

**PSYCHOLOGY INTERN TRAINING PROGRAM
VA St. Louis Health Care System
St. Louis, Missouri
2015 -2016**



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Contents

FOREWORD	3
OVERVIEW	4
PSYCHOLOGY WITHIN THE VA ST. LOUIS HEALTH CARE SYSTEM	4
THE PSYCHOLOGY INTERNSHIP PROGRAM	5
Philosophy of Training	5
Model and Goals of Training	6
Core Curriculum	7
Training Structure	8
Minimal Requirements for Retention	10
Standards of Evaluation	11
AREAS OF CLINICAL TRAINING	11
1. Medical/Health Psychology	11
a. Health Promotion and Disease Prevention (HPDP)	
b. Spinal Cord Injury	
d. Polytrauma/TBI Clinic	
e. General Neuropsychology	
f. Primary Care Mental Health Integration (PCMHI)	
g. Home Based Primary Care (HBPC)	
h. Pain Rehabilitation Center	
2. Mental Health Specialty Clinics	15
a. Mental Health Clinic (MHC)	
b. The Post-Traumatic Stress Disorder Clinics	
c. Senior Veterans Clinic	
d. Inpatient Mental Health	
3. Rehabilitation and Recovery Programs	17
a. Substance Abuse Residential Rehabilitation Treatment Program (SARRTP)	
b. Opioid Abuse Treatment Program (OATP)	
c. Mental Health Intensive Case Management (MHICM)	
d. Psychosocial Rehabilitation and Recovery Center (PRRC)	
4. Neuropsychology Track	19
EDUCATIONAL ACTIVITIES	19
RESOURCES AVAILABLE TO INTERNS	21
PERSONNEL PRACTICES	21
FUNDING AND PREREQUISITES FOR APPOINTMENT	21
ELIGIBILITY	21
APPLICATION PROCEDURES	23
1. Application Procedures	
2. Important points to remember when applying	
PSYCHOLOGY STAFF AND E-MAIL ADDRESSES	25
BIOGRAPHICAL VIGNETTES OF PSYCHOLOGY TRAINING FACULTY	27

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 A.P.A.-approved 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 American Psychological Association as an internship center in psychology since 1980. It is expected that six interns will be accepted for the internship program training year beginning **July 27, 2015**. Five of these positions will be generalist positions while the sixth is designated as a neuropsychology track position.

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 slots (for a total of 6) and a new post-doctoral training program (for a total of 4). We have also recently been awarded APA certification for our post-doctoral 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 Integrated Primary Care, PTSD, and Polytrauma/TBI. Throughout these exciting changes, we have striven to ensure that we do not lose its 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.

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, increasing emphasis is on use of evidenced-based practice both at 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.

Although the VA Health Care System in St. Louis is administratively considered to be a single unit, the presence of two divisions in the system as well as the availability of concentrations makes the experience at this medical center akin to that which might be obtained at a consortium setting in terms of breadth, variety and potential for professional growth.

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. At the VA, then, they 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 St. Louis VA Medical Center is part of VISN 15, The Heartland VISN. Within the St. Louis VA Medical Center, we have completed a major reorganization towards patient care provided within various Service Lines. The former Psychology Service has become a part of the Mental Health Service that provides care to more than 8000 veterans, with approximately 34 inpatient beds. The Mental Health Service has an Associate Chief of Staff, which is currently held by the Chief of Psychology, Dr.

Metzger, and an operations council, the Mental Health Council. Most psychological services at the Medical Center are provided through the Mental Health Service; however, some psychological services are provided by psychologists within the Spinal Cord Injury Service Line. The Psychology Internship Training Program remains under the administrative oversight and control 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 last few 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 engage in research during the internship year. Though a full-IRB research project is beyond the scope of a typical intern's training schedule, interns may have the opportunity to participate in a staff-led project or otherwise opt to take a concentration which offers some exposure to research, performance improvement, or quality management activities within Mental Health. All research projects, with the exception of performance improvement research and quality management require the concurrence of the Psychology Training Council and Medical Center IRB approval.

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 and to meet the guidelines published by the American Psychological Association regarding areas of training and development that should be facilitated by an internship experience. 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/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
- Supervisors provide relevant literature/references, and/or a reading list of recent clinical research
- Interns have access to extensive library facilities including free literature searches and copying privileges
- Interns have access to a wide variety of workshops and time spent on workshops counts towards the required total Internship hours
- 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.
- Some major rotations/concentrations will provide both direct and indirect exposure to research

Additionally, our Internship Program encourages interns to pursue clinical research within or outside of the Medical Center. We do this by:

- Offering rotations involving performance improvement/quality management research activity or the possibility of assisting with ongoing research efforts
- By providing professional preparation through Medical Media of slides, posters, etc. for talks and presentations at professional meetings related to research conducted at the Medical Center

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. It should be noted that the numbers listed are minimal guidelines, and the average intern will need much more experience in order to gain competency. 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, quarterly rotations of the clinical areas in which psychology delivers service (see Areas of Clinical and Training Endeavor, below). Major rotations are generally three months in duration. The particular learning experiences that an intern can expect to obtain within each of these clinical rotations is specified in learning agreements. These learning agreements also specify training expectations including information used to evaluate the intern's performance. Interns will also be expected to carry several extra-rotation psychotherapy cases throughout the year. In addition to their rotations at the medical center, interns will also be placed in a concentration for one day per week (see below) as well as being required to participate in various didactics, structured supervision (individual and group) 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 (in the areas of practice and cultural diversity).

Major Rotations: Students generally will have four different major rotations within the medical center during the year. A major rotation is 3 days a week for approximately 3

months. You will receive a minimum of 1 hour of individual supervision from your supervisor(s). Currently available major rotations include:

- Mental Health Clinic (General Outpatient MH)
- Posttraumatic Stress Disorder Clinic
- Neuropsychology Clinic
- Polytrauma/TBI Clinic
- Geropsychology/Extended Care
- Spinal Cord Injury Unit
- Mental Health Intensive Case Management (MHICM)
- Inpatient Mental Health Services
- Primary Care Mental Health Integration (PCMHI)
- Compensation and Pension Clinic

Concentration: Each intern will also select a concentration which provides exposure to various niche training areas in order to gain experience in an area of interest or to round out your training. A concentration is 1 day/week for the length of the training year, and while limited to one day per week, the year-long experience permits for long term clinical work and follow-up. For whatever concentration you choose, you will receive a minimum of 1 hour/wk of supervision from your concentration supervisor. Currently available concentrations include:

- Posttraumatic Stress Disorder Clinics
- Spinal Cord Injury Unit
- Primary Care Mental Health Integration (PCMHI)
- Home Based Primary Care (HBPC)
- Opiate Abuse Treatment Program and Research (OATP)
- Health Promotion-Disease Prevention (HPDP)
- Senior Veterans Clinic
- Compensation and Pension Clinic
- 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.

Preceptors and Extra-Rotation Therapy Cases: In addition to your major rotations and concentration, each intern also carries a total of three extra-rotation psychotherapy cases throughout the year; these cases will be supervised by your preceptor. You select your preceptor at the outset of the training year. In addition to clinical supervision, your preceptor also serves as your mentor for issues of professional development. Finally, the preceptor helps provide continuity in the intern's educational experience as he/she progresses through various rotations and is also the point of contact between the training program and the intern's graduate program. 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 the 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 under one of the psychology residents who will provide supervision under one of our licensed psychologists.

A variety of diagnostic, therapeutic, and special interest conferences are offered both on station and in the clinical and academic communities of St. Louis which help to augment those learning experiences offered within the training program.

A final note on training structure:

Applicants should note that our primary goal is to produce a competent generalist ready for post-doctoral 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, preceptors, and concentrations, 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 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 contracts. 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 "Intern Problematic Performance 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, a formal, competency-based written evaluation is completed at the end of each quarter (3 months). The exception to this are the occasions when an intern elects a 6 month split rotation (i.e., taking two major rotations simultaneously for 6, rather than 3 months). In such cases, the student is provided with a written evaluation at the conclusion of that 6 month period. At the conclusion of a year-long concentration, the intern is likewise provided with a written evaluation. 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 generating a summative competency evaluation based on the preceding 2 rotations concentration performance to date, and performance on extra-rotation 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 contract. The learning contracts and training objectives are reviewed with the intern at the outset of each rotation. Supervisors are then required to generate a competency evaluation which flows from these learning contracts 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. Interns can choose most of these areas (e.g., Spinal Cord Injury, PTSD Clinic, etc.) for their clinical rotations. However, please note that not all clinical areas can offer a major rotation or training opportunities, though this will be noted below.

MEDICAL/HEALTH PSYCHOLOGY:

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

a. Health Promotion & Disease Prevention (HPDP): HPDP is a primary care prevention program engaged in: (a) facility level environmental and policy action, (b) support of clinical care through staff training and support, outcome research, quality improvement, and organizational alignment, and (c) provision of direct clinical services such as weight management, smoking cessation, and chronic disease self-management programming utilizing evidence-based protocols. The HPDP Program is designated to increase awareness of 9 healthy living messages among staff and patients. The main goals of the HPDP program are to engage Veterans in their own health and health care, ideally

prior to the development of chronic diseases. The HPDP program helps to prevent chronic disease in our incoming Veterans and helps Veterans already living with chronic disease to better self-manage their illness. HPDP services include: clinical preventative services (screenings, immunizations, health behavior counseling, and preventative medications), health education, self-management support, and health coaching.

b. Spinal Cord Injury: 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.

c. Geropsychology - 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 a total of 72 inpatient beds. Work in this setting tends to be crisis oriented, high volume and intense, with psychology staff doing 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.

d. 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 Physiatry, 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.

e. 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 abuse, 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 per week. 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. On occasions of attending brain cutting, the intern may also optionally elect to attend neuroradiology didactics at Wash U. St. Louis. (Note: This rotation is available as staffing allows and dependent upon the needs of those interns completing the Neuropsychology Track program).

f. 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 nine 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, SARRTP, 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.

g. 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, development of team functioning, 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.

MENTAL HEALTH SPECIALTY CLINICS:

The second largest contingent of psychologists work within mental health specialty clinics alongside other allied mental health providers. They provide services to four clinics including: Mental Health (MHC), PTSD, Senior Veteran's Clinic, and Inpatient Mental Health.

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, and CPT. Group treatments address

mood disorders, anxiety disorders, noncombat trauma, substance abuse, and borderline personality disorder through the above methods, as well as Seeking Safety, Dialectical Behavior Therapy, Motivational Interviewing, and other skills-based approaches. 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 intake process in the MHC, 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. PTSD 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 34 operating beds. The length of stay for patients is usually six to ten 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.

REHABILITATION AND RECOVERY PROGRAMS:

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 sobriety. SARRTP incorporates 12-step programs, RET models, 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, and recreation therapist.

b. Opioid Abuse Treatment Program (OATP): The OATP program employs traditional models used in such settings and emphasizes the importance of work in establishing sobriety. Seventy-two percent of the methadone patients are gainfully employed. The Aftercare portion of treatment consists of a minimum of one session per

week for a minimum of six months and is designed to broaden and consolidate sobriety skills as well as to facilitate sober problem solving. Case management, assessment, group and individual intervention, and staff consultation are common roles for psychology staff in this area.

c. Mental Health Intensive Case Management (MHICM) Program: The MHICM Program is a VA initiative to bring intensive, community-based, mental health services to those veterans with chronic, serious mental illness who tend to be high utilizers of inpatient care. This has been described by its supervisors as an “inpatient rotation without walls.” An Intern who selects the MHICM clinical rotation will obtain a basic understanding of the role of a psychologist working on a multi-disciplinary team with a chronically and severely mentally ill population. The Intern will learn skills such as conducting in vivo assessments, coordinating the planning, delivery, and follow-up of multi-disciplinary services, and teaching practical problem-solving skills. The Intern will learn how to apply behavioral change skills in a non-traditional, dynamic and fluid environment, assisting clients to obtain their therapeutic goals, by assisting them to understand and cope with psychosocial stressors, while acting as liaison and advocate with numerous elements of the clients ecosystem. There are currently two licensed psychologists who work on this team. The MHICM team’s offices are located in the Blue Building at 3641 Olive St., St. Louis, MO 63108. We anticipate greatly expanded training opportunities in this area in the upcoming years as this is a major component of national strategic initiatives in the VA.

d. 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 Post-Doctoral Fellow and the PRRC Psychologist to continue to expand and improve on our programs and services.

NEUROPSYCHOLOGY TRACK (one selected intern per year)

Neuropsychology Internship Track: 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 emphasis of training 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, are expected to attend the weekly **Intern Didactic Seminar** that includes lectures by staff and consultants and presentations of cases by interns. The seminar schedule is updated annually to keep abreast of the evolving professional climate.

Our **Enrichment Seminar Series** is mandatory for all interns and residents. These seminars are designed to offer more intensive training in core areas of competence for contemporary professional psychologists. The series will consist of 3 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:** Covers several evidenced based treatments currently in use in the VA including Cognitive Behavioral Treatments, Cognitive Processing Therapy, Motivational Interviewing, Acceptance and Commitment Therapy, Dialectical Behavior Therapy, and Prolonged Exposure. This is intensive, hands-on training by our faculty experts specializing in those areas of care.

2) **Cross Cultural 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

Also, over the past few years there has been a rapid expansion of satellite lectures and workshops available at the Medical Center. The following is a listing of some of the example topics of interest to psychologists:

- Depression Practice Guidelines
- Evaluation of Pain in Chemically Dependent Patients
- Advances in the Care Of PTSD
- Management of Schizophrenia
- Parkinson's Disease
- Psychosis in the Elderly
- Family Violence
- Clinical Guidelines for Substance Abuse
- Women Veterans Sexual Trauma: Screening/Referral
- Extending the Boundaries of Treatment for Panic

- Women Veterans Sexual Trauma
- Clinical Guidelines for Persons with Psychoses
- Depression and Sleep
- Multi-Disciplinary Approach to the Challenges of the Geriatric Patient with Psychosis
- Living With Grief: Hospice Foundation Program
- NIH Roundtable: Treatment of Psychotic Disorders
- Coding and Documentation Compliance: Mental Health Professionals
- Pain Management
- Psychopharmacology

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 and 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 encouraged and 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 (FY2013-2014), 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 27, 2015**.

ELIGIBILITY

For all VA Internships:

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.

1. 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.
2. Interns and Fellows are subject to fingerprinting and background checks. Match result and selection decisions are contingent on passing these screens.
3. 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:

1. 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.
2. Approved for internship status by graduate program training director.

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. 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 counseling psychology 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 the internship. Because internship is part of the pre-doctoral 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 pre-doctoral 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.

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 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

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:

1. Complete the **online AAPI** (APPIC Application for Internship)
2. A **cover letter** indicating your areas of interests and preferred rotations (note that this does not in any way bind you to those selections). Generally, you will have 4 rotations and one concentration over the course of year.
3. **Curriculum Vitae**
4. **Official Graduate School Transcripts**
6. **Three letters of recommendation** with one being from your academic adviser.
7. **Work Sample:** Please send a 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.

Important Points To Remember When Applying:

1) 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.

2) 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.

3) 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.

4) In person interviews are held on **Friday, January 9, January 16, and January 23, 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 center 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

Laura Becker, Ph.D., ABPP-CL (Primary Care – Mental Health Integration)

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 pre-doctoral internship and post-doctoral 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 Masters 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 pre-doctoral 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.

Angela Cass-Prost, Psy.D. (Spinal Cord Injury) Dr. Cass-Prost received her B.A. from Drury University in 1972 in the field of sociology, and her M.Ed.-General Counseling from University of Missouri in 1977. When her son took a detour after high school graduation and decided on an Air Force career, she decided to use his college fund and earned a Psy.D. from Forest Institute of Professional Psychology in 2000 (thanks, son!). She was an intern at VA St. Louis Health Care system 1999-2000. Her

postdoctoral work was completed at St. Louis Behavioral Medicine Institute as well as VA St. Louis. She subsequently joined the VA psychology staff in 2000. Currently, she works 80% at the Spinal Cord Injury (SCI) Center and 20% Multiple Sclerosis Clinic. She primarily applies cognitive-behavioral interventions in her work, as well as Motivational Interviewing. Previous work included substance abuse counseling at Christian Hospital Northwest, St. Louis, MO, and Director of The Parenting Place, Springfield, MO. Her dissertation was the production of a child therapy manual for use by graduate students at Forest Institute. In addition to her regular duties at VA, she follows her passion in the area of diversity and inclusion by co-chairing psychology's Cultural Competency Council, and is a member of the hospital-wide Special Emphasis Program-LGBT. She is former board chair at Illinois Human Support Services in Monroe County, IL and continues to serve on various committees. Dr. Cass-Prost and her husband are passionate about keeping their marriage a priority through ongoing involvement with the St. Louis Gateway Chapter of Better Marriages. They are also members of the Sierra Club and enjoy participation in the Waterloo Garden Club where they make their home.

Raymond Dalton, Ph.D. (Mental Health Clinic) Dr. Dalton sits on the Training Council that manages the internship. His 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 individual and group EBT through a biosychosocial 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.

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. With two kids in college, Dr. Davies Sulser has developed expertise in stalking Facebook pages, late night skyping 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.

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.

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.

Stephen J. Gaioni, Ph.D. (Homeless Patient Aligned Care Team Psychologist) Dr. Gaioni received his A.B. from Brown University (1971), his Ph.D. in Experimental Psychology from Princeton University (1976), and his respecialization certificate in

Clinical Psychology from the University of Missouri - St. Louis (1994). He was an intern at the St. Louis VA in 1992-1993, and subsequently joined the staff on a permanent basis. He served for many years as the ACOS for Mental Health and oversaw a massive expansion in mental health services including Psychology. He has recently decided to return to a more “hands-on” clinical role and is working as the Homeless-Patient Aligned Care Team (H-PACT) Psychologist in the Hope Recovery Center. In a former life, Dr. Gaioni studied communication in nonhuman animals, including biosonar behavior in bats. He came to the conclusion that nonhuman animals have well-organized and highly functional brains. Outside of work, Dr. Gaioni sinks most of his time and money into renovating his 115-year-old house and gardening (his wife designs he digs). If the stock market would only cooperate he would add world-traveler to his hobbies. For social support he relies on his wife Paulie, son Mark, and daughter Anh.

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

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 at 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 dog, her toddler, and her

husband, who is also a psychologist. She has recently been learning to enjoy watching Spiderman cartoons.

John R. Hogg, Ph.D., ABPP, Board Certified in Clinical Neuropsychology (Neuropsychology Residency Training Director) 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. pre-doctoral 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.

Thomas M. Jadlos, Ph.D. (Mental Health Intensive Case Management) Dr. Jadlos received his Ph.D. in 2001 from Alliant University in Fresno, CA in Clinical Psychology. This is his second career; he formerly held a variety of management positions in the field of Human Resources. He completed his internship at the VA St. Louis Health Care System in 2000/2001 and was offered the opportunity to redeem himself when he was offered a position on the Mental Health Intensive Case Management (MHICM) Team. He enjoys working with the severely and chronically mentally ill and is a proponent of the integration of treatment services for co-occurring disorders. His primary theoretical orientation is cognitive-behavioral. He is interested in mental health program design and implementation and has been involved in several research projects on the topic of pathological gambling. During non-work hours, Dr. Jadlos enjoys traveling and outdoor activities; his overall objective in life is to try everything at least once and if he enjoys it, do it again. While at work he takes great pleasure in harassing MHICM team members as well as members of the psychology staff. He and his wife Kathy have six children, 10 grandchildren, and two feral cats that do not understand that they have been domesticated.

David T. Klein, Psy.D. (PTSD Clinical Team) 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 post-doctoral 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 remains adjunct faculty at St. Louis University, Department of Psychiatry. He rejoined the VA in 1998 as a PTSD psychologist and has since 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 program 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 has since decided to retire from this position in 2012 and explore exactly what season of a man's life Levinson thinks he should currently be occupying. His clinical interests include the psychology of war, 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. He is married, has 2 rug rats, and enjoys gourmet food/cooking, wine, music, scuba diving, skiing, gardening, and fly fishing, all with time permitting due to the rug rats which is increasingly rare. He anticipates having more time for such pursuits once his children have reclassified him from a loved object into "the worst parent ever."

Amanda Kracen, Ph.D. (Siteman Cancer Center at Barnes-Jewish Hospital and Washington University) Dr. Kracen is originally from Illinois, but has not lived there in a long time. She graduated from Brown University having never taken a psychology class. After living abroad and enjoying several different careers that ranged from making homemade ice cream (favorite flavor: fresh rosemary) to researching suicide prevention, she realized she wanted to be a psychologist someday. After many undergraduate night classes, she returned to the United States and entered graduate school at Virginia Commonwealth University. Dr. Kracen earned her Ph.D. in Counseling Psychology, with a special emphasis in psycho-oncology, and completed a research fellowship sponsored by the National Cancer Institute. Subsequently, she spent two wonderful years at the St. Louis VA completing her internship and a postdoctoral fellowship in PTSD. 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. Kracen's theoretical orientation is integrated, typically using ACT, CBT, interpersonal and existential interventions. She enjoys spending time with her partner and three exuberant little boys, socializing when possible, planning the next trip abroad, renovating an old house, and coordinating a St. Louis ACT study group for clinicians.

Rocky Liesman, Psy.D., ABPP (PCMHI; 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 and Motivational Interviewing, as well as experienced in CPT. 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 Pixar and PBS kids options 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 Union, NJ (home of the world's tallest watersphere). He received his B.A. in Psychology from Rutgers University (also known as The State University of New Jersey and the birthplace of college football). Applying only to graduate schools that were in good baseball cities, he enrolled in St. 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 join the St. Louis VA in 2007 working as a psychologist in Primary Care. 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 Pre-doctoral Fellowship for a few years. 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 both CPT and PE which she uses on a regular basis in treating Veterans with PTSD. 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 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 pre-doctoral 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 5 years and currently works in the Community Living Center. She is a member of the St. Louis VA Dementia 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 (married over 70 years and 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. (Community Living Center; Assistant Director of Psychology Training) Dr. Neudecker is a Missouri native, originally from Fulton. 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 are split between 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 as needed. 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 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 began to pursue a degree in philosophy, but changed his emphasis to a field that might lead to some form of employment. He worked with homeless persons with mental disorders for a few years, and then went on to complete 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, as

well as a great deal of trauma related work. He did his internship and post-doctoral work at VA St. Louis Health Care System. Given that it was considered more cost-effective to offer him a position than to hire a pest removal service, he is now the Team Leader for the OEF/OIF/OND PTSD Clinic. He teaches undergraduate and graduate psychology courses at his alma maters as well, and so it may be advisable to avoid inviting him over for dinner, or else he may simply move in to your house. Dr. O'Connor is currently the VISN 15 PTSD Mentor, was a recent recipient of the "Outstanding Contributions in Psychology Award," is active on the Practice Council, is involved with various Quality Improvement initiatives, and is currently in the lead in the St. Louis VA's ongoing "most evidence based psychotherapy certifications" contest (prize to be determined). He is also an avid musician, and was named "Best drummer in St. Louis for 2013" (which he considers a backhanded compliment). He also noted that he is superior to Dr. Neudecker in every conceivable way, not that that's saying all that much.

Kara G. O'Leary, Ph.D. (John Cochran Mental Health Clinic) 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 (making her largely ineffective at CBT!). 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 two daughters.

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; Medical Psychology – Integrated Primary Care, 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. (Hope Recovery Center, PRRC Coordinator) 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 7 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 pre-doctoral 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. She is certified in PE, CBTI, and IBCT and additionally uses an eclectic approach (CBT, ACT, the kitchen sink). Dr. Rusnack enjoys working with trainees of all levels and is active on the training council. She has two adorable and energetic children, which limit her favorite activities of traveling with her husband, enjoying wine, 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) 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.

Rebecca A. Stout, Ph.D. (Lead Smoking Cessation Clinician, HPDP, Primary Care) Dr. Stout is a native Michigander and a recent St. Louis transplant. She 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 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. Dr. Stout is very passionate about the field of health psychology and enjoys working at the intersection of psychological and physical health. She is very excited to have joined the VA in January 2013 working in health promotion and disease prevention. Her primary work at the VA is in providing Veterans assistance with smoking cessation, weight management, and bariatric surgery services. Dr. Stout spends her off time enjoying her young family and exploring St. Louis.

Theresa M. Van Iseghem, Psy.D. (Primary Care Mental Health Integration) 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, post-doctoral 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.

Daniel Z. Wilkinson, Ph.D. (Primary Care Mental Health Integration-JC) 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 cats (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.