

**PSYCHOLOGY INTERN TRAINING PROGRAM
VA St. Louis Health Care System
St. Louis, Missouri
2016 -2017**



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FOREWORD

Training in psychology has been offered at the VA St. Louis Health Care System since the late 1950's. In the early years most interns came from local universities, but as the accreditation of university graduate programs and internship centers became more widespread the Psychology Internship Program was opened to students from other American Psychological Association (APA) accredited universities and professional schools on a competitive basis. The program has trained interns from academic programs throughout the country. Our program has been accredited by the APA as an internship site in psychology since 1980.

This is truly a dynamic time to be involved in the VA health care system. In the last decade, the VA system has transformed into a world leader among health care systems. As a hub medical center in our region, the VA St. Louis Health Care System has enjoyed spectacular growth, particularly in mental health staffing and services, due to the increasing demands for excellence in training in psychology and delivery of mental health care services to our nation's veterans. Our training program has grown accordingly after we were awarded permanent funding for additional intern positions (for a total of 6) and a total of 5 postdoctoral resident positions. We were also awarded APA certification for our postdoctoral program for the full 7 years (through 2020). In addition to staffing growth, the VA is leading the world in cutting edge areas of clinical care including Primary Care Mental Health Integration (PCMHI), PTSD, and Polytrauma/TBI. Throughout these exciting changes, we have striven to ensure that we do not lose focus on our primary training goal--to provide excellence in psychology training in the generalist tradition. Due to our expanding programming and emerging training opportunities, the Training Council has tried to include in the present brochure only that information unlikely to change in the coming year. If you have questions about our program that are not addressed by this brochure please contact the Training Director, Martina Ritchhart, Ph.D. by e-mail at Martina.Ritchhart@va.gov or by phone at (314) 652-4100 x5-1411.

It is expected that six interns will be accepted for the next internship program training year, beginning **July 25, 2016**. Five of these positions will be generalist positions while the sixth is designated as a neuropsychology track position.

We thank you for your interest in learning from and serving veterans. We are truly enthusiastic about the process of providing the best possible training for developing doctoral-level psychologists and we believe you will find our psychology staff to be committed mentors and consultants in your growth as an intern.

The Psychology Training Council
VA St. Louis Health Care System, St. Louis, MO

OVERVIEW

The VA St. Louis Health Care System offers a flexible APA-accredited internship for students desiring generalist training and extensive experience with a diverse adult population. Staff theoretical interests are varied and points of view include Behavioral, Social Learning, Cognitive, Client-centered, Systems, Existential, Interpersonal, and dynamically-based theories. Within these models, there is an increasing emphasis on the use of evidenced-based practices at both the individual practitioner and programmatic level. Psychologists in this medical center work in a variety of clinical settings providing a full range of diagnostic, consultative, assessment, administrative, organizational, teaching/training, and therapy services. The Internship program at VA St. Louis Health Care System is structured to give students hands-on clinical experience in the above-mentioned areas. Interns are expected to have acquired previously at least minimal technical proficiency in test administration and interpretation and to have had some significant experience in psychotherapy. Interns are considered to be integral members of their treatment teams in their various rotations. Interns experience increasing responsibility during the year for both patient care and provision of consultative support to the medical center at both treatment and organizational levels. **It should be emphasized that the primary role of an intern at VA St. Louis Health Care System is that of a learner and that service functions to the medical center play a secondary role.** While students will find their assignments demanding of both emotional and intellectual involvement, sufficient time will be allotted for students to interact with staff members, members of other disciplines, and each other, to promote integration of the various experiences. Students are provided with sufficient time to complete their work on site. In addition, because we value collegiality and the role of peer support, interns are provided with "professional development" time each week to allow them to socialize together, provide mutual support, exchange information, etc.

PSYCHOLOGY WITHIN THE VA ST. LOUIS HEALTH CARE SYSTEM

The Department of Veterans Affairs reorganized its VA Medical Centers into regional hospital networks or Veterans Integrated Service Networks (VISNs) during the mid-1990's. The VA St. Louis Medical Center is part of VISN 15, The Heartland VISN. The VA St. Louis MC is a two division medical center with the majority of medical specializations being housed at the John Cochran (JC) division and most of the mental health/rehabilitation 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. Within the St. Louis VA Medical Center, the Mental Health Service provides care to more than 8000 veterans, with approximately 34 inpatient beds. The Mental Health Service provides all psychiatry and psychology related services under the direction of the Associate Chief of Staff, Dr. Metzger, who is a psychologist. He is assisted by the Mental Health Council, which monitors functional operations. We also have psychologists within the medical center who operate within other departments, such as Primary Care, Spinal Cord Injury, and Health Promotion Disease Prevention. The Internship program remains under the administrative oversight of the Psychology Training Council and Training Director.

Psychologists at the VA St. Louis Health Care System engage in a wide variety of clinical, research, 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 past 10 years. We have approximately 40 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 practices, are affiliated with local universities/medical schools, conduct research, and are active in community and national professional organizations.

Your internship experience here will focus on clinical work with the goal of integrating your graduate studies and clinical skills in a hands-on, challenging clinical environment. However, ongoing involvement in and consumption of clinical research is viewed as an important role of the well-rounded clinician. Although not a requirement, and being subject to available opportunities, interns may have the opportunity to participate in a staff-led projects which may afford exposure to research, performance improvement, or quality management activities within Mental Health. Given the requirements of our Research/IRB department, a full IRB research project is beyond the scope of what can be accomplished within the internship training year.

THE PSYCHOLOGY INTERNSHIP PROGRAM

Philosophy of Training:

Internship provides a year of intensive, supervised clinical experience, intended as a bridge between graduate school and entry into the profession of psychology. The psychology internship program is structured to help students grow and mature both personally and professionally. It is designed to enable students to meet the broad range of demands placed on a psychologist in today's service settings by facilitating the development of core competencies recommended by the American Psychological Association (APA). In practical and developmental terms, the primary purpose of the program is to prepare interns for successful entry into postdoctoral or entry-level professional positions. Though our graduates go on to practice in a variety of professional settings, our training program is ideally geared towards those wishing to practice in a medical center setting with an adult treatment population. Obviously, we are an ideal site for a clinician with ambitions for a VA career or other public health care delivery setting.

In order to achieve these broader goals, internship training is designed to promote development in two fundamental areas: achieving foundational competencies in psychological practice and developing a sound professional identity. All aspects of the training program are designed to contribute in some way to these building blocks of the professional psychologist. This is primarily accomplished by an apprenticeship model of supervised practice emphasizing diverse populations, varying theoretical models, multiple skill sets, and different functional roles involved in patient care. Specifically, it is recognized that skills of assessment, intervention/psychotherapy, and consultation flexibly applied to a variety of patient populations, are necessary competencies for the modern psychologist. Interns will also learn to effectively communicate their

observations and opinions (verbal and written) in interdisciplinary settings and targeted audiences, and to develop those interpersonal skills needed to work effectively with patients, their families, and allied health professionals. Interns will be able to generalize these skills to other appropriate settings, problems, and populations. Interns will also have the opportunity to further develop their knowledge of, and sensitivity to, the cultural, ethical, and legal issues that impact on psychological practice. Additionally, it is our belief that students must be prepared for a variety of roles including administration and consultation in a variety of treatment settings. Issues such as ethics, supervision, performance improvement and time utilization, multi-disciplinary team functioning, and development of professional identity are integral parts of the training offered. Finally, a fundamental philosophical underpinning of the program is to encourage the development of individual strengths, while simultaneously promoting stretching into less familiar, under-developed skills and experiences. In short, we aim for you to be a well-prepared, competent, generalist, ready for the next stage of your professional development.

In addition to professional competencies, we strive to promote positive development of your professional identity. This involves multiple dimensions: we will provide the modeling, feedback, and a progressive gradient of independence needed to help interns better develop a sense of themselves as an emerging professional. This involves helping the intern negotiate the transition from the student role to the professional role, particularly with respect to self-image, increasing responsibilities, the navigation of complex service delivery settings, and professional comportment. We create a learning environment that supports self-awareness and a more refined sense of strengths and limitations through supervisory feedback and evaluations such that interns develop a better sense of when to act independently and when to seek consultation. In so doing, we aim to convey that *how* we practice is as important as *what* we practice.

Model and Goals of Training:

Our internship program is guided by a Scholar-Practitioner educational model. We believe that all of our interns should, at a minimum, develop into competent generalist practitioners whose clinical practice is informed and guided by the science of psychology. In our view, a competent generalist practitioner should have:

- Competence in assessment techniques, diagnostic skills, and evaluation
- Competence in variety of therapeutic methods and effective intervention
- Exposure to a variety of supervisory approaches
- Competent integration of science into clinical practice and scholarly inquiry
- Competence in consultation and working with multi-disciplinary teams & allied health professions
- Exposure to, and competence in, issues of cultural and individual diversity in clinical practice

Although our focus is predominantly on ensuring adequate breadth of training consistent with a generalist model, we also strive to meet the unique educational needs of our interns in terms of providing desired depth of training in specific areas of interest. One feature that many will find comforting is that we take trainees “where they are.” In other words, we make every reasonable attempt to gear your training focus, clinical workload,

and learning gradient at a level that will challenge you without closing off opportunities for new experiences simply because you lack significant prior experience.

We also believe that as Practitioner-**Scholars**, all our interns should, at a minimum, develop into informed and critical consumers of clinical research. To accomplish this:

- Didactics include current clinical research
- Intensive training in evidenced-based treatment
- Interns on many rotations are assigned specific scientific readings, perform mandatory literature reviews, and/or are encouraged to review the literature in developing treatment plans, performing assessments, etc.
- Supervisors provide relevant literature/references, and/or a reading list of recent clinical research
- Interns have access to library facilities including free literature searches and copying privileges
- Some major rotations/concentrations will provide both direct and indirect exposure to research

Core Curriculum:

All interns, regardless of background and special interests, will be exposed to a number of common experiences and will be expected to demonstrate competencies in the areas listed below. These core experiences are derived from the overall program training goals outlined above. By the end of the internship year, interns will:

- demonstrate satisfactory competence in performing diagnostic interviews
- demonstrate competence in administering, interpreting and drawing conclusions from standard psychological assessment instruments and be able to report findings in a relevant and coherent manner
- demonstrate competence in the provision of individual psychotherapy
- obtain exposure to multidisciplinary teams and allied health professionals which may include but are not limited to psychology, psychiatry, vocational rehabilitation, nursing, social work, drug and alcohol abuse counseling, speech pathology, occupational therapy, recreational therapy, rehabilitation medicine, pastoral care, research, primary care medicine, etc.
- pursue meaningful exposure to diverse clinical populations and opportunities to develop increased multi-cultural competence. This will include formats of didactic, experiential, case presentation, and clinical experience.
- participate in diagnostic and psychotherapy conferences and present cases in these conferences and other available formats (e.g., training seminars, enrichment seminars, etc.). Two case presentations will be made by each intern over the course of the training year.
- participate in didactic and experiential training in the Psychology Training Seminar and Enrichment Seminar Series.

Training Structure:

Each intern will gain experience within four major rotations of the clinical areas in which psychology delivers service (see Areas of Clinical and Training Endeavor, below). The intern will simultaneously participate in two major rotations at a time, for a six month

period of time (see Figure 1). The particular expectations, learning experiences, and how performance will be evaluated is specified in learning agreements developed by the supervisor and adjusted according to the intern’s unique needs, for each of the major rotations. Interns will also be expected to carry several independent psychotherapy cases (known as “preceptor cases”) throughout the year. In addition to their major rotations, and independent psychotherapy cases, interns will also be required to participate in various didactics, structured supervision (individual and vertical) and various other activities (e.g., Monthly Grand Rounds, Psychology Service Meetings, and Intern Professional Development). Finally, your training schedule can be rounded out with optional experiences such as participating on a psychology council (one of two councils, either the Psychology Practice Council or the Cultural Competency Council).

Figure 1:

		Monday	Tuesday	Wednesday	Thursday	Friday
Semester A	August	Rotation A1		Rotation A2		Didactics & Preceptor Cases
	September					
	October					
	November					
	December					
	January					
Semester B	February	Rotation B1		Rotation B2		Didactics & Preceptor Cases
	March					
	April					
	May					
	June					
	July					

Major Rotations: Students generally will have four different major rotations within the training year. A major rotation is 2 days a week for approximately 6 months. You will receive a minimum of 1 hour of weekly individual supervision from your supervisor(s) on each rotation. While the availability of particular rotations is subject to change, the currently available major rotations are expected to be:

- Mental Health Clinic (General Outpatient MH)
- Posttraumatic Stress Disorder Clinic
- Neuropsychology Clinic
- Polytrauma/TBI Clinic
- Geropsychology/Extended Care

- Spinal Cord Injury Unit
- Inpatient Mental Health Services
- Primary Care Mental Health Integration (PCMHI)
- Compensation and Pension Clinic (C&P)
- Palliative Care
- Home Based Primary Care (HBPC)
- Opiate Abuse Treatment Program and Research (OATP)
- Senior Veterans Clinic
- Psychosocial Rehabilitation and Recovery Center (PRRC)
- Quality Management/Administration
- Psycho-oncology (Siteman Cancer Center, non-VA)

We are always working to add new training experiences as the medical center grows and develops. Any new developments in training experiences will be discussed in the interview process and/or at orientation.

Preceptors and Independent Therapy Cases: At the outset of the training year, you select a preceptor. The preceptor serves as your mentor for issues of professional development, helps provide continuity in the intern's educational experience as he/she progresses through various rotations, is also the point of contact between the training program and the intern's graduate program, and provides clinical supervision for independent therapy cases. Each intern carries an average of three independent psychotherapy cases throughout the year, in addition to the clinical work completed during major rotations; You will meet with your preceptor for one hour/week of individual supervision.

Didactics and Other Training Activities: All interns also participate in: 1) the weekly Didactic Intern Training Seminar which includes lectures by psychology staff, outside consultants, and case presentations by interns; 2) Psychology Case Conferences (monthly); 3) Psychology Service Meetings (monthly); and 4) the weekly Enrichment Seminar Series which is designed to provide additional, intensive training in specific core competency areas of cultural diversity, evidenced-based practice, and clinical supervision. Enrichment and Didactic (1 and 4 above) sessions typically require 4 hours weekly, and generally occur Friday mornings in concurrent sessions. Interns will also receive vertical supervision from a psychology resident who will be supervised by one of our licensed psychologists.

A final note on training structure: Applicants should note that our primary goal is to produce a competent generalist ready for postdoctoral training (particularly in the VA); that is, a clinician with a broad range of training, skills and experiences (i.e., diverse training in assessment, treatment, work with various treatment populations, and different treatment settings). As such, while interns are given many options/flexibility in their selections of rotations and preceptors, one should expect that the intern's training/rotation schedule is subject to the approval of the Training Directors and Training Council to ensure compliance with our generalist training philosophy. It is not uncommon that changes in staffing, service delivery settings, administrative issues, etc. may alter availability of a given rotation or training opportunity in a given academic year.

Minimal Requirements for Retention:

One of primary goals of our internship is to promote the success of your training here and beyond. Part of this involves monitoring for satisfactory performance in your education here. To this end, interns are required to maintain themselves in "good standing" for retention in the training program. Good standing is defined as overall satisfactory performance in the judgment of Training Council and Director of Training. Specifically, this requires that the intern exhibit: 1) Satisfactory professional behavior; 2) Satisfactory patient care (e.g., safe, responsible and ethical); 3) Satisfactory compliance with training program policies and curriculum; 4) Satisfactory progress on training goals as set forth by the general core curriculum and specific competency objectives as set forth by the rotation learning agreements. If satisfactory performance is not maintained, we may address this informally (e.g., by supervisor, preceptor or Training Director counseling) or formally (i.e., via the due process as set forth in "Performance Improvement, Remediation, and Grievance Policy") at the discretion of the Training Directors and Training Council.

Standards of Evaluation:

The program provides written feedback in accordance with the rotational timeline throughout the training year. Generally, an informal, competency based evaluation is completed mid-rotation (at the 3 month mark of the rotation) and a formal, competency based written evaluation is completed at the end of each rotation (at the end of 6 months). All written rotation evaluations are reviewed and signed with the intern. At the mid (6 month) and end points (12 month) of training, the intern's preceptor is responsible for completing a formal competency based written evaluation and for generating a summative competency evaluation based on the completed rotations, and performance on independent cases, under the preceptor's supervision. This is forwarded to the intern's doctoral program Training Director and kept in the student's training files.

The procedure for generating written competency evaluations is based on the rotations' learning contract that includes learning goals, objectives, and expected competencies. Each rotation supervisor determines what these learning tasks are and how they will be assessed in terms of meeting minimal competency requirements. These expectations and evaluation procedures are listed in each learning agreement. The learning agreements and training objectives are reviewed with the intern at the outset of each rotation. Supervisors are then required to complete a competency evaluation which flows from these learning agreements and assesses the intern's performance on those training objectives. In addition to these training expectations, additional information such as record reviews, staff or patient reports, etc. may be considered as collateral information when evaluating intern performance.

AREAS OF CLINICAL TRAINING

The information below provides a thumbnail sketch of the areas where psychology training staff currently work and in which the VA St. Louis can provide training. These rotations are subject to change due to staffing changes, space limitations, and other unforeseen circumstances.

1. MEDICAL/HEALTH PSYCHOLOGY:

Medical/health psychology encapsulates the largest contingent of psychologists at this medical center located at both divisions (JB and JC), special annexed primary care clinics, established Community Based Outpatient Clinics (CBOCs), and Home Based Primary Care (HBPC) teams.

a. Spinal Cord Injury (SCI): This unit is one of only 23 specialized units in the VA. It is staffed with 2 FTEE clinical psychologists. Psychology staff perform problem-focused assessments and counseling to promote readjustment and increased coping skills of individuals with various degrees of functional deficits. There is a close and long-established interdisciplinary team, and all treatment plans are integrated across disciplines. Case management, psychoeducational interventions, and family work are all possible experiences in this area.

b. Geropsychology – Inpatient Rehabilitation and Extended Care: Our program in this area provides consultative services to the veterans receiving care in the Community Living Center. Psychologists are members of Interdisciplinary Teams for Skilled Nursing, Geriatric Evaluation and Management (GEM), Comprehensive Medical Rehabilitation (CMR), Polytrauma/TBI, Hospice, and Palliative care serving an inpatient population in the Community Living Center (CLC). There are 60+ inpatient beds. Work in this setting tends to include brief cognitive evaluations, decision-making capacity evaluations, assessment for a wide variety of psychological disorders, interventions at the individual and team level to deal with compliance and rehabilitation issues, and family support/problem solving as appropriate. These settings are highly focused on interdisciplinary team functioning, and the intern will be involved with trainees/staff from multiple medical and allied health areas. Opportunities for staff/team in-services and education are available in this area.

c. Polytrauma/TBI Clinic: On the Polytrauma/TBI Clinic Rotation, the intern serves as part of a multidisciplinary team and participates in weekly interdisciplinary team meetings attended by the entire Polytrauma/TBI treatment team (including Psychiatry, Social Work, Recreation Therapy, Physical Therapy, Speech Therapy, Occupational Therapy, and Nursing). In this setting, patient care is reviewed (including recommendations for consultation from outside of the Polytrauma/TBI treatment team), comprehensive treatment goals (Care Plans) are developed, and then subsequent progress towards goals are reviewed. Polytrauma/TBI patients are generally in a younger age range than is typical for the VA (18 years old to approximately 50 years old), may be inpatient or outpatient, but are mainly seen on an outpatient basis. Polytrauma/TBI patients are individuals, mainly from the OIF/OEF conflicts, who have sustained two or more injuries (diagnoses may include TBI, PTSD, amputation, visual and auditory impairments, burns, etc.). The team also sees individuals with a history of TBI without other polytraumatic injuries. Veterans are mainly referred to the Polytrauma/TBI team for assessment after a positive TBI screen. Neuropsychological evaluation plays an important role in the team's multidisciplinary assessment and planning. In addition, the Psychology service evaluates Polytrauma/TBI patients for mental health/behavioral health symptoms and diagnoses, provides education, conducts evidenced based therapies (including

Cognitive Processing Therapy, Prolonged Exposure Therapy, Cognitive Behavioral Therapy, Acceptance and Commitment Therapy, and Behavioral Therapy), marital, and family therapy. It is expected that Neuropsychology Track interns participate in neuropsychological evaluations to the Polytrauma/TBI population. For a more generalist training experience, opportunities for carrying an ongoing clinical caseload of Polytrauma/TBI Veterans for psychotherapy/behavioral intervention may be available. Whether interns are interested in the Neuropsychology Track or a generalist experience, they are expected to participate in the weekly interdisciplinary treatment team meetings.

d. General Neuropsychology: On the Neuropsychology Major Rotation, the intern provides neuropsychological evaluations and related consultation under supervision. A broad spectrum of clinics refer Veterans for neuropsychological evaluation services including Extended Care/Rehabilitation, Mental Health (including the Mental Health Clinic and Senior Veterans Clinic), Neurology (including the Multiple Sclerosis Clinic), Primary Care (including the Women's Clinic), and various other medical services. Presenting conditions include dementia, cerebrovascular accidents, major psychopathology, multiple sclerosis, seizure disorder, substance use disorders, and traumatic brain injury, as well as occasions of HIV/AIDS, lupus, and oncological conditions. A flexible battery approach to neuropsychological evaluation is utilized. Typically neuropsychological evaluations on this service provide a comprehensive assessment of neurocognitive functioning (e.g., intellectual functioning, academic functioning, memory, attention, language, visual spatial, executive functioning, and psychological functioning). Evaluations are conducted to aid in diagnosis and treatment planning with a clear emphasis on functional recommendations. The intern typically completes 1 comprehensive neuropsychological evaluation under supervision every one to two weeks. During this major rotation, the intern participates in Neuropsychology Case Conference (weekly), Neuropsychology Journal Club (monthly substitute for Npsych CC – intern presents twice at Journal Club), and attends brain cutting at Washington University – St. Louis School of Medicine every other week with the neuropsychology resident. (Note: This rotation is available as staffing allows and dependent upon the needs of those interns completing the Neuropsychology Track program).

e. Primary Care Mental Health Integration (PCMHI): In 2006, the VA St. Louis Health Care System was awarded funding to develop a Primary Care Mental Health Integration (PCMHI) team. Our current team is one of the largest PCMHI teams in the VA system, with eleven psychologists, one psychiatrist and one nurse coordinator. The PCMHI clinics represent a broad diversity of training experiences including traditional primary care teams, a women's clinic, an Urgent Care Clinic and 3 Community-Based Outpatient Clinics, or CBOCs. The rotation provides exposure to a broad range of PC patients and 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, interdisciplinary

collaboration in primary care, and ethical, legal, and professional issues in primary care. Specific training experiences include conducting brief (30 min.) intakes where major mental and behavioral health concerns are identified. Based on the veteran's needs, they are offered follow-up with the Primary Care Psychologist for brief, time-limited psychotherapy (30 minute sessions with no more than 6-8 total sessions), or a referral to a specialty mental health service (PTSD Clinic, SAR RTP, MHC, Sr. Vet clinic, etc.). Common types of evidence-based interventions include Cognitive Behavioral Therapy (CBT) and Problem Solving Therapy (PST) 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 (i.e. chronic pain, diabetes, CHF); or helping change lifestyle issues or health risk factors. The PCMHI Psychologist only sees patients assigned to their respective Primary Care teams, and, the psychologists play an integral role as a consultant for the Primary Care Providers. PCMHI is a consult-less service, as the majority of the appointments are made via "warm handoffs" by the PCPs. As an intern, you will be exposed to a fast-paced, dynamic training environment. You will further your training in differential diagnostic skills, high risk assessment and appropriate disposition, navigating computerized medical records, interdisciplinary consultation and time-limited interventions.

f. Home Based Primary Care (HBPC): HBPC is a program that provides comprehensive longitudinal primary care in the homes of veterans with complex, chronic, disabling disease. The care is delivered by an interdisciplinary team comprised of medicine, nursing, social work, physical and occupational therapy, dietetics, pharmacy, and psychology. Psychologist responsibilities include assessments of psychological and cognitive functioning, assessments of capacity for decision-making, psychotherapeutic interventions with patients and family members, interdisciplinary team consultation, and staff education. Presenting problems are varied and include depression and anxiety, adjustment to chronic illness and cognitive changes, caregiver stress, behavioral issues in neurocognitive disorders, PTSD, pain management, sleep disorders, and alcohol and substance use.

g. Compensation and Pension Clinic (C&P): The compensation and pension rotation is a unique opportunity to gain an understanding of the process veterans undergo in order to receive compensation for what is termed a "service-connected" mental health condition. Through this rotation, interns will also come to appreciate the difference between a clinical interview for the purposes of treatment planning and a forensic interview utilized in the compensation and pension process. Interns will progress through graduated levels of responsibility, beginning by observing the rotation supervisor conducting compensation and pension examinations, followed by the opportunity to conduct their own examinations while being observed by the supervisor, and finally, will independently conduct one to two examinations per day. This rotation allows interns to hone their diagnostic interviewing skills and to increase their competence in writing concise reports that provide adequate support for one's diagnostic findings.

h. Palliative Care Consult Service: The Palliative Care Consult Service is a multi-disciplinary team that provides services to veterans who are facing serious, often

terminal, medical illness. The consult team operates at John Cochran acute care hospital and consists of a physician, nurse practitioner, psychologist, social worker, and chaplain. This team works in tandem with the palliative care inpatient service at Jefferson Barracks which provides care/management at their inpatient palliative care and hospice units. At JC, veterans are seen on an inpatient and outpatient basis. Common medical diagnoses leading to palliative care consults incl: various cancers, congestive heart failure, pulmonary disease, end-stage renal disease, and advanced dementia. The team assists medical providers to addresses problems such as: pain, nausea, anorexia, anxiety, depression, cognitive disorders, and goals of care. We assist with decisions regarding focusing on comfort care instead of continued invasive interventions, and whether hospice has become the most beneficial choice for the veteran. The role of the psychologist includes: psychological assessment, cognitive screening assessments, providing active and supportive psychological treatment for veterans and their significant others, and participating in family meetings. Veterans with serious medical illness may present with a full range of mental health diagnoses. Sometimes, referrals are made to the palliative care team asking specifically for the services of the palliative care psychologist. Interns begin with a brief period of observation and progress to the full range of psychological care of medical patients. Experience is gained in working with veterans facing end-of-life, working in a multi-disciplinary team, and acting in a consultative capacity with other hospital staff.

2. MENTAL HEALTH SPECIALTY CLINICS:

The second largest contingent of psychologists work within mental health specialty clinics alongside other allied mental health providers.

a. Mental Health Clinic (MHC): The MHC is an interdisciplinary outpatient clinic, seeing veterans with a full spectrum of psychological disorders. Psychological work in the clinic includes individual and group psychotherapy, as well as participation in the initial intake and treatment planning process for veterans new to mental health at the VA. At the MHC, psychological treatment is primarily time limited and evidence based, incorporating methods such as CBT, ACT, IPT, PE, Stair, and CPT. Group treatments include CPT for noncombat trauma, CBT skills groups for mood and anxiety, IPT skills, and DBT skills. The intern would have the opportunity to develop/enhance skills in evidence based psychotherapy by participating in both group and individual therapy with a broad range of psychopathology. Skills in differential diagnosis and treatment planning are facilitated through participation in the EBP intake process, which includes veterans with a diverse range of presenting concerns. General MHC services are currently offered at both JB and JC divisions, which helps ensure breadth of training and exposure to clinical populations.

b. Post Traumatic Stress Disorders Clinics (PTSD Team One and PTSD Team Two): The PTSD clinics are specialized outpatient programs devoted to the diagnosis and treatment of combat-related Post-Traumatic Stress Disorder. Currently, there are 2 distinct Post-Traumatic Stress Disorder Clinical Teams (PCTs) with one team devoted entirely to OIF/OEF/OND veterans and the other team responsible for combat veterans of all other eras, primarily WWII through Gulf War I with the largest population consisting of Vietnam veterans. Presently, the clinics treatment teams are staffed by 4 psychiatrists,

5 psychologists, 2 psychiatric RNs, and 2 clinical social workers. These units vary some in primary service delivery models. The OIF/OEF/OND clinic emphasizes individual therapy, as veterans with acute PTSD are often reluctant to engage in groups. Evidence based practice is highly emphasized on this team, and the team has psychologists who are certified providers in CPT, PE, CBT-I, ACT, and Motivational Interviewing. In fact, two of the psychologists on this team trained with Dr. Resick, the creator of CPT. Seeking Safety is also available, as well as various adjunctive therapies (e.g., Panic Control Therapy and various other types of CBT oriented therapies). The other team's program is group therapy-centric (offering approximately 26 therapy groups/week) supplemented by medication management and individual/couples psychotherapy services. Group models include psycho-education, process-oriented, and a variety of evidenced-based time-limited groups including CPT, ACT, Seeking Safety, and CBT driven models. Clinicians on this team are certified in PE, CPT, CBT-I, and IBCT. The two clinics offer trainees exposure to a range of therapeutic orientations including cognitive-behavioral, ACT, PE, dynamic, interpersonal and existential approaches with increasing emphasis on evidenced based practice models. Treatment issues commonly include psycho-education on PTSD and common co-morbidities (e.g., depression, substance abuse, etc.), trauma resolution, grief/loss, interpersonal problems and skill building, existential conflicts, anger management, and problem solving/coping skills. Training opportunities include diagnostic interviewing, psychological assessment, group and individual psychotherapy, and crisis intervention within a team approach.

c. Senior Veterans Clinic: The Senior Veterans Clinic rotation offers training and experience in outpatient Geropsychiatry. The out-patient Senior Veterans Clinic offers specialized geropsychiatric treatment to approximately 2,000 veterans over the age of 65. This population presents with the full spectrum of mood, anxiety, and psychotic disorders, as well as disorders, diseases, and developmental issues more unique to the process of aging (e.g., neurocognitive disorders, multiple co-morbid medical conditions, and loss/death). Due to demographic trends, this clinic is becoming increasingly active as the veteran population continues to age. The Geropsychiatry interdisciplinary treatment team is comprised of: geriatric psychiatrists, a psychologist, a nurse practitioner, a nurse manager, registered nurses, and a social worker. Due to the unique issues and health care needs encountered in this population, collaboration with the treatment team is an ongoing area of emphasis. Training opportunities are varied and include brief cognitive screening, diagnostic interviewing, and individual psychotherapy.

d. Inpatient Mental Health: The VA St. Louis Health Care System acute psychiatry program serves medically cleared veterans with mental health problems who may benefit from short term inpatient treatment. The acute psychiatry program is located at the Jefferson Barracks station and consists of three locked psychiatry units with a total of 40 operating beds. The length of stay for patients is usually six to nine days, but may be longer. A variety of disorders are represented, including schizophrenia, affective disorders, borderline personality disorder, anxiety disorders, organic syndromes, post-traumatic stress disorder, suicidality, and substance use disorders. The unit is an active teaching unit with numerous nursing and medical students training on any given day. Interns will develop foundational competencies in assessment and intervention of a wide range of psychopathology within the context of a multidisciplinary team. The

primary emphasis of this rotation will draw from recovery-oriented (i.e., strengths-based) approaches to case conceptualization, intervention, and treatment planning. This rotation will provide the intern with in-depth training in the assessment and treatment of complex psychiatric conditions typically seen in an acute psychiatric setting. Training emphasis will be placed on clinical interventions (individual, group, and milieu) which promote maximum change in the shortest amount of time. Interns will learn how to function in a multidisciplinary team as well as become knowledgeable of the dynamics of inpatient units and modern psychiatric hospital care.

3. REHABILITATION AND RECOVERY PROGRAMS:

Psychologists also work within mental health rehabilitation clinics alongside other allied healthcare providers.

a. Substance Abuse Residential Rehabilitation Treatment Program (SARRTP):

Substance abuse treatment is performed by individual contracting for relevant group content in order to optimize the probability of achieving and maintaining abstinence from mood altering substances. Because addictive disorders affect the whole person, the focus of SARRTP is on abstinence from mood altering chemicals and on bio-psycho-social-spiritual functioning in recovery. SARRTP incorporates cognitive behavioral therapy, 12-step programs, and SMART (Self Management and Recovery Training) groups. Opportunities exist for learning and practicing interview-based screening, including the Addiction Severity Index, the Brief Addiction Monitor, and PTSD and depression screens, orientation and intake procedures with this population, as well as team treatment planning, consultation, treatment implementation (especially the facilitation of groups) and case management. There is one psychologist (1.0 FTEE), on this interdisciplinary team that includes a psychiatrist, medical doctor, nurses, social worker, chaplain, recreation therapist, addiction therapists, and a peer support specialist.

b. Opioid Addiction Treatment Program (OATP): The OATP at VA St. Louis employs treatment models designed to promote recovery from addictions and reduce harms experienced as a result of these conditions. OATP utilizes medication assisted therapy (MAT) with the majority of its patients, typically with buprenorphine (Suboxone), methadone, or naltrexone (Vivitrol). The program emphasizes appropriate treatment engagement and productive endeavor to facilitate sobriety through the development of effective self-management skills. In addition to MAT, treatment includes regular group therapy attendance, behavioral monitoring (including urine drug screens), and individual counseling. Case management, assessment, group and individual intervention, and staff consultation are common roles for psychology staff in this area.

c. Psychosocial Rehabilitation and Recovery Center (PRRC): The VA St. Louis PRRC is located at the Hope Recovery Center (HRC). The HRC contains three programs: the PRRC, Healthcare for Homeless Veterans (HCHV), and Compensated Work Therapy (CWT). The PRRC is designed to assist veterans who are living with Severe Mental Illness (SMI) with the tasks of improving illness management skills, establishing independent living and creating purposeful and productive lives in the community. The PRRC provides services to veterans who meet the following criteria: 1) current diagnosis of an SMI (schizophrenia spectrum, schizoaffective, delusional

disorder, a major affective disorder such as Major Depressive Disorder or Bipolar Disorder, and/or severe and chronic PTSD), 2) the veteran has significant functional deficits (think of a GAF = or < 50), and 3) able to learn and interact in a non-disruptive way with other veterans in an adult learning environment. PRRC services include; intake assessment, differential diagnosis (done on an as needed basis for eligibility and treatment planning purposes); Recovery Coaching (a mixture of case management, evidence-based therapy practices, and other interventions); therapeutic groups, skills classes, provision of access to PRRC resources (computer lab, exercise room, library of books and DVDs on recovery topics), and community based activities (such as traveling to a veteran's home or meeting them at the PRRC and traveling with them into the community to assist them with accomplishing tasks associated with meeting recovery and independent living goals). In addition to providing services all PRRC staff participate in administrative and organizational functions including documentation of services, staff meetings, case consultations, on-going training and certification, and maintain compliance with wider VA tasks and requirements. The PRRC is organizationally aligned with the two other mental health programs that provide outpatient services to veterans with SMI: the Mental Health Intensive Care Management (MHICM) program and the Mental Health Outreach and Integration (MHOIP) program. An intern who elects to complete a concentration with the PRRC would co-lead psycho-educational and experiential groups and would work with the Recovery Programs Postdoctoral Fellow and the PRRC Psychologist to continue to expand and improve on our programs and services.

NEUROPSYCHOLOGY TRACK (one intern selected per year)

Within our generalist model of training we are able to offer a track for individuals interested in devoting 50% of their time to the provision of Neuropsychological activities related to medical and psychiatric populations, in order to meet the needs of individuals planning to apply for Neuropsychology Residencies that abide by the Houston Conference Guidelines. Applying for, and being selected for, the Neuropsychology Track will dictate that the intern select the Neuropsychology and Polytrauma/TBI rotations as two of the four major rotations for the year. On both of these rotations, the training emphasis will be in the delivery of neuropsychological services with exposure to different patient populations. Additionally, Neuropsychology specific didactics will be added during at least 50% of the training year. This is in addition to the generalist didactics offered to all interns throughout the training year. The Neuropsychology Track allows for an intensity of Neuropsychology training while maintaining the primary internship goal to produce a competent generalist psychologist.

EDUCATIONAL ACTIVITIES

All interns, regardless of rotation assignments, attend the weekly **Intern Didactic Seminar** that includes lectures by staff and consultants and presentations of cases by interns. Annually, interns are given the opportunity to rate the topics they would most like to learn about and, based on this feedback, a new seminar schedule is created in order to keep interns to keep abreast of the evolving professional climate, and to aim the education towards topics of interest to that particular intern class.

Our **Enrichment Seminar Series** is also attended by all interns (and interns are joined by some of the residents who also attend this seminar). These seminars are designed to offer more intensive training in core areas of competence for contemporary professional psychologists. The Enrichment Seminar Series consists of 3 separate seminars which will be offered in rotating fashion running 10 months of the training year (20 hours training/seminar). The 3 seminars will be chaired by rotating training faculty and offer multi-modal teaching in the areas of:

1) **Evidenced Based Practice:** This seminar teaches about evidenced based treatments currently supported in the VA including Cognitive Behavioral Therapy, Cognitive Processing Therapy, Motivational Interviewing, Acceptance and Commitment Therapy, Cognitive Behavioral Therapy for Insomnia, and Prolonged Exposure. This is intensive, hands-on training by our faculty experts specializing in those areas of care.

2) **Diversity Seminar:** Utilizes a multi-modal format including experiential exercises, assigned readings, case presentation, discussion, and “Personal Diversity Studies” where students will learn more about the inquiry process of studying individual and group differences and then sharing their findings with the seminar group. This group is designed to enhance appreciation for diversity, promote multi-cultural competency, and demonstrate facility in applying this knowledge to diverse populations in clinical practice.

3) **Clinical Supervision:** A literature-based, discussion-driven seminar which is organized around core topics in clinical supervision based on Falender and Shafranske’s 2004 *Clinical Supervision: A Competency Based Approach*. Within those topic areas, participants rotate in their literature selections which guide both reading assignments and seminar foci. In this manner, the seminar covers foundational domains within contemporary clinical supervision practice while also allowing for some flexibility to accommodate class interests. It is designed to give students the conceptual and empirical base from which to begin developing competence in supervision skills.

Many other conferences and seminars are available to interns at the medical center, depending on time and interest. In addition, there are other educational opportunities available in our academic community at Washington University, St. Louis University and University of Missouri-St. Louis through both the Departments of Psychology and Psychiatry. These include:

- St. Louis University Weekly Grand Rounds - Wohl Mental Health Institute and JB
- St. Louis VA Geriatric Research Education and Clinical Center Seminars
- St. Louis University, Department of Psychology Colloquia
- University of Missouri - St. Louis, Department of Psychology Colloquia
- Washington University, Department of Psychology Colloquia
- Washington University, Department of Psychiatry, Grand Rounds
- Missouri Institute of Psychiatry, Grand Rounds

RESOURCES AVAILABLE TO INTERNS

A wide range of support facilities are available to interns. The Medical Library contains approximately 2200 volumes in the areas of Psychiatry and Psychology and currently subscribes to 49 journals in the behavioral sciences. An interlibrary loan arrangement makes the facilities in St. Louis University and Washington University and the St. Louis Public Library available to students. Both Dialogue and Medline literature search services are also available. Internet and VA intranet access is available through workstations in each clinical rotation area.

PERSONNEL PRACTICES

This internship is a 12-month, 2,080 hour full-time appointment. Interns will not work on Federal holidays. Interns also acquire 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. Attendance at meetings, conventions, etc. is possible and that time counts towards the 2,080 hours. You will be fully briefed on all personnel practices during your orientation period upon arriving on site.

FUNDING AND PREREQUISITES FOR APPOINTMENT

Interns will be paid a stipend of \$23,974, subject to Federal and State income taxes, for which a minimum of 2,080 hours of training (including sick leave, annual leave and authorized absence) is required. Please note that the program curriculum includes the number of hours of the funded training program, meaning that an intern is paid for 2080 hours only. If you are a federal retiree (civil service or military) and receiving a retirement annuity, or active duty Military, you should identify this status in the initial application process as this may affect your internship stipend. All interns will be expected to begin at the VA St. Louis Health Care System on **July 25, 2016.**

ELIGIBILITY

1. For all VA Internships:

Interns must have U.S. citizenship. VA is unable to consider applications from anyone who is not currently a U.S. citizen. Verification of citizenship is required following selection. All interns and fellows must complete a Certification of Citizenship in the United States prior to beginning VA training.

a. A male applicant born after 12/31/1959 must have registered for the draft by age 26 to be eligible for any US government employment, including selection as a paid VA trainee. Male applicants must sign a pre-appointment Certification Statement for Selective Service Registration before they can be processed into a training program. Exceptions can be granted only by the US Office of Personnel Management; exceptions are very rarely granted, but have been made within our program when necessary and appropriate.

- b. Interns and Fellows are subject to fingerprinting and background checks. Match results and selection decisions can only be honored by applicants successfully passing these screens for government employment. .
- c. VA conducts drug screening exams on randomly selected personnel as well as new employees. Interns and Fellows are not required to be tested prior to beginning work, but once on staff they are subject to random selection for testing as are other employees.

Internship applicants also must meet these criteria to be considered for any VA Psychology Internship Program:

- a. Doctoral student in good standing at an APA-accredited graduate program in Clinical or Counseling psychology. Persons with a doctorate in another area of psychology who meet the APA criteria for respecialization training in Clinical or Counseling Psychology are also eligible.
- b. Approved for internship status by graduate program training director.

2. Eligibility/Prerequisites for the VA St. Louis Health Care System

We require candidates for our internship to have completed 1000 hours of practicum experiences prior to starting internship. Applicants with a minimum of 500 hours of intervention and 50 hours of assessment will be rated more highly when determining invitations for interviews This number includes Total Intervention, Assessment, and Supervision hours and should be stated on the APPIC AAPI form for internship. If 1,000 hours are not complete at time of application, please indicate the training plan (placements and hours) for the balance to be completed before the beginning of the internship. The internship should be consistent with the goals of the intern's graduate training. It is recognized that the philosophy and preparation of students within certain programs differ widely. Students from accredited programs who are prepared to train in a clinically-oriented program are invited to apply.

All coursework required for the doctoral degree must be completed prior to the start of the internship year, as well as any qualifying, comprehensive, or preliminary doctoral examinations. We prefer candidates whose doctoral dissertations will be completed, or nearly completed, before internship begins. Because internship is part of the predoctoral training requirement, interns must not be granted their degree by their academic institution prior to successful completion of the internship year. Premature granting of the degree by the graduate program could endanger the intern's predoctoral stipend. Persons with a PhD in another area of psychology who meet the APA criteria for respecialization training in Clinical or Counseling Psychology are also eligible. As an equal opportunity training program, the internship welcomes and strongly encourages applications from all qualified candidates, regardless of gender, age, racial, ethnic, sexual orientation, disability or other minority status.

3. Intern Selection

The ideal candidate possesses strengths in clinical work, research productivity, academic preparation, and personal characteristics. Because the veteran population tends to present with complicated medical and mental health problems, we prefer students 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 strive to compose our incoming class with a variety of interns: from different kinds of programs; from different geographic areas; of different ages, diverse backgrounds, and life experiences. This approach is a reflection of our commitment to diversity in psychology. As a federal employer the facility and our program takes a strong stance regarding policies toward non-discrimination and accommodation for success in our internship. We value a diverse intern class and a diverse professional environment.

We prefer to meet our candidates in person and we offer several days as options for interviews (see below) designed to help both you, and us, learn as much as we can of one another in a limited period of time. For our intern selection rankings, we use a quantitative formula based on 16 variables based on both your written materials and 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.

APPLICATION PROCEDURES

1. Application Procedures:

Our site requires the AAPI Online which may be accessed at www.appic.org, click on "AAPI Online"

To apply for our internship, all of the following must be submitted through the applicant portal for the AAPI online application process:

- a. Complete the **online AAPI** (APPIC Application for Internship). Include ALL of the materials allowable based upon the current format and structure of the AAPI portal (e.g, cover letter, vitae, references, work samples, essays). Work samples are preferred as comprehensive, integrated psychological assessment report (can be personality, neuropsychological, integrated etc.)

Please Note: Application materials must be submitted through the online AAPI. No materials will be accepted by e-mail or US mail.

2. Important Points To Remember When Applying:

- a. Application deadline for receipt of materials: **November 1st**. All application materials received after that date will not be accepted. Incomplete applications will not be considered for admission to the program.
- b. If there are any known factors which may affect or preclude you from fully participating in the match or may prevent you from accepting a position per APPIC match rules, please make this known on your application, preferably in your cover letter.
- c. Appointments of matched applicants to our internship positions are contingent upon the applicants satisfying certain VA-wide employment eligibility requirements. This will include passing pre-employment physical as well as other

security clearances (e.g., clearing a background check, electronic fingerprinting, etc.). If you have any questions or concerns about what is involved in being cleared for VA employment, you may contact our HR at 314-894-6620. This disclosure is made to maintain compliance with APPIC standards requiring us to inform potential candidates of all employment requirements in advance of the match.

- d. In person interviews are held on **Friday, January 8, January 15, and January 22, 2015**. We cannot guarantee that all candidates will be provided in-person interviews though, if offered, attending a personal interview is highly encouraged. Timeliness of submission of your application increases your chances for an interview offer. We therefore encourage applicants to complete and submit their applications early to optimize their chances of obtaining an in-person interview. In accordance with APPIC, we will be informing you of your interview date, if offered, by December 15th. **If a telephone interview is offered, these are individually arranged and are completed by January 30, 2015.** Interviews will not be offered or scheduled until all written application materials have been received.

This internship site will participate in the APPIC computer match and is subject to all rules and practices associated with this commitment.

General Internship Program Code for the APPIC match: 139911
Neuropsychology Track Program Code for the APPIC match: 139912

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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.

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 becoming a Rams fan, meeting her husband, buying a house, and adopting a cat (insert 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 an annex Primary Care clinic independent of the two main campuses. What does she do all day? (The jury is still out), but.....her predominant theoretical orientation is Cognitive-Behavioral, through a Process-Experiential lens with a sprinkling of Emotion-Focused work. When she is not seeing patients or writing progress notes, she enjoys running, 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*. Even while on an intern's salary, Dr. Becker enjoyed the occasional filet and aged California red varietal.

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 MI!", 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 guitar, riding her Triumph Bonneville, and collecting mid-Century modern stuff. Her interests include discrimination and health, 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 small 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, photographing his corner of the world, 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/Senior Vet Clinic)

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 and serves in both the Mental Health Clinic and Senior Vet Clinic. She has a strong interest in EBPs and is certified in CPT. Outside of work, she enjoys biking, riding horses, raising her Redbone Coonhound son, Rufus, and spending time with family and friends.

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.

Kate Goedecker, Ph.D. (Spinal Cord Injury) Dr. Goedecker 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. Goedecker'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. Goedecker'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. Goedecker'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, her two sons, and her dog. She has recently been learning to enjoy watching Transformers cartoons.

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.

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 Post-Traumatic 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 and ultimately thought this would be his life career. He continued to pursue his interest in psychology after been told numerous times by father and co-workers that he was an "idiot" for considering construction as a career. He eventually started graduate school for Clinical Psychology at Wright State University in

Dayton, OH. He was awarded the HPSP scholarship during graduate school, which meant that the United States Air Force paid for graduate school and in return he 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 after only 8 months 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 and consultant in Motivational Interviewing. 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 where she learned some about East coast culture- i.e. the need to talk and move much faster than the Midwest and love of New York pizza! Dr. Loaiza found 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 dream job as the PTSD-SUD specialist on both the PTSD Clinical Teams. She is very passionate about engaging veterans in individual, evidence-based trauma work and never ceases to be amazed how effective and life changing therapy can be. She also runs Seeking Safety group in the clinics. She is currently certified in 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 mental chill out time with her husband, toddler, 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...some of these hobbies seem a distant memory being a newer mom, with movies and TV choices definitely changing- lots of Thomas the Train now :)

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 was born and raised in north New Jersey and attended the same high school as Artie Lange and Ray Liotta. He received his B.A. in Psychology from Rutgers University (the birthplace of college football). Applying only to graduate schools that were in good baseball cities, he enrolled in Saint Louis University's clinical psychology doctoral program in 2001. Longing for a good slice of pizza and a decent bagel, he completed his internship at Beth Israel Medical Center in New York City where he attended numerous Yankee games, lodged countless hours occupying used book stores (especially Strand Books) looking for vintage Freud, and sucked the marrow out of city living, all while living in a glorified closet and paying a small fortune in rent. He moved to San Diego with his wife in 2006 and quickly adapted to the California lifestyle by purchasing a scooter which he rode to work every day and managed to avoid a TBI despite his less-than-legal driving methods. After 6 months of working as a clinical supervisor at a methadone clinic, he was ready for a change and took a position as a research supervisor at UCSD working on a depression study. Having lived on both coasts, he returned to the Midwest where he was privileged to be able to join the St. Louis VA in 2007 working as a psychologist in Primary Care-Mental Health Integration. He possesses vast amounts of useless knowledge about The Simpsons and the state of New Jersey.

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 Predoctoralinternship for a few years (called Intermural Research Training Award or IRTA, 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 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, son, and golden retriever (all of whom are lovable, hilarious, and handsome!). Although she would love to claim interest in impressive intellectual and athletic pursuits, she generally spends evenings and weekends bargain-hunting, 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.

John Neudecker, Ph.D. (Neuropsychology/Community Living Center; Assistant Director of Psychology Training) Dr. Neudecker is a Missouri native, originally from the Fulton area. He earned his B.S. (2001) in Psychology at Truman State University in Kirksville, MO. He obtained his M.A. (2005) and Ph.D. (2007) in Clinical Psychology at Central Michigan University, which included completion of a doctoral internship on the neuropsychology track at the University of Florida, Gainesville. Dr. Neudecker subsequently completed a 2-year postdoctoral fellowship in keeping with Houston Conference guidelines for neuropsychology with a private practice and two hospital systems in Michigan. Upon postdoc completion, Dr. Neudecker began working for the St. Louis VA as one of two psychologists operating in the Community Living Center at Jefferson Barracks. Primary duties in the CLC include a variety of inpatient assessment procedures (e.g.; cognitive, affective, decisional-capacity) and brief intervention/treatment procedures utilizing a broad cognitive-behavioral perspective. Dr. Neudecker also holds neuropsychological privileges and performs both full and abbreviated neuropsychological assessments in the outpatient neuropsychology clinic on a half-time basis. Dr. Neudecker is married to Audiologist and fellow STL VA employee, Dr. Heather Neudecker. They have two sons. Dr. Neudecker is a member of the International Neuropsychological Society and is currently serving as the Assistant Director of Psychology Training. "Likes" include Autumn, cooking over fire, and testing of limits, while "dislikes" include overpathologizing interpersonal differences, cilantro, and most fruits.

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 also formally studied it during this time. 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 and substance use disorders using ACT, CPT, and Seeking Safety. 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.

David Rowan, Ph.D. (PRRC Coordinator, Hope Recovery Center) Dr. Rowan earned a B.A. in psychology from Grinnell College in Grinnell, Iowa and his PhD in psychology at the Illinois Institute of Technology in Chicago. He completed his internship at Milwaukee County Mental Health Complex, and a postdoctoral fellowship at St. Louis Behavioral Medicine Institute. Prior to joining the VA in 2008, Dr. Rowan was a clinician and program director at St. Louis Behavioral Medicine Institute. He has been a guest lecturer at the University of Chicago, St. Louis University School of Medicine, and Washington University in St. Louis as well as an instructor at St. Louis University School of Social Work where he has taught Motivational Interviewing. Dr. Rowan is a member of the Motivational Interviewing Network of Trainers and is a VACO consultant for the national Motivational Interviewing/Motivation Enhancement Therapy training initiative. He also provides MI/MET training locally. Personal interests include camping and mountaineering (he has climbed 8 of the Colorado 14ers), baseball (go Cards!), soccer (he plays on a co-ed recreational team), and sitting in a chair on the beach reading fiction. When not hiking, cheering, chasing a ball or lounging, he spends time with his wife and three children watching them play soccer, sing, dance, or build robots out of Legos.

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 the wilds of upstate New York and received her BA from the University of Rochester. She then attended Washington, DC’s Catholic University of America, returning to the snowy north of 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 then migrated to the land of the Arch and later 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 Cognitive and Behavioral Psychology. She lives with her husband, daughter, boy-girl twins, and dog-child, Louis the Lab.

Judith Skala, RN, PhD (Palliative Care Interdisciplinary Team) Dr. Skala was born in Chicago and raised primarily in the St. Louis area. She originally worked in hospitals as an NA, then later became an RN, specializing in the care of cardiac patients. She received her BS in Psychology from Washington University and then went on to obtain her MS and PhD from Washington University. She completed her internship at the New Mexico Psychology Internship Consortium with rotations in Behavioral Medicine, Indian Health Service, PTSD, and C/L at the NM University Medical School Hospital. Dr. Skala worked at the Behavioral Medicine Center at Washington University School of Medicine throughout graduate school and after internship for a total of 17 years. During

this time, she organized research projects related to depression and heart disease and also provided psychotherapy for various clinical trials. As the war in Iraq was getting underway, Dr. Skala felt a need to return to the VA System. She rotated between 2 rural CBOCs in Northern NM and Southern CO for 6 years. In 2013, she felt a pull to return to the St. Louis area to assist in the care of her parents. Dr. Skala is a member of Cardinal Nation for many years but considers the Cubs to be her second team. Interests include old movies, Home Run Inn Pizza (Chicago), cooking, running, travel and Mya the Wonder-Dog. Dr. Skala misses the high desert and the smell of mesquite and pinon in the winter.

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. 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.

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 PCMHI 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. (DRRTP) 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). Due to general awesomeness, superior memory for obscure and unimportant details, and his ability to read minds instantly, he was hired as a staff member at the VA St. Louis Health Care System. He has various interests, though enjoys spending most of his spare time with his family and friends. He considers his dogs to be his children and as a result he often has full (one-sided) conversations with them, and sometimes buys them presents.

Clara Wiegman, Psy.D. (Mental Health Clinic-JC) 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 and CBT-I. After 13 years away, she is excited to have returned home to join the psychology staff at the St. Louis VA and finally have the opportunity to introduce her husband and 3 boys to the joys of Cardinals baseball!

Daniel Z. Wilkinson, Ph.D. (Primary Care Mental Health Integration-Jefferson Barracks) Dr. Wilkinson was first interested in psychology as a child after perusing his father's textbooks. While working on his Ph.D. in clinical psychology, he developed interests in medical psychology, geropsychology and in consultation with physicians. This was bolstered by his internship at the Cincinnati VAMC. Following his graduate training, Dr. Wilkinson began work with seriously mentally ill inpatients who were deemed not guilty by reason of insanity or not competent to proceed to trial. Dr. Wilkinson later served as a civilian staff psychologist for the Air Force. In this setting, Dr. Wilkinson performed command-directed evaluations, consulting with commanders about active duty members' fitness for duty and about factors that could impact adjudication of disciplinary and administrative issues. He also provided a full range of psychological services to the active duty population, receiving formal training in prolonged exposure to better serve them. Dr. Wilkinson now serves as a primary care psychologist within a primary care team. His diverse clinical experience and focus on consultation has proved to be a good fit for the dynamic medical environment he now serves in. Dr. Wilkinson has supervised postdoctoral residents and interns. When not on the job, Dr. Wilkinson takes great pride in teaching his children to be nice to the cat (and others) while secretly playing ultra-violent videogames or table top war games after the

kids are tucked in. He continues to avoid all reality TV programming by watching the St. Louis Cardinals with his wife and children on an almost nightly basis.

C. Lisette Wise, Psy.D. (Primary Care Mental Health Integration-Jefferson Barracks) Dr. Wise has lived many places having been raised an Army brat, so she may struggle with telling you where “home” is. Since her father retired to Michigan, she attended Michigan State University for her B.A. in Psychology with an additional Major in Criminal Justice as the darker part of human nature has always been interesting to her. Given her nomadic upbringing, she chose to attend Pacific University located in Oregon for her M.S. and her Psy.D. degrees. Attending school there allowed her to enjoy the beautiful town of Portland where she was able to develop her tastes for fine coffee, great microbrews, locally-grown and sustainable food, yoga, and enjoying the great outdoors by cycling. It was in her 3rd year she learned about, applied for, and was awarded the Health Professions Scholarship Program (HPSP) scholarship, which meant that the United States Air Force paid for 1.5 yrs of her graduate school and in return she was obligated to complete 4-years in the United States Air Force. She completed her internship at Andrews AFB, Home of Air Force One, in Maryland just outside of Washington D.C. Her follow-on assignment was at Joint Base Anacostia-Bolling (JBAB) in D.C., 10-miles around the beltway from where she attended internship. She had 3 addresses in those 4.5 years in the D.C. metro area as she just can’t help but move around. While at JBAB, she served as the Mental Health Officer In Charge (OIC), Alcohol and Drug Abuse Prevention and Treatment (ADAPT) Program Manager, and as the special referral source for immediate assessment and treatment for the White House Communication’s Agency (WHCA). Prior to separating in January 2014, Dr. Wise served in Afghanistan as the Commander of the Behavioral Science Consultation Team (BSCT) #16 in Parwan Province. She will tell you that this was the most personally and professionally rewarding experience of her military career, and she often now spends her leave time to visit the friends she made while deployed. Between separation and starting out as a PCMHI psychologist in the STL VA, she decided to move to St. Louis where she had no family ties, no friends, and no idea what being a St. Louisan would mean. Since coming on board as a Cognitive Behavioral Therapist with interests in combat-related PTSD, grief, and changing health behaviors with conditions such as diabetes in a primary care setting, she has identified herself as the paperwork bulldog if you have a “red-tape” issue. Luckily, she loves living in St. Louis, and although she might have moved 4 times already since living in this town, she has returned to cycling, yoga, and enjoying great beer and food with friends on the regular.