) and resident.

VII. EVALUATION OF TRAINING PROGRAM STRUCTURE, METHOD, AND OUTCOME

As above, a formal, written competency evaluation of the resident by the primary supervisor(s) occurs at mid-rotation and two weeks before the end of the semester for each semester or in accordance with the resident's specific learning agreement. Feedback will also be provided to the supervisor to assure reciprocal data on quality of supervisory training. This is done through the resident's completion of the Supervisory Performance Improvement Survey at the end of their training. This survey is provided in aggregated summary every 2 years, or (for infrequent supervisors) after 4 evaluations are collected, in order to provide some measure of anonymity. Additionally, all psychology trainees are surveyed in the spring using an anonymous web-based format in order to solicit confidential feedback about several elements of the training program. This information is utilized in an aggregated format by the Training Director when the Training Council hosts its yearly Strategic Planning conference. Finally, we administer a one-year post-graduate survey to residents to evaluate their perception of how well the training program helped them meet necessary competencies. All of the information solicited from trainees is reviewed and used by the Training Council in order to continue working toward continuous improvement in our program's structure and method of training.

VIII. PERSONNEL INFORMATION

This residency is typically completed as a 12-month, 2,080 hour full-time appointment (with exception of Neuropsychology, which is a two year appointment with the second year contingent on satisfactory completion of the first year). Acceptance of an appointment requires a commitment to complete the entire training period. Details regarding these requirements will be reviewed during your orientation period.

Benefits include 10 federal holidays, health insurance, acquired sick leave (4 hours per 2-week pay period), and annual leave (4 hours per 2-week pay period) that may be used during the year. In addition, up to 120 hours/year (15 days) of "authorized absence" may be used, with approval. Authorized absence is to be used for professionally related activities (e.g., attendance at educational/professionally-relevant meetings, conventions, workshops) or to support interview travel for VA positions. These authorized absences are contingent upon administrative approval and count towards the 2,080 hours of training. Malpractice coverage for official duties is provided under the Federal Tort Claims Act. You will be fully briefed on all personnel practices during your orientation period upon arriving on site including the program's grievance and due process policy.

The VA is a federal government organization and an equal opportunity employer, the training program welcomes and strongly encourages applications from all qualified applicants regardless of gender, age, race, ethnicity, sexual orientation, disability, or other minority status. Hence, we take a strong stance regarding policies of non-discrimination and accommodation for success in our residency program.

Pay: In 2017-2018, residents in a one-year placement and first year residents in the two-year neuropsychology program will be paid \$42,361. Neuropsychology residents in their second year of residency will be paid \$44,651, contingent upon satisfactory performance in year one.

Please note: If you are an active duty military member, or if you are a federal retiree (civil service or military) receiving a retirement pension/annuity, you should identify this status in the initial application process as this may affect your stipend. Following acceptance, final appointments are contingent upon passing standard federal employment screenings and requirements (e.g., physical exam, background checks, electronic fingerprinting, etc.). If you have any questions about these standard requirements for VA employment, please contact our HR at 314-894-6620 for additional information.

Targeted Start Date for 2017-2018: July 24, 2017

IX. ELIGIBILITY REQUIREMENTS AND APPLICATION PROCEDURES

To apply you must be:

- A US Citizen
- A graduate of a an APA-approved doctoral program in clinical or counseling psychology
- A graduate of an APA-approved internship

Applications for consideration will be received through APPA CAS in all but extenuating circumstances.

To apply, create an APPA CAS profile, upload required documents (e.g., transcripts), and also enter the following:

1. A cover letter describing your career goals and how you feel this residency would assist you.
2. A current curriculum vita.
3. Three letters of recommendation (referred to as "Evaluations" in the APPA CAS portal). Preferably one of these will be from your internship director and will provide indication of your status in that program.
4. A letter from your dissertation chair or training director confirming your anticipated completion date and date of degree conferral (if one of your recommendation letters is from your dissertation chair or training director, and includes this information, no additional letter is necessary).
5. Submit an abstract of your dissertation if it has already been completed.
6. A HIPPA compliant de-identified work sample from a psychological assessment report of case presentation.

APPLICATION DUE DATE:

Traditional Residency (PCMHI, Recovery Programs, PRRC) positions will follow the APPIC Postdoctoral Selection Guidelines.

- Application reviews for all programs will begin by January 4, 2017.
- Each residency program will set up their own dates and times for interviews based upon interview panel availability, but most interviews will occur before February 17, 2017.

- Traditional residency positions (PCMHI, Recovery Programs, PRRC) will rank order applicants for the positions to which each applicant has applied.

Our intention is to make our first position offers on February 27 2017 after 10:00am EST.

We would appreciate it if requests for earlier reciprocal offers are accompanied by confirmation of the offering party as this will provide rationale for what steps we we take in addressing requests for reciprocal offers.

Please see APPIC's Postdoctoral Selection Guidelines for further information:<http://www.appic.org/About-APPIC/Postdoctoral/APPIC-Postdoctoral-Selection-Guidelines>

Our Clinical Neuropsychology program will begin review of applications after January 4, 2017. Following interviews, the program will make offers as the best-fit applicants are identified.

Other Important Application Notes:

- 1) Please note that all requirements for the doctoral degree must be completed prior to the start of the residency year. Any offer for residency is contingent upon completion of dissertation and expected conferral of degree, as stated by an applicant's graduate program, prior to the offered start date of residency.
- 2) As an equal opportunity training program, our residency welcomes and strongly encourages applications from all qualified candidates, regardless of gender, age, racial, ethnic, sexual orientation, disability or other minority status.

Resident Selection:

The ideal candidate possesses strengths in clinical work, scholarly productivity, academic preparation, and personal characteristics. Because the veteran population tends to present with complicated medical and mental health problems, we prefer postdoctoral applicants with some experience in working with complex patients, as well as some establishment of a track record of scholarly productivity (e.g., research, publications, presentations, etc.). Prior VA experience is a plus but is not required. In addition to these selection factors, we also consider other positive factors in selection with the hope that each training class will benefit from the unique life experiences and perspectives offered from a cohort group representing varied academic programs; different geographic areas; different ages, different abilities, and varied cultural backgrounds. This approach is a reflection of our commitment to training a representative psychology workforce.

After screening written applications, we will select prospective residents to interview whom we believe will prosper at our site. If possible, we prefer to meet our candidates in person as this helps both parties assess for the best possible fit. VA televideo service can be arranged for interviews for those working in a VA system (we do not have access to Skype or other external video platforms). We utilize a performance-based interview model (the standard VA employment interview format) which solicits information about prior training, skill/competency sets, knowledge of the area of emphasis/specialization for which you are applying, and relevant personal attributes that will promote a successful training experience. While we rely primarily on the written and performance-based interview data to assist us in making both

good and fair choices among applicants, we also take qualitative data about a candidate's goodness of fit into consideration, where applicable, to augment ranking decisions.

X. PSYCHOLOGY STAFF AND EMAIL ADDRESSES

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XI. BIOGRAPHICAL VIGNETTES OF PSYCHOLOGY TRAINING FACULTY

Yasmin Asvat, Ph.D. (Siteman Cancer Center at Barnes-Jewish Hospital and Washington University) Dr. Asvat is from Panama, but has been in North America pursuing her education and working for the past 14 years. She graduated from the University of Toronto with a double major in Psychology and English (luckily, she successfully adjusted to the transition from sunny year-round to freezing cold for half the year). She returned to warmer climates while attending San Diego State University, where she obtained a Masters degree in Psychology. It was during this time that her interest in psychosocial oncology took hold, quite unexpectedly. She continued her education at the University of South Florida, where she obtained a Ph.D. in Clinical Psychology under the mentorship of Dr. Paul Jacobsen at H. Lee Moffitt Cancer Center. Her dissertation research was supported by a predoctoral grant from the Department of Defense Breast Cancer Research Program (she was very surprised to learn the DoD funded cancer research, apparently they fund all kinds of research). Subsequently, she spent three years in Chicago, one completing her internship at the University of Chicago, Department of Psychiatry and two completing her postdoctoral fellowship in Psychosocial Oncology at Rush University Medical Center, Department of Behavioral Science. Her hopes of working at an academic medical center were realized when a position opened at the Siteman Cancer Center at Barnes-Jewish Hospital and Washington University. She enjoys clinical work with patients and caregivers, consultation with medical teams, teaching at the medical school, research, and supervision. Dr. Asvat's theoretical orientation is integrated, typically using ACT, CBT, interpersonal, and existential interventions. She enjoys spending her leisure time reading, dining out, going to the theater, catching up on good movies and television shows, planning her next trip abroad (visiting her family in Panama at least once a year is a must), and traveling to Chicago to see friends.

Sherry Bassi, Ph.D. Dr. Bassi was born in Wichita, KS but considers herself a Californian at heart. In addition to Wichita, Dr. Bassi has also lived in Honolulu HI, Ellensburg WA, Lawrence KS, Nashville TN, and Long Beach CA, all of which have contributed to her eclectic approach to patient care and life. She received her B.S. in Psychobiology from U.C.L.A. in 1980 and Ph.D. in Clinical Psychology from Vanderbilt University in 1986. Dr. Bassi went on and did her internship at the Long Beach, VA hospital where she specialized in pain management and geriatric psychology. She “temporarily” moved to St Louis in 1988 with her husband and they have remained finding St Louis a great place to raise three daughters. Dr. Bassi has had a long interest in health and wellness issues related to the care of older adults. Dr. Bassi has worked at a number of healthcare settings in the St Louis area and ran a successful private practice for 15 years before accepting a position in the Senior Veterans Clinic at the Jefferson Barracks VA in 2015. Dr. Bassi brings a variety of techniques to both the treatment and prevention of health problems in older adults including cognitive behavioral therapy, interpersonal psychotherapy, pain management skills, hypnosis, and humor therapy. Outside the VA she is busy participating in a long standing book club, heading a church knitting group, dancing hula, and playing the ukulele.

Laura Becker, Ph.D., ABPP-CL (Primary Care Mental Health Integration-Manchester Annex) Dr. Becker was born and raised in Long Beach, CA (home of Snoop Dogg and Sublime). She received her B.A. in Psychology from the State University of New York at Binghamton where she saw her very first snow. Dr. Becker decided that the West Coast and the East Coast were not quite cutting it, and headed for the Midwest. She earned her Ph.D. in Clinical Psychology from the University of Missouri – St. Louis in 2006 with an emphasis in death and dying. After meeting her husband, buying a house, and adopting a cat (insert a shout out to Raven!), she proudly became a permanent St. Louisan (pronounced “LEW-iz-uhn”). She

was fortunate to complete both her predoctoral internship and postdoctoral fellowship at the VA St. Louis Health Care System. Dr. Becker gladly accepted an offer to join the permanent staff and become part of the Primary Care – Mental Health Integration (PCMHI) team, where she provides services to veterans at a Primary Care clinic. Her predominant theoretical orientation is Cognitive-Behavioral, through a Process-Experiential lens with a sprinkling of Emotion-Focused work. What does she do all day? (The jury is still out), but.....when she is not seeing patients or writing progress notes, she enjoys running, yoga, gourmet cooking, playing with her two young daughters. Dr. Becker is a huge fan of the amazing restaurants in St. Louis and proudly considers herself a foodie. She can be easily bribed with fair-trade organic dark chocolate.

Jeffrey Benware, Ph.D., ABPP (Inpatient Mental Health Unit) Dr. Benware grew up in a suburb on the south side of Chicago. He completed his Bachelors and Master's degree in Psychology from Illinois State University in Normal, Illinois. He completed an extensive qualitative study of tex-mex cuisine and Texas jargon while attending the University of Houston where he completed his Ph.D. in Counseling Psychology. After several years battling the heat and humidity in Texas he decided to return to the tranquil Midwest. He completed his predoctoral internship at the Harry S. Truman VA Medical Center in Columbia, Missouri. Prior to joining the St. Louis VA in 2008, Dr. Benware was employed as a psychologist at the Chillicothe, Ohio VAMC. His clinical interests include substance abuse treatment and inpatient treatment. Dr. Benware is board certified in Clinical Psychology through the American Board of Professional Psychology (ABPP). Dr. Benware also holds a Certificate of Proficiency in the Treatment of Alcohol and Other Psychoactive Substance Use Disorders through the American Psychological Association. Since relocating to the St. Louis area, Dr. Benware is willing to consider giving up his allegiance to the Chicago Bears and becoming a St. Louis Rams fan but he will not relinquish his commitment to the Chicago White Sox.

Paulette Christopher, Ph.D. (Primary Care Mental Health Integration-Women's Clinic) Dr. Christopher received her Ph.D. in Clinical Psychology with an emphasis on Health Psychology from the University of New Mexico in 2011. She was formerly a restaurant owner and manager. Dr. Christopher likes to say she spent the first half of her life selling people red meat, sugar, and alcohol, and she's spending the second half undoing the damage. She is a Member of the Motivational Interviewing Network of Trainers and a consult and trainer for the VA MI Training Initiative. When acting in an authoritarian manner at home, her family often states, "Hey I thought you were Miss MII!", to which she replies, "I gave at the office." She completed her internship at the St. Louis VA and her postdoctoral training in PTSD and Health Psychology at the New Mexico VAMC. Despite a serious addiction to green chile, she returned to St. Louis to be near her wife's family. She spends considerable time and resources trying to score "the good stuff" (i.e. green chile from Hatch, NM). When she's not at work, she enjoys cooking, finding the best (add type of food here) in St. Louis, playing jazz guitar, riding her Triumph Bonneville, and collecting mid-Century modern stuff. Her interests include discrimination and health, brief therapies in Primary Care, trauma and health, health disparities, and Motivational Interviewing. She serves as the Diversity Specialist for the Training Council.

Raymond Dalton, Ph.D. (Mental Health Clinic-Jefferson Barracks) Dr. Dalton's previous assignments familiarized him with various aspects of VA psychology. He served as a psychologist on long-term care medical units, on nursing home care units, on general psychiatry inpatient units, and on the dual-diagnosis inpatient unit. Additionally, he served as the psychologist for the psychosocial rehabilitation program (PSR) and served as the consultant/therapist at the St Louis VET Center. He provides assessment and treatment through a biospsychosocial lens. After determining the client's interpersonal style, he applies behavior

self-management techniques to improve self –observational skill. Subsequently, he leads the client to question self-evaluative judgments and judgments of other persons.

Joe Daus, Ph.D. (Mental Health Intensive Case Management) Dr. Daus received his AB (1989) in Psychology from the University of Missouri-Columbia (MU) where he enjoyed bad football so much he remained at MU for both his MA (1991) and Ph.D. (1995), both in counseling psychology. He completed his internship at MU's Counseling Center and returned to his hometown of St. Louis where he was employed with St. Louis City's Family Court-Juvenile Division for a little over seven years. In December 2002, Joe gladly accepted employment with the St. Louis VA where he became part of the new Mental Health Intensive Case Management (MHICM) Program, a program that provides community outreach services to veterans with serious mental illness. Joe also maintains a part time private practice in the evening and is married and has two daughters.

Sean Engelkemeyer, Ph.D. (Home-Based Primary Care) Born and raised near St. Louis in the smallish town of Washington, Missouri, Dr. Engelkemeyer has long been aware of the wonderful qualities of Midwestern living. Possibly due to his small-town upbringing, or to spending too much time with his elderly patients, he increasingly enjoys 'spinning yarns' about life in the country. He loved Missouri living so much (others say he just did not get out much) that he completed his B.A. in Psychology at St. Louis University (2002). He then traveled the long miles across town to complete his Ph.D. in Clinical Psychology at the University of Missouri – St. Louis (2008). His doctoral dissertation was in the area of death and dying, and this remains a clinical interest. His postdoctoral residency was completed in Psycho-Oncology at the Siteman Cancer Center at Barnes Jewish Hospital. Other clinical interests include geropsychology, anxiety disorders, sleep disorders, nonpharmacological management of challenging behaviors in neurocognitive disorders, and the provision of home care services amidst strong smells of cat urine and towering piles of old newspapers. You can occasionally find Dr. Engelkemeyer outside of work camping, gardening, making things out of wood, and threatening the neighborhood kids for being on his lawn. His wife and young son find that last one particularly embarrassing, because Dr. Engelkemeyer is not even close to an age at which such a thing is acceptable. You can win him over with food that is fried, spicy, or edible in some way, or by guessing one of his many celebrity lookalikes.

Kathryn Foley Fair, Ph.D. (Spinal Cord Injury) Dr. Fair earned an A.B. in psychology from the University of Michigan in 1994. Oblivious to college sports loyalties, she earned a Ph.D. in 2000 from The University of Notre Dame and along the way a M.A. but she can never remember the year. She was commissioned as an officer in the United States Navy and completed her internship in clinical psychology at the National Naval Medical Center in Bethesda, MD (now the regrettably rechristened Walter Reed National Military Medical Center – Go Navy! Beat Army!). Dr. Fair served as a staff psychologist at several commands including Recruit Training Command, Great Lakes, IL, Naval Hospital Great Lakes, IL, and Naval Hospital Bremerton, WA. She was temporarily assigned to aircraft carriers and provided pier-side clinical services to Submarine Group Nine. She hung up her khaki for family reasons and served as the Deputy Director for the Center for Deployment Psychology at the Uniformed Services University of the Health Sciences in Bethesda, MD. She also did a few years of private practice in a large medical center before coming to her senses and returning to federal service. Dr. Fair has worked in the VAMC Danville, IL system as a clinical psychologist and recently as a Supervisory Psychologist with the Embedded Behavioral Health Initiative at Fort Bragg, NC. Her clinical interests include anything military, vocational development, reproductive health and postpartum issues, and adjustment to chronic illness. Dr. Fair is married with two bonnie boys and a

Labrador with Dependent Personality Disorder. She is a vocal hockey mom and can be found at area ice rinks most months of the year.

Jamie Fickert, PsyD (Mental Health Clinic-Jefferson Barracks) Dr. Fickert was born and raised in the small town of Troy, Illinois (home of the famous...hmmm...nothing). She obtained her B.A. from University of Illinois, Champaign-Urbana and her doctorate from The Chicago School of Professional Psychology, choosing CBT as her theoretical orientation, with specific focus on Acceptance and Commitment Therapy and other 3rd wave approaches. While completing a practicum at Hines VA, Dr. Fickert discovered her interest in PTSD and working with veterans. This experience (coupled with the fact that her family was noticing she had developed a bad case of road-rage and an awkward Chicago accent) led her back to St. Louis where she completed the STL VA predoctoral internship as well as the STL VA PTSD postdoctoral residency. Because she just really couldn't get enough, she joined the STL VA psychology staff in 2015, serving in the JB Mental Health Clinic, while also balancing part-time private practice. She has a strong interest in EBPs and is certified in CPT and IPT. Outside of work, she enjoys settling into newly married life, and raising her Redbone Coonhound son, Rufus, to be a responsible **member of society**.

Leslie French, Ph.D. (Home-Based Primary Care) Although she is not a military brat, Dr. French can relate to the frustration of having to answer the question "Where are you from?" She was born in New Mexico, but spent time in Missouri, Arizona (on the Navajo/Hopi reservation, in the only town in the US with two time zones), New Mexico again, and Texas. She completed her BA in Political Science and Psychology at the University of Missouri and her Ph.D. in Clinical Psychology at the University of Houston. By this time she had moved seven times and decided to stay put for a while, completing both her internship and post-doc in the St. Louis area (at the VA and St. Louis BMI Anxiety Disorders clinic, respectively). Following post-doc Dr. French went to work at the St. Louis City Family Court before returning to the VA to work in Home Based Primary Care. Her clinical interests include anxiety disorders, and issues of diversity. Dr. French previously had interests of her own but then she had children. Now she enjoys anything her two young sons are into, so you know, mostly loud, smelly, dirty things. If by some miracle she has time to herself she would probably spend it binge watching trashy teen soaps on Netflix. Don't judge.

Elizabeth Garcia-Rea, Ph.D. (Mental Health Clinic-John Cochran) Dr. Garcia is a St. Louis native. She obtained her B.A. in Psychology and Criminology from Miami of Ohio. She returned home briefly to complete her Masters in Clinical Adult Psychology at Southern Illinois University at Edwardsville. She then moved down south to attend the University of North Texas, with an internship and post doc at the Dallas VA and finished up her Ph.D. in Clinical Psychology. After spending eight years in Texas she decided it was time to head back to the Midwest. Her research interests include anxiety disorders, multicultural issues, social deviance, and body image. Her primary theoretical orientation is Cognitive Behavioral, but she considers herself eclectic.

Nika George, Ph.D. (Interdisciplinary Pain Rehabilitation) Dr. George earned her Ph.D. in Clinical Psychology from The University of Missouri St. Louis and completed both internship and a postdoctoral residency at the St. Louis VA. She specializes in health psychology, which, given her penchant for all things unhealthy, is becoming pretty ironic at this point. Dr. George is originally from Michigan, a land of polar bears and snow-mobiles. She is quite glad to be in what she believes to be the deep south. Dr. George completed her undergraduate degree at the University of Michigan in Brain Behavior and Cognitive Neuroscience with a minor in German Language (Wie geht's!). She currently works as the clinical director of the interdisciplinary pain

rehabilitation program with a clinical team of varied backgrounds. When off the clock she enjoys running, yoga, painting, playing guitar, singing and an array of other activities that Dr. Metzger refers to as “hippie crap.”

Kate Goedeker, Ph.D. (Spinal Cord Injury) Dr. Goedeker is originally from Milwaukee, Wisconsin. She attended the University of St. Thomas in St. Paul, Minnesota, where she earned a B.A. in Psychology and Theology in 1999 and spent most of her time frozen. She received her Ph.D. in Clinical Psychology from Purdue University in 2007. Dr. Goedeker’s research interests focused on the nature of craving in drug dependence. She completed her internship at the VA St. Louis Health Care System in 2006. After working as a post-doc in the Substance Abuse Treatment Program at the St. Louis VA, Dr. Goedeker’s dreams of becoming a permanent member of the VA St. Louis Health Care System staff came true in November 2007 when she was offered a position on the Spinal Cord Injury Unit. Dr. Goedeker’s theoretical orientation is eclectic, though she generally uses CBT interventions.

Liz Davis Goldman, Ph.D. (SARRTP Psychologist) Dr. Goldman is originally from Indianapolis. She received a bachelor’s degree in journalism from Mizzou, and then moved to NYC to be a copy editor. She left the big city to attend graduate school at Ohio University in Athens, Ohio, population 21,000. She attended internship at SUNY Upstate Medical Center in Syracuse, NY. She received her Ph.D. in clinical psychology in 2008. Her postdoctoral fellowship in geropsychology was at the VA in Pittsburgh, PA. She came to the St. Louis VA in 2009. After stints providing outpatient care in the JB and JC Mental Health Clinics, she has been happily working in the substance abuse unit full time since August 2014. She lives in south city with her husband, who is also a psychologist, and her two sons. She has recently been learning to enjoy watching Transformers cartoons.

Grant Harris, Ph.D. (Geriatric Primary Care - GeriPACT) Dr. Harris was born at an early age in Louisville, KY. This made a lot of people very angry and has been widely regarded as a bad move. He attained a B.A. in Psychology from the University of Kentucky – Go Big Blue! He received his Ph.D. in Clinical Psychology from The University of Alabama in 2014 with a clinical and research focus in geropsychology. While in graduate school he received an award and pin for being the “Most Humble Graduate Student.” However, the first time he wore the pin, they took it away. Dr. Harris completed his internship at the Memphis VAMC where he stayed for a fellowship in clinical health psychology. He moved with his wife and daughter to St. Louis in 2015 to start his dream job. His daughter’s name is Ripley and she may or may not be named after the BAMF in the Alien movies. Dr. Harris was the first psychologist in the GeriPACT at the St. Louis VA and has initiated or helped initiate several programs, including an interdisciplinary dementia evaluation team and a Falls Shared Medical Appointment. Although he is generally averse to being part of any organization that would agree to let him be a member, he enjoys participating in the Dementia Committee and Disruptive Behaviors Committee. In his free time, Grant enjoys eating incredibly spicy Indian food, drinking the occasional vat of coffee, and having perpetual existential crises.

John R. Hogg, Ph.D., ABPP, Board Certified in Clinical Neuropsychology (Neuropsychology Residency Training Director; Neuropsychology Clinic) Dr. Hogg earned his Ph.D. in Clinical Psychology from Indiana University-Bloomington (1992). He completed his APA-approved psychology internship at the University of Washington-Seattle School of Medicine (1990-1991), then completed an N.I.M.H. predoctoral fellowship in geriatrics (1991-1992) at the same UW (while completing his dissertation and continuing to enjoy the amazing beauty of Seattle – much more than Starbucks, Nirvana, and Pearl Jam). VA St. Louis HCS interns are free to ask Dr. Hogg to reminisce about his internship office view during his

geriatric rotations and fellowship (i.e., ocean, mountains, sailboats, etc.). He completed a postdoctoral fellowship in Clinical Neuropsychology at the Rehabilitation Institute of Chicago (1992-1993). He then worked as a Clinical Assistant Professor at the University of Missouri Health Sciences Center and stayed at MU for 10 years. Following a brief time in independent practice in St. Louis and missing the collegial atmosphere provided by fellow psychologists, he was pleased to join the outstanding group of psychologists at the VA St. Louis HCS in 2005. He serves as 1 of 3 Neuropsychologists at VA St. Louis HCS. Dr. Hogg is board certified in Clinical Neuropsychology through the American Board of Professional Psychology (ABPP). While off-duty, he remains busy enjoying time with his family. He enjoys good cinema (and highly recommends interns become familiar with the Webster Film Series during their time in St. Louis) and good eats (both the Food Network show and good food itself! – he recommends Sauce Magazine over the RFT as the best source of restaurant info in St. Louis). He will refrain from listing any further interests to avoid highlighting the sedentary nature of many of these pursuits.

Janet Johnson, Ph.D. (Compensation & Pension Psychologist) Dr. Johnson graduated with her Ph.D. in Clinical Psychology from the University of Wisconsin-Milwaukee in 2007. While there, her research interests centered around the treatment for dual diagnosis of substance use and anxiety disorders. It was very cold there, so she warmed up on internship at the University of Maryland School of Medicine/ VA Maryland Health Care System consortium in Baltimore. While there, she learned to appreciate Old Bay seasoning and decided that she wanted to have a career in the VA. She then went on to complete her Postdoctoral fellowship in the Boston area at the Edith Nourse Rogers Memorial VA. As she is originally from Missouri, she decided that it was time to come home to her home state and began a position at the Columbia, MO VA Medical Center. While in Columbia, she started out with the PTSD Clinical Team, but eventually took a position as Evidence Based Psychotherapy (EBP) Coordinator/staff psychologist for the Psychosocial Rehabilitation and Recovery Center. This allowed her to provide Recovery based clinical care to Veterans with serious mental illness, as well as facilitate the expansion of evidence based mental health treatment within the facility. She then decided that she wanted to take on more leadership responsibilities and was eventually selected for the position of Supervisory Psychologist for the general mental health clinic, PRRC, PTSD Clinical team, Addiction Treatment Team, and therapy services for the acute inpatient psychiatric unit. In addition to this, she also took on the role of Local Recovery Coordinator, kept her EBP coordinator position, and provided direct patient care during half of her work week. She was certainly busy and definitely not bored. However, discussions with her husband, a native St. Louisan, led them to decide that it was time to move back to St. Louis to be closer to family. Luckily, she was offered a position in C&P and has been happily completing these examinations at the St. Louis VA Health Care System since 2016, meeting new people every day and honing her interviewing, assessment, and diagnostic skills.

David T. Klein, Psy.D. (PTSD,Team1) Dr. Klein received his B.A. in Psychology from Muhlenberg College in 1991 and his doctorate from the Illinois School of Professional Psychology in 1997. He completed his internship here at the VA St. Louis Health Care System in 1995-96 and his postdoctoral work in the Department of Psychiatry at St. Louis University working primarily in geriatric psychiatry, conducting clinical trials research, and publishing works in the field of behavioral disturbances in dementia. He rejoined the VA in 1998 as a PTSD psychologist and diversified his duties into additional training, teaching, and administrative venues. His clinical time is primarily spent on the Posttraumatic Stress Disorder Unit conducting individual and group psychotherapy, assessment, student supervision, and consulting work. He was appointed Training Director for our internship and residency in 2002 and, with the resulting abundance of sensory triggers, enjoyed a decade's worth of occasional dissociative episodes from his days as an intern in his own training program. However, Dr. Klein retired from this

position in 2012 to explore exactly what season of a man's life Levinson thinks he should currently be occupying. His clinical interests include the psychology of war (the Vietnam War in particular), combat-related PTSD, group process, therapeutic alliance and clinical outcome, and the temporal relationship between the studying for the EPPP and the onset of acute trauma symptoms among psychologists in training. Anecdotal data suggests most of us recover. His theoretical orientation is eclectic predominated by dynamic, interpersonal, and existential conceptual models. Yalom remains an intellectual hero of his. In a previous life, Dr. Klein enjoyed gourmet food/cooking, wine, music, scuba diving, skiing, gardening, and hunting, and fly fishing when he had more abundant discretionary time. In lieu of time, he has 2 adolescents and more recently caved to their vicious Jedi mind trick and bought them a labradoodle puppy, Louie. Louie now enjoys running the family home around his interests which are eating, sleeping, playing, chewing on everything that are not his toys, and having a manic episode at about the time the family wishes to go to sleep. Now Dr. Klein wonders how he will ever find the time to determine what season of life he is in and has resorted to counting years of federal service as a proxy.

Rocky Liesman, Psy.D., ABPP (Primary Care Mental Health Integration- Washington CBOC) Dr. Liesman was born and raised in the Washington, MO area. He spent every summer from eighth grade until graduating from St. Louis University in 2004 working construction for his father. He abandoned any career plans in construction and instead pursued his interest in psychology after being told numerous times by father and co-workers that he was an "idiot" for considering construction. He eventually started graduate school for Clinical Psychology at Wright State University in Dayton, OH. He was awarded the HPSP scholarship from the United States Air Force during graduate school and, in return, was obligated to complete 4-years in the United States Air Force. He completed his internship at Wright Patterson AFB in Dayton, OH and his follow-on assignment at Little Rock AFB. Prior to separating in August 2012, Dr. Liesman served in Afghanistan as the Clinical and Survival Evasion, Resistance, and Escape (SERE) psychologist for the Wardak province. Dr. Liesman went on to do a brief stint at the Kansas City VA where he served as Training Director for the Postdoctoral Psychology program. Dr. Liesman left the KCVA to take the job as the primary care psychologist at the Washington CBOC, where he and his wife were born and raised. Professionally, he is board certified in Clinical Psychology and is certified as a *Master's Level* clinician in the administration and supervision of PE where he was trained by Edna Foa. He is VA certified as a provider, consultant, and trainer in Motivational Interviewing and is a VA certified provider in Interpersonal Psychotherapy. His interests include: application of empirically-supported treatments, secondary prevention and treatment of PTSD, integrated behavioral health in primary care, and general health psychology.

Karen Loaiza, Ph.D. (PTSD-SUD Specialist in the PTSD Clinical Teams) Dr. Loaiza grew up in the St. Louis area and received her B.S. and M.A. in Psychology from Southern Illinois University Edwardsville and then earned her doctoral degree from Saint Louis University in 2009. She completed her internship at the Northport VA Medical Center on Long Island, finding internship year to be one of most influential years. It is during that time she shifted her primary clinical interest from Gerontology to doing trauma work with veterans, learning that trauma work and substance use treatment can be challenging but extremely rewarding work. Dr. Loaiza decided to return to St. Louis to be closer to friends and family. Since 2009, she has worked at her ideal job as the PTSD-SUD specialist on both the PTSD Clinical Teams. She is very passionate about engaging veterans in individualized, evidence-based trauma work and never ceases to be amazed how effective and life changing therapy can be. She manages a complex caseload that comes with unique challenges and finds flexibility, a sense of humor, and an easygoing/genuine approach is key in working effectively with the dual diagnosis population.

She has completed specialty training through the VA in the areas of Prolonged Exposure, Cognitive Processing Therapy, and Motivational Interviewing. She works from an integrative approach, with a CBT emphasis. On a personal note, Dr. Loaiza loves to enjoy time with her husband, young son, and dog-child (as Dr. Shia nicely put). Dr. Loaiza also loves movies, dinners out trying new foods and places, dancing, playing tennis, and music.

Patrick Lustman, Ph.D., ABPP (Substance Abuse-OATP) Dr. Lustman was born and raised in Chicago. He attended Indiana University, the University of Illinois, the University of Wisconsin, and Michigan State University where he received his Ph.D. (1980). Since that time, he has been a full-time faculty member (Professor of Psychiatry) at Washington University School of Medicine. He also co-directs the university's Center for Mind Body Research (<http://mindbody.wustl.edu>). For more than two decades, he has been the principal investigator on a series of NIH-supported grants studying the interrelationship of psychiatric disorder and diabetes mellitus. His current research, a joint VA Washington University project, is testing the hypothesis that insulin sensitizer augmentation of conventional antidepressant pharmacotherapy will improve outcomes in overweight/insulin-resistant individuals with major depression. At its annual meeting in 2009, Dr. Lustman was given a lifetime achievement award for seminal contributions by the American Diabetes Association. He began his career with the VA in 1990 as a part-time counseling psychologist in the Methadone Clinic. Research in that clinic has focused on treatment of co-morbidities to enhance substance dependence treatment outcomes.

Richard P. Martielli, Ph.D., ABPP (Primary Care-Mental Health Integration) Dr. Martielli received his B.A. in Psychology from Rutgers University and his Ph.D. from Saint Louis University. He completed his internship at Beth Israel Medical Center in New York City (now Mount Sinai Beth Israel). He worked as a Staff Associate Research Supervisor at the University of California San Diego prior to joining the staff of the St. Louis VA in 2007 where he continues to serve as a psychologist in the Primary Care-Mental Health Integration Program. He is board certified in Clinical Psychology. He has served as President of the Missouri Psychological Association from 2011-2012 and has served as the Ethics Consultation Coordinator for the St. Louis VA's Ethics Consultation Service since 2012.

Julie Mastnak, Ph.D., ABPP (OIF/OEF PTSD Clinical Team) Dr. Mastnak is a St. Louis native. She graduated with her B.S. in Biology from Truman State University. She completed her graduate work at the Center for Trauma Recovery at the University of Missouri - St. Louis under the mentorship of Dr. Patricia Resick (Cognitive Processing Therapy). She completed her internship at the St. Louis VA. Dr. Mastnak graduated with her Ph.D. in Clinical Psychology in 2005. A year later, she very happily returned to the St. Louis VA to complete her postdoctoral residency and serve on the OIF/OEF PTSD team (for veterans returning from Iraq and Afghanistan). She and her husband have three beautiful young daughters. When she is not busy at work, volunteering with her daughter's Girl scouts troop and soccer team, or going to Little Gym classes, she spends her free time (wait a minute....*what* free time??)....

Meredith Melinder, Ph.D. (Polytrauma/TBI Clinic) Dr. Melinder grew up in Ann Arbor, Michigan, where she loved many things, including the cool summer evenings. She went to Saint Mary's College, in Notre Dame, Indiana, graduating in 1995 with a B.A. in Psychology. After college she headed to Arizona to participate in VISTA (Volunteers in Service to America) for the year. From the desert (and 100+ degree temperatures) she went to hot and humid Washington D.C. to the National Institute of Mental Health where she had a Pre-doctoral internship for a few years (basically fancy title for little pay). That experience motivated her to continue her work with individuals with schizophrenia, as well as sparked interest in the field of

Neuropsychology. In order to continue her education, and incorporate these two interests, she moved to St. Louis, MO, to attend Washington University. She mistakenly thought that St. Louis weather *had to be* less hot and humid than Washington, D.C.. She received her M.A. (2000) and Ph.D. (2004) in Clinical Psychology, with a specialization in Neuropsychology. She has published in the area of cognitive functioning in individuals with schizophrenia, with a particular emphasis on speech disturbances and working memory function. She completed her internship at the St. Louis VA Medical Center in 2004. From there she went to SSM Rehab, where she completed her postdoctoral training and became a part of the Medical Staff. Dr. Melinder was thrilled to rejoin the St. Louis VA in October 2006 as the new Polytrauma/TBI Psychologist/ Neuropsychologist. Clinically, she is certified in CPT, PE, and CBT-I which she uses on a regular basis in treating Veterans. Dr. Melinder is a supervisor for the Internship program and the Neuropsychology Residency. She also serves on the Training Council. While in graduate school she met her future husband, got married, and started having children. So, while she has little to no time for pursuits outside of trying to sustain Activities of Daily Living she tries to maintain outside interests and dreams of the day when she will return to her hobbies and to perhaps develop new ones. In the meantime, she and her husband load up the minivan (it's not that bad) and take the kids on long road trips to enjoy some vacation time and a change of scenery.

Lauren C. Mensie, Ph.D. (Community Living Center) Dr. Mensie is originally from St. Louis, but also grew up in Texas and Ohio. She graduated from Lindenwood University in 2003 with a B.S. in Psychology (emphasis in lifelong Developmental Psychology). Dr. Mensie subsequently attended the University of Missouri – St. Louis and earned an MA (2005) and Ph.D. (2008) in Clinical Psychology, with a specialization in Clinical Geropsychology and a Graduate Certificate in Gerontology. She completed her predoctoral internship at the Bay Pines VA Healthcare System in Bay Pines, Florida, enjoying top-notch training and the opportunity to live in a vacation area for a year. She returned to St. Louis in 2008 as the first postdoctoral resident in PCMHI at the St. Louis VA Medical Center. Dr. Mensie worked within inpatient and outpatient geropsychiatry at the St. Louis VA for 6 years and currently works in the Community Living Center. She is a member of the St. Louis VA Dementia Committee, Disruptive Behavior Committee, and Psychology Practice Council, and is a Training Consultant for the National VA ACT-D roll-out. Dr. Mensie attributes much of her longstanding interest in older adults and healthy aging to her amazing grandparents (who were married for over 70 years and who were exemplars of healthy, active living throughout the lifespan). She spends most of her time with her husband, preschool-aged son, and baby daughter (all of whom are lovable, hilarious, and cute). Although she would love to claim interest in impressive intellectual and athletic pursuits, she generally spends evenings and weekends bargain-hunting, working on household projects (there is always something!), going for coffee, and spending time with family and friends.

Fred Metzger, Ph.D. (Chief of Psychology, ACOS of Mental Health) Dr. Metzger received his B.S. from the University of Iowa in 1991 and completed his Ph.D. in Health Psychology at the University of Kansas in 1999. He wandered aimlessly in the desert for a while (i.e., he was an intern at the Phoenix Psychology Consortium from 1998 to 1999) and a postdoctoral fellow at the Center for Excellence in Substance Abuse Treatment and Education at the VA Puget Sound Health Care System from 1999 to 2000. While in Seattle, he learned that being upside down in a kayak is no fun. Dr. Metzger spends most of his timing dreaming up new ways to harass psychologists via e-mail but does manage to keep a small clinic active conducting pre-transplant evaluations. His theoretical orientation is largely cognitive-behavioral with a good dash of existentialism. In his free time, Dr. Metzger hikes, spends time with his wife and what are undoubtedly the best two dogs in the known universe. They would have been named the best dog in all the universe were it not for some minor character flaws. Jurgen, the German Shepard

mix, appears to be periodically terrified of the kitchen floor, while Molly, the Rottweiler, is a habitual counter surfer who is convinced that the mail person is plotting my grisly demise.

Christopher Miller, Psy.D. (Compensation and Pension, Scott Air Force Base) Dr. Miller is originally from the St. Louis area. He received his B.A. in Psychology from McKendree University in Lebanon, IL. He then braved the snowy and windy Chicago winters as he earned his M.A. (2012) and Psy.D. in Clinical Psychology with a concentration in Neuropsychology (2015) from Wheaton College. He completed his internship at the Missouri Health Science Psychology Consortium (Harry S Truman VA) in Columbia, MO and his postdoctoral residency here at VA St. Louis with the PTSD Clinical Teams where he served combat veterans from the Vietnam era, Gulf War, OEF, OIF, OND, as well as several other conflicts. Following in the steps of many of the PCT residents before him, he refused to take the hint to leave after postdoc was over and stayed on in Compensation and Pension (C&P) at Scott Air Force Base. In C&P, he assesses veterans for a wide range of potentially service-related mental health conditions and associated functional impairments. Assessments often are diagnostically complex involving detailed considerations of the interplay between mental health, military stressors, current psychosocial concerns, and complicating health factors impacting mental health. Dr. Miller's clinical interests include trauma disorders, anxiety, obsessive-compulsive disorders, spiritual issues, and personality and cognitive assessment. His theoretical orientation is functional contextualism and he typically favors ACT, exposure therapies (PE, exposure and response prevention), DBT, and other similar cognitive and behavioral approaches. When not responding to exam requests from VBA, he enjoys playing blues on his guitar, cooking and baking (mostly anything that is full of sugar and bad for you), and occasionally likes to read things related to theoretical physics just for fun.

Shawn O'Connor, Ph.D. (OEF/OIF/OND PTSD, a.k.a. PTSD 2) Dr. O'Connor received his B.A. in Psychology from Webster University in St. Louis, MO, where he initially pursued a degree in philosophy, but decided to change his emphasis to a field that might conceivably lead to some form of employment. He worked with homeless persons with mental disorders for a few years, and then went on to pursue his Ph.D. in Clinical Psychology in 2008 at the University of Missouri-St. Louis, working under Dr. Resick, of CPT fame, among others. There, he studied diagnostic issues pertaining to religion and psychosis, and had a lot of experience with trauma during his graduate years. He did his internship and postdoctoral work at VA St. Louis Health Care System. Administration determined it may be more cost-effective to hire him than to hire a pest removal service, and so he was made the Team Leader for the OEF/OIF/OND PTSD Clinic. He is also one of the two VISN 15 PTSD Mentors, spreading his cockamamie ideas on PTSD treatment in the VA throughout the region. He is currently in the lead in the St. Louis VA's ongoing "most evidence based psychotherapy certification letters" contest (prize to be determined). He also spends a great deal of time in soundproofed basements, but that's because he is a drummer- not whatever it is that you were thinking.

Kara G. O'Leary, Ph.D. (Mental Health Clinic- John Cochran) Dr. O'Leary earned her undergrad degree at Boston College in Social Psychology, where she gained a love for research. After college, she moved to the San Francisco Bay Area with Jesuit Volunteer Corps, counseling sexual assault survivors, later working for Haight Ashbury Free Clinics. She returned to the East Coast to complete her master's degree at Columbia University, and then her Ph.D. at Long Island University in Clinical Psychology. Her work at the New York State Psychiatric Institute focused largely on brain and behavior research on impulse control disorders, especially substance use and eating disorders. She continued to work in the field of eating disorders when she moved to St. Louis, working on an Interpersonal Psychotherapy-based study with families who are overweight. She was fortunate to match at the STL VAMC for both internship and post-

doc in Primary Care Mental Health Integration. After post-doc, she accepted a job at the JC Mental Health Clinic where she enjoys working with veterans with non-combat trauma, substance use disorders, and a variety of other mental health disorders using ACT, CPT, and IPT. Her theoretical orientation is largely based on contemporary interpersonal and psychodynamic theory. Dr. O'Leary is of both Irish and Italian descent, so she enjoys talking, as well as eating and drinking. As an East Coaster and former New Yorker, she is a city-mouse who is glad to be at JC, where good coffee is available within walking distance. In her spare time, she also loves listening to nearly every kind of music, distance running for her mental health, and going to Tower Grove Park with her husband and three children.

Megan Olson, Psy.D. (Psychosocial Rehabilitation Recovery Center Psychologist) Dr. Olson was born and raised in Alaska. She completed her undergraduate degree at University of Alaska Fairbanks in 2008 and her doctorate at Arizona School of Professional Psychology at Argosy University Phoenix in 2014. She completed her predoctoral internship at the Salt Lake City VA Medical Center and a postdoctoral fellowship in the Recovery Programs (PRRC/MHICM) at VA St. Louis HCS. After fellowship, she accepted a job in the PRRC where she enjoys working with veterans with complex and persistent mental health difficulties. As the PRRC psychologist Dr. Olson uses CBT, ACT, CPT, MI, DBT, wellness oriented programming, and recovery oriented cognitive therapy. Her theoretical orientation is largely based on cognitive and interpersonal components but she believes in adapting her approach based on the veteran's needs. Personal interests include hiking, camping, fishing, snorkeling, relaxing on a beach, hosting dinner parties, eating at new restaurants, playing with her dog, learning about other cultures and when possible traveling to different countries.

Amanda Lienau Purnell, Ph.D. (Health Promotion and Disease Prevention, Primary Care) Dr. Purnell completed her B.S in psychology with a minor in biology in 2000. She spent a year in AmeriCorps doing Community Based Health Care, and completed her PhD in Counseling Psychology from *The Ohio State University* in 2007. She came to St. Louis in 2009 after teaching graduate counseling in New York. She has completed extensive training in Motivational Interviewing for health behaviors, but her background training and orientation is interpersonal and multicultural psychotherapy. Her current work is in staff training, coaching, and mentoring in patient-centered health care. She is passionate about promoting preventive health care. Amanda does her best to find moderation and balance, run whenever she can, and occasionally have a moment to just breathe.

Martina K. Ritchhart, Ph.D. (Director of Psychology Training; Primary Care Mental Health Integratio-Belleville, IL CBOC) Dr. Ritchhart completed her doctorate at Oklahoma State University in 2002 after completing predoctoral internship at the Tucson VA Medical Center where her interests in Health Psychology first began. She worked as part of a mobile acute crisis team during her postdoctoral training. Although challenging on a number of levels, she also credits that training with helping her think beyond the immediate or obvious when she meets with veterans in her primary care clinic. Although a slow study, she eventually learned to use the correct 10-codes on a police radio [It's bad to call in your 10-23 (location) and indicate that you are 10-41 (drunk)]. She learned the culture of the Sonoran Desert, both the people and the wild life, and to this day is wary about both wild javelinas and turning her backside toward a Jumping Cholla cactus (which it turns out, is aptly named). She later worked as a faculty member for the Southern Arizona Internship Consortium and had a private practice where she specialized in anxiety disorders. Her clinical work is through an outpatient based primary care clinic in Illinois, where she provides brief consultative interventions, as well as evidence-based therapies for specific disorders. Her predominant theoretical approach is cognitive-behavioral,

but please approach her with any interests you may have in the area of wellness, cross-cultural therapy, or the use of Ericksonian approaches in therapy.

Marva M. Robinson, Psy.D. (Primary Care- North County). Dr. Marva M. Robinson is the oldest child of Marva J. Robinson and G. Preston Gridiron, born and raised in St. Louis, MO. (yes, a female junior) She was quickly exposed to sports, arts, and theatre at a young age, her most notable accomplishment was being a cellist for 17 years. She received her high school diploma from Mary Institute and St. Louis Country Day school and immediately went on to pursue her dream of becoming a Psychologist. She completed her undergraduate studies at Saint Louis University, graduating with magnum cum laude honors. She pursued her doctoral studies in Clinical Psychology at Nova Southeastern University where she graduated with a specialization in Forensics and a focus in Child, Adolescent and Family Psychology. Dr. Marva Robinson is the proud mother of one son, Preston, whom she credits as her biggest teacher. While she enjoys the moments of motherhood, she is passionate about her career as a psychologist. She continues to maintain a private practice, where she mostly does assessments, community crisis intervention, and cultural competency trainings. Her passion for forensics often requires her to consult on criminal and civil cases through her private practice. Dr. Marva Robinson is the past President of the St. Louis Chapter of The Association of Black Psychologist, an organization focused on addressing the mental health needs of people of the African Diaspora. Dr. Robinson has worked with her colleagues in St. Louis Association of Black Psychologists to address the acute crisis needs of the Ferguson and greater St. Louis community. Her recent work to help address the pain of her community has led her to become a respected clinician in her field. Dr. Robinson has conducted workshops in an effort to help prepare her colleagues for addressing community trauma. Her recent trainings have been held for the Missouri Psychiatric Association, Washington University Clinical Psychology Graduate School, and the St. Louis Veteran's Affairs. A repeated guest on the Melissa Harris Perry Show and NPR, Dr. Robinson shares her insight on the role of a clinician in the midst of community turmoil. Dr. Robinson has worked for community health care agencies, state psychiatric facilities, in prisons, for hospitals and in private practice with a vast population both inner city and rural. When not advocating for cultural competency and equality, she puts forth all her efforts in keeping her 5 year old son, Preston, from picking up strange looking insects, and from hopping off furniture as he pretends to be Captain America.

Jessica L. Rusnack, Ph.D. (PTSD Clinical Team) Dr. Rusnack was born in California, but grew up in Okinawa, Japan as the result of being a “military brat.” To be clear, this is not a term specific to her, but one given to children of military families. She earned her B.A. in Psychology from California State University, Stanislaus by putting herself through college working at Costco in the 1-hour photo department. This fed into her love of photography and interest in people, but more importantly, taught her to never photograph something you don't want someone else to see. She obtained her Ph.D. in Clinical Psychology from the University of Missouri – St. Louis, then completed her predoctoral internship at the Michael E. DeBakey VA Medical Center in Houston, TX and her postdoctoral training within the Central Texas Veterans Health Care System at the VA Outpatient Clinic in Austin, TX. It was at the Austin VA that she began to specialize in PTSD; first as the site research coordinator as part of a multi-site VA study researching the effects of Risperidone and military-related PTSD, and then she became the OEF/OIF PTSD Psychologist. As wonderful a city as Austin is, Dr. Rusnack sought to bring her family back to St. Louis to be closer to her in-laws (Yes, this was purposeful as it is possible to have great in-laws). She accepted a position at the St. Louis VA in November of 2008 and continues to work with combat veterans in the PTSD Clinic Team 1, focusing on recovery using evidence based therapy. She is certified in PE, CPT, CBTI, and IBCT and additionally uses an eclectic approach (CBT, ACT, the kitchen sink). Dr. Rusnack has been active in various

councils and is currently co-chair of the Cultural Competency Council. On the personal front, she has two adorable and energetic children, which limit her favorite activities of traveling with her husband, going to concerts and the theater (lots of good theater/shows in St. Louis), and other such activities, but her kids have increased her love of photography.

Sarah Shia, Ph.D., ABPP (Mental Health Clinic-Jefferson Barracks) Dr. Shia grew up in upstate New York and received her BA from the University of Rochester. She then attended Washington, DC's Catholic University of America, returning to Rochester for her internship in the Department of Psychiatry at the University of Rochester Medical School. She completed her PhD in Clinical Psychology in 2001. Dr. Shia moved to St. Louis in 2003 and began her position with the VA, in the Mental Health Clinic, in 2007. She is currently the Local Evidence Based Psychotherapy Coordinator and is board certified in Behavioral and Cognitive Psychology. She lives with her husband, daughter, boy-girl twins, and dog-child, Louis the Lab.

Rebecca A. Stout, Ph.D. (Primary Care Mental Health Integration-Washington Annex) Dr. Stout completed her Ph.D. in Clinical Psychology with a specialization in health psychology from Wayne State University in 2008. After completing further training in health psychology during internship at the Henry Ford Health Sciences Center and post-doc she joined the clinical faculty in the Department of Psychiatry at the University of Illinois-Chicago. During this time she was able to develop expertise in consultation-liaison services, management of chronic disease, and bariatric surgery evaluation. She was excited to join the staff of the St. Louis VA in January 2013 as Lead Smoking Cessation Clinician for the Health Promotion Disease Prevention Service where she delivered group and individual counseling for smoking cessation, weight management, and bariatric surgery services. She joined the Primary Care Mental Health Integration team in 2015 where she provides consultative services and brief evidenced based psychotherapy. Dr. Stout is very passionate about the field of health psychology and enjoys working at the intersection of psychological and physical health. She also serves as a consultant and has been trained as a trainer for the VA Motivational Interviewing initiative. Dr. Stout spends her off time exploring St. Louis with her young family and traveling back to her home state of Michigan.

Ruth Davies Sulser, Ph.D. (Geropsychology/Rehabilitation; Assistant Chief of Psychology) Dr. Davies Sulser received her Ph.D. in 1988 from Washington University in St. Louis, MO, in Clinical Psychology with an emphasis in Aging. She spent several years working in Behavioral Medicine and then spent four years on the faculty at the University of Missouri, St. Louis before moving to the VA in 1993. She has published in the areas of cognitive/behavioral treatments of insomnia and depression, mental health and aging, and health promotion among older adults. She maintains strong interests in adaptation to age-associated change among older adults. Clinically, she provides individual and couple's psychotherapy to TBI patients in the Polytrauma/TBI Clinic and covers for other staff in the Behavioral Health programs. With two kids in college, Dr. Davies Sulser has developed expertise in stalking Facebook pages, late night skypeing calls and the horrors of college tuition. Transplanted from the West Coast, she can tell you all the reasons why baseball is better in the Mid-West, and she is always looking for another great novel to read.

Désirée A. Sutherland, Ph.D. (Military Sexual Trauma Coordinator; Compensation & Pension Psychologist) Dr. Sutherland grew up in Baton Rouge, LA where she was trained from an early age to wrestle alligators and enormous river-dwelling catfish. The courageous spirit that she developed through these formative life experiences allowed her to undertake the questionable course of attending graduate school, and she received her Ph.D. in Clinical Psychology (specialization in Trauma Studies/PTSD) from the University of Missouri – St. Louis

in 2011 (where she received extensive training in Cognitive Processing Therapy). Dr. Sutherland completed her internship at the Bruce W. Carter VAMC in Miami, FL and her residency (PTSD specialization) at the VA St. Louis HCS. Following her residency Dr. Sutherland has continued to work as a psychologist at the VA St. Louis HCS (having dazzled Dr. Metzger with harrowing tales of her catfish-wrestling background) in both Compensation & Pension and as the Military Sexual Trauma Coordinator. As a result Dr. Sutherland has extensive experience with both trauma-focused psychotherapy, focused clinical interviewing, and the VA claims process. In her spare time Dr. Sutherland enjoys hanging out with friends, family, and her two ridiculously adorable welsh corgis. She also dabbles in a variety of creative pursuits and can be caught doodling in meetings from time to time.

Lynne Taylor, PhD. (Substance Abuse-OATP) Dr. Taylor was born and raised in St. Louis, but left her hometown for 25 years, fleeing to the coasts as an “academic refugee”. She has degrees from Stanford, NYU, and Rutgers, where she received her PhD in Clinical Psychology in 2010. Dr. Taylor returned to St. Louis in 2009 to complete her internship here at the St. Louis VA, and joined as a staff member in January 2011. Dr. Taylor has worked in Substance Use Disorder Programs here since that time, primarily in the Opioid Addiction Treatment Program. She is both a consultant and trainer in two national VA Evidence Based Training programs: Motivational Interviewing/Motivational Enhancement Therapy and CBT for Substance Use Disorders. Her many leisure pursuits include vacation travel, and she has visited places far and wide, including Beirut, Lebanon and the Matterhorn in Switzerland.

Theresa M. Van Iseghem, Psy.D. (Primary Care Mental Health Integration-St. Charles CBOC) Dr. Van Iseghem (aka TVAN) grew up in St. Louis, MO. As the youngest of 7, she was quickly inundated in systems theory and learned from a young age that psychology was her passion. At the age of 18, she escaped the “where’d you go to high school” turf and left for an undergraduate career at Southern Illinois University at Edwardsville. After graduating with a bachelor’s degree in psychology and sociology, she decided to sow her hippie oats by exploring the western half of the USA via van, bicycle, and foot. Realizing she needed more than love and music to sustain her, she decided to return to school and was accepted into a combined Masters/Doctoral program in clinical psychology; first in Chicago and then finally settling into a program through Forest Institute of Professional Psychology. As part of this program, Dr. Van Iseghem also completed a post-graduate certification in Marriage and Family Therapy and continues to integrate systems theory into much of her work today. After graduation, Dr. Van Iseghem completed a two-year, postdoctoral fellowship through Children’s Research Triangle where she was trained in the neurodevelopmental impacts of Fetal Alcohol Exposure as well as in the area of chronic trauma exposure in children. In 2010, hoping to get away from the stress of testing and report writing, Dr. Van Iseghem accepted a contract position at the St. Louis VA where she worked as C&P examiner for 2 years while also working as part of a group practice in West St. Louis County. In 2012, with the belief that, if you build it, they will come, she built a home in St. Charles county where she continues to live with her 7 year old son and 8 year old dog (insert cheesy country western song here). In that same year, she accepted the Primary Care Integration position at the St. Charles CBOC and, since this time, has held down the fort through the practice of balancing both PCMH and traditional MHC needs. Of note, Dr. Van Iseghem is constantly soliciting trainees to join her and there is always much to be done in the STC CBOC. Dr. Van Iseghem is currently researching the efficacy of SMA for effective Diabetes tx and is hoping to expand upon the current literature in the near future. Her most prominent therapy techniques include CBT, Humanistic principles, and interpersonal dynamics rooted in systems theory.

Ryan Walsh, Ph.D. (Domiciliary Care for Homeless Veterans) Dr. Walsh was born and raised in Milwaukee, Wisconsin where he developed a deep appreciation for cheese at a young age. While remaining enthusiastic about cheese, the Green Bay Packers, and other fine Wisconsin products, he completed his BA in Psychology at the University of Wisconsin-Milwaukee in 2005. He spent about a year providing behavior therapy for children with autism prior to moving to St. Louis in 2006. Dr. Walsh received his Ph.D. through the University of Missouri-St. Louis in 2012 (emphasis on Trauma Studies/PTSD), after having successfully completed his internship at the VA St. Louis Health Care System (where he also completed his postdoctoral training with the PTSD Clinical Teams). He joined the St. Louis VA as a staff psychologist in August of 2013. He has served in numerous clinics, though as of 2016 he is the full time psychologist in the Domiciliary Care for Homeless Veterans (DCHV) program. He has various interests, though enjoys spending most of his spare time with his family and friends. Dr. Walsh and his spouse welcomed a baby girl to their home in 2016.

Clarice Wang, Ph.D. (Primary Care Mental Health Integration-Jefferson Barracks) Dr. Wang can count on 2 hands the number of places she's lived, so for simplicity's sake, she is somewhat from St. Louis. She obtained her B.A. in Biology/Neuroscience at Washington University in St. Louis (2009) before heading out to the Wild West to complete her Ph.D. in Clinical Psychology at the University of Kansas (2015), where she spent graduate school conducting fMRI research on preclinical Alzheimer's disease. Not finding that wild enough, she continued westward and ended up at the West Los Angeles VA, where she completed her predoctoral internship in Geropsychology (2015). Despite the gorgeous Pacific coast and unrivaled taco trucks, Dr. Wang realized she missed the affordability of the Midwest and traveled back to the Kansas City VA to complete a generalist postdoctoral residency (2016), hoping to prepare herself for a career in the VA. Everything came around full circle in 2016 when she returned to St. Louis and joined the VA as their 11th PCMHI Psychologist. Dr. Wang's clinical interests include dementia, chronic pain, and substance use; particularly understanding the neural substrates of these conditions. Her theoretical orientation is cognitive-behavioral with a strong emphasis on the behavioral component. While not at work, she enjoys being a foodie (if you need an opinion on food/drink she likely has one), an amateur artist (amateur is the key word here), and a Pittsburgh Steelers fan (she tries to remain blissfully ignorant about the horrifying effects of chronic traumatic encephalopathy).

Clara Wiegman, Psy.D. (Primary Care Mental Health Integration-Jefferson Barracks) Dr. Wiegman is a St. Louis native. She received her B.A. in Psychology from Webster University, where she originally pursued a degree in Piano Performance, but soon realized she liked people, and fresh air, too much to spend 8+ hours a day practicing. She earned her Psy.D. in Clinical Psychology from Xavier University in Cincinnati, Ohio. Having been landlocked all her life, Dr. Wiegman was thrilled to move to the beach for the year and completed her predoctoral internship at the Miami VA. She served as a psychologist on the acute inpatient units at Dorothea Dix State Hospital in Raleigh for 2 years prior to accepting a position as the PTSD-SUD specialist in Fayetteville, NC. After 3 years in this role, Dr. Wiegman transitioned into the role of Trauma Recovery Program (TRP) coordinator. Her predominant theoretical orientation is cognitive behavioral, and she is certified in PE, CBT-I and CBT-CP. She is excited to be back home and part of the psychology staff at the St. Louis VA.

Brian Yochim, PhD, ABPP (Neuropsychology Clinic and Community Living Center) Dr. Yochim grew up in the St. Louis area and attended Truman State University, where he met his wife. He then obtained his PhD at Wayne State University in Detroit. He completed an internship at the VA Palo Alto Health Care System and a two-year postdoctoral fellowship in clinical neuropsychology at the VA Northern California Health Care System in 2006. His first job

was as an Assistant Professor at the University of Colorado at Colorado Springs, teaching courses in clinical neuropsychology and the psychology of aging. He and his wife returned to the San Francisco Bay Area in 2010, where he worked at the VA Palo Alto Health Care System performing research and neuropsychological evaluations for primarily older Veterans. He supervised practicum students, interns, and postdoctoral fellows in performing neuropsychological evaluations. Because neither he nor his wife works for Facebook, Apple, or Google, they could not afford adequate housing in the Bay Area after having their son. They moved to Denver in 2014 and then returned home to their families in the St. Louis area in 2016. He and his wife enjoy getting outdoors and hiking and hope to continue these activities in Missouri, Colorado, or California. Dr. Yochim has published the Verbal Naming Test and continues to perform research on this measure, and is also writing and editing a graduate textbook on the psychology of aging and co-authoring a book on dementia. He was President of the APA Society of Clinical Geropsychology (Division 12, Section 2) in 2014 and is Chair of the Publications and Communications committee of the APA Society for Clinical Neuropsychology (Division 40).