PSYCHOLOGY INTERN TRAINING PROGRAM
VA St. Louis Health Care System
St. Louis, Missouri
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FOREWORD

Training in psychology has been offered at the VA St. Louis Health Care System since the late 1950's and accredited by the American Psychological Association (APA) since 1980. In the early years most interns came from local universities, but as the accreditation of university graduate programs and internship centers grew our program was opened to students from all APA accredited universities and professional schools on a competitive basis. Today, we enjoy a yearly applicant pool that represents a wide variety of program types, geographic locations, and personal backgrounds and interests.

In the last decade, the VA system has transformed into a world leader among health care systems by implementing progressive programs which emphasize recovery, prevention and service delivered within integrated and interdisciplinary settings. The St. Louis VA is considered a regional hub and has enjoyed spectacular growth in staffing and services. The psychology service has also grown and is well accepted and utilized, just as our training program is recognized as fulfilling one of the VA’s overarching missions, to provide excellence in clinical training. Even with this growth and recognition, however, our Training Council has been diligent about limiting our program’s expansion in order to ensure a variety and quality of internship training experiences and supervision. We have 6 permanently funded internship positions and 5 postdoctoral residency positions. We have not lost focus of our primary training goal--to provide excellence in psychology training in the generalist tradition.

There are expanding and emerging training opportunities at our VA, but this brochure was developed to represent information and opportunities we consistently offer and that are 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 will accept 6 interns to the internship program training year beginning July 24, 2017; 5 will be generalist positions and 1 is designated as a neuropsychology track position.

Thank you for your interest in learning from and serving veterans! We are truly enthusiastic about providing the best possible training for developing psychologists and we believe you will find our psychology staff to be committed mentors and consultants in your professional growth.

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

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

PSYCHOLOGY WITHIN THE VA ST. LOUIS HEALTH CARE SYSTEM

The VA St. Louis Health Care System (VASTLHCS) is part of VISN 15, The Heartland VISN. The VASTLHCS is a two division medical center with the majority of medical specializations being housed at the John Cochran (JC) division and the majority of the mental health/rehabilitation being housed at the Jefferson Barracks (JB) division. The Hope Recovery Center, located in midtown St. Louis, also provides services to Veterans including housing programs, job programs, and mental health programs. The VASTLHCS provides comprehensive mental health care, including inpatient, residential, outpatient, integrated services (e.g., MH services integrated into Primary Care, Spinal Cord Injury, Community Living Center, and Pain Rehabilitation Programs), and community-based services to an average of more 14,000 veterans and 142,200 visits a year. The Mental Health Service is led by the Associate Chief of Staff, Dr. Metzger, who is a psychologist. Psychologists are members of Medical Staff of the VASTLHCS, which allows them to serve on various facility-level leadership and steering committees. The Internship program remains under the administrative oversight of the Psychology Training Council and Training Director.

Psychologists at the VA St. Louis Health Care System engage in a wide variety of
clinical, research, teaching, and administrative activities and have considerable autonomy in their professional endeavors. The number of psychologists and the diverse areas in which we practice have undergone a rapid expansion in the past 10 years. We have approximately 45 doctoral level psychologists on site operating in a variety of areas within mental health and integrated into medical clinics. The doctoral supervisory staff is highly qualified and experienced, and all are licensed as psychologists. Various staff members have part-time practices, are affiliated with local universities/medical schools, conduct research, and are active in community and national professional organizations.

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

THE PSYCHOLOGY INTERNSHIP PROGRAM

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

In order to achieve these broader goals, internship training is designed to promote development in two fundamental areas: achieving foundational competencies in psychological practice and developing a sound professional identity. All aspects of the training program are designed to contribute in some way to these building blocks of the professional psychologist. This is primarily accomplished by an apprenticeship model of supervised practice emphasizing diverse populations, varying theoretical models, multiple skill sets, and different functional roles involved in patient care. Specifically, it is recognized that skills of assessment, intervention/psychotherapy, and consultation flexibly applied to a variety of patient populations, are necessary competencies for the modern psychologist. Interns will also learn to effectively communicate their observations and opinions (verbal and written) in interdisciplinary settings and targeted audiences, and to develop those interpersonal skills needed to work effectively with
patients, their families, and allied health professionals. Interns will be able to generalize these skills to other appropriate settings, problems, and populations. Interns will also have the opportunity to further develop their knowledge of, and sensitivity to, the cultural, ethical, and legal issues that impact 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, time utilization, multidisciplinary 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 though 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 multidisciplinary teams & allied health professions
- Exposure to, and competence in, issues of cultural and individual diversity in clinical practice

Although our focus is predominantly on ensuring adequate breadth of training consistent with a generalist model, we also strive to meet the unique educational needs of our interns in terms of providing desired depth of training in specific areas of interest. One feature that many will find comforting is that we take trainees “where they are.” In other words, we make every reasonable attempt to gear your training focus, clinical workload, and learning gradient at a level that will challenge you without closing off opportunities for new experiences simply because you lack significant prior experience.
We also believe that as Practitioner-Scholars, all our interns should, at a minimum, develop into informed and critical consumers of clinical research. To accomplish this:

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

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

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

**Training Structure:**
Each intern will gain experience within four major rotations of the clinical areas in which psychology delivers service (see Areas of Clinical and Training Endeavor below). The intern will simultaneously participate in two major rotations at a time, for a six month period of time (see Figure 1). Every effort will be made to match rotations to the intern’s interests however, systematic constraints may mean that interns may not always receive their ideal selection of rotations.
The particular expectations, learning experiences, and how performance will be evaluated is specified in learning agreements developed by the supervisor and adjusted according to the intern’s unique needs, for each of the major rotations. Interns will also be expected to carry several independent psychotherapy cases (known as “preceptor cases”) throughout the year. In addition to their major rotations, and independent psychotherapy cases, interns will also be required to participate in various didactics, structured supervision (individual and vertical) and various other activities (e.g., Monthly Grand Rounds, Psychology Service Meetings, and Intern Professional Development). Finally, your training schedule can be rounded out with optional experiences such as participating on a psychology council (one of two councils, either the Psychology Practice Council or the Cultural Competency Council).

Figure 1:
Semester/Weekly Training Structure

Major Rotations: Students generally will have four different major rotations within the training year. A major rotation is 2 days a week for approximately 6 months. You will receive a minimum of 1.5 hours of weekly individual supervision from your supervisor(s) on each rotation. While the availability of particular rotations is subject to change, the currently available major rotations are expected to be:

- Mental Health Clinic (General Outpatient MH)
• Posttraumatic Stress Disorder Clinics
• Neuropsychology Clinic
• Polytrauma/TBI Clinic
• Geropsychology/Extended Care
• Spinal Cord Injury Unit
• Inpatient Mental Health Services
• Primary Care Mental Health Integration (PCMHI)
• Compensation and Pension Clinic (C&P)
• Home Based Primary Care (HBPC)
• Opiate Abuse Treatment Program and Research (OATP)
• Senior Veterans Clinic
• Psychosocial Rehabilitation and Recovery Center (PRRC)
• Quality Management/Administration
• Psycho-oncology (Siteman Cancer Center, non-VA)
• Health Promotion & Disease Prevention Program (HPDP)

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

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

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

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

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

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

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

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

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

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

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

c. Polytrauma/TBI Clinic: On the Polytrauma/TBI Clinic Rotation, the intern serves as part of a multidisciplinary team and participates in weekly interdisciplinary team meetings attended by the entire Polytrauma/TBI treatment team (including Physiatry, Social Work, Recreation Therapy, Physical Therapy, Speech Therapy, Occupational Therapy, and Nursing). In this setting, patient care is reviewed (including recommendations for consultation with providers 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, Motivational Interviewing and Behavioral Therapy), marital, and family therapy. It is expected that Neuropsychology Track interns participate in neuropsychological evaluations to the Polytrauma/TBI population. For the generalist training experience, opportunities for carrying an ongoing clinical caseload of Polytrauma/TBI Veterans for psychotherapy/behavioral intervention may be available. Whether interns are interested in the Neuropsychology Track or a generalist experience, they are expected to participate in the weekly interdisciplinary treatment team meetings.

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

e. Primary Care Mental Health Integration (PCMHI): In 2006, the VA St. Louis Health Care System was awarded funding to develop a Primary Care Mental Health Integration (PCMHI) team. Our current team is one of the largest PCMHI teams in the VA system, with eleven psychologists, one psychiatrist and one nurse coordinator. The PCMHI clinics represent a broad diversity of training experiences including traditional primary care teams, a women's clinic, an Urgent Care Clinic and 3 Community-Based Outpatient Clinics, or CBOCs. The rotation provides exposure to a broad range of PC
patients and comprehensive training in the core areas of skill and knowledge for primary care practice, as outlined by the APA Interdivisional Task Force for a Primary Care Curriculum (McDaniel, Belar, Schroeder, Hargrove, & Freeman, 2002). This includes didactic and experiential content in the biological, cognitive, behavioral, and socio-cultural aspects of health and illness, health policy and healthcare systems, clinical assessment and interventions of common primary care conditions, interdisciplinary collaboration in primary care, and ethical, legal, and professional issues in primary care. Specific training experiences include conducting brief (30 min.) intakes where major mental and behavioral health concerns are identified. Based on the veteran’s needs, they are offered follow-up with the Primary Care Psychologist for brief, time-limited psychotherapy (30 minute sessions with no more than 6-8 total sessions), or a referral to a specialty mental health service (PTSD Clinic, 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.

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

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

**h. Health Promotion & Disease Prevention (HPDP):** The HPDP team 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.

**2. MENTAL HEALTH SPECIALTY CLINICS:**

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

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

**b. Post Traumatic Stress Disorders Clinic (PTSD Team 1):** The PTSD clinics are specialized outpatient programs devoted to the diagnosis and treatment of combat-related Posttraumatic Stress Disorder. There are 2 distinct Posttraumatic Stress Disorder Clinical Teams (PCTs). Team 1 serves all combat eras prior to 2001 whereas Team 2 is devoted entirely to OIF/OEF/OND veterans. Presently, Team 1 is staffed by 2 psychiatrists, 2.5 psychologists, 1 psychiatric RNs, and a clinical social worker. This program is group therapy-centric supplemented by medication management and individual/couples psychotherapy services as needed. 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 various EBPs including PE, CPT, CBT-I, and IBCT. Trainees are exposed 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 encountered in our population include insight oriented therapy on PTSD and common co-morbidities (e.g., depression, substance abuse, etc.), trauma resolution, grief/loss, interpersonal problems and skill building, existential conflicts, symptom 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. Post Traumatic Stress Disorder Clinic (PTSD Team 2): 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 have received specialty training 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. Various adjunctive therapies (e.g., Seeking Safety, Panic Control Therapy, and various other types of CBT oriented therapies) are also utilized. 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, individual psychotherapy, and crisis intervention within a team approach.

d. 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 and group psychotherapy.

e. Inpatient Mental Health: The VA St. Louis Health Care System acute psychiatry program serves medically cleared veterans with mental health problems who may benefit from short term inpatient treatment. The acute psychiatry program is located at the Jefferson Barracks station and consists of three locked psychiatry units with a total of 40 operating beds. The length of stay for patients is usually six to nine days, but may be longer. A variety of disorders are represented, including schizophrenia, affective disorders, borderline personality disorder, anxiety disorders, organic syndromes,
posttraumatic stress disorder, suicidality, and substance use disorders. The unit is an active teaching unit with numerous nursing and medical students training on any given day. Interns will develop foundational competencies in assessment and intervention of a wide range of psychopathology within the context of a multidisciplinary team. The primary emphasis of this rotation will draw from recovery-oriented (i.e., strengths-based) approaches to case conceptualization, intervention, and treatment planning. This rotation will provide the intern with in-depth training in the assessment and treatment of complex psychiatric conditions typically seen in an acute psychiatric setting. Training emphasis will be placed on clinical interventions (individual, group, and milieu) which promote maximum change in the shortest amount of time. Interns will learn how to function in a multidisciplinary team as well as become knowledgeable of the dynamics of inpatient units and modern psychiatric hospital care.

3. REHABILITATION AND RECOVERY PROGRAMS:
Psychologists also work within mental health rehabilitation clinics alongside other allied healthcare providers.

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

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

c. Psychosocial Rehabilitation and Recovery Center (PRRC):
The VA St. Louis PRRC is a psycho-social rehabilitation outpatient program designed to assist veterans who are living with serious mental illness (SMI). The PRRC helps veterans with the tasks of improving illness management skills, establishing independent living and creating...
purposeful and productive lives in their community of choice. The PRRC provides services to veterans who meet the following criteria: 1) current diagnosis of a SMI (schizophrenia spectrum disorder, mood disorder (Major Depressive Disorder or Bipolar Disorder), and/or severe and chronic PTSD), 2) the veteran has significant functional deficits (GAF of 50 or less), and who is 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, 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 other recovery program, the Mental Health Intensive Care Management (MHICM) program. An intern who elects to complete a rotation with the PRRC would co-lead psycho-educational and experiential groups and provide individual therapy. An intern would also work with the Recovery Programs Postdoctoral Fellow and the PRRC Psychologist to continue to expand and improve the PRRC program and services.

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

EDUCATIONAL ACTIVITIES
All interns, regardless of rotation assignments, attend the weekly Intern Didactic Seminar that includes lectures by staff and consultants and presentations of cases by interns. Annually, interns are given the opportunity to rate the topics they would most like to learn about and, based on this feedback, a new seminar schedule is created in order to keep interns to keep abreast of the evolving professional climate, and to aim the education towards topics of interest to that particular intern class.
Our **Enrichment Seminar Series** is also attended by all interns (and interns are joined by some of the residents who also attend this seminar). These seminars are designed to offer more intensive training in core areas of competence for contemporary professional psychologists. The Enrichment Seminar Series consists of 3 separate seminars which will be offered in rotating fashion running 10 months of the training year (20 hours training/seminar). The 3 seminars will be chaired by rotating training faculty and offer multi-modal teaching in the areas of:

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

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

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

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

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

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

**PERSONNEL PRACTICES**

This internship is a 12-month, 2,080 hour full-time appointment. Interns will not work on Federal holidays. Interns also acquire sick leave (4 hours per 2-week pay period) and annual leave (4 hours per 2-week pay period) that may be used during the year. Attendance at meetings, conventions, etc. is possible and that time counts towards the 2,080 hours. You will be fully briefed on all personnel practices during your orientation period upon arriving on site.

**FUNDING AND PREREQUISITES FOR APPOINTMENT**

Interns will be paid a stipend of $24,043, 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 24, 2017.**

**ELIGIBILITY**

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

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

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

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

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

b. Approved for internship status by graduate program training director.

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

Our program prefers applicants who have a combined total of 1000 hours of practicum experiences, which includes intervention, assessment, supervision, and projected hours applicants expect to earn prior to starting internship (as documented in material stated on the APPIC AAPI form). We find that most applicants meet this preference level. Applicants with at least 500 hours of intervention and 50 hours of assessment will be rated more highly when determining invitations for interviews. Applicants with less than 300 hours of intervention experience are typically ranked less favorably for interview invitations. 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. It is recognized that the philosophy and preparation of students within certain programs differ widely. The internship should be consistent with the goals of the intern's graduate training. Along these lines, the review panel recognizes the goals for graduate training are different for respecialization students and their combined training and experiences are taken into account in the review process. Students from accredited programs who are prepared to train in a clinically-oriented program are invited to apply.

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

3. Intern Selection

The ideal candidate possesses strengths in clinical work, research productivity, academic preparation, and personal characteristics. Because the Veteran population tends to present
with complicated medical and mental health problems, we prefer students with some experience in working with complex patients or a track record of scholarly productivity (e.g., research, publications, presentations, etc.) reflecting their interest in this area. Prior VA experience is a plus but is not required. In addition to these selection factors, we consider a variety of other positive factors in our ranking process with the hope of matching with a class of interns who will appreciate the opportunity afforded them in joining other trainees from varied academic programs; from different geographic areas; of different ages, abilities, cultural backgrounds, life experiences and perspectives. This approach is a reflection of our commitment to training a representative psychology workforce. 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 prefer to meet our candidates in person and we offer several days as options for interviews (see below) designed to help both you, and us, learn as much as we can of one another in a limited period of time. For our intern selection rankings, we use a quantitative formula based on 16 variables based on both your written materials and interview data to assist us in making both good and fair choices among applicants. We also take qualitative data about a candidate's goodness of fit into consideration, where applicable, to augment ranking decisions.

**APPLICATION PROCEDURES**

1. **Application Procedures:**
   
   Our site requires the AAPI Online which may be accessed at [www.appic.org](http://www.appic.org), click on "AAPI Online"  

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

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

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

2. **Important Points To Remember When Applying:**

   a. Application deadline for receipt of materials: **November 1st**. All application materials received after that date will not be accepted. Incomplete applications will not be considered for admission to the program.

   b. If there are any known factors which may affect or preclude you from fully participating in the match or may prevent you from accepting a position per APPIC match rules, please make this known on your application, preferably in your cover letter.
c. Appointments of matched applicants to our internship positions are contingent upon the applicants satisfying certain VA-wide employment eligibility requirements. This will include passing pre-employment physical as well as other security clearances (e.g., clearing a background check, electronic fingerprinting, etc.). If you have any questions or concerns about what is involved in being cleared for VA employment, you may contact our HR at 314-894-6620. This disclosure is made to maintain compliance with APPIC standards requiring us to inform potential candidates of all employment requirements in advance of the match.

d. In person interviews are held on **Friday, January 6, January 13, and January 20, 2017**. 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 16th. **If a telephone interview is offered, these are individually arranged and are completed by January 27, 2017.** Interviews will not be offered or scheduled until all written application materials have been received.

e. This internship site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any intern applicant.

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

**General Internship Program Code for the APPIC match:** 139911  
**Neuropsychology Track Program Code for the APPIC match:** 139912
PSYCHOLOGY STAFF AND EMAIL ADDRESSES

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BIOGRAPHICAL VIGNETTES OF PSYCHOLOGY FACULTY

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

Sherry Bassi, Ph.D. Dr. Bassi was born in Wichita, KS but considers herself a Californian at heart. In addition to Wichita, Dr. Bassi has also lived in Honolulu HI, Ellensburg WA, Lawrence KS, Nashville TN, and Long Beach CA, all of which have contributed to her eclectic approach to patient care and life. She received her B.S. in Psychobiology from U.C.L.A. in 1980 and Ph.D. in Clinical Psychology from Vanderbilt University in 1986. Dr. Bassi went on and did her internship at the Long Beach, VA hospital where she specialized in pain management and geriatric psychology. She “temporarily” moved to St Louis in 1988 with her husband and they have remained finding St Louis a great place to raise three daughters. Dr. Bassi has had a long interest in health and wellness issues related to the care of older adults. Dr. Bassi has worked at a number of healthcare settings in the St Louis area and ran a successful private practice for 15 years before accepting a position in the Senior Veterans Clinic at the Jefferson Barracks VA in 2015. Dr. Bassi brings a variety of techniques to both the treatment and prevention of health problems in older adults including cognitive behavioral therapy, interpersonal psychotherapy, pain management skills, hypnosis, and humor therapy. Outside the VA she is busy participating in a long standing book club, heading a church knitting group, dancing hula, and playing the ukulele.
Laura Becker, Ph.D., ABPP-CL (Primary Care Mental Health Integration-Manchester Annex) Dr. Becker was born and raised in Long Beach, CA (home of Snoop Dogg and Sublime). She received her B.A. in Psychology from the State University of New York at Binghamton where she saw her very first snow. Dr. Becker decided that the West Coast and the East Coast were not quite cutting it, and headed for the Midwest. She earned her Ph.D. in Clinical Psychology from the University of Missouri – St. Louis in 2006 with an emphasis in death and dying. After meeting her husband, buying a house, and adopting a cat (insert a shout out to Raven!), she proudly became a permanent St. Louisan (pronounced “LEW-iz-uhn”). She was fortunate to complete both her predoctoral internship and postdoctoral fellowship at the VA St. Louis Health Care System. Dr. Becker gladly accepted an offer to join the permanent staff and become part of the Primary Care – Mental Health Integration (PCMHI) team, where she provides services to veterans at a Primary Care clinic. Her predominant theoretical orientation is Cognitive-Behavioral, through a Process-Experiential lens with a sprinkling of Emotion-Focused work. What does she do all day? (The jury is still out), but……when she is not seeing patients or writing progress notes, she enjoys running, yoga, gourmet cooking, playing with her two young daughters. Dr. Becker is a huge fan of the amazing restaurants in St. Louis and proudly considers herself a foodie She can be easily bribed with fair-trade organic dark chocolate.

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

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

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

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

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

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

**Jamie Fickert, PsyD (Mental Health Clinic-Jefferson Barracks)** Dr. Fickert was born and raised in the small town of Troy, Illinois (home of the famous...hmmm...nothing). She obtained her B.A. from University of Illinois, Champaign-Urbana and her doctorate from The Chicago School of Professional Psychology, choosing CBT as her theoretical orientation, with specific focus on Acceptance and Commitment Therapy and other 3rd wave approaches. While completing a practicum at Hines VA, Dr. Fickert discovered her interest in PTSD and working with veterans. This experience (coupled with the fact that her family was noticing she had developed a bad case of road-rage and an awkward Chicago accent) led her back to St. Louis where she completed the STL VA predoctoral internship as well as the STL VA PTSD postdoctoral residency. Because she just really couldn’t get enough, she joined the STL VA psychology staff in 2015, serving in the JB Mental Health Clinic, while also balancing part-time private practice. She has a strong interest in EBPs and is certified in CPT and IPT. Outside of work, she enjoys settling into newly married life, and raising her Redbone Coonhound son, Rufus, to be a responsible member of society.
Leslie French, Ph.D. (Home-Based Primary Care) Although she is not a military brat, Dr. French can relate to the frustration of having to answer the question “Where are you from?” She was born in New Mexico, but spent time in Missouri, Arizona (on the Navajo/Hopi reservation, in the only town in the US with two time zones), New Mexico again, and Texas. She completed her BA in Political Science and Psychology at the University of Missouri and her Ph.D. in Clinical Psychology at the University of Houston. By this time she had moved seven times and decided to stay put for a while, completing both her internship and post-doc in the St. Louis area (at the VA and St. Louis BMI Anxiety Disorders clinic, respectively). Following post-doc Dr. French went to work at the St. Louis City Family Court before returning to the VA to work in Home Based Primary Care. Her clinical interests include anxiety disorders, and issues of diversity. Dr. French previously had interests of her own but then she had children. Now she enjoys anything her two young sons are into, so you know, mostly loud, smelly, dirty things. If by some miracle she has time to herself she would probably spend it binge watching trashy teen soaps on Netflix. Don’t judge.

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

Nika George, Ph.D. (Interdisciplinary Pain Rehabilitation) Dr. George earned her Ph.D. in Clinical Psychology from The University of Missouri St. Louis and completed both internship and a postdoctoral residency at the St. Louis VA. She specializes in health psychology, which, given her penchant for all things unhealthy, is becoming pretty ironic at this point. Dr. George is originally from Michigan, a land of polar bears and snow-mobiles. She is quite glad to be in what she believes to be the deep south. Dr. George completed he undergraduate degree at the University of Michigan in Brain Behavior and Cognitive Neuroscience with a minor in German Language (Wie geht’s!). She currently works as the clinical director of the interdisciplinary pain rehabilitation program with a clinical team of varied backgrounds. When off the clock she enjoys running, yoga, painting, playing guitar, singing and an array of other activities that Dr. Metzger refers to as “hippie crap.”

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

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

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

**John R. Hogg, Ph.D., ABPP, Board Certified in Clinical Neuropsychology (Neuropsychology Residency Training Director; Neuropsychology Clinic)** Dr. Hogg earned his Ph.D. in Clinical Psychology from Indiana University-Bloomington (1992). He completed his APA-approved psychology internship at the University of Washington-Seattle School of Medicine (1990-1991), then completed an N.I.M.H. predoctoral fellowship in geriatrics (1991-1992) at the same UW (while completing his dissertation and continuing to enjoy the amazing beauty of Seattle – much more than Starbucks, Nirvana, and Pearl Jam). VA St. Louis HCS interns are free to ask Dr. Hogg to reminisce about his internship office view during his geriatric rotations and fellowship (i.e., ocean, mountains, sailboats, etc.). He completed a postdoctoral fellowship in Clinical
Neuropsychology at the Rehabilitation Institute of Chicago (1992-1993). He then worked as a Clinical Assistant Professor at the University of Missouri Health Sciences Center and stayed at MU for 10 years. Following a brief time in independent practice in St. Louis and missing the collegial atmosphere provided by fellow psychologists, he was pleased to join the outstanding group of psychologists at the VA St. Louis HCS in 2005. He serves as 1 of 3 Neuropsychologists at VA St. Louis HCS. Dr. Hogg is board certified in Clinical Neuropsychology through the American Board of Professional Psychology (ABPP). While off-duty, he remains busy enjoying time with his family. He enjoys good cinema (and highly recommends interns become familiar with the Webster Film Series during their time in St. Louis) and good eats (both the Food Network show and good food itself! – he recommends Sauce Magazine over the RFT as the best source of restaurant info in St. Louis). He will refrain from listing any further interests to avoid highlighting the sedentary nature of many of these pursuits.

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

David T. Klein, Psy.D. (PTSD, Team1) Dr. Klein received his B.A. in Psychology from Muhlenberg College in 1991 and his doctorate from the Illinois School of Professional Psychology in 1997. He completed his internship here at the VA St. Louis Health Care System in 1995-96 and his postdoctoral work in the Department of Psychiatry at St. Louis University working primarily in geriatric psychiatry, conducting clinical trials.
research, and publishing works in the field of behavioral disturbances in dementia. He rejoined the VA in 1998 as a PTSD psychologist and diversified his duties into additional training, teaching, and administrative venues. His clinical time is primarily spent on the Posttraumatic Stress Disorder Unit conducting individual and group psychotherapy, assessment, student supervision, and consulting work. He was appointed Training Director for our internship and residency in 2002 and, with the resulting abundance of sensory triggers, enjoyed a decade’s worth of occasional dissociative episodes from his days as an intern in his own training program. However, Dr. Klein retired from this position in 2012 to explore exactly what season of a man’s life Levinson thinks he should currently be occupying. His clinical interests include the psychology of war (the Vietnam War in particular), combat-related PTSD, group process, therapeutic alliance and clinical outcome, and the temporal relationship between the studying for the EPPP and the onset of acute trauma symptoms among psychologists in training. Anecdotal data suggests most of us recover. His theoretical orientation is eclectic predominated by dynamic, interpersonal, and existential conceptual models. Yalom remains an intellectual hero of his. In a previous life, Dr. Klein enjoyed gourmet food/cooking, wine, music, scuba diving, skiing, gardening, and hunting, and fly fishing when he had more abundant discretionary time. In lieu of time, he has 2 adolescents and more recently caved to their vicious Jedi mind trick and bought them a labradoodle puppy, Louie. Louie now enjoys running the family home around his interests which are eating, sleeping, playing, chewing on everything that are not his toys, and having a manic episode at about the time the family wishes to go to sleep. Now Dr. Klein wonders how he will ever find the time to determine what season of life he is in and has resorted to counting years of federal service as a proxy.

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

Karen Loaiza, Ph.D. (PTSD-SUD Specialist in the PTSD Clinical Teams) Dr. Loaiza grew up in the St. Louis area and received her B.S. and M.A. in Psychology from Southern Illinois University Edwardsville and then earned her doctoral degree from Saint Louis University in 2009. She completed her internship at the Northport VA Medical Center on Long Island, finding internship year to be one of most influential years. It is during that time she shifted her primary clinical interest from Gerontology to doing trauma work with veterans, learning that trauma work and substance use treatment can be challenging but extremely rewarding work. Dr. Loaiza decided to return to St. Louis to be closer to friends and family. Since 2009, she has worked at her ideal job as the PTSD-SUD specialist on both the PTSD Clinical Teams. She is very passionate about engaging veterans in individualized, evidence-based trauma work and never ceases to be amazed how effective and life changing therapy can be. She manages a complex caseload that comes with unique challenges and finds flexibility, a sense of humor, and an easygoing/genuine approach is key in working effectively with the dual diagnosis population. She has completed specialty training through the VA in the areas of Prolonged Exposure, Cognitive Processing Therapy, and Motivational Interviewing. She works from an integrative approach, with a CBT emphasis. On a personal note, Dr. Loaiza loves to enjoy time with her husband, young son, and dog-child (as Dr. Shia nicely put). Dr. Loaiza also loves movies, dinners out trying new foods and places, dancing, playing tennis, and music.

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

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

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

**Meredith Melinder, Ph.D. (Polytrauma/TBI Clinic)** Dr. Melinder grew up in Ann Arbor, Michigan, where she loved many things, including the cool summer evenings. She went to Saint Mary’s College, in Notre Dame, Indiana, graduating in 1995 with a B.A. in Psychology. After college she headed to Arizona to participate in VISTA (Volunteers in Service to America) for the year. From the desert (and 100+ degree temperatures) she went to hot and humid Washington D.C. to the National Institute of Mental Health where she had a Pre-doctoral internship for a few years (basically fancy title for little pay). That experience motivated her to continue her work with individuals with schizophrenia, as well as sparked interest in the field of Neuropsychology. In order to continue her education, and incorporate these two interests, she moved to St. Louis, MO, to attend Washington University. She mistakenly thought that St. Louis weather had to be less hot and humid than Washington, D.C.. She received her M.A. (2000) and Ph.D. (2004) in Clinical Psychology, with a specialization in Neuropsychology. She has published in the area of cognitive functioning in individuals with schizophrenia, with a particular emphasis on speech disturbances and working memory function. She completed her internship at the St. Louis VA Medical Center in 2004. From there she went to SSM Rehab, where she completed her postdoctoral training and became a part of the Medical Staff. Dr. Melinder was thrilled to rejoin the St. Louis VA in October 2006 as the new Polytrauma/TBI Psychologist/ Neuropsychologist. Clinically, she is certified in CPT, PE, and CBT-I which she uses on a regular basis in treating Veterans. Dr. Melinder is a supervisor for the Internship program and the Neuropsychology Residency. She also serves on the Training Council. While in graduate school she met her future husband, got married, and started having children. So, while she has little to no time for pursuits outside of trying to sustain Activities of Daily Living she tries to maintain outside interests and dreams of the day when she will return to her hobbies and to perhaps develop new ones. In the meantime, she and her husband load up the minivan (it’s not that bad) and take the kids on long road trips to enjoy some vacation time and a change of scenery.
Lauren C. Mensie, Ph.D. (Community Living Center)  
Dr. Mensie is originally from St. Louis, but also grew up in Texas and Ohio. She graduated from Lindenwood University in 2003 with a B.S. in Psychology (emphasis in lifelong Developmental Psychology). Dr. Mensie subsequently attended the University of Missouri – St. Louis and earned an MA (2005) and Ph.D. (2008) in Clinical Psychology, with a specialization in Clinical Geropsychology and a Graduate Certificate in Gerontology. She completed her predoctoral internship at the Bay Pines VA Healthcare System in Bay Pines, Florida, enjoying top-notch training and the opportunity to live in a vacation area for a year. She returned to St. Louis in 2008 as the first postdoctoral resident in PCMHI at the St. Louis VA Medical Center. Dr. Mensie worked within inpatient and outpatient geropsychiatry at the St. Louis VA for 6 years and currently works in the Community Living Center. She is a member of the St. Louis VA Dementia Committee, Disruptive Behavior Committee, and Psychology Practice Council, and is a Training Consultant for the National VA ACT-D roll-out. Dr. Mensie attributes much of her longstanding interest in older adults and healthy aging to her amazing grandparents (who were married for over 70 years and who were exemplars of healthy, active living throughout the lifespan). She spends most of her time with her husband, preschool-aged son, and baby daughter (all of whom are lovable, hilarious, and cute). Although she would love to claim interest in impressive intellectual and athletic pursuits, she generally spends evenings and weekends bargain-hunting, working on household projects (there is always something!), going for coffee, and spending time with family and friends.

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

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

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

**Kara G. O'Leary, Ph.D. (Mental Health Clinic- John Cochran)** Dr. O’Leary earned her undergrad degree at Boston College in Social Psychology, were she gained a love for research. After college, she moved to the San Francisco Bay Area with Jesuit Volunteer Corps, counseling sexual assault survivors, later working for Haight Ashbury Free Clinics. She returned to the East Coast to complete her master’s degree at Columbia University, and then her Ph.D. at Long Island University in Clinical Psychology. Her work at the New York State Psychiatric Institute focused largely on brain and behavior research on impulse control disorders, especially substance use and eating disorders. She continued to work in the field of eating disorders when she moved to St. Louis, working on an Interpersonal Psychotherapy-based study with families who are overweight. She was fortunate to match at the STL VAMC for both internship and post-doc in Primary Care Mental Health Integration. After post-doc, she accepted a job at the JC Mental
Health Clinic where she enjoys working with veterans with non-combat trauma, substance use disorders, and a variety of other mental health disorders using ACT, CPT, and IPT. Her theoretical orientation is largely based on contemporary interpersonal and psychodynamic theory. Dr. O’Leary is of both Irish and Italian descent, so she enjoys talking, as well as eating and drinking. As an East Coaster and former New Yorker, she is a city-mouse who is glad to be at JC, where good coffee is available within walking distance. In her spare time, she also loves listening to nearly every kind of music, distance running for her mental health, and going to Tower Grove Park with her husband and three children.

Megan Olson, Psy.D. (Psychosocial Rehabilitation Recovery Center Psychologist)

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

Amanda Lienau Purnell, Ph.D. (Health Promotion and Disease Prevention, Primary Care)

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

Martina K. Ritchhart, Ph.D. (Director of Psychology Training; Primary Care Mental Health Integratatio-Belleville, IL CBOC)

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

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

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

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

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

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

**Désirée A. Sutherland, Ph.D. (Military Sexual Trauma Coordinator; Compensation & Pension Psychologist)** Dr. Sutherland grew up in Baton Rouge, LA where she was trained from an early age to wrestle alligators and enormous river-dwelling catfish. The courageous spirit that she developed through these formative life experiences allowed her to undertake the questionable course of attending graduate school, and she received her Ph.D. in Clinical Psychology (specialization in Trauma Studies/PTSD) from the University of Missouri – St. Louis in 2011 (where she received extensive training in Cognitive Processing Therapy). Dr. Sutherland completed her internship at the Bruce W. Carter VAMC in Miami, FL and her residency (PTSD specialization) at the VA St. Louis HCS. Following her residency Dr. Sutherland has continued to work as a psychologist at the VA St. Louis HCS (having dazzled Dr. Metzger with harrowing tales of her catfish-wrestling background) in both Compensation & Pension and as the Military Sexual Trauma Coordinator. As a result Dr. Sutherland has extensive experience with both trauma-focused psychotherapy, focused clinical interviewing, and the VA claims process. In her spare time Dr. Sutherland enjoys hanging out with friends, family, and her two ridiculously adorable welsh corgis. She also dabbles in a variety of creative pursuits and can be caught doodling in meetings from time to time.

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

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

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

**Clarice Wang, Ph.D. (Primary Care Mental Health Integration-Jefferson Barracks)**

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

**Clara Wiegman, Psy.D. (Primary Care Mental Health Integration-Jefferson Barracks)**

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

**Brian Yochim, PhD, ABPP (Neuropsychology Clinic and Community Living Center)**

Dr. Yochim grew up in the St. Louis area and attended Truman State University, where he met his wife. He then obtained his PhD at Wayne State University in Detroit. He completed an internship at the VA Palo Alto Health Care System and a two-year postdoctoral fellowship in clinical neuropsychology at the VA Northern California Health Care System in 2006. His first job was as an Assistant Professor at the University of Colorado at Colorado Springs, teaching courses in clinical neuropsychology and the psychology of aging. He and his wife returned to the San Francisco Bay Area in 2010, where he worked at the VA Palo Alto Health Care System
performing research and neuropsychological evaluations for primarily older Veterans. He supervised practicum students, interns, and postdoctoral fellows in performing neuropsychological evaluations. Because neither he nor his wife works for Facebook, Apple, or Google, they could not afford adequate housing in the Bay Area after having their son. They moved to Denver in 2014 and then returned home to their families in the St. Louis area in 2016. He and his wife enjoy getting outdoors and hiking and hope to continue these activities in Missouri, Colorado, or California. Dr. Yochim has published the Verbal Naming Test and continues to perform research on this measure, and is also writing and editing a graduate textbook on the psychology of aging and co-authoring a book on dementia. He was President of the APA Society of Clinical Geropsychology (Division 12, Section 2) in 2014 and is Chair of the Publications and Communications committee of the APA Society for Clinical Neuropsychology (Division 40).