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Psychology Internship Program

VA Bedford Healthcare System
Psychology Training Program (116B)
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Bedford, Massachusetts, 01730
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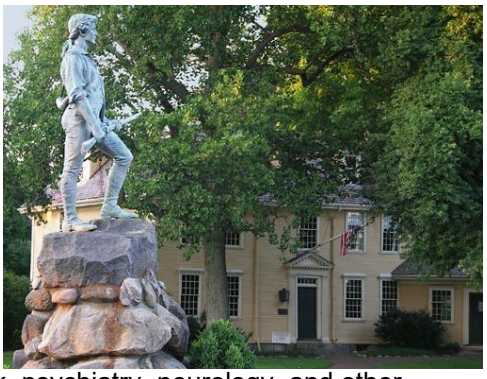
MATCH Number: 1322
Applications due: November 5

Accreditation Status

The doctoral internship at **VA Bedford HCS (Edith Nourse Rogers Memorial Veterans Hospital)** is accredited by the Commission on Accreditation of the American Psychological Association. The program had a re-accreditation site visit in May of 2021 and received the full allowable period of accreditation (ten years, through 2031), as the program has had in each of its prior site visits since 1995. Questions related to the program's accredited status should be directed to the Commission on Accreditation:

Office of Program Consultation and Accreditation
American Psychological Association
750 1st Street, NE, Washington, DC 20002
Phone: (202) 336-5979 / Email: apaaccred@apa.org
Web: www.apa.org/ed/accreditation

Psychology Setting



The Psychology Training Program at VA Bedford (Edith Nourse Rogers Memorial Veterans Hospital (ENRM)) is a component of the Psychology Service, which employs 49 psychologists along with a large number of associated staff. The Training Program offers three tracks of training in clinical psychology: postdoctoral training involving a full-time yearlong APA-accredited Clinical Psychology residency and a two-year APA-accredited Clinical Neuropsychology residency; a full-time yearlong APA-accredited doctoral internship; and a part-time (20-25 hour/week) practicum for 10 months. The training program has 14 postdoctoral residents, 13 doctoral interns, and 14 practicum students for the 2026-2027 training year. Students from nursing, social work, psychiatry, neurology, and other disciplines also train at the medical center each year.

Psychologists are involved in a range of leadership positions around the hospital, many of whom are program directors within their respective areas. Staff areas of expertise are broad, with a particular emphasis on psychosocial rehabilitation, integrative psychotherapy, evidenced-based psychotherapies, and posttraumatic stress disorder (PTSD). Regarding the practice of psychosocial rehabilitation, a number of Psychology Service-run programs have received national awards for innovation. In addition, many staff are involved with research activities. A number of psychology service staff members are

involved in research through the Psychology Service Mental Illness Research, Education, and Clinical Center (MIRECC). Many ENRM psychologists hold faculty appointments at the Boston University School of Medicine and other local universities. Staff psychologists are also active in a range of outside teaching, clinical, and research activities.

The psychology training program operates within the context of a VA hospital that is committed to safeguarding and promoting individual rights. Towards these ends, the hospital has outlined and follows a broad range of written procedures, policies and guidelines that promote respect of individual rights as well as staff and student support. Memos pertaining to a range of such policies can be found on the hospital's intranet (https://dvagov.sharepoint.com/sites/VHABEDIntranet/SitePages/Home.aspx) which include, for example, policies and program information regarding the hospital's Equal Employment Opportunity program, the process to pursue reasonable accommodation for individuals with a disability, guidelines for the prevention of sexual harassment, and alternative dispute resolution and grievance policies and procedures.

Training Model and Program Philosophy

The educational philosophy of the Psychology Service training program is scholar-practitioner. Psychological scientific data, empirically derived clinical findings, and the theoretical underpinnings of human functioning are each integrated within all aspects of internship training. The program incorporates these psychology domains through supervision, didactic training, and the manner of clinical conceptualization and intervention methodology practiced. Throughout the training, interns are expected to apply empirical findings and clinical theory to their work and to critically evaluate the various clinical methodologies to which they are exposed. Similarly, interns are welcome to actively participate in research and to use such findings to inform their clinical activities.

Additionally, the program values:

- development of critical thinking and the ability to understand diverse theoretical perspectives
- flexibility and independence with regard to professional behaviors
- clinical sensitivity, empathy, and respect in all aspects of interpersonal interaction
- self-awareness and multicultural competency

The internship seeks to facilitate professional development in accord with these values and it recognizes that a training philosophy incorporating psychological science, applied research, and clinical theory forms the foundation for such development.

Program Aims & Objectives

The primary aim of the internship program is to prepare interns to function effectively across a range of postdoctoral and entry-level health service psychology settings, particularly in VA medical centers.

A secondary aim, while still maintaining this generalist training, is upon developing a particular knowledge/skill base associated with one particular clinical area, thereby providing preparation for subsequent professional activities and/or postdoctoral training in a particular area of interest. As will be discussed below, the intern is assigned (on the basis of the intern's ranking of programs via the national computer match) to one of the six following primary rotations: neuropsychology, primary care behavioral health, psychosocial rehabilitation, geropsychology, outpatient psychotherapy, or addiction & recovery .

The specific competencies expected of the intern are listed in the below section, “Intern Evaluation and Expected Competencies”, which largely parallel the professional-wide competencies outlined in the 2017 APA Standards of Accreditation. In addition, the program has program-specific competencies assocated with each primary rotation, which each particular intern is expected to meet. These competencies are listed as the “learning objectives” under the decription for each primary rotation.

Over the course of the training year, the program strives to continually facilitate integration of the intern’s self-awareness and unique personhood with evidence-based professional practice. That is, the program aspires to provide a supportive yet challenging context for the intern to integrate clinical theory and empirical evidence within a continuous process of self-flection, self-understanding and deepening self-awareness.

Throughout the training year, the intern is taught to understand the larger systems (e.g. hospital, VA, health care) in which service is provided and to anticipate and function effectively over time within changing environments. Additionally, the intern learns about the role of a psychologist across diverse professional contexts and learns how to function effectively as a member of an interprofessional team.

Each rotation has a set of target clinical/professional experiences and learning objectives. The target experiences provide the experiential foundation for the particular learning objectives to be achieved. That is, for each rotation, specific learning objectives are achieved through direct clinical experience, active involvement within various organizational and clinical contexts, supervision, and didactic-oriented training. For all interns, across all rotations, the demonstration of expected knowledge and skills over the course of the training year is assessed via an evaluation form covering the nine profession-wide competency areas noted above. Consequently, while rotation-specific learning objectives reflect the somewhat unique nature of knowledge and skills in a particular area (akin to the “surface structure”) of clinical practice, the program expects (and evaluates) the level of achievement of the broader profession-wide competencies across all rotations (“deep structure”). As noted above, the program also expects interns to achieve, as a program-specific competency, a level of specific knowledge and skill associated with their primary rotation (which is meaured by a secondary evaluation form unique to each primary rotation).

Although the internship program is fairly rigorous, the program values flexibility in each intern’s training, thereby taking advantage of the particular interests of the intern as well as the wealth of opportunities available for training at the VA Bedford HCS. Accordingly, each intern’s training experience is somewhat unique to that particular student, reflecting the varied options to address individualized interests, needs and learning objectives.

Each intern is assigned a preceptor at the beginning of the year. Preceptors are typically the primary supervisor on the intern’s specialty rotation. Preceptors, in addition to their clinical supervisory role, also attend to other areas of professional and personal functioning, such as professional interests and development, career preparation, overall goals and progress on the internship, and personal issues influencing professional work. Interns are afforded ample time at the beginning of the year to meet with their preceptor, as well as their other supervisors, to discuss the intern’s needs and interests. The preceptor continues to meet regularly with the intern to ensure that his or her training goals are being met.

Program Structure

OVERVIEW OF THE INTERNSHIP

The training year will commence on Monday, July 12th, 2027. The internship is a full-time (40 hours per week) full-year (2080 hour) experience. Interns accrue a total of thirteen days of personal leave and thirteen days of sick leave over the course of the year. In addition, interns are granted up to four days for

educational leave and/or professional development (e.g. attending training, professional conferences, and postdoc/job interviews) and eleven federal holidays

STUDENT ORIENTATION

The training year commences with a two-week orientation period, in which students become acclimated to the nature of psychology training at VA Bedford, and begin clinical and professional activities within their particular training track.

The training program orientation affords interns, along with postdoctoral residents, an opportunity to get to know each other. During the orientation, students are introduced to various staff and participate in a range of initial seminars and dialogues relevant to VA training and practice. There are didactic trainings during orientation that address a range of presenting clinical issues and needs of our Veteran population, such as anger management, assessment of risk to self and others, recovery orientation and community reintegration, the Whole Health model, working with older Veterans, crisis evaluation and intervention, and practice of evidence-based psychotherapy for a range of disorders. The orientation period also allows for interns to begin meeting with each of their rotation supervisors and preceptor for their particular primary rotation.

STRUCTURE OF THE INTERNSHIP

Clinical training is flexible, having two required core rotations, Psychotherapy and Assessment & Intervention in Focal Areas , as well as one primary rotation. The primary rotation is chosen (via the national computer match) from one of the following six clinical areas: Neuropsychology, Geropsychology, Psychosocial Rehabilition, Outpatient Treatment, Addiction & Recovery, and Primary Care Behavioral Health.

Additional training is also offered in clinical research. This optional training experience is flexible and usually involves between one and two hours of weekly activity, on average, depending upon the interns interests and availability as well as nature of the particular research project.

All three rotations (i.e., a primary rotation, the assessment/intervention rotation, and the psychotherapy rotation) run concurrently throughout the year. This training structure provides the intern an opportunity to deepen their understanding, skills and practice in each of these areas of professional activity and practice. On a weekly basis, the primary rotation usually consists of approximately sixteen hours (20 hours for the neuropsychology primary rotation). The psychotherapy rotation consists of approximately twelve hours and the assessment/intervention rotation approximately eight hours.

Each rotation draws on the rich array of resources offered at the medical center and specialized staff to support professional training. Typically, multiple sites are combined to support a particular primary rotation, providing a diverse range of clinical situations, patients, and professional contexts in which the intern can develop confidence and proficiencies. Additionally, collegial interaction on an interprofessional team is a highly valued component of training. All clinical services, inpatient and outpatient, are built around the team treatment model, allowing psychology interns to work directly with staff and trainees from psychiatry, social work, nursing, and psychosocial rehabilitation on a regular basis.

SUPERVISION AND PRECEPTORSHIP

A minimum of 3.5 hours of formally scheduled individual supervision is provided for interns each week. Typically, additional supervisory sessions and supervisor contact, as needed, supplement this total. Interns also participate in a weekly group consultation session facilitated by a senior psychologist (not part of the training committee), affording the intern cohort an opportunity to freely explore a range of

topics, particularly those related to the functioning of groups. Other clinical staff may also provide additional supervision or consultation for particular aspects of training.

As noted above, each intern is assigned a preceptor, who is typically (but not always) a clinical supervisor on the primary rotation. In addition to clinical supervision, interns regularly meet with their preceptor over the course of the year to explore professional development issues. In addition, all other assigned supervisors may also periodically engage in precepting activities for the intern, thereby taking advantage of the varied professional backgrounds of each of the intern's supervisors.

SEMINARS

The internship offers a number of didactic opportunities in which interns participate. All interns attend a series of special seminars presented early in the training year, which cover a range of topics such as evaluation of dangerousness to self and others, military culture, working with individual and cultural differences among Veterans, the psychosocial rehabilitation model, and assessment and treatment of PTSD.

Clinically-focused mini-series seminars (2- 4 sessions per topic) occur over the course of the year and inlcude topics focused on women's health, intimate partner violence, motivational interviewing, interpersonal psychotherapy, evidence-based practice, and DBT.

Interns participate in a monthly ethics seminar facilitated by two psychologists (one with a background in law), addressing a range of issues relevant to work as a psychologist and within the VA. Interns also participate in a monthly conversation with the director of training regarding professional development issues and programmatic/administrative issues. Lastly, interns also participate in a professional development seminar facilitated by various training committee psychologists on topics particularly relevant to the cohort (e.g., how to pursue a postdoctoral residency, preparing for licensure, etc.).

Special intensive clinical trainings in evidence-based psychotherapies (EBPs) occur each year shortly after the orientation period. Specifically, there are three-day trainings in CBT-I for insomnia, ACT for depression, Cognitive Processing Therapy for PTSD, Integrated Behavioral Couples Therapy, CBT for substance use, Interpersonal Therapy for Depression, DBT, and CBT for psychosis. Following these intensive trainings, there are weekly consultation groups facilitated by staff with expertise in these EBPs for all students who have taken the training. Interns typically choose one of these modalities in which to participate for the training year.

In addition to EBP training and ongoing weekly group supervision, there is an optional yearlong training focusing on mindfulness. This training incorporates experiential learning and practice, along with theoretical presentations and discussions on clinical application.

Hospital-wide psychiatry grand rounds as well as weekly geriatrics and extended care grand rounds occur over the course of the year. Grand round presentations feature ENRM staff as well as a range of professionals from the greater Boston area.

INTERN EVALUATION AND EXPECTED COMPETENCIES

At the start of the training year, all interns and their supervisors review the intern's current competencies as well as interests and goals for the training year. Regarding the former, a Graduated Levels of Responsibility form (GLoR) is completed with all assigned clinical supervisor for each intern. In the process, the intern's expected clinical activities are reviewed, and the intern is assigned a level of responsibility commensurate with their level of competency. This determination of the intern's level of competency is made in light of the intern's particular training level (e.g., doctoral internship) and present skill set. If the clinical activity in question comprises a new clinical context for the intern, a higher level of

supervisory oversight may be selected. As necessary, the GLoR may be adjusted over the course of the year and appropriately updated.

At the beginning of the year, all clinical supervisors are given the intern's summary of their learning objectives (which was completed over the summer) to review with their supervisee. This provides a context to begin to dialogue about the intern's past training, current growth edges and clinical and professional interests at the start of the supervisory process. Interns and their supervisors are encouraged to periodically review these interests and growth edges as the year unfolds.

Individual supervisors (in addition to the intern's preceptor) continually evaluate the intern's progress toward the learning objectives. Routine monitoring of the intern's progress toward completing the target clinical and professional experiences determined to be necessary to achieve the objectives enhances the evaluation process. In addition, supervisors are also attuned to the interests and experiences of each of their interns. Towards this end (in November), each intern's supervisory team meet with the intern to discuss the intern's overall experience in the program. Consequently, all supervisors from each of the three rotations participate in this meeting. Within the meeting, supervisors share their observations of the intern's work and professional functioning to date and discuss how best to help the intern achieve their training goals. This meeting also allows for an opportunity to hear from the intern regarding their experience to date and whether their goals and aspirations for the internship are being met.

In relatively infrequent instances where the intern's work and/or professional functioning in some regard is perceived to be problematic or potentially so, the meeting will focus on how best to structure the intern's training to best address and resolve those issues. In those instances where there is some particularly salient issue, the intern will typically be given an opportunity to discuss this beforehand with the relevant supervisor(s) and their preceptor. A primary goal of the meeting is for the training committee members associated with each intern's training to develop a good initial understanding of the student and for the intern to have an opportunity to articulate their training experience to date and particular interests and goals. Generally, interns experience this meeting as a validation of their professional functioning and skills and appreciate having their supervisors meet as a group to foster an optimal internship training experience for them.

Formal evaluation of each intern's performance occurs three times over the training year: at four months, eight months, and at the completion of training. For these evaluation periods, each intern's supervisor completes a comprehensive trainee competency rating form, which is derived from the 2017 APA Standards of Accreditation nine profession-wide competency areas. The same form is used for each of the three evaluation periods, and the form is used by training program supervisors for rating both intern and postdoctoral resident performance. As noted above, the items on the comprehensive evaluation form encompass the more rotation-specific learning objectives associated with each of the rotations. Additionally, the secondary aim of the program is to develop knowledge and skill related to the particular focus area associated with one of the six primary rotations. Consequently, an additional shorter evaluation form encompassing each primary rotation's set of learning objectives is included in the evaluation process for each intern's respective primary rotation.

Ratings representing satisfactory and acceptable performance prior to the completion of the internship (i.e., at the four- and eight-month marks) and at the end of the year are included within the comprehensive evaluation form. Similar criteria are used regarding the secondary primary rotation evaluation forms.

Expected Competencies in each of nine areas:

Research

- Demonstrates the substantially independent ability to critically evaluate and disseminate research or other scholarly activities (e.g., case conference, presentation, publications) at the local (including VA Bedford), regional, or national level.
- Routinely utilizes the scientific literature in the conceptualization, planning and delivery of clinical services.

Ethical and Legal Standards (is knowledgeable of and acts in accordance with each of the following)

- The current version of the APA Ethical Principles of Psychologists and Code of Conduct.
- Relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels.
- Relevant professional standards and guidelines.
- Recognizes ethical dilemmas as they arise and applies ethical decision-making processes to resolve the dilemmas.

Individual and Cultural Differences

- Understands how personal/cultural history, attitudes, and experiences may affect personal understanding and interactions with people different from oneself.
- Demonstrates knowledge of the current theoretical and empirical knowledge base as it relates to addressing individual and cultural differences in professional activities including research, training, supervision/ consultation, and service.
- Demonstrates the ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, services, and other professional activities).
- Demonstrates the ability to independently apply their knowledge and approach in working effectively with the range of individuals and groups encountered during training.

Professional Values, Attitudes, and Behaviors

- Behaves in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others.
- Engages in self-reflection regarding one's personal and professional functioning; engages in activities to maintain and improve performance, well-being, and professional effectiveness.
- Actively seeks and demonstrate openness and responsiveness to feedback and supervision.
- Responds professionally in increasingly complex situations with more independence as they progress across levels of training.

Communication and Interpersonal Skills

- Develops and maintains effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.
- Produces and comprehends oral, nonverbal, and written communications that are informative and well-integrated; demonstrates a thorough grasp of professional language and concepts.
- Demonstrates effective interpersonal skills and the ability to manage difficult communication well.

Assessment

- Demonstrates current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology
- Demonstrates understanding of human behavior within its context (e.g., family, social, societal, and cultural)
- Demonstrates the ability to apply the knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process
- Selects and applies assessment methods (including interview approaches) that draw from the best

available empirical literature and are appropriate to the referral question
- Interprets assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of the assessment that are subjective from those that are objective
- Communicates orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences

Intervention

- Establishes and maintains effective relationships with the recipients of psychological services.
- Develops evidence-based intervention plans specific to the service delivery goals.
- Implements interventions informed by the current scientific literature, assessment findings, cultural characteristics, and contextual variables.
- Demonstrates the ability to apply the relevant research literature to clinical decision making.
- Modifies and adapts evidence-based approaches effectively when a clear evidence-base is lacking.
- Evaluates intervention effectiveness and adapts intervention goals and methods consistent with ongoing outcome evaluation.

Consultation and Interprofessional Skills

- Demonstrates knowledge and respect for the roles and perspectives of other professions.
- Applies the knowledge of consultation models and practices in direct or simulated consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior.
-

Supervision

- Demonstrates knowledge of supervision models and practices.
- Applies this knowledge in direct or simulated practice with psychology trainees, or other health professionals. Examples of direct or simulated practice include, but are not limited to, role-played supervision with others, and peer supervision with other trainees.

PROGRAM RECORDS

The program permanently retains all records for each of the interns who has entered the program, such records necessarily include the intern's application file and a program file. The program file contains all evaluations of the intern as well as all intern-completed evaluation forms (regarding various aspects of the program and one's supervisors) from each evaluation period (i.e., 4-, 8-, and 12-month). When relevant, the program file will also contain any remediation-related documentation (such as a remedial plan and subsequent updates documenting intern progress toward expected outcomes).

Whenever a former intern may need the program to verify or document their internship training experience, the program will do so. Contacting the current Director of Training or the Psychology Service is all that is needed to facilitate this request.

TRAINING EXPERIENCES

THE CORE ROTATIONS

PSYCHOTHERAPY

The full-year psychotherapy rotation takes place within the interprofessional Mental Health Clinic (MHC). Five interprofessional teams comprise the MHC, affording interns (along with psychology practicum students and postdoctoral residents) collaborative contact with clinicans from psychology, nursing, psychiatry, and social work. Two lead psychologists are administratively engaged in various aspects of the clinic, particularly psychology student work. All psychology interns, and most psychology practicum students and postdoctoral residents, train within the clinic, and a range of clinical supervisors support student training. Within this setting, interns are afforded an opportunity to engage a variety of Veterans in recovery-oriented, episodic, and goal-oriented individual and group psychotherapy. A range of psychological issues and severity are represented, including PTSD (combat and non-combat related), anxiety disorders, mood disorders, couples/family issues, and disorders of addiction.

Interns typically engage an average of four hours per week of psychotherapy, and carry a caseload of approximately four to six Veterans. All psychotherapy sessions within the clinic are video-recorded, and these recordings are utilized within the supervision process as a means of enhancing the learning process for the intern. (All recordings of psychotherapy sessions are deleted after they reviewed or within two weeks of the session.)

The MHC operates from an integrative, goal-focused and time-limited psychotherapeutic orientation. In addition, a focus on strengths and recovery from a psychosocial rehabilitation perspective is embodied in the overall approach of the clinic. Within this larger integrative orientation, an appreciation of and training in specific evidence-based psychotherapies (EBPs) is a key component of training and practice within the program.

In collaboration with one's supervisors, interns are encouraged to conceptualize clinical cases broadly and from more than one perspective, and they are similarly encouraged to implement interventions thoughtfully from relevant therapeutic schools to best meet the presented clinical needs of a Veteran. Supervisors represent a range of theoretical and clinical expertise, including cognitive-behavioral, cognitive processing, psychodynamic, humanistic, experiential, and transpersonal/integral orientations. Supervisors have also been trained in one or more EBPs, affording the student an opportunity to learn about and apply these modalities to their work. These EBPs include Cognitive Processing Therapy [CPT] for PTSD, CBT for Insomnia [CBT-I], CBT for Substance Use Disorders [CBT-SUD], ACT for Depression [ACT-D], and Integrative Behavioral Couple Therapy [IBCT]). Lastly, a number of staff members have particular expertise in the treatment of PTSD, providing additional opportunities to learn about trauma-related theory and practice.

In addition to individual psychotherapy, group psychotherapy is an important part of the provision of psychological services. Therapy groups typically involve short-term skill-development groups and some longer-term interpersonal process groups. Skill-building groups involve a broad range of content areas as well as various PTSD-focused groups. In addition, a range of other specialty groups, tailored to a particular issue or disorder, are also offered within the clinic. Interns are given the opportunity to join existing groups or even start a new psychotherapy group based on their clinical interests. Weekly group supervision is provided for the interns regarding their group psychotherapy work.

Learning Objectives

1. formulate sound case conceptualizations that incorporate various theoretical perspectives and research knowledge
2. identify and collaboratively develop treatment goals with the client
3. accurately assess, and modify as necessary, the progress of the therapy
4. effectively implement skills with regard to one or more psychotherapeutic approaches, such as cognitive-behavioral, psychodynamic, and experiential orientations
5. Receive training and weekly supervision in at least one evidence-based practice protocol
6. be aware of and effectively incorporate one's experience and emotional reactions pertinent to the therapy
7. facilitate effective skill-building time-limited and/or process-oreiented psychotherapeutic groups
8. provide multiculturally competent treatment conceptualization and service provision

Target Clinical Experiences

1. four hours per week of individual psychotherapy (carrying approximately 5-6) throughout the training year
2. co-lead one or more short-term specialty groups and/or a process-oriented group
3. Participate in a weekly one-hour interprofessional team meeting within the MHC

SUB-ROTATIONS IN ASSESSMENT AND INTERVENTION FOCAL AREAS

This full-year rotation consists of three four-month trainings, affording the intern a range of evaluation, assessment and intervention activities for various Veteran populations. Interns have the opportunity to rank order their preferences across eight possible sub-rotations, thereby maximizing assignment to particular interest areas or desired growth edges.

Acute Inpatient Unit

All interns will spend one full day per week involved in the evaluation and treatment of acute psychopathology through participation on the Acute Inpatient Unit (78G). This is a 15-17 bed, locked unit, designed for evaluation, crisis intervention, and disposition as well as the management of inpatient Veterans with acute symptoms who are unable to be managed in a less restrictive environment. The Veteran population on this unit is mixed, including Veterans with major psychiatric disorders, substance abuse, dual diagnosis, PTSD, severe personality disorders and dementia. The focus on this sub-rotation is primarily on clinical intervention with an acute population. Assessment does occur within this environment, however, this primarily involves ongoing clinical evaluation of risk of harm (to self or others), diagnostic features, fluctuations in mood and ideation, and indicators of stabilization vs. decompensation for the individual Veterans the unit serves. The necessity of such ongoing evaluation and assessment is essentially built into the nature of the various activities the intern will engage. Ample supervision and oversight by the supervising psychologist on the unit will help to integrate clinical observations and impressions into a working clinical conceptualization and treatment planning strategy for both individual and group work. On the unit, the intern will engage in a variety of clinical activities. The intern will attend the unit interdisciplinary team meeting. Interns may also be involved in evaluating and developing safety plans with the Veterans and updating treatment plans. They also may observe unit admission and discharge evaluations. The intern will be involved in various treatment activities on the unit, including two psychotherapy groups. The intern will have the opportunity to design and develop one of the two groups.

Learning Objectives

1. Assess probable risk pertaining to violence and suicidality
2. Learn to design a therapy group for an acute unit.
3. Effectively communicate symptom observations to the team
4. Develop confidence and skill in co-leading/leading inpatient group psychotherapy and other therapeutic group interventions
5. Develop skills regarding formal safety planning with the Veterans prior to discharge.

Target Clinical Experiences

1. 3 to 5 focal psychotherapy sessions to address safety planning on the inpatient unit
2. Weekly group psychotherapy and occasionally other therapeutic group activities on the inpatient unit

Mental Health Walk-in Clinic

The Mental Health Walk-in Clinic (WIC) is made up of an interdisciplinary team of nurses, social workers, psychiatric providers, and allied behavioral health trainees. In this setting you will practice rapid assessment of Veterans who present to the clinic with a wide variety of clinical presentations. In this rotation you will have an opportunity to perform admission assessments, brief psychotherapy, and suicide risk assessment. Trainees will participate in all aspects of the assessment process including formulation of the diagnostic picture, gathering relevant biopsychosocial information, and determining the appropriate level of care and intervention for a Veteran. You will likely have the opportunity to work with Veterans

experiencing conditions ranging from PTSD, depression and anxiety to acute psychosis, mania or delusional disorders. At times the clinic also supports clinicians who are encountering crisis situations with clients and supports them with clinical decision making.

Learning Objectives

1. Build skills in the assessment of acute psychiatric conditions
2. Learn to formulate a biopsychosocial understanding of clients, taking into account the various contributions to the diagnostic picture
3. Develop skills regarding brief treatment, stabilization, and solution-focused intervention strategies
4. Learn to assess for suicide risk in emergency settings

Targeted clinical experiences

1. Completion of biopsychosocial intake assessments for Veterans who will be admitted to the acute psychiatry unit
2. Completing referrals for Veterans remaining outpatient and making appropriate treatment recommendations
3. Interdisciplinary assessment of Veterans in collaboration with clinic team

The STAR Assessment Rotation

In this rotation, interns will have an opportunity to integrate into an interdisciplinary team in our Community Living Center (CLC). VA Bedford Healthcare System's CLC is one of the largest VA CLCs in the nation, and our goal is to provide top of the line assessment and care including evidence-based practices (EBP) to this population. The CLC units at Bedford are spread across buildings 4 (long-term care) and 62 (dementia specialty care), and consist of Units 4A-4D, 62A, 62C, and 62D. Interns will provide assessment and treatment to an older-adult population across stages of dementia both with and without behavioral disturbance. This will include functional and behavioral assessments, EBPs, safety evaluations, family psychoeducation, support, and interventions, attendance at Behavioral Rounds, team meetings, and leading and/or developing groups in the CLC (e.g., Reminiscence Therapy).

A central element of this rotation is the training and implementation of Staff Training in Assisted Living Residences (STAR-VA). STAR-VA is an EBP for the assessment and treatment of challenging dementia-related behaviors that utilizes an interdisciplinary, nonpharmacological, behavioral approach. Interns conducting a STAR-VA will perform an in-depth assessment utilizing skills such as behavioral observation, brief cognitive, functional, and mood assessments, structured interviews with staff, thorough chart reviews, and biopsychosocial interviews with Veterans and their family members. From this, the intern will generate a comprehensive STAR-VA report containing recommendations for staff, which they will have the opportunity to present to the team and monitor progress and changes in the Veteran over time.

Learning Objectives

1. Develop proficiency in assessment and treatment of behavioral symptoms of dementia using STAR-VA evidence-based psychotherapy
    a. Observe/shadow STAR-VA
    b. Independently conduct STAR-VA assessment
        i. Behavioral observation
        ii. Interdisciplinary interviews and consultation
        iii. Family interviews
        iv. Biopsychosocial interviews with Veterans who are living with dementia
    c. Developing STAR-VA behavioral intervention plan, reports, and recommendations

    d. Actively engage in STAR-VA implementation.
        i. Present STAR recommendations to interdisciplinary team and monitor progress
2. Increase proficiency with differential diagnosis of major neurocognitive disorder
3. Develop comprehensive biopsychosocial reports for Veterans with dementia diagnoses through conducting thorough medical record reviews and collateral interviews
4. Leading and/or developing weekly EBP-informed therapeutic groups, such as reminiscence therapy
5. Integrate and contribute as a member of an interdisciplinary team
6. Provide psychoeducation, support, and/or treatment to Veteran's family/support system
7. Conduct safety assessments and develop comprehensive safety plans as the need arises
8. Participate in behavioral rounds and provide consultation and recommendations
9. Engage in personal and professional reflection regarding cultural diversity given experiences working with Veterans living with acquired disability

Target Clinical Experiences

1. Participate in/conduct 3-5 STAR-VAs (this total number will be dependent on the number of STAR-VA consults entered during the time period which the intern is on the rotation)
2. Conduct 1-2 safety assessments with safety plan(s) (this total number will be dependent on the number of consults entered during the time period which the intern is on the rotation)
3. Lead 1-2 weekly evidence informed therapeutic groups
4. Participate in weekly team meeting, bi-weekly behavioral rounds, and/or weekly educational rounds

Geropsychology Assessment on Long-term Care Units

Psychology interns will have the opportunity to assess older Veterans in the Community Living Center (CLC). The evaluations will be with either Veterans in the short-term Geriatric Evaluation and Management Unit (GEM) beds or Veterans living in long-term care. Veterans on the short-term inpatient rehabilitation program (GEM) generally return to living independently and an active lifestyle. Veterans in long-term care units are those individuals that are unable to live in a less restrictive setting.

There will be two assessment experiences: intakes and full batteries. Interns will be expected to conduct intake evaluations which consist of a psychosocial history, mental status exams and brief cognitive and personality assessments as well as to provide a comprehensive write-up. The intern will be able to observe an initial evaluation by the supervising psychologist. The intern may be observed in the next assessment, and eventually the intern will independently conduct their own intake assessment. Additional measures will be added dependent upon the referral question. The second experience, geriatric focused objective and projective tests are dependent upon the student's assessment experience. The trainee will have the opportunity to present the findings of the full battery at the team meeting as well as to the Veteran and/or family, as appropriate.

Learning Objectives

1) To learn to efficiently review clinical information in the chart and to incorporate such information into an interview and subsequent intake assessment report.
2) To be proficient in conducting brief cognitive and personality assessments in a long-term care setting.
3) To be proficient in at least one full assessment, depending upon referral question and student's experience.

4) To be able to cohesively present findings to the interdisciplinary team as well as to the patient and/or family, as appropriate
5) To be able to write up assessment results into a comprehensive report

Target Experiences

1) To observe once and be observed performing at least one intake assessment during the first month
2) To conduct a minimum of two intake assessments per month
3) To complete one full assessment battery during the rotation. This may be done either at the end of the rotation or preferably in parts during the entire rotation.
4) To present findings of the full battery to at least one interdisciplinary team
5) To present findings of the full battery to either the Veteran and/or family
6) One hour of supervision per week
7) To attend at least one team huddle per week

POWER (Program for Outpatient Wellness, Engagement & Recovery) Assessment Team

The POWER clinic offers outpatient services for Veterans living with serious mental illness (SMI), primarily psychotic spectrum disorders and bipolar disorder. Less frequently, the POWER clinic also provides care to Veterans with treatment resistant depression, and severe and persistent forms of obsessive-compulsive disorder and trauma-related disorders. Within the POWER clinic, The Assessment Team was developed in 2026. Providers recognized that many of the Veterans served in the POWER clinic had a lack of diagnostic clarity in their treatment, were having difficulty engaging and accessing services throughout the hospital, and discussed wanting a deeper understanding of their symptoms. Accurate diagnosis and understanding of the whole person, in the treatment of SMI is incredibly important, not just to get a correct diagnostic label but to increase agency for the veteran and collaboration between interdisciplinary providers on treatment teams. Within the assessment team, our approach is firmly rooted within a strengths-based, holistic, and recovery enhancing framework. We value treatment that is collaborative rather than prescriptive, with a focus on enhancing our veterans' strengths, goals, and communities. Our approach to assessment combines elements of Therapeutic Assessment with Assertive Community Treatment (ACT) for veterans with SMI. This method redefines the roles of assessors and treatment teams, focusing on centering clients in the assessment process, improving diagnostic clarity, enhancing collaboration, reducing stigma, and improving treatment recommendations.

Learning Objectives

1. Develop proficiency in differential diagnosis in cases involving suspected or documented psychotic spectrum disorder(s)
2. Develop proficiency in fundamentals of therapeutic assessment, including collaborative identification of assessment goals with Veterans
3. Learn strategies for providing feedback to Veterans, including providing psychoeducation about SMI symptoms, treatment, and the role of stigma
4. Gain skills for interprofessional communication, including communicating assessment results to providers in multidisciplinary teams
5. Learn strategies to appropriately advocate for services related to assessment report recommendations
6. Gain understanding of commonly used diagnostic interviews to assess for SMI symptoms, including the COMPASS-10

7. Recognize potential co-occurring or contributing factors for symptoms of psychosis or mania, including substance use, trauma history, biological factors, and living environment.

Target Clinical Experiences

1. Participate fully in weekly POWER assessment clinic team meetings, including collaborative discussion of referrals, chart review, and selection of possible assessment tools
2. Independently complete 1-2 POWER assessments, to include: collaborative determination of assessment questions with input from Veteran, POWER assessment team, and referring provider(s); completion of intake session and appropriate diagnostic interviews (i.e., COMPASS-10); selection of other assessment measures to be completed across additional testing sessions; scoring and interpreting self-report and interview-based measures; drafting of assessment report and recommendations; provision of feedback to Veteran and to referring provider(s).
3. Provide drop-in consultation and brief assessment, as indicated, to Veterans receiving psychotherapy in the POWER clinic
4. Lead or co-lead elements of group interventions for SMI. Depending on availability, timing, and trainee interest, groups may include CogSmart (cognitive rehabilitation skills for SMI), Social Skills Training, Living with Bipolar Disorder, or Voices & Worries, among others.

Addiction Assessment

The Addiction Assessment rotation offers interns a four-month immersive and specialized training experience in evaluating and addressing substance use disorders among Veteran populations. This rotation is dedicated to developing the interns' expertise in comprehensive addiction assessment, personalized treatment planning, and evidence-based interventions for Veterans struggling with addiction. During this rotation, interns will be stationed in the Veterans Mental Health and Addictions Program (VMHAP), our outpatient substance use disorder clinic at the Bedford VA. The focus of the rotation will be on evaluating referrals to one of our substance use programs (e.g., the Domiciliary, Intensive Day Treatment Program (IDTP), Stepdown), while assessing risk of harm, co-occurring mental health conditions, and then collaborating with the patient on treatment planning. Depending on interests, the trainee will also have the opportunity to participate in clinical interventions, including group therapy, individual therapy, and contingency management.

Learning Objectives

1. Conduct clinical interviews to assess substance use history, triggers, and potential risk factors.
2. Administer and interpret validated assessment tools for substance use disorders and co-occurring conditions
3. Provide feedback to Veterans and collaborate with them on treatment options tailored to their individual needs.
4. Enhance communication skills to effectively collaborate with interdisciplinary teams and referral sources
5. Develop experience and confidence delivering clinical interventions, including group psychotherapy, individual psychotherapy, and/or contingency management

Target Clinical Experiences

1. Weekly evaluation slot with accompanying summary, including treatment recommendations

2. Feedback sessions with Veteran to consult around treatment recommendations
3. One hour of supervision per week
4. Approximately two hours per week providing clinical intervention (group therapy, individual therapy, and/or contingency management)

PSYCHOLOGICAL/PSYCHODIAGNOSTIC ASSESSMENT ROTATION:

The psychological/psychodiagnostic assessment clinic accepts referrals from providers throughout the medical center, including other psychologists, psychiatrists, social workers, and primary care physicians. The goal of the clinic is to provide differential diagnosis and treatment considerations based on an extensive review of the veteran's records, clinical interview, and psychological testing. Completed reports are entered into the veteran's VA electronic medical record.

Common evaluation referral questions include ADHD assessments for individuals with memory, learning, and attentional difficulties who do not have evidence of an actual neurocognitive disorder (these are referred to neuropsychology); veterans initiating treatment in inpatient or outpatient settings requiring diagnostic clarification; established patients likely to benefit from additional information about the factors (including personality variables) impacting their treatment compliance and progress; established patients requiring confirmation of historical diagnoses; veterans with primary substance abuse diagnoses in which additional disorders are suspected (ex., ADHD, PTSD, personality disorders); screening and differential diagnosis of veterans suspected of autism spectrum disorder; and veterans complaining primarily of relationship distress with suspected underlying personality pathology.

The psychological/psychodiagnostic assessment training program provides interns with experience in the provision of psychological assessment services with veterans of varying age, gender identification, sexual orientation, and socioeconomic background. Emphasis is placed on the integration of multiple sources of information (e.g., testing, interview, consultation with family member, behvioral observations, and available medical records including those associated with VA, private, and military service) in order to reach a diagnostic conclusion and elucidate the likely origin and course of current symptoms and the factors influencing their expression.

Psychological tests interns will be exposed to during the rotation include the MMPI-2-RF; MCMI4 (Millon Clinical Multiaxial Inventory-IV); Adult ADHD Self-Report Scale; Wender Utah Rating Scale-25 (WURS-25); Barkley Adult ADHD Rating Scale-IV; Weiss Functional Impairment Rating Scale; Mood Disorder Questionnaire; Difficulties in Emotion Regulation Scale; NEO Personality Inventory-3; Personality Assessment Inventory; Behavior and Symptom Identification Scale-24; and various screening and other instruments for autism spectrum symptoms, manic and hypomanic symptoms, malingering, obsessive compulsive disorder, PTSD, and psychotic symptoms.

Learning Objectives

1. administer and score a variety of psychological testing instruments
2. interpret the results of specific psychological tests and integrate findings from all instruments
3. integrate test results with other data sources to provide a comprehensive explanation of findings as they relate to the referral question
4. select the appropriate psychological tests to address various diagnostic and referral questions
5. determine the focus and goals of the upcoming clinical interview
6. gather information from the clinical interview that is pertinent to the request of the referring provider
7. participate in post-interview preliminary case conceptualization
8. write reports that are specific to the referral question and understandable by the referring and other providers
9. provide treatment considerations suggested by the overall evidentiary record

Target Clinical Experiences

1. participate in a minimum of ten psychological/psychodiagnostic assessments
2. participate as co-interviewer for seven clinical interviews
3. participate as lead interviewer for two clinical interviews
4. write select sections of seven assessment reports
5. write majority of two assessment reports

PTSD ASSESSMENT

In this rotation, interns will have an in-depth opportunity to learn about assessment of PTSD for purposes of treatment planning. This training offers a unique experience in conceptualizing treatment based on a thorough understanding of the individual's experience based on a comprehensive PTSD assessment. During this rotation, interns will learn to administer and interpret the Clinician Administered PTSD Scale for DSM-5 (CAPS-5), the gold standard in PTSD assessment. In learning the CAPS-5, the intern will focus on differential diagnosis between PTSD and other presenting mental health diagnoses. Additionally, the intern will learn how to best understand the various features inherent in a PTSD diagnosis. The intern will also consider how secondary-gain factors may impact assessment of PTSD, particularly in VA settings. The intern will also explore the ways in which cultural factors impact presentation and assessment of PTSD. At the start of the rotation, interns will first likely engage in one or more mock assessment evaluations, with the supervisor serving as the Veteran client. A report will be written for each mock assessment. After this initial learning, the intern will field referrals from across hospital settings, particularly from the outpatient mental health clinic.

Learning Objectives

1) Describe current and full diagnostic criteria for PTSD according to DSM-5.
2) Describe purpose, benefits, and key features of CAPS-5.
3) Conduct a concise and thorough CAPS-5 interview.
4) Identify techniques for addressing discrepancies and response bias in respondent answers during CAPS-5 interview.
5) Recognize potential co-occurring conditions that may accompany or share PTSD symptoms.
6) Apply the CAPS-5 scoring criteria appropriately..
7) Describe cultural factors influencing the presentation and experience of PTSD.

Target Clinical Experiences

1) Online and interactive trainings
2) Readings relevant to the phenomena of PTSD, particularly those related to diagnosis and treatment
3) 3-4 PTSD assessments with accompanying reports (which included one or more mock assessments and reports)

THE PRIMARY ROTATIONS

NEUROPSYCHOLOGY

The VA Neuropsychology Service consists of a general outpatient service, four specialty evaluation clinics (Memory Diagnostic Clinic, Acquired Brain Injury Clinic, Inpatient Neuropsychology Clinic, and Teleneuropsychology Clinic), individual and group cognitive rehabilitation, and dementia caregiver services. The Neuropsychology program receives consults from the entire VA Medical Center, including primary care, psychiatry, and neurology. Common evaluation referral questions include differential diagnosis of neurodegenerative disorders, assessment of cognitive symptoms following head injury, and identification of cognitive disturbance due to psychiatric illness and/or substance abuse. Assessment of capacity for medical decision making and disposition planning are also common referral questions from our inpatient units.

The neuropsychology training program provides interns with intensive experience in neuropsychological evaluation with a wide variety of Veteran populations across the age spectrum. The neuropsychology primary rotation is rigorous training, and our students go on to secure exceptionally strong postdoctoral residency positions and later to attain board certification in neuropsychology. Neuropsychology interns typically report working more hours per week to meet the demands of the training program than their peers in other primary rotations. Consequently, it is important for applicants to consider if they wish to devote this amount of time to their internship.

Training in neuropsychology focuses on brain-behavior relationships and represents a combination of clinical psychology and behavioral neurology. Emphasis is placed on the integration of multiple data sources (e.g., testing, interview, behavioral observations, report of family, medical records, neuroimaging studies) in order to reach a diagnostic impression and provide practical treatment recommendations. Interns see one general case every week alternating between outpatient and TeleNeuropsychology and one specialty clinic case per week (2 cases total/week). Clinic cases are seen within the Memory Diagnostic Clinic (focused on evaluation of cognitive decline in older Veterans), Acquired Brain Injury Clinic (providing evaluations for patients across the spectrum of traumatic brain injury and stroke), Inpatient Clinic (with inpatient assessment and treatment experiences within psychiatric, subacute medical rehabilitation, nursing home, and hospice units), and Teleneuropsychology Clinic (providing neuropsychological evaluations to Veterans in New Hampshire VA Clinics via video technology) over four 3-month rotations.

Our service also provides cognitive rehabilitation therapy with the aim of improving the day-to-day lives of Veterans with cognitive complaints and disorders. The intern will lead at least one cognitive rehabilitation group and see at least one individual patient throughout the year. Groups follow evidence-based manualized protocols that include Aging Well Through Interaction and Scientific Education (AgeWISE), Cognitive Behavioral Therapy for ADHD (CBT-ADHD), and Cognitive Symptom Management and Rehabilitation Therapy (CogSMART).

The Neuropsychology program also works closely with the Geriatric Research, Education, and Clinical Center (GRECC) to provide comprehensive services to individuals suffering from dementia and their caregivers. During their Memory Diagnostic Clinic rotation, the intern will lead a telehealth Dementia Caregiving Class. This class aims to teach caregivers what dementia is, provide techniques and tips for managing common problems in individuals with dementia, explain how caregivers can build a care team to help them manage caregiving demands, and show caregivers how to mange their own wellbeing while providing care to their loved one.

In addition to the general seminar series for all interns, neuropsychology interns attend a weekly neuropsychology lecture series, a weekly case challenge/case presentation series modeled after the American Board of Professional Psychology oral exam to assist all neuropsychology students to prepare for this next step in their career, and a monthly decision-making capacity seminar. Interns also attend

weekly brain cuttings, when offered on the Bedford campus. Other didactic opportunities are available off campus with affiliated sites. Greater than 50% of the intern's time is spent in neuropsychology-related activities, which meets the recommendations of the 1997 Houston Conference on Training in Neuropsychology.

Although not a requirement of the rotation, the neuropsychology intern has the opportunity to become involved in cutting-edge research on aging and Alzheimer's disease. The interested intern would have the opportunity to be involved in a specific project which can be completed within the training year, as defined by their availability and interests.

Learning Objectives

1. administer and score a variety of neuropsychological instruments
2. interpret results of neuropsychological instruments both quantitatively and qualitatively as the findings relate to cognitive functioning
3. select appropriate instruments for evaluations of various diagnostic issues and referral questions, particularly those referral questions which pertain to treatment planning, return to home and work, and competency
4. translate evaluation results into overall patterns of cognitive functioning
5. accurately identify patterns of cognitive functioning associated with various diagnoses, such as Alzheimer's disease and other dementias and psychiatric disorders
6. gather a history from the patient and family that is sufficient to aide in diagnosis and recommendations
7. identify aspects of the history most important to differential diagnosis
8. write concise, organized, understandable neuropsychological reports
9. provide specific, individualized recommendations that address the whole health of Veterans and may be used for treatment-planning, connection with needed services, developing compensatory strategies, or addressing lifestyle factors to optimize cognitive health
10. deliver feedback on test results/diagnosis to patients and family members in a clear, easily understandable, and collaborative manner
11. obtain an understanding of the clinical care common to various neurological disorders, such as Alzheimer's disease and other dementias and psychiatric disorders, including common pharmacological treatment, surgical treatment, health management, psychosocial intervention, and family care
12. understand the fundamentals of cognitive rehabilitation as they apply to neuropsychological recommendations and patient treatment.

Target Clinical Experiences

1. 60-80 neuropsychological reports
2. lead clinician for 60-80 face-to-face feedback sessions
3. lead interviewer for a minimum of 40 initial interviews
4. a minimum of two time-limited cognitive rehabilitation treatment (group and individual)
5. weekly participation in Neuropsychology Seminar
6. minimum of 3 case presentations to the neuropsychology training group

PSYCHOSOCIAL REHABILITATION

The Psychosocial Rehabilitation rotation provides flexible, collaborative, and evidence-based training for psychologists interested in transdiagnostic treatment approaches across multiple levels of care to support veterans living with significant functional impairment. As a nationally recognized center for Psychosocial Rehabilitation, VA Bedford is uniquely equipped to provide training in recovery-oriented treatment modalities (i.e., interventions that focus on functioning, strengths, and wellness rather than symptoms, problems, or deficits), in addition to providing opportunities for integration of clinical research and participation in interprofessional treatment teams. We welcome applications from students of any background who are seeking transdiagnostic training in **recovery-oriented** and **strengths-based** models of care for Veterans with mental health and/or substance use conditions.

Background:
Veterans can experience personal and environmental barriers to achieving their goals (housing, employment, financial stability, satisfying interactions with their families and other people, a sense of personal accomplishment, symptom reduction, etc.). Many (but not all) of these Veterans experience symptoms of serious mental illness (SMI) such as schizophrenia, bipolar disorder, major depression, or PTSD; many also experience substance use disorders and multiple comorbid diagnoses that can interfere with attaining goals. To serve the needs of these Veterans, training in Psychosocial Rehabilitation spans multiple levels of care (outpatient, residential, inpatient, and community-based), incorporates perspectives from providers of different backgrounds (including peer services, social work, psychiatry, and vocational counseling), and emphasizes the importance of recognizing the impact of stigma. Our hope is that, as we engage with Veterans in a collaborative recovery-oriented process, the Veterans we serve will discover an increased sense of independence and empowerment, and that by building their skills they will find themselves achieving the highest possible level of community-based functioning. We understand that this orientation requires us to address our own, society's and the Veteran's own stigmatizing attitudes towards people who have been diagnosed with mental illness, and that we are constantly moving toward having the Veterans integrally involved in the design of their treatment and of the program itself. These issues form the background for student involvement in the Psychosocial Rehabilitation Rotation.

Psychologists play a crucial role in this developing clinical area by spearheading new methods of effective treatment that are supported by research. Because of their orientation and training, psychologists bring a unique perspective to issues of systemic change and an ability to accurately evaluate and develop innovative approaches to working with people with the challenges presented by serious mental illness. As such, students who train in this rotation are encouraged to think creatively about ways in which to enhance standard care with novel treatment approaches, assessment methods, and new areas of investigation. Many of the training faculty involved with this rotation have experience in developing and testing novel transdiagnostic treatments and are available to mentor students' research in this area.

Training Opportunities:

The Psychosocial Rehabilitation rotation offers a range of customizable experiences that allow the intern to engage in a variety of clinical activities, including time-limited psychotherapy. The intern will follow Veterans through various phases of the rehabilitation process, including the initial processes of discovering and developing the Veteran's personal goals through the application of a number of therapeutic techniques that allow for the achievement of those goals. The specific combination of training experiences is flexible based on individual interns' needs and expertise, with final training placements determined based on a collaborative discussion between the intern and the PSR program faculty. All interns also receive training in outpatient psychotherapy through the Mental Health Clinic, and psychologists within the PSR rotation provide supervision in skills needed to apply transdiagnostic recovery-oriented care in the context of a general mental health clinic. The intern is typically based in a combination of the four following programs:

The Domiciliary Care for Homeless Veterans (DCHV) is a 100-day mental health residential rehabilitation treatment program (MH RRTP) designed specifically to provide Veterans who are homeless and in recovery from mental health and/or substance use disorders with the tools necessary for successful

community reintegration. The Domiciliary is a therapeutic community setting in which Veterans partner with staff in their treatment through such methods as individual psychotherapy, psychoeducational and process-oriented groups, case management (i.e., housing, benefits, employment), and medical support as they relate to self-identified goals. The Domiciliary employs a holistic approach toward the treatment of resident Veterans who may present with multiple risk-factors and require a full range of rehabilitative services (i.e., psychological, vocational, spiritual, and physical) which includes participation in the Compensated Work Therapy (CWT) program. Treatment within the 100-day stay in the Domiciliary represents a unique opportunity for interns to engage in time-limited psychotherapy with Veterans (e.g., treatment ranging from 10-20 sessions) that integrates recovery-oriented care (e.g., case management, focus on functioning, peer support services). In addition to providing psychotherapy services, interns partner with assigned Veterans to develop recovery/treatment plan to guide the Veterans Domiciliary care. Interns are also part of the interdisciplinary team and learn to function in the capacity of a consultant to the team. The intern also has opportunities to co-lead groups based on interests and training goals (e.g., CBT for Substance Use, DBT, Seeking Safety, etc.) with an experienced psychologist on the Domiciliary and eventually facilitate groups on his or her own. An intern may also have opportunities for program development.

The Compensated Work Therapy program provides vocational services to Veterans whose employment and educational goals have been impacted by mental and physical health conditions as well as homelessness. The intern may choose among the following CWT services: (a) vocational counseling including managing the impact of mental health conditions such as PTSD, depression, and anxiety in work settings, (b) community-based employment services including direct hands on mentoring for job search and job maintenance skills, or (c) educational counseling including identifying and making progress on educational goals, managing symptoms of TBI, ADHD, PTSD in educational settings, and making the transition from the military environment to the education environment for returning Veterans.

The Program for Outpatient Wellness, Engagement, and Recovery (POWER) is an outpatient specialty clinic for Veterans living with SMI (i.e., schizophrenia spectrum disorders, bipolar disorders, or major depression or PTSD that significantly impacts functioning). Interns have the opportunity to learn evidence-based treatments for adults living with SMI, including CBT for Psychosis (CBT-P) and CBT strategies for living with bipolar disorder. Interns will have the opportunity to participate on an interdisciplinary team of psychologists, social workers, and vocational rehabilitation counselors, as well as other psychosocial rehabilitation fellows. Opportunities are also available to co-facilitate outpatient groups for adults with SMI (e.g., addressing stigma, developing coping/recovery skills, hearing voices, bipolar support groups, etc.).

This internship rotation also provides ample opportunities for Clinical Research and Program Development, in collaboration with the VISN 1 Mental Illness Research, Education and Clinical Center (MIRECC). Many of the psychologists providing training in the PSR spectrum of care are also involved in ongoing clinical research projects that provide many training opportunities for the PSR intern. Interns choosing to participate in Clinical Research and Program Development identify a primary research mentor from within the PSR program and have the opportunity to participate in activities including manuscript writing, data analysis, assisting with ongoing clinical trials, and professional development in research methods. Examples of recent or ongoing research in this rotation include Lisa Mueller, PhD (PI: Supported Employment: Motivational Enhancement for Entry and Outcome), Brian Stevenson, PhD (PI: EmpowerWork lab; developing and testing interventions that promote vocational functioning and self-efficacy of veterans with mental health or substance use disorders); and Andrew Peckham, PhD (PI: Impulsivity, Cognition, & Emotion Lab; planned projects include multimodal assessment of impulsivity and treatment outcomes in the CWT program).

Learning Objectives

1. effectively conduct individual and group psychotherapy targeted at rehabilitation including modular approaches (e.g. Anthony psychiatric rehabilitation technologies)
2. facilitate Veteran integration into the community (e.g., employment, education, social activities, etc.)
3. accurately assess readiness for change

4. effectively assist Veterans to develop rehabilitation readiness
5. collaboratively work with the Veterans to set an overall rehabilitation goal and recovery care plan
6. general understanding and intervention skills with regard to the treatment of substance use disorders
7. evaluate history, conflicts, ego strength and skill deficits to identify Veterans for time-limited therapy
8. appropriately select among evidence-based treatments to utilize within time-limited psychotherapy
9. deal effectively with disruptions to the therapeutic alliance
10. understand institutional dependency and how to help Veterans overcome psychological barriers to living in less restrictive environments
11. understand how intellectual, cognitive and personality factors interact with other areas of functioning
12. understand how hospital and community resources impact rehabilitation and how to help Veterans access resources
13. critically evaluate gaps in care and develop hypotheses for novel transdiagnostic treatments to fill these gaps

Target Clinical Experiences (example)

1. two to four individual therapy cases per week with a diverse group of Veterans within the Domiciliary or Power Clinic
2. two to four rehabilitation or vocational counseling cases per week with Veterans from the CWT program
3. lead/co-lead one or more Domiciliary and/or Power Clinic groups per week
4. regular participation in team treatment planning meetings
5. learn to design psychosocial rehabilitation interventions that assist in program development and/or participate in clinical research.

For those interested in learning a little more about psychosocial rehabilitation and the kinds of work we do at Bedford, please see the following two articles:

https://doi.org/10.1037/adb0000753
https://doi.org/10.1037/ser0000694

Also, please see a PSR postdoctoral fellow-produced podcast, which includes interviews with PSR psychologists and other faculty:

https://www.podbean.com/pu/pbblog-55yxf-125058e

ADDICTION & RECOVERY

Mission Statement

The VA Bedford Psychology Addictions Training program is rooted in a recovery-oriented, Veteran-centered system of care. Our immersive interdisciplinary training experiences prepare trainees to provide culturally competent, evidence-based treatment for substance and behavioral addictions. Trainees are encouraged to develop their individual professional identities and leadership skills through mutual learning with mentors and supervisors and quality improvement and other system-level experiences.

Our Vision

VA Bedford's Addictions Training Program seeks to continually improve the quality of training and mental health services through ongoing education of staff and students in specialized areas of addiction, prioritizing interprofessional training, modernizing and delivering care through evidenced-based methods.

Our Values I.D.E.A.

Integrity – We consistently adhere to strong ethical and moral principles.
Dignity – We recognize the right of people to be valued and respected for their own sake and to be treated ethically.
Excellence – We aim for excellence in training and clinical care through continuous learning, collaboration, and feedback.
Advocacy – We advocate for Veterans, trainees, and colleagues, and empower all in their own self-advocacy.

The primary rotation in addiction and recovery consists of four core training experiences: (1) the Domiciliary Care for Homeless Veterans (DCHV), (2) the Behavioral Addictions Clinic (BAC), (3) VA Bedford Tobacco Treatment Program (TTP), and the (4) Opioid Reassessment Clinic (ORC). The intern will be situated in two of the four programs for the first half of the year, and then switch to the remaining two for the last half of the year. Over the course of each 6-month training cycle, the intern will dedicate 8 hours per week to each of the two programs. This will provide the intern breadth of exposure to a range of addictions common among Veterans as well as gaining a depth of experience in delivering clinical services to Veterans with addictions in different stages of recovery.

In addition, the addictions primary rotation provides an opportunity to engage in research. Several of the faculty involved in the addictions primary rotation are members of the VISN 1 New England Mental Illness Research, Education, and Clinical Center (VISN 1 New England MIRECC). The mission of the VISN 1 New England MIRECC is to develop innovative treatments and clinical programs for Veterans with co-occurring addictions and mental health disorders. The addictions intern will be able to participate in research and program development activities related to addictions, including opportunities to participate in ongoing clinical trials, prepare and deliver conference presentations, and engage in scientific writing.

Overall, the addictions primary rotation provides a unique learning opportunity for interns to understand the intersection of addictions and co-occurring mental health disorders, with other psychological and social stressors through these four core experiences. There is an emphasis on conducting comprehensive assessments to inform case conceptualization and understanding the key evidence-based therapeutic approaches within the field of addictions treatment, particularly those involving motivational enhancement, cognitive-behavioral therapy, acceptance- and mindfulness-based interventions, and recovery-oriented approaches. The intern will get both a breadth and depth of training experiences in addictions that will include developing and refining skills in assessment, intervention, and program development to prepare the intern for competitive positions in addictions-related fields.

DCHV Sub-Rotation

The Addictions Intern training experience in the Domiciliary Care for Homeless Veterans (DCHV) program is designed to expose the trainee to providing a range of rehabilitation-oriented services to Veterans with a variety of presenting issues with a focus on substance use disorders as a primary focus of treatment. The DCHV is a 100-day residential treatment program for Veterans who are at high risk for becoming or are currently homeless. Treatment is provided by a multidisciplinary team including psychologists, psychiatrists, nurses, social workers, peer support specialists, rehabilitation technicians, and occupational therapists. The intern will have the opportunity to interact regularly with the multidisciplinary team toward the treatment of these Veterans while carrying a caseload of several individual clients and co-leading/leading psychoeducational groups. Example groups include the trauma-informed Safety Emotion Loss (SELF), Cognitive Behavioral Therapy for Substance Use Disorders (CBT-SUD) and Acceptance and Commitment Therapy (ACT) for addictions groups. As part of the individual therapy process, interns partner with assigned Veterans to develop recovery/treatment plan to guide the Veterans Domiciliary care and utilize measurement-based care to track treatment process and outcomes.

Behavioral Addictions Clinic (BAC) Sub-Rotation

Behavioral addiction is a form of addiction that involves a compulsion to engage in a rewarding non-drug-related behavior despite negative consequences to the person's physical, mental, social, or financial well-being. Types of behavioral addictions addressed in the BAC include gambling, compulsive sexual behavior (e.g., frequent sexual partners, problematic use of pornography), binge eating disorder, excessive internet use, (e.g., online shopping, playing video games), and compulsive buying. Rates of gambling disorder and compulsive sexual behavior (i.e., dysregulated sexual behaviors, e.g., excessive use of pornography, frequent casual sexual partners) are higher among Veterans than non-Veterans. There is growing demand for behavioral addiction treatment services within VHA, particularly among returning combat Veterans. The BAC provides cutting-edge training to interns on the assessment and treatment of behavioral addictions which commonly co-occur with conditions such as PTSD, sexual trauma, substance use, and anxiety among Veterans. The BAC operates on a short-term treatment model where the focus of the individual and group treatment services is on assisting Veterans to obtain mastery over the problematic behaviors for which they have been referred. After successful completion of the BAC treatment services, the Veterans are then referred to their main treatment providers to address other remaining mental health service needs as appropriate. The BAC is the only specialty outpatient clinic in VHA that focuses the training for doctoral psychology interns on best practices for assessing and treating problem gambling, compulsive sexual behavior disorder, and binge eating disorder, and it has been recognized as a leader in VHA for assessing and treating behavioral addictions. The Addictions Intern will have the opportunity to be trained in effective brief treatments for behavioral addictions, including Acceptance Commitment Therapy, Cognitive Behavioral Therapy, brief Dialectical Behavioral Therapy, and Mindfulness-Based Relapse Prevention. The intern will also gain experience conducting intakes and assessments, engaging in differential diagnosis pertaining to behavioral addictions, and providing brief individual and group psychotherapies as well as psychoeducation for Veterans. Finally, the Addictions Intern should expect to integrate literature reviews on relevant areas of behavioral addictions into case presentations throughout the year.

VA Tobacco Treatment Program Sub-Rotation

The Tobacco Treatment Program (TTP) serves the entire medical center and surrounding outpatient clinics. Tobacco cessation is multidisciplinary and represented by psychology, nursing, psychiatry, and pharmacy. The mission of the VA Bedford Tobacco Treatment Program is three-fold: 1) provide assessment and intervention to Veterans at all stages of change with respect to changing tobacco use, 2) increase awareness of the negative health effects of tobacco and commercial nicotine use among Veterans and their family members, and 3) provide education and consultation to health care providers on best practices for tobacco treatment and the changing tobacco product landscape.

The Addiction Intern will receive exposure to conducting focused tobacco dependence assessments, delivering intensive short-term empirically supported treatment for tobacco users at all stages of change with regard to stopping tobacco (e.g., motivational, cognitive-behavioral, and acceptance- and mindfulness-based approaches), and facilitating motivational and psychoeducational groups for tobacco cessation. There is a weekly TTP team meeting, where cases are presented, and tobacco treatment plans are discussed and modified. There is strong emphasis on the cultivation of interdisciplinary case conceptualization as clinical practice guidelines for tobacco dependence focus on the integration of tobacco cessation medications with intensive psychosocial treatment.

Opioid Reassessment Clinic Sub-Rotation

The Opioid Reassessment Clinic (ORC) was developed to assist Veterans and their medical providers in providing optimal care as related to the prescription of opioid medications for treatment of chronic pain conditions. Veterans referred to the clinic undergo assessment of their current prescriptions and functioning with emphasis given to the evaluation of risk factors associated with adverse outcomes, substance use concerns, and the Veteran's chronic pain experience. Possible recommendations include the Veteran following-up with the clinic for a patient-centered opioid taper or to eliminate their use of full agonist opioids with treatments using medication assisted therapy (MAT) such as buprenorphine.

The ORC is an interprofessional team which includes family medicine and psychiatry physicians, nurse practitioner, psychologist, pain nurse, and peer support specialist as well as a nurse practitioner fellow, psychology post-doctoral fellow and intern, and family medicine medical residents. The team incorporates the use of Animal-Assisted Therapy (AAT) by working with 1-2 pairs of trained AAT dogs and their handlers. The ORC treatment team also consults and collaborates with Veterans' Primary Aligned Care Teams (PACT) within Primary Care. Additionally, the ORC partners with the Bridge Clinic in the Veterans Mental Health and Addictions Program (VMHAP) to provide a unique group treatment option for Veterans with comorbid chronic pain conditions and opioid use disorder.

During this rotation, interns will gain experience in providing team-based interprofessional care (completing co-intakes and co-visits with providers from other disciplines) as well as consultative services within the setting of a specialty clinic co-located within Primary Care. Interns will have the opportunity to provide motivational interviewing (MI) interventions for Veterans who are contemplative (or pre-contemplative) about addressing concerns related to opioid medications. Interns will also gain understanding of the complex relationship between chronic pain conditions and opioid use disorder as well as pain self-management treatment options such as cognitive behavioral therapy for chronic pain.

Learning Objectives

1. Develop skills in case conceptualization by working with Veterans presenting with addictions and co-occurring disorders
2. Acquire proficiency in performing comprehensive assessments for Veterans presenting with addictions and being able to provide feedback
3. Learn to skillfully deliver evidence-based treatments for addictions including motivational interviewing, cognitive behavioral therapy, and acceptance- and mindfulness-based treatments
4. Develop professional identity as a psychologist working collaboratively as a member of the interdisciplinary treatment team through case presentations, consultation with providers from other disciplines, and outreach and education
5. Understand the range of treatment approaches for people with addictions, particularly motivational enhancement therapy, CBT, and recovery-oriented approaches to addictions treatment
6. Understand the concept of co-occurring disorders and the interrelationship between mental illness and addictions
7. Acquire familiarity with the different stages of recovery from addictions, particularly as applied to group psychotherapy processes
8. Effectively provide interventions from the principles of psychosocial rehabilitation, including the development of Veteran-centered recovery/treatment plans.

9. Become familiar with administrative functioning by managing consults, conducting intakes, and managing clinic assignment.
10. Develop familiarity with methods for evaluating the efficacy of various approaches to addictive behaviors.
11. Refine research-related skills via participation in clinical trials, conference presentations, and/or manuscript preparation.

Target Professional Experiences

1. Participate in the CBT-SUD seminar and consultation series.
2. Co-lead therapy groups for Veterans at different stages of recovery from addictions (early recovery, middle and/or late recovery groups)
3. Provide individual psychotherapy for Veterans with addictions
4. Actively participate in interdisciplinary team meetings
5. Coordinate addictions treatment with other medical and mental health providers and collaborate in Veteran care through delivery of co-visits
6. Assume select administrative clinical duties including clinical intakes and managing consults.
7. Participate in program development, outreach, and education activities
8. Contribute to research focused on addictions which may result in a poster and/or a manuscript

OUTPATIENT TREATMENT

This rotation focuses upon the provision of clinical services through both the hospital outpatient psychotherapy clinic (described earlier under the "psychotherapy rotation") and a community-based outpatient clinic. Typically, the intern spends one day/week in one of the satellite outpatient clinics, providing evaluation and psychotherapy to a previously under-served population of Veterans living in the community. Interns on the outpatient rotaton have a unique opportunity to see how several outpatient clinics function within a larger institution, and how such clinics interact with and are integrated within a range of services throughout the medical center.

Interns on the outpatient rotation engage an expanded role within the outpatient clinic at Bedford, maintaining a larger caseload of group and individual therapy cases. That is, outpatient primary rotation interns have a total of 14 hours allotted to psychotherapy (which includes both the psychotherapy core rotation and the outpatient primary rotation). Intern's work typically involves recovery-oriented, episodice, goal-oriented psychotherapy with individual patients. A variety of group opportunities are also available.

Outpatient interns spend one full day per week at the community-based outpatient clinic (CBOC) either in Haverhill or Lynn, Massachusetts, approximately 30 minutes away from the medical center. Within the CBOC, the intern will function as a member of an interdisciplinary primary healthcare team, providing evaluation and treatment to a range of underserved Veterans in the community. There is an opportunity to become involved in program development work with regard to designing and implementing clinical services, particularly psychotherapy groups. There are a number of pertinent treatment needs in this population, such as those pertaining to PTSD, wellness, and substance dependence.

Interns on the outpatient rotation will be exposed to a range of psychotherapeutic orientations via weekly supervision from three separate supervisors. Consequently, interns will be encouraged to conceptualize their therapy cases from multiple perspectives and to experiment with interventions from various orientations, as appropriate, within their therapy work. Interns also have the opportunity to work in collaboration with the telemental health (TMH) psychologist on group therapies from Haverhill utilizing TMH.

Overall, this rotation is a flexible combination of clinical services and training. The intern will have the opportunity to shape a training structure that reflects their particular interests and experience. For example, the intern can concentrate on particular psychotherapeutic models of work and/or emphasize a particular population or disorder in their training.

Learning Objectives

1. understand the overall functioning and integration with other services of two outpatient therapy clinics
2. assess current program needs related to an outpatient clinic, particularly a community-based clinic with limited available resources
3. familiarity with the characteristics and treatment needs of an underserved Veteran population within community-based services
4. knowledge and professional skills related to working within a primary healthcare multidisciplinary treatment team
5. ability to perform assessment, intake evaluation, and crisis management within a community outreach center
6. clinical skills with regard to understanding and facilitating psychotherapy groups
7. ability to effectively implement at least one evidence-based practice (EBP) protocol with Veterans
8. ability to conceptualize clinical cases from several theoretical perspectives (e.g., psychodynamic, cognitive-behavioral, humanistic, and experiential)
9. implement interventions from various therapeutic approaches, as relevant, for each clinical therapy case

10. ability to become aware of one's experience as a therapist, including biases, countertransference and subtle tendencies, through the understanding and application of the principles of mindfulness

Target Clinical Experiences

1. provide approximately 14 hours per week of individual psychotherapy within the Haverhill CBOC and the MHC (which inlcudes cases from the psychotherapy core rotation)
2. receive supervision from three supervisors representing a range of psychotherapy models and perspectives
3. based on the programmatic needs of the clinic, provide a particular psychotherapy group or groups to address clinical needs
4. co-facilitate one or more PTSD psychotherapy groups
5. Participate in an intensive training and subsequent weekly group supervision for at least one EBP protocol
6. participate in a primary healthcare interdisciplinary treatment team in the Haverhill CBOC

GEROPSYCHOLOGY

The Geropsychology program at the Edith Nourse Rogers Memorial Veterans Hospital utilizes a comprehensive approach to train pre-doctoral level interns in psychotherapy, consultation, and psychological assessment with a diagnostically and demographically diverse population of older adult Veterans. The Geropsychology intern will collaborate with interdisciplinary teams of medical, social work, and rehabilitation staff and bring psychological perspectives to the unique presenting problems of older adult Veterans. This interdisciplinary collaboration also provides an opportunity for the intern to increase her or his breadth of knowledge about the physical and mental health care needs of older adults in a variety of medical settings. Our Geropsychology department is comprised of psychologists with a wide variety of skills and training in providing inpatient, outpatient, hospice, palliative, and home-based care treatment services. Interns in the training program will receive direct supervision and consultation with Geropsychology staff in addition to supervision with Mental Health Clinic staff and other disciplines.

The older adult Veteran population served by the hospital presents with a wide range of psychological and neuropsychological conditions that often interact with medical comorbidities requiring extended care and/or rehabilitation. Veterans presenting with cognitive impairment and psychological problems related to developmental issues, medical problems, and other psychopathology are seen in both outpatient and inpatient settings and may be seen by different services within Geropsychology over the course of their illness. The Geropsychology intern will have the opportunity to work with Veterans in the following settings in three consecutive rotations: **Community Living Center (CLC)**, **Hospice and Palliative Care,** and **Home-Based Primary Care (HBPC).** In addition, the intern will provide individual psychotherapy in the **Geropsychology Outpatient Clinic** for the duration of the year.

During the first four months of the training year, the intern will work with residents of the **Community Living Center (CLC)**, or nursing home units**.** In the CLC, the intern is assigned to one to two units and works with residents on an individual basis. The intern also attends interdisciplinary team meetings on their respective units to participate in treatment planning for the residents. The intern will have opportunities to co-facilitate and/or develop groups, work with families, and provide consultation using STAR-VA evidence-based intervention for managing challenging behaviors in residents with dementia. Past trainee group experiences have included an Inpatient Caregiver Group, Vietnam Group, Positive Psychology Group and Reminiscence Group.

In the second rotation of the training year, the intern will work with residents in **Hospice and Palliative Care.** The Hospice program operates on a designated Hospice unit as well as in a scattered beds model throughout the facility. In these settings, the intern will engage in individual and family psychotherapy for a variety of issues including anticipatory grief, end-of-life issues, and bereavement. The intern will continue to develop competencies by working closely with an interdisciplinary team and engaging in family meetings. There will also be opportunities for consultation, Telemental health, as well as debriefings and education for staff. The intern will also have the opportunity to co-facilitate or develop a group on the unit.

In the final rotation of the training year, the intern works with the **Home-Based Primary Care (HBPC)** team. The intern will join HBPC staff psychologists in meeting with home-bound Veterans in the community to conduct therapy, administer assessments, and consult with the interdisciplinary team. The intern will be encouraged to use supervision to examine personal reactions to and develop competencies in the provision of psychological services in non-traditional settings.

As mentioned, in addition to the three four-month rotations above, the intern will also provide individual and group psychotherapy to Veterans in our **Geropsychology Outpatient Clinic** through the duration of the year. In some instances, interns may have the unique opportunity to participate in a Veteran's care as the Veteran progresses through the continuum from outpatient to home-based to community living center and even hospice status.

In addition to these core Geropsychology track rotations, the intern will also have several supplemental opportunities unique to the Geropsychology track. First, beyond the training in **evidence-based**

practices described above, the Geropsychology intern may have the opportunity to train in one of several evidence-based practices specifically pertinent to the older population, including STAR-VA, Meaning Centered Psychotherapy for patients with advanced cancer or illness, Complicated Grief Therapy, and Problem-Solving Therapy for Home-Based Primary Care. Second, the Geropsychology intern can participate in one of the Assessment Rotations related to Geropsychology. Information on these rotations can be found under "Training Opportunities (pg. 10).

Learning Objectives

1. To develop competencies identified by the Pikes Peak model for training in Geropsychology.
2. Provide older adult Veterans with psychotherapy utilizing a variety of theoretical modalities, such as behavioral, cognitive-behavioral, psychodynamic, humanistic, interpersonal, and existential.
3. Incorporate factors such as medical, psychosocial, and developmental issues into psychological case conceptualization and intervention planning to address the unique mental health needs of older adult Veterans.
4. Engage in Evidence Based Practices (EBP)s such as managing disruptive behaviors in Veterans with advanced dementia (STAR-VA), hospice related issues, and caregiver support interventions.
5. Attend educational seminars and conferences on relevant topics in Geropsychology, including Geriatric Grand Rounds.
6. Explore newly developing roles for psychologists in geriatric care (e.g. Home-Based Primary Care, Hospice) and potentially undeveloped roles.
7. Learn both the psychological and physiological symptoms associated with death and dying.
8. Provide anticipatory grief and grief support as well as psychoeducation to Veterans and families, as well as staff members working in Hospice & Palliative Care.
9. Develop effective consultation skills within an interdisciplinary system that includes medical staff, social work, chaplaincy, dietary, rehabilitation therapists and other extended care professionals.
10. Conduct psychological assessments of the older adult including brief evaluations of cognitive functioning, diagnostic screenings, assessment of appropriateness of the person's environment to his/her functional abilities, and general mental health functioning.
11. Engage in supervision from a variety of supervisory perspectives.

Target Clinical Experiences

1. On the Community Living Center rotation, provide four hours per week of individual psychotherapy and one hour per week of group psychotherapy.
2. On the Hospice and Palliative Care rotation, provide four hours per week of psychotherapy, including individual, family, and group work.
3. On the Home-Based Primary Care rotation, dedicate approximately six hours per week to clinical contact in Veterans' homes, team consultation, supervision, and travel.
4. Additionally, provide approximately two hours per week of individual psychotherapy and one hour per week of group psychotherapy in the Geropsychology Outpatient Clinic for the duration of the training year.
5. Provide at least one in-service on psychological issues relevant to treatment of the older Veteran, including staff wellness.
6. Provide anticipatory grief and/or bereavement support to a Veteran's family.
7. Participate in a minimum of one interdisciplinary team meeting per week.
8. Engage in one of the Gero-specific assessment rotations
9. Option to participate in program development or quality improvement project (new or existing)

PRIMARY CARE MENTAL HEALTH INTEGRATION

The primary care mental health integration (PCMHI) program was established to promote effective treatment of common mental health and physical health conditions commonly seen in the primary care environment. With a high level of stigma associated with seeking specialty mental health services, PCMHI allows patients to receive short-term therapy and psychiatric medication management within the comfort of the primary care environment. This includes ability to provide early interventions when Veterans present to primary care in the early stages of symptomatology. In addition, our team is trained in helping to address psychological aspects that impact medical conditions (i.e. life-style behaviors, effective use of coping strategies, impact of stress on the body, & adjustment to medical conditions). PCMHI services are delivered by a team consisting of psychologists, clinical nurse specialists, social workers, residents in each of these respective disciplines, and peer specialists. The intern will be an integrated member of the PCMHI team, and will learn to provide treatment for mental and physical health concerns that are commonly seen within the primary care setting and the Women's Health Clinic. This experience will provide the intern with the knowledge and understanding in applying the biopsychosocial model and the mind-body approach to providing whole-person care.

Referrals to the program are generated from primary care providers either by their discretion and/or positive responses to routine screens for depression, PTSD, substance use, weight, or chronic pain. If the Veteran is interested in PCMHI services, then a member of our team joins the end of the primary care visit as a warm handoff. This allows us to get a brief sense of the Veteran's needs, and to help reduce stigma and open up access to mental health services. The team completes a brief psychological evaluation during a warm handoff, and triages for appropriateness of fit for the program based on level and type of care needed. This feedback is sent back to the primary care providers to facilitate the collaboration between these services or to coordinate with programs that would best meet the needs of the Veteran. Brief interventions are provided in PCMHI through use of CBT, ACT, mindfulness-based approaches, and the use of biofeedback. The intern will learn to provide the full spectrum of care provided by the program.

In addition to working as an integrated member of PCMHI and primary care, interns will also complete two 6 month sub-rotations in pain self-management services and the MOVE! weight management program. Similar to their experience in PCMHI, the interns will serve as members of integrated teams within both of these clinics (including opportunities to co-facilitate groups with physical therapy, nutrition, recreational services, and clinical pharmacy). Both sub-rotations include experiences with providing group and individual therapy, as well as training and consultation across disciplines.

Learning Objectives

1. Understand the common mental health conditions that are presented in the primary care clinic and how to treat these conditions from an evidence-based integrated primary care-mental health model.
2. Understand common behavioral health concerns presented in primary care (i.e., chronic pain, weight management).
3. Understand the co-morbidities of mental health and physical conditions and how they relate to each other.
4. Conceptualize from a biopsychosocial model of care, apply this model to clinical cases, and ability to coordinate associated care with primary care staff.
5. Learn to practice from a team based care approach both within the PCBH team as well as with the larger primary care team across different disciplines (physicians, all levels of nursing, social work, pharmacy, clerical support and extended care professionals)
6. Understand the medical language and be competent in reviewing medical records to the degree to which trainee can coordinate care and offer treatment.
7. Learn brief model of care including brief assessments, brief session duration and brief number of sessions.
8. Develop consultation skills in working with health care professionals (i.e. primary care providers, specialty providers, pharmacy, nutrition, rehabilitaive medicine staff including recreational, occupational and physical therapists).

9. Learn care management of mental health conditions through brief assessments, monitoring, psychoeducation and coordination of care as necessary.
10. Understand the role of the psychologist in the Patient Centered Medical Home (called Patient Aligned Care Team in VHA) model of care as part of the Health Care Reform Act.
11. Ability to work as a team member in PCBH.

Target Clinical Experiences

Primary care (full year):

1. Provide 4 hours/week of individual psychotherapy in the primary care clinic consisting of cases for mental and physical health concerns.
2. Participate in weekly interdisciplinary group supervision and weekly team meeting.
3. Assist in providing same day PCBH access with process of completing warm hand-offs.
4. Receive supervision from interprofessional team perspective.
5. Optional experience in providing biofeedback.
6. Optional experience in program development.

The year is divided into 2 rotations (6 months):

1. **Weight management** (4.5 hours/week):
    a. Provide individual psychotherapy in the primary care clinic targeting health behavior change for weight management.
    b. Weekly co-facilitation of MOVE! weight management group with nutrition, recreational therapy, and clinical pharmacy.
    c. Completion of pre-surgical and transplant evaluations.
2. **Chronic pain self-management** (4.5 hours/week):
    a. Help co-facilitate weekly 2-hour Active Management of Pain (AMP) group with physical therapy.
    b. Complete pain consultations utilizing biopsychosocial conceptualization and treatment planning.
    c. Provide individual psychotherapy for pain self-management (CBT-CP, biofeedback, etc.).

ADDITIONAL TRAINING OPPORTUNITY IN CLINICAL RESEARCH

The Psychology Service participates in VA Bedford's active and productive research community, with most psychology research housed in the VISN 1 New England Mental Illness Research, Education, and Clinical Center (MIRECC) or Neuropsychology service (see below for GRECC information). VA Bedford Healthcare System has academic affiliations with Boston University School of Medicine in Boston, Massachusetts, and the University of Massachusetts Chan Medical School in Worcester. The VISN 1 New England MIRECC is focused on substance use and co-occurring mental illnesses and physical health issues. Areas of current study include tobacco cessation, pharmacological interventions for addition, gambling and other forms of behavioral addictions, vocational rehabilitation, and other community reintegration and psychosocial rehabilitation research (e.g., social and relationship health). Please see https://www.mirecc.va.gov/visn1/ for more information on VISN 1 New England MIRECC.

Interns with an interest in research are welcome to inquire about involvement in ongoing research programs. In the past, interns have contributed to ongoing projects in a number of roles including serving as study therapists, assisting with data collection and analysis, and contributing to presentations and manuscripts.

Research opportunities also exist in other parts of the hospital, notably in the Geriatric Research, Education and Clinical Center (GRECC) and the Center for Healthcare Organization & Implementation Research (CHOIR).

Facility and Training Resources

All interns are given an office within a suite of offices together, which also includes a conference area and a full kitchen. The one exception to this is for the neuropsychology intern, who is placed in a nearby suite of offices in the Neuropsychology Service area, along with postdocs and practicum students engaged in neuropsychological training. Each intern has a computer assigned to them and access to the suite's network printer. Computer access allows the intern internet access as well as access to the VA's Computerized Patient Record System (CPRS). All students are provided with VA-laptops, which enable remote access and clinical work to occur reasonably smoothly (without some of the challenges that can arise when using personal computing equipment to connect with government/VA resources).

The Administrative Coordinator of the Psychology Service and the Psychology Training Program Administrative Assistant provide program and clerical support to the internship program. Administrative and support staff throughout the medical center provide support to interns working within particular areas. The library service at Bedford, as a member of the VA library network and various biomedical library consortia, has access to the collections of major research, university, hospital and public libraries.

Requirements for Completion

Interns continue to be in good standing while on internship provided they are able to maintain acceptable levels of engagement in training related activities as well as achieve minimal levels of competence with regard to their work, while demonstrating appropriate ethical and professional behaviors. Acceptable levels of performance with regard to each competency area within the internship are detailed within the evaluation form. As noted above, evaluations of interns occur formally three times over the course of the training year. Successful completion of the program involves the intern completing the equivalent of a full year of full-time training as well as achieving at least a minimal level of competency in each of the basic areas of psychology listed above.

Internship Admissions, Support, Initial Placement Data

Internship Program Admissions

Date Program Tables are updated: July 1, 2026

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:

The program seeks qualified applicants from both clinical, counseling and combined doctoral training programs in psychology. The program does not necessarily favor any particular area of practicum clinical training or prior experience. The program also does not require a certain number of direct contact hours or any other type of minimum criteria. However, training, experience, and interest relevant to the program's primary rotations and/or Veteran issues may be desirable. A full description of each of the rotations is provided earlier in this brochure.

Interns selected to the internship program have been carefully reviewed and ranked by a two-stage selection process that includes all members of the training committee, with particular involvement from those psychologists directly affiliated with the applicant's stated interest(s) regarding the primary rotations. After initially reviewing and rating all online written applications (rated along the following dimensions: amount of clinical experience, quality of academic performance, experiences and training that have expanded one's understanding of the human experience, letters of recommendation, and research achievement), selected applicants are invited for interviews.

The interview process is conducted in the form of four "open houses", which occur remotely. The open house dates for the upcoming selection cycle are **12/9/25, 12/11/25, 1/8/26 and 1/13/26**. During the morning of the open house, members of the training staff present on the various foundational elements of the internship program. Following lunch, each intern applicant participates in three to four individual interviews. Applicants interview with prospective supervisors associated with the one or two primary rotations for which they expressed interest in their application (i.e., from the six "Programs" listed for the national match). The program asks prospective applicants to carefully review each of the primary rotations in this brochure so as to best determine one's most preferred primary rotations, affording the applicant an opportunity to interview with supervisors associated with one's desired primary rotation(s). Please note, as the neuropsychology primary rotation is geared toward those students who plan to become clinical neuropsychologists, students expressing interest in neuropsychology will only be considered for this primary rotation.

Ratings from the interviews address four dimensions (clinical sensitivity, critical thinking, interpersonal and personal qualities, and match between applicant and program). Lastly, ratings and rankings from the training committee are analyzed and compiled into a rank ordering for each of the primary rotations/programs.

Applications are due on November 1st and all applicants are notified via email of their status on or before December 1st.

In addition to the general AAPI Online application package, the following is required:

- ✓ A rank ordering of one or two of the Primary Rotations (i.e., "first choice", and if interested in an additional primary rotation, "second choice") for which you would like to interview (do not list "Assessment & Intervention in Focal Areas" or "Psychotherapy" rotations, as these are core rotations for all interns). **This information should be clearly stated in bullet points at the top of your cover letter**. **Cover letters without this information included will not be able to be reviewed.**

- ✓ One assessment report (applicants primarliy interested in the Neuropsychology Primary rotation should include a neuropsychology assessment report) submitted as a supplemental form

For further application questions, please contact:

Director of Psychology Training, Richard R. Amodio, PhD (richard.amodio@va.gov) 781-687-3056

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	No		N/A
Total Direct Contact Assessment Hours	No		N/A

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

Program Policies and Support

Financial and Other Benefit Support for Upcoming Training Year*

Annual Stipend/Salary for Full-time Interns	$39,344	
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?	No	
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	104 (accrued)	
Hours of Annual Paid Sick Leave	104 (accrued)	
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):

Internships are for 2080 hours to be completed over a twelve-month period. Interns accrue a total of thirteen days of personal leave as well as sick leave over the course of the year. In addition, interns are granted up to four days for educational leave and/or professional development (such as dissertation-related meetings, attending training or professional conferences, or postdoctoral interviews).

This training brochure outlines specific policies regarding grievance options and procedures, due process with regard to intern performance or professional functioning issues, and other relevant policies related to the medical center and the training program specifically.

Outcome Data: Initial Post-internship Positions

	2022-2025	
Total # of interns who were in the 3 cohorts	32	
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree	1	
	Postdoc	**Employed**
Community mental health center	0	0
Federally qualified health center	0	0
Independent primary care facility/clinic	0	0
University counseling center	0	0
Veterans Affairs medical center	15	1
Military health center	0	0
Academic health center	5	0
Other medical center or hospital	4	1
Psychiatric hospital	0	0
Academic university/department	1	0
Community college or other teaching setting	0	0
Independent research institution	1	0
Correctional facility	0	0
School district/system	0	0
Independent practice setting	2	0
Not currently employed	0	1
Changed to another field	0	0
Other	0	0
Unknown	0	0

Eligibility Requirements for All VA Internship Training Programs

1. Doctoral student in good standing at an American Psychological Association (APA) or Canadian Psychological Association (CPA) accredited graduate program in Clinical, Counseling, or Combined psychology or Psychological Clinical Science Accreditation System (PCSAS) accredited program in Clinical Science. Persons with a doctorate in another area of psychology who meet the APA or CPA criteria for respecialization training in Clinical, Counseling, or Combined Psychology are also eligible.
2. Approved for internship status by graduate program training director.
3. U.S. citizenship. VA is unable to consider applications from anyone who is not currently a U.S. citizen. Verification of citizenship is required following selection. All interns and fellows must complete a Certification of Citizenship in the United States prior to beginning VA training.
4. A male applicant born after 12/31/1959 must have registered for the draft by age 26 to be eligible for any US government employment, including selection as a paid VA trainee. Male applicants must sign a pre-appointment Certification Statement for Selective Service Registration before they can be processed into a training program. Exceptions can be granted only by the US Office of Personnel Management; exceptions are very rarely granted.
5. Interns and other students are subject to fingerprinting and background checks. Match result and selection decisions are contingent on passing these screens.
6. VA conducts drug screening exams on randomly selected personnel as well as new employees. Interns and other students are not required to be tested prior to beginning work, but once on staff they are subject to random selection for testing as are other employees.

Local Information



The Medical Center is located in Bedford, Massachusetts, a town of 14,000 that retains the charm of a quiet New England town although its expansion over the years marks it clearly as a suburb of Boston some 20 miles to the southeast. Bordered by Concord to the west and Lexington to the south, Bedford lies within earshot of the “shot heard ‘round the world” that initiated the American Revolution (www.lexingtonchamber.org). The Minuteman National Historical Park offers historical tours and events, as well as 11 miles of trail for biking, running, or walking.

Heading south east from Bedford, metro-Boston and surrounding cities, such as Cambridge and Somerville are a close and commutable 15-20 mile drive. Boston is one of America’s oldest cities (founded in 1630) and retains its cozy European charm (www.bostonusa.com; www.boston-online.com). Boston offers an array of cultural events and opportunities, such as large theater productions, smaller independent theater, annual film festivals, and music venues both large and small. Cambridge and Somerville are smaller cities surrounding Boston and offer a myriad of restaurants, theaters, and music venues. The famed Charles River, which runs through Cambridge, offers opportunities for rowing and miles of trails for running, and serves as the backdrop for many area festivals. Harvard Square, one of the most well-known areas of Cambridge and home to Harvard University, is well known for its bookshops, coffeehouses, music, festivals, and street theater. Harvard University and Cambridge Center for Adult Education offer an impressive array of continuing education courses. MIT, Boston University, Boston College and Tufts are other major schools that make the Boston/Cambridge area a world center for higher education.The Boston area is also known for its world class hospitals including Mass General, Mass Eye and Ear, Beth Israel, Brigham and Women’s, Dana Farber Institute, Children’s, and McLean. Various lectures and educational opportunities are available through area academic centers and teaching hospitals.



Heading two hours north from Bedford one finds the White Mountains of New Hampshire, and the Green Mountains of Vermont, with some of the finest hiking, climbing, and skiing in the Northeast. Cape Cod’s expansive beaches lie two hours to the south and Martha’s Vineyard and Nantucket Islands are accessible by ferry from the Cape. Other beautiful ocean beaches are less than an hour from Bedford. Walden Pond (actually a small lake), where Thoreau lived and swam, is just 15 minutes from the hospital and is perhaps the prettiest of the local fresh water swimming options. Stockbridge, the home of both Alice’s Restaurant and the Austen Riggs Center, is in the southern Berkshire Mountains two hours to the west. The natural beauty and artistic offerings (music at Tanglewood, dance at Jacob’s Pillow and several first rate summer theaters) of the Berkshires are among the reasons many urbanites establish this as their second home.

Training Staff



Olivia Allen, PsyD Staff Psychologist, Mental Health Clinic

Doctoral Program: Clinical Psychology (PsyD), Antioch University New England
Predoctoral Internship: VA Central Western Massachusetts
Postdoctoral Fellowship: Outpatient Psychotherapy Track, VA Bedford HCS

Dr. Allen is a staff psychologist in the Outpatient Mental Health Clinic. Her clinical interests include trauma, PTSD, anxiety, depression and insomnia. She is formally trained in Cognitive Processing Therapy, Cognitive Behavioral Therapy for Insomnia, Acceptance Commitment Therapy and Dialectical Behavioral Therapy. In her free time, she enjoys spending time with family and friends (especially her 1-year-old daughter), running and playing with her Newfoundland puppy..

Victoria Ameral, PhD	Clinical Research Psychologist, VISN 1 New England Mental Illness Research, Education, and Clinical Center (VISN 1 New England MIRECC)
Doctoral Program:	Clinical Psychology (PhD), Clark University
Predoctoral Internship:	Addictions & Co-occurring Disorders Track/Women's Trauma & Recovery Team, VA Boston HCS
Postdoctoral Fellowship:	Interprofessional Advanced Addiction Fellowship, VA Boston HCS

Dr. Ameral's research focuses on the development of recovery-oriented treatments for opioid use disorder,

including Acceptance and Commitment Therapy approaches for supporting early recovery. She also conducts work evaluating addiction treatment outcomes in naturalistic settings and examining the role of co-occurring trauma in addiction recovery. A lifelong Massachusetts resident, she enjoys beach trips, hiking, snowshoeing, and learning about meteorology.

Richard Amodio, PhD	Director of Psychology Training; Clinical, Assistant Professor, Psychiatry, Boston University School of Medicine
Doctoral Program:	Clinical Psychology (PhD), University of Cincinnati
Predoctoral Internship:	VA Boston HCS
Postdoctoral Training:	Southwood Community Hospital, Norfolk, MA

Dr. Amodio's specialties are in the areas of addictions, mindfulness, experiential and integrative psychotherapy, and East/West perspectives on healing and human development. In his free time, he enjoys family activities, learning classical guitar, good documentaries, being in nature, and most recently exploring martial arts as a path to pursue balance with aspects of self, which includes the ego-tempering experience of being both the least skilled and oldest "kid" in the class.

Amy Bachand, PhD	Staff Psychologist and Primary Care Health Behavior Coordinator
Doctoral Program:	Clinical Psychology (PhD), Louisiana State University
Predoctoral Internship:	Medical Psychology, Boston Consortium in Clinical Psychology
Postdoctoral Fellowship:	Research Fellow in Psychology Pain Management and Medical Informatics, VA Boston HCS

Dr. Bachand's clinical and research interests are in Behavioral Medicine, with specific interests in health promotion, weight management, diabetes management, pain management and stress management utilizing cognitive behavioral therapy and mindfulness-based techniques. When she is not chasing after her two young children, Amy enjoys photography, sports and being outside.

Joshua Berger, PhD	Staff Psychologist, Mental Health Clinic and Safing Center
Doctoral Program:	Clinical Psychology (PhD), Clark University
Predoctoral Internship:	VA Syracuse HCS
Postdoctoral Fellowship:	Trauma Recovery Services, VA Providence HCS

Dr. Berger is a psychologist in the Mental Health Clinic and the Safing Center. He has previously conducted research on intimate partner violence, civilian readjustment following deployment, and on the psychology of men and masculinity. His clinical interests include trauma, depression, and anxiety disorders, in addition to relationship functioning and couples therapy. His approach to therapy incorporates a Veteran centered, recovery based, and interpersonally focused approach, incorporating mindfulness based and evidence-based practices. He has completed VA training in Acceptance and Commitment Therapy for Depression (ACT-D), Cognitive Processing Therapy (CPT), and Cognitive Behavioral Therapy for Insomnia (CBT-I). Outside of work, he enjoys spending time with friends and family, enjoying his soccer fandom, and exploring the wonders of New England.

Lisa Bloom-Charette, PhD, ABPP	Staff Psychologist and Clinical Gerontology Specialist, Community Living Centers; Clinical Assistant Professor, Psychiatry, BU School of Medicine
Doctoral Program:	Clinical Psychology (PhD), Nova Southeastern University
Predoctoral Internship:	Inpatient/Mental Hygiene Tracks, Brockton VA, VA Boston HCS
Postdoctoral Fellowship:	Arbour Geriatrics

Dr. Bloom-Charette is a staff geropsychologist in the Community Living Center and Geriatric Evaluation and Management Unit (GEM). She has been Board Certified in Geropsychology since 2017. She is also on the

faculty at the Boston University School of Medicine. Her clinical and research interests include substance abuse in the elderly, effects of covid upon the CLC, geropsychology training models, life review; and helping staff deal with resident's difficult behaviors using STAR-VA. Dr. Bloom-Charette is trained in the following Evidenced - Based Practices: Cognitive Behavioral Therapy for Chronic Pain (CBT-CP); Cognitive Behavioral Therapy for Insomnia (CBT-I) and Exposure, Relaxation and Rescripting Therapy for Military Veteran (ERRT-M) She is the co-editor of the book, Enhancing the Quality of Life in Advanced Dementia. She enjoys skiing, hiking, kayaking in the White Mountains where she manages an Airbnb.

Abigail Bowen, PsyD Staff Psychologist, Acute Inpatient Unit/DOM-SUD Unit

Doctoral Program:	Clinical Psychology (PsyD), Loyola University Maryland
Predoctoral Internship:	Federal Correctional Institution/Federal Detention Center, Tallahassee, FL
Postdoctoral Fellowship:	N/A

Dr. Bowen is a staff psychologist on both the acute inpatient psychology unit and DOM-SUD unit, providing individual and group psychotherapy to Veterans. Her interests include predictors of risk and dangerousness assessment in civil commitment, serious mental illness, and provision of trauma-informed care for individuals who are justice involved. Dr. Bowen's approach to psychotherapy is recovery-oriented, humanistic and client-centered, and often incorporates DBT. Outside of work, she enjoys watching Liverpool FC, completing any type of puzzle, traveling and cooking.

Anastasia Canell, Ph.D. Staff Psychologist, Community Living Centers

Doctoral Program:	Counseling Psychology (PhD), Lehigh University
Predoctoral Internship	Geropsychology Primary Rotation, VA Bedford HCS
Postdoctoral Fellowship	Geropsychology Track, VA Bedford HCS

Dr. Anastasia Canell is a staff psychologist in the three Dementia Specialty Care Community Living Centers. Her passion for geropsychology began at the age of 14 when she was a caregiver to both of her grandmothers as they lived with dementia. Since then, she has dedicated her profession to bettering the mental health of older adults and caregivers through the application of innovative clinical practice. Dr. Canell is trained in evidence-based practices specific to dementia care, including Reminiscence Therapy, Montessori Approaches to Person-Centered Care in VA (MAP-VA), and STAR-VA, as well as ACT, Later Adulthood Trauma Reengagement (LATR), and Meaning-Centered Psychotherapy. Dr. Canell strives to always integrate advocacy into her professional identity as a scientist-practitioner, volunteering with the Alzheimer's Impact Movement on her free time. Within a few minutes of meeting her, you will probably learn that she is Greek, has a Brussels Griffon puppy, and has watched every episode of Survivor

Anna Cassel, PhD, BCB Staff psychologist, Primary Care Behavioral Health
Network Wide Education Coordinator for Whole Health
VISN 1 Lead for Biofeedback

Doctoral Program:	Clinical Psychology (PhD), University of Maine
Predoctoral Internship:	Health Psychology Track, VA Maryland Health Care System
Postdoctoral Fellowship:	Primary Care Behavioral Health, VA Bedford HCS

Dr. Cassel is a staff psychologist in the Primary Care Behavioral Health (PCBH) program, and is the primary supervisor and preceptor for psychology trainees in the PCMHI track. She also works as a Network Wide Education Coordinator for the VA's Whole Health program, and serves as the VISN 1 lead for biofeedback. She specializes in working with pain self-management, diabetes management, insomnia, and other chronic medical conditions. Her approach to therapy includes cognitive behavioral therapy, acceptance and commitment therapy, mindfulness, and biofeedback. When not working, Dr. Cassel loves spending time with her family & friends, seeking new adventures, cooking, gardening, and traveling.

Gregory Dayton, PhD Staff Psychologist, Psychodiagnostic Assessment Center

Doctoral Program: California School of Professional Psychology-Fresno
Predoctoral internship: University of Texas Health Science Center at Houston Medical School

Dr. Dayton runs a general psychological/psychodiagnostic assessment clinic, the goal of which is to provide differential diagnosis and treatment considerations for veterans currently being seen in other programs throughout the medical center. Reports are based on an extensive review of the veteran's records, clinical interview, and psychological testing. Dr. Dayton previously spent sixteen years in the compensation and pension clinic conducting service connection examinations, although his first VA job- and for 19 years before that in the private sector- he was an individual and group therapist. Outside of work, he enjoys gardening and the outdoors, the arts, travel, and hanging out with his wife, a psychologist he met in graduate school over thirty years ago.

Kristen Dillon, PsyD, ABPP Staff Geropsychologist, Hospice & Palliative Care and Community Living Centers, VISN 1 Geriatric Mental Health Champion

Doctoral Program: Clinical Psychology (PsyD), William James College
Predoctoral Internship: Roger Williams University Consortium
Postdoctoral Fellowship: Geropsychology, VA Bedford HCS

Dr. Dillon is a Board-Certified Geropsychologist specializing in Hospice and Palliative Care. She has particular interests in anticipatory grief, caregiving, bereavement, PTSD at the end of life, older adults living with serious mental illness, meaning-making, and the innovative use of virtual reality in clinical practice. She currently serves as the VISN 1 Geriatric Mental Health Champion and completed advanced training in Meaning-Centered Psychotherapy at Memorial Sloan Kettering Cancer Center. Dr. Dillon is passionate about mentoring the next generation of clinicians. She is dedicated to creating a supportive, collaborative learning environment that encourages curiosity, professional growth, and compassionate care for older adults and their families.

Outside of her professional life, Dr. Dillon enjoys spending time with her family, singing, playing guitar, and sharing laughter with family and friends. She is also an avid hiker, having completed all of New Hampshire's 48 mountains over 4,000 feet. In addition to her clinical work, Dr. Dillon is a devoted advocate for SUDC awareness and grief support. Following the death of her daughter, Junie, she founded a nonprofit organization that provides no-cost bereavement services to families who have experienced child loss and works to increase public understanding of grief.

Amanda Falcón, PhD Staff Psychologist, Veterans Mental Health and Addiction Programs (VMHAP)

Doctoral Program: Clinical Psychology (PhD), University of Vermont
Predoctoral Internship: Federal Medical Center, Devens, MA
Postdoctoral Fellowship: Mental Illness Research, Education, and Clinical Center, VA Bedford

Dr. Falcón is the VMHAP staff psychologist, providing individual and group psychotherapy to Veterans with substance use disorders. Her interests include the impact of criminal-legal system involvement and its intersection with substance use disorders, as well as other areas of functioning (e.g., employment). Her approach is client-centered and recovery oriented, with an emphasis on harm reduction. In addition to clinical work, Dr. Falcón also conducts research relating to vocational functioning of Veterans with a history of criminal legal involvement (e.g., experiences of stigma). Outside of work, she loves to cook, play boardgames with friends, and take weekend trips.

Kelly Fricker, PsyD Title: Staff Psychologist, Mental Health Clinic

Doctoral Program: Clinical Psychology (PsyD), Chicago School of Professional Psychology
Predoctoral Internship: Federal Medical Center, Lexington, KY

Dr. Fricker is a Staff Psychologist providing individual therapy within the Mental Health Clinic. She also serves as SUD-PTSD Specialist at Bedford, collaboratively ensuring Veterans with co-occurring SUD and PTSD diagnoses have access to comprehensive care. Dr. Fricker's professional interests include supervision and training, professional clinical development, crisis management, and group therapy. Her clinical work reflects recovery-oriented, client-centered, and solution-focused approaches, utilizing cognitive-behavioral therapy interventions. She has received training on CBT-SUD within the VA. Outside of work, Dr. Fricker enjoys reading, gardening, watching the Boston Bruins, and spending time with the people in her life who have the passion she lacks for cooking and baking.

Daniella Furey, PsyD Staff Psychologist, Mental Health Clinic

Doctoral Program: Clinical Psychology (PsyD), William James College
Predoctoral Internship: VA Central Western Massachusetts
Postdoctoral Fellowship: Warren Alpert Medical School of Brown University

Dr. Furey is a staff psychologist in the Outpatient Mental Health Clinic. Her clinical interests include trauma, PTSD, anxiety and working with MST. She is formally trained in Cognitive Processing Therapy, Prolonged Exposure and Interpersonal Therapy for Depression . In her free time, she enjoys spending time with family and friends, taking her dog to the dog park and traveling whenever she gets the chance

Rachel Geyer, PhD Staff Psychologist, Mental Health Clinic

Doctoral Program: Clinical Psychology (PhD), Miami University
Predoctoral Internship: Addictions Track, VA Bedford HCS
Postdoctoral Training: MHC Admin/Training Track & Research, VA Bedford HCS

Dr. Geyer is a staff psychologist in the Outpatient Mental Health Clinic. Her clinical interests include addictions, anxiety, depression, trauma, and more recently, couples therapy. Her therapeutic approach pulls from cognitive behavioral (CBT) and third-wave approaches (ACT, DBT) and incorporates interpersonal processes within the therapeutic space. Her research interests include transdiagnostic factors, such as anxiety sensitivity and distress tolerance, underlying substance use and anxiety-related disorders. Dr. Geyer loves spending time with family and friends, going to the beach, exploring New England, hiking, and traveling.

Lauren Grabowski, PhD Staff Psychologist, Domiciliary Program for Homeless Veterans (DCHV) and Domiciliary for Substance Use Disorders (Dom-SUD) Program
Doctoral Program: Clinical Psychology (PhD), University of Massachusetts Boston
Predoctoral Internship: Albany Psychology Internship Consortium
Postdoctoral Fellowship: Fellowship in Serious Mental Illness, Jesse Brown VA Medical Center

Dr. Grabowski is a staff psychologist in the Domiciliary for Homeless Veterans (DCHV) and Domiciliary for Substance Use Disorders (Dom-SUD) programs. Before transitioning to the Doms, she served as the both the Intimate Partner Violence Assistance Program Coordinator and Safing Center Coordinator. She previously has conducted research on common factors (e.g., disclosure in psychotherapy; the relation between psychotherapy process and outcome) and serious mental illness (e.g., the relation between social cognition, personality, and chronic schizophrenia). Her clinical interests include working with individuals who use or experience violence, as well as individuals experiencing suicidality or living with serious mental illness. She approaches psychotherapy through a client-centered, recovery-oriented lens, integrating humanistic/multicultural, psychodynamic, and cognitive-behavioral approaches to attend holistically to clients' challenges and strengths. Outside of work, she enjoys watching stand-up comedy, bad reality television, and avoiding her cell phone as much as possible.

Stephen L. Gresham, PhD	BHIP Program Manager; Co-Associate Director of Psychology Training
Doctoral Program:	Counseling Psychology (PhD), University of Wisconsin
Predoctoral Internship:	Albany Psychology Internship Consortium
Postdoctoral Fellowship:	IPMH – Administration & Training, VA Bedford HCS

Dr. Gresham's clinical interests include working with trauma, sexual orientation, and mood and anxiety disorders from an integrated perspective. Dr. Gresham is interested in training, the influence of culture on the psychotherapeutic process, and increasing the quality and availability of services to underserved and marginalized populations.

Shehzad Jooma, PsyD	Staff Psychologist, Mental Health Clinic; Military Sexual Trauma Coordinator
Doctoral Program:	Clinical Psychology (PsyD), Baylor University
Predoctoral Internship:	Outpatient Psychotherapy Track, VA Bedford HCS
Postdoctoral Fellowship:	IPMH – Administration & Training, VA Bedford HCS

Dr. Jooma is a psychologist in the mental health clinic and the Military Sexual Trauma Services Coordinator for the hospital. His research interests center on trauma and the psychology of men and masculinity. His practice is guided by interpersonal and emotion-focused frameworks as well as evidence-based treatment models. Couple therapy has been his favorite modality in recent years, and he is the facilitator of the year-long IBCT seminar. He is formally trained in Prolonged Exposure, Cognitive Processing therapy, Acceptance and Commitment Therapy for Depression, CBT for Insomnia, and Integrative Behavioral Couples Therapy (IBCT). His clinical training also includes work with children and adolescents. Outside of the VA, he is involved in an International Task Force aimed at upskilling minority Muslim communities in 23 countries with resiliency interventions, first responder training, mental health curriculum, and crisis planning. Interests old and new include all things outside, hiking the mountains of New Hampshire, learning new board games, and involving his family in all the above.

Chivi Kapungu, PhD	Staff Psychologist, Mental Health Clinic; Senior Lecturer, M.I.T. Department of Women and Gender Studies
Doctoral Program:	Clinical Psychology (PhD), University of Massachusetts, Boston
Predoctoral Internship:	Beth Israel Medical Center (Manhattan, NY)
Postdoctoral Fellowship:	Interprofessional Fellowship in Psychosocial Rehabilitation, VA Bedford HCS

Dr. Kapungu is a staff psychologist in the Mental Health Clinic. As the VISN 1 Women's Mental Health (WMH) Champion she is engaged in developing and implementing reproductive mental health programs across New England. Within WMH VA National, she provides mentorship and training on perinatal mood and anxiety disorders, reproductive trauma, and perimenopause. Her clinical and research interests include cross-cultural sequelae and recovery from traumatic exposure in humanitarian conflict settings. Adventure travel is a passion, with Vietnam, Bali, Greece, and Zimbabwe (home) being the most memorable and life changing places to visit.

McKenzie Kaubrys, PhD	Staff Psychologist, Mental Health Clinic
Doctoral Program:	Counseling Psychology (PhD), University of Minnesota
Predoctoral Internship:	Outpatient Psychotherapy Track, VA Bedford HCS
Postdoctoral Fellowship:	IPMH – Administration & Training, VA Bedford HCS

Dr. Kaubrys is a staff psychologist in the Mental Health Clinic. Her clinical and research interests include the treatment of trauma, mood and anxiety disorders, and sleep concerns, including insomnia and

nightmares. Dr. Kaubrys is trained in a variety of evidence-based treatments for addressing PTSD, insomnia, and mood dysregulation. Her approach to treatment includes cognitive-behavioral, humanistic, and acceptance-based therapies. Outside of work, she enjoys taking advantage of the outdoor adventures New England has to offer, including skiing, hiking and backpacking, and spending time at her family's "camp" in Maine.

Malissa Kraft, PsyD, ABPP-CN Clinical Neuropsychologist

Doctoral Program:	Clinical Psychology (PsyD), Wheaton College
Predoctoral Internship:	Neuropsychology Track, VA Bedford HCS
Postdoctoral Fellowship:	Neuropsychology/Geropsychology Track, VA Boston HCS

Dr. Kraft oversees the teleneuropsychology service at Bedford, which involves providing virtual assessment services to veterans throughout New Hampshire and Vermont who have less access to neuropsychology providers. She has a specific interest geriatric neuropsychology and integrating telehealth technology into providing ongoing care for aging veterans with dementia. In her free time, she enjoys being with her family and spending time outdoors as much as possible—hiking, running, gardening, and beekeeping.

Stacey Larson, PsyD, JD Staff Psychologist, Compensation & Pension Program

Doctoral Program:	Clinical/Forensic Focus (PsyD), Widener University – Institute for Graduate Clinical Psychology; Widener University – Delaware Law School (JD)
Predoctoral Internship:	Keystone Center (Chester, PA); Intake and Assessment Unit, Delaware Department of Child Mental Health,
Postdoctoral Fellowship:	N/A

Dr. Larson is a staff psychologist providing Compensation and Pension (disability benefits) evaluations with military veterans when veterans claim mental disorders related to their military service. Mental health claims frequently evaluated include PTSD, depression, anxiety, insomnia, and cognitive and psychological sequelae of traumatic brain injury. She is also interested in the intersection of law and psychology (HIPAA, informed consent, competency), ethical issues, and risk assessment.

Rachel Latta, PhD Staff Psychologist and Director of the Safing Center

Doctoral Program:	Counseling Psychology (PhD), Boston College
Predoctoral Internship:	Psychosocial Rehabilitation Track, VA Bedford HCS
Postdoctoral Fellowship:	Psychosocial Rehabilitation Track, VA Bedford HCS

Dr. Latta is a staff psychologist and the Director of the Safing Center and Intimate Partner Violence Assistance Program Coordinator for Bedford HCS. Her clinical and research interests are in trauma across the lifespan and intimate partner violence. She brings an integrative approach to her clinical work which includes strengths-based, recovery-oriented, and acceptance-based treatments with a particular attention to personal narrative and meaning making. Dr. Latta has worked in behavioral health leadership, practice-based research, policy development, training and teaching, and outreach and program development. She spends as much time as she can outside, with a preference for being in the mountains on skis or in hiking boots, preferably with her family.

Jonathan Lee, PhD Staff Psychologist and Clinical Lead, Tobacco Cessation Program

Doctoral Program:	Clinical Psychology (PhD), Suffolk University
Predoctoral Internship:	Los Angeles Ambulatory Care Center, VA Greater Los Angeles HCS
Postdoctoral Fellowship:	Clinical Research Fellow, Dr. John JB Morgan Foundation, Family

Institute/Northwestern University

Dr. Lee is a staff psychologist and Clinical Lead for Bedford's Tobacco Cessation Program. His background is in cognitive Behavioral therapy with emphasis on mindfulness and acceptance-based principles. His clinical and research interests are in understanding tobacco use and cessation, transdiagnostic processes, and mechanisms of treatment. He also has a growing interest in bread baking and enjoys baking artisanal breads.

Melanie Manning, PsyD Staff Psychologist, Mental Health Clinic

Doctoral Program: Clinical Psychology (PsyD), Antioch University New England
Predoctoral Internship: Outpatient Psychotherapy Track, VA Bedford HCS
Postdoctoral Fellowship: IPMH – Administration & Training, VA Bedford HCS

Dr. Manning is a staff psychologist in the Mental Health Clinic. She has also worked in community based mental health and college counseling. Her clinical interests include treatment of trauma, substance use, depression, and interpersonal difficulties. She is formally trained in Cognitive Processing Therapy, Cognitive Behavioral Therapy for Substance Use Disorders and Cognitive Behavioral Therapy for Depression. Dr. Manning's approach to treatment includes Cognitive Behavioral Therapy combined with Family Systems Therapy. Outside of work, she enjoys spending time with her husband and Great Dane, Frankie, making a variety of fresh pastas, and catching up on all her favorite reality TV shows.

Kelley McNary, PsyD Staff Psychologist, Veterans Mental Health and Addiction Programs (VMHAP)

Doctoral Program: Clinical Psychology (PsyD), William James College
Predoctoral Internship: Psychosocial Rehabilitation Track, VA Bedford HCS
Postdoctoral Fellowship: Community Re-Integration Track, VA Bedford HCS

Dr. McNary is the VMHAP staff psychologist, providing individual and group psychotherapy to Veterans with substance use disorders. Her clinical interests include psychosocial rehabilitation, psychodiagnostic assessment, community re-integration for veterans experiencing serious mental illness, exposure and response prevention therapy for veterans with obsessive-compulsive disorder, and couples therapy. Her approach is recovery oriented and relational, emphasizing the importance of tailoring evidence-based interventions to meet each individual's needs and strengths. In addition to clinical work, Dr. McNary also engages in program development specifically related to assessment, group psychotherapy, and recovery-oriented services. Outside of work, she loves spending time in nature (it is always a good time for walk), playing music (guitar/piano), going to the movie theatre, and taking road trips to Maine.

Rachel Movitz, PsyD Staff Psychologist

Doctoral Program: Clinical Psychology (PsyD), William James College
Predoctoral Internship: GeropsychologyTrack, VA Bedford HCS
Postdoctoral Fellowship: Geropsychology, VA Boston HCS

Dr. Movitz is a staff psychologist for the Home Based Primary Care Program at the Bedford VA. Dr. Movitz served as a staff psychologist within the Hospice and Palliative Care Program at the Bedford VA from 2009 to 2013 at the Bedford VA. She was involved with the initial development of the Hospice and Palliative care program at the Bedford VA and is a certified ELNEC trainer (End of Life Nursing Education). Dr. Movitz subsequently served as a Psychologist for the Community Living Center and Hospice and Palliative Care program at the Manchester VA from 2013 to 2015. Dr. Movitz began her current position as Home Based Primary Care Psychologist in 2023. During her time at the Bedford VA, Dr. Movitz has supervised practicum students, interns and residents completing their training across

multiple settings including Outpatient Geriatric Mental Health, Community Living Center, Hospice and Palliative Care and Home-Based Primary Care. Dr. Movitz has particular interests within the areas of health psychology, trauma-informed therapy, positive psychology, mindfulness-based stress reduction, and hospice and palliative care.

Lisa Mueller, PhD, CPRP	Clinical Director, Compensated Work Therapy Program; Investigator, VISN 1 New England Mental Illness Research, Education, and Clinical Center (VISN 1 New England MIRECC)
Doctoral Program:	Counseling Psychology (PhD), Fordham University
Predoctoral Internship:	Psychosocial Rehabilitation Track, VA Bedford HCS
Postdoctoral Fellowship:	N/A

Dr. Mueller is the Clinical Director of the Compensated Work Therapy Program and a researcher for the New England Mental Illness Research, Education, and Clinical Center (MIRECC). Her clinical and research interests include psychosocial rehabilitation (specifically vocational rehabilitation) for veterans with dual diagnoses and serious mental illness.

Tu Anh Ngo, PhD, MPH	VISN PMOP (Pain Management Opioid Safety and PDMP) Coordinator
Doctoral Program:	Clinical – Health Psychology (PhD), University of Rhode Island
Predoctoral Internship:	Behavioral Medicine/Integrated Primary Care, University of Massachusetts Memorial Medical Center
Postdoctoral Fellowship:	Behavioral Medicine, Cambridge Health Alliance; Pain Medicine, Spaulding Rehabilitation/MGH; Mental Health Clinic/Primary Care Behavioral Health, VA Bedford HCS

Dr. Ngo is the VISN 1 PMOP Coordinator who leads and the VISN Pain Council. She is a health psychologist with a specialty in chronic pain and integrated primary care. She has an integrative clinical approach, particularly in mindfulness-based therapies, CBT, and biofeedback for the treatment of chronic disease and health behaviors. She also has interests in complementary and integrative health and is the pain representative on the VISN Whole Health Committee. Outside of work, she enjoys exploring cultures through food and traveling.

Maureen K. O'Connor, PsyD, ABPP-CN	Director of Neuropsychology Service; Associate Professor, Department of Neurology, Boston University School of Medicine; Assistant Director, Boston University Alzheimer's Disease Education Core; Investigator, The Center for Translational Cognitive Neuroscience
Doctoral Program:	Clinical Psychology (PsyD), Indiana University of Pennsylvania
Predoctoral Internship:	Neuropsychology Track, Department of Psychology, Yale University School of Medicine
Postdoctoral Fellowship:	New York Presbyterian Hospital and Memorial Sloan-Kettering Cancer Center, Cornell Weil Medical College

Dr. O'Connor is the Director of the Neuropsychology Service at the VA Bedford HCS. She is an Associate Professor at Boston University School of Medicine in the Department of Neurology and Assistant Director of the Boston University Alzheimer's Disease Center Education Core. She is also an investigator in The Center for Translational Cognitive Neuroscience. Dr. O'Connor serves as the lead neuropsychologist for the Memory Diagnostic Clinic, a multidisciplinary team clinic focused on evaluation of older adult veterans. Dr. O'Connor's funded research is focused on the development of treatment interventions designed to improve daily living and well-being in aging individuals with and without neurocognitive disorders and their family members.

Rachel Latta, PhD	Staff Psychologist and Director

Doctoral Program:	Counseling Psychology (PhD), Boston College
Predoctoral Internship:	Psychosocial Rehabilitation Track, VA Bedford HCS
Postdoctoral Fellowship:	Psychosocial Rehabilitation Track, VA Bedford HCS

Dr. Latta is a staff psychologist and the Director of the Safing Center and Intimate Partner Violence Assistance Program Coordinator for Bedford HCS. Her clinical and research interests are in trauma across the lifespan and intimate partner violence. She brings an integrative approach to her clinical work which includes strengths-based, recovery-oriented, and acceptance-based treatments with a particular attention to personal narrative and meaning making. Dr. Latta has worked in behavioral health leadership, practice-based research, policy development, training and teaching, and outreach and program development. She spends as much time as she can outside, with a preference for being in the mountains on skis or in hiking boots, preferably with her family.

Dipali Patel, PsyD	Staff Psychologist, Domiciliary Residential Rehabilitation Treatment Program (DRRTP)
Doctoral Program:	Clinical Psychology (PsyD), William James College
Predoctoral Internship:	Psychosocial Rehabilitation Track, VA Bedford HCS
Postdoctoral Fellowship:	Psychosocial Rehabilitation, VA Bedford HCS

Dr. Patel is a staff psychologist in the Domiciliary where she provides individual and group therapy to Veterans in a residential treatment setting. She is a faculty member in the Psychosocial Rehabilitation (PSR) and Addictions and Recovery training programs and a co-facilitator of the year-long CBT-SUD training seminar. She is a formally trained provider in Motivational Interviewing, Motivational Enhancement Therapy, and Social Skills Training for Schizophrenia. Her approach is recovery-oriented, client-centered, and integrative to help Veterans reach their fullest potential and work towards meaningful and fulfilling lives. Her clinical interests include serious mental illness, psychosocial rehabilitation, PTSD, stigma reduction, and moral injury. Outside of work, she enjoys spending time with her partner and dog, kayaking, going to concerts, traveling, catching a live sports game, and curating niche playlists.

Andrew D. Peckham, PhD	Community/Recovery & Suicide Prevention Team Psychologist; Co-Director, Interprofessional Fellowship in Psychosocial Rehabilitation; Investigator, VISN 1 New England Mental Illness Research, Education, and Clinical Center (MIRECC); Assistant Professor, UMass Chan Medical School
Doctoral Program:	Clinical Science (PhD), University of California, Berkeley
Predoctoral Internship:	McLean Hospital/Harvard Medical School (Adult Track)
Postdoctoral Fellowship:	McLean Hospital, Behavioral Health Partial Hospital Program/NIH NRSA Fellowship

Dr. Peckham is a clinical psychologist providing evidence-based, recovery-oriented treatment across the spectrum of Community/Recovery services, including the CWT program, Peer Services, and the POWER clinic. Within the Suicide Prevention team, he also provides training and education about suicide prevention to Veterans, staff, and community members. He is Co-Director of the Interprofessional Fellowship in Psychosocial Rehabilitation (PSR) and supervises students in the delivery of recovery-oriented care for Veterans with serious mental illness. Dr. Peckham's clinical and research interests include psychosocial treatments for bipolar disorder and transdiagnostic interventions for impulsive behavior.

Maura E. Pellowe, PhD	Chief, Psychology Service; Local Evidence-Based Psychotherapy Coordinator
Doctoral Program:	Clinical Psychology (PhD), University of Wyoming
Predoctoral Internship:	White River Junction VA Medical Center
Postdoctoral Fellowship:	N/A

Dr. Pellowe is the Chief of Psychology. She also serves as the facility Evidence Based Psychotherapy Coordinator. Her interests include assessment, diagnosis, and evidence-based treatments of PTSD. She is a VA National Consultant for Prolonged Exposure therapy and provides clinical supervision to VA clinicians around the country. She also provides Cognitive Processing Therapy for PTSD and Cognitive Behavioral Therapy for Insomnia, among other psychotherapies.

Lisa Richards, PsyD Staff Psychologist, Compensation & Pension Program, Mental Health Clinic
Doctoral Program: Clinical Psychology (PsyD), University of Denver School of Professional Psychology
Predoctoral Internship: Rocky Mountain Regional VA Medical Center
Postdoctoral Fellowship: N/A

Dr. Richards is a staff psychologist and divides her time between the Compensation and Pension department and the outpatient Mental Health Clinic. She provides Compensation and Pension disability examinations within the service-connection process which include PTSD, depression, anxiety, insomnia, and cognitive and psychological sequelae of traumatic brain injury. In the mental health clinic, she provides individual and couples treatment using a Self-Psychology approach with a focus on patient strengths. She also provides in-depth exploration of trauma for individual with PTSD resulting from combat and sexual trauma. Her passions include exploring New England with her husband and dogs, art museums, gardening, and humor writing.

Melissa Rindge, PsyD, ABPP-CN Staff Neuropsychologist

Doctoral Program: Pacific University School of Graduate Psychology
Predoctoral Internship: Boise VA Medical Center
Postdoctoral Fellowship: VA Bedford HCS

Dr. Rindge is a clinical neuropsychologist working within the Bedford VA's neuropsychology service. Dr. Rindge serves as the lead neuropsychologist for the Inpatient Neuropsychology, Cognitive Rehabilitation, and Decision-Making Capacity Clinics. Dr. Rindge identifies as generalist in the field of neuropsychology and enjoys evaluating adult patients with a variety of medical and psychiatric presentations. She also has a strong interest in providing psychotherapeutic interventions through a neuropsychological lens in the settings of feedback and cognitive rehabilitation. Other research interests include quality improvement and program development in neuropsychology. Dr. Rindge loves to travel, go on walks, cook with family and friends, and snuggle up with her cat on the couch during cold New England winters.

Jasbir Sandhu, PsyD

Doctoral Program: Clinical Psychology (PsyD), William James College
Predoctoral Internship: General Clinical Psychology Track, Kansas City VAMC
Postdoctoral Fellowship: General Mental Health, Phoenix VAHCS

Dr. Sandhu is the Recovery Services Manager and the Local Recovery Coordinator. Clinically his areas of interest include anxiety related disorders and trauma. He practices from an integrative perspective, primarily utilizing third-wave cognitive behavioral therapies, augmented by strengths-based approaches. He is currently the Measurement Based Care Champion for VA Bedford, and has interest areas in program and process development projects. When not at work he can usually be found exploring the outdoors with his four-legged adventure buddy Ophelia. He has a great fondness for all things homemade.

Kristen Sorgi-Wilson, PhD Staff Psychologist, Mental Health Clinic

Doctoral Program: Clinical Psychology (PhD), Temple University
Predoctoral Internship: Outpatient Psychotherapy Track, VA Bedford HCS
Postdoctoral Fellowship: IPMH - Administration & Training, VA Bedford HCS

Dr. Kristen Sorgi-Wilson is a staff psychologist in the Mental Health Clinic (MHC) and the facilitator for the Charlie BHIP Team. Prior to training at VA Bedford for internship and postdoctoral residency, she externed at VA Philadelphia's Opioid Treatment Program, Jefferson University's full-model DBT clinic, and Temple University's generalist community clinic. Kristen's clinical interests include the treatment of depression, anxiety disorders, PTSD, substance use disorders, and personality disorders. She takes an integrative therapeutic approach anchored in CBT and third-wave treatments (DBT and ACT). She is a member of the MHC's Full-Model DBT Team, is a co-facilitator of the psychology program's CPT training seminar, and practices other EBPs including ACT-D, PE, CBT-I, CBT-SUD, ERP, and IBCT. In Kristen's spare time, she enjoys running; playing board games with family and friends; trying new coffee shops; and exploring the Boston area with her husband, daughter, and their rescue pup.

Tucker Smith, PsyD Staff Psychologist, Mental Health Clinic
Doctoral Program: Clinical Psychology (PsyD), Long Island University, Post
Predoctoral Internship: Chalmers P. Wylie Ambulatory Care Center, Columbus VA
Postdoctoral Fellowship: IPMH - Community Intervention, VA Bedford HCS

Dr. Smith is a staff psychologist in the Mental Health Clinic. He began his work with Veterans as an intern at the Columbus VA before pursuing outpatient work in his home state in postdoctoral and staff positions at the Bedford VA. Dr. Smith's approaches to therapy draw from Cognitive Behavioral Therapy, Motivational Interviewing, and strengths-based Positive Psychology. He also holds an interest in the challenges of PTSD and is a trained provider in Cognitive Processing Therapy. You may see him circling campus in a walk-and-talk session or trying not to slouch at his standing desk. He also enjoys biking to work on the Minuteman Bike Path, listening to music with the car windows down, and searching for the perfect bagel.

Brian Stevenson, PhD Clinical Research Psychologist, VISN 1 New England Mental Illness Research, Education, and Clinical Center (VISN 1 New England MIRECC); Assistant Professor of Psychiatry, UMass Chan Medical School
Doctoral Program: Counseling Psychology Emphasis (PhD), Counseling, Clinical, and School Psychology Program, University of California, Santa Barbara
Predoctoral Internship: Psychosocial Rehabilitation Track, VA Bedford HCS
Postdoctoral Fellowship: N/A

Dr. Stevenson is a clinical research psychologist and co-director of training for the VISN 1 New England Mental Illness Research, Education, and Clinical Center (MIRECC). He is also Assistant Professor of Psychiatry at UMass Chan Medical School and Adjunct Instructor of Counseling Psychology at Boston College. He is a member of the Psychosocial Rehabilitation (PSR) Fellowship and the Program for Outpatient, Wellness, Engagement, & Recovery (POWER), and directs the EmpowerWork lab. His work focuses on developing interventions that support meaningful employment goals and self-efficacy for veterans with addictions and co-occurring conditions. Outside of work, he enjoys drawing/graphic design, snowboarding and draganboarding, watching documentaries or sports, and spending time outdoors with his two rambunctious sons.

Sara K. Sullivan, PhD Clinical Neuropsychologist, Neuropsychology Service

Doctoral Program: Clinical Psychology (PhD), Binghamton University
Predoctoral Internship: Neuropsychology Track, Center Central Arkansas Veterans HCS
Postdoctoral Fellowship: Neuropsychology, VA Bedford HCS

Dr. Sullivan is a clinical neuropsychologist working within the Neuropsychology Service. In addition to providing services in the general outpatient neuropsychology clinic and inpatient units on campus, she works closely with the Polytrauma/TBI Interdisciplinary Team, a multidisciplinary team that screens returning veterans for traumatic brain injury. Her clinical and research interests include neuropsychological functioning in TBI and various neurological/neuropsychiatric conditions, cognitive processes affected by emotions and modifiable lifestyle factors, and the effects of symptom attribution on functional abilities.

Roni Tevet, PhD	Staff Psychologist, Mental Health Clinic; Co-Associate Director of Psychology Training
Doctoral Program:	Clinical Psychology (PhD), Suffolk University
Predoctoral Internship:	Addictions Track, VA Bedford HCS
Postdoctoral Fellowship:	IPMH - Interprofessional Education & Program Development, VA Bedford HCS

Dr. Tevet is a staff clinical psychologist in the Mental Health Clinic part of the Veterans Integration to Academic Leadership (VITAL) team working with students Veteran. She provides individual, couples, and group psychotherapy, drawing from an integrative perspective, using CBT and humanistic approaches. Her clinical interests focused on working with Veterans who struggle with the impact of trauma, depression, anxiety, interpersonal difficulties, personality disorders, and substance use. She is interested in helping Veterans identify and achieve their goals using their strengths. She is formally trained in Integrative Behavioral Couples Therapy, Skills Training in Affective and Interpersonal Regulation, Cognitive Behavioral Therapy for Depression, Cognitive Behavioral Therapy for Substance Use and Cognitive Processing Therapy. Dr. Tevet is part of the Dialectical Behavior Therapy (DBT) team and co-facilitates the DBT group. Outside of work, she enjoys spending time outdoors as much as possible with her family and dog, traveling, and baking.

Kate Urban, PsyD	Staff Psychologist, Veterans Integration to Academic Leadership (VITAL)
Doctoral Program:	Clinical Psychology (PsyD), Women James College
Predoctoral Internship:	Psychosocial Rehabilitation Track, VA Bedford HCS
Postdoctoral Fellowship:	IPMH - Community Intervention, VA Bedford HCS

Dr. Urban's clinical interests include dual diagnosis, anxiety, and interpersonal difficulties. She is a trained provider in Cognitive Behavioral Therapy for Insomnia and Cognitive Processing Therapy. Dr. Urban utilizes an integrative approach to treatment that incorporates Cognitive Behavioral Therapy, Motivational Interviewing, and Positive Psychology interventions. Outside of work, she enjoys spending time with her family and friends, playing volleyball, traveling, and watching true crime documentaries.

Amanda Veith, PhD	Staff Psychologist, Acute Inpatient Psychology Unit
Doctoral Program:	Clinical Psychology (PhD), Duke University
Predoctoral Internship:	Georgetown University Child Development Center
Postdoctoral Fellowship:	Counseling Services of Katy

Dr. Veith is a staff psychologist on the acute inpatient psychology unit with specialty areas in group and individual. Her interests include cognitive behavior therapy, positive psychology, motivational interviewing, PTSD, suicidology, whole health, and program development. She has experience working in acute inpatient settings, residential treatment settings, and outpatient clinic settings. She enjoys creative writing, theater, and the ocean.

Matthew Wachen, PhD	Staff Psychologist, Home-Based Primary Care
Doctoral Program:	Clinical Psychology (PhD), University of Connecticut

Predoctoral Internship: Greater Hartford Clinical Psychology Internship Consortium
Postdoctoral Fellowship: Primary Care Behavioral Health, VA Bedford HCS

Dr. Wachen is a staff psychologist in Home-Based Primary Care and the Geropsychology Outpatient Clinic. His interests include healthy aging and geropsychology, caregiving, the integration of mental health and primary care, and the management of chronic disease and maladaptive behaviors with cognitive behavioral therapy and mindfulness-based techniques. He believes that the solution to a great many of life's problems can be found by going outside. He has also somehow remained devoted to the Baltimore Orioles.

Kaylyn Watterson, PhD **Staff Psychologist, Mental Health Clinic**

Doctoral Program: Counseling Psychology (PhD), University of Louisville
Predoctoral Internship: Albany Psychology Consortium, Albany NY
Postdoctoral Fellowship: Clinical Psychology Adult Track; Albany Medical College/Albany Medical Center

Dr. Watterson is a staff psychologist in the Mental Health Clinic. Dr. Watterson has worked in outpatient, residential, and inpatient settings. She previously conducted qualitative research in lived experiences of mental illness stigma and recovery in Bipolar I. Her clinical interests include trauma, depression, serious mental illness, personality functioning, and relational and identity concerns. Dr. Watterson approaches psychotherapy from an integrative framework which centers the therapeutic relationship while incorporating short-term psychodynamic and cognitive-behavioral techniques. She is formally trained in Interpersonal Therapy for Depression (IPT-D) and Integrative Behavioral Couples Therapy (IBCT). Her interests include building her clinical library, cooking, venturing into New England, and herding her two large Siamese cats.

Anna Ying, PhD Staff Psychologist, Pain Clinic

Doctoral Program: Clinical Psychology (PhD), University of Massachusetts Boston
Predoctoral Internship: Primary Care Behavioral Health, VA Bedford HCS
Postdoctoral Fellowship: Primary Care Behavioral Health, VA Bedford HCS

Dr. Ying is a clinical supervisor in the Primary Care Behavioral Health and Addiction training tracks. Her clinical interests are in mental health integration into medical clinics, with a specialty in chronic pain. Her research interests are in culturally responsive messaging about mental health and help-seeking. Her approach to treatment is integrative, incorporating Cognitive Behavioral Therapy, Motivational Interviewing, and Biofeedback. She enjoys cooking, spending time by the water, and indoor rock climbing.



Trainees for the Past Ten Years

2025-2026

Clark University (2)	PhD	Clinical Psychology
University of Connecticut	PhD	Clinical Psychology
McMaster University	PhD	Clinical Psychology
William James College (3)	PsyD	Clinical Psychology
Indiana University of Pennsylvania	PsyD	Clinical Psychology
University of Wisconsin/Milwaukee	PhD	Clinical Psychology
Rowan University	PhD	Clinical Psychology
Carlos Albizu University	PsyD	Clinical Psychology

2024-2025

Miami University	PhD	Clinical Psychology
Chicago School of Prof Psychology	PsyD	Clinical Psychology
Yale University	PhD	Clinical Psychology
Boston College	PhD	Counseling Psychology
Midwestern University	PsyD	Clinical Psychology
William James College	PsyD	Clinical Psychology
Suffolk University (2)	PhD	Clinical Psychology
Clark University	PhD	Clinical Psychology
Washington University	PhD	Clinical Psychology

2023-2024

Clark University	PhD	Clinical Psychology
University of Maine	PhD	Clinical Psychology
University of Houston	PhD	Clinical Psychology

Kean University	PsyD	Clinical Psychology
Indiana University of Pennsylvania	PsyD	Clinical Psychology
Nova Southeastern University	PhD	Clinical Psychology
University of Georgia	PhD	Clinical Psychology
University of Wisconsin-Milwaukee	PhD	Counseling Psychology
William James College (2)	PsyD	Clinical Psychology
Florida Institute of Technology	PsyD	Clinical Psychology
Nova Southeastern University	PhD	Clinical Psychology

2022-2023

Boston University	PhD	Clinical Psychology
Lehigh University	PhD	Counseling Psychology
Pacific University	PhD	Clinical Psychology
Palo Alton University	PhD	Clinical Psychology
William James College	PsyD	Clinical Psychology
Springfield College	PsyD	Counseling Psychology
Rowan University	PhD	Clinical Psychology
University of Utah	PhD	Counseling Psychology
Temple University	PhD	Clinical Psychology
Rutgers University	PsyD	Clinical Psychology
University of LaVerne	PsyD	Clinical Psychology

2021-2022

University of Maryland	PhD	Clinical Psychology
University of Minnesota	PhD	Counseling Psychology
University of Massachusetts/Boston (2)	PhD	Clinical Psychology
University of Massachusetts/Boston	PhD	Counseling Psychology
William James College	PsyD	Clinical Psychology
Loyola University	PsyD	Clinical Psychology
University of Tulsa	PhD	Clinical Psychology

2020-2021

Clark University	PhD	Clinical Psychology
Antioch New England University	PsyD	Clinical Psychology
Wright Institute	PsyD	Clinical Psychology
Springfield College	PsyD	Counseling Psychology
University of Wyoming	PhD	Clinical Psychology
Long Island University	PsyD	Clinical Psychology
William James College	PsyD	Clinical Psychology
American University	PhD	Clinical Psychology

2019-2020

University of San Francisco	PsyD	Clinical Psychology
Northeastern University	PhD	Counseling Psychology
Boston University	PhD	Clinical Psychology
William James College	PsyD	Clinical Psychology
Nova Southeastern University	PsyD	Clinical Psychology
University of San Francisco	PsyD	Clinical Psychology
Antioch New England University	PsyD	Clinical Psychology
Palo Alto University	PsyD	Clinical Psychology
Marywood University	PsyD	Clinical Psychology

2018-2019

Florida School of Prof Psychology	PsyD	Clinical Psychology
SUNY/Albany	PhD	Counseling Psychology

Nova Southeastern University	PsyD	Clinical Psychology
William James College	PsyD	Clinical Psychology
William James College	PsyD	Clinical Psychology
Fuller Theological Seminary	PhD	Clinical Psychology
Chicago School of Prof Psychology	PsyD	Clinical Psychology
Antioch New England University	PsyD	Clinical Psychology

2017-2018

Pepperdine University	PsyD	Clinical Psychology
SUNY – Albany	PhD	Counseling Psychology
Antioch New England	PsyD	Clinical Psychology
Pacific Graduate School of Prof Psy	PsyD	Clinical Psychology
Boston College	PhD	Counseling Psychology
University of Delaware	PhD	Clinical Psychology
Fordham University	PhD	Clinical Psychology
William James College	PsyD	Clinical Psychology

2016-2017

Suffolk University	PhD	Clinical Psychology
William James College	PsyD	Clinical Psychology
University of Massachusetts/Boston	PhD	Clinical Psychology
Clark University	PhD	Clinical Psychology
SUNY – Albany	PhD	Clinical Psychology
University of Illinois/Chicago	PhD	Clinical Psychology
SUNY – Binghamton	PhD	Clinical Psychology

Additional Information on Program Policies and Procedures

THE FEEDBACK PROCESS: INTERNS & SUPERVISORS

The training program at Bedford seeks to make the feedback process something that is clear, predictable, and useful for all our students. Toward this end, the training committee has developed several mechanisms to help ensure that these objectives are met. In addition, the program has worked to make providing feedback (both to and from students) something that is built into the culture of the training program.

During each of the formal evaluation periods, interns and their supervisors have a designated period set aside to specifically review together the intern's performance to date as well as the dyad's work together in the supervision. That is, both the intern's performance (as summarized in the general competency evaluation form completed by the supervisor) as well as the intern's experience of the supervision (as summarized in an evaluation form completed by the intern of both strengths and areas of possible modification or improvement with regard to the supervision) is reviewed during this feedback process.

To best facilitate this conversation and review between intern and supervisor, a week is designated as "evaluation and feedback week," and during this time the review and feedback process is the priority. These review meetings should occur during regularly scheduled weekly or biweekly supervision. In instances where the intern meets with a supervisor on a biweekly basis and the evaluation week falls on an off-cycle week, the following week will serve as the "evaluation and feedback week." The review/feedback process may reasonably fill the entire hour, and supervisors as well as interns are encouraged to use this protected time to freely share and explore each individual's experiences to date. Clinical material may also be addressed in this meeting, following the complete review/feedback process. Consistent adherence to this protocol ensures that interns have the opportunity to receive timely and detailed feedback as well as ensure that supervisors will similarly be given an opportunity to receive relevant feedback.

INTERN DEVELOPMENT AND PROFESSIONAL FUNCTIONING

As a training program, we are committed to facilitating each intern's professional development across the range of areas of professional functioning. Regarding internship training, there is an equal focus on clinical training (involving the areas of evaluation, assessment, and intervention) as well as functioning competently in all relevant aspects of professional functioning.

The Council of Chairs of Training Councils (CCTC) of APA has developed a policy that specifically addresses the need for professional psychologists to "demonstrate competency within and across a number of different but interrelated dimensions", stating that training faculty has a "duty and responsibility to evaluate the competence of students and trainees across multiple aspects of performance, development and functioning". The policy goes on to state "in addition to performance in coursework, seminars, scholarship, comprehensive examinations, and related program requirements, other aspects of professional development and functioning (e.g., cognitive, emotional, psychological, interpersonal, technical and ethical) will also be evaluated". The internship training program sees the merit in this position and has adopted this model policy as an additional means of ensuring student professional development and enhancing student self-awareness. The implementation of such evaluation processes will allow for the identification of student strengths as well as areas of improvement, and if needed, to assist in the development of remediation plans for the student.

The CCTC policy lists some of the key areas where such professional competency should be demonstrated and necessarily evaluated by training staff as the following:

a) interpersonal and professional competence
b) self-awareness, self-reflection, and self-evaluation
c) openness to processes of supervision
d) resolution of issues or problems that interfere with professional development or functioning in a satisfactory manner

The psychology training program uses the vehicle of supervision, which involves supervisor/student interactions as well as the direct observations of student behavior and clinical functioning (either live or recorded) to monitor the above areas of professional functioning. Relevant items on periodic written evaluation forms are the means to routinely document the student's general level of competency in these areas.

It is important to emphasize that the psychology training program values and respects each student's uniqueness and right to personal privacy. The above-stated policy is not intended as a justification to pursue or address areas of personal functioning that do not relate to or impact upon professional functioning or training within the internship program. Consequently, relevant behavior or issues typically would be those observed within the context of the student's work and professional interactions. However, the CCTC policy notes that the exceptions to this general rule would occur when the student's outside conduct "clearly and demonstrably a) impacts the performance, development, or functioning of the student-trainee, b) raises questions of an ethical nature, c) represents a risk to public safety, or d) damages the representation of psychology to the profession or public". In such cases, "the program may review such conduct within the context of the program's evaluation processes."

As any training or professional issue either arises or becomes apparent, the training program will first provide feedback and engage the student in an open dialogue about the issue at hand. Such conversations with the student are designed to heighten awareness of the issue at hand and help the student determine how best to address or resolve the relevant issue. Should the behavior in question persist or be of a significant magnitude of importance, the student's preceptor and/or the director of training will document the behavior at issue. At this point, the training committee's procedure for responding to issues in need of remediation, fully described in a subsequent section on Intern Deficiencies, will be implemented. The purpose of implementing a clear protocol is to allow the student maximal opportunity to effectively resolve the situation, while best utilizing ongoing staff monitoring and feedback regarding the issue. Due process policies and procedures are always available to the student should they so choose, and these are fully described below within the section Grievance Procedures.

PROGRAM EVALUATION

The internship program utilizes various formal and informal mechanisms to ensure that training objectives are met, both with regard to the individual intern and for the program as a whole. In actuality, the ongoing multifaceted monitoring of each interns' progress throughout the internship year provides the ground and primary basis for the program's overall evaluation and modification, and when necessary, reconceptualizing the functionality of particular programmatic training activities and protocol.

As noted earlier, formal evaluations are completed by each clinical supervisor at 4-, 8- and 12-month periods. These evaluations (and their review with each supervisor) serve as a basis for discussion of progress and training objectives. Particularly relevant in this program evaluation process are the interns' formal evaluations of the program and of their individual supervisors, which are also completed at 4-, 8- and 12-month periods. Specifically, each intern completes written evaluations of each of his/her supervisors as well as a series of other evaluation forms that cover the scope of the internship training program (i.e., clinical rotations, seminars/didactics, group supervisions, and the internship generally).

This entire feedback process between interns and supervisors allows for the program to identify and review relevant programmatic components, including issues related to overall structure as well as specific details. In addition, several formal meeting contexts provide another means to specifically examine questions and issues related to the functioning of the training program. Consequently, program review and modification processes can occur through one or more of the following channels of interaction and formal communication regarding the training program:

1 The training directorate meets weekly to discuss and review all aspects of the program, including intern-provided feedback (both formal and informal). This meeting continuity allows for the director and co-directors to continually explore and deepen their understanding of the program, its aims and intern overall experience, providing the training directorate an opportunity to continually refine the program.

2 The training directorate meets with each small group of training psychologists (affiliated with a rotation or training context) once or twice over the course of the year. These meetings provide an in-depth opportunity to explore the structure and unique issues relevant to each of the program's rotations and training contexts. Also, the training directorate meets with the intern, preceptor and/or rotation supervisor(s), as needed, to address and explore issues as they arise.

3 Retreats with all the training supervisors occur periodically. These retreats provide an in-depth opportunity for all training supervisors to receive presentations and to participate in an extended dialogue regarding key elements or changes regarding the program's structure or philosophical framework.

4 In addition to the intern's work with their preceptor, individual meetings between the training director or one of the co-directors with an intern occur as needed or whenever requested by the intern. The training directors value being available to interns whenever an administrative, professional/ ethical, clinical or program-related issue may arise.

When significant programmatic changes are entertained, there is always a bi-directional interaction process between training staff and Interns. In essence, each group serves the function of providing corrective feedback to the other. Consequently, any change entertained by the training directorate is typically presented to the interns for feedback and suggestions for possible revisions, and vice versa. This process also works very well regarding the early stage of idea generation, prior to any actual proposed change. For example, either group may determine some aspect of the training program, or lack thereof, to be in question. In this case, one group may simply request from the other a consideration of the present issue and a potential action plan to address it.

PROBLEM IDENTIFICATION AND RESOLUTION

Grievance Procedure

Two procedures for addressing grievances are available to interns -- an internal conflict resolution procedure designed specifically for the training program as well as a hospital-wide mediation procedure (Alternative Dispute Resolution) through EEO should the internal procedure not achieve the desired resolution.

When possible, an intern with a grievance is encouraged to first address the problem with the individual that is the focus of the grievance. Informal means of resolving problems before they reach the grievance stage are recommended.

If resolution is not achieved, the intern should contact his/her preceptor or the training director. If the non-resolved grievance is against the preceptor (or one of the two associate directors of training), the intern will go directly to the training director. If the non-resolved grievance is against the training director, the intern will go directly to either his/her preceptor or the chief of the Psychology Service.

Subsequently, either the preceptor or training director will convene a meeting with the persons involved to gather relevant facts, establish the specific nature of the grievance, and explore options for change which will adequately resolve the grievance. If the meeting does not resolve the grievance to everyone's satisfaction, the director of training and the two associate directors, in consultation with the chief of the service, will review the details of the situation and make a determination about how best to proceed.

At each step of the process, the goal of the training directorate is to optimally support the student who has the grievance, and when reasonable and appropriate, intervening to directly address issues with staff and/or modifying the intern's training context and supervisory assignments. Should such resolutions not satisfy the intern's concerns, the hospital's mediation program is available to all employees.

Staff Standards

All staff are required to abide by the highest ethical standards and any staff behavior that reasonably raises questions about adherence to such standards (including but not limited to boundary violations, dual roles, etc.) and that impacts psychology trainees should be brought to the attention of the training director (or to the chief of psychology if the behavior at issue involves the training director). As appropriate, the procedures outlined above under internal grievance procedure shall be followed to review and act upon this information.

Intern Deficiencies

The following procedures will be followed in advising and assisting interns who are not performing at an expected competency level regarding clinical skills and professional behavior.

At any time during the training year, if evaluation of an intern by one or more of his/her supervisors indicates that the intern is not meeting expected competencies or is not performing as expected regarding professional or program requirements, then the supervisor(s) is to notify the intern as rapidly as possible of any difficulties. Interns are also encouraged to actively seek feedback on an ongoing basis.

It is expected that relatively minor deficiencies will initially be addressed informally by the intern's preceptor or other supervisors. Should such informal means of addressing the issue not adequately resolve the problem, then the protocols described below will be implemented, starting with a written remediation plan.

The preceptor and other supervisors assigned to the intern jointly discuss the current situation and decide upon what professional area(s) is at issue. A written remediation plan, outlining current deficits along with expected target behaviors, is prepared, signed by the intern, all supervisors, and the director of training. This signed copy is added to the intern's training file.

Monitoring and monthly review will be the responsibility of the preceptor and supervisor(s). The training director will be consulted as needed and will be periodically updated about the intern's performance. Updated signed remediation plans, documenting improvement, and ongoing deficits, are completed on a monthly basis and added to the intern's training file

Changes may be necessary in the intern's activities or rotations to continue progress toward objectives. Such changes will be made in consultation with the training director. If significant changes to the intern's activities are recommended, these will be communicated to the intern's graduate director of clinical training by the internship training director.

Monthly written summaries will be provided to the intern. When the intern has shown satisfactory progress for two months, achieving the learning objectives outlined in the remediation plan, the intensified review process will be terminated. If the intern fails to make progress toward the revised goals and objectives, then the following additional steps will be taken.

Recommendation for probation, approved by the training directorate, is the initial step towards potentially removing the intern from the training program. Once the intern is placed on probation, the intern's graduate program is notified of this decision. Following notification of being placed on probation, the intern will have no less than one month to significantly improve the behavior(s) at issue. After this time, the training directorate will review any changes in the intern's performance over the past month.

If some improvement (but less than full resolution of the deficits) in performance is noted by the intern's supervisors, the supervisory team and the training directorate may continue monthly reviews of the intern's progress. However, if at any point it is determined that the intern's performance has fallen to the level of what initially prompted probation, the program will move to have the intern removed from the internship.

If it is the consensus of the intern's supervisory team and the three-person training directorate that an intern should be removed from the program, a specific and detailed set of recommendations will be communicated by the training director to the intern and the graduate program. These recommendations will serve to guide the intern towards remediation of his or her deficits in future training elsewhere.

Professional Standards for Interns

It is expected that all interns will abide by appropriate standards of professional and ethical behavior in all interactions and activities. Problematic, unethical, or illegal conduct by an intern should be brought to the attention of the training director. Any person who observes such behavior, or reasonably questions that such behavior has occurred, whether staff or intern, has the responsibility to report the incident.

1. Incidents of a minor nature may be dealt with by the training director, the preceptor, and the intern. Such incidents may be documented at the discretion of the training directorate. If the incident is determined to involve a particularly problematic behavior or otherwise constitute an illegal or unethical action, a written record is made of this complaint and action. All written records become a permanent part of the intern's file.

2. Any such particularly problematic or illegal/unethical behavior, or multiple minor infractions, must be reviewed by the training directorate. After a careful review of the case, the training directorate will recommend either probation or dismissal of the intern. Recommendations of a probationary period must include specific guidelines including a time frame and periodic review as described above. A violation of the probationary contract will necessitate the termination of the intern's appointment.