

Psychology Fellowships

2025-2026

VA Portland Health Care System
Portland, Oregon



Photo of a multistory white hospital building. In the forefront is a walking path, park, flagpole flying the American flag and shrubbery.



U.S. Department
of Veterans Affairs

Affiliated with Oregon Health & Science University

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Welcome

The Training Community at the VA Portland Health Care System (VAPORHCS) appreciates your interest in our Psychology Postdoctoral Fellowship program. The VAPORHCS psychology staff values collegial working relationships with Fellows as well as the opportunity to teach and provide supervision.

In addition to the benefits of the training program, living in the Greater Portland Metropolitan Area offers the best of urban and outdoor life. Portland is an extremely livable city, replete with restaurants, music, shopping, and natural beauty. In Portland it's literally possible to take a morning ski run on Mt. Hood's glacier, windsurf in the Columbia during the afternoon, and catch dinner and theatre downtown in the evening. We think you'll enjoy the area as much as we do.

Thank you for considering VAPORHCS for your postdoctoral psychology Fellowship training. We look forward to reviewing your application.

Sincerely,



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In July 2016, our Postdoctoral Fellowship Program was accredited until 2023 by the American Psychological Association as a postdoctoral residency in clinical psychology; we are currently awaiting our next site review. We have also received specialty accreditation from the American Psychological Association in Clinical Neuropsychology until 2029. For questions about our accreditation status please contact:

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[APA Accreditation](#)

About Us



Photo of the white, multi-story VA Portland hospital surrounded by trees with the sky bridge to OHSU's campus in the forefront.

The VA Portland Health Care System (VAPORHCS) is a vital health care center with a mission to honor America's veterans by providing exceptional healthcare that improves their health and wellbeing. In addition to comprehensive medical and mental health services, VAPORHCS supports ongoing research and medical education. VAPORHCS is connected to Oregon Health & Science University (OHSU) structurally by a beautiful sky bridge and functionally by shared staff, trainees, and educational opportunities.

The Vancouver, Washington division of the VAPORHCS is located just across the Columbia River. This spacious campus houses many services, including long-term rehabilitation programs, a skilled nursing facility, substance addiction treatment program, PTSD clinic, post-deployment clinic, and primary care.

VAPORHCS values diversity in our staff. As an equal opportunity training program, the Fellowship welcomes and strongly encourages applications from all qualified candidates, regardless of racial, ethnic, religious, sexual orientation, disability, or other minoritized status.



Photo a two-story red brick hospital building on the Vancouver Campus surrounded by trees and a large grass yard in the forefront.

Training Setting

VA Portland Health Care System (VAPORHCS) is located on the ancestral lands of the Confederated Chinook Lower Tribes and Bands, the Klamath Tribe, the Burns Paiute, the Coquille, the Confederated Tribes of the Grand Ronde, the Cow Creek Band of Umpqua, the Confederated Tribes of the Umatilla, the Confederated Tribes of the Siletz, the Confederated Tribes of Coos, Lower Umpqua and Siuslaw, the Confederated Tribes of Warm Springs, as well as many other indigenous communities who have not been federally recognized. VAPORHCS serves more than 95,000 Veterans through 12 sites of care in these occupied territories, known as Oregon and Southwest Washington. The Portland VA Medical Center (PVAMC) is the largest medical facility in the VAPORHCS and overlooks the city of Portland atop Marquam Hill. PVAMC is a level 1a medical facility that provides tertiary medical, surgical, neurological, rehabilitative and psychiatric services and serves as a teaching hospital to over 1200 trainees in health professions. VAPORHCS maintains an active academic affiliation with the Oregon Health & Science University (OHSU), which is located adjacent to PVAMC and is connected by a 660-foot sky bridge. The Vancouver division of VAPORHCS is located just across the Columbia River in Washington State. This spacious campus houses long-term rehabilitation programs, a skilled nursing facility, substance addiction treatment program (SATP), residential recovery treatment program, PTSD Clinical Team, post-deployment clinic and primary care. Community-based outpatient clinics (CBOCs) are located in the greater Portland area in Hillsboro, Fairview, and West Linn as well as seven locations across coastal and central Oregon.

The general population of Oregon remains majority white (>75%, US Census, 2019). Although Portland is often identified as the “whitest” major city in the US (Semuels, 2016), it is home to vibrant communities of Black, Indigenous, Asian, Pacific Islander, Latinx, and immigrant people. Oregon and Portland-based BIPOC activism communities offer powerful voices in local and national arenas within the Black Lives Matter, Land Back, Abolish ICE, and PRIDE movements as well as many other social justice and community-led causes. Oregon is home to the second highest per-capita percentage of people who identify as LGBTQ+ in the US (5.6%), after Washington DC (9.8%). The Portland community has a rich history of LGBTQ+ activism, which is evident in LGBTQ+ visibility within the city as well as many LGBTQ+-friendly laws and policies enacted at the state and local level. Portland remains home to a thriving LGBTQ+ community and is a hub of LGBTQ+ culture, arts, and activism.

Veterans living in Oregon represent a larger proportion of the state population (9.9%) than the nation as a whole (6.6%; NCVAS, 2017a). Oregon additionally has one of the highest proportions of aging veterans in the US, with over half falling above age 65. Veterans served by VAPORHCS are predominantly white, male, and of the Vietnam-era. However, the Department of Veteran Affairs serves an increasingly diverse population of veterans (NCVAS, 2017b). Given the history institutionalized, systemic discrimination present within the military, within the state of Oregon, and the US as a whole, VAPORHCS plays an important role in providing equal access to high-quality, affirming, and culturally responsive care to Oregon veterans representing historically marginalized groups. The VAPORHCS Women’s Clinic addresses the unique health needs of women and femmes through gender-specific services for primary and preventative care, mental health, Military Sexual Trauma, family planning, and maternity care. In 2024, VAPORHCS earned the designation of “LGBTQ Health Care Equality High Performer” on the Human Rights Campaign Foundation’s Healthcare Equality Index, the highest designation possible for a VA facility. VAPORHCS is committed to providing high quality, affirming care for veterans who identify as LGBTQ+ and to creating an inclusive and equitable workplace for LGBTQ+ staff.

Training Philosophy

The Fellowship program at VAPORHCS recognizes that there is no psychology without culture. All of what we do as psychologists and as humans exists within a layered, ecological, and multicultural framework (APA, 2017). We believe that in order to train Fellows in effective evidence-based practice we must actively question the contexts and systems that impact our own lived experiences, as well as the lived experiences of our colleagues, trainees, and the veterans we serve.

Our training philosophy is built on the following **core beliefs**:

- We believe **psychological safety for all participants in training is necessary for growth and learning**.
- We believe an **interdependent, communitarian approach to psychology and training elevates our practice** as well as the well-being of our entire training community.
- We understand that in order to provide effective care, consultation, and supervision that is beneficial and non-harmful to all participants, staff and trainees must acquire and employ specific knowledge, skills, and awareness for working effectively within and across cultures. We believe **cultural competence is an active stance** to which one commits, to continually: seek new information, acquire new skills, engage in proactive self-reflection, take accountability for our mistakes, and receptively employ feedback to improve personal and professional practice.
- We **understand power as the ability or capacity to influence change over oneself, others, situations, and systems**. We believe the provision of culturally competent and psychologically safe training and care requires us to acknowledge power differentials exist in veteran-provider interactions, within supervision dyads, in our training program and at VHA, as well as in larger social and cultural systems.
- We understand **cultural differences are not neutral with respect to power and privilege**. For this reason, we aim to center the needs and perspectives of veterans, trainees, and staff who hold identities that have been historically marginalized within the field of psychology and in broader US and global contexts (e.g., BIPOC, LGBTQ+, femmes, people with disabilities).
- We understand that **training needs are distinct from the productivity needs** within any specific clinic. While we do aim to prepare trainees for the efficiency, efficacy, and timeliness standards required for an entry-level position including those within the VA system, trainees are not expected to fill gaps in staffing to meet clinic demands.
- We believe **mentorship is a central component of training** and professional development, including in the supervisory relationship.
- We prioritize self-reflection, accountability, and continuous development at the program, supervisory, cohort, and individual levels; **we seek and highly value candid feedback** regarding ways to make our program more culturally responsive, equitable, and non-injurious to trainees, staff, and the veterans we serve.

Training Model

The VAPORHCS psychology Fellowship is a generalist training program following a scientist-practitioner model. Our goal is to prepare Fellows for entry-level positions in psychology (including additional postdoctoral Fellowships) by providing a robust opportunity to enhance skills in psychotherapy, assessment, and consultation across a broad array of treatment settings within our VA medical center. We strive to support Fellows' development progression across the training year as they make the transition from graduate student to entry-level professional.

Our program follows a competency-based meta-theoretical approach in which specific skills, knowledge, and attitudes across a number of domains of psychology practice are systematically addressed throughout the supervision process. The competency domains for our training

program are listed under “Program Aims and Competencies”. A competency-based theoretical approach is compatible with other models of supervision, and supervisors within our training program may enhance supervision by also using supervision models that are grounded in specific theories of psychotherapy (e.g., CBT, psychodynamic, feminist), developmental models, and/or process models of supervision. Regardless of each supervisor’s orientation, our program emphasizes the value of modeling and supporting ongoing self-reflection in supervision pertaining to cultural competencies. In an effort to operationalize cultural competence and assist supervisors and trainees in attending to power dynamics, our program has additionally adopted a Queer People of Color Resilience-Based Model of Supervision (Singh & Chun, 2010). An article containing questions for reflection are included in our orientation materials.

Our didactic curriculum is designed to augment learning by supporting the developmental progression of skills and competencies across the training year. Didactics focus on enhancing trainees’ knowledge of work with diverse veteran populations, including didactics on military culture, implicit bias, addressing harassment within the VA, and cultural considerations for working with BIPOC, LGBTQ+, and women veterans. The purpose of these trainings is to build on the trainees’ foundational knowledge in these subjects while providing information and resources on the historical and contemporary policies and directives that impact the care of these populations. Didactics on various aspects of professional development as well as advanced discussions on particular therapeutic interventions are also a core part of our curriculum and align with our program’s scientist-practitioner training model. Finally, multiple spaces in the didactic schedule are reserved for each cohort to design and select topics based on shared interest and a desire for deeper learning.

At the same time, all staff who are involved in training also participate in their own learning to support their continued professional development, knowledge, abilities, and skills related to supervision. For example, supervisors are required to engage in ongoing consultation by participating in a minimum of eight supervision-of-supervision meetings per year. While the topics for these meetings are designed to parallel the developmental needs of trainees across the training year, the central focus of these meetings is to ensure supervisors continue to develop their self-awareness, cultural, and supervision competencies within an ecological, multicultural framework.

Psychological Safety

Psychological safety is the experience of feeling included in the larger group, of feeling safe to learn (even through failure), and safe to challenge the status quo without fear of negative consequence to self-image, status, or career (Kahn, 1990). We understand that psychological safety is an imperative for all participants in our training program, including trainees, staff, and the veterans we serve. We also understand psychological safety may operate at many levels at the same time—the individual, the group, and the organization (Edmonson & Lei, 2014). Psychological safety is promoted by a culture of mutual trust, respect, and support and allows for conflict and discomfort to occur in a manner that enhances performance and growth. As a program, we continue to enhance psychological safety by developing and disseminating information to trainees and training staff that is as consistent, clear, and predictable as possible. At the level of the supervisory dyad, each supervisor involved in training works with their supervisee to review and sign a supervisory contract at the outset of the training relationship. This document acts as a guide for all parties involved in the training relationship and helps to outline the expectations and commitments each person is making in the relationship. Trainees in our program also work to promote psychological safety by engendering a culture of compassion and mutual respect within their cohort and with training staff, and by approaching training with an openness to both receiving and giving feedback for the purpose of mutual growth.

Communitarianism

We aspire to a training program and psychology service that builds upon the principles of a Communitarian Training Culture (CTC, Johnson, et.al, 2014). A common approach to psychology training programs is a focus on individual trainee competencies; however, CTC is a training ethos that believes “a flourishing community of psychologists is one in which both individuals and groups of colleagues forge interconnections to address competence concerns honestly and collaboratively, and bolster each other’s competence.” We adhere to the belief that we have a responsibility to each other as a professional community and recognize that an interdependent approach to competencies is protective of lifelong professional performance. In addition to creating a network of support for competent practice, a communitarianism approach honors individual dignity while also maintaining an awareness that human wellbeing is deeply interconnected. We center care and compassion within our training program, which allows for a culture of humility and openness when a trainee or supervisor is struggling. We place the highest value on CTC practices including collegiality, collaboration, honesty, transparency, community engagement and self-care.

Cultural Competence and Cultural Humility

APA Multicultural Guidelines (2017) underscore the importance of both cultural competency and cultural humility in the ongoing development of psychology practices—including a wide range of functions such as teaching, psychotherapy practice, research, assessment, supervision, consultation, and advocacy. Working effectively within and across cultures requires 1) fostering self-awareness, 2) acquiring knowledge about the experiences, worldviews of others including in the contexts of historical and contemporary policies or institutions, and 3) learning skills for effective implementation of culturally appropriate interventions. Increasingly, our field understands cultural competence is not a finite destination, and indeed that a psychologist’s own perception of their multicultural competence may not align with the perception of those whom they serve. Cultural humility, broadly defined as having an “other-oriented stance” has been helpful in bridging this gap; however, it does not eliminate the need to acquire requisite knowledge and skills for culturally appropriate practices (Hook, et al, 2013). We emphasize the vital importance of both cultural competence and cultural humility in fostering psychological safety, communitarianism, growth, and resilience in our training program. It is a specific expectation of this program that our staff has a working knowledge of the historical and contemporary policies and practices that shape inequity within the field of psychology, in our professional communities, and in the experiences of the veterans we serve. Cultural competence is not a destination but an active stance toward ongoing self-exploration, self-education, humility, openness to feedback, and accountability for our mistakes.

Mentorship in Supervision

Mentorship is a dynamic, emotionally connected, reciprocal relationship in which the supervisor shows deliberate and generative concern for trainees beyond skills acquisition (Johnson, 2007; Johnson, Skinner & Kaslow, 2014). Supervision and mentorship are not synonymous. We believe in and commit to mentorship as a salient quality of our supervisory relationships and as a foundation of our training program. We also value a culture of mentorship that extends beyond the trainee-supervisor dyad. Mentoring can occur in a number of places within the program and services, including within various clinical teams, within the preceptor relationship, and among MDC and SOGI group memberships. Each of us bring unique talents, gifts, and knowledge which we offer one another to uplift our psychology community as a whole. We commit to accessing mentoring with humility and appreciation and ask trainees in our program to do the same. We commit to being visible in our struggles to meet our highest mentoring ideals and hold an understanding that seeing these struggles is part of the mentoring process; our growth edges need to be nurtured as well. While mentorship in supervision is reciprocal and there is mutual influence, we recognize the responsibility of supervisors to actively pursue continued self-growth and learning opportunities so as to not rely on trainees’ experiences or knowledge as a sole source of learning.

Self-Disclosure

The work we provide as psychologists sits at the intersection of the personal and the professional. Effectiveness in all domains of our work requires an awareness borne of self-reflection and exploration of positionality, life experiences, and belief systems. Exploring this in supervision is both a vehicle for self-awareness and necessary for provision of care that is not harmful to those we serve. We want to inform trainees that there is an expectation for contemplation of 'self' in clinical work, and as part of this discussion personal information may be shared and discussed. We believe that self-disclosure happens in the context of trusting supervisory and programmatic relationships and it is the responsibility of the program to demonstrate the trustworthiness and safety needed to facilitate these conversations. We support trainee agency regarding what and how much is shared. In compliance with the APA Ethics Code, Section 7.4, there is not an expectation that sensitive topics are disclosed (e.g., sexual history, history of abuse, psychological treatment or conditions, relationships with family members, peers, significant others). An exception to this is if a trainee's personal experiences or health concerns could be reasonably determined to put veteran care or training operations at risk and personal disclosure is necessary for safety; in this case, disclosure is limited in scope to management of the specific issue or concerns.

Self-Care

It is an ethical imperative outlined in the APA Ethics Code (Principle A) that "psychologists strive to be aware of the possible effect of their own physical and mental health on their ability to help those with whom they work" (APA, 2017). In other words, we must take care of our own physical, mental, social, and spiritual health in order to ensure that we can continue to help those we serve (see Abramson, 2021). To the best of our ability in a context where productivity metrics are used to guide evaluation of staff performance, we seek to deeply embrace an awareness, practice, and embodiment of self-care. We recognize that we each need to continue to grow our awareness of our vulnerabilities and to work to replenish our resources. We agree to model self-care with intention. We recognize that visibly modeling self-care is necessary for trainees to internalize the importance of doing so and agree to deconstruct the narrative that being overly busy as a trainee is demonstrative of greater learning or growth.

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Fellowship Program Overview

VAPORHCS is pleased to announce four openings in our Psychology Postdoctoral Fellowship Program at our facility for the 2025-2026 academic year. Our program is recruiting for Fellowship positions in the following areas: **Health Psychology, Primary Care Mental Health Integration (PCMHI), Clinical Neuropsychology, and Mental Illness Research, Education, and Clinical Center (MIRECC)**. The Health Psychology & PCMHI Fellowships are one-year positions, whereas our Clinical Neuropsychology and MIRECC Fellowships are two-year positions.

One-year Fellowships are for 2080 hours to be completed over a 12-month period. The 2025-2026 Fellowship training year will begin on August 11, 2025. Our one-year Fellowship program is accredited through APA, as is our Clinical Neuropsychology Fellowship program. Our MIRECC Fellowship program is not accredited. The stipend for these positions for the 2025-2026 training year is \$57,370 plus benefits (Fellow pays part of the premium) for the first year of Fellowship, and \$60,470 for the second year. Fellows accrue Annual Leave and Sick Leave, 11 federal holidays, and up to five days of Authorized Absence for professional training and presentations.

Most clinical and research activities will take place at VAPORHCS, but Fellows may also spend time at outpatient satellite clinics and/or Oregon Health & Science University (OHSU), our medical school affiliate. The VAPORHCS Mental Health Division provides an administrative support staff member to mental health training programs. Fifty percent of this position is allocated to Psychology training programs. This staff member assists trainees with the hiring process, assignment/equipment of offices, maintenance of training records, and out-processing.

The average time spent in service delivery is 30 hours weekly. Six hours per week are spent in structured training for all Fellows. Fellows will participate in a specially designed didactic seminar series each week. The series will draw from resources at the VA, at OHSU, and in the community. Didactic seminars include psychology-specific professional development topics, including those focused on culturally responsive service to diverse populations.

Supervision is provided by VAPORHCS licensed clinical psychologists. Fellows will receive at least three hours per week of supervision. This will include two hours of formal weekly individual supervision from their track supervisors and one hour per week of group supervision with other psychology Fellows from a staff psychologist who serves in the Training Community.

All Fellows meet weekly for one hour of informal peer group time to encourage mutual support and development of a professional collegial network. When the opportunity is available, we encourage our Fellows to complete certification for evidence-based treatments, which may include Cognitive Processing Therapy (CPT), Cognitive-Behavioral Therapy for Insomnia, or other treatment protocols.

Fellows will also receive training in the provision of supervision and may have the opportunity to obtain experience in supervised supervision of either interns or practicum students from nearby doctoral programs.

Psychology Fellows are classified as Health Professions Trainees (HPTs) and are appointed as temporary employees of the Department of Veterans Affairs. As such, HPTs are subject to laws, policies, and guidelines posted for VA staff members. There are infrequent times in which this guidance can change during a training year which may create new requirements or responsibilities for HPTs. If employment requirements change during the course of a training year, HPTs will be notified of the change and impact as soon as possible and options provided. The Fellowship Training Director will provide you with the information you need to understand the requirement and reasons for the requirement in timely manner.

COVID-19 Response and Adaptations

Since the COVID-19 pandemic, Fellows have been able to work part-time from home using VA-issued equipment, and our site is supportive of telework. Fellows will likely have a hybrid schedule, working both on-site at home. The exact nature of these hybrid schedules varies based on training goals, clinically appropriate care, and personal/public safety. Fellows of each track may have different on-site requirements depending on the factors above.

Program Aims and Competencies

Our Program Aims and Competency Areas include the following:

- 1) Assessment: Fellows will demonstrate competence in conducting evidence-based assessment consistent with the scope of Health Service Psychology.
- 2) Intervention: Fellows will demonstrate competence in evidence-based interventions consistent with the scope of Health Service Psychology, broadly defined to include, but not limited to, psychotherapy. Interventions may be directed at an individual, family, group, clinic, hospital, community, population, or other system.
- 3) Consultation and Interprofessional/Interdisciplinary Skills: Fellows will demonstrate competence in collaborating with diverse individuals or groups to address problems, seek or share knowledge, or promote effectiveness in professional activities.
- 4) Supervision: Fellows will demonstrate competence in the mentoring and monitoring of trainees and others in the development of competence and skill in professional practice and the effective evaluation of those skills.
- 5) Research: Fellows will demonstrate knowledge, skills, and competence sufficient to produce new knowledge, to critically evaluate and use existing knowledge to solve problems, and to disseminate research.
- 6) Ethical and Legal Standards: Fellows will be knowledgeable of ethical, legal, and professional standards of behavior while integrating them into professional conduct.
- 7) Individual and Cultural Diversity: Fellows will demonstrate the ability to conduct all professional activities with sensitivity to human diversity, including ability to deliver high quality services to an increasingly diverse population.
- 8) Professional Values and Attitudes: Fellows will demonstrate professional values, attitudes, identity, and behavior.
- 9) Communication and Interpersonal Skills: Fellows will demonstrate effective communication and interpersonal skills when delivering professional services and engaging in professional activities and interactions.
- 10) Specialty (or Emphasis-Specific) Skills: If applicable, supervisors will discuss any specialized skills or competency areas with the Fellow that will be attained throughout the training year. Specialized competencies will be discussed at training onset, with clear behavioral benchmarks that delineate basic, intermediate, and advanced performance. All specialized competencies will be discussed in concurrence with the Fellow's initial Training Agreement and require both the Fellow's and supervisor(s)' signatures to denote that the Fellow has a clear understanding of these areas prior to evaluation.

Through experiential training and learning activities, Fellows receive training in these competencies throughout the training experience (i.e., one- or two-year period). Using a written evaluation form and standardized rating criteria, supervisors evaluate each Fellow on specific competencies in each of the above nine competency areas. Evaluation forms are made available to Fellows during their orientation period, or upon request prior to Fellowship. Evaluations occur at mid-year and the end of the year. Through experiential training and regular feedback from supervisors, the expected outcome is that, by completion of the Fellowship, Fellows will perform at an advanced level on each competency and will be well-prepared for jobs as early career psychologists, consistent with their training.

Clinical Psychology Fellowship Descriptions

Health Psychology Emphasis

Bret Fuller, PhD & Lucas Mirabito, PhD, Lead Supervisors

The Health Psychology Fellow develops behavioral medicine clinical and research skills in a variety of integrated care settings over the course of the year. VAPORHCS offers a variety of unique training experiences across the Liver Transplant Program, outpatient mental health, and Substance Addiction Treatment Program. Fellows will split their time across these different clinics and work specifically with complex specialty medicine conditions including Hepatitis C, surgical weight loss intervention evaluations, HIV, liver disease, chronic pain, insomnia, diabetes mellitus and tinnitus.

Through firsthand observation and followed by direct supervision, the fellow will develop a unique set of skills, including the consideration of systemic and socio-cultural influences of complex medical conditions requiring interprofessional care:

1. **Conducting Pre-Treatment/Transplant Evaluations.** Fellows will conduct mental health pre-treatment evaluations to determine patients' suitability to begin transplant and range of different treatments such as bariatric surgery, bone marrow transplants, and gender affirming surgery/hormone therapy evaluations using most current WPATH guidelines. Evaluations include developing plans to help less than suitable candidates become prepared for treatment and to monitor high-risk patients throughout the course of treatment. These evaluations assess disease knowledge and progression, treatment and side effect knowledge, psychiatric stability, substance use, psychosocial security, treatment planning and monitoring, and treatment adherence and self-management.
2. **Conducting Pre-Liver Transplant Evaluations.** Working with the pre-liver transplant team, Fellows will conduct evaluations of risk and protective factors for long-term liver transplant success and make recommendations to the surgical team for reducing risk factors and increasing protective factors. Portland is one of three VA facilities that offer this type of transplant, and individuals are referred by VAs from mostly West Coast states (e.g., California, Arizona, Wyoming, Idaho, etc.). Fellows will conduct assessments of mental health, substance use, and behavioral factors including transplant procedure knowledge, psychosocial support, and adherence and self-management. The Fellow will also conduct reassessments for previously deferred candidates to determine progress in reducing/treating risk factors. Fellows will also have the opportunity to engage in brief inpatient pre-transplant evaluations for patients admitted to the ICU for liver disease complications as well as outpatient consultations for pre-transplant.
3. **Liver Transplant Selection Conference.** Fellows have a unique opportunity to participate in the Liver Transplant Selection Conference with OHSU and VAPORHCS medical providers. During these conferences, cases from both the VA and OHSU are presented to the interprofessional medical team to discuss eligibility, severity, and potential barriers of transplant. Fellows are provided the opportunity to present and discuss their assessment of VA patients they evaluate with the medical team and provide recommendations and levels of risk.
4. **Rehabilitation Medicine:** The Fellow also works with veterans who have experienced amputations through a collaboration with Rehabilitation Medicine. The Fellow consults with physicians in this department to evaluate veterans in ongoing MH or cognitive

issues, does pre-surgical evaluations to assess veteran readiness for osseointegration surgery and facilitates an amputation support group for veterans.

5. **Providing Psychological Interventions.** The Fellow will have the opportunity to be part of specialty medical clinics and provide psychological services in the Mental Health Clinic. The Fellow will learn and expand on their knowledge of providing evidence-based treatments and behavioral medicine interventions for complex conditions such as chronic pain, binge eating disorder, PTSD, adjustment to medical diagnoses, and other somatic symptoms exacerbated by psychological factors. Treatments include a focus on cognitive-behavioral and acceptance-based strategies. The Fellow will carry an individual caseload and will have the opportunity to co-facilitate treatment groups, should they be interested. Some groups that have been facilitated in the past include an HIV Positive support group, ADHD compensatory skill training group, and LGBTQ support group.
6. **Substance Addiction Treatment Program.** The Fellow will also provide psychological services as part of the Substance Addiction Treatment Program (SATP) team. The Fellow will learn and expand on their knowledge of empirically-based treatments for co-occurring substance use conditions such as chronic pain and insomnia. The Fellow will carry a small caseload of individual patients through the SATP and is expected to co-facilitate treatment groups aimed at managing chronic pain through cognitive-behavioral and acceptance-based modalities.
7. **Clinical Supervision.** The Fellow may also supervise a doctoral intern-level trainee in their clinical and assessment work, as the intern will see cases and conduct assessments in the Health Psychology Team.
8. **Conducting Clinical Research and Receiving Research Mentorship.** VAPORHCS is home to many grant-funded psychologists researching health-related topics. The Fellow may select from many existing research opportunities or develop new ones. The Fellow selects a primary research mentor for the year and can design a training plan involving several principal investigators. Fellows can spend up to 30% of their time on research-related activities.

Primary Care/Mental Health Integration Emphasis

Licci Nye-Jaimes, PsyD, Supervisor; Internal Medicine Resident Clinic
Bryna Cooper, PsyD, Supervisor; Women’s Health Clinic

***Covering supervisors and consultants may include Drs. Odessa Cole, Mary Steers and/or Erika Shearer.**

The PCMHI Fellow practices for one year in VA Primary Care clinics, a setting that integrates Behavioral Health and Primary Care (PC) services. The Fellow works as a PCMHI provider who serves two clients—the veterans and the Primary Care staff in each of the Patient Aligned Care Teams (PACTs)—towards the goal of better coordination of psychiatric and medical care, especially for those patients with multiple co-occurring diagnoses.

Training emphasizes:

- Utilizing a systems approach to behavioral health evaluation and intervention in PC
- Examining socio-cultural influences on common chronic medical problems and their relationship with psychiatric disorders
- Providing open access triage, warm hand off, and curbside consultation to PACTs
- Understanding commonly used psychotropic medications and how behavioral health providers can help support primary care prescription practices

- Providing time-limited individual treatment using Acceptance and Commitment Therapy, Cognitive Behavioral Therapy, and other evidence-based interventions
- Offering PTSD symptom management, SMART goal-oriented or solution-focused intervention, and provision of PCMHI appropriate brief intervention protocols while incorporating the Common Factors of psychotherapy
- Engaging in joint visits with the Primary Care Provider (PCP) and veteran
- Educating PACTs about PCMHI practices and mental health topics
- Administering brief PCMHI-appropriate screening (e.g., PHQ, GAD, PCL, MOCA)
- Facilitating population-based group classes (possibly co-leading with a PACT member) such as smoking cessation, weight management, chronic pain, and depression and anxiety symptom management
- Conducting specialized brief assessments, including Maternity/Parental Psychosocial Assessments and Gender Affirming Evaluations for Hormone Therapy
- Our PCMHI team commits to providing culturally sensitive care that recognizes and elevates the unique experiences of veterans with historically marginalized and/or intersectional identities. It is important that members of our team demonstrate humility and engage in careful analysis of the power and privilege we hold as well as the impact of our own identities on interactions with veterans, MH colleagues, PACT staff, and others.

*The above experiences may occur live, in person, or via a virtual video conference

Where the Fellow Works:

There are five VA primary care locations across the greater Portland area. Currently, the PCMHI Fellowship is located at the Portland main hospital campus in two different PC clinics as described below (located in the same building). Additional primary care clinics are located in surrounding areas ~15 miles from the main campus, in Fairview, Hillsboro, Vancouver, and West Linn. The Portland VA has two additional PCMHI teams in Bend and Salem. **Note: locations, supervisors and specific opportunities are subject to change based on psychology staffing and the needs of the PC clinic. However, we try to meet the training needs of the Fellow, if possible. Virtual care and/or telework may be available.** The PCMHI Fellow is tentatively scheduled to train at the following clinics:

Women’s Health Clinic (WHC): WHC is a stand-alone clinic that includes primary care, urology, and gynecology. In addition to the general PCMHI services including behavioral health interventions and consultation, unique opportunities may include: treating mental health concerns related to peripartum, postpartum, infertility, and menopause; supporting survivors of sexual assault during gynecology visits; shared medical visits with the Maternity Care Coordinator; co-leading Women’s Health complex case meetings; embodying and teaching trauma informed care to Women’s clinic staff; and offering wellness/burnout prevention education to Women’s Clinic staff.

Internal Medicine Resident Clinic: The Portland IM Resident Clinic houses attending physicians and medical residents from Oregon Health and Sciences University (OHSU; which is located across the sky bridge on an adjoining campus). Working with residents is a unique opportunity as it includes additional teaching opportunities to support medical residents develop mental health integration skills early in their careers. In addition to the general PCMHI roles, training opportunities may include: participating in the Controlled Substance Review Group to offer education and clinical consultation to PC Staff who treat Veterans using high doses of opiates; guest teaching in the IM resident didactics; staffing patients with attendings and residents in the resident room; and attending PACT meetings.

PCMHI Quality Improvement, Admin or Research Project:

Each VAPORHCS Fellowship differs in the availability of research experiences. While the PCMHI Fellowship is focused on clinical practice, we are also dedicated to the APA research competency. We require the completion of a quality improvement, administrative, or research project that includes data collection. Time allocated to the Fellow's project will depend on scale and goals. **The project will be housed within the PC clinics and/or will support PCMHI practices or mission.** It is unlikely that the Fellow will have time to go through VA IRB approval for data collection and publication; rather, the data collection will be under the category of quality improvement research.

Covid-19 Response and Adaptations:

For the 2025-2026 training year we expect that the Fellow will work in a hybrid model that includes part-time telework and part-time in-clinic work. We believe it is important for the Fellow to work part-time in-person as doing so offers important learning opportunities related to multidisciplinary teamwork and shared visits ubiquitous to the primary care setting. The Fellow will also gain experience engaging in and providing virtual care. We use a virtual warm hand off to offer veterans and PCPs immediate virtual support and consultation. PCMHI also offers virtual PCMHI classes. We hope the Fellow will bring new and innovative ideas and initiatives to support effective use of virtual care in the interdisciplinary team. Notably, in-person work will always be informed by the current standards of the hospital, safety guidelines, and the viability of telework agreements. In rare instances, in-clinic and telework expectations may change throughout the year as needed to align with safety guidelines.

Contact:

The PCMHI team understands that each PCMHI Fellowship program can differ greatly and it can be challenging to determine if this placement is a fit for your training goals. As such, we **strongly encourage** you to reach out to Drs. Licci Nye-Jaimes (Licci.Nye-Jaimes@va.gov) and Bryna Cooper (Bryna.Cooper@va.gov), supervisors of the PCMHI Fellowship, and they will be happy to communicate further about the position. You may also contact the Fellowship Training Director, Dr. Mary Steers (Mary.Steers@va.gov), who can connect you to the current Fellow, additional staff or other supervisors, and answer any questions you may have.

Clinical Neuropsychology

Megan Callahan, PsyD, ABPP, Supervisor
Nicole Crocker, PhD, Supervisor

In service of our Fellowship program's broader clinical training philosophy, our Neuropsychology Fellowship adheres to the scientist-practitioner model of training in preparing Fellows for advanced practice in clinical neuropsychology. We particularly emphasize the integration of science and practice throughout training. The VAPORHCS Neuropsychology Postdoctoral Fellowship is structured to provide advanced clinical, didactic and research experiences over the course of a two-year, full-time residency. The Fellowship is designed to progressively build upon previously developed competencies through participation in increasingly more advanced specialty training by providing developmentally appropriate training experiences fostering greater autonomy and responsibility as well as increased participation in research activities consistent with the training goals of the Fellow. Specialty training experiences serve to expand knowledge of brain-behavior relationships, cultivate expertise in the evaluation and treatment of neurobehavioral disorders, and enhance professional development through increasing involvement in direct supervision of doctoral trainees, leadership roles in neuropsychological and neurobehavioral clinics, and expert consultation within the multi-disciplinary treatment teams.

At the start of training, Fellows are assigned a primary clinical training supervisor, select a research mentor, and complete a pre-residency evaluation that relies substantially on direct observation and is designed to assess general neuropsychological skills. This evaluation identifies the Fellow's prior relevant experiences, strengths and weaknesses, and training and career goals. Information from this evaluation is used to guide development of a formal individualized training plan outlining training objectives, required activities, and caseload guidelines. The primary clinical training supervisor is responsible for coordinating the Fellow's overall training experiences and works closely with other supervisors, research mentors, and teaching faculty to facilitate and assess the Fellow's progress in achieving advanced neuropsychological competencies. At the midpoint and completion of each Fellowship year, written evaluations of the Fellow's progress in achieving rotation-specific training objectives are provided by supervisors. The Fellow and program supervisor review these evaluations with systematic assessment of the extent to which individualized competencies are being attained. Adjustments to the training plan to accommodate greater or less than expected advancement may be made throughout the year.

Emphasis and Purpose

The VAPORHCS Clinical Neuropsychology Training Program provides high-quality advanced training in the practice of clinical neuropsychology. Compromise of brain and central nervous system functioning can result in extensive distressing changes in the quality of life of Veterans and their families, and clinical science indicates that providing care for Veterans and their families experiencing these distressing life changes requires comprehensive specialized training in clinical and cognitive psychology, neuroanatomy and neurophysiology, behavioral neurology, and cognitive rehabilitation and other neuropsychological interventions. We believe that particularly within clinical neuropsychology, adherence to the scientist-practitioner model is crucial for competent practice and rapid incorporation of new knowledge into clinical practice. Our program comprises clinical, didactic, and research experiences leveraging the extensive resources available at VAPORHCS and its affiliated university Oregon Health & Sciences University (OHSU). Our overall goal is to produce highly trained, scientifically knowledgeable, clinically skilled independent practitioners who will be competent to work as advanced clinical neuropsychologists.

The Fellow in this position will develop skills primarily in the assessment and treatment of complicated diagnostic profiles that include comorbid neurologic, psychiatric, medical and substance use problems. Trainees will work in the Outpatient Neuropsychology Clinic, the Outpatient Neuropsychological Rehabilitation Clinic, and Neurology Service at VAPORHCS. Fellows within these clinics will see patients with various diagnostic presentations including dementia (e.g., Alzheimer's, vascular, Lewy Body), Parkinson's Disease and other movement disorders, traumatic brain injury (TBI), stroke, multiple sclerosis, epilepsy, aphasia, and complex medical diagnoses. The Fellow can expect to see patients experiencing cognitive deficits secondary to substance use and psychiatric disorders (e.g., depression, anxiety, posttraumatic stress disorder, bipolar disorder). Opportunities for inpatient neuropsychological assessments in the Epilepsy Monitoring Unit are also available. Clinical services include comprehensive neuropsychological evaluations, neurocognitive screenings, neuropsychological interventions, and detailed feedback to patients, family, and referral sources.

The assessment approach at VAPORHCS combines structured and flexible techniques. In addition to clinical training, Fellows will attend seminars that provide theoretical and practical reviews of current issues including formal case presentations, VAPORHCS Neuropsychology Didactic Seminars, Neuropsychology Case Conferences at OHSU, and Neuroscience Grand Rounds. Training and education is designed to support a Fellow's preparation for board certification in neuropsychology.

The VAPORHCS has a long tradition of research in neuropsychology and the neurosciences. As such, Fellows will also have opportunities to participate in ongoing clinical research and pilot efforts. A major portion of the research at the VAPORHCS is conducted on the Portland and Oregon Health & Science University (OHSU) campuses, and involves collaboration between neurologists, clinical and experimental psychologists, and other neuroscientists at the VA and OHSU. The close collaboration between clinicians and researchers on the Portland campus has provided an extraordinary opportunity for developing and evaluating innovative new treatment and diagnostic programs and has created an exciting and fertile training ground for postdoctoral Fellows.

Fellows will be expected to participate in research and encouraged to present their research work within our group and at national meetings such as the International Neuropsychological Society, the National Academy of Neuropsychology, American Academy of Clinical Neuropsychology, Society for Neuroscience, and the Cognitive Neuroscience Society. They will also be encouraged to participate in professional societies to keep their knowledge of our field up-to-date.

Application & Selection Procedures

The VAPORHCS Postdoctoral Residency in Neuropsychology began September 1, 2018. It is a full-time program with a salary of \$56,495 for year 1 (\$59,548 for year 2) with benefits. Applicants must be U.S. citizens who are candidates in (or have completed) an APA-accredited doctoral program in clinical or counseling psychology. They must have completed an APA approved internship program and earned their Ph.D. or Psy.D. prior to the start of the residency. Successful candidates typically have substantial academic and clinical experience in neuropsychology, with preference for candidates who have completed internships satisfying Houston Conference requirements in neuropsychology. While our program is organized to provide two years of postdoctoral training, advancement to the second year is contingent on successful completion of first year requirements.

Additional information about this Fellowship can be found at the end of this document beginning on page 35.

Mental Illness Research and Treatment (MIRECC Fellowship)

Benjamin Morasco, PhD, Maya O'Neil, PhD, Co-Directors; Supervisors of Research Training
Sarah Súniga, PhD, Trisha Vinatieri, PsyD, Supervisors of Clinical Training

The Veterans Affairs' Advanced Psychology Postdoctoral Fellowship in Mental Illness Research and Treatment is a two-year postdoctoral training program. The primary goal of the Northwest Mental Illness Research, Education and Clinical Center's (NW MIRECC) Advanced Psychology Postdoctoral Fellowship program is to train and equip psychologists with the knowledge and expertise to lead clinical research efforts that make lasting contributions in the lives of veterans experiencing mental health challenges. In collaboration with their mentors, the Advanced Psychology Postdoctoral Fellows will develop and implement research projects, publish and present findings, write grants, and utilize the latest technology for educational activities and clinical service delivery. Psychology Postdoctoral Fellows devote 75% of their time to research and education activities (at least 25% of research must be clinically-focused) and 25% to clinical training. Over the course of the two-year program, fellows are trained in clinical and health systems research, advanced clinical care service delivery, and program administration in an interdisciplinary setting. The VA Portland Health Care System NW MIRECC Psychology Postdoctoral Fellowship site is linked electronically to other national MIRECC sites for didactic, academic, and research efforts.

Research activities that are completed during the two-year fellowship are varied and will be tailored to the individual needs of each fellow. Current opportunities exist to collaborate on a variety of clinical and health services research projects related to PTSD, traumatic brain injury, suicide prevention, and treatment for chronic pain. Research methods used in current studies are diverse and include prospective research, randomized clinical trials, evidence synthesis, and qualitative research.

Examples of current research where fellows can collaborate:

- There are numerous opportunities to collaborate with MIRECC investigators on PTSD research, ranging from clinical treatment trials to meta-analyses using resources such as the PTSD Repository to national VA electronic health record studies examining evidence-based psychotherapy for PTSD and the PTSD clinical care pathway.
- MIRECC investigators lead a broad range of studies on TBI funded by both VA and Department of Defense. These studies provide rich data sources for collaboration and include national expert collaborators in TBI health systems, rehabilitation, and clinical outcome research. Examples include national, largescale, prospective, longitudinal studies of TBI trajectories; study level and individual participant level data repository development, harmonization, and analysis projects; and clinical trials to treat cognitive and mental health sequelae of mild TBI and common comorbidities.
- Fellows with interest in suicide prevention research have the opportunity to collaborate with a robust group of suicide prevention research scientists affiliated with the NW MIRECC and Portland VA. Some of the many examples of ongoing suicide prevention research studies include clinical trials involving peer support and community engagement; development, analysis, and dissemination of the Suicide Prevention Trials Database for both study level and individual participant level data; and examinations of national survey and electronic health record data on social determinants of health, health service utilization, and suicide related outcomes.
- MIRECC researchers are involved in numerous studies related to improving the effectiveness of treatments for chronic pain. Some current studies include a multi-site randomized clinical trial examining the effectiveness of non-pharmacological interventions for veterans in rural areas, a prospective cohort study examining changes in cannabis use following prescription opioid discontinuation, living systematic review examining the benefits and harms of cannabis for chronic pain, and strategies to reduce prescription opioid misuse among patients undergoing acute surgery.

Note that the above examples are not an exhaustive listing of research projects and are provided to give examples of research opportunities. The fellow selected for the MIRECC Fellowship may work on these as well as other opportunities in mental health research available at the VA Portland Health Care System.

Clinical activities during fellowship are also varied. In the past, fellows have primarily conducted assessments and provided evidence-based individual and group treatment to address PTSD. They typically have served as an active member of the PTSD Clinical Team, attending team meetings, case conferences, and other clinical activities. In the future, fellows may also collaborate with the PTSD Clinical Team or provide clinical services in collaboration with other mental health care teams that closely aligns with their interests and training goals.

NOTE: The MIRECC Fellowship is a two-year research program, and we have a separate more detailed brochure about the training experience (e.g., training opportunities). We encourage you to visit our homepage ([VA Portland MIRECC](#)) where you can download that document. To learn more about the NW Mental Illness Research, Education and Clinical Center, you may also visit [VISN 20 MIRECC](#).

Contact:

We are excited about your interest in our MIRECC Fellowship! If you want to learn more about what this Fellowship entails to determine if this placement is a good fit for your training and

career goals, please contact our Postdoctoral Fellowship Training Director Dr. Mary Steers (mary.steers@va.gov) who can connect you to the supervisors.

Required Training Experiences for All Fellows

Regardless of emphasis area, all Fellows will gain experience in assessment, treatment, consultation, supervision, administration, ethical principles, and cultural and individual diversity.

Assessment

Fellows will conduct intake assessments and learn to make competent DSM-5 diagnoses. Fellows may use a number of personality and cognitive assessment instruments, including the MMPI-2, PAI, WMS-IV, WAIS-IV, and RBANS. Fellows will further advance their ability to clarify referral questions, select test batteries, administer and score tests, integrate test results with other data, write clear and concise reports, and provide feedback to patients and referring providers.

Treatment

VAPORHCS uses a number of psychological treatment approaches, with an emphasis on empirically-supported treatments implemented with sensitivity to cultural and contextual factors. Fellows will provide individual therapy that is generally time-limited. Presenting problems include anxiety, depression, PTSD, personality disorders, and major mental illness. Family therapy also can be an important component of treatment and may be used as an adjunctive or primary mode of therapeutic intervention. Treatment is provided in conjunction with the ongoing assessment of outcome. Additionally, Fellows may provide group therapy for a variety of Veterans; Fellows acquire skills in developing, planning, and leading psychoeducational and process groups.

Consultation

Fellows will learn to function as consultants throughout the medical center. In some instances, this will include representing psychology as an integral member of a multidisciplinary team. Helping the team make decisions about assessment, diagnosis, treatment, and discharge planning is considered an important role for Fellows. In other instances, the Fellow will serve as an independent consultant. Fellows will strengthen valuable professional skills including clarifying referral questions and providing input on diagnostic issues and treatment plans to a variety of independent practitioners, such as physicians, social workers and nurses. By the end of the Fellowship, the Fellow will have gained advanced skills in providing consultation to multidisciplinary teams, as well as to individual practitioners from different disciplines.

Supervised supervision

We are committed to mentoring growth in the provision of supervision to future psychologists. Fellows may have the opportunity to participate in tiered supervision of a graduate psychology practicum student and in some cases a current VAPORHCS psychology intern during the training year. The training program will strive to match interns or practicum students as supervisees who have training interests in the areas of clinical strength of the Fellow.

Administrative/Program Development Project

Each Fellow is required to complete an administrative project during the training year. This project provides Fellows with a mentored educational experience to develop administrative and leadership skills as part of a well-rounded program of training for professional psychology. Some examples of projects in past training years have included:

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- Facilitating a 6-week psychoeducational group to address sleep disturbances in veterans in the SATP program
 - Facilitating a 16-week DBT-based group to help LGBTQ+ veterans cope w/ stressors unique to sexual/gender minorities (with pre and post measures)
 - Creation of a form to input treatment-relevant data during medical record review to lessen the cognitive load while sorting through the chart
 - Development of a patient-facing resource list and staff-facing educational PowerPoint with information about gender-affirming care
 - Collection of survey data to provide recommendations on the provision of supervision training

At the completion of the project, the Fellow will write a brief summary of the goals of the project, a 3-5 sentence description of the project, and a summary of the outcomes of the project (narrative, including participant ratings or outcome measures).

Diversity at VAPORHCS

VAPORHCS values diversity in our staff. The Directors of Training, Training Community Executive Board (TCEB), Training Community, supervisors, and other staff attempt to model disclosing and welcoming diversity in the workplace. As an equal opportunity training program, the Fellowship welcomes and strongly encourages applications from all qualified candidates, regardless of racial, ethnic, religious, sexual orientation, gender identity, disability, or other minoritized statuses. We strive to place a high value on learning about and welcoming diversity into our midst and have been responsive to feedback as we grow.

In 2011, VAPORHCS Psychology staff initiated a Multicultural Diversity Task Force to undertake a far-reaching examination of ourselves as mental health service providers, teachers, and supervisors. The results of staff and trainee focus groups helped us to identify learning goals for our staff and our training programs, and the Task Force was soon converted to an ongoing Multicultural Diversity Committee (MDC). The MDC now includes both staff and trainees and provides educational events and consultation towards improving our knowledge, awareness and skills in practicing, teaching, and supervising in an inclusive environment.

On an institutional level, VAPORHCS promotes diversity recruitment and retention through an active Equal Employment Opportunity (EEO) Program with an Advisory Committee as well Special Emphasis Program Managers (SEPMs).

The EEO/Diversity program fosters a diverse and inclusive work environment that ensures equal opportunity through policy development, workforce analysis, outreach, retention, and education to best serve our nation's veterans. Special Emphasis Program Managers (SEPMs) champion diversity concerns of particular groups including veterans, ethnic/ racial/ cultural groups, women, LGBTQ+ people, and people with disabilities. VAPORHCS was the first VA site to establish an LGBT SEPM position on its EEO Advisory Committee; only two other VA sites are known to have an LGBT/sexual minority SEPM. The facility has now achieved Equality Leader status for the past three years on the Human Rights Commission's Healthcare Equality Index (HEI). Leader status is granted to those healthcare facilities who have met performance standards on four criteria: Patient Non-Discrimination, Equal Visitation, Employment Non-Discrimination, and Training in LGBT Patient-Centered Care.

Staff Demographics: 80 psychologists

Of 71 psychologists in 2019, 44 (62%) identified as women, 26 (37%) as men, and 1 (1%) as transgender; 57 (80%) identified as Caucasian, 0 (0%) as American Indian/Alaskan Native, 8

(11%) as Asian/Pacific Islander, 1 (1%) as Black/African American, 7 (10%) as Hispanic/Latino, and 1 (1%) as Ukrainian/Austrian; 10 (14%) identified as LGBTIQ; 4 (6%) identified as subject to the Americans with Disability Act; 0 (0%) were active duty in the military, and 6 (8%) were veterans; 8 (11%) spoke fluently in other languages in addition to English (1 speaks Afrikaans, 1 Mandarin Chinese, 1 German, and 5 Spanish). 59 (83%) received doctoral degrees in clinical psychology and 12 (17%) in counseling psychology; and, 57 (80%) have a Ph.D. and 14 (20%) have a Psy.D.

Current Staff Research Activities

The VA values research for its role in improving patient care and attracting high quality clinical providers and scientific staff. VAPORHCS also consistently ranks among the top 10 VA organizations in overall research grant support from the Department of Veterans Affairs. There are currently 176 staff Principal Investigators, including 7 Research Career Scientists and 13 Career Development Awardees, who are leading more than 640 active medical and behavioral science research projects. VHAPORHCS houses a number of national research centers. The VAPORHCS research community was supported by \$38 million in VA, National Institutes of Health (NIH), Department of Defense (DoD) and other funding sources in Fiscal Year 2020.

Each Fellowship varies in its mix of clinical and research training; however, VAPORHCS encourages and nurtures involvement in research activities. Many staff welcome trainee involvement in ongoing research including grant preparation, data collection, data analysis, and manuscript preparation. Fellows have opportunities to co-author publications and professional presentations. Fellows especially interested in developing research careers can take advantage of many resources associated with this VA's close ties to OHSU, which is connected to the VA by a sky bridge. Most VA psychologists hold academic appointments at OHSU, which hosts a medical school and other health science programs.

Recent Staff Publications and Presentations

The following is a sampling of recent publications and presentations over the past three years by psychologists who contribute to psychology training.

In Press

Ashare, R.L., Worster, B., **Nugent, S.M.**, Smith, D.M., **Morasco, B.J.**, Leader, A., Case, A.A., & Meghani, S.H. (In press). Cannabis and opioid perceptions, co-use, and substitution among patients across four NCI-designated cancer centers. *JNCI Monographs*.

Burns, A., Young-McCaughan, S., Davis, A.F., Vining, R., Ali, J., Fritz, J.M., **Morasco, B.J.**, Rhon, D.I., Roogow, R., Kyriakides, T.C., & Kerns, R.D. (In press). Monitoring and reporting adverse events in pragmatic clinical trials testing nonpharmacological pain management interventions. *Pain Medicine*.

Eckhardt, A.C., Waller, D.E., Shull, S., **Lovejoy, T.I.**, **Morasco, B.J.**, Gordon, A.J., & Wyse, J. J. (In press). They ask questions, but they don't want the answers: Perceptions of clinical communication among veterans discontinuing buprenorphine for the treatment of opioid use disorder. *Substance Abuse*.

Morasco, B.J., Pal, N., Ono, S.S., McPherson, S.M., Lynch, F.L., Dickerson, J.F., Dobscha, S.K., Krebs, E.E., Makris, U.E., Mixon, A.S., Maloy, P., Davis, M.M., & **Lovejoy, T.I.** (In press). Tele-collaborative outreach to rural patients with chronic pain: Pragmatic effectiveness trial protocol for the CORPs study. *Pain Medicine*.

Nugent, S., Latour, E., Lim, J., Shannon, J., & **Morasco, B.J.** (In press). Cannabis use is associated with pain severity and interference among cancer survivors. *Integrative Medicine Reports*.

Wyse, J.J., Eckhardt, A., Newell, S., Gordon, A.J., **Morasco, B.J.**, Carlson, K., Korthuis, P.T., Ono, S.S., & **Lovejoy, T.I.** (In press). Integrating buprenorphine for opioid use disorder into rural, primary care settings. *Journal of General Internal Medicine*.

Yu, Q., George, S.Z., Kyriakides, T.C., Rhon, D.I., **Morasco, B.J.**, Dziura, J., Fritz, J.M., Geda, M., Peduzzi, P. & Long, C.R. (In press). Adapting to change: Experiences and recommendations from the Pain Management Collaborative on modifying statistical analysis plans. *Pain Medicine*.

Under Review

Lovejoy TI, Wu T, Maloy P, McPherson S, Smith C, **Zaccari, B.** (under review). Collaborative tele-pain care for rural patients: Results of a single-arm open-label pilot trial. *Pain Manag Nurs*.

Teo A, Benton MC, Hooker ER, **Zaccari B**, Hidalgo NJ, Newell S, Tuepker A, Greaves DW, Nicosia F. (under review). Effect of telehealth yoga on loneliness and social isolation among rural older adults: A randomized controlled trial. *J Am Geriatr Soc*.

2024

Hoffman, L, Stewart, B.T., Courtwright, K.E., & **Callahan, M.L.** (2024). Building Resilience and Improving Neurocognition (BRAIN): Feasibility and acceptability of a novel, multimodal telehealth cognitive rehabilitation. *Applied Neuropsychology, Adult*. DOI: 10.1080/23279095.2024.2302044

Jordan, S. E., Hampole, S. R., Mackintosh, M., Reyes, S. I., Eliasson, K. D, Felker, B. L., & **Shearer, E. M.** (2024). Implementing efficient systems to monitor competency-based supervision in rural psychology training programs. *Journal of Technology in Behavioral Sciences*, 9, 26-34. <https://doi.org/10.1007/s41347-024-00384-z>

Kaplan J, Somohano V, **Zaccari B**, O’Neil M. (2024). Randomized controlled trials of mind-body interventions for PTSD: A systematic review. *Front Psychol*, 14: 121296.

Lovejoy T, Metoyer P, Wu T, Fernlund K, Harris S, Maloy P, **Zaccari B.** Collaborative tele-pain care for rural patients: results of a single-arm open-label pilot trial. Poster presented at the American Psychological Association Annual Meeting; August 2024; Seattle, WA.

Mackintosh, M., Reyes, S. I., Hampole, S. R., **Shearer, E.M.**, Eliason, K., & Jordan, S. (2024, September 25 – 28). *Using technology in rural psychology training programs to address health disparities: monitoring safety, quality of care, and provision of competency-based supervision across supervision modalities*. 40th Annual Meeting of the International Society for Traumatic Stress Studies. Boston, MA, United States.

Shearer, E. M., Jordan, S. E., Eliason, K. D., Felker, B. L., Hampole, S. R., Reyes, S. I., Caris, M. K., & Mackintosh, M. (2024). Perspectives of psychology supervisors and trainees: Implications for supervision and telesupervision. *Journal of Technology in Behavioral Sciences*, 9, 68-82. <https://doi.org/10.1007/s41347-024-00387-w>

Shearer, E. M., Mackintosh, M., Jordan, S. E., & Aosved, Allison C. (2024, August 8-10). *Using technology to further leverage the supervisory relationship*. Critical Conversation facilitated at the American Psychological Association 2024 Convention, Seattle, WA.

Teo, A.R., Benton, M.C., Hooker, E.R., **Zaccari, B.**, Hidalgo, N.J., Greaves, D.W., Nicosia, F.M. (2024, March 13-16). *Effect of Telehealth Yoga on Loneliness and Social Isolation in Older Patients: A Randomized Controlled Trial* [Presentation]. Society of Behavioral Medicine, Philadelphia, PA.

Vinatieri, T. (May, 2024) *Supporting Clinician Well-Being and Mitigating Burnout: A Systems Perspective*: Invited presentation at the 27th Annual Association of VA Psychology Leaders Conference, Washington, DC.

Wu, T. **Zaccari, B.**, Levine, T., Lovejoy, T.I. (2024, March 13-16). **Assigning blame: A qualitative exploration of patient experiences discontinuing long-term opioid therapy for chronic pain** [Poster Presentation]. Society of Behavioral Medicine, Philadelphia, PA.

Wyse, J.J., Eckhardt, A., Newell, S., Gordon, A.J., **Morasco, B.J.**, Carlson, K., Korthuis, P.T., Ono, S., & **Lovejoy, T.I.** (2024). Improving access to buprenorphine for rural veterans in a learning health care system. *Health Services Research*; 1-10.

Wyse, J.J., Eckhardt, A., Waller, D., Gordon, A.J., Shull, S., **Lovejoy, T.I.**, Mackey, K., & **Morasco, B.J.** (2024). Patients' perspectives on discontinuing buprenorphine for the treatment of opioid use disorder. *Journal of Addiction Medicine*, 18, 300-305.

Zaccari, B., Lovejoy, T.I., Kansagara, D., Somohano, V., Kaplan, J., O'Neil, M.E. (2024, April 9-13). *Self-managed CIH Approaches for Chronic Pain and PTSD: A Systematic Review of Reviews* [Poster Presentation]. International Congress on Integrative Medicine and Health, Cleveland, OH.

2023

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Applying to the VAPORHCS Postdoctoral Fellowship Program

Eligibility

We seek candidates who are **US citizens** and will have completed a **doctoral program accredited by the American Psychological Association (APA), Canadian Psychological Association (CPA), or Psychological Clinical Science Accreditation System (PCSAS)** in clinical or counseling psychology and either a similarly **accredited internship** or VA-based internship as of the start of the Fellowship. The dissertation and all doctoral degree requirements must be verified as completed prior to the Fellowship start date. VAPORHCS encourages applications from individuals with diverse backgrounds and with a variety of experiences. As an equal opportunity training program, the Fellowship welcomes and strongly encourages applications from all qualified candidates, regardless of racial, ethnic, religious, sexual orientation, disability, or other minoritized status.

Any potential Fellow intending to seek licensure in the state of Oregon at any point in their career will need a supervision agreement approved by the Oregon Board of Psychology prior to the start date of the Fellowship year. Please reach out to Dr. Mary Steers (Mary.Steers@va.gov) as soon as possible to initiate this process.

ELIGIBILITY REQUIREMENTS FOR ALL VA TRAINING PROGRAMS

1. U.S. citizenship. VA is unable to consider applications from anyone who is not currently a U.S. citizen. Verification of citizenship is required following selection. All interns and Fellows must complete a Certification of Citizenship in the United States prior to beginning VA training.
2. A male applicant born after 12/31/1959 must have registered for the draft by age 26 to be eligible for any US government employment, including selection as a paid VA trainee.

Male applicants must sign a pre-appointment Certification Statement for Selective Service Registration before they can be processed into a training program. Exceptions can be granted only by the US Office of Personnel Management; exceptions are very rarely granted.

3. Interns and Fellows are subject to fingerprinting and background checks. Match result and selection decisions are contingent on passing these screens.
4. VA conducts drug screening exams on randomly selected personnel as well as new employees. Interns and Fellows are not required to be tested prior to beginning work, but once on staff they are subject to random selection for testing as are other employees.

ELIGIBILITY FOR VA EMPLOYMENT

To be eligible for employment as a VA Psychologist, a person must be a U.S. citizen and must have completed an accredited graduate program in Clinical or Counseling psychology (APA, CPA, or PCSAS) AND must have completed a similarly accredited internship in Psychology, with the emphasis area of the degree consistent with the assignment for which the applicant is to be employed. The only exception is for those who complete a new VA internship that is not yet accredited.

Selection Policies:

1. Selection of trainees is based on objective criteria derived from the Fellow's clinical experience (amount and diversity), scholarly preparation, personal maturity and significant life experience represented in cover letter essay, research competency, and the match of clinical interests to the emphasis area.
2. Applications are reviewed by the Fellowship Training Director, the respective Track supervisors, and the current Fellow.
3. All things being equal, consideration is given to top applications from individuals with diverse backgrounds and with a variety of experiences across veteran status, racial, ethnic, religious, sexual orientation, disability, or other historically underrepresented groups.
4. Highly ranked applicants will be invited to participate in teleconference interviews.
5. Selection decisions made by the Track supervisors are reviewed by the Fellowship Training Director for eligibility and overall programmatic fit. This includes review of initial applicants with an eye towards recruitment of excellent candidates reflecting diverse backgrounds.
6. Selection will follow the new Common Hold Date process. Applicants receiving offers will be contacted after all interviews are complete. Applicants who are no longer under consideration will be notified as soon as possible.
7. The supervisors of each Track recruit and select the respective candidate for that training area. The Fellowship Training Director has oversight of the process and the option of final approval for any program candidate's selection.

Deadlines

Applications to the Clinical Neuropsychology Fellowship track must be received by December 1, 2024, at 11:59pm (EST). Applications received after this date **WILL NOT be considered or reviewed.**

Applications to the Health Psychology, PCMHI, and MIRECC Fellowship tracks must be received by December 15, 2024, at 11:59pm (EST).

We will acknowledge receipt as quickly as possible, and interview highly qualified candidates once applications have been reviewed (no earlier than 01/01/2025). We plan to interview applicants virtually to minimize applicant burden.

VAPORHCS plans to comply with APPIC recommended recruitment guidelines for the 2025-2026 recruitment cycle. As such, all of our programs are also advertised on the Universal Psychology Postdoctoral Directory ([APPIC UPPD Site](#)). Additionally, per APPIC Postdoctoral Selection Guidelines, we will comply with the Common Hold Date (CHD) procedures for our Health Psychology, PCMHI, and MIRECC Fellowship tracks. Offers will be extended to our top candidates as soon as possible after the completion of all interviews. Selectees may choose to hold their offer until 10:00am EST on February 24, 2025. The exception to this is the Clinical Neuropsychology Fellowship track, which will make offers to our highest qualified and desired applicants typically in early-mid January. For more information regarding selection guidelines, please visit: [Postdoctoral Selection Guidelines](#).

Application Instructions

The following materials are required for all Fellowship tracks:

1. A letter of interest (identifying the desired Fellowship track, brief summary of your interests and qualifications for this specialty training, why you are interested in this position, and aspirations for your psychology career)
2. Curriculum Vitae (including a brief description of your internship rotations)
3. Three letters of recommendation (at least one must be from an internship supervisor)
4. A separate, brief memo from your graduate program Training Director or Dissertation Chair stating with certainty that your doctoral degree will be conferred by the start date of the Fellowship (please do not embed this within a letter of recommendation)
5. *For the Clinical Neuropsychology track only:* two neuropsychological sample reports

We use the [APPA CAS](#) system for all Fellowship applications.

Applicants may apply to more than one emphasis area. Please submit separate applications for each emphasis track; a specific letter of interest should be written for each application and submitted with your CV.

Please feel free to contact Mary Steers, PhD, Director of Training, Psychology Fellowship Programs (e-mail: Mary.Steers@va.gov; phone: 971-334-6324) with any questions.

Note: VA Interns and Fellows are subject to all employment rules applying to federal employees.

Implementing Regulation (IR) C-23 P - Trainee Admissions, Support, and Outcome Data
Postdoctoral Residency Admissions, Support, and Initial Placement Data
Date Program Tables are updated:

Program Disclosures

<p>Does the program or institution require students, trainees, and/or staff (faculty) to comply with specific policies or practices related to the institution’s affiliation or purpose? Such policies or practices may include, but are not limited to, admissions, hiring, retention policies, and/or requirements for completion that express mission and values?</p>	<p>_____ Yes __X__ No</p>
<p>If yes, provide website link (or content from brochure) where this specific information is presented:</p>	
<p style="text-align: center;">N/A</p>	

Postdoctoral Program Admissions

<p>Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program’s policies on intern selection and practicum and academic preparation requirements:</p>
<p>Eligibility: We seek candidates who are US citizens and will have completed a doctoral program accredited by the American Psychological Association (APA), Canadian Psychological Association (CPA), or Psychological Clinical Science Accreditation System (PCSAS) in clinical or counseling psychology and either a similarly accredited internship or VA-based internship as of the start of the Fellowship. The dissertation and all doctoral degree requirements must be verified as completed prior to the Fellowship start date. VAPORHCS encourages applications from individuals with diverse backgrounds and with a variety of experiences. As an equal opportunity training program, the Fellowships welcome and strongly encourage applications from all qualified candidates, regardless of racial, ethnic, religious, sexual orientation, disability, or other minoritized status.</p> <p>Any potential Fellow intending to seek licensure in the state of Oregon will need a supervision agreement approved by the Oregon Board of Psychology prior to the start date of the Fellowship year.</p>

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2. Applications are reviewed by the director of training, the respective emphasis supervisors, and the current postdoctoral trainee.
3. All things being equal, consideration is given to top applications from individuals with diverse backgrounds and with a variety of experiences across Veteran's status, racial, ethnic, religious, sexual orientation, disability, or other historically underrepresented groups.
4. Highly ranked applicants will be invited to participate in teleconference interviews.
5. Selection decisions made by the emphasis supervisors and trainee are reviewed by the Fellowship Director for eligibility and overall programmatic fit. This includes review of initial applicants with an eye towards recruitment of excellent candidates reflecting diverse backgrounds.
6. Selection will follow the new Common Hold Date procedures. Applicants receiving offers will be contacted after all interviews are complete. Applicants who are no longer under consideration will be notified as soon as possible.
7. Responsibilities. The supervisors of each emphasis area recruit and select the respective candidate for that training area. The Fellowship Director has oversight of the process and the option of final approval for any program candidate's selection.

Describe any other required minimum criteria used to screen applicants:
N/A

Financial and Other Benefit Support for Upcoming Training Year*

Annual Stipend/Salary for Full-time Residents	\$56,495- \$59,548	
Annual Stipend/Salary for Half-time Residents	N/A	
Program provides access to medical insurance for resident?	<u>Yes</u>	No
If access to medical insurance is provided:		
Trainee contribution to cost required?	<u>Yes</u>	No
Coverage of family member(s) available?	<u>Yes</u>	No
Coverage of legally married partner available?	<u>Yes</u>	No
Coverage of domestic partner available?	<u>Yes</u>	No
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	104	
Hours of Annual Paid Sick Leave	104	
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	<u>Yes</u>	No
Other Benefits (please describe): 11 paid Federal holidays Up to 5 days of authorized absence for professional training, presentations, and licensure exams		

*Note. Programs are not required by the Commission on Accreditation to provide all benefits listed in this table

Initial Post-Residency Positions

(Provide an Aggregated Tally for the Preceding 3 Cohorts)

	2021-2024	
Total # of residents who were in the 3 cohorts	15	
Total # of residents who remain in training in the residency program	1	
	PD	EP
Academic teaching	0	0
Community mental health center	0	0
Consortium	0	0
University Counseling Center	0	0
Hospital/Medical Center	0	2
Veterans Affairs Health Care System	2	9
Psychiatric facility	0	0
Correctional facility	0	0
Health maintenance organization	0	0
School district/system	0	0
Independent practice setting	0	2
Other	0	0

Note: "PD" = Post-doctoral residency position; "EP" = Employed Position. Each individual represented in this table should be counted only one time. For former trainees working in more than one setting, select the setting that represents their primary position.

Clinical Neuropsychology, continued:

Program Competencies

Upon completion of the program, each fellow will be able to demonstrate advanced competency in the following 11 competency areas:

1. Integration of Science and Practice
2. Neuropsychological Assessment
3. Neuropsychological Interventions
4. Supervision
5. Consultation and Interdisciplinary Skills
6. Research
7. Ethical and Legal Standards
8. Individual and Cultural Diversity
9. Professional Values and Attitudes
10. Communication and Interpersonal Skills
11. Specialized Neuropsychology Practice Competencies

Program Structure

A. 80% Clinical

1. Core Experience (70%)
 - a. 60% in the VAPORHCS Neuropsychology Clinic (two evaluations per week for an average of 20 hours per week).
 - b. 10% in the VAPORHCS Neuropsychological Rehabilitation Clinic* (an average of four contact hours per week).
2. Rotation Experiences (10%, four contact hours per week)
 - a. In the first six months of the Fellowship, the Fellow will spend more time in the Neuropsychology Clinic conducting outpatient neuropsychological assessments and neuropsychological rehabilitation. Upon entering the second half of the first year, consistent with the developmental model of our training program, the fellow will begin their rotation with VAPORHCS Neurology Service.
 - b. Choice of rotations for three, four, or six months in the VAPORHCS Neurology Service (e.g., dementia/geriatric assessment, stroke, general neurology, multiple sclerosis, or epilepsy clinics).

B. 20% Didactic/Education/Research

1. Required didactics, including seminars, grand rounds, and clinical case presentations.
2. Each fellow must identify a research mentor. This may be a member of the VAPORHCS Neuropsychology faculty or an M.D. or Ph.D. researcher outside of Neuropsychology.
3. Each Fellow will be expected to spend an average of four hours a week** engaged in some scholarly activity. This may include participation in on-going research with a faculty member, preparation of a literature review, or development of an independent research project. Each project will be expected to have a product suitable for presentation at a scientific meeting or submission to a journal.

* In year two, the Fellow may have flexibility to increase time spent engaging in cognitive rehabilitation services (up to 8 hours per week) depending on their goals.

** Protected research time in year two is contingent on demonstration of productivity during the Fellow's first year. In addition, second year Fellows may have flexibility to increase time spent engaging in research activities (up to 8 hours per week) depending on their goals.

Please note that due to COVID-19 telework exceptions, Fellows will practice from a remote location other than the VA, usually in the Fellow's residence, 2-3 days per week. The Fellow will do assessments, interventions, meetings, and supervision over telehealth platforms. These circumstances will, of necessity, result in temporary modifications to program structure outlined above until the COVID-19 crisis is resolved.

Evaluation

Following initial assessment, Fellows are assessed on core competencies at 6-month intervals to ensure that they are developing at the appropriate rate. We also solicit regular appraisals from our Fellows of the quality of the training provided by rotations and program supervisors. Program and Fellow effectiveness are regularly monitored at monthly VAPORHCS Psychology Training Community meetings. Semi-annual joint Fellow/faculty lunch meetings provide a forum for Fellows to participate in program evaluation and development. Research and case conference presentations also provide the opportunity for the entire faculty to assess competence and progress of individual Fellows. We host an annual faculty retreat to review the previous year's curriculum, as well as the overall effectiveness of the program (*postponed due to COVID-19*). More distal measures of program effectiveness involve assessment of our graduates' success in securing employment that requires competencies in the areas of neuropsychology in which we train.

Training Experiences

This is a full-time postdoctoral Fellowship, and it is expected that Fellows will spend at least 40 hours weekly in clinical, didactic, and research activities.

Clinical Training

Portland Outpatient Neuropsychology Clinic: The Outpatient Neuropsychology Clinic receives consults from all Health Care System services and all VA facilities in Oregon and SW Washington, most prominently from Neurology, Polytrauma, Mental Health, and Primary Care. Many veterans present with complicated diagnostic pictures, and with comorbid neurologic, psychiatric, medical and substance use problems. Common neurologic illnesses seen within this clinic include dementia (e.g., Alzheimer's, vascular, Lewy Body), Parkinson's Disease and other movement disorders, traumatic brain injury (TBI), stroke, multiple sclerosis, epilepsy, aphasia,

and complex medical diagnoses. The Fellow can expect to see patients experiencing cognitive deficits secondary to substance use and psychiatric disorders (e.g., depression, anxiety, posttraumatic stress disorder, bipolar disorder). Opportunities for inpatient neuropsychological assessments in the Epilepsy Monitoring Unit are also available. Clinical services include comprehensive neuropsychological evaluations, neurocognitive screenings, neuropsychological interventions, and detailed feedback to patients, family, and referral sources.

Outpatient Neuropsychological Rehabilitation Clinic: The Outpatient Neuropsychological Rehabilitation Clinic receives a steady flow of consultation referrals from several disciplines, most prominently Neuropsychology, Neurology, Mental Health, Primary Care, Polytrauma, and Caregiver Support. Treatments consist of group and individual modalities aimed at increasing awareness of cognitive problems, providing psychoeducation, optimizing independence, real-world problem solving, and stress management. Efforts are made to integrate treatments with efforts of other involved health care providers, community/work leaders, and families.

Neurology Service at VAPORHCS: The VAPORHCS Neurology Service provides a full range of inpatient and outpatient neurological evaluation and treatment services to Veterans. Neurology subspecialty areas include the dementia/geriatric assessment, stroke, neuromuscular, seizure (including non-epileptic), movement disorders, multiple sclerosis, general neurology, and ALS clinics. Neuropsychology Fellows are integrated into the neurology subspecialty clinics where they provide brief assessment, consultation, and intervention services.

Neuropsychology Service at OHSU: This rotation affords Fellows the ability to gain experience conducting neuropsychological evaluations in the OHSU Movement Disorders clinic and the Layton Aging and Alzheimer's Disease Center with non-Veteran outpatients. Additional possible opportunities include participating in clinical case conferences, awake craniotomy cognitive testing, virtual rounds, clinical pathology case reviews, and forensic evaluations. *Interested Fellows may elect to participate in this training experience when the rotation is available.*

Research

The VAPORHCS has a long tradition of research in neuropsychology and the neurosciences. A major portion of this work is conducted on the Portland and OHSU campuses, and involves collaboration between neurologists, clinical and experimental psychologists, and other neuroscientists at the VA and OHSU. Because of our history of multi-site clinical outcome studies, our investigators also have long-standing collaborative relationships with VA and non-VA investigators across the U.S. including Seattle, San Diego, Boise, Iowa City, and Atlanta. Investigators and students from all sites are actively engaged in research on the Portland campus and have ongoing contact with frontline clinicians through joint training and educational experiences. Gains in knowledge from this work have direct bearing on the development of more effective methods of treatment for Veterans with neurobehavioral disorders. The close collaboration between clinicians and researchers on the Portland campus has provided an extraordinary opportunity for developing and evaluating innovative new treatment and diagnostic programs and has created an exciting and fertile training ground for Fellows.

Residents will be encouraged to present their research work within our group and to submit their work to national meetings such as the International Neuropsychological Society, the National Academy of Neuropsychology, Society for Neuroscience, and the Cognitive Neuroscience Society. They will also be encouraged to participate in professional societies to keep their knowledge of our field up-to-date.

Didactics

Fellows will be required to participate in a range of scheduled didactics offered at VAPORHCS and Oregon Health Sciences University (OHSU). Didactics will be primarily provided by VA Neuropsychology, Clinical Psychology, and Research Psychology faculty, and will periodically

include faculty from other related disciplines, such as Neurology, Psychiatry, and Speech Pathology. Fellows will steadily increase their involvement in didactics; initially with attendance, and gradually assuming more active roles as junior faculty, providing presentations to staff and other trainees, leading case presentation activities, and leading journal club discussions. Core didactic experiences will be required and will maintain regular schedules, while other activities will be dependent on more variable factors, such as the Fellow's particular interests in Neuropsychology, status of the various faculty members' research, opportunities to engage with other related disciplines, and the schedule of OHSU activities. Core didactic experiences will maintain the following schedule:

Neuropsychology Case Presentations

This bi-weekly, one-hour series involves clinical case presentations by Neuropsychology faculty, Fellows, interns, and practicum students. Cases are selected by the presenting clinician based

on such issues as the clinical uniqueness of the case, clinical, ethical, and cultural diversity issues encountered in the case, and assistance with case conceptualization and, or treatment recommendations.

Alternating Mondays, 1:00-2:00pm

Neuropsychology Journal Club

This bi-weekly, one-hour series, involves presentations by Neuropsychology faculty, Fellows, interns, and practicum students of journal articles, followed by a discussion led by the presenter. Articles are selected by the presenter and may include a wide range of topics relevant to Neuropsychology.

Alternating Mondays, 3:00-4:00pm

Neuropsychology Seminar Series

This monthly, one-hour series, involves presentations by Neuropsychology faculty and Fellows on topics relevant to Neuropsychology. The series will follow a rotating schedule of 12 topics, over a two-year period, to correspond with the Fellow's training time. Seminar topics are selected based on their relevance to recommendations of organizations, such as the American Psychological Association (APA) Division 40, American Academy of Clinical Neuropsychology (AACN), and American Board of Neuropsychology (ABN), for achieving specialized training and board certification in Clinical Neuropsychology. Examples of topics, each of which will involve multiple seminars, including Neuroanatomy, Neurological Disorders, Assessment, Psychometrics, Ethics, and Cultural Diversity.

Select Mondays, Monthly, 3:00-4:00pm

VA Psychology Postdoctoral Fellowship Didactic Series

This weekly, 80-minute series provides an opportunity for VA Psychology Fellows across all tracks (i.e., Health Psychology, PCMHI, Clinical Neuropsychology, and MIRECC) to attend a series of didactics addressing a broad range of issues relevant to Clinical Psychology, including practice, research, ethics, and diversity. While most of the presentations in this series are offered by staff, all Fellows are required to provide a presentation of their own, related to a topic of their choice.

Wednesdays, 1:00-2:20 pm

In addition to the required core didactics, Fellows will also be expected to select from a range of didactic opportunities available at both VAPORHCS and OHSU. Fellows will be expected to attend at least four hours of these additional activities monthly. Optional didactics include, but are not limited, to the following activities:

- OHSU Neuropsychology Case Share
- OHSU Neurology Grand Rounds
- OHSU Psychiatry Grand Rounds
- OHSU Neurology Noon Conference
- VAPORHCS MIRECC Presentations
- VAPORHCS Movement Disorders Clinic Journal Club
- VAPORHCS Movement Disorders Clinic Didactics
- OHSU Brain Cuttings

Requirements for Completion

Fellow and supervisors develop a formal individualized training plan outlining training objective, required activities, and caseload guidelines. Written evaluations of the Fellow's progress in achieving rotation-specific training objectives is provided by supervisors every six months. The Fellow and program supervisor review these evaluations with systematic assessment of the extent to which individualized competencies are being met. Adjustments to the training plan to accommodate greater or less than expected advancement may be made throughout the year. It is expected that the Fellow become licensed within the first 15 months of the Fellowship so that they are prepared to begin the board certification (ABPP-CN) process and seek competitive employment upon graduation.

Facilities and Training Resources

The Fellow uses a shared office within the neuropsychology clinic for administrative and clinical purposes. While the Fellow has priority in the office, it is frequently checked out by other neuropsychology staff and trainees when available. The office is equipped with state-of-the-art computing services that support clinical, educational and research needs. The Fellow has a computer equipped with a remote camera to support clinical work in Telemental Health and they may obtain credentialing in this service on an elective basis. Computers offer access to the hospital medical records, and the Fellow will be expected to enter all progress notes and consultation requests electronically. The Fellow is provided with sufficient phone and computer privileges to facilitate easy access to patients' electronic medical records, the request of remote records for patients treated at VAPORHCS, and consultation with outside providers. In addition, most clinical, educational, and research settings are equipped with a conference room (many equipped for video teleconferencing) and other appropriate meeting space. At the beginning of the program, Fellows receive a VA email address for their professional use. Other word processing, database, slide preparation, statistical software, and web-based medical and psychological databases are readily available for their use. In all research and clinical settings to which they are assigned, equipment to assist with printing, photocopying, and scanning is available; regular office and government mailing supplies are provided at no charge, and specialty equipment (e.g., poster printer) is available for their use.

Training Staff

Clinical Faculty

Megan Callahan, PsyD, ABPP

Staff Neuropsychologist and Research Psychologist, VAPORHCS
Assistant Professor, Department of Psychiatry, Oregon Health & Science University

Nicole Crocker, PhD

Staff Neuropsychologist, VAPORHCS

Research Mentors

Megan Callahan, Psy.D., ABPP

Staff Neuropsychologist and Research Psychologist, VAPORHCS
Assistant Professor, Department of Psychiatry, Oregon Health & Science University

Historically other research collaborations have been available based upon interest and current VA & OHSU research projects.