Updated: 29 June 2026

Predoctoral Internship in Health Service Psychology

VA Central Western Massachusetts Healthcare System

General Mental Health Internship Track -- Leeds/Northampton **Match Number: 133511**
Integrated Outpatient Behavioral Health Track -- Worcester **Match Number: 133512**
Community-Based Outpatient Psychology Track -- Springfield **Match Number: 133513**

Applications due: ***November 1, 2026***

2027-28 Training Year: ***July 12, 2027 – July 7, 2028***

Figure 1: Aerial view of VA CWM Medical Center – Leeds, with Mt. Tom on the horizon

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COVID-19 Update

In 2020 the VA Central Western Massachusetts psychology training program quickly transitioned to primarily telehealth, telesupervision, and other virtual training. These capabilities have continued in some form ever since. Most psychologists and all interns are working primarily on-site, providing a blend of in-person and telehealth care. While it is difficult to predict how mental health service delivery and psychology training will continue to evolve during the 2027-2028 training year, telehealth and associated technology will continue to be a part of the experience. In recognition of this, our interns are provided with VA laptops in support of smoother telework and tele-training experiences.

Accreditation Status

The Doctoral Internship in Health Service Psychology program at the VA Central Western Massachusetts Healthcare System is accredited by the Commission on Accreditation (CoA) of the American Psychological Association (APA). Our most recent site visit was in June 2023, when we were awarded the maximum accreditation cycle of 10 years. The CoA can be reached at APA Office of Program Consultation and Accreditation, 750 First Street, NE, Washington, DC 20002-4242; (202) 336-5979, (202) 336-6123; TDD/TTY (202) 336-6123).

Application & Selection Procedures

For additional important information, please see the Internship Admissions, Support & Initial Placement Data included at the end of this brochure.

To qualify for an internship at VA-CWM, the applicant must meet the following criteria:

1) Graduate student in an APA-accredited, CPA-accredited, or PCSAS-accredited or provisionally-accredited, Clinical or Counseling Psychology program
2) United States citizen
3) Successful completion of a minimum of 300 direct contact intervention hours and a minimum of 50 direct contact assessment hours. (Some flexibility is considered given changes in doctoral training experiences available to trainees post-pandemic.)
4) Completion of all graduate prerequisites for internship candidacy, including passing of comprehensive exams and dissertation proposal approved by application deadline
5) In accordance with the Association of Professional Psychology Internship Centers (APPIC) guidelines, applicants must:
    - Possess interests and goals appropriate to our internship program

- Show an ability to apply assessment/diagnosis and intervention/treatment knowledge under supervision
- Demonstrate ethical conduct and interpersonal skills appropriate to the practice of professional psychology

Additional Criteria of Interest

Progress in Doctoral Program: We are a clinically focused internship that offers a deep level of exposure and engagement in all aspects of clinical work. In order to optimize their training experience, we have a strong preference for applicants who are in the advanced stages of progress on their dissertations.

Post-internship Placements: Our graduates aim for and attain clinical, clinical/research, program administration, and research post-doctoral fellowships and jobs.

Respecialization: We welcome applications from respecialization students who have completed their doctoral degrees in non-clinical, non-counseling fields within psychology and have completed respecialization coursework in clinical or counseling psychology at APA or CPA accredited doctoral programs.

Application Procedures

- Note: Our VA Healthcare System has **six** internship positions available across 3 tracks:
  - General Mental Health track (match #133511) at Leeds/Northampton (Edward P. Boland VA Medical Center): 4 positions
  - Community-Based Outpatient Psychology track (match #133513) at Springfield (Community-Based Outpatient Clinic): 1 position
  - Integrated Outpatient Behavioral Health track (match #133512) at Worcester (Community-Based Outpatient Clinic): 1 position
- If you wish to apply for one or more of these positions, please submit a complete APPIC Universal Internship Application at Liaison Outcomes by November 1, 2026. This should include:
  - The APPIC Universal Internship Application – indicating the track(s) to which you are applying
  - A cover letter describing your interest in the particular track(s) you are applying to, and, for the Leeds Track, indicate the particular rotations of interest to you
  - Current Curriculum Vita
  - Official transcripts of all graduate work
  - Three letters of recommendation from faculty or training supervisors

Interviews

Personal interviews are offered to those applicants still being considered after the review of their application and supporting materials. Invitations to interview will be made by December 18, 2026, and all-virtual interviews are **tentatively** scheduled for the following dates:

- Monday, January 4, 2027: Outpatient Clinic, Springfield, MA
- Tuesday, January 5, 2027: Outpatient Clinic, Worcester, MA
- Wednesday, January 6, 2027: Edward P. Boland VA Medical Center, Leeds/Northampton, MA
- Thursday, January 7, 2027: Edward P. Boland VA Medical Center, Leeds/Northampton, MA
- Friday, January 8, 2027: Outpatient Clinic, Springfield, MA
- Monday, January 11, 2027: Outpatient Clinic, Worcester, MA

In addition to prioritizing safety for our interns, supervisors, and the larger community, we are committed to creating more egalitarian access to training experiences and reducing financial, geographic, and other potential barriers. Therefore, our interviews will be 100% virtual (video) again this year. We plan to have one of the interview days for each site in the afternoon as a courtesy to applicants from non-EST time zones. The other interview day programming will occur in the morning.

The VA CWM training program abides by APPIC and APA guidelines in the selection of interns. As required under APPIC policies, offers to interns may not be made before selection day. Further, the VA Medical Center is an Equal Opportunity Employer. Accordingly, the selection of interns is made without discrimination.

After the applicant has officially accepted an offer, the applicant will be asked to submit a Declaration of Federal Employment (OF 306) and an Application for Federal Employment (OF 612), both of which are required for federal government employment.

Please contact the Director of Training, Christina Hatgis, PhD, at (800) 893-1522 ext. 6635, or by email at Christina.Hatgis@va.gov with any questions you might have.

Psychology at VA CWM

The Predoctoral Internship in Health Service Psychology at VA CWM is designed to advance the clinical training of future psychologists at the predoctoral level of their development. Internship training comprises the most intensive clinical training experience in the development of a psychologist's career up to that point. The training at VA CWM is generalist, broad-based within a medical center setting. This training program offers inpatient and outpatient settings, utilizes brief treatment and long-term treatment models, and allows for a variety of theoretical and application models. The program emphasizes the clinical practices of assessment and treatment with a variety of approaches in traditional settings. Interns are provided with extensive supervision so as to maximize their learning in each of the settings and modalities in which they train.

The Predoctoral Internship in Health Service Psychology at VA CWM is within the Mental Health Service Line. The program is operated by the Psychology Training Committee and is composed of the doctoral psychology staff of the Mental Health and Primary Care Service Lines. The Training Committee is

composed of approximately 32 psychologists who work in a variety of settings. The program has enjoyed APA approval since 1979, and it has successfully passed the accreditation site visit process throughout the course of its existence. The VA Central Western Massachusetts Healthcare System is fully accredited by The Joint Commission and is affiliated with the UMass Chan Medical School.

Within VA CWM, psychologists are an integral part of the Mental Health and Primary Care Service Lines. Psychologists provide patient care, consultation, and teaching within the hospital. In the General Mental Health Internship track at Leeds/Northampton, Primary rotations occur in the following settings: Assessment, MST Women's Mental Health, Outpatient Mental Health Clinic (MHC), Primary Care-Mental Health Integration with Health Psychology (PC-MHI/HP), PTSD Residential Rehabilitation Treatment Program (PTSD RRTP), and the Substance Use Disorders Clinic (SUD-C). The Integrated Outpatient Behavioral Health track at Worcester and the Community-Based Outpatient Psychology track at Springfield are both 12-month training experiences. In addition, psychologists participate in the Employee Assistance Program, the Women's Advisory Committee, the Smoking Cessation program, the Ethics Committee, the Quality Assurance Committee, Military Sexual Trauma program, and the Mental Health Council. The psychologists at VA CWM have varied educational backgrounds and theoretical perspectives, allowing for a range of styles for role modeling and professional development. They are involved in a variety of professional activities outside the VA Medical Center including consultation, private practice, teaching, and authorship.

VA CWM Setting

VA CWM provides psychiatric and medical care to a population of more than 120,000 Veterans (of which approximately 20,000 are actively enrolled in services) in western and central Massachusetts. The Edward P. Boland VA Medical Center in Leeds/Northampton operates acute and sub-acute inpatient units, residential units for PTSD and for substance use disorders, an off-campus Compensated Work Therapy Transitional Residence Domiciliary, and a nursing home care unit. Outpatient treatment is provided through the Primary Care Service, the Behavioral Health Interdisciplinary Program, the Substance Use Disorders Clinic, and Community-Based Outpatient Clinics (CBOCs) in Fitchburg, Greenfield, Pittsfield, Springfield, and Worcester. A comprehensive range of psychiatric treatment modalities includes (but is not limited to) individual and group therapies, comprehensive assessment procedures, preventive health and educational programs, rehabilitative medicine services and vocational rehabilitation programs. There are specialized programs in neuropsychological assessment, geriatric evaluation, and residential treatment for substance use disorders and posttraumatic stress disorder.

The Northampton VA Healthcare System was renamed in 2011 to VA Central Western Massachusetts Healthcare System following a realignment in which the existing VA CWM system was joined by two additional Community Based Outpatient Clinics (CBOCs)--Worcester and Fitchburg--which were formerly part of the VA Boston Healthcare System and the VA Bedford Healthcare System, respectively. VA CWM also then became affiliated with the University of Massachusetts Medical School (now UMass Chan Medical School) and resumed research activities. VA CWM consists of the Edward P. Boland VA Medical Center at the Leeds/Northampton campus and five CBOCS: Fitchburg, Greenfield, Pittsfield, Springfield, and Worcester, spanning a 75-mile radius. Over 1,000 employees, including teams of primary care physicians, medical and other specialists, psychiatrists, nurses, dentists, social workers, psychologists, and

support staff combine with consultants and attending physicians to provide an interdisciplinary approach to patient care within the VA CWM.

The Worcester and Springfield Community-Based Outpatient Clinics (CBOCs) are each embedded in culturally vibrant, medium-sized New England cities. See their respective track descriptions for more detail about those locales.

Training Model and Program Philosophy

The central goal of the Predoctoral Internship in Health Service Psychology program at VA CWM is to provide a quality training experience designed to prepare predoctoral psychology interns for entry- level psychology positions or postdoctoral training. The training program seeks to help interns broaden, deepen, and integrate their current knowledge base with applied clinical experience with military Veterans. The internship prepares students to function as generalists within a medical center setting and it provides opportunities to develop skills in specialty areas such as the treatment of posttraumatic stress disorder, substance use issues, affective disorders, psychological/neuropsychological assessment, and psychological sequelae of medical conditions. It emphasizes the clinical practices of assessment, treatment, and consultation, and it provides training and experience with a variety of therapeutic approaches across a range of clinical settings. Interns are provided extensive supervision so as to maximize their learning in each of the settings and modalities in which they train. The training program aims to assist predoctoral psychology interns in the process of forming professional identities as clinical psychologists, and it emphasizes professional development as a valued direction towards which all psychologists should continue to aspire.

The Psychology Training Program is committed to a practitioner-scholar model of internship training. We believe in the development of psychologists who have sufficient depth and breadth of knowledge and skills to provide empirically supported treatments to diverse patient populations in interdisciplinary settings. We believe in the provision of patient-centered care that maximizes individual strengths, promotes human dignity, and values individual differences. We are committed to fostering a supportive, inquisitive, and open learning environment that places a premium on professional growth and scholarly development. We strive to model openly our own willingness to learn and to grow as psychologists as we examine and continually revise the services we provide to ensure that they remain current, relevant, and scientifically sound. We endeavor to create a training environment where the interns can develop the competencies and knowledge base needed to eventually practice professional psychology at the independent level, feel supported in the development of their identities as professional psychologists, and feel challenged and inspired to continue to question, learn, and grow across their entire professional careers.

All training experiences follow a logical progression toward increased complexity and independence. The interns' overall knowledge base and theoretical sophistication develop through didactic input in individual and group supervision, clinically oriented seminars. Training experiences build gradually over the course of the year, with interns taking on more responsibility as the year progresses. Within several of the rotations, interns begin by co-facilitating groups with the supervisor. They are expected to be able to lead groups independently by the end of the rotation. Similarly, interns may first learn to administer unfamiliar assessment instruments via practice-administrations with their supervisor. As they gain competency with test administration and interpretation, they are presented with opportunities to continue to progress to a

"monitoring" level of practice (e.g., they begin to administer tests to their clients and interpret them on their own, prior to supervision). Interns also take on more responsibility in the didactic component as the year progresses, leading case conferences and conducting a didactic seminar by the end of the year.

Before the end of internship orientation, interns complete a self-assessment, which is reviewed with the Director of Training. All rotations and training experiences are collaboratively selected with consideration for prioritizing training needs and taking intern preferences into consideration whenever possible. As each trimester comes to a conclusion, the interns review how their skills have developed with their individual supervisors. In rare cases, alterations of training plans may be made during the year if a rotation becomes unavailable or to address interns' training needs as these become clearer or change over time. Discussion of intern progress and training needs is ongoing with formal evaluations taking place at the midpoint and endpoint of each trimester. A primary supervisor is identified who will be responsible for ensuring completion of the 2 written evaluations during each trimester.

Program Goals

The training program emphasizes the active involvement of the intern in determining training assignments, participating in training seminars and workshops, and providing feedback and creative input to the internship program. We expect the intern to attain the following broad training goals over the course of the internship year:

1. Develop a sense of professional responsibility and an identity as an ethical psychologist who is a consumer of research, a critical thinker, and a practitioner of empirically-sound treatment.
2. Develop the ability to integrate empirically supported interventions with theoretically-sound approaches to the treatment of veterans.
3. Demonstrate proficiency in psychodiagnostic assessment.
4. Develop the ability to effectively evaluate programs/treatments, consult with colleagues/multidisciplinary staff/other interested parties, and provide clinical supervision.

Interns are given the opportunity to develop and demonstrate achievement in the following profession-wide competencies and program-specific aim: research and scholarly competence; ethical and legal standards; professional values, attitudes, and behaviors; communication and interpersonal skills; assessment; intervention; supervision; consultation and interprofessional/interdisciplinary skills; and the program-specific aim is to develop competency to work with military Veterans in a VA setting.

Program Structure

In line with our commitment to foster a supportive, inquisitive, and open learning environment, our training program actively involves interns in decision-making processes about their education and training. Throughout the training year, interns collaborate with the Director of Training and the Training Committee to discuss their training interests and development. These discussions include assessments of the intern's strengths and areas which may benefit from further development.
Rotation selections are derived from this collaborative process. Near the beginning of the internship year, interns complete a self-assessment that is reviewed by the Director of Training. This self- assessment is designed to help the intern identify and clarify broad goals for the upcoming internship year. At the

beginning of each training experience, the supervisor and intern work collaboratively to develop a training agreement or contract.

Supervision and Didactic Training

Individual and Small-Group Supervision

The Clinical Psychology Internship is designed to offer each student the opportunity to receive individual supervision from a variety of licensed psychologists with different clinical expertise, theoretical orientations, and stylistic approaches. Interns and Supervisors are encouraged to review, specify details within, and sign a supervision agreement at the beginning of their work together.

Interns on all tracks will receive a minimum of four (4) hours per week of regularly scheduled individual or small group supervision, including supervision from primary and ancillary supervisors across all rotations and tracks. A minimum of two (2) of these supervision hours is provided as individual supervision by a licensed psychologist. Up to one-and-a-half (1.5) of these hours may be provided as small group supervision (3 or fewer trainees). Up to one-and-a-half (1.5) hours per week of supervision may be provided by an appropriately credentialed other health care provider, for example a licensed psychiatrist, registered nurse, or social worker with certification in an empirically based psychotherapy of interest to the trainee. However, a licensed doctoral level psychologist maintains overall responsibility for all supervision, including oversight and integration of supervision provided by other professionals. Interns have access to consultation and supervision during times they are providing clinical services, and primary or covering supervisors are available on-site whenever interns are meeting with patients and delivering services. This commitment to the development of clinical knowledge and experience affords each student the opportunity to work closely with at least six licensed psychologists during their internship, and often many more.

While the focus of individual supervision varies on different rotations, all students will receive feedback and consultation with regard to the direct patient care they provide. Supervision may involve conjoint treatment sessions, video/audio recordings, role-playing, and review of process notes. Our training program strongly holds the belief that improvement in clinical skills occurs through the provision of direct supervisory feedback. Therefore, students are highly encouraged to seek additional opportunities for coaching from their supervisors. In addition to improving the quality of therapeutic services provided to Veterans, we consider supervision to work most effectively when interns feel safe, supported, and challenged intellectually to develop their own independent professional identity and voice as a therapist. We encourage interns to be open to supervisory discussions that address the personal reactions that they may experience in the course of providing psychological services. We regard self-awareness, understanding, and the ability to use this information to further the therapeutic process as a valuable clinical skill worth cultivating within the boundaries of a safe professional environment.

Case Conference Presentations

Dr. Malinofsky serves as the Case Conference Facilitator. Formal case presentations provide an opportunity for interns and psychologists to openly share and reexamine their clinical work in a supportive, inquisitive, collegial environment. Interns and psychologists are encouraged to present cases which highlight specific clinical questions and interventions. Case presentations also provide presenters

an opportunity to organize their thoughts/hypotheses about a particular case, and to practice presenting these in a formal manner to colleagues. Interns typically present multiple cases (at least three) throughout the course of the training year. Presentations are expected to be informed by relevant and current literature.

Didactic Seminars

Dr. Jennifer Joyce serves as the Acting Didactic Seminar Coordinator. Interns attend weekly didactic seminars which cover a range of clinical topics deemed to be central to the practice of psychology within a VA Medical Center. The didactic series is comprised of psychological assessment seminars, psychotherapy seminars, and specialty seminars which address specific areas of clinical interest, such as ethics, and risk assessment, to name a few. Didactic seminars are scheduled in such a way that interns are provided essential seminars (e.g., ethics, risk assessment, military culture) early in the training year. Interns are also expected to develop and present a didactic seminar drawing from current literature on a clinical topic of their interest.

Program Evaluation

Interns are expected to complete and present a formal program evaluation/quality improvement study (i.e., not original research) related to an assessment or treatment program. This may include a pre-post evaluation of an empirically supported treatment as applied to group psychotherapy, or an "n of one" evaluation of an individual case, with multiple measures applied at pre-, mid-, and post- intervention. Examples of previous evaluations by interns include: clinical efficacy of CPT; outcome evaluation of ACT protocol on PTSD unit; using the Acceptance and Action Questionnaire; evaluation of intern responses to didactic seminars; evaluation of Mood Monitor Implementation on Acute Inpatient Unit; outcome evaluation of ACT-based anger group; program evaluation of PTSD Unit's Family Day; and evaluation of how to improve outreach efforts to Veterans through the OEF-OIF- OND program.

Distance Technology

We use distance technologies such as VA-approved video conference platforms to facilitate access to activities across the wide-spanning reach of our healthcare system. The determination of whether clinical and training activities can occur in person versus remotely (using distance technology) involves a range of factors including judgment by supervisors and guidance from our governing bodies (APA, APPIC, VA/OAA, MA Board of Registration of Psychologists). Interns enrolled in certain Ancillary Rotations (such as CPT or ACT) that teach empirically based psychotherapies, may receive additional consultation by national experts via phone or video-teleconference. This consultation is integrated into their overall supervision by the primary supervisor overseeing that particular training experience. As the training landscape has been permanently transformed post-pandemic, we now have a Telesupervision Policy available in the Psychology Internship Policy and Procedures Manual of our training program linked on our training program website.

Intern Resources

Office space is available for interns to conduct psychotherapy with Veterans and to complete administrative work. Each intern has their own telephone, VA laptop/computer, computer access codes, email account, and access to on-line services. VA relies on a computer-based electronic medical record,

and during Orientation the interns receive training on the basics of this system. Technical support remains readily available throughout the year should they encounter problems or have questions. Strong emphasis is placed upon the careful use and transmission of electronic information.

The VA hospital system allows interns to access a national video conferencing system. They have access to live webinars and teleconferences. They are encouraged to use the on-line medical library, which is interconnected to a vast array of local colleges, universities, hospitals and national data systems. VA and national health care bodies publish monthly newsletters and bulletins, and these are made available to the interns. Our VA regional librarian can obtain articles and assist in literature searches for interns.

With respect to psychological testing materials and supplies, the program has VA and commercially available software to facilitate scoring and interpretation of numerous instruments and to help students learn to utilize these aids in their assessment work. The VA has many traditional, computer- administered, and virtually administered psychological and neuropsychological tests. There is a large collection of assessment instruments available to each rotation that are appropriate to the populations treated.

Administrative Policies and Procedures

Stipend, Benefits, and Leave

Interns earn an annual stipend for internship training positions of **$39,196** (in the Leeds and Springfield pay localities) **$39,344** (in the Worcester pay locality), as of the 2026/27 training year. The internship training position entails 2080 hours of training, which includes holiday and paid leave, over 52 consecutive weeks. The training is structured as a full-time, 40-hour Monday through Friday week.

Interns are eligible for health insurance (for themselves, their legally married spouse, and legal dependents) and for life insurance. As full-time (40-hour per week) trainees, interns' appointments exceed the minimum of 130 hours per month needed to meet the eligibility requirements for Federal Employee Health Benefits (FEHB). Interns learn about benefit options during Orientation Week and enroll in FEHB within their first pay period. Coverages are backdated to begin on their start date. State and federal income tax and FICA (Social Security) are withheld from interns' paychecks. Interns are not covered by Civil Service retirement or leave.

Interns accrue 4 hours of vacation (Annual Leave) and 4 hours of sick leave during each full two-week pay period for a total of 13 days (104 hours) in each category or 26 days of paid time off (PTO) over the year. Interns are also allocated 5 days of Administrative Leave for professional activities such as conferences, educational experiences, and interviews for post-doctoral fellowships and jobs. In addition, there are 11 federal holidays. Maternity/paternity leave is available to interns, as is leave for other types of family or personal needs, with the caveat that any unpaid leave, beyond the PTO interns accrue, will be offset by an extension of their internship completion date to ensure they complete a full 12-month internship training experience. Unused annual leave is paid back to interns at the end of their 1-year appointment; unused sick leave *may* transfer to their next VA duty station, if applicable, depending on the length of the gap in service and the receiving station's local jurisdiction.

The United States Government provides liability protection for trainees acting within the scope of their educational programs under the Federal Employees Liability Reform and Tort Compensation Act 28, U.S.C. 2679 (b) – (d).

Due Process General Guidelines

Due process ensures that decisions about interns are not arbitrary or biased. It requires that the Training Program identify specific evaluative procedures, which are applied equally to all trainees, and provide appropriate appeal procedures to the interns. Due process guidelines are clearly communicated to interns during Orientation with opportunities for group and individual discussion. These procedures delineate the processes for notifying interns of a concern, providing a hearing, opportunity for appeal, methods of documentation, communication with doctoral program, developing and implementing remediation plans, remediation timeframes, and methods of re-evaluation. There is also a grievance procedure for interns, which includes due process.

Evaluation of the Training Program

Throughout the year, interns are asked to informally provide evaluative feedback about rotations and other training experiences. At the conclusion of the training year, the interns will be asked to complete a formal/comprehensive End-of-Year Evaluation of their supervisors and of the program as a whole. Graduate surveys are sent to graduates of our training program so that they have opportunities to provide feedback with regard to how well the program has prepared them for work as professional psychologists.

Requirements for Successful Internship Performance and Completion

The VA CWM internship is comprised of a 12-month fulltime training experience. Interns are expected to participate in clinical, didactic, case conference, team building, and consultation activities throughout the training year. Some commuting between sites is expected, depending on track assignments. Opportunities are provided in each rotation or track within the program to train and demonstrate competency in each of the Profession-Wide Competencies and Program-Specific Aims.
The rotations, tracks and competency areas are detailed in subsequent sections of this manual. Interns are evaluated six times during their training year, with written and verbal feedback at each time point. Feedback is also integrated within supervision on an ongoing basis. Interns are given ample written and verbal notification of any concerns that might impact their successful completion of internship and multiple forms of support for remedying these concerns in order to successfully complete their internship. As further detailed in the section below on Evaluation Procedures, the Minimum Level of Achievement (MLA) required for completing internship is 4 out of 5 on each item at the end of trimester three (T3).

To graduate from internship, interns must complete the full 2080-hour internship (which includes all forms of paid leave), with a minimum of 25% of on-duty time spent in direct service hours, providing services to patients.

General Mental Health Internship Track - Leeds / Northampton at Edward P. Boland VA Medical Center (4 Positions)
Match Number 133511

Overview

The Predoctoral Internship Training Program has a long history of providing multiple training rotations, settings, and modalities during the course of the training year. As our program has grown, we have added yearlong tracks in each of the Worcester and Springfield Community-Based Outpatient Clinics (CBOCs). These interns work as a part of their respective multidisciplinary teams for the entire twelve months of the internship and join the other four interns at the Medical Center in Leeds / Northampton for weekly training activities. Further details about these interdisciplinary tracks at our Worcester and Springfield CBOCs are available in separate sections of this document. The following information on rotations pertains only to the General Mental Health Internship track at the Medical Center.

Figure 2: Exterior photograph of Building 1-Liberty, VA CWM-Leeds Campus

During our orientation, interns are able to meet with the rotation supervisors and learn about available rotations. They consult with the Training Director and submit their preferences for their primary rotations. Primary rotations comprise 28 hours per week for 4 months, ancillary rotations consist of 8 hours per week for 12 months, with the remaining 4 hours per week dedicated to other structured learning activities such as Didactic Seminars, Case Conference, and Program Evaluation Projects.

The VA CWM – Leeds track currently offers six Primary Rotations. Training rotation availability may vary from year-to-year based on factors such as staff availability and programmatic changes The six current primary rotations are: **Acute Psychiatry Across Contexts; Behavioral Health Interdisciplinary Program – Outpatient Mental Health (BHIP); MST / Women's Mental Health; Primary Care-Mental Health Integration with Health Psychology (PC-MHI/HP); PTSD Residential Rehabilitation Treatment Program (PTSD RRTP); and Substance Use Disorders Treatment (SUD-RRTP & IOP)**. A seventh primary rotation – **Assessment** – is on temporary hiatus, but will be restored as soon as staffing allows. Most training years, the VA CWM - Leeds track has offered more rotations than intern positions. This allows greater flexibility and choice in selecting training experiences that promote interns' development of necessary clinical skills.

Rotations are designed to provide interns with training and practical experience in three broad areas essential for practice in clinical psychology: assessment/ diagnosis, psychotherapy (including empirically supported approaches to treatment), and consultation. Consultation typically entails discussion of particular cases with challenging clinical problems, fostering interns' development of areas of clinical expertise. Interns build and enhance their program development skills through incorporation and tailoring of evidence-based therapies and novel approaches to treatment.

Standardized evaluations occur at regular intervals for all intern training and educational activities. Interns are evaluated 6 times throughout the year (at the midpoint and endpoint of each trimester). A primary supervisor is identified who will be responsible for ensuring completion of the 2 written evaluations during each trimester.

Primary and ancillary rotations are described below.

Primary Rotations

ASSESSMENT (Temporary hiatus, to be reopened as soon as staffing allows)

The intern on this Primary rotation will work closely with Dr. Malinofsky, a neuropsychologist and psychotherapist, and another assessment-focused psychologist to provide neuropsychological and psychological assessment services, and individual and group psychotherapy.

The Assessment rotation provides assessment experience in a range of outpatient and inpatient or residential clinical settings. While the specific clinical settings vary, the underlying goal and training emphasis remain consistent. In each setting, you will be involved in clinical interviewing, test administration, scoring, report writing, providing patient feedback, and consultation and collaboration with the interdisciplinary team. A training goal will be to complete at least 2 assessment (neuropsychological/psychological) batteries with full reports. However, as students in different graduate programs have vastly different levels of training and experience in testing, basic skills in testing are assessed at the beginning of the rotation. Interns who require further training and/or experience to establish these basic skills are provided with testing assignments designed to develop these skills. If basic testing skills are already established at the beginning of the internship year, the assessment rotation takes the form of more advanced testing experiences working toward increasing levels of independence.

The Neuropsychology Service: Testing consults are submitted by a range of VA CWM providers. A significant number of referrals are placed to assess memory and cognitive

changes. To address referral questions, psychodiagnostic assessments will lead to meaningful DSM-5- based differential diagnoses and recommendations for treatment planning. In addition to a full range of neuropsychological measures, structured and semi-structured interviews may be utilized such as the Clinician-Administered PTSD Scale for DSM-5 (CAPS-5). Interns may also administer and interpret objective and subjective personality tests including the Minnesota Multiphasic Personality Inventory-2-Restructured Form (MMPI-2-RF), and Personality Assessment Inventory (PAI) among others.

Supervision Training

The Assessment intern may develop supervision skills by any of the following (according to developmental level of supervisee):

- Identify, review, and discuss relevant assessment supervision literature.
- Review supervisor evaluation reports and provide feedback.
- Observe supervisor administration of measures and provide feedback.
- Consult on assessment cases with intern(s) on other rotations.
- Consult with providers on ways to translate testing recommendations into therapy approaches.

Supervision Provided

Interns will participate in at least 3 hours of weekly supervision, shared among the primary rotation supervisors, with additional time provided as needed for observation and didactic instruction. There will also be frequent debriefing that will occur as often as daily after exam sessions, while scoring/interpreting reports, and when learning new instruments. In addition to general clinical issues, supervision sessions will regularly include discussion of such topics as: ethical and legal standards and professionalism (values, attitudes, behaviors, communication, and interpersonal skills). The intern will spend a considerable amount of time observing and being observed by the psychologists on this rotation. The intern is expected to come prepared for supervision with an agenda, organized test data, and/or specific questions for discussion.

Research

The intern will be expected to regularly conduct literature reviews and may incorporate findings into their reports. It is often necessary to review recent literature on a given condition to understand the psychological effects and characteristics of a medical or psychiatric condition. The intern will need to research topics that arise when providers seek their expertise in consultation. The intern will present this information during supervision and will upload key articles to a corresponding rotation folder on a shared computer drive (SharePoint).

ACUTE PSYCHIATRY ACROSS CONTEXTS

The intern on this rotation works closely with Dr. Emily Britton and Dr. Kayla Linderme to provide psychological services to Veterans in crisis, post-crisis, or those requesting immediate mental health assistance. There are three different settings in which these Veterans will be seen, representing a different level of care. One context is the clinic offering walk-in services to Veterans wishing immediate assistance with some mental health problem or situation. Another is Admissions, where Veterans will self-present or be sent by others for possible admission to the inpatient unit. The third location is the inpatient unit itself, where Veterans have been admitted voluntarily, or, involuntarily.

4 Lower, or Inpatient Psychiatry

The acute unit, or "4 Lower," offers psychiatric stabilization, detoxification from substances, and recovery programming for Veterans. The patient population consists primarily of male Veterans, although increasing numbers of female Veterans present for treatment. A broad range of psychotic, mood, anxiety, substance-related, and adjustment disorders are seen in the Veterans. A majority of the patients have comorbid Posttraumatic Stress Disorder and substance use disorders.

An intern selecting this rotation likely will participate in the following training experiences:

Assessment

The intern may be assigned newly-admitted Veterans for evaluation and formal assessment. These assignments will emphasize the development of the intern's ability to formulate diagnostic impressions based on records review, clinical interviewing, psychological and neuropsychological testing if necessary, and to formulate realistic treatment plans. Neuropsychological screening and diagnostic clarification are common referral questions on this rotation. The intern will interact with the referral source, determine suitability for testing, complete the assessment and integrated report, and provide feedback to both the Veteran and the treatment team. Assessment instruments used may include the Clinician-Administered PTSD Scale (CAPS), the PCL-5, Interview for Assessing the Presence of a Possible Borderline Personality Disorder, the Montreal Cognitive Assessment (MOCA), and mood disorder screens to determine a unipolar versus bipolar presentation. Collaboration with an Assessment Rotation intern (if there is one in that time period) may take place. Other measures may be used depending on the referrals and the intern's experience.

Psychotherapy

The intern may work intensively in individual psychotherapy with no more than one or two Veterans at a time. When individuals discharge, new patients may be assigned. Individual therapy is conceptualized primarily using behavioral, cognitive-behavioral, or ACT approaches. Opportunities may also exist for the intern to participate in

therapy/meetings with families and significant others. Group psychotherapy is the primary form of treatment on the unit, and the intern will participate as a co-facilitator in the groups. Groups currently offered on the unit by Dr. Britton are oriented by Acceptance and Commitment Therapy, and include such topics as self-compassion, emotion efficacy skills, mindfulness, curriculum-based motivational interviewing, safety planning, anger, recovery action planning, relationship boundaries and interpersonal assertiveness, shame, sleep skills, grief and loss, and marijuana education. The intern will be encouraged to develop and lead group(s) of the intern's choice, and act as primary facilitator. Dr. Britton will co-facilitate and then shadow until the intern is deemed ready and feels comfortable working as lead facilitator.

Consultation

The intern will participate in the interdisciplinary daily rounds and interact regularly throughout each day with colleagues in the fields of psychiatry, nursing, social work, and medical. Rounds focus on treatment planning, evaluation, and behavioral planning for our Veterans. Rounds also provide the opportunity for the intern to provide assessment results to the treatment team.

Supervision Training

The intern will have the opportunity to learn and practice supervision skills in a variety of ways. Depending upon trainee participation on the unit (typically a physician's assistant student and a social work student) and trainee participation in that of the SUD Domiciliary, interns may supervise each other in group facilitation. Tiered supervision of that peer-to-peer supervision will be provided by Dr. Britton in small group format (3 or fewer trainees). Interns will bring information about clinically relevant incidents to the supervision. Such sessions will regularly include discussion of ethical and legal standards and professional values, attitudes and behaviors. Communication and interpersonal skills will be discussed in an ongoing manner. This rotation offers ample opportunity for observation and feedback by the supervisors due to the team/milieu nature of the units.

Admissions

Risk assessment is an important skill which all psychologists-in-training should learn. The intern will be given the opportunity to participate in Admissions screenings alongside the social workers in that department. The intern will observe the screenings, and be given the opportunity to learn the process of risk assessment and hear decision-making when relevant. (The Admissions social workers and attending psychiatrists are always in full charge of the process.) The process of sectioning, should a Veteran require admission but not be willing to sign a conditional voluntary "CV," will be observed by the intern. Massachusetts laws will be referenced. Dr. Linderme will be the assigned supervisor for this learning opportunity.

Walk-in Clinic

As part of the rotation, interns will work with Dr. Linderme in the Walk-In Clinic, which provides same-day access for meeting immediate needs and planning further treatment. In this clinic, there is opportunity to enhance skills in clinical decision-making, triage, and brief interventions. The range of functions is quite broad and can include clinical assessment as part of the hospital admission process, and follow-up post hospital-discharge. Other functions include brief treatment for Veterans who are waiting for long-term treatment, or who need help in determining their ongoing treatment needs. Veterans presenting to the walk-in clinic include a high number of people who have co-morbid SUD or SPMI. This is an interdisciplinary approach that involves working with medical providers, prescribers, and other mental health staff. There is an opportunity to learn about resources within the VA and beyond.

Supervision Provided

Weekly, at least 3 hours of scheduled individual supervision will be provided to the intern on this rotation. Dr. Britton will provide 1.5 hours of formal supervision, and Dr. Linderme will offer the other 1.5 hours. In addition to scheduled individual supervision, the intern will debrief with supervisors after groups or sessions as needed. Supervision about assessments and clinical interactions will also be available on an as-needed daily basis. The intern works closely with the psychologists on this rotation and there is quite a bit of spontaneous contact and "curbside consultation" due to the nature of the acuity of cases and number of decision points which may be present.

Research

Optional: The intern will be encouraged to do a literature review on an area of interest that is relevant to this acute psychiatry rotation. This could range from researching treatment for a particular diagnosis, to researching a particular screening or assessment instrument. The intern will present this information to the relevant treatment team, and may select one or two articles and a list of references to be included in the reading for future interns for this rotation.

Behavioral Health Interdisciplinary Program – Outpatient (BHIP)

The intern on this rotation works closely with supervisors in the Behavioral Health Interdisciplinary Program (BHIP) and is an active member of the BHIP team. Interns in this rotation will gain experience working with Veterans with diverse clinical presentations using a variety of psychological interventions. Services offered within BHIP include individual psychotherapy, group psychotherapy, assessment, pharmacotherapy, case management, and crisis intervention. The BHIP team is comprised of clinical psychologists, clinical social workers, psychiatrists, clinical pharmacists, nurse practitioners, registered nurses, and support staff. BHIP staff provide comprehensive evaluation and treatment for a full range of psychiatric diagnoses, including chronic,

acute, and comorbid conditions. Treatments offered emphasize time-limited, evidence-based modalities, though range from brief crisis intervention to longer-term maintenance. Veterans seen within BHIP most commonly present with trauma-related, mood, and anxious disorders, frequently with medical or other psychiatric comorbidities, and psychotherapies used most often by BHIP providers include CBT (e.g., CBT-D, CBT-I), ACT/ACT-D, and DBT, in addition to several evidence-based and empirically-supported trauma-focused treatments.

Individual & Group Psychotherapy

Interns will carry an outpatient caseload of 8-10 Veterans who they will see for weekly individual psychotherapy for the duration of the rotation. Given the time-limited nature of the trimester/rotation schedule, there will be an emphasis on active, targeted treatment approaches following an episode of care model. The intern will have the opportunity to utilize a variety of therapeutic modalities, including integrative, trauma-informed approaches and empirically-supported and evidence-based psychotherapies. Case assignments represent a balance of Veteran needs and the intern's goals, interests, and preferences.

Interns will have the opportunity to co-lead one or two psychotherapy groups, depending upon the trimester. Interns often have the opportunity to co-facilitate DBT Skills, Mindful Compassion, and Life After Trauma groups, and other group opportunities may exist as well.

Assessment

Psychodiagnostic and risk assessment are interwoven into individual psychotherapy cases in an ongoing way. The intern will also have the opportunity to complete comprehensive intake evaluations, including engagement in shared decision-making and initial treatment planning. Depending upon the intern's interest and staff availability, interns can elect to conduct intake assessments more regularly, as well as to complete focused diagnostic assessments, including evaluations for ADHD, PTSD (e.g., CAPS-5), and diagnostic clarity (e.g., SCID-5).

Supervision

The intern will receive 3 hours of individual supervision per week. As there will be slight variations in the rotation each trimester in an effort to maximize clinical opportunities, intern preference, and staff availability, a general model for supervision is as follows: 1 hour/week with a primary supervisor for individual psychotherapy cases, 1 hour/week with a second primary supervisor for individual psychotherapy cases, 30 mins/week with a group co-facilitator/supervisor, and either 30 mins/week with a second group co-facilitator/supervisor or 30 mins/week with an assessment supervisor.

Supervision will be provided using a developmental model, working towards more autonomous practice incrementally throughout the trimester. At the beginning of the rotation, interns will have several opportunities to shadow supervisors and receive

supervisory support via observation of initial session(s). Interns will videorecord their individual psychotherapy sessions throughout the rotation for review and collaborative discussion in supervision to deepen the breadth of training. Rotation supervisors include Drs. Canning, Clark, Muniz-Rodriguez, Stedman, and Weismoore.

Consultation
Interns will participate in daily BHIP huddles and weekly interdisciplinary team meetings, which include opportunities for case presentations, discussions, and consultation. Interns are encouraged and expected to consult with BHIP staff members as needed to best support and meet Veterans' needs.

Supervision Training
Interns will have the opportunity to engage in peer-based consultation under the observation and guidance of a licensed psychologist to develop and practice supervision skills. Other opportunities to learn about and discuss models of supervision and practice supervision skills via role-plays may also be integrated into weekly individual supervision.

Research
Review and discussion of current literature and emerging research, particularly regarding various theoretical orientations and psychotherapeutic approaches, will be integrated into supervision. Self-directed review of research relevant to clinical care is also encouraged throughout the rotation.

MST and Women's Mental Health

The intern on this rotation is supervised by Dr. Shani Ofrat, Dr. Sabina Camponogara, and Dr. Julie Weismoore. On the MST/Women's MH rotation, the intern will gain experience in individual psychotherapy for women Veterans and Veterans with MST. The intern will also co-facilitate group psychotherapy for Veterans who have experienced military sexual trauma, struggle with symptoms of PTSD, or could benefit from learning mindful self-compassion. The intern will develop an understanding of the emotional, cognitive, behavioral, moral, and social impacts of MST on Veterans, as well as some of the overlaps and distinctions in the treatment of sexual trauma compared with treatment of other trauma types. This will include training and supervision in the delivery of trauma-informed care. The intern will learn about the unique biological and social impacts on women veterans' clinical presentations and therapeutic needs. In addition, the intern will have the opportunity to gain experience in program development and consultation as it relates to Veterans with MST and/or women veterans.

Supervision Provided
The intern will be provided a minimum of three (3) individual hours of supervision per week on this rotation with licensed psychologists, in-person or via video. Supervision

sessions will regularly include discussion of general clinical issues and topics such as ethical and legal standards, individual cultural diversity, and professionalism. There are up to 3 options for supervisors for this rotation, depending on availability.

Research

The intern will learn how to consume research and use it to guide treatment with individual psychotherapy cases. Additional clinical research training may be available, which will be tailored to the intern's professional goals and interests.

Assessment

The intern will develop their skills in conducting comprehensive diagnostic interviews with Veterans with MST and women Veterans across a wide-range of concerns. These psychodiagnostic evaluations will assist in developing case conceptualization, fully understanding presenting concerns, and treatment planning. These cases will be supervised by Drs. Sabina Camponogara and Shani Ofrat. The intern will have the opportunity to develop skills in PTSD assessment and shared-decision making with Veteran, including utilizing the CAPS-5 assessment, providing diagnostic feedback to Veterans, and discussing evidence-based treatment options. This will be supervised by Dr. Weismoore. In addition, the intern will learn how to utilize measurement-based care to measure Veterans' progress toward their treatment goals and to inform treatment decisions. The intern will have the opportunity to conduct pre/post evaluation of group members using self-report measures.

Psychotherapy

The intern will have the opportunity to learn and implement individual evidence-based psychotherapy approaches with Veterans with PTSD related to MST, and/or women Veterans with a wide-range of diagnostic presentations. On average, interns carry a caseload of 2-6 individual therapy cases throughout the rotation. The intern will have the opportunity to develop competence in at least one evidence-based treatment (i.e., WET for PTSD, CBT for Insomnia). The intern will learn how to tailor evidence-based treatments to fit the specific concerns and needs of women Veterans or Veterans with MST. Individual therapy experiences will be supervised by Dr. Ofrat, Dr. Camponogara, and/or Dr. Weismoore.

The intern will co-facilitate multiple weekly groups. These groups include the following, but may change between trimesters and years:

- Mindful Compassion Group (in person or VVC) with Dr. Weismoore: This is a 24-week rolling admissions group for Veterans in the MHC.
- The Courage Group for MST (VVC only) with Dr. Ofrat: This is a 12-week outpatient, closed cohort group, with separate cohorts for male and female veterans with MST experiences.
- Life After Trauma Group (VVC only) with Dr. Weismoore: This is a 24-week rolling admissions group for Veterans in the MHC.

Consultation
The intern may be involved in consultation to staff on their work with Veterans with MST or Women Veterans.

Supervision Training
The intern will have the opportunity to learn and practice supervision skills by:
- designating supervision time for reviewing articles and discussing supervision methods and competencies
- setting up role plays between the intern and supervisor, using case examples, in order to provide modeling of supervision.

In addition, the intern may have the opportunity to engage in peer supervision and training with fellow interns, as well as provide training/supervision to graduate students.

Additional Learning Opportunities
The intern will attend regular trainings for women veterans, including the monthly national Women's Mental Health Teleconference that presents most up to date research and clinical information relevant to women veterans' mental health. Additionally, the intern in this rotation can complete relevant trainings on topics of interest including reproductive mental health, CAPS-5 assessment, risk assessment, and MST.

Primary Care Mental Health Integration & Health Psychology (PCMHI/HP)

This rotation is supervised by Jennifer Brown, Ph.D., Ariel Laudermith Ph.D. and Starr Eshleman, Psy.D.

The Primary Care Mental Health Integration & Health Psychology rotation emphasizes an expanded biopsychosocial perspective in the prevention and treatment of health-related conditions. The mission of Health Psychology is to maximize the physical and psychological functioning of Veterans through health promotion programs, individual goal-oriented treatments, and group psychoeducational programs that teach self-management of chronic medical conditions.

This clinical experience offers interns the opportunity to work within multidisciplinary and interdisciplinary teams in the treatment of co-morbid medical and psychological conditions, with exposure across three Service Lines: Primary Care, Mental Health, and Physical Medicine & Rehabilitation. Working closely with the PC-MHI psychologist, interns will receive "warm handoffs" from Primary Care team members and learn to conduct triage assessments and brief psychotherapy interventions. Interns selecting this rotation will also work with the following population health concerns: chronic pain, overweight/obesity, and tobacco use disorder. Through this experience, interns will be trained to conduct biopsychosocial assessments, provide time-limited individual

psychotherapy, co-facilitate and facilitate behavioral medicine groups, and provide consultative services to other disciplines.
Please note that assessment, psychotherapy, and consultation opportunities may occur in person, via telephone, and/or via VA Video Connect (VVC) depending on the needs of the Veteran and clinical team.

Supervision Provided
Interns will be provided with a minimum of three (3) individual hours of supervision per week on this rotation. Each of the licensed psychologists will provide at least one hour of scheduled in-person or video supervision per week. In addition to scheduled supervision, there is ample opportunity for direct observation of clinical work. Supervision sessions will regularly include discussion of general clinical issues and topics such as ethical and legal standards, individual and cultural issues in psychology, and professionalism (values, attitudes, behaviors, communication, and interpersonal skills). Interns will also have opportunities to collaborate with clinicians in other disciplines.

Research
On this rotation, interns will be provided opportunities to identify, apply, and disseminate applicable knowledge from research into their direct clinical service. They may assist in the collection and analysis of data in the service of programmatic evaluations. Additionally, interns will learn how to apply Evidence-Based Practices in working collaboratively with colleagues in various service lines. Interns will gain expertise in patient-centered communication, cognitive-behavioral techniques, and motivational interviewing strategies.

Assessment
Primary Care-Mental Health Integration (PC-MHI): Interns will learn how to triage presenting Veterans and help determine disposition at the end of assessment. Developing good clinical judgment is paramount and includes assessment of patient needs and effective matching with a patient's level of willingness for treatment. The use of measurement-based care, including the VA's Clinical Reminders, and self-report questionnaires is incorporated into evaluation of all biopsychosocial factors affecting patient health outcomes and functioning. Determination of the presence and acuity of PTSD, along with other mental health diagnoses, will occur, and reliable screens will be utilized.

Chronic Pain: Interns will participate in interdisciplinary screenings with a physical therapist to evaluate appropriateness for the Active Management of Pain (AMP) group. Interns will also complete biopsychosocial pain assessments to evaluate appropriateness for Cognitive-Behavioral Therapy for Chronic Pain (CBT-CP). Finally, interns will engage in measurement-based care using pain-specific and other questionnaire measures.
Weight Management: Interns may have the opportunity to observe and take a leadership role in pre- and post-psychological evaluations for bariatric surgery.

Tobacco Cessation: Interns will complete tobacco cessation telephone intake assessments and triage the Veteran to the appropriate treatment (e.g., hypnosis, individual counseling and/or medications). Interns will become familiar with measures and questionnaires relating to nicotine addiction and motivational interviewing.
Transplant Evaluations: Interns may have the opportunity to observe and take a leadership role in pre-transplant psychological evaluations.

Psychotherapy
Primary Care-Mental Health Integration: Interns will provide psychoeducation and brief, individual psychotherapy treatment protocols utilizing motivational interviewing, problem-solving therapy and cognitive behavioral therapy approaches.
Chronic Pain: Interns will have an opportunity to learn and implement CBT-CP, an evidence-based psychotherapy for the treatment of chronic pain. Interns will also co-facilitate AMP groups with their supervisor and a physical therapist.
Tobacco Cessation: Interns will have the opportunity to provide integrated tobacco cessation treatment through the tobacco cessation program which serves all VA Central Western Massachusetts locations. In collaboration with the Veteran's Primary Care team and other mental health providers, interns will learn how to develop collaborative goals with Veterans (e.g., reducing intake of tobacco, working toward a quit date), integrate the use of Nicotine Replacement Therapy (NRT) medication, and provide brief behavioral individual treatment.

Consultation
Primary Care-Mental Health Integration: Interns will gain skills in effective interdisciplinary consultation and collaboration within the framework of Primary Care, first through shadowing the PC-MHI Psychologist. Curbside consultation takes place frequently, as does more formal consultation. The focus may be on cases, but in addition, cultivation of a mutual understanding and knowledge across disciplines. Interns will participate in huddles and preplanning meetings with the Primary Care teams.
Chronic Pain: Interns will provide consultation to Pain Management Team and other colleagues regarding chronic pain.

Tobacco Cessation: Interns will provide consultation to a variety of interdisciplinary teams within the Mental Health Service Line, Primary Care Service Line, and inpatient units.

Supervision Training
Interns may have the opportunity to learn how to provide feedback in a supervisory capacity on this rotation. In addition to learning supervision theory and evidence based techniques, interns will obtain clinical experience through a variety of methods tailored to the intern's specific strengths and clinical goals.

PTSD Residential Rehabilitation Treatment Program (PTSD RRTP)

The intern on this rotation works closely with Dr. Cornelius and Dr. Hugg to offer services to Veterans who require treatment for PTSD related to their military service, utilizing the group format almost exclusively. Veterans in this program are placed in a cohort group that is put through six weeks of intensive treatment focusing on trauma-related problems of living.

The program offers extensive training in group psychotherapy for PTSD. Interns can expect to facilitate and co-facilitate therapy groups, meet individually with Veterans for purposes of care coordination and for brief psychotherapy around any special issues that have arisen in treatment. Interns also perform initial psychosocial assessments and risk assessments, develop safety plans and individualized treatment plans and assist Veterans in developing a plan for discharge. Interns work collaboratively with other staff members from a variety of disciplines.

Assessment

Interns learn to conduct clinical interviews which gather pertinent diagnostic information as well as information pertaining to overall psychosocial functioning. Interns learn to identify comorbid factors that may impact treatment, and which may need to be targeted for intervention as well. Additionally, interns learn to detect psychological processes that are contributing to trauma-related problems in living (e.g., experiential avoidance, cognitive fusion, excessive attachment to a conceptualized sense of self). Assessment instruments include a biopsychosocial assessment, PCL, the Moral Injury Outcome Scale, and the AAQ2.

Psychotherapy

The PTSD program places a premium on experiential learning in the context of a safe and supportive setting. Acceptance and Commitment Therapy (ACT) is a foundational element of the program and is delivered primarily as a group intervention. Interns gain experience running large ACT groups (12 members) that follow a more structured class-like format and running smaller “breakout” groups (typically 6 members) utilizing the ACT model of psychological flexibility. Interns also gain experience leading extended mindfulness meditations, and facilitating discussions afterwards that model, instigate, and support mindful awareness and acceptance of the present moment.

Consultation

Interns will consult regularly with other VA CWM programs, such as Inpatient Psychiatry, the outpatient Mental Health Clinic, the Intensive Outpatient Substance Abuse Program, and also the local Veteran’s Center.

Supervision

Interns on the Inpatient PTSD Rotation receive three hours of individual supervision with Dr. Cornelius per week. Supervision covers skills in assessment, psychotherapy, consultation, and issues related to professional ethics and values. Supervision also incorporates review and exploration of new developments and emerging research in the treatment of trauma-related problems of living.

Research

Interns gain practice as critical consumers of research in the field of psychological trauma. Current literature and emergent research in trauma and trauma treatment are reviewed and discussed with a particular eye towards modifying and adapting existing programing on the unit to be more in line with current developments in the field.

Recommended Reading

Baker, A., Mystkowski, J., Culver, N., Mortazavi, A., & Craske, M. (2010). Does habituation matter? Emotional processing theory and exposure therapy for acrophobia. Behavior Research and Therapy, 48, 1139-1143.

Borges, L., Barnes, S., Farnsworth, J., Drescher, K, & Walser, R. (2022). Case conceptualizing in Acceptance and Commitment Therapy for Moral Injury: An active and ongoing approach to understanding and intervening on moral injury. Frontiers in Psychiatry, 13. Found at https://www.frontiersin.org/articles/10.3389/fpsyt.2022.910414/full on July 28, 2023.

Hayes, S., Strosahl, K., and Wilson, K., (2011). Acceptance and Commitment Therapy, Second Edition: The Process and Practice of Mindful Change. Guilford Press: New York.

Polk, K., Schoendorff, B., Webster, M., and Olaz, F., (2016). The Essential Guide to the ACT Matrix: A Step-by-Step Approach to Using the ACT Matrix Model in Clinical Practice. Context Press: Oakland, CA.

Orsillo, S., & Batten, S. (2005). Acceptance and Commitment Therapy in the treatment of posttraumatic stress disorder. Behavior Modification, 29 (1), 95-129.

Segal, Z., Teasdale, J., & Williams, M. (2004) Mindfulness-Based Cognitive Therapy: Theoretical Rationale and Empirical Status. In S. Hayes, V. Follette, and M. Linehan (Eds.), Mindfulness and Acceptance: Expanding the Cognitive Behavioral Tradition (pp. 45-65). Guilford Press: New York.

Walser, R. D. & Hayes, (2006). Acceptance and Commitment Therapy in the treatment of posttraumatic stress disorder. In V. M. Follette & J. I. Ruzek (Eds.), Cognitive Behavioral Therapies Trauma (pp. 146-172). Guilford Press: New York.

Wilson, K.G., Murrell, A.R. (2004). Values Work in Acceptance and Commitment Therapy: Setting a Course for Behavioral Treatment. In S.C. Hayes, ,V.M. Follette, &M.M. Linehan (Eds.) Mindfulness and Acceptance: Expanding the cognitive behavioral tradition. (pp. 120-151). New York: NY Guilford Press.

SUBSTANCE USE DISORDER TREATMENT (SUD) - RRTP & IOP

The intern on this rotation works closely with Dr. Helbok and Dr. Jetton to offer services to Veterans who have substance use disorders (SUDs), including Veterans who have co-occurring disorders. Interns on this rotation will gain experience working with veterans in both an outpatient setting (Dr. Helbok) and a residential setting (Dr. Jetton). Both the outpatient and residential treatment programs prioritize Cognitive Behavioral Therapy for SUD, although related treatments such as Contingency Management, Motivational Enhancement Therapy, and ACT/Mindfulness approaches are also used. Experiences with both group and individual therapy are available across settings, although it is likely that training in the residential setting will focus more heavily on groups, while training in the outpatient setting will focus more heavily on individual therapy.

The outpatient training will take place in the SUD Clinic (SUD-C), which offers an Intensive Outpatient Program (IOP) as well as Aftercare groups and EBP-focused individual therapy to veterans with substance use disorders. The residential training occurs in the setting of a 5-week Residential Rehabilitation Treatment Program (SUD RRTP). Both settings treat veterans with a high degree of comorbidity; PTSD is usually the most common co-occurring disorder, however severe depression, anxiety, psychotic and mood disorders are also quite common. Many of the veterans in SUD are also struggling with homelessness, employment difficulties, and legal issues.

Intern responsibilities include co-facilitation of groups, intake assessment and evaluation, treatment planning, and individual psychotherapy. Opportunities also exist to develop and lead groups of the intern's choice. Interns will also join daily morning huddles with an interdisciplinary treatment team (psychiatry, psychology, social work and nursing), as well as provide consultation with other disciplines. Formal suicide/homicide risk assessment and safety plan development are also
conducted with acute patients.

Supervision Provided
Three hours of scheduled individual supervision will be provided on this rotation. Supervisors will also be available for ad hoc supervision.

Assessment and Measurement Based Care
Interns will learn to conduct biopsychosocial intake evaluations. The intern may be assigned some newly-admitted veterans for intake evaluation and assessment. These assignments will emphasize the development of the intern's ability to formulate diagnostic impressions based on clinical interviewing and testing, and to formulate realistic treatment plans. Interns will learn to conduct a thorough SUD assessment as well as integrate techniques to monitor and assess the treatment of SUDs and co-occurring disorders. This may include the use the Brief Addictions Monitor-Revised

(BAM-R) monthly and BAM-IOP weekly to identify and assess measurement-based care. Other common assessment instruments used may include the Clinician-Administered PTSD Scale (CAPS), the PCL-5, the Montreal Cognitive Assessment (MOCA), and depression screens.

Group and Individual Psychotherapy

Interns will facilitate and co-facilitate various evidence-based groups in the RRTP and IOP from a cognitive-behavioral orientation. Individual therapy cases are varied, and the interventions provided may be brief or for the duration of the rotation. Interns will receive supervision in evidence-based approaches to treating SUDs, including contingency management, motivational enhancement therapy, and cognitive-behavioral therapy. Interns may also receive supervision in the treatment of a specific disorder or condition in the context of a SUD, including but not exclusive to pain, trauma, insomnia, and depression.

Consultation

The intern will participate in the interdisciplinary daily huddles and interact regularly throughout
each day with colleagues in the fields of Psychiatry, Nursing, Social Work, and Primary Care. Huddles focus on treatment planning, evaluation, and behavioral planning for our veterans. Huddles also provide the opportunity for the intern to provide assessment results to the treatment team.

Supervision Training

The SUD rotation will provide psychology interns opportunities to develop supervision skills by working with other trainees and/or staff to learn and integrate specific clinical skills including diagnostic clarification, case conceptualization, and treatment planning.

Program Evaluation

Some interns have developed their program evaluation project during this rotation. Two examples of recent program evaluations are 1) efficacy and cost of a three-week IOP as compared to a four-week IOP and 2) an evaluation of the language we use in the electronic medical records for individuals with substance use disorders.

Research

Interns will be expected to use various VA accessible tools including the VISN 1 Knowledge Library to research specific areas related to their work on the rotation (e.g., individual differences, medical comorbidities) to better inform their direct service and to disseminate current literature to colleagues via team meetings, didactic seminars and consultation.

Ancillary Rotations

Interns on the General Mental Health Internship Track at Leeds/Northampton are assigned an Ancillary training experience for the entire 12 months, taking their preferences and training needs into account. The supervisor provides clinical supervision for individual cases with specific emphasis according to the supervisor's area of clinical expertise. The Ancillary rotation consists of 8 hours per week, with fluid scheduling, depending on the primary and ancillary rotations and Veterans' availability. Interns meet with all supervisors offering ancillary rotations during orientation and rank their preferences for ancillary rotations. The Training Director make the final decision on Ancillary rotation assignments, after considering the training needs of all interns, supervisor availability, and the Primary rotations selected by interns during the orientation period. At some point prior to or during orientation, interns will complete an initial self-evaluation of their strengths and targeted areas for growth during their internship training year, which will also inform Ancillary assignments. As noted above with Primary Rotations, the availability of a given rotation may fluctuate from year- to-year based on factors such as staffing and programmatic changes.

ACCEPTANCE AND COMMITMENT THERAPY ANCILLARY – Supervised by Julie Weismoore, PhD

The ACT Ancillary rotation is a year-long rotation focused on developing skills in utilizing Acceptance and Commitment Therapy with outpatient Veterans who are struggling with a variety of mental health concerns, including depression, anxiety, and/or PTSD. It combines exposure to ACT concepts and theory with experience selecting and implementing ACT-based interventions.

Assessment

The intern in the ACT Ancillary will gather information related to overall psychosocial functioning and diagnosis in order to understand the current struggles of the Veterans whom they serve. They will learn to identify psychological processes that are contributing to problems in living (e.g., experiential avoidance, cognitive fusion, excessive attachment to a conceptualized sense of self, difficult engaging in value-driven actions). The intern in the ACT Ancillary will use their case conceptualization and moment-to-moment session awareness to guide intervention choices and the arc of an ACT episode of time-limited care. In addition, they will select and utilize self-report assessment measures such as the AAQ-2, the DERS-16, the FFMQ, the DAR-5, the PHQ-9, the PCL-5, the BAM-R, and the Valued Living Worksheet to monitor shifts in Veteran functioning throughout the progression of ACT work.

Psychotherapy

The intern in the ACT Ancillary rotation will co-lead outpatient ACT-based therapy groups (e.g. Life After Trauma or Living with Angry Feelings) with Dr. Weismoore to observe and

develop one's own ACT therapeutic stance as well as develop skills in facilitating planned experiential interventions and co-leading groups. Additionally, the intern in the ACT Ancillary rotation will learn to use the ACT-Depression protocol for individual therapy cases. As ACT competency and confidence increases, the intern in the ACT Ancillary may utilize ACT in a more flexible manner, targeting key ACT-related processes based on ACT-based conceptualization of struggles and as indicated in the moment with Veterans in a time-limited manner (e.g. 12-16 sessions). A total of 3-5 clinical hours weekly will be spent in direct clinical care as part of the ACT ancillary rotation. The balance of group co-facilitation and individual therapy provision will likely fluctuate throughout the year based primarily on the goals and training needs of the ACT Ancillary intern.

Consultation

The intern in the ACT ancillary rotation work in collaboration with other providers from a range of disciplines in the VA system. Opportunities for consultation will arise, particularly with treatment planning towards the end of episodes of time-limited care and with complex case presentations. Additionally, the intern in the ACT Ancillary rotation will actively participate in the monthly VISN 1 Acceptance and Commitment Therapy Consultation group, which welcomes the participation of staff and training psychologists as well as those from other disciplines who want to explore ACT concepts, engage in experiential ACT learning, and discuss challenges in utilizing ACT with complex presentations. Over the course of the training year, the intern in the ACT Ancillary will choose to facilitate mindful awareness practices, case discussions, and/or exploration of ACT related content based on training goals.

Supervision

The intern in the ACT ancillary rotation will engage in supervision with Dr. Weismoore for one hour weekly. The supervision process will incorporate an ACT stance of exploration, including (but not limited to) concepts related to assessment, using conceptualization and present moment willingness to guide intervention choices, effective consultation within multidisciplinary teams, professional ethics, and developing one's own therapeutic voice. Supervision conversations will include reflection upon clinical moments from shared group experiences and session recordings. Relevant readings and recorded trainings will be suggested to enhance ACT learning.

Should more than one intern select to participate in the ACT ancillary rotation during a training year, there will be an opportunity to participate in peer supervision to develop supervisory skill competency and one's supervisory style.

Research

The intern in the ACT ancillary rotation will engage in thoughtful review of relevant research related to mindfulness and acceptance-based treatments as well as discussion of how to use understanding developed through research to guide clinical practice.

ASSESSMENT ANCILLARY– Supervised by Teresa Malinofsky, PhD

The Assessment Ancillary provides experience in psychological and neuropsychological assessment for the full internship training year. The assessment setting will primarily be in outpatient mental health, with some opportunity for work in inpatient mental health. Each assessment includes clinical interviewing, test administration, scoring, report writing, providing patient feedback, and consultation and collaboration with the treating psychotherapist or medicating provider or interdisciplinary team. The Assessment Ancillary starts at the intern's readiness level, and moves on to opportunities for more complex cases and independence through the year.

Referrals are received for comprehensive evaluation towards refining treatment planning. Assessment tools are varied, with choices depending on the inquiry. Areas of inquiry include the following:

- Normal cognitive aging versus dementia
- PTSD clinical factors
- Dissociative disorder
- Unusual thought or personality or mood disorder.

The Assessment Ancillary psychology intern may develop supervision skills by any of the following:

- Identify, review, and discuss relevant assessment literature.
- Consult with intern(s) on other rotations on assessment cases.
- Consult with providers on ways to translate testing recommendations into therapy approaches.

COGNITIVE PROCESSING THERAPY (CPT) ANCILLARY – Supervised by Sabina Camponogara, PsyD

Cognitive Processing Theory (CPT) is an evidence-based psychotherapy for post-traumatic stress disorder (PTSD). Through CPT training, interns develop the skillset in exploring the impact of trauma on a person's views of self, others, and the world. Interns learn to identify cognitions that are holding a Veteran "stuck." Interns cultivate skills in Socratic questioning and in teaching use of written reflection to explore thoughts towards the goal of identifying more accurate, helpful thoughts. Interns learn to foster and allow space for emotional processing. Interns increase competence in facilitating exploration of the themes of safety, trust, power/control, esteem, and intimacy, which are commonly impacted by traumatic experiences.

During this ancillary rotation, interns will provide outpatient psychotherapy services with individuals struggling with symptoms of PTSD who may present with comorbid diagnoses of mood, anxiety, or substance abuse disorders. Interns will begin this ancillary training experience with training in PTSD diagnostic assessment and the shared decision making process to assist Veterans in considering evidence-based psychotherapy to process traumatic memories. Interns will complete an application to participate in a two day regional CPT training and work towards completion of VA CPT certification requirements through provision of CPT services and participation in 6 months of group CPT consultation with a regional CPT trainer.

Assessment

The intern will enhance their assessment skills through comprehensive evaluation of current trauma-related symptoms and goals utilizing the Clinician Administered PTSD Scale (CAPS), PTSD Checklist (PCL) or the Post Traumatic Stress Symptoms Index (PSSI) to guide the clinical interview. Interns will also become well versed in Measurement Based Care (MBC) including discussing rationale, administering patient reported outcome measures (PROMs), sharing results with Veterans and using MBC to guide treatment.

Psychotherapy

Interns will typically carry a caseload of 1-4 Veterans depending upon evolving skillsets and training goals. Interns will learn to facilitate shared decision making sessions regarding choice to trauma-focused therapy, 12 session episodes of CPT, and follow-up treatment planning appointments.

Consultation

Interns engage in 6 months of consultation with others learning to provide CPT. They will have opportunities to develop their skillsets in asking questions, providing suggestions, giving feedback, and communicating effectively with others.

Supervision

The CPT ancillary will consist of weekly, 1 hour individual supervision meetings. There may be occasions where small group supervision (consisting of three or fewer trainees) provides opportunities for role plays or observation. Supervision will include discussion of developing competence in utilizing CPT, session content, intervention choices, ethical and legal standards, individual and cultural diversity, and professionalism. Interns will be required to audio record sessions and feedback will be provided during supervision.

Research

Interns in this rotation will be provided with TMS trainings and readings, including theoretical and original research, that are relevant to the practice of CPT, as well as understanding PTSD more broadly. Topics will be discussed in supervision with the aim of critically and effectively applying theoretical and research knowledge to clinical practice.

PROLONGED EXPOSURE THERAPY (PE) ANCILLARY – Supervised by Jennifer Joyce, PsyD

Prolonged Exposure Therapy (PE) is a time-limited, evidence-based psychotherapy for PTSD consisting of weekly, 90-minute sessions for approximately 10-15 weeks. This experience is a year-long rotation that entails delivering PE to Veterans with PTSD. Interns choosing this ancillary will participate in didactic training, including live and online modalities and experiential role plays to learn the fundamentals of PE. The goals of this ancillary are to develop competency in delivering PE and to promote implementation and sustainability of EBPs for PTSD in the VA. Thus, interns most interested in career goals that allow for this will be prioritized.

Supervision Provided

The supervisor will provide one hour of weekly scheduled virtual or face-to-face supervision for the year, plus ad hoc supervision. Supervision will cover: discussing the theory underlying PE, learning the protocol, role-playing various components of each session, case conceptualization, enhancing motivation, learning nuances of the treatment approach, finding your voice as a trauma therapist, and self-care. Each session will be recorded and reviewed by the supervisor. The supervisor may also ask the intern to review sessions to enhance learning and to enhance supervision skills.

Psychotherapy

Interns will carry a caseload of 2-3 patients throughout the year. The patients' trauma experiences, war era, and demographics will be varied to provide a wide range of experience for the intern. In addition, the intern's area of interest will be considered in choosing cases. If available, interns will also gain exposure to delivering PE multiple times per week.

Assessment

The intern will enhance their assessment skills through comprehensive evaluation of current trauma-related symptoms and goals utilizing the Clinician Administered PTSD Scale (CAPS), PTSD Checklist (PCL) or the Post Traumatic Stress Symptoms Index (PSSI) to guide the clinical interview. Interns will also become well versed in Measurement Based Care (MBC) including discussing rationale, administering patient reported outcome measures (PROMs), sharing results with Veterans and using MBC to guide treatment.

Consultation

The intern will enhance their consultation skills by working with the supervisor's cases and consultation requests. As the year progresses, we will look for opportunities for the

intern to provide consultation and education to colleagues on PE and PTSD specialty care.

Training in Supervision
As the rotation proceeds, the supervisor will bring in session recordings and/or questions for the intern to enhance the intern's ability to provide content-specific feedback and to facilitate the supervisory relationship and process.

Research Application
Interns in this rotation will be provided with readings, including theoretical and original research, that are relevant to the practice of PE, as well as understanding PTSD more broadly. Readings will be discussed in supervision with the aim of critically and effectively applying theoretical and research knowledge to clinical practice.

Local Information

About the Northampton Area

Situated on forested grounds in the center of the five-college area of Western Massachusetts and the foothills of the Berkshire Mountains, the Edward P. Boland VA Medical Center in Leeds/Northampton stands on 105 acres of "Old Bear Hill" and has 26 buildings in red brick colonial style. The greater Northampton area consists of several small towns with big-city offerings. Although a city of approximately 28,000 in population, the Northampton area contains many rural features and large public parks. Northampton has been rated as the most politically-liberal medium-size city (population 25,000–99,000) in the United States (based on U.S. Census demographics, election returns, and other criteria).

Western Massachusetts also boasts a superb mix of arts and culture, from theater and art galleries to museums, historic homes, and world-class arts, including dance and fine crafts. One of several famous former residents was Sojourner Truth, who once called the Florence area of Northampton home.

There are also several homes in the area that were part of the Underground Railroad. We're also a neighbor to the charming towns that are home to The Five Colleges Consortium, which are some of the leading academic institutions in the nation: University of Massachusetts at Amherst, Amherst College, Smith College, Hampshire College, and Mount Holyoke College. As a result, the local communities have a large college population and a bus system that regularly connects with each of the colleges in the area. There is also an extensive "rail trail" system that connects just across the road from the Medical Center and goes on for miles connecting

several communities in the area. Our region has an amazing range of activities like snowboarding, skiing, biking, hiking, mountain climbing, rafting, canoeing, and golfing. The unique and warm culture, matched with our remarkable setting, makes Western Mass a great place to live and work. In addition, the greater Springfield area is approximately 25 minutes away and offers major city events, Civic Center performances, and professional sports (see the description of the Springfield track for more information). Of course, Boston is also within 90 minutes from the Northampton area. New York City is approximately four hours away. Albany, New York is within two hour's drive. The Berkshires, with winter skiing and summer festivals of dance, art, and concert series is less than one hour away. Montreal, Canada, is only a 4.5-hour drive.

Transportation

Air transportation by all major airlines is provided from Bradley International Airport, located near Hartford, Connecticut. Interstate highway Route 91 follows the Connecticut River from the airport to Northampton, a drive of approximately 45 minutes.

Housing

The presence of such a high college population makes the apartment rental vacancy rate very low throughout the year. Local realtors offer apartment finding services and the local colleges often post apartments to rent.

Recreation

Northampton is within easy driving distance of numerous lakes, streams, and rivers. Many mountain hiking trails are easily accessible, including the Appalachian Trail. Some of the best ski areas in the East are within a 100-mile radius. The Atlantic Coast is a two-hour drive away, offering visitors opportunity for saltwater fishing, boating, and swimming. Several well-maintained and challenging golf courses are located in or near Northampton.

Community-Based Outpatient Psychology Track

(1 Position)

Springfield Community-Based Outpatient Clinic

Match Number 133513

Figure 3: Photograph of the exterior of the Springfield VA Clinic - a single story buiding with adjacent parking lot and sidewalk

The goal of the Community-Based Outpatient Psychology track at the Springfield CBOC is to train interns in the various clinical roles held by psychologists in a large VA Community-Based Outpatient Clinic. Interns will receive a year-long foundation in the assessment and treatment of mental health and co-morbid conditions in an outpatient setting. In addition to the core experience in the mental health clinic, interns will enhance their knowledge and skills in a variety of specialty clinical rotations, which are divided into two 6-month semesters, one focused on trauma and the other on health psychology. Interns at this site will work alongside the outpatient mental health interdisciplinary team in the Behavioral Health Interdisciplinary Program (BHIP), with the Primary Care-Mental Health Integrated (PC-MHI) program, with the Health Promotion and Disease Prevention (HPDP) program, and at the Springfield Vet Center.

Supervision Provided

During the training year, interns will work with a variety of supervisors. Interns will receive core supervision in the mental health clinic, affording them the opportunity to work with two primary supervisors over the course of the training year and gain exposure to different styles and a variety of treatment approaches. In addition, interns will receive individual supervision on each of their rotations (e.g., PC-MHI, CBT for Chronic Pain, CBT for Insomnia, Health Promotion – Disease Prevention, Vet Center, Military Sexual Trauma (MST)). Overall, equating to no less than 4 hours of individual supervision weekly.

Supervision Training
The Psychology Intern on the interdisciplinary Springfield team is fortunate to also have opportunities to train alongside trainees of other disciplines, namely a psychiatry resident at the Springfield clinic and a psychology practicum student at the Vet Center. There will be an opportunity to act in the role of supervisor with a fellow trainee, while receiving feedback from an observing licensed professional.

Research, Scholarship, and Professional Development
While the production of original research is not a focus of this training experience, the intern will be provided with ample opportunities to identify, apply, and disseminate applicable knowledge from research into their direct clinical service and consultation activities. The intern will also have an opportunity to develop an original program or group and will be encouraged to measure outcomes to be presented to staff. Consultation with medical, mental health, and specialty staff throughout the CBOC is a corner-stone of this training experience, which offers ample opportunity to hone interpersonal skills and speak the language of a professional psychologist while developing a unique, personalized set of professional values.

BEHAVIORAL HEALTH INTERDISCIPLINARY PROGRAM (BHIP)
12-Month Rotation, 16 hours/week

Interns on this rotation work closely with the interdisciplinary mental health team at the Springfield Clinic. A goal of this rotation is to promote coordination of psychiatric and medical care, especially for those patients with multiple co-morbidities. Interns will develop skills in the assessment and treatment of patients with co-morbid medical and psychological conditions. They will also provide time-limited individual psychotherapy, including supportive counseling, Evidence-Based Psychotherapies, psychoeducation, and cognitive-behavioral therapy, and will also have opportunities to provide long term therapy for more chronic mental health conditions. Interns can also co-facilitate various behavioral medicine and general mental health groups.

Psychotherapy
Interns will maintain a caseload of individual patients, including but not limited to those referred by Springfield Primary Care Providers, with co-morbid medical and psychological conditions, as well as general mental health issues. Interns will complete two (2) intake assessments per week and provide diagnostic impressions, treatment recommendations and referrals for psychological services. Interns with an interest in EBPs for PTSD have the opportunity to receive VA training in Cognitive Processing Therapy (CPT) and to receive supervision of CPT cases.

Assessment
Interns will routinely complete brief mental health intake assessments and/or psychological examinations to aid the BHIP team in identifying treatment needs. Interns may also train in the Clinician-Administered PTSD Scale for DSM-5 (CAPS-5), as well as other structured diagnostic interviews for assessment of depression, bipolar disorder, OCD, etc. There may be opportunities for more extensive psychological assessment using standard measures, such as the MMPI or MCMI, to aid in differential diagnosis. Interns will also have routine opportunities to conduct neurocognitive screenings to help develop more firm consultation referrals for neuropsychological testing. More advanced neuropsychological examinations also occur on site, and the intern may be involved based on interest and prior experience.

Consultation
Interns will routinely consult with members of the BHIP Team (psychiatry, nursing, other therapists), including during daily team clinical huddles. They will also consult with Primary Care Providers as needed regarding Veterans on their individual or group caseload, providing input on the psychological sequelae of medical conditions.

VET CENTER
12-Month Rotation, 8 hours/week

VA readjustment counseling is provided at community-based Vet Centers located in easily accessible neighborhoods near Veterans, Service members, and their families, yet separate from VA organizational sites to ensure confidential counseling and reduce barriers to care. Vet Centers provide individual and group counseling for Veterans, Service members, and their families. They specialize in traumas experienced in a combat zone, bereavement counseling for families, military sexual trauma counseling and referral, outreach and education, substance abuse assessment and referral. Interns will have the opportunity to work with the team at the nearby West Springfield Vet Center providing individual and group psychotherapy services, as well as marriage and family psychotherapy, while receiving clinical supervision from the team Psychologist and Vet Center Director, Dr. Kelly McAllister. The intern will also have an opportunity to serve as a supervisor-in-training for a practicum student assigned to the Vet Center, with tiered supervision and supervision training provided by a licensed psychologist.

COGNITIVE BEHAVIORAL THERAPY FOR INSOMNIA (CBT-I)
6-Month Rotation, 4 hours/week

Interns will have an opportunity to learn and utilize the Cognitive-Behavioral Therapy for Insomnia (CBT-I) protocol, an evidence-based psychotherapy for the treatment of insomnia. Interns will provide individual CBT-I treatment, which includes completing CBT-I intakes as well as addressing behaviors and cognitions associated with sleep.

PRIMARY CARE-MENTAL HEALTH INTEGRATION (PC-MHI)
6-Month Rotation, 8 hours/week

Primary Care Mental Health Integration (PC-MHI) at the Springfield CBOC is co-located within Primary Care, where approximately 5,800 Veterans per year are seen by eight Primary Care teams, called “Patient-Aligned Care Teams” or “PACT.” PACT provide accessible, coordinated, comprehensive, patient-centered care that encourages Veterans to have a more active role in their health care.

Interns on the PC-MHI rotation in Springfield will have the opportunity to work closely with a PCMHI psychologist. Goals of PC-MHI are to increase patient accessibility to mental health care, and assist Primary Care staff with early identification and intervention of maladaptive health behaviors and mental health difficulties. Interns in PC-MHI will be expected to learn the role of a PC-MHI Psychologist. Foci of this rotation are individual assessment, brief treatment, and consultation to PACT. Interns will assess patients referred to PC-MHI via warm hand-off from PACT and offer treatment recommendations; (e.g. treatment in PC-MHI, referral to Mental Health service) and brief treatment.

Psychotherapy
Interns will provide brief, evidence-based treatment (1-6 visits, 30min in length) to Veterans presenting with general mental health concerns (e.g. depression, anxiety, stress, anger, adjustment to medical condition); as well as those with chronic health conditions that would benefit from behavioral intervention (e.g. diabetes, insomnia, chronic pain, obesity). Most clinical interventions are short-term, solution-focused, and cognitive-behavioral in nature. There will be an emphasis on using motivational interviewing to enhance patient-led activation. When appropriate, the intern will utilize empirically validated or evidence-based treatments.

Assessment
The PC-MHI intern will learn to triage presenting Veterans, and help determine disposition at the conclusion of assessment. Developing good clinical judgment is paramount in the PC-MHI rotation and includes assessment of patient needs and effective matching with a patient's level of willingness for treatment. The use of screens and measurement-based care, including the VA's clinical reminders, are incorporated into evaluation of all biopsychosocial factors affecting patient health outcomes and functioning.

Consultation
The function of consultation is a daily one for psychologists in PC-MHI. The intern will gain skills in effective interdisciplinary consultation and collaboration within the framework of Primary Care. Curb-side consultation takes place frequently, as do more formal consultation contexts. The focus may be on cases, but in addition, cultivation of mutual understanding and knowledge across disciplines is important. There are many opportunities to informally educate Primary Care staff, including Health Technicians, RNs, MDs, PAs, and clerks on mental health issues, and vice versa. As a member of the PACT teams, the intern will have daily opportunities for consultation, coordination of care, and provision of feedback to PACT teams through team huddles, one-to-one consultations, and phone calls.

HEALTH PROMOTION AND DISEASE PREVENTION (HPDP)
6-Month Rotation, 8 hours/week

Interns will work alongside multidisciplinary teams in providing individual and group interventions aimed at the treatment of co-morbid medical and psychological conditions. The specific focus of this experience relates to the following cornerstone Population Health concerns: Pain Management, Weight Management, Diabetes, and Tobacco Cessation. Interns will be trained to conduct biopsychosocial assessments, provide time-limited individual psychotherapy, co-facilitate and facilitate behavioral medicine groups, and provide consultative services to various disciplines and health coaching for Primary Care and Mental Health staff.

Psychotherapy

Tobacco Cessation: The Springfield Clinic provides individual and group interventions for Tobacco Cessation. Using an Integrated Care for Smoking Cessation treatment manual developed by VA for use in the mental health setting, Veterans learn about the underlying factors that perpetuate tobacco use, identify personal reasons for quitting tobacco, and practice skills related to identifying smoking triggers, implementing coping skills, and engaging in relapse prevention. Tobacco cessation providers also coordinate care with the Veteran's primary care provider to arrange for nicotine replacement or medication. Interns will develop skills in the areas of motivational interviewing, psychoeducation and SMART goal planning. Interns will co-facilitate this program with HPDP Psychologist, Dr. Ariel Laudermith.

Weight Management: Interns will participate in the MOVE Weight Management Program to treat Veterans who are overweight or obese. The MOVE Weight Management Program was designed by the VHA National Center for Health Promotion and Disease Prevention to help Veterans lose weight, keep it off, and improve their overall health by positively impacting other related medical conditions. Interns will co-facilitate weight management classes and on-going support groups with behavioral health and nutrition staff, and conduct individual psychotherapy focused on health coaching. Interns will co-facilitate the group with members of the HPDP team along with other health professionals.

Diabetes: Interns will co-facilitate the 12-week Group Medical Appointment designed to help Veterans make successful and permanent lifestyle changes to benefit their health. Interns will use Motivational Interviewing, individually and in groups, to help Veterans lose weight (where appropriate) and lower their Hemoglobin A1C, thereby reducing diabetes-related complications. Interns will co-facilitate this group with members of the HPDP team along with other health professionals.

Assessment

Interns may have opportunities to conduct transplant or bariatric surgery assessments with Dr. Ariel Laudermith, depending upon availability.

Consultation

Interns will provide consultation to Primary Care and Mental Health colleagues regarding chronic pain, weight management, diabetes, and tobacco use and be involved in responding in writing to consults for these various behavioral medicine services. Interns will assist with programmatic data collection and share findings with the multidisciplinary MOVE staff in order to facilitate future program improvements. Interns will have the opportunity to work closely with the multidisciplinary Diabetes Management team from the fields of Endocrinology, Nursing, Pharmacy, Mental Health, Primary Care, and Nutrition. Interns will attend team meetings and huddles when the schedule permits. There may also be opportunities to offer health coaching to staff in other disciplines to improve their motivation-enhancing skills. Interns will assist in advancing tobacco cessation initiatives within the VA by providing psychoeducation and consultative services to colleagues.

COGNITIVE BEHAVIORAL THERAPY FOR CHRONIC PAIN (CBT-CP)
6-Month Rotation, 4 hours/week

Chronic Pain: Interns will have an opportunity to learn and utilize Cognitive-Behavioral Therapy for Chronic Pain (CBT-CP) protocol, an evidence-based psychotherapy for the treatment of chronic pain, that teaches skills to manage chronic pain and improve quality of life. CBT-CP encourages Veterans to adopt an active, problem-solving approach to cope with chronic pain. Interns will provide individual CBT-CP treatment and may co-facilitate a CBT-CP group with Dr. Eileen Tam.

SAMPLE TRAINING PLAN

Mental Health and Health Psychology (6 months)

Mental Health Clinic (BHIP):
16 therapy, group therapy and support hours per week, including

1.5 hours of supervision

Vet Center:
8 therapy and support hours per week, including
1 hour of supervision with Dr. Kelly McAllister

Health Promotion – Disease Prevention (HPDP):
8 therapy and support hours per week, including
1 hour of supervision with Dr. Laudermith

CBT for Chronic Pain(CBT-CP):
4 therapy and support hours per week, including
1 hr of supervision with Dr. Eileen Tam

Didactics / Case Conference / Other Structured Learning Activities:
4 hours per week

Mental Health and Trauma (6 months)

Mental Health Clinic (BHIP):
16 therapy and support hours per week, including
1.5 hours of supervision with Dr. Christine McDannald

Vet Center:
8 therapy and support hours per week, including
1 hour of supervision with Dr. Kelly McAllister

Primary Care – Mental Health Integration (PCMHI):
8 therapy, consultation and support hours per week, including
1 hour of supervision with supervisor to be announced

Cognitive Behavioral Therapy for Insomnia (CBT-I):
4 therapy and support hours per week, including
1 hr of supervision with Dr. Eileen Tam

Didactics / Case Conference / Other Structured Learning Activities:
4 hours per week

Training Staff Located at Springfield Clinic

Ariel Laudermith, PhD
Kelly McAllister, PsyD
Jeffrey McCarthy, PsyD
Christine McDannald, PsyD
Eileen Tam, PsyD

LOCAL INFORMATION

About Springfield

Springfield is the third largest city in Massachusetts, and fourth in New England, and features all the amenities of a big city. Home of the famed Dr. Suess, Springfield sits on the bank of the Connecticut River. It is in close driving distance to Hartford, CT and Northampton, MA, and only a Massachusetts turnpike ride from Boston. The immediate suburbs offer many housing options. Springfield is a short distance from Bradley International Airport. It is home to many institutions of higher learning, including Western New England University, Springfield College, and American International College. Just down the street from the clinic is the Quadrangle, home to five distinct museums, as well as the Springfield Symphony Orchestra. Most notably, the Naismith Memorial Basketball Hall of Fame (*pictured to the right*) can be found in Springfield where this popular sport was invented.

Figure 4: Springfield city skyline, early evening, with reflection in the Connecticut River

Figure 5: Photograph of Naismith Memorial Basketball Hall of Fame, with basketball-shaped architectural feature

Integrated Outpatient Behavioral Health Track – Worcester

(1 Position)

Worcester Community-Based Outpatient

Clinic Match Number 133512

Figure 6: Exterior view of Worcester VA Clinic, 4-story glass building with adjacent parking lot

Figure 7: Exterior view of Worcester VA Clinic from grassy hill

Overview

The Worcester Community-Based Outpatient Clinic (W-CBOC), located in New England's second largest city, functions largely as a free-standing community health clinic, striving to meet the medical and mental health needs of all Veterans in Worcester and the surrounding areas. Most of the 50+ clinical providers comprising Primary Care, Mental Health, Pharmacy and Medical Specialty Care work together in a new building that opened December 2021 as a close-knit community, to provide cohesive, evidenced-based, patient-centered care. The W-CBOC has a long history of prioritizing training across medical and mental health disciplines, having served as a training site for medical and psychiatric residents, social work interns, nursing students, and psychology trainees for many years, and having trained pre-doctoral psychology interns since 1988.

To prepare future psychologists for the highest levels of advanced training and employment opportunities, the Integrated Outpatient Behavioral Health track – Worcester (IOBH-W) uses a training approach that balances generalist with specialty training in Mental Health and Health Psychology. Learning to function independently and as a member of a team, in a variety of

settings with various populations, treatment needs and diagnoses, are essential skills for today's clinicians. As such, IOBH-W has a unique training model that uses 12-month training experiences that allow trainees the opportunity for greater continuity, consistency and depth with supervisors, clinical experiences, and Veterans and their families.

Trainees in Worcester will largely devote their clinical time each week to the following components: Behavioral Health Integration Program (BHIP), Whole Health (WH), Primary Care Mental Health Integration (PC-MHI), and Assessment. Opportunities to train within other specialty clinics may become available as staffing permits. Worcester trainees also participate in a mini-ancillary of their choosing, which is a 4-hour/week clinical experience, typically interwoven into the weekly schedule or slated for Wednesday mornings. On Wednesday afternoons, Worcester interns are engaged in training activities with the other five VA CWM interns, which includes didactics, case presentations, and other shared training activities.

The W-CBOC Mental Health Clinic, where most of the internship training occurs, is located on the University of Massachusetts Chan Medical School campus in its own VA designated building. This renovated treatment setting is a state-of-the-art facility incorporated within a hospital, training, academic and research campus in the heart of Worcester. Psychology trainees will get exposure and opportunities to learn evidenced-based and empirically validated assessment and treatment approaches with a broad range of adult patient populations presenting with acute and chronic psychiatric and medical conditions.

Over the course of the training year, interns will work with a variety of primary supervisors, affording them the opportunity to gain exposure to different styles, treatment approaches and clinics within a large VA CBOC. Overall, supervision will equate to a minimum of four hours weekly and is delivered from a developmental model, with more attention, training and oversight expected and provided earlier in the year. Live, audio and video recording of clinical interventions is used as part of training and supervision. Interns are expected to be on-site in the clinic most of the week, with remote work being annually reviewed for approval. Interventions, meetings and supervision are conducted in-person and virtually.

Primary Rotations (12 months)

Behavioral Health Interdisciplinary Program (BHIP)

Interns will work within the Behavioral Health Interdisciplinary Program (BHIP) as a member of the interdisciplinary team that consists of psychologists, neuropsychologists, psychiatrists, psychiatric nurse practitioners, psychiatric registered nurses, a psychiatric nurse with addiction certification, clinical social workers, neuropsychology fellows, and a neuropsychology practicum student. Interns will spend 8 hours/week as a member of the BHIP team and be assigned a caseload of approximately 7-10 individual therapy cases based on training goals and needs of the clinic. They will function as a full member of

the interdisciplinary treatment team providing evidenced-based episodes of care and psychotherapy to a general mental health treatment population, including trauma and PTSD, substance use, depression and mood disorders, anxiety, suicidality and chronic mental illness. Courses of treatment are generally determined through a shared-decision making processes with the Veteran and are goal-focused and time-limited. Interns will have opportunity to learn and develop competency in a variety of therapy modalities, including relationship-based and integrative approaches as well as more manualized, evidence-based therapies including Cognitive Behavioral Therapy for Depression and Substance Use Disorders (CBT-D, CBT-SUD), Dialectical Behavior Therapy (DBT) skills, behavioral activation, Written Exposure Therapy (WET), Acceptance and Commitment Therapy for Depression (ACT-D) and Cognitive Behavioral Coping Skills Group for Substance Use Disorders (CSG-SUD). Interns will also have the opportunity to provide informal and formal case presentations to the treatment team at weekly BHIP and Team meetings and provide and receive consultation to and with medical and psychiatric/mental health providers. As available, participation in the monthly Journal Club is an additional opportunity for interns.

Psychotherapy

Interns will have the opportunity to learn, implement and be supervised in several evidenced-based and empirically-validated psychotherapy approaches with Veterans who present with a wide array of diagnostic considerations and co-morbid medical conditions. Based on training goals and availability of formal training within VA, interns may have the opportunity to obtain a record of completion for training in Cognitive Processing Therapy (CPT) for PTSD, which is also offered as a mini-ancillary.
Interns may also have opportunities to co-facilitate, observe and/or design new group programming. Current groups in Worcester include:

- **Cognitive Behavioral Coping Skills Group for Substance Use Disorders (CSG-SUD):** Evidence-based, time-limited, manualized group intervention that teaches coping skills to assist with making and maintaining changes in substance use, with progress monitoring via measurement-based care (MBC) led by psychologist.

- **Mindfulness in Recovery Group:** Open, ongoing group for Veterans at any stage of recovery to learn and practice mindfulness skills led by social work.

- **Recovery Maintenance Group:** Skill-based and support-oriented group for Veterans with six months or more of sobriety led by addictions nurse.

- **Cognitive Skills Group:** Time-limited psychoeducational group run by Neuropsychology focusing on gaining skills, strategies, and tools to improve attention, concentration, learning, memory, organization, and problem-solving.

Assessment
Interns will routinely administer, interpret, and share data from specific psychological tests and screening instruments to assist in diagnosis and assessment of treatment progress with their assigned psychotherapy cases as part of routine measurement-based care. In addition, interns will learn how to assess and monitor suicide and homicide risk as well as complete safety planning. Interns could also participate in Intake assessments (new patient evaluations) during the training year.

Consultation
Interns will be expected to, and will have ample opportunity to, consult with other mental health and primary/specialty care treatment providers regarding coordination of patient care. Interns will function as part of various treatment teams, and will participate in formal consultation with team members, and in open-door, informal consultation as needed.

Supervision
Interns will have the opportunity to begin developing and practicing supervision skills by reviewing articles and discussing supervision methods and competencies during supervision time. Additionally, case examples to create role plays can be used for modeling supervision between the intern and supervisor. Depending on availability, interns may participate in a tiered supervisory role, supervising a practicum student during the year, while receiving meta-supervision from one of the BHIP psychologists.

Staff
The BHIP rotation is coordinated and supervised by Dr. Parkin.

WHOLE HEALTH

As part of the Whole Health Psychology rotation supervised by the Whole Health Program Manager, the incoming intern will spend 8 hours/week within the Primary Care Service Line, engaging in group and/or individual clinical work. The intern will gain knowledge and skill in the assessment of psychological factors involved in medical conditions and the brief intervention strategies for self-management of those chronic diseases. This may include (but is not limited to) obesity, diabetes, tobacco use, pregnancy, insomnia, chronic pain, and hypertension. The intern will gain skills in assessing, addressing, and improving individual lifestyle behaviors, and subsequently collaborating with physicians to create a comprehensive treatment plan that will benefit the Veterans' overall health. Additionally, there may be opportunities to partner with Health Promotion and Disease Prevention (HPDP) Psychology intern at Springfield or the Primary Care Mental Health Integration with Health Psychology (PC-MHI/HP) intern at Leeds on group work based on student interest and experience.

A focus of this clinical training experience will be on preventative and population health care, learning and providing empirically supported treatments, psychoeducation and behavioral interventions to support the patients' established goals. All of this will be consistent with the Whole Health model of care that places the Veteran at the center of all wellness and treatment planning. The incoming intern may also be exposed to unique program development opportunities, including physician trainings, employee health initiatives and/or didactics, as appropriate and as time allows. A growing emphasis has been placed on provider self-care during and since the COVID-19 pandemic, and unique opportunities to support medical staff may also become available. Services during this rotation will include virtual and in-person work.

Psychotherapy
Interns will be exposed to and have the opportunity to learn a variety of individual and group-based WH interventions, including:

- **Stress Less Group:** Four session class that teaches how to increase relaxation response, reduce stress, and strengthen coping skills.

- **Guided Imagery:** Uses mental images and visualization to reduce distress related to musculoskeletal pain, cancer pain, anxiety, PTSD, and other concerns.

- **MOVE Support Group:** Ongoing support group for MOVE program graduates who want continued support related to weight loss.

Assessment
Interns will have the opportunity to administer and interpret the Personal Health Inventory (PHI), among other measures, to assist in diagnosis, treatment planning and treatment progress with their assigned cases on the WH rotation.

Consultation
Interns will be expected to, and will have ample opportunity to, consult with other mental health and primary/specialty care treatment providers regarding coordination of patient care. Interns will function as part of various treatment teams, and will participate in formal consultation with team members, and in open-door, informal consultation as needed.

Staff
The Whole Health Program is coordinated by Dr. Rathke. Supervisors include Dr. Rathke and Dr. Wendorf

ASSESSMENT

The W-CBOC Assessment rotation provides experience in neuropsychological and psychological assessment. The intern is involved in clinical interviewing, test administration, scoring, report writing, providing patient feedback, and consultation and collaboration with the interdisciplinary team. Interns will have weekly supervision with additional time provided as needed for observation and didactic instruction. In addition to general clinical topics, supervision sessions will routinely include discussions of ethics in assessment.

Testing consults are submitted by a range of VA CWM providers, including Mental Health and medical providers. To address referral questions, psychodiagnostic assessments will lead to meaningful DSM-5-based differential diagnoses, descriptions of neurocognitive functioning, and recommendations for treatment planning.

Interns may administer and interpret a range of cognitive measures as well as objective and subjective personality tests including the Minnesota Multiphasic Personality Inventory-2-Restructured Form (MMPI-2-RF) and Personality Assessment Inventory (PAI), among others.

Staff

The Assessment rotation is coordinated and supervised by Dr. Ashendorf.

Primary Care-Mental Health Integration (PC-MHI) Program

The Primary Care Mental Health Integration (PC-MHI) Program at the W-CBOC Primary Care Clinic is a co-located, integrated behavioral health setting where approximately 6500 Veterans are seen by nine Primary Care teams, called “Patient-Aligned Care Teams” or “PACT.” The PACT VA initiative supports VHA’s Universal Health Care Services Plan to redesign VHA healthcare delivery through increasing access, coordination, communication, and continuity of care. The PACT provides accessible, coordinated, comprehensive, patient-centered care, and is managed by primary care providers with the active involvement of other clinical and non-clinical staff. The PACT encourages patients to have a more active role in their health care and is associated with increased quality improvement, patient satisfaction, and a decrease in hospital costs due to fewer hospital visits and readmission.

The goals of PC-MHI are to increase patient accessibility to mental health care and assist Primary Care staff with early identification and intervention of maladaptive health behaviors and mental health difficulties. The foci of this rotation are interdisciplinary consultation, individual assessment and brief treatment. Interns will assess patients referred to PC-MHI via warm hand-off from a PACT member and offer treatment recommendations (e.g., treatment in PC-MHI and/or referral to Mental Health services or Whole Health programs).

Psychotherapy

Veterans may be treated by PC-MHI staff with brief treatment, and if medications are involved, may then be transitioned back to Primary Care staff for ongoing medication management. Some Veterans are seen through the Mental Health Clinic for their medication management and see PC-MHI for short-term therapy interventions. Interns will provide brief (no session 'limits' but averaging 1-6 visits, 16-30-minutes in length), evidence-based treatment to Veterans presenting with general mental health concerns (e.g., depression, anxiety, PTSD, substance use concerns, stress, anger, adjustment to medical conditions), as well as those with chronic health conditions that would benefit from behavioral intervention (e.g., diabetes, insomnia, chronic pain, obesity). Most clinical interventions are short-term, solution-focused, and cognitive-behavioral in nature. There is an emphasis on using motivational interviewing to enhance patient-led activation while collaboratively focusing on the Veteran's goals. Treatment relies on empirically validated or evidence-based interventions within the short-term model of PC-MHI.

Assessment

The PC-MHI Intern will learn how to triage presenting Veterans and help determine disposition at the conclusion of assessment using a brief functional assessment. Developing good clinical judgment is paramount in the PC-MHI rotation and includes assessment of patient needs and effective matching with a patient's level of willingness for treatment. The use of screening measures, including the VA's Clinical Reminders, are incorporated into an evaluation of all biopsychosocial factors affecting patient health outcomes and functioning. Repeated use of measures and tracking of scores helps to target interventions and determine the course of treatment, including referral to higher levels of care if warranted.

Consultation

Interns will provide consultation to Primary Care and Mental Health colleagues regarding mood concerns, chronic pain, weight management, diabetes, and tobacco use and will be involved in responding in writing to consults for these various behavioral medicine services. Interns will attend team meetings and huddles when the schedule permits.

Staff

The Primary Care – Mental Health Integration (PC-MHI) Program is coordinated and supervised by Dr. Catalfamo.

Mini-Ancillary Rotations (6 or 12 months)

Interns participate virtually in didactics, case conferences, and Training Director lunches with their fellow interns on Wednesday afternoons. Worcester interns spend Wednesday morning engaged in a mini-ancillary rotation; although mini-ancillary hours for the Worcester intern may be interwoven throughout the workweek and Wednesday mornings may be used for other clinical rotation work. Currently, in-house mini-ancillary options include training and supervision in Cognitive Processing Therapy (CPT) with Dr. Harris and Health Promotion and Disease Prevention (HPDP) with Dr. Wendorf. Rotations may range from 6-12 months, depending upon the intern's interest and the availability of the rotation. Mini-ancillary opportunities are offered as available by training supervisors through our main campus at Northampton and have included training in clinical research and serious and persistent mental illness. (See Springfield and Worcester Track descriptions for more detail.)

COGNITIVE PROCESSING THERAPY (CPT) (4 HOURS/WEEK)

Cognitive Processing Therapy (CPT) is an evidence-based psychotherapy for post-traumatic stress disorder (PTSD). Through CPT training, interns develop the skillset in exploring the impact of trauma on a person's views of self, others, and the world. Interns learn to identify cognitions that are holding a Veteran "stuck." Interns cultivate skills in Socratic questioning and in teaching use of written reflection to explore thoughts towards the goal of identifying more accurate, helpful thoughts. Interns learn to foster and allow space for emotional processing. Interns increase competence in facilitating exploration of the themes of safety, trust, power/control, esteem, and intimacy, which are commonly impacted by traumatic experiences.

During this ancillary rotation, interns will provide outpatient psychotherapy services with individuals struggling with symptoms of PTSD who may present with comorbid diagnoses of mood, anxiety, or substance abuse disorders. Interns will begin this ancillary training experience with training in PTSD diagnostic assessment and the shared decision making process to assist Veterans in considering evidence-based psychotherapy to process traumatic memories. As available, interns may have the opportunity to participate in a two-day regional CPT training and work towards completion of VA CPT certification requirements through provision of CPT services and participation in 6 months of group CPT consultation with a regional CPT trainer.

Assessment

Interns will receive training in use of diagnostic assessment of PTSD and other relevant, presenting concerns.

Psychotherapy

Interns will typically carry a caseload of 2-3 Veterans depending upon evolving skillsets and training goals. Interns will learn to facilitate shared decision-making sessions

regarding choice to trauma-focused therapy, 12 session episodes of CPT, and follow-up treatment planning appointments.

Consultation

Interns engage in 6 months of consultation with others learning to provide CPT. They will have opportunities to develop their skillsets in asking questions, providing suggestions, giving feedback and communicating effectively with others.

Supervision

The CPT ancillary will consist of weekly, 1 hour individual, virtual (via Teams) supervision meetings. Supervision will include discussion of developing competence in utilizing CPT, session content, intervention choices, ethical and legal standards, adapting CPT to address individual differences, and professionalism. Interns will be required to audio and/or video record sessions and feedback will be provided during supervision.

Staff

The CPT mini-ancillary is coordinated and supervised by Dr. Harris.

HEALTH PROMOTION AND DISEASE PREVENTION (HPDP) (4 HOURS/WEEK)

The Health Promotion and Disease Prevention (HPDP) ancillary rotation is supervised by Angela Wendorf, Ph.D. This clinical experience offers interns the opportunity to work within multidisciplinary and interdisciplinary teams in the treatment of co-morbid medical and psychological conditions. Interns selecting this rotation will work with Veterans dealing with the following Population Health concerns: sleep disorders which have a behavioral treatment component, obesity with behavioral and surgical intervention (bariatric surgery), and Veterans in need of organ transplant or immunotherapy for blood cancers (bone marrow/stem cell transplant or CART-T Cell Therapy). Interns will be trained to conduct biopsychosocial assessments, provide time-limited individual psychotherapy, co-facilitate and facilitate behavioral medicine groups, and provide consultative services to various other disciplines. Please note that assessment, psychotherapy, and consultation opportunities may occur in person, via telephone/teleconference, and/or via VA Video Connect (VVC) depending on the needs of the Veteran and clinical team.

Supervision

The intern will be provided with a minimum of one (1) individual hour of supervision per week on this ancillary rotation. Each of the licensed psychologists will provide at least one hour of scheduled in-person or video supervision per week. In addition to scheduled supervision, there is ample opportunity for direct observation of clinical work. Supervision sessions will regularly include discussion of general clinical issues and topics such ethical and legal standards, individual differences, and professionalism (values,

attitudes, behaviors, communication, and interpersonal skills). Interns will also have many opportunities to learn from clinicians in other disciplines, as multidisciplinary collaboration is the cornerstone of this clinical rotation.

Research and Program Development

On this rotation, the intern will be provided opportunities to identify, apply, and disseminate applicable knowledge from research into their direct clinical service. The intern may also identify opportunities to develop new groups or programs consistent with HPDP areas of focus, including healthy living and clinician communication.

Assessment

Sleep: The intern will complete behavioral sleep medicine intake assessments and triage the Veteran to the appropriate treatment (e.g., Sleep Education, Cognitive Behavioral Therapy for Insomnia CBT-I, Sleep Apnea support, nightmare disorder treatment, Whole Health or mental health interventions for stress reduction and relaxation training, and so forth). The intern will become familiar with measures and questionnaires relating to insomnia, sleep apnea, and motivational interviewing.

- **Transplant Evaluations:** The intern may have the opportunity to observe and take a leadership role in pre-transplant psychological evaluations, as available.

- **Weight Management:** The intern may have the opportunity to observe and take a leadership role in pre- and post-psychological evaluations for bariatric surgery, as available.

Psychotherapy

- **Sleep:** The intern will have an opportunity to learn and utilize evidence-based treatments for insomnia, nightmare disorder, and motivational interviewing for sleep apnea. The intern may also co-facilitate the virtual Sleep Apnea Support Group with their supervisor. Sleep Apnea Support is a twice-monthly psychoeducational group which incorporates motivational interviewing to address barriers and facilitators to adherence in sleep apnea treatment with positive airway pressure (PAP) devices and masks. The intern may also observe and/or co-facilitate the Sleep Wellness Education group which is a monthly virtual group with Whole Health and co-led with Dr. Laura Rathke.

Consultation

The intern will provide consultation to a variety of interdisciplinary teams within the Mental Health Service Line, Primary Care Service Line, and Specialty Care. The intern will assist in advancing behavioral sleep medicine initiatives within the VA. For example, the intern will provide behavioral sleep medicine psychoeducation to a variety of employees and providers.

Staff

The HPDP mini-ancillary is coordinated and supervised by Dr. Wendorf.

TRAINING STAFF LOCATED AT WORCESTER CBOC

Lee Ashendorf, PhD, ABPP-CN

Christopher Catalfamo, PsyD

Richard Harris, PsyD (located at Fitchburg CBOC)

Christina Hatgis, PhD

Stacy Parkin, PhD

Laura Rathke, PhD

Angela Wendorf, PhD

LOCAL INFORMATION

About Worcester

The Integrated Outpatient Behavioral Health track takes place at the W-CBOC in New England's second largest city, centrally located within 60-90 minutes' drive to Boston, Amherst, Northampton, and Providence. Worcester is rich in culture and history, with many festivals, markets, and food purveyors catering to its varied populations.

Figure 8: Outdoor winter night scene of Worcester Common with ice skating rink and City Hall

Worcester boasts eleven area colleges and universities, including: UMASS Chan Medical School, Clark University, the College of the Holy Cross, Worcester State University, Worcester Polytechnic Institute, Assumption College, Anna Maria College, Massachusetts College of Pharmacy and Health Sciences, Cummings School of Veterinary Medicine at Tufts University, and Quinsigamond Community College. The Worcester Art Museum, Tower Hill Botanic Gardens, and the Worcester Center for Crafts are among the city's treasured cultural institutions. For some quiet time, there are several meditation centers within and outside Worcester. Hiking, skiing, rivers, lakes, fishing areas, and rural agricultural towns rich with orchards and world-famous antiques venues surround the city.

Catch the Worcester Red Sox (affectionately known as the WooSox), the Triple-A affiliate of the Boston Red Sox, at Polar Park, a state-of-the-art ballpark in the heart of the city. Hockey enthusiasts can watch the Worcester Railers, an ECHL team, play thrilling matches at the DCU Center. Additionally, college sports fans can support local teams from institutions like Worcester Polytechnic Institute (WPI) and Holy Cross, where you can find competitive action in basketball, football, and various other sports throughout the year. You can also join the competition with various community-based sports leagues and drop-in activities and fitness classes from pickleball to hot yoga to sailing.

With a vibrant arts and music scene, world-class performance spaces, such as the Hanover Theater and Mechanics Hall—known for its excellent acoustics, as well as repertory theater, community-based independent cinemas, many small music venues across the city, and several annual music festivals and cultural celebrations, there is, maybe, too much to do in one's leisure time.

Transportation

Air transportation by all major airlines is provided from Logan International Airport, located in Boston, Massachusetts. Interstate highway Route 90 connects Boston to Worcester, a drive of approximately 50 miles.

Figure 9: View of Elm Park with lake, walking bridge and verdant trees

Housing

The presence of such a large college population makes the apartment rental vacancy rate very low throughout the year. Local realtors offer apartment finding services and the local colleges often post apartments to rent.

Mini-Ancillary Rotations – Springfield and Worcester

Additional mini-ancillary rotations are available on a rotating basis. Other mini-ancillary rotations currently available are described below.

Serious Mental Illness/Recovery Model Mini-Ancillary – Available to Springfield and Worcester). Supervised by Dr. Mattison

On this mini ancillary, the intern will learn about Serious Mental Illness (SMI) and have the opportunity to work with Veterans who have been diagnosed with schizophrenia,

schizoaffective disorder, bipolar disorder, longstanding depression, or chronic PTSD. The intern will develop a better understanding of the recovery model versus the medical model of care. The overarching goals of this mini ancillary are to develop skill and comfort in working with Veterans diagnosed with a SMI and a solid understanding of the recovery model. There is a variety of experiences available to the intern on this mini ancillary. Given the time frame of four hours per week, a specific plan will be developed with the intern based on their interests and Veteran availability. This rotation is available for 6-months or 12-months based on intern interests and training needs. Supervision is a minimum of 30-minutes per week.

Assessment

If interested in developing assessment skills for Veterans with SMI, the intern will learn several measures and how to administer them (initially by observing and then by conducting the assessment with observation, eventually being able to administer them independently), as well as providing feedback. For individual cases, the intern will provide ongoing assessment (i.e., Measurement Based Care (MBC)) to guide treatment.

Psychotherapy

The intern may opt to learn Social Skills Training for Schizophrenia, one of the few EBPs for SMI (Dr. Mattison is a regional trainer for SST); learn CBT for psychosis; and/or provide individual therapy to one or more Veterans diagnosed with a SMI.

Consultation

If interested, the intern may be involved in inpatient nursing consultation in the Recovery model and/or consulting to outpatient mental health providers about treatment option for Veterans with SMI.

Research

Research is not part of this mini-ancillary. However, should the intern develop an idea for their program evaluation project that is relevant, this would be fully supported.

COGNITIVE PROCESSING THERAPY (CPT) – If available, detail is provided within the Springfield and Worcester Track descriptions

VA CWM Training Staff

The Training Committee is comprised of licensed, doctoral-level psychologists, a number of whom are experts, national consultants, board certified, and/or leaders in their respective specialty areas. All members of the Training Committee were trained in APA-approved programs. Many of our staff are former VA CWM interns and/or have served as training directors. A brief description of each psychologist's educational history and professional interests follows.

***** = Graduate of VA CWM Internship Program
****** = Graduate of VA CWM Postdoctoral Fellowship Program
+ = Former Training Director at VA CWM or another internship or post-doctoral program

Lee Ashendorf, PhD, ABPP-CN+, Neuropsychologist, Neuropsychology Postdoc Program Director, Worcester Lake Avenue CBOC

Dr. Ashendorf earned his Ph.D. in 2005 from the University at Albany, State University of New York, completing his internship training in neuropsychology with a minor in health psychology through the VA Connecticut Healthcare System's West Haven Campus. He completed a 2-year postdoctoral fellowship in neuropsychology at the Edith Nourse Rogers Memorial Veterans Hospital. He worked there as a clinical neuropsychologist for several years, until 2016, when he joined the Worcester Outpatient Clinic in the VA Central Western Massachusetts Healthcare System. He functions as a clinical neuropsychologist and oversees neuropsychology referrals to this clinic. He is also a member of the VA CWM Polytrauma/TBI and Caregiver Program teams. He holds a faculty appointment as Assistant Professor of Psychiatry in the UMass Chan Medical School. He is a proponent and advocate of the Boston Process Approach to neuropsychological assessment and has presented locally and nationally on this topic. He was elected a Fellow of the National Academy of Neuropsychology in 2014 and was the 2015 recipient of the Massachusetts Neuropsychological Society's Edith Kaplan Award. He has over 25 publications and has served as Associate Editor of the Archives of Clinical Neuropsychology and Developmental Neuropsychology. His research interests include psychometric applications of the Process Approach and implementation of forensic neuropsychological tools in Veteran populations. In addition to directorship of the VA-CWM Neuropsychology Postdoctoral Fellowship Program, Dr. Ashendorf provides clinical supervision in neuropsychological and psychological assessment to the neuropsychology postdoctoral fellow and occasional consultation to the Worcester psychology intern.

Emily Britton, PsyD*, Staff Psychologist, Inpatient Psychiatry, Rotation Supervisor, Leeds VAMC

Dr. Britton joined the psychology staff at the VA Central Western Massachusetts Healthcare System in 2008, after completing her Doctoral internship here. She received her PsyD from The

Wright Institute in Berkeley, California, formerly the psychoanalytic community's west coast bastion, but she focused on Schema and CBT therapy there. She gained three years of experience working with acute, dual diagnosis, and geriatric patients at a community psychiatric hospital in Berkeley, and her research and community-based clinical work was focused on anxiety disorders, Asperger's Disorder, ADHD, and family therapy. Her theoretical orientation most closely matches Acceptance and Commitment Therapy (ACT), and she has been VA-trained in ACT-Depression, Motivational Interviewing, and Problem-Solving Training. Dr. Britton will be joining the VA Geriatric Scholars Program in Summer, 2026. She works on the inpatient units in a psychology consultant role. She facilitates groups and organizes the group program on the sub-acute unit, while also completing diagnostic screening, PTSD assessment, and cognitive screening. She is a Green Belt LEAN- trained facilitator for internal projects, and values system redesign procedures, having been a multimedia producer for online technology companies in San Francisco during the "dot.com boom." The subsequent "bust" was one reason for her career change, but if she'd been aware of ACT principles then, she'd say that the change illustrated a shifting toward what is important to her.

Jennifer L. Brown, PhD, Health Psychologist, Rotation Supervisor, Leeds VAMC

Dr. Brown earned her doctoral degree from the University of Florida's Department of Clinical and Health Psychology in 2005, completing her internship training in health psychology with a minor in neuropsychology through the VA Connecticut Healthcare System's West Haven Campus. Her postdoctoral training occurred at Hartford Hospital, within both the Department of Preventive Cardiology and Psychology Testing Service. Dr. Brown joined the VA Central Western Massachusetts Healthcare System in August 2007, working in Primary Care for two years and then Home-Based Primary Care for five years. In her current position as psychologist for the Pain Clinic, Dr. Brown conducts biopsychosocial pain assessments, offers biofeedback for pain, co-facilitates the Active Management of Pain (AMP) group with a physical therapist, and provides individual Cognitive Behavioral Therapy for Chronic Pain (CBT-CP) and Cognitive Behavioral Therapy for Headache (CBT-HA). In addition to offering pain-focused treatments, she has completed formal training in Cognitive Behavioral Therapy for Insomnia (CBT-I) and Integrative Restoration (iRest) meditation. She is also a member of the VA CWM Pain Management Committee and represents VA CWM at VISN pain meetings. Dr. Brown's treatment approach combines psychoeducation, mindfulness, motivational interviewing, and cognitive behavioral techniques. She is a supervisor for the Health Promotion and Disease Prevention Primary Rotation.

Sabina Camponogara, PsyD*, Staff Psychologist, Sexual Trauma/Women's Psychologist Women Veterans Mental Health Champion, Rotation Supervisor, Leeds VAMC

Dr. Camponogara earned her PsyD in Clinical Psychology from the University of Indianapolis School of Professional Sciences in 2019 after completing her pre-doctoral internship at VA Central Western Massachusetts Healthcare System. Her dissertation focused on the role of the victim-offender relationship in the development of PTSD for women who experienced

interpersonal violence. Following the completion of her internship, Dr. Camponogara joined the Mental Health Clinic team at the Leeds campus as a Staff Psychologist. In this role, she completes outpatient therapy using primarily an evidence- based, cognitive-behavioral approach. Dr. Camponogara is VA certified in Cognitive Processing Therapy for PTSD (CPT) and Cognitive Behavioral Therapy for Insomnia (CBT- I). She also has training and experience with a variety of other therapies, including Cognitive Therapy, Exposure Therapy, Dialectical Behavioral Therapy, Motivational Interviewing, Solution Focused Brief Therapy, and Acceptance Based Behavioral Therapy. Dr.
Camponogara serves as a supervisor for the Women's Mental Health/MST and CPT rotations

Brian Canning, PhD, Staff Psychologist, BHIP Team, Leeds VAMC

Dr. Brian A. Canning's academic training was initially in the humanities studying literature and creative writing. He had a career as a finish carpenter before decerning a calling to become a clinician and pursue graduate training. He earned his PhD from Colorado State University where his research focused on existential issues, meaning, and meditation.
He completed internship at the Clement J. Zablocki VA Medical Center in Milwaukee, WI. After internship he took his current position in Leeds to complete postdoctoral hours for licensure and work as permanent staff. Dr. Canning's clinical interests include neuropsychological/psychodiagnostic assessment, clinical supervision, meditation, older adults, PTSD/moral injury, ADHD, and spiritual/existential issues. Dr. Canning is a longtime student and practitioner of Zen. Outside of work he can be found enjoying the outdoors with his spouse and dog or playing music.

Christopher Catalfamo, PsyD, Staff Psychologist-PC-MHI, Rotation Supervisor, Worcester CBOC

Dr. Catalfamo earned his PsyD in Clinical Psychology from Marywood University in 2020 after completing his internship at the Lebanon VA Medical Center. His research centered on examining different healthcare providers' practices for assessing mild cognitive impairment. Following internship, Dr. Catalfamo completed a postdoctoral residency at the Edith Nourse Rogers VA Medical Center during which he focused on interdisciplinary education and program development. While there, he co-led a Motivational Interviewing practice group for clinicians and trainees. He then provided individual and group psychotherapy to a general adult population while working as a psychologist with the UMass Memorial Medical Group Outpatient Psychiatry Department where he utilized training and experience in Cognitive Processing Therapy, Dialectical Behavior Therapy, and Acceptance and Commitment Therapy. He subsequently joined VA Central Western Massachusetts healthcare System as a staff psychologist in PCMHI.

Ian Clark, PsyD, Staff Psychologist, BHIP, Rotation Supervisor, Leeds VAMC

Dr. Clark earned his PsyD in Clinic Psychology from The Arizona School of Professional Psychology at Argosy University in 2015 after completing his pre-doctoral internship at the Carson Center for Adults and Families in Westfield, MA. He then went on to complete a post-

doctoral residency at the Albany Stratton VA Medical Center where he received specialized training in PTSD treatment. Following his residency, he worked as a staff psychologist for the PTSD program, primarily treating combat-related trauma in both individual and group formats. He is trained and certified two trauma focused treatments: Prolonged Exposure (PE) and Eye Movement Desensitization and Reprocessing (EMDR). He also started and continues to lead an OIF/OEF/OND/Gulf War combat process group. Dr. Clark joined the Central Western Massachusetts VA in early 2018 and remains in the BHIP clinic.

Scott Cornelius, PsyD+, Staff Psychologist, Specialized Inpatient PTSD Unit (SIPU), Rotation Supervisor, Leeds VAMC

A graduate of the Illinois School of Professional Psychology-Chicago, Dr. Cornelius worked for six years as a psychologist in community mental health in Colorado and Southeast Alaska. In 2005, Dr. Cornelius accepted a position as a civilian psychologist with the United States Department of Defense and was stationed in Vilseck, Germany, where he worked with military personnel involved in the Global War on Terror (GWOT). In 2006, he joined the psychology staff at the VA Central Western Massachusetts Health Care System, with a specific focus on the treatment of posttraumatic stress disorder. In 2007 he stepped into his current position as the psychologist on the Specialized Inpatient PTSD Unit, where he treats Veterans who are suffering from war zone-related PTSD.

Dr. Cornelius utilizes a mindfulness- and acceptance-based approach to behavioral treatment and provides trainings in Acceptance and Commitment Therapy (ACT) around the Northeast. He has been a National Consultant for the VA Acceptance and Commitment Therapy for Depression (ACT-D) rollout since 2010 and became a Regional Trainer for the VA ACT-D rollout in 2017. In addition to ACT, Dr. Cornelius utilizes Prolonged Exposure and is a certified teacher of Integrative Restoration (iRest) Yoga Nidra. iRest is research- based transformative practice of deep relaxation and self-inquiry that has been identified as a Tier 1 Complementary and Alternative Medicine approach to the treatment of PTSD by the Department of Defense. Dr. Cornelius is also a certified yoga instructor who is interested in the application of yoga, mindfulness and iRest to the treatment of PTSD and other problems of living. He is a supervisor for the SIPU Primary Rotation.

Starr Eshleman, PsyD*, Staff Psychologist, PCMHI, Leeds VAMC

Dr. Eshleman earned her PsyD in clinical psychology from Spalding University in 2024 after completing her pre-doctoral internship at VA Central Western Massachusetts Healthcare System. Following internship, Dr. Eshleman completed her post-doctoral residency with the State of Connecticut Department of Children and Families (DCF). With DCF, she worked with adolescents in an inpatient setting. Dr. Eshleman came back to VA Central Western Massachusetts in the spring of 2026 as the psychologist in Primary Care Mental Health Integration (PCMHI). Dr. Eshleman's clinical interests include racial trauma, couples therapy, and interpersonal issues.

Richard Harris, PsyD, Staff Psychologist, CPT Supervisor, Fitchburg VA Outpatient Clinic

Dr. Harris earned his graduate training in clinical psychology at William James College in Newton, Massachusetts in 2013 with concentrations in Health Psychology and Geropsychology. During graduate school he did externships at Claypit Hill School, McLean Hospital Geriatric Services, Lynn Community Health Center, and Joseph M. Smith Community Health Center. He completed a generalist pre-doctoral internship at the Alaska VA Healthcare System in Anchorage, Alaska, including rotations in Outpatient Mental Health, Health Psychology, Compensation and Pension Evaluations, Local Recovery Coordination, and Domiciliary Dual Diagnosis Treatment. Additionally, he completed a post-doctoral psychology fellowship in integrated care family psychology. Following his fellowship training, Dr. Harris worked as a licensed psychologist in the outpatient behavior health clinic at Providence Alaska Medical Center – Providence Medical Group in Anchorage, Alaska, from 2015-2021. From 2021-2022. Dr. Harris provided individual, couple, and family psychotherapy services at LifeStance Health, Inc. in Northborough, Massachusetts. Dr. Harris currently provides, as part of a multi-disciplinary treatment team, evidence-based treatment and measurement-based care for individuals and couples at the Fitchburg VA Outpatient Clinic. Dr. Harris evaluates and treats Veterans who present with PTSD, Depression, Mood Disorder, Schizoaffective Disorders and co-morbid medical and substance use disorder conditions.

Christina Hatgis, PhD, Training Director, VA CWM, Staff Psychologist, Worcester CBOC

Dr. Hatgis joined the Worcester VA CBOC in 2008, having completed her PhD at Clark University in 2006, internship at the Boston VA Consortium in 2005, and her postdoctoral fellowship at Brown University / Providence VAMC 2005 - 2007, focusing on PTSD, substance abuse disorders, and behavioral health factors in HCV and HIV/AIDS treatment and prevention. She developed the Practicum Training Program at the Worcester CBOC in 2009, and supervised psychology practicum students and interns at the Worcester Outpatient Clinic from 2009 – 2015. She served as the VA CWM Internship Training Co-Director (2015 – 2023) and then Internship Training Director (2023 – present). Dr. Hatgis provides assessment, group and individual psychotherapy for a full range of presentations including mood and anxiety disorders, substance use disorders, psychotic disorders and other serious mental illness, and PTSD. She is trained in empirically based therapies for PTSD, mood disorders, substance abuse, and chronic pain disorders, including CPT, PE, CBT, ACT, and MI. She is a certified provider of ACT and PE. Dr. Hatgis serves as an Affiliate Assistant Professor for the Clark University Clinical Psychology Graduate Program from 2011 – present.

Craig Helbok, PhD, Staff Psychologist, Rotation Supervisor, Leeds VAMC

Dr. Helbok earned his PhD in Clinical Psychology from West Virginia University in 2004 after completing his pre-doctoral internship at the Pittsburgh VA Medical Center. Dr. Helbok completed a postdoctoral fellowship at the Kansas City VA Medical Center. He has worked as a health psychologist in primary care, tele-primary care, and specialty medicine

settings in the Mayo Health System, the Minneapolis VA Medical Center, and the Richmond VA Medical Center. His previous clinical and research experiences have focused in the areas of rural healthcare, eating disorders, and substance abuse. Dr. Helbok is board certified in Clinical Health Psychology. Dr. Helbok serves as a supervisor for the SUD primary rotation.

Leslie Hugg, PsyD*, Staff Psychologist, PTSD RRTP, Leeds VAMC

Dr. Leslie Hugg earned her PsyD in Clinical Psychology from Alliant International University Sacramento in 2025 after completing her pre-doctoral internship at VA Central Western Massachusetts healthcare System. Based upon her prior career as a special operations aviator and language analyst, Dr. Hugg developed an interest in the impact of the combat aviation environment and classified work on the development of trauma-related symptoms. Her dissertation focused on the development of a self-report questionnaire to understand the relationship between combat aviation and PTSD. Following the completion of her doctorate, Dr. Hugg joined the PTSD RRTP as a staff psychologist while completing her supervised professional experience. There, she primarily engages Veterans in group psychotherapy utilizing process based therapy including third wave mindfulness-based interventions.

Christopher Jetton, PhD, Staff Psychologist, RRTP/Domiciliary, Rotation Supervisor, Leeds VAMC

Dr. Jetton grew up in Washington, DC and attended college in Oberlin, OH; he later completed his degree in clinical psychology in 2009 at the University of California, Los Angeles. His primary background is in working with individuals with serious mental illness (particularly psychosis) as well as substance use disorders. He completed his internship and post-doc at the West Los Angeles VA Medical Center, then started as a staff psychologist there in 2013. At the West LA VA he worked in a clinic offering CBT for Psychosis service to Veterans with serious mental illness, before transitioning to work in a medical clinic supporting homeless veterans (Homeless Patient Aligned Care Team, or HPACT). He served as the Mental Health Lead for the Los Angeles HPACT program and then as the Director of the Los Angeles HPACT program for several years. He joined our staff in 2022 and serves as a psychologist in the RRTP/Domiciliary, offering treatment to Veterans with substance use disorders, PTSD, and serious mental illness. He is very glad to be back on the East Coast and closer to family, and to be able to go out hiking in the lush forests of Western Massachusetts.

Jennifer Joyce, PsyD*, Program Manager, PTSD Clinical Team, Acting Didactics Coordinator, Ancillary Rotation Supervisor, Leeds VAMC

Dr. Joyce joined the psychology staff as the PTSD/SUD psychologist in January 2009. She received her undergraduate degree in business from Boston College and graduate degree in clinical psychology from the University of Hartford in Connecticut. Her graduate studies and practica focused on understanding and treating anxiety and substance use disorders from a cognitive behavioral orientation. Her dissertation examined the subjective experience of

individuals with obsessive compulsive disorder. Her work with World Trade Center and Hurricane Katrina survivors contributed to her growing interest in the treatment of PTSD and co-occurring disorders. Dr. Joyce is dedicated to the dissemination of Evidence-Based Psychotherapies and enhancing engagement in the treatment process to improve outcomes. She serves as the facility's Evidence-Based Psychotherapy Coordinator, Trainer/Consultant for the National VA Prolonged Exposure Therapy Training Program, and PTSD Mentor for the New England Region. She is the Clinical Supervisor for the Prolonged Exposure Therapy Ancillary Rotation

Ariel Laudermith, PhD, Staff Psychologist, Lead Tobacco Cessation Clinician, Primary Care Mental Health Integration & Health Psychology Rotation Supervisor, VA CWM

Dr. Laudermith joined VA Central Western Massachusetts Healthcare System in 2019. She serves as the Central Western Mass VA lead tobacco cessation clinician, working within the Health Promotion Disease Prevention Program (HPDP). She provides group and individual evidence based nicotine and tobacco cessation services in-person, over the phone, as well as through VA Video Connect. Dr. Laudermith also serves other roles on the HPDP team including Motivational Interviewing training, MOVE group facilitator, biofeedback for anxiety, and psychological evaluations for bariatric and transplant surgeries. Prior to joining CWM, she worked as the mental health program manager within the Home-Based Primary Care (HBPC) program and the psychology supervisor within the Palliative Care Consult Team at the Edward Hines, Jr. VA Hospital for over 8 years. Dr. Laudermith earned her M.A. in Forensic Psychology from CUNY John Jay and her PhD in clinical psychology with a specialization in disaster mental health from the University of South Dakota in 2010 after completing her internship at VA Maine Healthcare System. She currently provides clinical supervision to interns placed at Northampton and the Springfield CBOC in the area of health psychology.

Kayla Linderme, PsyD*, Staff Psychologist, Rotation Supervisor, Leeds VAMC

Dr. Kayla Linderme earned her PsyD in Clinical Psychology from Alliant International University San Francisco in 2019 after completing her pre-doctoral internship at VA Central Western Massachusetts Healthcare System. Her interest in working with the Veteran population started while completing her clinical work at practicums in the VA Northern CA Healthcare System. In addition, her dissertation focused on the impact deployment has on military families with young children. Following the completion of internship at VA CWM, Dr. Linderme joined the Mental Health Clinic team at the Leeds campus as a Staff Psychologist. She offers individual therapy utilizing evidence-based treatments, including Cognitive Processing Therapy, Cognitive Behavioral Therapy for Insomnia, and Prolonged Exposure. Dr. Linderme works as a provider in the Mental Health Walk-In Clinic/Admissions clinic where she helps connect Veterans to mental

health services, provides brief individual therapy, conducts crisis management, and evaluations for Veterans to be admitted to the acute inpatient unit.

Teresa H. Malinofsky, PhD, Neuropsychologist, Case Conference Coordinator, Rotation Supervisor, Leeds VAMC

Dr. Malinofsky earned her PhD in Clinical Psychology from the University of Cincinnati in 1991. Prior to becoming a psychologist, she was a music therapist. Past psychology positions include a fellowship position at Harvard Medical School for several years, geriatric neuropsychology (under Marilyn Albert, Mass. General, Harvard Medical School), Weldon Center for Rehabilitation of the Mercy Hospital (as Director of Neuropsychology and Chief Psychologist for the Inpatient Brain Injury Unit), neuropsychology consultant to Statewide Head Injury Program/MRC, geriatric neuropsychology consultant to Baystate Franklin Medical Center. Past teaching includes Biopsychology and Neuropsychology courses and training of practicum students for the PsyD program of Antioch New England Graduate School. She co-edited a book, The Psychotherapist's Guide to Neuropsychiatry: Diagnostic and Treatment Issues (1994). At VAMC, Leeds, Dr. Malinofsky does psychotherapy and neuropsychological assessments. She has developed an interest in PTSD with dissociation. She coordinates the Intern Case Conference and is an Assessment supervisor at Leeds.

Michelle Mattison, PsyD*+*, Staff Psychologist, Local Recovery Coordinator, Leeds VAMC

Dr. Mattison obtained her doctorate degree from the California School of Professional Psychology - Alameda in 1999 and her undergraduate degree from Smith College in 1989. Her dissertation research was on ego development in female characters in best-selling fiction. She returned to this area to complete her doctoral internship at this VA and was subsequently hired as the staff psychologist for the inpatient units. Dr. Mattison served as Psychology Internship Training Director from 2002- 2006. She also served as the Employee Assistance Program (EAP) coordinator for over a decade. Dr. Mattison now holds the position of Local Recovery Coordinator (LRC) after serving many years as the primary rotation supervisor on the Inpatient Psychiatry Rotation. In her role as LRC, she works primarily with Veterans with severe mental illness (SMI) and promotes the concepts of Recovery. Motivational Interviewing, Seeking Safety and Social Skills Training for Schizophrenia (SST) are the primary therapies she provides; she is also trained in Integrative Restoration (iRest) and is a regional trainer for SST. In addition to working with Veterans with SMI, she is interested in psychological assessment; geriatric and health psychology; and suicide risk assessment and prevention. She is the staff liaison for the Veterans Mental Health Council and is a member of the Employee Threat Assessment Team as well as the Suicide Prevention Committee.

Kelly McAllister, PsyD*, Clinical Psychologist, Rotation Supervisor (Off-site, Other Agency Supervisor), Springfield Vet Center

Dr. McAllister completed her doctorate in clinical psychology at the American School of Professional Psychology, Washington DC. Her dissertation was focused on Veteran reintegration from combat zones into civilian life. Dr. McAllister is a Veteran of Operation Iraqi Freedom and served in the U.S. Army. Her clinical internship was with VACWM from 2013-2014. Dr. McAllister was hired at the Springfield Vet Center, which specializes in readjustment issues, in 2015. Additionally, the Vet Center provides therapeutic services for couples, families, and bereavement issues. Dr. McAllister conducts outpatient therapy using a cognitive behavioral approach and has some experience with ACT. She is trained in PE and CPT and utilizes these evidence-based approaches to trauma for both combat and military sexual trauma (MST). Dr. McAllister is a supervisor for the Springfield CBOC.

Jeffrey McCarthy, PsyD*, Deputy Chief, Outpatient Mental Health Services; Rotation Supervisor, Springfield CBOC

Dr. McCarthy is the Deputy Chief of Outpatient Mental Health Services, including the Central Western Massachusetts Behavioral Health Interdisciplinary Program (BHIP) teams, Primary Care-Mental Health Integration (PCMHI) services, the Substance Use Disorder specialty clinic, and the PTSD Clinical Team (PCT). He also provides clinical services in the Mental Health Clinic at the Springfield CBOC including individual and group psychotherapy, as well as psychological and neuropsychological assessment services. He is an intern supervisor for the Community Based Outpatient Psychology Track located at the Springfield Clinic. He previously worked as the psychologist on the TBI/Polytrauma team and has provided numerous lectures in several venues in the local area on the subject matter. He received his doctoral degree in Clinical Psychology in 2004 from the Adler School of Professional Psychology in Chicago, while also completing a specialty in Neuropsychological Assessment. He completed his internship training at the VA Central Western Massachusetts Healthcare System, and his postdoctoral training in the Psychosocial Rehabilitation Fellowship program at the West Haven VAMC. He then worked for almost two years at Neuro-Psychology Associates of Western Massachusetts evaluating and treating patients with various neurological conditions, including traumatic head injuries, progressive dementing disorders, and neurobehavioral disorders, before returning to the VA CWM.

Christine McDannald, PsyD, Staff Psychologist, Track Supervisor, Springfield CBOC, VAMC

Dr. McDannald obtained her PsyD from Ferkauf Graduate School of Psychology in September 2014 after completing her predoctoral internship at Kings County Hospital in Brooklyn, NY. After the completion of her internship, Dr. McDannald worked as a Psychologist at Jamaica

Hospital in Queens, NY providing both inpatient acute care and outpatient therapy. She then moved to the Navajo Nation and worked as a Psychologist in an Integrated Behavioral Health Program at an Indian Health Service Hospital in Chinle, AZ. Following Dr. McDannald's return to the northeast, she joined the Mental Health Clinic in the Springfield CBOC as a Staff Psychologist. In this role, she offers individual treatment utilizing evidence-based therapies including Eye Movement Desensitization and Reprocessing Therapy, Cognitive Processing Therapy, Acceptance and Commitment Therapy for Depression, and Integrative Behavioral Couple Therapy. Dr. McDannald serves as a supervisor for the Springfield CBOC Mental Health Clinic primary rotation.

Jennifer Muniz-Rodriguez, PsyD, Staff Psychologist, BHIP Team, Leeds VAMC

Dr. Jeny Muniz-Rodriguez earned her PsyD in Clinical Psychology from Ponce School of Medicine and Health Sciences in 2014, after completing her pre-doctoral internship at the Clinica de Servicios Psicologicos (CSP) in Ponce, Puerto Rico. Dr. Muniz-Rodriguez then went to complete post-doctoral hours at the Behavioral Health Network (BHN) in Holyoke, MA where she received specialized training in Multicultural Psychology. Following her post- doctoral experience, Dr. Muniz-Rodriguez worked at BHN as an Outpatient Clinician offering evidence-based treatments in Spanish and English. Then, Dr. Muniz-Rodriguez joined the Center for Psychological Services at the University of Massachusetts in Amherst in 2017, as a Staff Psychologist, where she utilized evidenced-based treatments with college students. Dr. Muniz-Rodriguez joined the Mental Health Clinic at the Leeds campus as a Staff Psychologist in the fall of 2023. She offers individual therapy utilizing evidence-based treatments through the outpatient clinic, including Cognitive Behavioral Therapy, ACT-D, Dialectical Behavioral Therapy, Solution-Focused Therapy and Motivational Interviewing.

Alexandria G. Nuccio, PhD**, Neuropsychologist, Leeds VAMC

Dr. Nuccio earned her Ph.D. in Clinical Psychology in 2024 from Nova Southeastern University, in Fort Lauderdale, FL, after completing her internship at the Harry S. Truman VAMC in Columbia, MO. During her training years, her research focused on resiliency and suicidality in late life. Following internship, Dr. Nuccio completed a year and a half of a formal two year postdoctoral fellowship in neuropsychology with the Worcester CBOC, leaving this position six months early to take the Neuropsychologist staff position at the Leeds VAMC. Over the course of her first six months as a staff member, she continued to maintain the required trainings and supervisory expectations needed to quality for board eligibility. In her role as a staff member, she functions as a clinical neuropsychologist and oversees neuropsychology services on both an inpatient and outpatient level. Clinical cases range from standard dementia and polytrauma evaluations, to more complex psychiatric and cognitive evaluations involving the impacts of SMI, SUD, longstanding cognitive weaknesses, and more, on cognition. In addition to being a part of the Internship Training Committee, she also provides supervision to the

neuropsychology fellows, and is a member of the VA CWM Polytrauma/TBI and Cognitive Rehabilitation teams.

Shani Ofrat, PhD, Military Sexual Trauma Care Coordinator and Springfield Outpatient Mental Health Psychologist, Rotation Supervisor, Springfield CBOC

Dr. Ofrat serves as a supervisor for the outpatient mental health clinic at the Springfield CBOC, where she provides individual and group therapy and assessment to Veterans with a wide range of presenting concerns. Her primary treatment modalities are third-wave behavioral approaches such as Dialectical Behavioral Therapy and Acceptance and Commitment Therapy. She is also interested in Narrative Therapy approaches, and Motivational Interviewing. She also serves as the Military Sexual Trauma treatment coordinator for VA CWM, a role that includes assessment, treatment, education, and advocacy for Veterans with MST, as well as education and consultation for all CWM clinicians. Shani completed a trauma-focused postdoctoral fellowship at the Minneapolis VA, where she also completed internship. She received her clinical psychology doctorate from the University of Minnesota and went to Oberlin College as an undergraduate. She has developed several additional specialty areas, including training medical students and psychology residents in responding to sexually inappropriate behavior in patients, transgender mental health care, and treating sexual health after trauma. She is also passionate about increasing health parity for LGBT Veterans, and sits on the Women Veterans Health Committee. She is passionate about supervision and training and enjoys exploring multicultural issues and counter-transferential reactions with trainees.

Stacy L. Parkin, PhD, Staff Psychologist, Track Supervisor Worcester Lake Avenue CBOC

Dr. Parkin completed her graduate training in clinical psychology at Fairleigh Dickinson University in Teaneck, NJ, in 2015, during which time she did externships at Four Winds Hospital, Memorial Sloan Kettering Cancer Center, Youth Development Clinic, Bellevue Hospital and North Shore Long Island Jewish Hospital. She completed a generalist pre- doctoral internship at the Gulf Coast Veterans Health Care System in Biloxi, MS, after which she was hired as a staff psychologist on the acute inpatient psychiatric unit. She subsequently was the clinical team lead for the Substance Abuse Psychosocial Residential Rehabilitation Treatment (SARRTP) program at the Biloxi VA, a 30-bed, 28-day inpatient alcohol and drug rehab intensive treatment program, for three years. In 2018, Dr. Parkin transferred to the Southeast Louisiana Veterans Health Care System, where she was the outpatient Substance Use Disorder (SUD) and Ambulatory Mental Health (AMH) psychologist at the Baton Rouge Community Based Outpatient Clinic (CBOC). Prior to returning to her home state of Massachusetts, Dr. Parkin was a detailed psychologist in the outpatient SUD clinic in New Orleans, LA. Her current role as a SUD specialist within a general mental health clinic at the Worcester Lake Avenue CBOC fosters her continued interests in integrating evidence-based treatment modalities as well as

measurement-based care in individual and group formats as part of a multi-disciplinary treatment team to assess and treat Veterans who present with primary substance use disorders, serious and persistent mental illnesses, and dual diagnoses.

Laura Rathke, PhD, Staff Psychologist, Rotation Supervisor, Worcester Lake Avenue CBOC

Dr. Rathke earned her PhD in clinical psychology at Palo Alto University (Pacific Graduate School of Psychology), participating in training in VA and community mental health settings. She completed her pre-doctoral internship at the White River Junction VA in Vermont, engaging in rotations in outpatient psychotherapy, PC-MHI, inpatient, residential substance use, health psychology, and neuropsychological assessment. She also completed her post-doctoral fellowship at the White River Junction VA in Vermont with an emphasis in health psychology and integrated primary care, while continuing to do outpatient psychotherapy. She has worked at the Manchester VA in New Hampshire, where she worked in PC-MHI doing brief treatment and Urgent Care performing emergency mental health assessments. She joined the Worcester Community-Based Outpatient Clinic in 2019 and is currently the Whole Health Program Manager, promoting Whole Health and related services throughout CWM and providing clinical hypnosis to Veterans.

Karen Regan, PsyD, Staff Psychologist, off-site Supervisor, Greenfield CBOC

Dr. Regan received her degree in Clinical Psychology from Nova Southeastern University in Fort Lauderdale, Florida in 2009. She completed her pre-doctoral internship at the University of Miami/ Jackson Memorial Hospital Mental Health Center where she specialized in providing mental health treatment and psychological evaluations to individual with various levels of hearing loss. Her post-doctoral fellowship at the VA Pittsburgh Healthcare System specialized in evidence-based treatments for substance use disorders and addictive behaviors. Training and clinical practice include Acceptance and Commitment Therapy, Motivational Interviewing / Motivational Enhancement Therapy, Dialectical Behavior Therapy, Cognitive-Behavioral Therapy for Substance Use Disorder, CBT, Cognitive Processing Therapy, Prolonged Exposure, Internal Family Systems and Seeking Safety. Special interests include diversity/ cultural competency, Deaf and Hard-of-Hearing, LGBTQI+ populations, psychedelic assisted therapies, and animal assisted therapy. Dr. Regan provides clinical services at the VA Greenfield Community Based Outpatient Clinic (CBOC) located in Greenfield, MA.

Mark Schneider, PhD+, Primary Care Psychologist, Whole Health Program Manager, VA CWM

Dr. Schneider graduated from Loyola University of Chicago in 2000. He serves as the Health Promotion Disease Prevention Program Manager for our healthcare system and is in the Primary Care Service Line. Dr. Schneider was previously a supervisor on the Health Promotion and Disease Prevention rotation on the Leeds campus, and he provided supervision to the year-long intern at the Springfield Community-based Outpatient Clinic. Prior to joining our staff, he

served as coordinator for the Psychosocial Rehabilitation and Recovery Center and Compensated Work Therapy programs at the Jesse Brown VA Medical Center in Chicago, Illinois. In addition to his prior VA experience treating Veterans with serious mental illness, Dr. Schneider's clinical interests include health psychology, consultation and liaison with primary care, group/family psychotherapy, and supervision of psychology and medical students. He formerly served as a staff psychologist, consultant to specialty clinics, and Director of Clinical Training in the Mount Sinai Hospital Medical Center in Chicago for several years. This community mental health program located in a hospital setting specialized in the treatment of abused and neglected children and their families. Dr. Schneider's clinical approach is integrative, incorporating elements of psychodynamic theory and Motivational Interviewing techniques within a recovery-oriented framework.

Brittney Stedman, PsyD, Staff Psychologist, Behavioral Health Interdisciplinary Program (BHIP), Rotation Supervisor, Leeds VAMC

Dr. Brittney Stedman graduated from William James College in 2016 and has completed practicum, predoctoral, and postdoctoral training at three different VA healthcare systems, in addition to previous training in community mental health. Prior to joining the VA Central Western Massachusetts Healthcare System as a BHIP/Substance Use Disorder (SUD) psychologist in 2022, Dr. Stedman worked as a staff psychologist at the VA Boston Healthcare System specializing in suicide prevention and serious mental illnesses. Dr. Stedman is certified in Motivational Interviewing and Social Skills Training and has training and experience in Cognitive Behavioral Therapy for Suicide Prevention, SUD, and Psychosis, as well as in evidence-based psychotherapies for PTSD. Dr. Stedman's clinical interests include working with psychiatrically complex Veterans, particularly those who may struggle with addictive disorders, PTSD, and acute suicidality, through integrated and trauma-informed approaches.

Eileen Tam, PsyD, Staff Psychologist, Rotation Supervisor, Springfield CBOC

Dr. Tam completed her graduate training in clinical psychology at Loyola University Maryland. She completed practicum placements at the Baltimore VA Medical Center in the Outpatient Mental Health Clinic as well as at the Perry Point VA Medical Center in the Psychosocial Rehabilitation and Recovery Center for Veterans with severe mental illness. Dr. Tam's interest in continuing to work with Veterans resulted in the completion of a pre- doctoral internship at the Northport VA Medical Center. She then continued working with Veterans during a post-doctoral fellowship at the West Haven VA Medical Center. Following the completion of her fellowship, Dr. Tam joined the Mental Health team at the Springfield Community-Based Outpatient Clinic as a staff psychologist. In this role, she completes Mental Health intakes as well as outpatient therapy using primarily a cognitive-behavioral approach. In addition, she currently serves as a supervisor to the intern placed at the Springfield CBOC for CBT-Insomnia and CBT-Chronic Pain treatment.

Sarah Ward, PhD, ABPP-CN, Neuropsychologist, Worcester Outpatient Clinic

Dr. Ward earned her doctorate in clinical psychology at the University of Minnesota-Twin Cities in Minneapolis, where she focused on neuropsychological assessment and research in behavioral genetics. During graduate school, she trained in neuropsychological and psychological assessment at the University of Minnesota Medical School, the Minneapolis VAMC, and in private practice. She completed her pre-doctoral internship at Massachusetts Mental Health Center/Beth Israel Deaconess Medical Center/ Harvard Medical School, in the neuropsychology track, and with an additional focus on outpatient therapy to individuals with serious mental illness. She completed a two-year clinical neuropsychology post-doctoral fellowship at Beth Israel Deaconess Medical Center/ Harvard Medical School, with rotations in outpatient psychiatry, outpatient neurology, the Massachusetts Department of Mental Health, and Boston HealthCare for the Homeless. She works as an assessment psychologist at the Worcester VA. She provides clinical neuropsychological and psychological evaluations for Veterans as part of the Worcester Mental Health Clinic and the Polytrauma team. She also completes mental health compensation and pension evaluations for the Veterans Benefits Administration. In 2017, Dr. Ward co-wrote the grant application for the newly created postdoctoral program in clinical neuropsychology (based at the Worcester VA). She provides clinical supervision in neuropsychological and psychological assessment to the neuropsychology post-doctoral fellow and occasional consultation to the Worcester psychology intern. She is board certified in clinical neuropsychology (through the American Board of Professional Psychology-ABPP).

Julie Weismoore, PhD, Staff Psychologist, Rotation Supervisor, Leeds VAMC

Dr. Julie Weismoore received her doctorate in Clinical Psychology from George Mason University. Dr. Weismoore completed pre-doctoral internship training at VA Connecticut Healthcare System and post-doctoral training at the Stratton VAMC in Albany, NY. She previously worked in the role of PTSD-SUD specialist at the Brockton campus of VA Boston Healthcare System from 2013-2022 and in the role of virtual staff member of the Trauma Recovery section at the Orlando VAMC. Dr. Weismoore co-founded the twice monthly Acceptance and Commitment Therapy Consultation Group and served as the Site Coordinator of Training for the Brockton-West Roxbury Campuses within the VA Boston Internship Training Program. With previous colleagues from VA Boston, Dr. Weismoore co-founded and continues to organize the monthly VISN 1 Acceptance and Commitment Therapy Consultation Group. Dr. Weismoore is passionate about psychology and psychiatry education, including supervision training. She collaborates to develop and facilitate monthly supervision development content for training staff at VA Central Western Massachusetts. Dr. Weismoore has an interest in program evaluation research focused on treatment effectiveness and supervisory competency development and growth. Dr. Weismoore is trained in empirically based therapies for PTSD,

mood disorders, and substance abuse, including CPT, PE, WET, EMDR, COPE, STAIR, CBT-SUD, Mindfulness-based Relapse Prevention, CBT-Insomnia, CBT-Suicide Prevention, ACT-D, IPT-D, DBT and MI.

Angela Wendorf, PhD, Staff Psychologist, Health Behavior Coordinator, Health Promotion and Disease Prevention Program, Rotation Supervisor Worcester CBOC

Dr. Wendorf joined the psychology staff at the Worcester CBOC in the fall of 2023. She received her PhD in Clinical Psychology from the University of Wisconsin-Milwaukee in 2014 after completing her pre-doctoral internship at VA Palo Alto Health Care System (Behavioral Medicine track). She then completed a postdoctoral fellowship in Behavioral Medicine at VA Palo Alto. Prior to joining CWM, she worked at UMass Chan Medical School/UMass Memorial Health Care as a clinical health psychologist seeing patients in outpatient and inpatient medical settings and supervised psychology interns and practicum students in their training program. She later worked in clinical program development and research for a startup health tech company that created FDA cleared digital therapeutic mobile apps to treat medical conditions. She has also worked in student counseling settings and telehealth practices providing psychotherapy to medical students and graduate medical trainees including residents and fellows. Since joining CWM, she has served as a Staff Psychologist and Health Behavior Coordinator in Health Promotion and Disease Prevention (HPDP) in the Primary Care service line. She provides direct in-person and virtual care to Veterans throughout the CWM system, providing individual and group-based interventions in healthy living areas such as weight management, diabetes management, improving sleep, evaluating readiness for bariatric and transplant surgeries, smoking cessation, and behavior change in managing chronic illness with comorbid mental health. She also provides training to primary care staff in motivational interviewing and patient-centered communication. She is a supervisor for the WOPC intern in Health Promotion and Disease Prevention, including individual and group care related to behavioral sleep medicine, pre-surgical evaluation, and coping with chronic medical conditions.

Trainees

Doctoral Programs of Prior Interns

2026/27 Class:

- Augsburg University
- Alliant IU/CSPP- San Diego
- Springfield College
- Suffolk University
- Nova Southeastern University

2025/26 Class:

- Clark University
- Palo Alto University, formerly PGSP - Stanford PsyD Consortium
- Seton Hall University
- University of Hartford
- University of Massachusetts – Amherst
- William James College

Prior Classes:

- Adelphi University – Derner School of Psychology
- Adler School of Professional Psychology – Chicago
- Alliant International University/California School of Professional Psychology – San Diego, Alameda, Los Angeles
- Alliant IU/CSPP-Sacramento
- Antioch/New England Graduate School
- Argosy University-Atlanta
- Binghamton University, State University of New York
- Boston College
- Chicago School Of Professional Psychology
- Duquesne University
- Fielding Graduate University
- Florida Institute of Technology
- Fordham University
- Idaho State University
- Illinois School of Professional Psychology
- La Salle University
- Lehigh University
- Massachusetts School of Professional Psychology

- Miami University
- Michigan State
- Minnesota School of Professional Psychology
- Northeastern University
- Northern Illinois University
- Nova Southeastern University
- Pacific Graduate School of Psychology
- Pacific University
- Palo Alto University
- Pepperdine University
- Rivier University
- Roosevelt University
- Rutgers University
- Spalding University
- Springfield College
- State University of New York – Albany
- State University of New York – Buffalo
- Southern Illinois University
- Suffolk University
- University of Albany
- University of California – Los Angeles
- University of Denver
- University of Hartford
- University of Indianapolis
- University of Iowa
- University of Maine
- University of Massachusetts - Amherst
- University of Memphis
- University of Missouri – St. Louis
- University of Montana
- University of Pittsburgh
- University of Rhode Island
- University of South Dakota
- University of Tennessee – Knoxville
- University of Toledo
- University of Vermont
- University of Virginia
- University of Wisconsin – Madison
- University of Wisconsin – Milwaukee
- Virginia Consortium
- William James College

- Wright Institute
- Yeshiva University

Post-Internship Placements of Prior Interns (postdocs and staff positions)

2024/25 Class:

- UMass Chan Medical Center/Worcester Recovery Hospital-SMI
- Institute of Living, Hartford, CT, Psychology Department
- University of Rhode Island, Psychology Dept., Clinical Research-PTSD & Substance Abuse
- VA Connecticut Healthcare System
- VA Tampa - James A Haley VA Medical Center – Trauma and PTSD Track
- VA Providence/Brown Univ. Consortium – Trauma and Readjustment Clinic, specialization in mental health leadership

Prior Classes:

- Alpert Medical School of Brown University (Research Fellow T32; ACT Fellow-RI Hospital), Providence, RI
- Austin Riggs, Stockton, MA
- Bay State Hospital, Springfield, MA
- Behavior Therapy and Psychotherapy Center, University of Vermont, Burlington, VT
- Boston Child Study Center
- Boston College Counseling Center, Boston, MA
- Boston Metro Neuropsychology
- Boston University – Center for Anxiety and Related Disorders (CARD)
- Brown University Clinical Psychology Training Consortium, Post-Deployment and Readjustment Program, Providence VA, Providence, RI
- Career Development Center of SUNY at Albany, Albany, NY
- Child Guidance Clinic, Springfield, MA
- Community Support Options, Franklin County
- Connecticut Children and Families, Albert J Solnit Children's Center Hospital
- Cutchins Institute, Northampton, MA
- Fletcher Allen Health Care, Burlington, VT
- Headspace Health, Santa Monica and San Francisco, CA
- Institute of Living, Hartford, CT
- Little Rock VAMC, Little Rock, AR
- Lumberg Elementary School, Lakewood, CO
- McLean Hospital/Harvard Medical School, Belmont, MA
- Medical Psychology Center, Beverly, MA
- Menninger Clinic, Topeka, KS
- MultiCare Health System/Good Samaritan Hospital, Puyallup, WA

- Neuropsychology Associates of Western Massachusetts, Springfield, MA
- Pain Clinic, Portland, OR
- Pacific Anxiety Group, Menlo Park, CA
- Portland Psychotherapy Clinic, Portland, OR
- ServiceNet Inc., Northampton, MA
- Tarzana Treatment Center, Tarzana, CA
- The Weight Center, MA General Hospital, Boston, MA
- University of Albany – SUNY, Instructor
- University of New Haven Counseling Center, West Haven, CT
- University of Rochester's Mt. Hope Family Center, Rochester, NY
- US Air Force
- VA Bedford, Edith Nourse Rogers Memorial VA – LGBTQ Fellowship; Primary Care Behavioral Health (PCBH) Track; Interprofessional Mental Health Track; MH Clinic
- VA Boise Medical Center, Boise, ID
- VA Boston Healthcare System – NC-PTSD; Psychology Research; Interprofessional Mental Health Track; General Mental Health Track
- VA Central Western Massachusetts Healthcare System, Northampton, MA
  *We have proudly hired multiple interns as full-time staff
- VA Hampton VA Medical Center, Virginia
- VA Houston, Michael E. DeBakey Medical Center, Houston, TX
- VA Long Beach Healthcare System, Long Beach, CA
- VA Milwaukee Medical Center, Milwaukee, WI
- VA North Texas Healthcare System, Dallas, TX
- VA Orlando – TRUST Trauma Recovery Specialty Team
- VA Phoenix Healthcare System, Phoenix, AZ
- VA Providence/Brown Univ Consortium – Trauma & Readjustment Clinic; Homeless PACT
- VA Charleston SC, Ralph H. Johnson VA Medical Center - Quality Scholars Fellowship
- VA Salem Healthcare System, Salem, VA
- VA San Francisco Healthcare System, San Francisco, CA
- VA Togus Medical Center, Togus, ME
- VA West Haven Medical Center, West Haven, CT
- VA West LA Medical Center, Los Angeles, CA
- Wayne County Behavioral Health Network, Rochester, NY
- Yale Child Study Center- Anxiety and Mood Disorders Program, New Haven, CT
- Yale School of Medicine, T32 in neuroimaging and substance, New Haven, CT

Internship Admissions, Support & Initial Placement Data

Internship Admissions, Support, and Initial Placement Data
Date Program Tables are updated: 8/1/2026

Program Disclosures

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?	X **Yes** _____ **No**
If yes, provide website link (or content from brochure) where this specific information is presented:	
https://department.va.gov/vha/academic-affiliations/resources/health-professions-trainees/eligibility-and-forms/	

Internship Program Admissions

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:
We are a clinically focused internship that offers a deep level of exposure and engagement in all aspects of clinical work. In order to optimize their training experience, we have a strong preference for applicants who are in the advanced stages of progress on their dissertations. Our graduates aim for and attain clinical, clinical/research, program administration, and research post-doctoral fellowships and jobs. We welcome applications from respecialization students who have completed their doctoral degrees in non-clinical, non-counseling fields within psychology and have completed respecialization coursework in clinical or counseling psychology at APA or CPA accredited doctoral programs.

Does the program require that applicants have received a minimum number of hours of the following at time of application? If Yes, indicate how many:			
Total Direct Contact Intervention Hours	Yes		Amount: 300
Total Direct Contact Assessment Hours	Yes		Amount: 50

Describe any other required minimum criteria used to screen applicants:

Our training program provides an excellent fit for applicants with an interest in developing empirically supported clinical skills for working with military Veterans in a VA setting. In accordance with VA Central Office, APPIC, and our training program, eligibility criteria for our internship include:

- U.S. citizenship,
- Male applicants born after 12/31/1959 must have registered for the draft by age 26 to be eligible for selection as a paid VA trainee,
- Submitting to fingerprint and background checks (APPIC Match result is contingent on passing these screens),
- Enrollment in an APA or CPA accredited doctoral program in clinical, counseling, or combined clinical-counseling psychology,
- Approval for internship status by graduate program training director,
- A minimum of 300 intervention hours of direct service during practicum training,
- A minimum of 50 assessment hours of direct service during practicum training,
- Having interests and goals appropriate to our internship program within a VA setting,
- Showing an ability to apply assessment/diagnosis and intervention/treatment knowledge under supervision,
- Demonstrating ethical conduct and interpersonal skills appropriate to the practice of professional psychology.

After accepting an offer, intern applicants will be asked to submit a Declaration of Federal Employment (OF 306) and Application for Federal Employment (OF 612) both of which are required for federal government employment.

The VA CWM abides VA Directive 5383 – VA Drug Free Workplace Program, which includes a prohibition against staff and health professions trainees' recreational and medical use of marijuana/cannabis, regardless of its legal status on the state level. More information is available here: VA is a drug-free workplace.

Financial and Other Benefit Support for Upcoming Training Year*

Annual Stipend/Salary for Full-time Interns	$39,196 ** (Leeds & Springfield Tracks) $39,344 ** (Worcester Track)	
Annual Stipend/Salary for Half-time Interns	N/A	
Program provides access to medical insurance for intern?	Yes	
If access to medical insurance is provided:		
Trainee contribution to cost required?	Yes	
Coverage of family member(s) available?	Yes	
Coverage of legally married partner available?	Yes	
Coverage of domestic partner available?	Yes	
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?	Yes	
Other Benefits (please describe): federal holidays, 5 days of administrative leave for professional activities, maternal/paternity leave. In the event of medical conditions and/or family needs that require extended leave, in certain circumstances and at the discretion of the training program, interns may be allowed reasonable unpaid leave in excess of paid personal time off and sick leave. The training year will be extended as needed to ensure a full training year is completed (52 weeks on duty, with a minimum of 25% time in direct patient care). Depending on the type of leave taken and availability of funds/approval from VHA Office of Academic Affiliations, the needed extension may or may not be paid.		

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

** Stipend listed is for the 2026/27 Training Year. 2027/28 stipends have not been released as of the date of publication.

Initial Post-Internship Positions

(Provide an Aggregated Tally for the Preceding 3 Cohorts)

	Cohorts ending 2024 -2026	
Total # of interns who were in the 3 cohorts	18	
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree	1	
Total # of interns who are still enrolled on internship due to delayed start date		
	PD	**EP**
1. Academic teaching		
2. Community mental health center		
3. Consortium		
4. University Counseling Center	1	
5. Hospital/Medical Center		
6. Veterans Affairs Health Care System	9	
7. Psychiatric facility	3	
8. Correctional facility		
9. Health maintenance organization		
10. School district/system		
11. Independent practice setting	1	1
12. Other: Academic clinical research (1) Private, nonprofit, Veteran-focused, residential and outpatient clinical care provider (1)	2	

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.