


A Consortium of
Postdoctoral Fellowship
Training Programs
Affiliated With:




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The Boston Consortium in Clinical Psychology



Postdoctoral Fellowship Training Brochure

2007 – 2008 Training Year

July 2007 Revision

CORRECTIONS

- On page 2: Jennifer J. Vasterling, Ph.D. replaces Dr. LoCastro. Dr. Vasterling is the Chief, Psychology Service and Chair, Executive Committee, Boston Consortium in Clinical Psychology
- Christine Quigley replaces Nga Pham. Ms. Quigley is the Management Analyst for the Mental Health Service Line.
- On page 39: Phone numbers for the Office of Consultation and Accreditation have been added in addition to those already listed for APA.

CLARIFICATIONS

On page 39 under the heading "Providing Supervision": The statement will be expanded in future editions of the Training Brochure to indicate that no less than four hours of supervision will be provided fellows per 40 hour work week. No less than two hours shall be in individual, face-to-face supervision with a licensed psychologist. The remaining two hours (minimum) may be either individual, in group with no more than three trainees present, or a combination of the two.

Also on page 39 under the heading "APA Accreditation": The statement will be expanded to include information that the Clinical Neuropsychology Training Program is accredited by APA as a specialty practice area and that the Clinical Psychology Training Program is accredited by APA as a traditional practice area.

Postdoctoral Fellowship Training Program

**Training Brochure
2007 - 2008**

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INTRODUCTION

During the 2007 - 2008 training year, the Consortium Postdoctoral Fellowship Program anticipates it will provide training to nine full-time Fellows. September 2006 represents the beginning of our thirteenth year of Geropsychology postdoctoral training, and seventh year of postdoctoral training in the VA Clinical Programs in PTSD and Substance Abuse. For the 2006 – 2007 year, we were delighted to announce the addition of two fellowship programs in Rehabilitation Psychology and in Medical Psychology, and a renewed position in our long-standing Clinical Neuropsychology Program.

PHILOSOPHY AND MISSION STATEMENT

The overall goal of the Postdoctoral Fellowship Training Program of the Boston Consortium in Clinical Psychology is to produce independently functioning clinical psychologists. Our postdoctoral program's model for training psychologists entails four broad, core components:

- (1) We work to identify, respect, and nurture the unique personal attributes that the Fellow brings to his or her work with patients, by providing an environment with support and guidance through supervision and collaboration with faculty actively working in the field;
- (2) We encourage and model a scientist-practitioner approach to professional psychology, wherein empirically-informed knowledge informs psychological assessment and intervention with children and adults and wherein questions arising from clinical practice drive research endeavors;
- (3) We provide a range of training settings and experiences that allow Fellows to develop a breadth of expertise in psychological practice, as well as options for developing more specific interests in depth;
- (4) We provide training in multidisciplinary and interdisciplinary care environments in which the Fellow develops confidence as a local mental health expert who collaborates effectively with a range of providers in the context of a large medical care system.

MODEL OF TRAINING

The Postdoctoral Fellowship Training Program of the Boston Consortium in Clinical Psychology is strongly committed to the scientist-practitioner model and respect for the individual and diversity in the delivery of clinical care, clinical research, and professional teaching. We strive to provide Fellows with significant breadth and depth of experience working with a variety of clinical populations while simultaneously applying an approach utilizing scientific information in the conceptualization, assessment, and treatment of these clinical problems. This goal is greatly facilitated by the rich and diverse clinical research setting offered by the training sites. The Consortium is home to numerous National Research Centers and Centers of Excellence, and with over thirty federally funded grants in the field of Mental Health and Substance Abuse. This wealth of research resources creates an atmosphere that embodies the scientist-practitioner model and infuses the fellowship training sites with a spirit of clinical empiricism that influences and guides both the staff and the fellows.

Within this context, members of the training staff seek, and often achieve, a balance of scientist and practitioner in their professional lives which serves as a clinical-academic model for each fellow. For example, the majority of clinical experience offered to fellows in each training program is provided within a program of clinical research. As such, both our training setting, and training model provide a rich context within which fellows are invited and encouraged to show clinical science mastery in a content area of their choice in preparation for competitive job searches in academic, medical center, or clinical settings.

We believe that teaching fellows in clinical service, scholarly thinking, and clinical research design is best received and maintained within a junior colleague model of training. Our commitment to the fellows' professional growth and scholastic development is conveyed in a supportive training atmosphere emphasizing individual strengths. Fellows are challenged to think critically, and constructive criticism is offered in a non-threatening manner to encourage the fellow's full creative participation in all endeavors, both scientific and clinical.

A guiding principle in all aspects of service delivery and clinical research within the program is respect and human dignity for our clients. We emphasize patients' rights, self-determination and the right to choose, including the patient's right to adequate medical, psychological, educational, recreational and other community services, the patient's right to family participation in treatment, and delivery of care with the utmost privacy in the least restrictive environment. We honor cultural, ethnic, sexual orientation and gender differences in our patients and deliver services accordingly.

Finally, we tailor our training to be consistent with the current climate of clinical practice and research. As we prepare fellows for practicing psychology in the new millennium, we are aware that fellows must be trained for delivery of brief, empirically defensible treatments with a broad spectrum of patients. The program's didactics, symposia, and seminars are utilized effectively towards this end to inform

and support the current model of clinical practice. Similarly, as university, state, and federally funded health care organizations experience funding cutbacks and downsizing, fellows are trained to recognize the value of seeking additional support of clinical and research programs through local, state, and federal grant programs. Alternatively, as federal funding becomes more abundant, as in the current climate, Fellows are invited to collaborate on writing grants with program staff. Fellowship offers a window to the realities of clinical research and practice and we believe that the training that alerts fellows to these external economic, social, and political forces is important for a successful career.

TRAINING OBJECTIVES

The postdoctoral training program is designed to be consistent with the American Psychological Association's guidelines for six general competency areas to be addressed during Fellowship training. These training objectives provide the basis for Fellows' evaluation of their initial training needs and progress throughout the year, as well as the supervisors' evaluations of each Fellow's progress. This general outline of learning objectives is adapted to the fellow's particular learning goals during formulation of a training contract at the beginning of the Fellowship year.

1. Theories and Effective Methods of Psychological Assessment, Diagnosis, and Interventions

A. Knowledge Areas

- Life span development (including cognitive, emotional, and social processes)
- Biological and biomedical aspects
- Psychopathology
- Psychopharmacology
- Issues in assessment of children, adults, and older adults
- Issues in treatment of children, adults, and older adults
- Models of community coordination, prevention, education in mental health

B. Skill/Practice Areas

Assessment:

- Clinical diagnostic interviewing, DSM, differential diagnosis
- Knowledge and use of psychological assessment devices (e.g., self-report inventories)
- Knowledge, use, interpretation, and recommendations re: psychological and neuropsychological tests
- Functional assessment, medical and legal decision making, competency, child and elder abuse
- Appreciation of and collaboration in multidisciplinary assessment

Treatment:

- Individual therapy (linking diagnosis, theory, intervention)
- Group therapy, psychoeducational group
- Family therapy, psychoeducation for family caregivers
- Establishing rapport with patients; handling one's own responses
- Special applications
- Coordination of care with community-based providers

2. *Consultation, Program Evaluation, Supervision, and/or Teaching*

A. *Knowledge Areas*

- Models of multidisciplinary/interdisciplinary team functioning
- Methods for evaluating therapeutic and programmatic efficacy
- Models of supervision
- Issues in staff training and education

B. *Skill/Practice Areas*

- Interface with multidisciplinary team (constructive relationships, response to requests)
- Critical evaluation of therapeutic or programmatic effectiveness/unmet needs
- Prepares for and directs individual supervision hour
- Provision of feedback to interns/externs
- Supervision of an intern/extern under supervision (optional and as available)
- Provision of staff training/education in didactic and clinical settings

3. *Strategies of Scholarly Inquiry*

A. *Knowledge Areas*

- Theories and methods
- Preparing a research grant
- Writing a paper for publication

B. *Skill Areas*

- Application of the scientific literature to clinical, consultation, and teaching work
- Participation in or development of a research project

4. *Organization, Management, and Administration Issues Pertinent to Psychological Service Delivery and Practice, Training, and Research*

A. *Knowledge Areas*

- Administration of mental health programs
- Developing and sustaining health care programs in today's fiscal realities

B. Skill Areas

- Development of a clinical intervention (e.g., group) to address unmet clinical need
- Development of staff education (e.g., lecture) to address unmet training need
- Committee participation (optional, e.g., various program committees addressing systemic changes)

5. Professional Conduct; Ethics and Law; and Other Standards for Providers of Psychological Services

A. Knowledge Areas

- Professional Ethics (APA) and Federal/State Law
- Biomedical Ethics
- Ethical/Legal Issues in Psychology (e.g., informed consent, competency, guardianship)
- Professional Issues in Psychology (e.g., standards for practice)

B. Skill Areas

- Response to and resolution of ethical problems in clinical settings
- Participation in policy/committee work related to legal/ethical issues (optional)

6. Issues of Cultural and Individual Diversity that are Relevant to All of the Above

A. Knowledge Areas

- Sociocultural, ethnicity and socioeconomic factors
- Gender Differences
- Sexuality Differences

B. Skill Areas

Understanding, sensitivity, and working effectively among issues of differences in:

- Culture/ethnicity/religion
- Gender and gender/sexual orientation issues
- Age/cohort
- Social environments and care systems
- Physical/Cognitive/Mental dysfunction

ORGANIZATION OF THE FELLOWSHIP

All full-time Clinical Psychology Fellows are supported from September 1, 2007 through August 31, 2008. The organization of the Fellowship provides Fellows access to different populations and an opportunity to assume a variety of roles. The Fellowship includes clinical, research, and educational components, described below. There is a fair degree of flexibility in how each Fellow might design their training program with the Program Director's approval, consistent with their interests and training needs. Further, the Fellows should benefit from opportunities for collegial learning and collaboration.

Clinical Training

Fellows are required to complete clinical activities in three core areas: assessment, intervention, and consultation. The distribution of time is determined by an initial needs assessment and training contract process, integrating the Fellow's training interests and needs.

Research Training

It has been our experience that Fellows value and benefit from a scientist-practitioner training program which encourages skillful use of the empirical literature and opportunities for collaborative or self-directed research. However, Fellows differ in their level of motivation and interest to work on research during the Fellowship year. Therefore, the research requirement is flexible and designed to meet Fellows' training needs, and may occupy 10% - 40% (i.e., ½ day to 2 days) of the Fellow's time; typically, research will occupy 20% time. To meet the research requirement, Fellows may: write up a paper based on prior work (e.g., dissertation), collaborate with faculty on ongoing research, collaborate with faculty on a program evaluation project, or design and implement an independent research project under the mentoring of one faculty member. Fellows are encouraged to present their work in a local, regional, and/or national educational setting, or submit work for publication as appropriate.

Professional Development

All Fellows attend a monthly Postdoctoral Fellow Seminar (generally the second Thursday, 2:00 – 3:00 pm) for supportive professional development, chaired by the Director of Postdoctoral Fellowship Training. Here, we develop a sense of professional community and peer support during the Fellowship training year.

Educational Offerings

All fellows attend a monthly Psychology Postdoctoral Fellowship Lecture Series (generally the second Thursday, 3:00 – 5:00 pm) chaired by the Director of Postdoctoral Fellowship Training. Topics focus on issues pertaining to leadership, ethics, diversity and ethnicity, and professional identity. Below are examples of seminars that have been included in the core curriculum during the 2004-2006 training years:

- ◆ Leadership: Preparing For Leadership in Your Career during the Fellowship Year: Presentation of Self, Self-Advocacy, Networking, Organizational Planning, and Life Enjoyment.
 - Presenter: Sigmund Hough, Ph.D., ABPP
- ◆ Career Development: CV Development, Interviewing Skills and Securing a Career.
 - Presenter: Sigmund Hough, Ph.D., ABPP
- ◆ Ethics: Case Studies and Professional Decision Making.
 - Presenter: Phillip M. Kleespies, Ph.D., ABPP
- ◆ Specialty Topic: The Individual, Not Just the Patient: A Returning Iraq War Veteran Shares Personal Insights.
 - Presenter: Lance Corporal James P. Crosby, U.S.M.C.
- ◆ Ethics: Ethical Issues for Research and Practice in Geropsychology.
 - Presenters: Michele Karel, Ph.D., and Jennifer Moye, Ph.D.
- ◆ Leadership in Psychology: The Role of Research Productivity.
 - Presenter: Terence M. Keane, Ph.D.
- ◆ Career Development: The Ins and Outs of the Psychology License Process.
 - Presenter: Elizabeth H. Nasser, Ph.D.
- ◆ Leadership/Politics: Massachusetts State House Field Trip.
 - Presenter: State Representative Ruth B. Balser, Ph.D.
- ◆ Career Development: Corporate Consultation and Creating the Life You Want as a Psychologist.
 - Presenter: Harry Klebanoff, Ph.D., ABPP
- ◆ Diversity-Ethnicity: Increasing our Awareness.
 - Presenter: Maxine L. Rawlins, Ph.D.
- ◆ Supervision: The Experience of Supervision: Multicultural Perspectives: A Process Discussion.
 - Presenter: Rachel Levy-Bell, Psy.D.

- ◆ Specialty Topic: Structural Equation Modeling.
 - Presenter: Dawne Vogt, Ph.D.
- ◆ Assessment-Intervention/Neuropsychology: The Heart-Brain Connection.
 - Presenter: William Milberg, Ph.D., ABPP/cn
- ◆ Mental Health Management and Research: Administration and Grant Writing.
 - Presenter: Suzy Bird Gulliver, Ph.D.
- ◆ Diversity: Cultural Competency in Treating Native American Veterans: Implications for Approach to Treatment Including Collaborative Efforts.
 - Presenter: Mose A. Herne, MPH, M.S.
- ◆ Diversity: Psychology's Role in the Care of Adults Living with HIV.
 - Presenter: Glenn R. Trezza, Ph.D.
- ◆ Diversity: Mental Health Believes in The Practice of Santeria.
 - Presenter: Santeria Priest Steve Quintana
- ◆ Career Development: The EPPP/Licensure Process and Perspectives in Career Direction.
 - Presenters: Laura Grande, Ph.D. and Margaret M. Harvey, Psy.D

In addition to the core curriculum, each specialty area has developed training experiences that are intended to focus on gaining knowledge and skills in the area of specialization. These training experiences, listed below, include didactic seminars, colloquia, symposia, co-therapy, role modeling, observation, case conferences, rounds, group supervision, and journal clubs. Also, Fellows across the different specialty areas are given the opportunity to attend various seminars conducted in other specialty areas. For example, the PTSD symposium is open to all staff and students in training. In addition, a number of the seminars conducted through the Predoctoral Internship Program are also available to the postdoctoral students. For example, the half-day symposium on Grant Writing is open to all staff and students.

THE TRAINING PROGRAMS

Geropsychology	
Program Director	Michele Karel, Ph.D. VA Psychology Service, 3-5-C 940 Belmont Street Brockton, MA 02301 Telephone: (774) 826-3725 Email: michele.karel@va.gov
Location	VA Boston Healthcare System Brockton, West Roxbury, and/or Jamaica Plain Campuses, depending upon rotations selected.
Overview	The program aims to train fellows for practice in the specialty area of Geropsychology, that is, to become independently practicing psychologists with expertise in assessment, intervention, consultation, and research with older adults, their families, and related care systems. Geropsychology is an emerging specialty area within professional psychology. Our program is designed to be consistent with the American Psychological Association's <i>Guidelines for Psychological Practice with Older Adults</i> and the <i>Pikes Peak Model</i> developed at the 2006 National Conference on Training in Professional Geropsychology.
Number of Fellows	Three full-time Fellows are admitted each year.
Length of Training	One year.
Goals	The goal of the Geropsychology Postdoctoral Fellowship program is to produce independently functioning professional psychologists who achieve a firm sense of competence in the majority of knowledge and skill competency areas deemed important for geropsychology practice by experts in the field. The Geropsychology program embraces the four core components of the Consortium's postdoctoral training model (nurturing unique personal attributes of each Fellow; modeling a scientist-practitioner model of training; providing a range of training settings to allow both breadth and depth of training; and encouraging Fellows to develop confidence in collaborating and consulting with other disciplines in multidisciplinary and interdisciplinary care environments). Further, Geropsychology training emphasizes: the diversity of experience of older adults; the complex ethical dilemmas that can arise in geriatric care; the importance of advocacy for clients' needs; and the consolidation of the Fellow's professional identity as a geropsychologist.

	<p>Training objectives include development of clinical competencies in the following areas:</p> <ul style="list-style-type: none"> • psychodiagnostic interviews and differential diagnosis with older adults with complex medical, psychiatric, cognitive, and social comorbidities; • neuropsychological evaluations and recommendations to teams; • evaluations of decision making and other functional capacities; • psychotherapy with older adults in individual, group, couple, and family modalities; • collaboration and communication with multi- and inter-disciplinary health care teams; • collaboration with psychiatrists in psychopharmacological interventions; • consultation and staff education on psychological/behavioral issues; • comprehension, application, and dissemination of clinical geropsychology research base; • geropsychology program development, evaluation, and/or research.
<p>Teaching Methods</p>	<p>Fellows develop advanced skills in professional Geropsychology through closely supervised and increasingly autonomous clinical practice across a continuum of geriatric care and in four core areas: assessment, intervention, consultation, and research.</p> <p>Clinical Settings</p> <p>Fellows design a program that includes clinical experience in three of the following five settings, working part-time in each rotation over the course of the entire year:</p> <ol style="list-style-type: none"> (1) Nursing Home Care Unit: Based at the Brockton campus, the 120-bed nursing home and 40-bed transitional care units serve a broad mix of mostly elderly, medically frail, and psychiatrically and/or cognitively impaired residents. The Fellow participates as a member of the treatment team for one 40-bed unit, and provides assessment, therapy, consultation, and staff education services. Opportunities for specialized work in palliative care are available. <i>Clinical Supervisor: Jennifer Moye, Ph.D.</i> (2) Geriatric Neuropsychology: Based at the Jamaica Plain campus but serving all of VA Boston, the Geriatric Research, Education, and Clinical Center (GRECC) oversees a Geriatric Consultation Service and Neuropsychology Research Laboratory, among other programs. The Fellow contributes to interdisciplinary outpatient geriatric assessments by providing

neuropsychological testing and relevant feedback and recommendations to the team, veteran, and family.

Clinical Supervisors: William Milberg, Ph.D., ABPP/cn, Laura Grande, Ph.D., and Betsy Leritz, Ph.D.

- (3) **Acute Inpatient Geropsychiatry:** Based at the Brockton campus, two acute inpatient psychiatry units serve many veterans over the age of 60. Consulting to the interdisciplinary teams on the two units, Fellows provide neuropsychological assessment, interviews to assess suicide and violence risk, evaluations focused on questions of decision-making competency (e.g., re: safety to return home to independent living or to make medical care decisions), as well as family consultations and short-term psychotherapeutic interventions.

Clinical Supervisors: John Pepple, Ph.D., and Benjamin Presskreischer, Psy.D., ABPP

- (4) **Geriatric Mental Health Outpatient Clinic:** Based at the Brockton campus, this outpatient clinic provides assessment, psychotherapy (individual, group, family), case management, and psychopharmacology services to older veterans with a wide range of medical and psychological/psychiatric difficulties. The Fellow provides intake evaluation and psychotherapy services, often collaborating with primary care, social work, and psychiatry providers. Fellows may lead or co-lead psychotherapy groups, including a family caregiver group.

Clinical Supervisor: Michele Karel, Ph.D.

- (5) **Geriatric Rehabilitation Psychology:** Based at the West Roxbury campus, the Psychology program currently serves older veterans primarily referred from the Spinal Cord Injury/Disorder Interdisciplinary Program, as well as the potential for veterans referred from primary care medicine and the outpatient mental health clinic. Collaborating with the Spinal Cord Injury healthcare team for both inpatient and outpatient services, Fellows provide assessment, behavioral medicine and other psychotherapy interventions (in group, individual, and family settings), and medical liaison-consultation services for older veterans living with long-term or newer onset disability.

Clinical Supervisor: Sigmund Hough, Ph.D., ABPP

The amount of time spent weekly in each setting is determined by an initial needs assessment and training contract process, integrating the Fellow's training interests and needs. Time on each rotation includes at least one hour of individual supervision weekly and, in the Nursing

Home Care Unit rotation, an additional hour of group supervision weekly. Facilities for videotaping clinical work are available.

Research Experience

In addition to intensive clinical training, Fellows typically spend one day per week devoted to research, writing, and/or program development activities. As part of the initial training contract, Fellows define academic/research goals for the year and choose a faculty advisor for these activities. To meet the research requirement, Fellows may: write up a paper based on prior work (e.g., dissertation), collaborate with faculty on ongoing research, collaborate with faculty on a program evaluation project, design and implement an independent research project under the mentoring of one faculty member, write a grant proposal. Fellows are encouraged to present their work in local, regional, and/or national educational settings, and to submit work for publication according to interest.

There are a variety of ongoing research activities on which the fellow may collaborate, including:

- (A) Decisional capacity evaluation in older adults: identifying key neuropsychological and clinical markers of capacity loss within diagnostic groups, improving performance-based measurement of capacity, and translating this research into practical tools for clinicians, attorneys, and judges.

Dr. Jennifer Moye

- (B) Neuropsychological and neuroanatomical changes in individuals at risk for cerebrovascular disease; Relating cortical function to dementia risk and cerebrovascular disease; Associative Learning in individuals with memory disorders; Development of cognitive screening measures for the early identification of cognitive problems in the primary care setting; Cognitive neuropsychology of vision and visual search in healthy and brain injured individuals.

Drs. William Milberg, Laura Grande, and Betsy Leritz

- (C) Communication about advance and end-of-life health care planning, including: assessing values relevant to advance care planning; incorporating values assessment into capacity evaluations; palliative care program development; Geropsychology training models.

Dr. Michele Karel

- (D) The interface of neurological injury, rehabilitation, sexuality, developmental themes and personal adjustment to life events

	<p>following injury (e.g., traumatic brain injury, spinal cord injury). Also, interests in politics and accreditation processes relevant to medical and mental healthcare.</p> <p><i>Dr. Sigmund Hough</i></p> <p>There are many additional research programs at VA Boston and affiliated institutions through which Fellows may identify mentors in specific areas of interest.</p>
<p>Didactics and Supervision</p>	<p>Required:</p> <ul style="list-style-type: none"> • Individual supervision for each rotation - Approximately three hours per week • Team meetings for clinical rotations - Varies by rotation • Geropsychology seminar - One hour biweekly • Geropsychology Fellow meeting - One hour monthly • Nursing Home group supervision - One hour week (Nursing Home) • Nursing Home case conference – Monthly (Nursing Home) • SCI Grand Rounds - One hour weekly (Medical Psychology) • GRECC multidisciplinary conference - One hour biweekly (GRECC) • Neurobehavioral Aphasia rounds - Two hours biweekly (GRECC) <p>Available:</p> <ul style="list-style-type: none"> • GRECC Lab meetings - One hour biweekly • Psychiatry Grand Rounds -One and one-half hours biweekly • Beth Israel Deaconess Medical Center/Harvard Medical School Interdisciplinary Center on Aging Grand Rounds - One hour monthly, at Beth Israel Deaconess Medical Center • Memory Disorders Rounds - One hour monthly, at BIDMC • Multiple educational offerings at affiliated institutions

Clinical Neuropsychology	
Program Director	William Milberg, Ph.D., ABPP/cn Telephone: (857) 364-2946 E-mail: wpm@bu.edu
Location	VA Boston Healthcare System Jamaica Plain Campus and Brockton Campus
Overview	The mission of the training program is to prepare fellows to function as independent scientists/clinicians in the field of neuropsychology.
Number of Fellows	One fellow. The program is a continuation of the already established clinical neuropsychology training program under the specialty of clinical neuropsychology that has been established in the Boston Consortium in Clinical Psychology Postdoctoral Fellowship Program.
Length of Training	Two years. We will NOT be recruiting for this program for the 2007-2008 training year. We anticipate recruiting again for 2008-2009.
Goals and Objectives	<p>Postdoctoral education and training is designed to provide clinical, didactic, and academic training that will result in an advanced level of competence in the specialty of clinical neuropsychology as well as the education and training necessary for independent practice in the specialty. The postdoctoral fellowship program is a required component in specialty education in clinical neuropsychology.</p> <p>The clinical neuropsychology fellow's professional activities are included within the seven core domains delineated in the Petition for the Recognition of a Specialty in Professional Psychology submitted by Division 40 of the APA to the Commission for the Recognition of Specialties and Proficiencies in Professional Psychology. These core domains are: <i>assessment, intervention, consultation, supervision, research and inquiry, consumer protection, and professional development</i>. The fellow, whose professional activities involve working with diverse cultural, ethnic, and linguistic populations, will gain the knowledge and skills to perform those activities competently and ethically.</p> <p>At the completion of the fellowship, fellows are expected to demonstrate the following:</p> <ol style="list-style-type: none"> (1) Development of advanced skill in the neuropsychological evaluation, treatment and consultation with patients and professionals sufficient to practice on an independent basis; (2) Development of advanced understanding of brain-behavior relationships;

	<ul style="list-style-type: none"> (3) Scholarly activity, e.g., submission of a study or literature review for publication, presentation, submission of a grant proposal or outcome assessment; (4) A formal evaluation of competency in criteria 1 through 3 shall occur in the residency program; (5) Fulfillment of eligibility for state or provincial licensure or certification for the independent practice of psychology; (6) Fulfillment of eligibility requirements for board certification in clinical neuropsychology by the American Board of Professional Psychology; and (7) Development of skills required for submission of research grant applications.
<p>Teaching Methods</p>	<p>The fellow will be affiliated with The Geriatric Neuropsychology Laboratory Service that functions within the Geriatric Research, Education, and Clinical Center (GRECC). The Geriatric Neuropsychology Laboratory is part of an interdisciplinary clinical care team that provides comprehensive medical, cognitive, social, functional, and pharmacological assessment of the aging veteran. The GRECC team provides services to outpatients at multiple clinical centers within the VA Boston Healthcare system (Jamaica Plain, Brockton, and West Roxbury). The trainee plays a vital role in the interdisciplinary team by completing neuropsychological assessments and providing relevant feedback and recommendations to fellow team members, the veteran, his/her family, as well as the referral source. In addition, while playing a role in the Neuropsychology consult service, the trainee will be affiliated with the Harold Goodglass Aphasia Research Center.</p>
<p>Didactics and Supervision</p>	<p>Required:</p> <ul style="list-style-type: none"> • Psychology Service colloquia - One to two hours per month • Staff Clinical Meeting - One hour per week • Rehabilitation Rounds - One hour per week • Neurobehavior Team Meeting - One hour per week • Fellowship Seminar - One hour per month • Postdoctoral Psychology Lecture Series - Two hours per month • Neurobehavioral Grand Rounds - Two hours per week • GRECC Multidisciplinary Seminar - Two hours per month <p>Optional:</p> <ul style="list-style-type: none"> • Memory Disorders Research Center Rounds - Two hours per month • Behavioral Neuroscience Seminar - Two hours per week

Medical Psychology

Program Director	DeAnna Mori, Ph.D. Telephone: (857) 364-4121 E-mail: deanna.mori@va.gov
Location	VA Boston Healthcare System Jamaica Plain Campus
Overview	The Medical Psychology Service provides a broad range of services to medical populations throughout the VA Boston Healthcare System. In addition to participating in specific groups and clinics, postdoctoral candidates will also work with individual patients on a broad range of behavioral medicine issues. Treatment is typically geared toward helping patients cope effectively with major medical illnesses and invasive treatments, promoting healthy lifestyles, encouraging treatment compliance, and enhancing overall quality of life. Much of the treatment provided on Medical Psychology is short term, cognitive-behavioral and problem-focused, although there is also the opportunity to do less structured, longer-term treatment.
Number of Fellows	One fellow.
Length of Training	One year.
Goals and Objectives	The primary responsibility of the postdoctoral fellow will be to provide clinical services for men and women who are coping with chronic medical conditions and to facilitate lifestyle change in those patients who are at risk for chronic disease. Fellows will conduct individual, couples, and group psychotherapy with a wide range of populations including those with medical conditions and those seeking healthy lifestyle assistance. The fellow will learn to develop and carry out evidence-based behavioral medicine treatment plans. Fellows will conduct psychological assessments and complete evaluations for pre-surgical and pre-treatment candidates, chronic pain, sexual dysfunction, and intake. Fellows will have the opportunity to serve as a consultation-liaison to multidisciplinary treatment teams throughout the healthcare system and will develop expertise and confidence in presenting cases at team meetings. Finally, fellows will gain experience in supervising interns and practicum students.

	<p>Fellows will have the opportunity to work with the following clinical programs or populations, in addition to general Medical Psychology patients who do not fit well into specific clinics/programs:</p> <ul style="list-style-type: none"> • End Stage Renal Disease Program • Psychology Pain Management • Primary Care Clinic • Cardiac Rehabilitation Program • Hepatitis C Clinic • Weight Management Program • Diabetes Clinic • Andrology Clinic • Healthy Lifestyle Program (e.g., Stress Management) • HIV Clinic • Smoking Cessation
<p>Teaching Methods</p>	<p>There are several methods of training for the clinical fellow. The fellow will work closely with staff psychologists on the Medical Psychology Service and meet regularly for individual supervision. All of the psychotherapy groups are co-led and the fellow will participate in group supervision with his/her co-leaders. In some cases, more senior staff will co-lead a group with the fellow, providing further opportunity for training. Fellows will also participate in multidisciplinary treatment team meetings throughout the hospital, and have the opportunity to learn about the chronic conditions from different disciplines (e.g., nurses, psychiatrists, physicians, nutritionists, social workers, etc.) Fellows will also learn how to supervise other trainees under the guidance of licensed, clinical staff.</p> <p>Involvement in research is not required during the year, but may be a part of the fellow’s training if she or he has an interest in this. Areas of ongoing research include: telehealth, diabetes, hepatitis C, PTSD and comorbid chronic medical conditions, pain, health literacy, and mindfulness.</p>
<p>Didactics and Supervision</p>	<p>Dr. DeAnna Mori is the Director of the Medical Psychology Service and provides leadership for the postdoctoral training program. There are a number of licensed supervisors who will be providing supervision: Joseph LoCastro, Ph.D., Amy K. Silberbogen, Ph.D., John Otis, Ph.D., Glenn Trezza, Ph.D., Stephen Lancey, Ph.D., and Deborah Brief, Ph.D.</p> <p>Dr. Mori serves as the primary advisor and training supervisor, with other staff psychologists serving as supervisors and consultants to the program. As a result, fellows are offered the</p>

	<p>opportunity to work closely with professionals in their area of expertise. Fellows receive both individual and group supervision during which clinical, career development and research issues are addressed. In addition, the entire Medical Psychology team meets weekly to discuss clinical cases, research interests, and current issues in behavioral medicine.</p>
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Posttraumatic Stress Disorder – Clinical Focus	
Program Directors	<p>Brett Litz, Ph.D. (Behavioral Sciences Division) Telephone: (857) 364-4131 E-Mail: brett.litz@va.gov</p> <p>Eve H. Davison, Ph.D. (Women’s Health Sciences Division) Telephone: (857) 364-4012 E-mail: eve.davison@va.gov</p>
Location	<p>VA Boston Healthcare System Jamaica Plain Campus</p>
Overview	<p>Clinical postdoctoral training in PTSD is conducted within the two Divisions of the National Center for PTSD located at VA Boston: the Behavioral Sciences Division (BSD) and the Women’s Health Sciences Division (WHSD; see preceding Overview for details on these Divisions). The clinical postdoctoral fellowship lasts for one year, and consists of intensive clinical training in the provision of empirically supported treatments to male and female veterans suffering from PTSD and other trauma-related disorders. In addition to the direct provision of clinical services, the fellow will serve as a member of interdisciplinary treatment teams that collaborate with, and consult to, other mental health and medical care providers in order to address the high rates of medical comorbidities among trauma survivors. We have found this collaborative and consultative model to be highly effective in coordinating the care of complex clinical cases, and believe that it constitutes a best-practice model of care that is becoming an integral part of the future of VA healthcare. Clinical PTSD fellows also have the opportunity to participate in research in the two Divisions.</p>
Number of Fellows	<p>There is one funded fellow per year.</p>

<p>Length of Training</p>	<p>One year.</p>
<p>Goals</p>	<p>The primary responsibility of the clinical fellow in the Behavioral Sciences Division (BSD) will be the provision of PTSD-related clinical services to male veterans. BSD also provides special training in conceptualizing cases ideographically, and in identifying and prioritizing targets for intervention. The primary responsibility of the clinical fellow in the Women’s Health Sciences Division (WHSD) will be the provision of psychological services to female veterans with PTSD and other trauma-related disorders, and consultation to other treatment providers through her/his work in WHSD’s Women’s Stress Disorder Treatment Team (WSDTT). WSDTT patients present with a range of comorbid Axis I, Axis II, and medical disorders as well as PTSD. Additionally, the fellow will provide services in VA Boston’s primary care mental health screening clinic (PRIME Clinic). The fellow will provide at least 20 hours per week of direct clinical service. The clinical services the fellow will provide to veterans include:</p> <ul style="list-style-type: none"> (1) Comprehensive psychological assessments (2) Brief, problem-focused assessments and consultations (3) Short-term interventions and psychotherapy (individual and group) (4) Long-term psychotherapy (individual and group). <p>By the end of the training year, the fellow will have gained mastery of multi-method comprehensive psychological evaluation and treatment of lifespan trauma, sexual trauma, war-zone trauma, PTSD, and comorbid psychopathology.</p>
<p>Teaching Methods and Supervision</p>	<p>The clinical fellow will be assigned a primary supervisor within both BSD and WHSD; these two primary supervisors will coordinate the fellow’s overall training experience to meet the specific needs of the fellow, and will provide clinical supervision. The fellow will work with at least one additional clinical supervisor in each Division, including group co-therapists. In addition to supervision of clinical cases, supervision will also be provided on methods of effective consultation within a medical center. Clinical consultation with other faculty is also readily available, both formally through regular clinical team meetings and informally.</p> <p>In addition to individual supervision, the fellow will attend group supervision for Cognitive Processing Therapy (CPT) for PTSD, and may have the opportunity to attend group supervision for Seeking Safety therapy for comorbid PTSD and substance use disorders.</p>

	At the beginning of the training year, the fellow will learn about the various ongoing research activities at NC-PTSD. Staff conduct research on diverse aspects of trauma, health, and PTSD, addressing basic questions of etiology, mechanisms of action, and course, as well as applied questions related to assessment, prevention, and treatment outcome. The fellow may have the opportunity to join a research laboratory or to participate in ongoing research with one or more staff members of NC-PTSD, and they will have four hours of protected research time per week.
Didactics	The PTSD Clinical Fellows attend most of the didactics listed in the previous section for the PTSD Research Fellows. In addition, the following didactics are available at the start of the training year: <ul style="list-style-type: none"> ▪ NC-PTSD resources ▪ Introduction to BSD and working with male veterans ▪ Clinical issues related to PTSD assessment ▪ Use of the Clinician-Administered PTSD Scale (CAPS) ▪ Introduction to WHSD and military sexual trauma ▪ Introduction to Dialectical Behavior Therapy (DBT) ▪ 2-day training in Cognitive Processing Therapy for PTSD ▪ Psychometrics ▪ Psychophysiological assessment ▪ Introduction to Women’s Stress Disorder Treatment Team ▪ Lethality assessment (“Be afraid, be very afraid”) ▪ The Boston Trauma Interview ▪ Psychological report writing

Rehabilitation Psychology	
Program Director	Sigmund Hough, Ph.D., ABPP Telephone: (857) 203-6443 E-mail: sigmund.hough@va.gov
Location	VA Boston Healthcare System West Roxbury Campus
Overview	The specialty area of Rehabilitation Psychology is an area of psychological practice concerned with assisting individuals with disabilities (congenital or acquired) in achieving optimal psychological, physical, and social functioning. In addition to the American Psychological Association’s Division 22 activity, APA also has established Board Certification in this area. Focus is on the entire network of biological, psychological, neuropsychological,

	<p>social, environmental, and political factors that affect the functioning of persons with disabilities. Training also incorporates medical psychology in the application of scientific knowledge of the inter-relationships among behavioral, emotional, cognitive, social and biological components in health and disease to the promotion and maintenance of health; the prevention, treatment and rehabilitation of illness and disability; and the improvement of the health care system. The Fellow is active in the areas of clinical practice, research, advocacy, administration, and education.</p>
Number of Fellows	One fellow.
Length of Training	One year.
Goals and Objectives	<p>The postdoctoral training experience is designed to be consistent with the Consortium Program's training mission/objectives/competences, guidelines recommended by the Association of Psychology Postdoctoral and Internship Centers (APPIC), with specific emphasis on the American Psychological Association's guidelines for six general competency areas: <i>1. Theories and Effective Methods of Psychological Assessment, Diagnosis, and Interventions; 2. Consultation, Program Evaluation, Supervision, and/or Teaching; 3. Strategies of Scholarly Inquiry; 4. Organization, Management, and Administration Issues Pertinent to Psychological Service Delivery and Practice, Training, and Research; 5. Professional Conduct; Ethics and Law; and Other Standards for Providers of Psychological Services; and 6. Issues of Cultural and Individual Diversity.</i> These specific training objectives are incorporated into the Fellows' evaluation of initial training needs and progress throughout the year, as well as the supervisors' evaluations of each Fellow's progress.</p> <p>The program's goal is to facilitate training in the development of independently functioning professionals who achieve competency, a strong professional identity as a psychologist, and promote respect for the individuals served. A scientist-practitioner model of both critical observation skills and empirically-informed knowledge is applied to assessment, intervention, and consultation. The fellow will complete scholarly activity, including participation in ongoing research or program development, submission of manuscripts, or preparation of grant/research applications. As a member of Division 45, Society for the Psychological Study of Ethnic Minority Issues, and reviewer of the reading list section on ethnicity for the American Association of Spinal Cord Injury Psychologists and Social Workers; the expectation is that the</p>

	<p>fellow will be aware and active in participation in related activities that embrace the importance of diversity/ethnicity/multicultural/individuality, as detailed in the approved APA Policy by the APA Council of Representative, August 2002 "Guidelines on Multicultural Education, Training, Research, Practice, and Organizational Change for Psychologist." Of course, these key competence areas (e.g., diversity) run across the training experience in supervision, clinical service, and consultation opportunities to impart knowledge and educate.</p> <p>Assessment and intervention competencies related to the practice of rehabilitation psychology are the foundations of training. The science or discipline basis of the specialty is the appropriate application of that base to the contemporary practice of rehabilitation psychology, including the fellow's awareness of theory and research pertaining to issues of disability and rehabilitation. Awareness and appropriate adherence to ethical and legal standards are critical in the practice of rehabilitation psychology. These include the ethical principles of the APA, the standards and requirements of the Americans with Disabilities Act, and current statutory provisions and state law where applicable.</p> <p>Training objectives include development of clinical competencies in the following areas: psychodiagnostic interviews and differential diagnosis; neuropsychological evaluations and recommendations to teams and families to maximize function and rehabilitation outcome; psychotherapy in individual, group, couple, and family format; collaboration and communication with interprofessional/interdisciplinary healthcare teams; consultation and education on psychological/behavioral issues; and research literature in the field of rehabilitation psychology.</p>
<p>Teaching Methods</p>	<p>The assessment and intervention competencies related to the practice of rehabilitation psychology are emphasized through awareness of theory and research pertaining to issues of disability and rehabilitation. Furthermore the clinical application and training experience is made available through the CARF- accredited Spinal Cord Injury Program (www.va.gov/spinalcorderboston) and Medical Rehabilitation Program, the continuum of interdisciplinary clinical services, and Cardiac care. Membership on the Ethics Committee and Acute Palliative Care Team allow for critical exposure for complex ethical and legal decision-making within a large healthcare system. To maximum rehabilitation and healthcare potential, the fellow will provide psychological and neuropsychological assessment; psychotherapy in individual, group, couple, and family formats; collaborate and communication across interdisciplinary and multidisciplinary healthcare teams.</p>

**Didactics
and
Supervision**

Didactics:

- The fellow will join other fellows within the Boston Consortium Postdoctoral Psychology Training program to attend a monthly Postdoctoral Fellowship Seminar (generally the second Thursday, 2:00 – 3:00 pm) for supportive professional development.
- The fellow will join other fellows within the Boston Consortium Postdoctoral Psychology Training program to attend a monthly Postdoctoral Psychology Lectures Series (generally the second Thursday, 3:00 – 5:00 pm). Topics focus on issues pertaining to leadership, ethics, diversity and ethnicity, and professional identity.
- Spinal Cord Injury Grand Rounds
- Spinal Cord Injury Physician/Fellows Lecture Series
- Rehabilitation Education Series
- Schwartz Center Rounds - One hour monthly at the West Roxbury Campus

Supervision:

- Primary supervisor will be Sigmund Hough, Ph.D., ABPP, with additional supervision provided by Philip Kleespies, Ph.D., ABPP, and Joseph LoCastro, Ph.D.

Other Activities:

- Member of the Acute Palliative Care Team, as a part of program development and service delivery through psychological assessment, intervention, consultation - One hour per week and consults as available
- Member of the Ethics Committee, as a part of program development and service delivery through consultation. Dr. Kleespies will supervise this area. One and one-half hours per month and consult meetings as available.
- Approximately one day will be devoted to cardiac rehabilitation assessment/intervention and cardiac research with Dr. LoCastro.
- Research and professional advocacy activity in the field of rehabilitation psychology with Dr. Hough (e.g., examining the issues of how diversity might impact upon rehabilitation care).
- There is the potential opportunity to join other activities (e.g., Consultation Liaison Psychiatry Rounds; co-lead brain injury support group).

Substance Abuse	
Program Director	Deborah J. Brief, Ph.D. Telephone: (857) 364-4689 E-mail: deborah.brief@va.gov
Location	VA Boston Healthcare System Jamaica Plain Campus
Number of Fellows	One Year
Length of Training	One Fellow
Overview	The one-year clinical postdoctoral fellowship year in the Substance Abuse Treatment Program (SATP) is designed to provide fellows with a comprehensive understanding of the current assessment and treatment approaches for individuals with alcohol and drug problems as well as common co-occurring psychiatric disorders. The fellow will work in both residential and outpatient settings and learn to conduct both group and individual interventions. There is also an opportunity to receive training in the provision of supervision, to work on program development and performance improvement activities, and to become involved in clinical research. The fellow works as part of a multidisciplinary treatment team and has a high level of input to clinical decision making.
Goals	<p>The fellow will work in the Substance Abuse Treatment Program (SATP) on the Jamaica Plain campus and provide clinical services to male veterans in the Substance Abuse Residential Rehabilitation Program (SARRTP) and to both male and female veterans in the Outpatient Alcohol and Drug Treatment Program (ADTP). The SATP provides specialized training in cognitive-behavioral approaches to treatment of alcohol and drug problems including motivational enhancement and relapse prevention techniques. Training is also provided in treatment techniques for co-occurring disorders include Seeking Safety, Cognitive Processing Therapy, and Dialectical Behavior Therapy.</p> <p>The primary responsibilities of the clinical fellow in the residential program will be:</p> <ol style="list-style-type: none"> (1) Comprehensive assessment; (2) Co-leading a variety of groups (e.g., relapse prevention, DBT) (3) Brief, problem-focused individual therapy

	<p>The primary responsibilities of the fellow in the outpatient clinic will be:</p> <ol style="list-style-type: none"> (1) Comprehensive Intake Assessments (2) Long-term individual psychotherapy <p>Other training activities include:</p> <ol style="list-style-type: none"> (1) Learning how to supervise trainees (2) Assistance with program evaluation and performance improvement activities (3) Clinical research <p>At the completion of their fellowship, fellows will be able to:</p> <ol style="list-style-type: none"> (1) Conduct a comprehensive biopsychosocial assessment of patients in treatment for alcohol or drug use problems; (2) Provide group and individual (both short- and long-term) therapy for individuals with alcohol and drug problems who are being seen in a residential program and an outpatient clinic; (3) Provide treatment for co-occurring psychiatric disorders in individuals with an alcohol or drug problem.
<p>Teaching Methods</p>	<p>There are several methods of training for the clinical fellow in the Substance Abuse Treatment Program. The fellow will work closely with at least two mentors and meet on a regular basis for individual supervision. All of the groups are co-led and the fellow will participate in group supervision with his or her co-leaders. The fellow will also meet with the clinical staff in daily rounds for the residential treatment program and in weekly outpatient meetings. Fellows will have an opportunity to learn how to supervise other trainees under the guidance of licensed clinical staff. Specialized readings are provided to supplement a fellow's training depending on his or her interests and needs.</p> <p>Involvement in research is not required during the year but may be a part of the fellow's training if he or she has an interest in this. Research areas include new models of treatment for PTSD and Substance Use Disorders and HIV/AIDS. The fellow will be assigned an individual mentor who is able to address research interests.</p>
<p>Didactics and Supervision</p>	<ul style="list-style-type: none"> ▪ Individual supervision ▪ Group supervision ▪ Daily rounds and meetings with multidisciplinary staff ▪ Collaboration with staff of National Center for PTSD

CONSORTIUM ADMINISTRATIVE STRUCTURE

The Boston Consortium in Clinical Psychology is an integrated arrangement between the campuses of VA Boston Healthcare System and Boston Medical Center, as well as the resources and support of Boston University School of Medicine and Harvard Medical School. Thus, the membership of the Consortium Executive Committee (shown below) reflects the broader cooperation of these consortium partners in furthering training in clinical psychology. In particular, the Chairperson of the Executive Committee and the broader membership of the Executive Committee play particular advisory roles in maintaining the institutional and fiscal support for all psychology training programs, including the Consortium internship program and Consortium fellowship program. Thus, the coordination of supervisory activities, across the various levels of psychology training within the Consortium, is another particular priority for the Executive Committee.

The Consortium *internship* works through four major site training committees, including those of the VA Boston Healthcare System – Jamaica Plain Campus; the Brockton Campus (Brockton, West Roxbury, and Worcester Outpatient Clinic); the Boston (Causeway Street) Outpatient Clinic – and the Department of Child and Adolescent Psychiatry at Boston Medical Center. Each training site operates independently through its respective Training Committee, but coordinates its training efforts to support the overall goals and objectives of the Consortium through representation within the Consortium Executive Management Committee.

The Consortium *fellowship* currently works at three major sites within the VA Boston Healthcare System – Jamaica Plain Campus, West Roxbury Campus, and the Brockton Campus. While each training program operates under the direction of its Program Director, each coordinates its training efforts to support the overall goals and objectives of the Consortium through its Administrative Director and Fellowship Director, and through advisement representation within the Consortium Executive Management Committee.

Consortium Executive Management Committee

Each of the two APA accredited professional training divisions, internship and fellowship, have parallel administrative structures. Each is centrally directed by a Consortium Internship/Fellowship Director and Internship/Fellowship Management Committee. The members of the later Internship Management Committee include the four internship site training directors, the internship curriculum director, and the internship admissions director. The membership of the Fellowship Management Committee include each programs Administrative Director, the fellowship director of didactics, and the fellowship admissions director. (Like all Boston Consortium in Clinical Psychology training programs, the members of internship and fellowship management also serve as members of the Consortium Executive Committee, as defined below.) Under the leadership of the Internship / Fellowship Director, this is the administrative committee that is responsible for the regular operations of the Consortium training division, including the overall training policy and goals,

admission procedures, core curriculum, evaluation of the Consortium's achievement of objectives, and general problem solving functions. The Committee works directly with the Internship / Fellowship Director in coordinating the training experience of all Consortium interns and fellows, across all training sites of the Consortium.

Consortium Executive Committee

The membership of the Executive Committee includes:

- ♦ Joseph S. LoCastro, Ph.D., Acting Chief, Psychology Service, VA Boston Healthcare System; Chair, Executive Committee
- ♦ Terence M. Keane, Ph.D., Associate Chief of Staff for Research, and Director of the Behavioral Science Division, National Center for PTSD
- ♦ Stephen R. Lancey, Ph.D., Consortium Director of Admissions and Accreditation

Representing the Fellowship Training Program

- ♦ Sigmund Hough, Ph.D., ABPP, Consortium Post-Doctoral Fellowship Director, VA Boston Healthcare System
- ♦ Joseph S. LoCastro, Ph.D., Administrative Director – VA Clinical Fellowship Programs
- ♦ Michele Karel, Ph.D., Administrative Director – Geropsychology Training Programs

Representing the Internship Training Program

- ♦ R. Keith Shaw, Ph.D., Consortium Internship Director, VA Boston Healthcare System
- ♦ Michelle Bosquet, Ph.D., Acting Director of Training – Boston Medical Center
- ♦ James Munroe, Ed.D., Director of Training – Community Based Outpatient Clinic – Causeway Street
- ♦ John Pepple, Director of Training – Brockton Campus (including West Roxbury and the Worcester Community Based Outpatient Clinic)
- ♦ Stephen Quinn, Ph.D., Director of Training – Jamaica Plain Campus
- ♦ Glenn Trezza, Ph.D., Consortium Internship Curriculum Director
- ♦ Leslie Fishman, Ph.D., Boston University Psychiatry Administrative Officer and Chief, Psychology, Boston Medical Center

Representing the Practicum Training Program

- ♦ Barbara Kamholz, Ph.D., Consortium Practicum Director, VA Boston Healthcare System

REVIEW AND REMEDIATION PROCEDURES

Evaluation Methods

Postdoctoral Fellows receive formal written evaluation of their progress by each supervisor on a semi-annual basis at the least. Fellows provide written evaluations of the Training Program on a semi-annual basis. Evaluation methods are explained in detail in the Postdoctoral Training Manual that Fellows receive upon arrival.

Due Process Policy

In the event of a grievance around the evaluation process, the Consortium has a due process policy that outlines both remediation procedures and procedures for fellows to follow if they have a concern about the review process. The Due Process Policy is incorporated within "Remediation Procedures" that are detailed in the Postdoctoral Training Manual.

TRAINING ENVIRONMENT

The VA Boston Healthcare System encompasses nine campuses within a 40-mile radius of the greater Boston area. The consolidated facility consists of the Jamaica Plain campus, located in the heart of Boston's Longwood Medical Community; the West Roxbury campus, located on the Dedham line; and the Brockton campus, located 20 miles south of Boston in the City of Brockton. In addition to the three main medical centers, six Community Based Outpatient Clinics (CBOCs) located in Worcester, Framingham, Lowell, Quincy, Dorchester, and Causeway Street (Boston) make up the VA Boston Healthcare System (VA BHCS).

Jamaica Plain Campus

The Jamaica Plain Campus offers state-of-the-art ambulatory care and primary care services. The Ambulatory Care Center serves as a hub for tertiary ambulatory services. This center's specialized services include state-of-the-art audiology services, ambulatory day surgery, CAT scanning, MRI, specialized aphasia treatment, an eye center providing argon laser therapy of retino-vascular diseases, CO2 and YAG laser treatment of cancer and Argon and YAG laser treatment of eye diseases, and vitrectomy. A model Veterans Industries/Transitional Living program for patients with Substance Abuse problems has recently been approved by the Committee for Accreditation of Rehabilitation Facilities (CARF). Medical services located at this campus also include substance abuse (a Center of Excellence in Substance Abuse Treatment), nuclear medicine, and a Center for Excellence for oncology/hematology, which includes high voltage radiation therapy/linear accelerator. Two National Centers for Post Traumatic Stress Disorder (also named Centers for Excellence) include the Behavioral Science Division and the Women's Health Sciences Division. Additional programs available at Jamaica Plain are a

Comprehensive Women's Health Center and mammography, an Operation Enduring Freedom/Operation Iraqi Freedom program, and many other special programs to meet gender specific needs as well as other special needs of veterans due to environmental causes such as radiation, Persian Gulf, or Agent Orange exposure.

West Roxbury Campus

The West Roxbury Campus serves as the tertiary inpatient medical center for the VA Boston Health care System and the other VA medical centers in the region. Recently named a Center for Excellence in Cardiac Surgery this facility offers cardiac catheterization, CCU, and a renowned Open Heart Surgery Program. The West Roxbury campus also has a nationally recognized acute Spinal Cord Injury program, and is one of few VA facilities that has a CARF-accredited acute medical rehabilitation program and spinal cord injury program, supported by a swimming pool that is located in the hospital proper. This campus supports an interventional cardiology program with electrophysiology. In addition, West Roxbury serves as the referral center for intensive inpatient surgery and provides such unique and high-risk surgeries as, vascular surgery, specialized general and cancer related surgery, orthopedics, hand and joint replacement surgery, neurosurgery, plastic surgery, and urology. The spinal cord injury program operates within a "hub and spokes" model for the Northeast VA region to provide consistent care excellence. West Roxbury maintains a 24-hour emergency department.

Brockton Campus

The Brockton Campus offers veterans a wide range of health care options including long term care, which includes a chronic Spinal Cord Injury (SCI) unit, mental health services, and comprehensive primary care. A Center for Excellence in Health Care for Homeless Veterans, this campus houses a 60 bed Domiciliary for Homeless Veterans. Also available in Brockton is an inpatient psychiatric unit for women, one of only four such units available in the entire VA system. This unit, in conjunction with a recently opened outpatient Women's Health Center, offers women veterans a complete spectrum of health care services. Both the Homeless Veterans program and the Women's Program are regional referral centers for veterans throughout New England. The Chronic Spinal Cord Injury Unit offers specialized programs and respite care for veterans with spinal cord injuries and disabilities. The Nursing Home Care Unit similarly offers respite care programs to veterans throughout New England. The Mental Health services offered at the Brockton Campus are extensive in both the inpatient and outpatient arenas. Offering both chronic and acute inpatient psychiatric programs, and programs in substance abuse, this service was recently named a Center for Excellence for Seriously Mentally Ill veterans.

Boston VA Outpatient Clinic at Causeway Street

The clinic offers a broad spectrum of primary and specialty care services provided by staff physicians and nurse practitioners. Patients are assigned to a primary care provider team who coordinates their care and any necessary referrals to sub-specialty care. A full range of laboratory, radiology, pharmacy and EMG services

are available. Also offered at the clinic are extensive outpatient substance abuse and mental health services. The downtown Boston location allows easy access to public transportation utilized by a significant percentage of the patients treated at the clinic.

Worcester VA Outpatient Clinic

The state-of-the-art Worcester Clinic offers primary care with extended programs in mental health, optometry, and rehabilitation medicine. In addition, the clinic provides care in geriatrics, dermatology, podiatry, and women's health. Radiology, pharmacy, and laboratory support services are also located onsite.

Support Services

There are a wide variety of support services available to the fellow. The Medical Center's excellent Medical Library has branches in two of the campuses. In addition to extensive journal and reference collections, the library provides the capacity for computer generated literature searches and is able to obtain materials from regional university libraries, the Harvard Medical School Library and other VA Medical Centers. The Medical Library is also able to locate and borrow video training materials.

The fellow has access to personal computers at all three Divisions. There are videotaping facilities, including four studios with observation windows, which allow the Fellow to make use of videotaped supervision.

If needed, childcare is available at the Tyke Site at the Brockton Division, the Tot Spot at the West Roxbury Division, and Small World at the Jamaica Plain Division. These are nondiscriminatory, nonprofit, on-site childcare facilities licensed to serve children between the ages of 15 months to 6 years of age. Each site, staffed with qualified professionals, is open from 7:00 am to 5:30 pm. The goal of the centers is to encourage the social, emotional, physical, and intellectual development of each child in an informal setting. Children are allowed to learn at their own pace through experience with a variety of concepts and materials. The centers also promote the growth of each child by placing emphasis on activity and a positive self-image.

RESEARCH ACTIVITIES

Research is an integral part of the overall VA Boston Healthcare System's mission and plays a key role in enhancing the healthcare services provided to our veteran population. The total Research and Development Program for the three campuses, Brockton, West Roxbury and Jamaica Plain, is one of the largest and most active in the VA system. In recent years, total intramural VA funding has been in the range of \$15 million. Extramural research funding from other federal agencies, such as

NIH and DOD, private proprietary companies, voluntary agencies and foundations have added another \$10 – 12 million per year. As a referral center for neuro-psychiatric disorders, the Brockton campus has major research efforts in the neurophysiology of mental illnesses, problems in alcoholism and sleep problems associated with many mental disorders. The research interests at the West Roxbury campus, as the acute tertiary care division, spans several fields, with a strong focus on gastrointestinal disorders, cardiology and cardiovascular diseases, hematology, pulmonary medicine, urology, neurology, and spinal cord injury. At the Jamaica Plain campus in conjunction with the Boston Outpatient Clinic, there are significant research projects on substance abuse, hemostasis, aphasia, language and memory disorders, PTSD, and infectious diseases, among others. Investigators at both the Brockton campus and the Jamaica Plain campus have been participating in a major VA cooperative studies trial on the National Health Survey of Persian Gulf War Veterans and their families. There are several special emphasis programs and research centers at the VA Boston Healthcare System, including the Massachusetts Epidemiology Research and Information Center, the Normative Aging Study, the Dental Longitudinal Study, NIDA/VA Medication Development Center, and two National Centers for PTSD. There are also several programs in the area of Rehabilitation Research and Development and Health Services Research and Development, with the VA's HSR&D Management Decision and Research Center, located at the Jamaica Plain Campus. There is very active participation on all campuses in many of the VA's Cooperative Studies Program multi-center clinical trials.

LIVING ENVIRONMENT

The nature of the Greater Boston area and the location of the different Medical Centers provide the Fellow the opportunity to choose a variety of lifestyles and housing. The West Roxbury and Jamaica Plain divisions, several miles apart from one another, are within the city of Boston. The Brockton division is south of Boston along Route 24, a major highway connecting with routes to Cape Cod and other southeastern Massachusetts population centers, such as Fall River and New Bedford. The city of Providence, located less than an hour's drive, is accessible via major highways from either division. There is a shuttle service between the three Divisions that operates throughout the working day. It is possible for the Fellow to live in or close to Boston and be part of an urban lifestyle; housing costs in or near Boston are quite high. Moving out from Boston, the Fellow will encounter more affordable housing and a choice of city, small town, or rural settings.

No matter which setting the fellow chooses, the cultural, educational and recreational activities of Boston and New England are easily accessible. Boston, known for its arts, history and educational institutions, is little more than a half-hour from Brockton by car at non-peak hours. There are also many forms of public transportation available into the city. Commuter rail from Brockton to South Station in Boston started operation in September of 1998. It is easy to get in and

out of Boston to see a play, visit a museum or experience the flavor of the city's diverse ethnic groups. The New England region is attractive, varied and readily accessible by car. The Berkshires, Cape Cod, Rhode Island, southern Maine, New Hampshire and Vermont are all easily visited as day trips. A trip to the beach, the mountains, Gillette Stadium (New England Revolution and New England Patriots), Fenway Park (Boston Red Sox), the Fleet Center (Boston Celtics and Boston Bruins), or Boston's many museums offers the Fellow an opportunity for a change of pace while staying close to home.

The fellowship year often means relocation not only for the Fellow but also for a partner. A wide range of educational opportunities are available at the many colleges and universities in the Greater Boston area, including Harvard University, Boston University, M.I.T., College of the Holy Cross, Boston College, Northeastern University, Clark University, Brown University, University of Rhode Island, and University of Massachusetts Boston. In addition to full-time study at the main campuses, there are many satellite, evening or part-time programs available. The job market is relatively good for significant others who may be looking for employment during the fellowship year.

FELLOWS, HOURS, STIPEND, AND BENEFITS

Fellows

Post-doctoral fellows (Psychology Fellows) must have graduated from a doctoral program in Clinical or Counseling Psychology that is accredited by the American Psychological Association. In addition, each fellow must have completed an internship that was accredited by the American Psychological Association. Those applying who have not yet completed their internship, or who do not possess their doctorate will not be admitted to the fellowship program.

All fellows receive a full stipend – no fellow is accepted on a Without Compensation (WOC) status.

The majority of fellows are admitted into full-time, one-year long training programs (September 1 through August 31). Some programs, currently Neuropsychology, admit fellows into full-time, two-year long training. These programs typically derive their funding from VA sources. However, other programs fund fellows through competitive non-VA grants. These programs offer the fellow one-year, two-year, or longer training opportunities. The Consortium Fellowship Program requires that participation be limited to a maximum of two years (24 months.) Fellows who complete a full-time, one-year or two-year training program will meet the same requirements for clinical experience, supervision, etc., as those mentioned above. The Consortium Fellowship Program also allows fellows to complete a part-time,

two-year training program. Typically this is the case where the particular program has a strong research requirement or emphasis. In such a situation, the fellow may complete their clinical requirements over two years (24 months). Where there is a threshold number of weekly required hours (for example, clinical experience), one-half of the amount required of full-time fellows will apply for these part-time fellows. This will be detailed during the interview process.

The Postdoctoral Fellowship requires 2080 hours for satisfactory completion of the program. This requirement meets both APA accreditation requirements, as well as fulfills the Commonwealth of Massachusetts' licensure requirements for supervised postdoctoral practice hours.

The stipend, for one full year of training, is **\$43,796** before taxes.

Fellows are eligible for health insurance. No funds are available for relocation. Fellows receive faculty appointments at *Boston University School of Medicine* and at *Harvard Medical School*.

Benefits include 10 paid holidays, 13 days of annual leave and, if needed, 13 days of sick leave. Finally, Fellows are given up to 40 hours of paid educational leave to attend conferences, major professional meetings and symposia. Upon completion of the year of training, Fellows are eligible to enter Federal Service at the grade of a GS-12.

The Federal Tort Claims Act applies to fellows regarding the practice of psychological services and their own personal injuries that occur while on the job at the VA.

EXPECTATIONS OF FELLOWS

The Fellowship Program has several general expectations of Fellows regarding their professional behavior, skill development, and management of personal stress.

Knowledge of and Conformity to Relevant Professional Standards

Fellows are expected to understand and abide by the guidelines as stated in the APA Ethical Principles of Psychologists, and Code of Ethics.

Fellows are expected to be aware of and abide by the rules and regulations governing the practice of psychology at the Medical Centers. Supervisors are responsible for informing Fellows of Medical Center policies applicable to specific training sites. Medical Center standards include timely and accurate documentation of clinical contacts in the medical record. Documentation procedures for each clinical rotation will be reviewed by supervisors.

Acquisition of Appropriate Professional Skills

Fellows are expected to demonstrate competency in relevant conceptualizations, assessment, intervention, research, and evaluation skills as required for the successful completion of his/her individualized training contract. This implies that the Fellow will be making adequate progress, as assessed by periodic evaluations, and that the Fellow will achieve a level of competency by the completion of the Fellowship that will enable him/her to function independently as a professional psychologist.

It is also expected that Fellows will take an active role in their learning over the year, in setting initial training goals, evaluating their own progress, and being prepared for supervision contacts (e.g., bringing specific questions, tapes to review, or otherwise as determined in specific supervisory relationships).

Appropriate Management of Personal Concerns as they Relate to Professional Functioning

The Fellowship faculty recognizes that there is a relationship between level of personal functioning and effectiveness as a professional psychologist, most notably in delivering direct services to clients. Physical, emotional, and/or educational difficulties may include but are not limited to: educational or academic deficiencies; psychological adjustment problems and/or inappropriate emotional responses; inappropriate management of personal stress; inadequate level of self-directed professional development; inappropriate use of and/or response to supervision. As detailed in the Remediation Section of this document, it is expected that Fellows will respond constructively to feedback about how aspects of their personal functioning may affect their professional performance and work to remedy such concerns as appropriate.

RESPONSIBILITIES OF THE TRAINING PROGRAM

Defining Professional Standards

The Program Directors will provide Fellows with information regarding relevant professional standards and regulations as well as providing appropriate forums to discuss the implementation of such standards (e.g., individual and group supervision, seminars).

Defining Evaluation Criteria

The Program Directors and supervisors will provide criteria, incorporated into the Fellow evaluation form, which are believed important in assessing the Fellow's competence over the course of the year.

Providing Supervision

Program Directors must schedule at least two hours to two and one-half hours of individual supervision weekly. Additional supervision time may be arranged as needed. In some rotations, group supervision may be provided in addition to individual supervision. Faculty will work with Fellows in a context of respect for each Fellow's strengths and interests, and appreciation of the Fellow's multiple responsibilities.

Providing Written Evaluations

In addition to informal ongoing feedback, supervisors will provide written and/or electronic evaluations of the Fellow's progress on a semiannual basis. These more formal evaluation reviews aim to facilitate the Fellow's professional growth over the course of the year.

APA Accreditation

Continued VA funding of this Fellowship depends upon successful APA accreditation review. The Boston Consortium in Clinical Psychology, Postdoctoral Fellowship Training Program is fully accredited by APA, having received its accreditation in 2002. The next Site Visit is scheduled for 2007. The American Psychological Association is located at 750 First Street, NE, Washington, DC 20002-4242 Telephone: 800-374-2721; 202-336-5500. TDD/TTY: 202-336-6123

The Office of Program Consultation and Accreditation of the American Psychological Association can be reached at:
Telephone: 202-336-5979 or Fax: 202-336-5978

The office of Program Consultation and Accreditation can be reached online at:
www.apa.org/ed/accreditation.

APPLICATION PROCEDURE

To be considered for the Fellowship, the applicant must hold a doctoral degree * in Clinical Psychology or Counseling Psychology from an APA accredited graduate program and have completed an APA accredited pre-doctoral internship. In addition, US citizenship is required.

Prospective applicants can apply to as many of the Consortium training programs as they wish. For **each** fellowship program in which they wish to be considered for admission, the application process formally begins when the applicant submits the following materials:

1. A letter describing:
 - a. the history of his or her interest in the specific area of interest
 - b. any educational, clinical and research experiences relevant to the specific area of interest
 - c. a self-assessment of his or her training needs
 - d. personal goals for the fellowship
 - e. a statement of his or her career goals
2. Curriculum Vitae
3. Transcript of graduate work (indicating awarding date of doctoral-degree)
4. Three letters of recommendation - one from a faculty member personally familiar with the applicant's graduate school performance and at least one from a primary clinical supervisor during the pre-doctoral internship.
5. Postdoctoral Fellowship Information Form – Available on-line at <http://www.va.gov/bostonpsychologyfellowship>.

The materials should be sent to:

Stephen R. Lancey, Ph.D.
Director of Admissions
Psychology Service (116B)
VA Boston Healthcare System
150 South Huntington Avenue
Boston, MA 02130
EMAIL: stephen.lancey@va.gov
PHONE: (857) 364-5038
FAX: (617) 364-4408

Should applicants have any questions about psychology training at the postdoctoral level in general, or within the Boston Consortium, they are encouraged to contact the program directors and/or program administrators. Names and email-addresses of these contact faculty can be found on the page immediately following the cover and on the table below. Finally, applicants are reminded that they should feel free and are welcomed to contact the Fellowship Director to discuss any issue of relevance. Please contact Dr. Sigmund Hough at Sigmund.hough@va.gov or by phone at **(857) 203-6443**.

Applications will be reviewed by the training faculty, and selected applicants will be invited to visit the Medical Center for a personal interview at the applicant's expense.

The Fellowship begins on September 1, 2007 and ends on August 31, 2008.

* **Doctoral Degree Requirement:** All offers of acceptance for a postdoctoral position within the Boston Consortium are strictly contingent upon an applicants' having completed all requirements (clinical, academic, and administrative) for the doctoral degree. Evidence that the degree has been awarded must be provided no later than July 1, 2007 in the form of a copy of the diploma or a written attestation of such from the Department Chair. If this requirement is not met, the applicant may request, in writing, a 30-day extension. The Consortium may or may not agree to the extension. If, at the end of the 30-day extension the applicant has not received the doctoral degree, or if the Consortium does not initially agree to the extension, the offer of acceptance is withdrawn and considered null and void. At such time, the search process is re-opened and the applicant may re-apply without prejudice. The search will continue until such time as the position is filled or is cancelled.

One possible exception to this policy might be in the case of an applicant who has completed all the requirements (academic and administrative, including dissertation) for the doctoral degree with the exception of the internship ending after July 1. In such case, a letter from the Internship Director attesting to the applicant's good standing within the internship and anticipated date of completion will be required. This is in addition to the letter from the Department Chair. Extensions will be automatically granted by the Consortium.

It is the applicants' responsibility to provide all documentation in a timely manner.

Please review the following table carefully for important training program and contact information.

Program Name	Application Date	Selection Notification Date	Questions? Contact:
Clinical Neuropsychology	Not Recruiting		William Milberg, Ph.D., ABPP/cn wpm@bu.edu
Geropsychology	January 15, 2007 or until positions are filled	Open	Michele Karel, Ph.D. michele.karel@va.gov
Medical Psychology	January 15, 2007 or until positions are filled	Open	DeAnna Mori, Ph.D. deanna.mori@va.gov
PTSD - Clinical Focus	January 15, 2007 or until positions are filled	Open	Brett Litz, Ph.D. brett.litz@va.gov and Eve Davison, Ph.D. eve.davison@va.gov
Rehabilitation Psychology	January 15, 2007 or until positions are filled	Open	Sigmund Hough, Ph.D., ABPP sigmund.hough@va.gov
Substance Abuse	January 15, 2007 or until positions are filled	Open	Deborah Brief, Ph.D. deborah.brief@va.gov

TRAINING FACULTY

Sigmund Hough, Ph.D., ABPP Dr. Hough received his college and masters degree in Developmental Psychology from Columbia University, and Doctorate in Clinical Psychology from Boston University. Dr. Hough holds ABPP board specialization in Rehabilitation Psychology. He is a clinical neuropsychologist assigned to the West Roxbury campus of the Medical Liaison Program and Spinal Cord Injury Services, and serves as the Director, Postdoctoral Fellowship Training Programs-Boston Consortium in Clinical Psychology. Dr. Hough is Adjunct Assistant Professor of Psychiatry at Boston University School of Medicine, an Instructor in Psychology in the Department of Psychiatry at the Harvard Medical School, Adjunct Associate Professor in the Masters in Counseling Program at Bridgewater State College, and holds a medical staff appointment in the Department of Psychiatry at Melrose-Wakefield Hospital, as well as Caritas Good Samaritan Medical Center. Previously, he has served in the capacity of Clinical Director and Director of Psychological services at private rehabilitation facilities, case reviewer for a nationwide managed care company, and as a clinical service provider in both the public and private sector. He is registered as a National Health Care Provider in Psychology, licensed in Massachusetts and Maine, and holds Diplomate status in the American Academy of Pain Management and in the American Board of Medical Psychotherapists. His research interests are at the interface of neurological injury, rehabilitation, sexuality, and adjustment to life events. Dr. Hough is also a CARF Surveyor and conducts accreditation site visits nationwide for the division of Medical Rehabilitation. He is a member of the VA Boston Ethics Advisory Committee, the Palliative Care Consult Team, and Standards Board for Title 38 Conversion. Member of Society for the Psychological Study of Ethnic Minority Issues, APA Division 45, and is a member of the VA Boston Healthcare System's Diversity Committee. Dr. Hough serves as Coordinator of the Medical Rehabilitation Psychology Internship rotation, Boston Consortium Psychology Internship program.

Deborah J. Brief, Ph.D. Dr. Brief is a clinical psychologist who is licensed in the State of Massachusetts and certified by the American Psychological Association to provide treatment for alcohol and other psychoactive substance use disorders. Dr. Brief has been on the staff of the VA Boston Healthcare System at Jamaica Plain campus since 1987, where she is Director of the Substance Abuse Residential Treatment Program and Outpatient Alcohol and Drug Treatment Program. She is also an Assistant Professor of Psychiatry at Boston University School of Medicine and an Assistant Professor in Psychology at Boston University. Dr. Brief serves as a clinical supervisor for postdoctoral fellows and psychology interns in the Boston Consortium. Dr. Brief has co-authored treatment manuals on addiction, PTSD, and adherence and provided workshops on the treatment of addiction. Her research interests are in treatment outcome related to addiction and the overlap between addiction and PTSD.

Eve H. Davison, Ph.D. Dr. Davison is a clinical psychologist in the Women's Health Sciences Division of the National Center for PTSD. She is Clinical Director of the Women's Stress Disorder Treatment Team, and is Instructor of Psychiatry in the Boston University School of Medicine. She earned her doctorate from University of California, Santa Barbara, and completed a postdoctoral fellowship in clinical geropsychology at Hillside Hospital, Long Island Jewish Medical Center. She provides supervision to PTSD practicum students, predoctoral interns, and postdoctoral fellows, and provides treatment to female military veterans with trauma histories. Her research lies in the area of geropsychology and trauma. She is currently researching late-life stress symptomatology in older women with early life histories of sexual trauma.

Lisa M. Fisher, Ph.D. Dr. Fisher is a clinical psychologist at the National Center for PTSD and Assistant Clinical Professor of Psychiatry at Boston University School of Medicine. She is the Associate Director for Clinical Programs within the Behavioral Science Division and director of the PTSD Clinical Team. She has been extensively involved in training since coming to the National Center in 1989, serving as a primary clinical supervisor for the PTSD intern rotation. Her clinical interests and experience are in the areas of PTSD, anxiety and psychotic disorders. Dr. Fisher also collaborates on clinical outcome research.

Laura Grande, Ph.D. Dr. Grande earned her doctorate in clinical psychology from the University of Florida. She completed her internship at the Brockton VA Medical Center and post-doctoral Fellowship at the Boston VA Healthcare System. She is currently an Instructor in Psychology in the department of Psychiatry at Harvard Medical School. Dr. Grande's research interests include cognitive and neuroanatomical changes associated with vascular disease, the early identification of cognitive impairment in individuals at risk for cerebrovascular disease, and subcortical functions in selective attention and executive functions. She is active in training within Geropsychology and Neuropsychology rotations, specifically in the areas of geriatric neuropsychology.

Danny G. Kaloupek, Ph.D. Dr. Kaloupek is currently Deputy Director for the Behavioral Science Division of the National Center and Associate Professor of Psychiatry and Behavioral Neuroscience at Boston University School of Medicine. Dr. Kaloupek is expert in the application of psychophysiological measurement, with emphasis on PTSD. His research interests include the health-related impact of traumatic stress. He is co-PI of a recent study that measured the hippocampus by means of magnetic resonance imaging and examined this structure in relation to measures of memory, physiological response, and information processing. Dr. Kaloupek is available as a mentor and research collaborator.

Barbara Wolfsdorf Kamholz, Ph.D. Dr. Kamholz received her Ph.D. in clinical psychology from the University of Miami 1998. Following completion of a clinical internship at the VABHS and an NIH-funded post-doctoral fellowship in combined treatment outcome research at Brown University, she returned to VA Boston. Dr. Kamholz is an Assistant Professor of Psychiatry and Psychology at

Boston University. She is Co-Director of the Mood Disorders Clinic and Staff Psychologist at the VHBS. In addition, she currently serves as Director of Practicum Training for the Boston Consortium in Clinical Psychology, and supervises psychology interns and psychiatry residents in empirically-supported evaluations and treatment of psychopathology. Her current clinical and research interests involve patients with affect-regulation disorders (including depression, posttraumatic stress disorder, and addiction). She is the Principal Investigator on two federally-funded grants (NIDA/NIMH and VA) focused on the evaluation and treatment of mood and coping difficulties among co-occurring psychiatric and addictive disorders, and is Co-Investigator on two federally-funded R01 grants (NIAAA-funded clinical trial evaluating the utility of a unified cognitive behavioral treatment for co-occurring anxiety and alcohol dependence, and an NIMH-funded longitudinal investigation of risk and resilience to PTSD and substance-use disorder among firefighter recruits).

Michele J. Karel, Ph.D. Dr. Karel is the Director of the Post Doctoral Training Program in Geropsychology. She earned her doctorate in Clinical Psychology at the University of Southern California, Los Angeles. She completed her internship at the Yale University School of Medicine, and completed a post-doctoral fellowship in Clinical Geropsychology at Hillside Hospital, Long Island Jewish Medical Center. She is a geropsychologist at the Brockton VA campus, where she provides clinical services and supervises Interns and Fellows in the Geriatric Mental Health Outpatient Clinic and Nursing Home Care Unit. She is an Assistant Professor of Psychology in the Department of Psychiatry at Harvard Medical School. Clinical interests include assessment and psychotherapy with older adults and their families, as well as consultation with medical professionals treating older adults. She co-chairs the VA Boston Palliative Care Committee. Research interests include end-of-life medical decision-making and advance care planning, late-life depression, and geropsychology training.

Terence M. Keane, Ph.D. Dr. Keane is the Associate Chief of Staff for Research and Development at the VA Boston Healthcare System. He was previously the Chief of Psychology Service at the VA Boston Healthcare System, Associate Care Line Manager for Mental Health. Dr. Keane is also the Director of the Behavioral Science Division of the National Center for PTSD, and Professor and Vice Chair of the Department of Psychiatry at Boston University School of Medicine. He is a well-known scholar in the area of PTSD. He has an extensive record of scientific achievement in PTSD, including numerous publications and grant awards. He has also lectured internationally on this topic. Throughout his career he has been involved in training clinical scientists, and many of his student collaborators have forged productive careers as independent investigators. Dr. Keane was a leader in the development of the multi-site National Center for PTSD; he served as the Department of Veterans Affairs' administrative head of the National Vietnam Veterans Readjustment Study; and he is Past President of the International Society for Traumatic Stress Studies and the Association for VA Psychologists. His contributions to the field of PTSD have been recognized by many honors and awards to include the Robert Lauer Memorial Award for Outstanding Scientific Achievement from ISTSS, a J. William Fulbright Senior

Scholar Award, the Weisband Distinguished Alumnus Award from Binghamton University (SUNY), and Outstanding Research Contributions from the Division of Public Sector Psychology of the American Psychological Association. Dr. Keane is a Fellow of the APA and the American Psychological Society. He will provide guidance to core faculty and offer seminars, attend research meetings, and provide individual consultation and feedback on the postdoctoral fellows' preparation of manuscripts and grant applications.

Phillip M. Kleespies, Ph.D., ABPP Dr. Kleespies is the Clinical Psychologist with the Spinal Cord Injury Outpatient Clinic. He is a Diplomate in Clinical Psychology of the American Board of Professional Psychology and a Fellow of the American Psychological Association. He has an appointment as Assistant Clinical Professor of Psychiatry at Boston University School of Medicine. Dr. Kleespies is a member of both the VA Boston Ethics Advisory Committee and the VA Boston Integrated Ethics Committee. He has chaired the VA Boston Ethics Subcommittee on Informed Consent. Dr. Kleespies is a member of the VA Boston Palliative Care Consult Team. He has published and presented on topics relevant to the ethics of end-of-life care. He has created a workbook on advance care planning specifically for the individual with spinal cord injury. He is the author of the book *Life and Death Decisions: Psychological and Ethical Considerations in End-of-Life Care* (Washington, DC: APA Books, 2004) and editor of the book *Emergencies in Mental Health Practice: Evaluation and Management* (NY: Guilford Press, 1998). He has published numerous articles on the evaluation of suicide risk and the impact of behavioral emergencies on clinicians. Dr. Kleespies is the founding President of the Section on Clinical Emergencies and Crises (Section VII of APA Division 12). He is the co-chair of the VA Boston Aggregate Root Cause Analysis Team that has developed a tracking system for patient suicidal and self-injurious behaviors in the VA Boston Healthcare System. This Aggregate RCA Team has recently been awarded a VA Kizer Recognition Award.

Jeffrey A. Knight, Ph.D. Dr. Knight is a clinical research psychologist at the National Center and Assistant Professor of Psychiatry at Boston University School of Medicine. He functions in training roles for the general internship and within the National Center. His research interests are directed at examining the neuropsychological contributions to the expression of PTSD symptomatology, impact of neurocognitive factors on information-processing in traumatized patients, comorbidity of PTSD and Traumatic Brain Injury in polytraumatized veterans, and the development of psychometric instrumentation to measure hypervigilance and suicide ideation.

Maxine Kregel, Ph.D. Dr. Kregel is one of the supervisors in the Neuropsychology training program. She earned her doctorate in Counseling Psychology at the State University of New York at Albany. She completed her internship at the Boston VA, and completed post-doctoral fellowships in Clinical Neuropsychology at McLean Hospital and the Boston VA. She is a neuropsychologist on the Polytrauma Team at the Jamaica Plain VA campus, where she provides clinical services and supervises Interns and Fellows in the clinical

neuropsychology service. She is an Assistant Professor of Psychology in the Department of Neurology at Boston University School of Medicine. Clinical interests include assessment with war veterans and active duty soldiers returning from OIF/OEF, as well as patients with neurologic and psychiatric concerns. Research interests include the cognitive, behavioral and imaging correlates of post-traumatic stress disorder, neurotoxicant exposures and traumatic brain injury.

Stephen R. Lancey, Ph.D. Dr. Lancey is a clinical psychologist at the Jamaica Plain campus of the Boston Healthcare System. A graduate of the University of Notre Dame, Dr. Lancey completed his internship in psychology at the Boston VA Medical Center and his post-doctoral fellowship through Psychiatry Service at the same facility. Dr. Lancey has staff experience with Neurology Service at the VA Outpatient Clinic in Boston, Spinal Cord Injury Service at West Roxbury, Psychiatry Service, and Rehabilitation Medicine Services at Jamaica Plain. He is the Director of Clinical Training and Education for the APA-accredited internship program at JP, director of informatics for Mental Health, and a clinical supervisor for trainees working with chronic pain patients. He holds faculty positions as an Assistant Clinical Professor of Psychiatry at Tufts University School of Medicine and Senior Lecturer at Northeastern University.

Betsy Leritz, Ph.D. Dr. Leritz earned her doctorate in clinical psychology from the University of Florida. She completed her internship at the Brockton/Boston VA Medical Center, and a Geropsychology post-doctoral fellowship through the Boston Consortium Clinical Psychology Fellowship Training Program. Dr. Leritz's research interests include memory, executive functioning and neuroimaging in cerebrovascular and dementia risk, and neuropsychological characteristics of aphasia and language disorders. She is active in training within the Geropsychology Fellowship, specifically in the area of geriatric neuropsychology.

Brett T. Litz, Ph.D. Dr. Litz is the Associate Director of the Behavioral Sciences Division of the National Center for PTSD and a Professor of Psychiatry at Boston University School of Medicine and in the Department of Psychology at Boston University. Dr. Litz is an internationally recognized expert on the mental health adaptation of deployed US military personnel. He also conducts extensive research on early intervention for trauma. Dr. Litz is the Principal Investigator on several research studies funded by the National Institute of Mental Health and the Departments of Defense and Veterans Affairs to explore risk and resilience factors that affect mental health adaptation of US military personnel across the lifespan and the efficacy of self-management-based early interventions for service members returning from Iraq. Dr. Litz has been supervising graduate students, psychology interns, and postdoctoral fellows in the assessment and treatment of veterans with PTSD, and in a variety of research endeavors for 20 years. He has mentored approximately 20 postdoctoral fellows who have moved on to productive research careers in the field of trauma.

Joseph S. LoCastro, Ph.D. Dr. LoCastro, Ph.D. is the Chair, Executive Committee of the Boston Consortium in Clinical Psychology. He is well suited for this position due to his extensive combined research, training, administrative and clinical experience. Dr. LoCastro holds an academic appointment as Associate Professor in the Department of Psychiatry and a joint appointment as Assistant Professor of Medicine (Psychology) and Public Health (Social and Behavioral Sciences) all at the Boston University School of Medicine. He is also the Acting Chief of the Psychology Service at the Boston VA Medical Center. He is the Executive Director of a multidisciplinary, multisite inpatient and outpatient Substance Abuse Treatment Program that has recently been given national recognition by the Department of Veterans Affairs as a "VA Clinical Program of Excellence". In addition, Dr. LoCastro has been the Director of the Boston Consortium in Clinical Psychology, which is the fifth largest pre-doctoral psychology internship program in the nation. This program funds 17 full-time psychology interns per year and has built an excellent reputation in providing exceptional clinical and research training. It has been a major source of applicants to the current Postdoctoral Fellowship Program. Dr. LoCastro's research experience includes principal investigator and co-investigator on several VA Merit Review, NIAAA, NIDA, and Private Foundation funded grants over the last 19 years, and he has been continuously funded as a principal investigator over the last 11 years. His primary areas of funded research in the past has included recovery in alcohol related medical disease, the epidemiology of alcohol use and aging, and cognitive behavioral strategies of maintenance of sobriety. Most recently, Dr. LoCastro has collaborated with Dr. Dominic Ciraulo and Dr. Terence Keane in writing and successfully obtaining two major Addiction Research Centers. He is Co-Principal Investigator on the 6-year NIAAA funded Alcohol Research Center (Project COMBINE) which is a major multi-site investigation of the efficacy of combined behavioral and pharmacological treatments for alcoholism. He and Dr. Ciraulo also worked closely to receive the five-year funded NIDA/VA Medication Development Research Center that is investigating medication therapies for cocaine abuse. His primary role in these Centers as Director of Psychosocial Research is to coordinate the development of behavioral assessment procedures and manually guided behavior treatments for clinical medication trials with substance abuse patients. In this regard, he has established and is the Director of the Boston Behavioral Treatment Training Center located at the Boston University School of Medicine.

William P. Milberg, Ph.D., ABPP/cn Dr. Milberg is a clinical/research neuropsychologist at the Geriatric Research, Education and Clinical Center (GRECC) at the Jamaica Plain Division of the Medical Center. He is currently the Associate Director for Research of the Boston Division of the New England GRECC, and director and founder of the Geriatric Neuropsychology Laboratory. He earned his doctorate from Wayne State University and currently is an Associate Professor of Psychology in the Department of Psychiatry at Harvard Medical School. Dr. Milberg has been awarded the Diplomate in Neuropsychology by the American Board of Professional Psychology. His major research interests include the analysis of the cortical representations and control of language, memory, and vision defects associated with aging, dementia and

brain damage and more recently the neuropsychology of cerebrovascular risk and white matter disease. He has written numerous articles and chapters on these topics.

Mark Miller, Ph.D. Dr. Miller is a Staff Psychologist at the Behavioral Sciences Division of the National Center for PTSD and an Assistant Professor of Psychiatry and Psychology at Boston University. He received his Ph.D. in Clinical Psychology from Florida State University. His research focuses on understanding (i) the influence of personality on the etiology and expression of post-traumatic responses, and (ii) emotional and psychophysiological aspects of PTSD. The first area of research has resulted in a series of empirical and review papers on the development of an internalizing/externalizing model of PTSD comorbidity. With funding from the VA Merit Review program, he is now extending his work in this area to the study of the structure and molecular genetics underlying patterns of PTSD comorbidity. His second area of work includes NIMH-funded projects examining the relationship between activity of the HPA-axis to amplitude of the startle reflex and psychophysiological examinations of the phenomenon of emotional numbing in PTSD.

Candice Monson, Ph.D. Dr. Monson is the Deputy Director of the Women's Health Sciences Division of the National Center for PTSD and Associate Professor of Psychiatry at Boston University School of Medicine. She earned her doctorate in clinical psychology from the University of Nebraska-Lincoln, and completed a postdoctoral fellowship in Forensic Psychology at the University of Missouri-Kansas City School of Medicine. She provides clinical and research training for practicum students, predoctoral interns, and postdoctoral fellows. Her primary research focus is in developing, evaluating, and disseminating trauma treatments. She also researches intimate relationship factors and gender issues in violence perpetration and victimization.

DeAnna L. Mori, Ph.D. Dr. Mori is the Director of the Post Doctoral Training Program in Medical Psychology. She earned her doctorate in Clinical Psychology at Vanderbilt University and completed her internship at the Boston Consortium. She is a medical psychologist at the Jamaica Plain VA campus, where she provides clinical services and supervises Interns and Fellows, and has an active clinical research program. She is an Assistant Professor of Psychology in the Department of Psychiatry at Boston University School of Medicine. Her clinical interests include psychological adjustment in chronic illness, pre-surgical treatment decision making, and facilitating patient access and compliance with preventative medicine services. Dr. Mori's research interests include using telehealth interventions to enhance behavioral compliance and promoting physical activity in medical patients.

Jennifer Moyer, Ph.D. Dr. Moyer earned her doctorate in clinical psychology from the University of Minnesota. She completed her internship and post-doctoral Fellowship in Geropsychology at the Brockton/West Roxbury VA Medical Center. Dr. Moyer is interested in assessment, treatment, and clinical research with elder adults. Dr. Moyer is a nationally recognized expert in competency assessment

and has an active program of research in this area. In addition, she has interests in facilitating adjustment to late life medical illness. She is active in training and professional issues within gerontology and Geropsychology. She is an Assistant Professor of Psychology in the Department of Psychiatry at the Harvard Medical School.

James Munroe, Ed.D. Dr. Munroe is a psychologist who has worked with the Department of Veterans Affairs Outpatient Clinic in Boston for over 30 years. His primary clinical focus is with Post Traumatic Stress Disorder (PTSD). He is Clinical Director of the Veterans Improvement Program and Deputy Director of the PTSD Outpatient Clinic. He is also Site Director of training for the Psychology Internship program. He is currently doing outreach to returning veterans from Afghanistan and Iraq and their families. He has also been a disaster mental health volunteer with the Massachusetts Bay Chapter of the American Red Cross for over ten years and currently serves as Co-Director of the Disaster Mental Health Service. He is also a member of the National Critical Response Team (CRT) of the American Red Cross. He has responded to numerous events including the Egypt Air Crash, the Worcester Fire, the Newton School Bus Crash, the Wakefield Office Shooting, the 9/11 Family Assistance Center at Logan Airport, the Rhode Island Night Club Fire and Hurricane Katrina. He has conducted extensive trainings and presentations in the areas of trauma, secondary trauma, and disaster mental health. He received the Sarah Haley Memorial Award for Clinical Excellence from the International Society of Traumatic Stress Studies in 2001, and the Clara Barton Humanitarian Award from the Red Cross in 2002.

Lisa M. Najavits, Ph.D. Dr. Najavits is a clinical psychologist at the National Center for PTSD, Women's Health Sciences Division; and Professor of Psychiatry, Boston University School of Medicine. Her major clinical and research interests include: PTSD and substance use disorder, development of new psychotherapies, outcome trials, and dissemination of therapies. She has received a variety of National Institutes of Health and other research grants, and is author of over 120 professional publications, and two books. She received her Ph.D. from Vanderbilt University (Tennessee) and her bachelor's degree from Columbia University (New York). She welcomes the opportunity to work with trainees on applied clinical research.

Barbara L. Niles, Ph.D. Dr. Niles is a clinical psychologist at the National Center and an Assistant Professor in Psychiatry at Boston University School of Medicine. Her research interests have centered on the longitudinal course of PTSD symptomatology and telehealth treatments for PTSD and co-morbid medical disorders. Dr. Niles is currently the PI on study examining telehealth mindfulness treatment for PTSD. In addition, she is collaborating with staff from the Medical Psychology program on a VA-funded study to promote exercise using a novel telehealth treatment.

John R. Pepple, Ph.D. Dr. Pepple earned his doctoral degree in Clinical Psychology from Michigan State University and completed a pre-doctoral

internship at the Massachusetts Mental Health Center. Dr. Pepple has an academic appointment as an Assistant Professor of Psychology at Harvard Medical School. Before coming to our service, Dr. Pepple was a full-time researcher in the genetics and neuropsychology of schizophrenia at the Brockton VA. He currently works on inpatient psychiatry, and brings a scientist-practitioner perspective to his assessment and psychotherapeutic work in that setting. In his assessment work, Dr. Pepple integrates the findings of psychodiagnostic and neuropsychological assessment, and employs the Boston Process approach to neuropsychological assessment. His current interests include the neuropsychology of psychiatric disorders, amnesic disorders, and the dementias. In his psychotherapeutic work, Dr. Pepple is eclectic in orientation, and uses a combination of motivational interviewing, cognitive behavioral, psychodynamic, and object relations approaches in case conceptualization and treatment. Dr. Pepple is also interested in exploring the interface between neuropsychology, psychopathology, and the brain mechanisms underlying psychotherapeutic change.

Suzanne Pineles, Ph.D. Dr. Pineles is a clinical psychologist in the Women's Health Sciences Division of the National Center for PTSD and is the Clinic Coordinator of the Women's Stress Disorder Treatment Team. She earned her doctorate from Northwestern University and completed a postdoctoral fellowship in clinical psychology at the National Center for PTSD. She provides clinical supervision to trainees in the WHSD and provides treatment to female military veterans with trauma histories. Her research focuses on psychophysiological and cognitive processes involved in maintaining PTSD. In particular, she is interested in how attentional biases and psychophysiological reactivity are related to levels of symptomatology and functioning in individuals who have experienced trauma.

Benjamin H. M. Presskreischer, Psy.D., ABPP Dr. Presskreischer earned his doctoral degree in Clinical Psychology at the University of Denver, and completed his pre-doctoral internship at the Massachusetts Mental Health Center. Dr. Presskreischer has an academic appointment as an Assistant Clinical Professor of Psychology at Harvard Medical School. Dr. Presskreischer's work focuses on psychological and neuropsychological assessment and psychotherapy in inpatient and day hospital settings. His interests include the intern's transition from student to professional, violence and suicide risk assessment and treatment, and the interface of psychodynamics and neuropsychological functioning. Dr. Presskreischer approaches these and other issues from object relations and self psychological models.

Patricia Resick, Ph.D. Dr. Resick is the Director of the Women's Health Sciences Division of the National Center for PTSD at the VA Boston Healthcare System. She is also a Professor of Psychiatry at Boston University and Curators' Professor of Psychology at the University of Missouri St. Louis (on leave). Dr. Resick received her Doctorate in Psychology from the University of Georgia. Dr. Resick has received grants from NIH, NIJ, and CDC to conduct research on the effects of traumatic events, particularly on women, and to develop and test therapeutic

interventions for PTSD. She has published two books and over 100 journal articles and book chapters. Dr. Resick has served on the editorial boards of eight scientific journals; was on the Board of Directors of the International Society for Traumatic Stress Studies for six years including terms as Secretary and Vice-President; and has been a Board Member for the Association for the Advancement of Behavior Therapy (AABT) for two terms. She is currently President of ABCT. Dr. Resick has received numerous awards for her research.

Erica J. Sharkansky, Ph.D. Dr. Sharkansky is a clinical psychologist in the Women's Health Sciences Division of the National Center, Clinical Director of TRUST House, and Assistant Professor of Psychiatry at Boston University School of Medicine. She supervises clinical activities of predoctoral and postdoctoral trainees. She has also supervised research activities of predoctoral trainees and has collaborated with postdoctoral fellows. Dr. Sharkansky earned her doctorate in Clinical Psychology from Indiana University. Her research and teaching interests lie in the relationship between trauma exposure and healthcare utilization.

Jillian C. Shipherd, Ph.D. Dr. Shipherd is a clinical psychologist at the Women's Health Sciences Division of the National Center for PTSD and an Assistant Professor at Boston University's Department of Psychiatry at the School of Medicine. She is involved in the clinical supervision and research training of practicum students, predoctoral interns and postdoctoral trainees. In her role at the Women's Division at the NCPTSD she is interested in gender issues with a focus on transgendered veterans. Dr. Shipherd has two research interests: 1) basic experimental psychopathology studies into the role of thought suppression and attentional processes in the maintenance of PTSD and 2) PTSD comorbidity, including chronic pain and other physical health problems. She currently is conducting a VA-funded longitudinal investigation of the relationship between trauma exposure, PTSD, and physical health.

Amy K. Silberbogen, Ph.D. Dr. Silberbogen is a psychologist in the Medical Psychology Service at the VA Boston, Jamaica Plain campus. She earned her doctorate in Clinical Psychology at the University of Missouri - St. Louis. She completed her internship and postdoctoral fellowship at the VA Boston Healthcare System, where she specialized in behavioral medicine. Dr. Silberbogen provides clinical services and supervises Interns and Fellows on the Medical Psychology Service. She is a Research Assistant Professor of Psychiatry in the School of Medicine at Boston University and is the recipient of a VA Career Development Grant. Clinical and research interests are in the area of behavioral medicine, specifically in the care of patients with hepatitis C, diabetes, and sexual dysfunction. In addition, she is interested in the use of innovative technologies such as telehealth to enhance psychological and health outcomes.

Amy E. Street, Ph.D. Dr. Street is a clinical research psychologist at the Women's Health Sciences Division of the National Center for PTSD and an Assistant Professor in the Department of Psychiatry at Boston University School of Medicine. She is involved in the clinical and research training of predoctoral and

postdoctoral trainees. Dr. Street's primary area of research is the psychological correlates and consequences of interpersonal victimization, including sexual harassment, sexual assault and intimate partner violence. A secondary research interest involves examining the role that earlier traumatic experiences play in influencing an individual's response to later traumatic experiences.

Casey Taft, Ph.D. Dr. Taft is a clinical psychologist in the Behavioral Science Division of the National Center and an Assistant Professor of Psychiatry at Boston University School of Medicine. His research interests lie broadly in the areas of domestic abuse perpetration and victimization and the family functioning of military and veteran families, with a particular focus on trauma and PTSD. Dr. Taft was PI on a NIMH-funded project that involved an examination of process and treatment adherence factors in a treatment program for domestic abuse perpetrators. He is currently involved in a Department of Defense-funded project that will examine the effectiveness of a web-based intervention for enhancing family functioning during military deployments.

Glenn R. Trezza, Ph.D. Dr. Trezza provides clinical supervision to postdoctoral psychology fellows. His supervision includes both assessment and treatment cases. Across postdoctoral experiences, he serves as the faculty's resident expert on HIV issues of veterans and as a resident expert on lesbian / gay / bisexual transgendered veterans issues. He commonly works with postdoctoral issues on these clinical domains, and on substance abuse, medical psychology, and childhood sexual abuse recovery issues. He is also a primary instructor in the provision of consultation/liaison services. A graduate of SUNY – Buffalo, Dr. Trezza is an Assistant professor of Psychiatry at both Boston University School of Medicine and Tufts University School of Medicine.

Jayne Trachman, M.D. Dr. Trachman is a board certified psychiatrist. She earned her medical degree at Duke University School of Medicine and completed her residency training in psychiatry at Tufts: New England Medical Center. She is Assistant Professor in the Department of Psychiatry at Boston University School of Medicine. Dr. Trachman is the psychiatrist for the Women's Stress Disorder Treatment Team.

Dawne Vogt, Ph.D. Dr. Vogt is a research psychologist in the Women's Health Sciences Division of the National Center for PTSD and Assistant Professor of Psychiatry in the Boston University School of Medicine. Her primary research interest is in military and deployment stressors as they relate to mental health outcomes. She is particularly interested in stressors that are unique to women in the military. She is also interested in the application and evaluation of conceptual and methodological approaches that can be used to enhance the validity of research findings in the stress and trauma field.