



## Psychology Postdoctoral Residency

### Atlanta VA Medical Center

1670 Clairmont Rd., Decatur, GA 30033

<http://www.va.gov/atlanta/>

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**Application Deadline: January 1, 2017, 11:59pm EST**

### **General Information**

The Atlanta VA Medical Center has three funded postdoctoral Resident positions in Professional Psychology for 2016-2017, and we hope to maintain that number for the next year. All positions are generalist in nature, with a major emphasis in Health Psychology (50% of postdocs' time all year) and a minor emphasis in female veterans' Primary Care/Mental Health Integration (1 day per week for half the year). The residency is a one-year, full-time training program with an expected workload of 40 hours per week of direct service delivery and other training activities. Residents successfully completing the program will meet the requirement for the Post-Doctoral Supervised Work Experience needed for professional licensure as a Psychologist in the State of Georgia.

### **Accreditation Status**

The psychology postdoctoral residency at the Atlanta VA Medical Center received the full, 7-year accreditation from the Commission on Accreditation of the American Psychological Association following our initial application and Site Visit in 2014. Our next Site Visit will take place in 2021. The program has also been a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC) since 2012.

Questions regarding the accreditation status of our program may be directed to:

American Psychological Association  
Office of Program Consultation and Accreditation  
750 First St., NE  
Washington, DC 20002-4242  
Telephone: (202) 336-5979

### **Training Year and Required Hours**

The training year for the psychology postdoctoral residency at the Atlanta VA Medical Center begins in August and runs for 52 consecutive weeks. VA pay periods officially run from Sunday to Saturday. The official start date for the 2016-2017 training year is therefore Sunday, August 21, 2016. Residents will report for duty on Monday, August 22, 2016. The final workday of the training year will be Friday, August 18, 2017. VA psychology residencies are funded for 2,080 professional hours. Residents are accordingly expected to work 40 hours per week for a full year. Credit is given for federal holidays and use of accrued leave. **The standard tour of duty for a psychology postdoctoral resident at the Atlanta VAMC is Monday through Friday, 8:00am to 4:30pm.**

## ***Stipend and Benefits***

Psychology postdoctoral residents receive a competitive stipend paid in 26 biweekly installments. VA postdoc stipends are locality adjusted to reflect the relative cost of living in different geographical areas. **The stipend for Atlanta VAMC psychology postdoctoral residents for the 2016-2017 training year is \$44,245.** VA postdocs are eligible for health insurance (for self, spouse, and legal dependents) and for life insurance, just as are regular employees. With the recent Supreme Court decision, health benefits are now available to legally married same-sex partners. However, unmarried partners of either sex are not eligible for health benefits. Residents also receive the 10 federal holidays and accrue up to 13 days each of paid vacation and sick leave throughout the training year.

## ***Eligibility for VA Training***

In order to be eligible for selection at any VA training program, the applicant must meet the following criteria:

- 1) U.S. citizenship. VA is unable to consider applications from anyone who is not currently a U.S. citizen. Verification of citizenship is required following selection. All residents must complete a Certification of Citizenship in the United States prior to beginning VA training.
- 2) A male applicant born after 12/31/1959 must have registered for the draft by age 26 to be eligible for any U.S. 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 U.S. Office of Personnel Management; exceptions are very rarely granted.
- 3) Postdoctoral residents are subject to fingerprinting and background checks. Match result and selection decisions are contingent on passing these screens. More information about the nature and purpose of federal background checks may be found here: <http://www.archives.gov/federal-register/codification/executive-order/10450.html>. See Section 8 for the most relevant details.
- 4) VA conducts drug screening exams on randomly selected personnel as well as new employees. Postdoctoral residents 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.

Postdoc applicants also must meet the following criteria to be considered for any VA Psychology Postdoctoral Program:

- 1) Have received a doctorate from an APA or CPA accredited graduate program in Clinical, Counseling, or Combined Psychology or PCSAS accredited Clinical Science program. 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) Have completed an internship program accredited by APA or CPA or have completed a VA-sponsored internship.

## ***Application & Selection Procedures***

It is expected that most applicants will still be on internship at the time of application, and that some will still be working on other graduate program requirements (e.g., dissertation); however, **all requirements for the doctoral degree, including internship and dissertation, must be completed successfully prior to the start of the residency.** Selection for the residency is considered provisional until all requirements for the doctoral degree are met, and offers will be revoked if the degree requirements are not completed by the designated start date for the residency.

**Interested applicants should submit their materials online via APPIC's centralized application service (APPA-CAS). Completed applications must include:**

1. A cover letter that describes your postdoctoral training goals and perceived fit with our program. In your letter, please describe your previous educational and clinical experience relevant to the training offered in our program, your assessment of your training needs, and your general career goals. **Please review our complete brochure thoroughly before applying.**
2. A current curriculum vitae.
3. Three letters of recommendation from supervisors who are directly familiar with your clinical work. At least one letter must be from an internship supervisor.
4. A letter from the Chair of your Dissertation Committee describing the progress of your dissertation and anticipated defense date if not yet complete, or confirming successful completion. If your Chair is also a clinical supervisor providing one of your three letters of recommendation, he/she may also address your dissertation status in the same letter. A separate letter on that subject is not required.

The Atlanta VA is committed to the recruitment and training of diverse postdoctoral residents. Consistent with the APA Commission on Accreditation, we define cultural and individual differences and diversity as including, but not limited to, age, disability, ethnicity, gender, gender identity, language, national origin, race, religion, culture, sexual orientation, and socioeconomic status. Applications from qualified minority individuals are encouraged. Individuals who wish to be considered in part on the basis of a diversity variable should indicate their interest in the cover letter of their application.

**Deadlines: Applications must be received online by 11:59pm EST on January 1, 2017 to receive consideration.** The Directors of Training and select members of the Training Committee will review all submitted applications in detail and will select some candidates for interviews. All applicants will be notified of their interview status by e-mail. It is the responsibility of the applicant to ensure that correct and up-to-date contact information is supplied in the online application. Interviews will be held on-site at the Atlanta VA Medical Center in February 2017.

The VA Office of Academic Affiliations has mandated that all VA postdoctoral training programs abide by the APPIC Postdoctoral Selection Guidelines. Accordingly, we will notify selected applicants on the recommended Uniform Notification Date of Monday, February 27, 2017. We will utilize the reciprocal offer option prior to that date if a selected applicant receives a bona fide offer from another postdoctoral training program. Applicants who receive offers from the Atlanta VA will be allowed to hold regular (non-reciprocal) offers for a period of 24 hours. Applicants will be notified as soon as they are no longer under consideration and when all positions have been filled. The anticipated start date for 2017-2018 is August 21, 2017.

**For questions about the application process or the training program please contact the Co-Directors of Training at [andrea.michels@va.gov](mailto:andrea.michels@va.gov) and/or [evelyn.lemoine@va.gov](mailto:evelyn.lemoine@va.gov).**

## ***Diversity Statement***

The Atlanta VAMC serves veterans who represent a wide variety of dimensions of diversity including, but not limited to, gender, race, ethnicity, sexual orientation, physical ability, regional affiliation, age, and religious/spiritual orientation. The Atlanta VA psychology postdoctoral residency program is deeply committed to the appreciation of diversity and the development of multicultural competence. During the training year, trainees develop awareness, knowledge, and skills to enhance multicultural competence through a variety of experiences. These include diversity-focused presentations, readings, and learning activities; discussions with supervisors, peers, and other clinical staff; and direct provision of services to veterans with diverse backgrounds. The overall goal of diversity-related training activities is the promotion of social justice and multicultural competence within the mental health profession and society as a whole.

The **Diversity Education Committee for Psychology Training (DEC-PT)** mission statement is as follows: The DEC-PT functions as an extension of the Psychology Training Committee to assist psychology trainees in developing multicultural competencies, appreciating diversity in all its forms, and promoting social justice. Within its roles with the psychology internship and postdoctoral training programs, the DEC-PT seeks to cultivate an environment that supports open and respectful dialogue, exchange of ideas, and self-reflection.

The DEC-PT is composed of Atlanta VA psychologists on the training staff who are invested in helping to promote trainees' multicultural competence for working with a highly diverse patient population and to explore how, as mental health professionals, our individual differences, worldview, biases, theoretical framework, and life experiences affect our clinical work. In conjunction with the Core Internship and Postdoc Training Committees, the DEC-PT facilitates the Multicultural Lunch and Learn series, the Multicultural Seminar Series for interns, and the elective rotation in Diversity. See below for descriptions of all educational activities. Postdoctoral residents may serve on the DEC-PT and assist with the development of these activities throughout the training year.

## ***Aims of the Training Program and Expected Competencies***

The primary aim of the Atlanta VA Medical Center's psychology postdoctoral residency program is to prepare diverse psychology postdoctoral trainees to function competently, effectively, and ethically in professional roles in the field of psychology that combine clinical service and scholarly inquiry. We aspire to prepare postdocs to secure professional licensure as psychologists and to transition successfully, upon completion of the program, to employment at the GS-12 or equivalent level.

A secondary aim of the program is to provide residents with a variety of opportunities for advanced training in psycho-behavioral interventions with patients manifesting medical conditions in the emphasis areas of health psychology and female veterans' Primary Care/Mental Health Integration.

In accordance with these aims, the psychology postdoctoral residency program at the Atlanta VAMC strives to promote for all postdocs the development of advanced skill in the profession-wide competencies identified by the American Psychological Association's *Standards of Accreditation in Health Service Psychology*: research; ethical and legal standards; individual and cultural diversity; professional values, attitudes, and behaviors; communication and interpersonal skills; assessment; intervention; supervision; and consultation and interprofessional/interdisciplinary skills. The program emphasizes training in clinical skills, with the recognition that competent clinical work is informed by science. Supervision and didactics are grounded in the current evidence base and strong efforts are made to expose postdoctoral residents to current research and scholarship. Specific expected competencies pertinent to the emphasis areas of the program are listed under some of the profession-wide competencies below, along with the generalist competencies.

Successful completion of the program requires demonstration of each competency as follows:

### **1) COMPETENCE IN RESEARCH:**

#### **Objective 1A: Critical Scholarship**

The postdoctoral resident demonstrates the substantially independent ability to critically evaluate and disseminate research or other scholarly activities (e.g., case conference, presentation, publications) at the local, regional, or national level.

#### **Objective 1B: Knowledge of Health Psychology Literature**

The postdoctoral resident stays abreast of the current research literature and evidence-based practices in Health Psychology. The resident demonstrates motivation to increase knowledge and expand his/her range of interventions through reading and consultation with supervisors.

**Relevant Training Activities:** Postdoctoral residents are required to present on topics of their own choosing in at least two seminars for the Atlanta VA Medical Center's psychology doctoral interns. Presentations may be given in the interns' General Seminar, the Assessment Seminar, or the Multicultural Lunch and Learn series. Postdocs participate in a biweekly Health Psychology Didactic throughout the training year. Residents may choose to engage in research activity for their elective rotation. Certain elective clinical rotations also offer Journal Clubs and similar avenues for critical evaluation of research.

## 2) COMPETENCE IN ETHICAL AND LEGAL STANDARDS:

### **Objective 2A: Conformity to Professional Guidelines and Policies**

The postdoctoral resident is knowledgeable of and acts in accordance with the APA Ethical Principles of Psychologists and Code of Conduct; the relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels; and any other relevant professional standards and guidelines. This includes compliance with VA and program policies regarding timeliness of documentation, use of scheduled and unscheduled leave, etc.

### **Objective 2B: Recognition and Resolution of Ethical Dilemmas**

The postdoctoral resident independently recognizes ethical dilemmas as they arise, and applies ethical decision-making processes in order to resolve the dilemmas.

### **Objective 2C: General Ethical Conduct**

The postdoctoral resident conducts himself/herself in an ethical manner in all professional activities.

**Relevant Training Activities:** Postdocs participate in ethics-themed seminar presentations in the context of the Professional Development Seminar and the Health Psychology Didactic. Postdocs work with supervisors on their clinical rotations and in their general psychotherapy and psychological testing cases to identify and address ethical problems/dilemmas.

## 3) COMPETENCE IN INDIVIDUAL AND CULTURAL DIVERSITY

### **Objective 3A: Awareness of Own Culture**

The postdoctoral resident demonstrates an understanding of how his/her own personal/cultural history, attitudes, and biases may affect how he/she understands and interacts with people different from himself/herself.

### **Objective 3B: Knowledge of Current Professional Standards for Diversity**

The postdoctoral resident demonstrates knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities.

### **Objective 3C: Application of Diversity Knowledge and Understanding**

The postdoctoral resident demonstrates the ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles. This includes the ability to apply a framework for working effectively with areas of individual and cultural diversity not previously encountered over the course of his/her career. This also includes the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with his/her own.

### **Objective 4C: Competence in Working with Female Veterans**

The postdoctoral resident demonstrates awareness and sensitivity to presenting mental health issues common among female veterans (may include military sexual trauma, domestic violence, infertility, unwanted pregnancy, caregiving issues), as well as medical conditions

relevant to female veterans (e.g., breast cancer, ovarian cancer, sexually transmitted diseases).

**Relevant Training Activities:** Postdocs participate in diversity-themed seminars in the context of both the Professional Development Seminar and the Health Psychology Didactic, and they attend and participate in the monthly Multicultural Lunch and Learn Series. Postdocs also serve on the Diversity Education Committee for Psychology Training and may assist with the development of training experiences for interns and the fostering of a positive environment for diverse staff and trainees. Postdocs also address diversity issues in the context of their work on the clinical rotations, general psychotherapy cases, and psychological testing cases.

#### **4) COMPETENCE IN PROFESSIONAL VALUES, ATTITUDES, AND BEHAVIORS**

##### **Objective 4A: General Professional Behavior**

The postdoctoral resident 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.

##### **Objective 4B: Self-Reflection**

The postdoctoral resident engages in self-reflection regarding his/her personal and professional functioning. He/she engages in activities to maintain and improve performance, well-being, and professional effectiveness.

##### **Objective 4C: Openness to Feedback**

The postdoctoral resident actively seeks and demonstrates openness and responsiveness to feedback and supervision.

**Relevant Training Activities:** Postdocs participate in a biweekly Professional Development Seminar and are expected to demonstrate professionalism, self-reflection, and openness to learning in all training activities. Supervising staff model appropriate professional behavior.

#### **5) COMPETENCE IN COMMUNICATION AND INTERPERSONAL SKILLS**

##### **Objective 5A: Effective Relationships**

The postdoctoral resident develops and maintains effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, support staff, and those receiving professional services.

##### **Objective 5B: Effective Communication**

The postdoctoral resident produces and comprehends oral, nonverbal, and written communications that are informative and well-integrated. The resident demonstrates a thorough grasp of professional language and concepts.

##### **Objective 5C: Interpersonal Skills**

The postdoctoral resident demonstrates effective interpersonal skills and the ability to manage difficult communication well.

**Relevant Training Activities:** All training activities are relevant to this aim of the program. Training staff are expected to model this area of competency for trainees at all times.

#### **6) COMPETENCE IN ASSESSMENT**

##### **Objective 6A: Knowledge of DSM-5 Nomenclature**

The postdoctoral resident demonstrates understanding of DSM-5 diagnostic categories and nomenclature.

**Objective 6B: Clinical Interviewing**

The postdoctoral resident demonstrates ability to conduct an appropriate clinical interview to assess a patient's presenting concerns and pertinent history, and to evaluate for possible psychopathology.

**Objective 6C: Selection of Assessment Methods**

The postdoctoral resident demonstrates ability to select assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics. The resident collects relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient.

**Objective 6D: Assessment Interpretation**

The postdoctoral resident appropriately 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.

**Objective 6E: Communication of Findings**

The postdoctoral resident 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.

**Objective 6F: Psychological Assessment for Pre-surgical Candidates**

The postdoctoral resident demonstrates a solid knowledge base of interview methods and instruments for assessing medical patients who are in need of an organ transplant, bariatric surgery, or other medical procedure (e.g., spinal cord stimulator, vacuum pump device). The resident demonstrates proficiency at obtaining relevant medical history as it relates to the patient's illness and surgery, as well as mental health history.

**Objective 6G: Pre-surgical Assessment Write-ups**

The postdoctoral resident demonstrates proficiency and independence at preparing written reports for psychological evaluations of pre-transplant, bariatric, or other pre-surgical candidates. Reports are thorough and well-written and contain thoughtful and appropriate treatment recommendations. Reports clearly outline patient strengths as well as any concerns or contraindications for surgery.

**Objective 6H: Assessment Write-ups for Medical Patients (Non-Surgical)**

Reports demonstrate a clear picture of the medical history as well as the relationship between medical issues and mental health history. Reports are timely, organized, and well-written. Reports answer the referral question(s) appropriately and clearly communicate appropriate recommendations to the referral source.

**Relevant Training Activities:** Postdocs are required to complete at least two general psychological testing cases during the training year, and complete additional assessments in the health psychology emphasis area (e.g., pain evaluations, pre-surgical evaluations). Most, if not all of the elective clinical rotations offer additional opportunities for diagnostic interviewing and communication of findings, and some offer additional opportunities for psychological testing. Postdocs demonstrating particularly advanced competency in assessment may also have the opportunity to supervise an intern on general testing cases.

**7) COMPETENCE IN INTERVENTION****Objective 7A: Patient Rapport**

The postdoctoral resident establishes and maintains effective relationships with the recipients of psychological services.

**Objective 7B: Case Conceptualization and Identification of Goals**

The postdoctoral resident formulates a cogent case conceptualization that draws on theoretical and research knowledge, and collaborates with patients to select appropriate goals for services.

**Objective 7C: Treatment Planning**

The postdoctoral resident develops evidence-based intervention plans specific to the service delivery goals.

**Objective 7D: Therapeutic Interventions**

The postdoctoral resident implements interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.

**Objective 7E: Integration of Science and Practice**

The postdoctoral resident demonstrates the ability to apply the relevant research literature to clinical decision making.

**Objective 7F: Therapeutic Flexibility**

The postdoctoral resident modifies and adapts evidence-based approaches effectively when a clear evidence base is lacking.

**Objective 7G: Evaluation of Intervention Effectiveness**

The postdoctoral resident evaluates intervention effectiveness, and adapts intervention goals and methods consistent with ongoing evaluation.

**Objective 7H: Health Psychology Individual Therapeutic Interventions**

The postdoctoral resident effectively selects and implements appropriate behavioral and psychosocial treatment interventions for nicotine addiction, pain management, stress, sleep disturbance, sexual health concerns, weight management, compliance, relapse prevention, emotion control and other habits of living that may impact behavior change, health, and wellness promotion. Interventions are well-timed, effective, and consistent with evidence-based treatments and the current scientific literature.

**Objective 7I: Health Psychology Group Therapy Skills**

The postdoctoral resident effectively facilitates behavioral and psychosocial treatment interventions for group therapy applications including tobacco cessation, pain management, CBT-I, etc. The resident intervenes in group skillfully and attends to member participation, completion of therapeutic assignments, group communication, safety, and confidentiality. The resident prepares materials for group. If the group is psychoeducational, the resident understands each session's goals and tasks. If the group is therapeutic, the resident demonstrates the ability to be flexible with group content as appropriate.

**Relevant Training Experiences:** Postdocs may engage in psychological interventions including individual and group psychotherapy, psychoeducation, and family/couples services. Intervention training activities are prominent in the Health Psychology and Women's Wellness Primary Care/Mental Health Integration emphasis areas, as well as in the elective clinical rotations and general psychotherapy cases.

**8) COMPETENCE IN SUPERVISION**

**Objective 8A: Knowledge of Supervision Models and Practices**

The postdoctoral resident demonstrates applied knowledge of supervision models and practices in direct practice with a psychology intern supervisee.

**Objective 8B: Rapport with Supervisees**

The postdoctoral resident is able to establish effective working relationships with his/her supervisee(s).

**Objective 8C: Supervision of Supervision**

The postdoctoral resident demonstrates the ability to use supervision of supervision in an effective way to explore his/her own growth as a supervisor, to address ethical dilemmas, and to develop supervisory knowledge, skills, and abilities.

**Objective 8D: Evaluation of Supervisees**

The postdoctoral resident demonstrates the ability to provide effective constructive/corrective feedback and evaluation of supervisees' competencies.

**Relevant Training Experiences:** Each postdoc is assigned one psychology doctoral intern to supervise on two general psychotherapy cases throughout the training year. Postdocs participate in a weekly supervision-of-supervision group regarding their work with their supervisees. Postdocs also attend a monthly Supervision Group for training program staff.

**9) COMPETENCE IN CONSULTATION AND INTERPROFESSIONAL/INTERDISCIPLINARY SKILLS**

**Objective 9A: Respect for Other Professions**

The postdoctoral resident demonstrates knowledge and respect for the roles and perspectives of other professions.

**Objective 9B: Interdisciplinary Communication**

The postdoctoral resident communicates effectively with professionals across disciplines in face-to-face and/or written consultation (e.g., effectively communicates psychological concepts and principles to those outside the field of psychology).

**Objective 9C: Interdisciplinary Collaboration/Coordination of Care**

The postdoctoral resident works effectively with interdisciplinary professionals to address referral questions, make treatment recommendations, and coordinate patient care. The resident seeks input from other disciplines when needed and utilizes treatment teams appropriately.

**Relevant Training Experiences:** Both emphasis areas and most elective clinical rotations offer opportunity for interdisciplinary treatment team collaboration for patient care. Postdocs are expected to collaborate with other professionals on the coordination of care for their general psychotherapy and psychological testing cases. Postdocs are expected to demonstrate respect for other professions in all training activities.

## ***Program Structure***

### **Orientation**

Residents begin the training year with several days of orientation to the VA, the Medical Center, and the training program. Residents meet with the Directors of Training and with supervisors from all clinical rotations to review the training opportunities available with each. Residents also meet with relevant Mental Health leadership representatives and with members of the Diversity Education Committee for Psychology Training (DEC-PT). This process allows time for Residents to begin to develop familiarity with the Medical Center, clinical activities, record keeping, personnel issues, and procedures specific to the

Mental Health Service Line. Residents will inform the Directors of Training of their elective rotation preferences at the end of orientation.

### **Training Plans and Evaluation**

During the summer prior to the training year, incoming postdoctoral residents complete a self-assessment of their relative strengths and weaknesses with respect to the competencies described above, and provide the Directors of Training with information regarding their personal goals and preferences for the training year. During orientation, the Directors of Training then meet individually with each resident to develop a personalized training plan for the year. The goal of the training plan is to identify needed and desired learning activities to round out the resident's general training, to further develop fundamental clinical competencies, to address deficits in skill or experience, and to gain exposure to new patient populations and methods of assessment and intervention. The Directors of Training make every effort to honor the preferences of the resident; however, they reserve the right to require certain training experiences if a significant need is identified. The training plan may be revisited and amended at any point in the training year as new interests or needs are identified. At mid-year and end-of-year all postdoctoral residents will formally review their training plans and progress with the Directors of Training and the Core Postdoc Training Committee.

Evaluation of postdoctoral resident progress is ongoing throughout the training year and occurs both informally and formally. Informal feedback is provided continually in weekly supervision and in communication between training staff members. Resident progress is formally discussed by the training staff in monthly meetings of the Core Postdoc Training Committee; areas of strength and areas for growth are documented in the Committee's meeting minutes. Residents are also formally evaluated by each of their clinical supervisors on a quarterly basis. The written feedback is reviewed between resident and supervisor and is submitted to the Directors of Training for inclusion in the training file. At a minimum, residents meet with the Directors of Training and the Core Postdoc Training Committee twice (at mid-year and at end-of-year) for formal discussions of progress and review of training plans. Additional formal feedback may be scheduled as needed.

## ***Training Activities - Emphasis Areas***

### **HEALTH PSYCHOLOGY**

Residents spend approximately 50% of their time in Health Psychology training activities.

Health Psychology services at the Atlanta VAMC are currently provided by the Health Behavior Coordinator for the Medical Center (Dr. Mark Ackerman, a health psychologist), as well as a full-time pain psychologist (Dr. Jennifer Steiner) and a full-time sleep psychologist (Dr. Sharon Shatil). We expect another full-time health psychologist to join the team in the near future. As the Health Behavior Coordinator, Dr. Ackerman is responsible for integration of health services into PC clinics, consistent with the Patient-Centered Medical Home model. Current services with Health Psychology include (but are not limited to) Chronic Pain Management, Nicotine Addiction Treatment, Sleep Disorder Treatment/ CPAP Desensitization, Cardiac Rehabilitation services, and Sexual Health services. Residents will have opportunities for both individual and group interventions in these areas. Veterans seen within these services may need assistance with lifestyle change in order to better manage their conditions, or they may be in need of therapy to address depression, anxiety, or emotional distress secondary to their medical condition. There will also be opportunities for psychological assessment of both veterans referred for pain management and of veterans with complex health concerns referred for diagnostic clarification. Residents also serve as liaisons between Health Psychology and multiple other departments through service on hospital committees and attendance in administrative meetings.

The Health Psychology rotation will provide training opportunities for the resident in all competencies identified earlier in this brochure as specific aims of the training program. Specific activities may vary to some degree based time of year and the resident's training needs and preferences:

1. **Research.** Residents will be expected to complete readings on health behavior change and evidence-based interventions for various health populations. Residents will be encouraged to take initiative when it comes to becoming familiar with the research and incorporating it into their practice as well as supervision. Residents will become familiar with various techniques used for program evaluations and assessment of patient change; these techniques will be informed by the current literature on these topics.
2. **Ethical and legal standards.** Residents will become familiar with ethical standards and legal guidelines for working within this clinical setting (VA, as well as working within medical clinics), including recognizing clinical and ethical dilemmas and appropriately seeking supervision on such issues, with increasing levels of autonomy. Supervisors will model ethical behavior. Residents are also expected to model appropriate ethical behavior in their role as supervisors for the interns and as junior colleagues.
3. **Individual and cultural diversity.** Residents will gain experience working with veterans with a wide array of cultural diversity (age, sex, race/ethnicity, sexual orientation, SES, cultural understanding of illness, etc.). Residents will work on incorporating awareness of both patient and provider variables into their conceptualization of veterans seen for individual appointments while on the health rotation; residents are expected to appropriately seek out more information autonomously and seek consultation when needed. Residents will be encouraged to be thoughtful about the way in which multicultural factors influence the patient's presentation and engagement in both psychological and medical treatment.
4. **Professional values, attitudes, and behaviors.** Supervisors will model appropriate and expected professional behavior and facilitate residents' development of their own professional identities. Residents will be expected to model this behavior as well in their role as supervisors for the interns and as junior colleagues.
5. **Communication and interpersonal skills.** Residents on the Health Psychology rotation will demonstrate an ability to communicate with professionals across disciplines using appropriate oral and written communications. This will be initially modeled by supervisors, however residents are expected to quickly graduate to greater levels of autonomy, seeking consultative guidance from supervisor when appropriate.
6. **Assessment.** Residents on this rotation will complete a variety of assessments related to various health psychology referral questions (pain psychology evaluations, sexual health evaluations, sleep psychology intakes, pre-surgical evaluations, etc.). The resident will have the opportunity to develop skills in targeted clinical interviewing, administration and interpretation of standardized measures of symptomology, and providing appropriate treatment recommendations based on these evaluations. Residents will be expected to demonstrate increasing levels of autonomy in regard to completing these assessments.
7. **Intervention.** While on the Health Psychology rotation, residents will have the opportunity to carry an individual caseload and lead groups. Opportunities are available for training in CBT-Insomnia (CBT-I), CPAP desensitization, CBT for Chronic Pain, ACT for chronic pain, and behavioral/health behavior change interventions for smoking cessation, sexual health concerns, and cardiovascular health/stress management.
8. **Supervision.** Residents may have the opportunity to supervise interns who have elected the Health Psychology rotation. Residents may supervise an intern on a group intervention (or co-lead a group intervention), or they may supervise individual health psychology cases.
9. **Consultation and interprofessional/interdisciplinary skills.** Residents will assist various medical staff (physicians, nurses, medical residents, etc.) with evaluation and treatment planning for medical patients whose status is affected by psychological and behavioral factors. Residents will learn how to effectively communicate this information to the referring provider in either verbal or written form (or both). An emphasis in this area will be learning how to communicate psychological information to professionals outside the field of psychology. This will be initially modeled by supervisors; however, residents are expected to quickly graduate to greater levels of autonomy, seeking consultative guidance from supervisor when appropriate.

#### **Health Psychology Emphasis Area Structure:**

As noted earlier in this brochure, residents spend 50% of their time in Health Psychology training activities for the entire training year. Residents also spend one day a week in the Women's Wellness

Primary Care/Mental Health Integration clinic for half the year, and one day a week on an elective minor rotation for half the year.

During the half of the year that the resident is engaged in services at the Women's Wellness Clinic, the resident will also be engaged in Health Psychology training experiences primarily based with the "AVC Team" (see below). During the other half of the year, the resident will be engaged in an elective minor one day a week and Health Psychology training experiences primarily related to the "Atlanta Team" offerings. Please note, there may be some flexibility within the structure.

Teams are comprised of two or more health subspecialty areas:

**Atlanta Team:** Emphasis on interventions for tobacco cessation, sexual health and dysfunction, and Cardiovascular disease. Services based primarily at the Atlanta VAMC.

**AVC Team:** Emphasis on evidence based treatments for chronic pain (CBT-CP, Acceptance and Commitment Therapy) and sleep-related disorders (CBT-I, IRT, CPAP Desensitization). Services based primarily at the Atlanta Veterans Clinic, located approximately four miles southeast of the VAMC.

#### **Atlanta Team Offerings:**

**Smoking Cessation Program:** Smoking is one of the leading causes of preventable death in the United States and there is a great demand within the Atlanta VA for tobacco cessation intervention. Psychology postdoctoral residents will lead a structured psycho-educational counseling program that emphasizes cognitive-behavioral interventions; residents may also supervise interns in this program. These groups provide experience with techniques of effective habit change, group facilitation, as well as increased familiarity with the medical consequences of smoking and other forms of tobacco use.

**Sexual Health Counseling:** Patients experiencing chronic illness often develop difficulties that impact their sexual functioning (e.g. diabetes, atherosclerosis). Various medical and psychiatric conditions may require medications that impede sexual functioning (e.g. SSRI's for depression, anti-hypertension medications, and medications prescribed for prostate conditions), while certain addictive behaviors (e.g. alcohol, tobacco, and other chemical dependencies) frequently interfere with sexual adjustment. Selected sexual functioning difficulties are referred for treatment on this rotation from around the Medical Center and residents will have the opportunity to learn about evaluating and treating such conditions as erectile dysfunction, premature ejaculation, impaired sexual desire, anorgasmia and compulsive sexual behavior disorders.

**Cardiology Consultation:** Cardiovascular disease is one of the leading causes of veteran morbidity and mortality. Health Psychology has established a consultation program with Cardiology Services to help identify veterans in need of making lifestyle changes through interventions including habit modification and wellness promotion. Clinical activities with this population of veterans may include: assessment and intervention for personality issues of relevance to cardiac rehabilitation specifically targeting hostility reduction and Type A Personality traits, depression management and anxiety reduction, preparation for stressful and invasive diagnostic procedures, family counseling and emotional support following surgical procedures including stent placement and bypass surgery, interventions to enhance compliance and adherence to recommended lifestyle changes, stress management and relaxation training, and sexual counseling within the context of cardiac rehabilitation. Residents working with Cardiology patients will have the opportunity to attend Cardiology Medical Rounds and consult closely with medical residents and attending physicians within that service line.

#### **AVC Team Offerings:**

**Chronic Pain Management/Pain Psychology Program:** Patients referred to the Psychology Pain Management program may present with pain of varying severity, which often has not fully remitted despite medical interventions. In addition to suffering from chronic pain conditions such as arthritis, fibromyalgia, chronic migraines, and varying degrees of structural spinal damage/degeneration, these patients may also present with co-morbid depression, anxiety, adjustment disorder, and/or substance abuse issues which complicate the clinical presentation. Residents will conduct individual pain-focused assessments, co-facilitate group interventions, and see pain patients for individual

psychotherapy. Primary treatment modalities include behavioral, CBT-CP, and Acceptance and Commitment Therapy (ACT) for chronic pain. Residents will be expected to handle a caseload of patients with greater levels of complexity than those seen by interns. Residents may also supervise interns on groups and/or individual pain psychology cases. Residents will also be engaged in conducting pre-surgical evaluations for pain patients who are candidates for Spinal Cord Stimulator Implants.

**Sleep Management Program:** A high percentage of veterans suffer from sleep disturbance: 50-53% with sleep apnea syndromes, and 40-50% with some form of insomnia. While Positive Airway Pressure (PAP) therapies are currently the best treatment for sleep apnea, many veterans report that they cannot tolerate the treatment due to anxiety. Residents will have the opportunity to evaluate veterans and provide individual desensitization treatment, which has been shown to increase tolerance of and compliance with PAP therapies. Additionally, residents may evaluate and conduct individual therapy for treatment of insomnia, nightmares, circadian rhythm sleep-wake disorder, and adjustment to narcolepsy, as well as conduct group intervention for insomnia. General treatments used are behavioral, cognitive behavioral, and mindfulness. Residents will be expected to handle a caseload of patients with greater levels of complexity than those seen by interns. Residents may also supervise interns on groups and/or individual sleep psychology cases.

**Pre-transplant Evaluation Consultation Service:** The completion of pre-transplant psychosocial evaluations for patients who have been referred by various specialty services occurs with selected patients for liver, kidney, lung, and bone marrow transplants. Residents may have the opportunity to perform some assessment of these candidates during the rotation. The transplant evaluations assess the psychological and psychosocial factors considered to be important predictors of successful transplant surgery and recovery including, treatment adherence, psychological stability, substance abuse, and social support. Evaluations involve a chart review and clinical interview. They also involve completing a report in which recommendations are made regarding a patient's appropriateness for transplant surgery, as well as recommendations regarding further services or behavioral changes that might enhance the patient's candidacy for a transplanted organ.

#### **Other Health Psychology Optional Opportunities**

In addition to the clinical health psychology opportunities described above, there are also opportunities for residents that present on an intermittent basis. These opportunities are not required, but may be considered if time allows.

**MOVE Program:** Residents may have the opportunity to co-lead MOVE groups with Health Behavior Coordinator. Behavioral group therapy is offered monthly to veterans enrolled within the MOVE program who desire assistance with obesity modification. Emphasis is placed on behavior change principles for weight loss. Selected veterans requiring or requesting individual therapy may be referred and will receive evaluation and behavioral therapy focusing on behavioral techniques to assist with weight loss.

**Motivational Interviewing Training:** Alongside the Health Behavior Coordinator, there will also be additional opportunities to conduct in-service workshops teaching Motivational Interviewing techniques to other healthcare staff, such as nurses and physicians.

## **FEMALE VETERANS PRIMARY CARE/MENTAL HEALTH INTEGRATION**

All psychology postdoctoral residents complete a six-month minor rotation (one day per week) in the Women's Wellness PC/MHI clinic.

The Women Veterans Health Program promotes the health, welfare, and dignity of women veterans and is a component of the Atlanta Primary Care Service, which has the largest number of women veterans (6200+) enrolled in VISN 7. The Women's Wellness Clinic in Atlanta encompasses a dedicated staff that provides primary care and gender-specific care for 3000 assigned female veterans. The clinic provides a wide range of services including general preventive medicine and specialty care services including STD screening, birth control planning, pregnancy screening and medical management, breast and cervical cancer screenings, gynecological care and menopausal management. It is multidisciplinary and utilizes the clinical expertise of a clinical psychologist, social worker, nutritionist and doctor of pharmacy as well as 5 physicians, 2 clinical practitioners and nursing staff. The clinic operates according to the Primary Care/Mental Health Integration model in which a co-located psychologist provides brief initial assessments, short-term individual therapy, and referrals to specialty mental health services. Postdoctoral residents working with the Women's Wellness Clinic will gain experience working with female veterans in individual and group therapy, as well as conducting initial assessments. Interventions may focus on mental health related issues, such as, military sexual trauma, chronic pain, domestic violence issues, grief, depression, anxiety and stress reduction, insomnia, as well as health concerns specifically related to females, including coping with infertility or unwanted pregnancy, care giving issues, and coping with diagnosis of diseases affecting women, such as cancer (i.e., breast, ovarian, uterine, etc.), heart disease, and sexually transmitted diseases.

The Women's Wellness PCMHI rotation offers training opportunities across many of the competency areas identified earlier in this brochure. Specific activities vary slightly by day, but may include:

- 1) **Research:** Residents will be provided with scholarly articles on the practice of PCMHI therapy and issues relevant to female veterans as part of their orientation to the rotation. They may be involved in related discussion as part of their supervision. Residents are encouraged to apply relevant research when implementing individual and group interventions.
- 2) **Ethical and Legal Standards:** Residents are expected to engage in ethical and legal behavior. Appropriate standards will be demonstrated by supervisors and residents will be assisted to recognize and address any ethical and legal dilemmas.
- 3) **Individual and Cultural Diversity:** Residents will have the opportunity to work with a diverse group of veterans and staff, and will be challenged to think critically about their own diversity variables as it relates to culturally competent care of female veterans.
- 4) **Professional Values, Attitudes, and Behaviors:** Residents are expected to behave professionally at all times. Appropriate values, attitudes, and behaviors will be modeled by supervisors.
- 5) **Communication and Interpersonal Skills:** Residents will hone professional communication skills with interdisciplinary professionals regarding care of veterans. They will additionally use these skills in appropriate documentation of all patient encounters in electronic medical records.
- 6) **Assessment:** Residents will enhance skills in conducting brief mental health screenings, providing diagnostic impressions based on brief assessments, and writing corresponding brief progress notes.
- 7) **Intervention:** Residents will have the opportunity to develop case conceptualization, treatment planning, consultative and referral skills. Residents will enhance clinical competence in providing short term psychotherapy on an outpatient basis and provide appropriate referrals and treatment recommendations for patients needing adjunctive care or specialized treatment. Residents are encouraged to implement a brief group intervention during their rotation.
- 8) **Supervision:** There are no opportunities for supervision training on this rotation.
- 9) **Consultation and Interprofessional/Interdisciplinary Skills:** Residents will have the opportunity to provide education and consultation to non-MH professionals to assist with veterans' medical care. Residents will also have the opportunity to participate as a member of a cohesive multidisciplinary treatment team including nurses, physicians, pharm Ds, nutritionists, social workers, etc.

## ***Other Training Activities***

**Elective Minor:** Residents select one minor rotation outside the emphasis areas, which will account for one day per week for half the year. Residents complete their elective rotation during the half of the training year when they are not active in the Women's Wellness Clinic. Options for elective minor rotations include the General Mental Health service (outpatient or inpatient), the Trauma Recovery Program (PTSD), the Substance Abuse Treatment Program, Geropsychology (outpatient or in the Community Living Center), Neuropsychology, Diversity, or Medical Inpatient Consult-Liaison. See the training brochure for the psychology doctoral internship at the Atlanta VAMC for descriptions of training opportunities available in these programs. Postdoctoral residents also have the option of proposing their own elective minor. Past years' residents have created elective minors in research, program development, and administration among other areas.

**General Therapy Cases:** In addition to the therapy cases seen in the emphasis areas and elective minor rotation, psychology postdoctoral residents are expected to carry a caseload of approximately three to five general (long- or short-term) individual, group, or couples/family psychotherapy cases. Cases are assigned by the Directors of Psychology Training and are supervised by members of the Training Committee with the goal of exposing residents to various theoretical orientations and areas of expertise.

**Assessments/Psychological Testing Consults:** Residents are required to complete a minimum of two general psychological testing cases during the training year. Consults are submitted by providers throughout the Mental Health Service Line and are assigned to residents by the Directors of Training, with supervision provided by a member of the Training Committee. The emphasis of this training experience is on enhancing general diagnostic, clinical interviewing, and overall assessment/testing skills. Each assessment case is unique and varies broadly along a spectrum of cognitive and personality evaluations. As such, there is no standard test battery or report format. Residents will also be expected to perform approximately 1-2 presurgical psychological evaluations per month of veterans who will be undergoing an organ or stem cell transplant, bariatric surgery, or other medical procedure (see description above, in Health Psychology).

**Supervision Training:** Each psychology postdoctoral resident is assigned one psychology doctoral intern to supervise on two general therapy cases throughout the training year. Residents may have additional opportunities for supervision of interns or psychology practicum students on the Health Psychology rotation. Residents are provided with supervision of supervision (1-2 hours per week), and attend the monthly Supervision Group for psychology training staff.

**Supervision Group** – The supervision group meets once per month and is comprised of members of the Psychology Training staff who supervise psychology doctoral interns. This group does not serve as an evaluation forum for tracking trainees' progress in the respective programs. Rather, it was established to discuss various issues that might arise in supervision (e.g., dual relationships, giving feedback to interns, how to initiate remediation plans, managing parallel processes, etc.), review relevant research in the field of supervision, and provide a forum for peer consultation.

**Clinical Supervision:** Postdoctoral residents are considered junior colleagues and are expected to demonstrate a considerable degree of autonomy and self-motivation. APA accreditation standards require that residents receive a minimum of two hours of individual face-to-face supervision from a licensed psychologist each week. Residents typically receive one hour of individual supervision per week on the Health Psychology rotation, and one hour per week from the Women's Wellness Clinic or elective rotation supervisor. Supervision of general therapy cases will be received from a third supervisor on a schedule determined based on the resident's demonstrated level of competency and training goals. Supervision of general assessment cases will be arranged based on the demands of the case and the resident's demonstrated level of competency. Supervision-of-supervision is offered in a group format for all the residents, usually for one hour per week.

**Didactics:** Residents are required to participate in three didactics, as described below, with additional elective didactic opportunities if desired.

**Health Didactic** – This didactic occurs biweekly and is presented by a diverse range of Mental Health and Medical staff on topics related to the assessment and treatment of various chronic illnesses, as well as the psychological correlates/implications of chronic medical problems. Topics have included HIV/AIDS, MS, hand transplantation, pharmacology, diabetes, addiction, cardiac, organ transplantation, and physical medicine and rehabilitation/ortho among others.

**Professional Development Seminar** – This didactic also occurs on a biweekly basis, alternated with the Health Didactic. Postdoctoral residents meet with the DOT's as well as other Psychology Training staff to discuss topics related to general professional development, adjusting to the transition of becoming an independent practitioner, preparing for the EPPP, licensure, updating a CV, etc.

**Multicultural Lunch & Learn** - The Diversity Education Committee for Psychology Training plans the monthly Multicultural Lunch & Learn Series. These lunch-time presentations are open to all psychology staff and are required for psychology Interns and Residents. As noted above, Residents may also serve on the DEC-PT and assist with the development of this series. Speakers address a variety of topics relevant to specific patient populations and to the promotion of multicultural competence (e.g., cultural perceptions of psychotherapy and psychotherapists, spirituality, LGBTQ/transgendered veterans, individuals from rural areas, aging, women's issues, etc.).

**Elective Didactics** – Residents have the option to attend several elective didactics, if they do not conflict with the residents' required activities. They may attend the Emory University Psychiatry Department's Grand Rounds, which occurs approximately every other week during Emory's academic year. Grand Rounds presentations cover a wide range of topics including summaries of current research, treatment techniques, and presentations from prominent figures in psychiatry and the behavioral sciences. They are presented by the Emory School of Medicine via teleconference to the Atlanta VA. Residents may also attend the weekly Psychiatry Case Conference presentations, which involve case presentation by an Emory psychiatry resident and live interview of an inpatient veteran by the resident's faculty discussant. Finally, postdoctoral residents may have the opportunity to attend a Neuropsychology Seminar featuring lectures on such topics as neuroanatomy, neuropathology, neuroradiology, and neurobehavioral syndromes.

**Teaching:** As junior members of the psychology training staff, residents are required to present on topics in their area of interest and/or expertise in at least two of the following didactic seminars: the psychology interns' Assessment Seminar, the psychology interns' General Seminar, and/or the Multicultural Lunch & Learn series. Residents may also serve as members of the Diversity Education Committee and assist with planning of discussion topics for the Multicultural Lunch & Learn and training activities for the interns' Multicultural Seminar series (part of their General Seminar). Alongside the Health Behavior Coordinator, there will also be additional opportunities to conduct in-service workshops teaching Motivational Interviewing techniques to other healthcare staff, such as nurses and physicians. Residents have also served on the Health Promotion and Disease Prevention committee for the Medical Center, which organizes annual campaigns for the flu shot, the Great American Smoke-Out, etc.

## ***Requirements for Completion***

### **Hours**

Postdoctoral residents must complete 2000 professional hours within the 52-week training year in order to complete the program. Residents are encouraged to maintain a record of their hours. Accrued paid leave time and authorized absences for professional development activities are counted toward the 2000 hour

requirement. Extensions of the training year may be allowable under extraordinary circumstances, (e.g., cases of unavoidable extended family or medical leave).

### **Demonstration of Competency**

As outlined above (see Program Structure, p.9), postdoctoral residents are continuously evaluated throughout the training year, with formal evaluations completed quarterly by all supervisors. Evaluation focuses on the successful demonstration of competency in the areas outlined in the Aims of the Program and Expected Competencies section above (pp. 4-9). Residents must demonstrate at least high competence in all areas by mid-year (meaning supervisors are still providing some management of the resident's activities) and at least advanced competence in all areas by end-of-year (meaning readiness for independent practice) in order to successfully complete the program.

### **Licensure**

Throughout the training year, much emphasis is placed on preparing postdoctoral residents for licensure and independent practice. Specifically, the Professional Development seminar incorporates topics related to the process of obtaining licensure, including completing the EPPP, preparing for the jurisprudence examination, and completing critical licensing board application materials in a timely fashion. At the completion of the program, postdoctoral residents will have completed in excess of the 1500 hours of supervised direct service experiences required for licensure in the State of Georgia, as well as all other jurisdictions that fall under the Association of State and Provincial Psychology Boards.

### **Atlanta VA Information**

Atlanta VA Medical Center (VAMC), a Joint Commission and Magnet®-designated medical facility, sits on 26 acres in Decatur, Georgia, just minutes from downtown Atlanta. The main medical center is a level 1A tertiary care facility providing patient-centered healthcare via an array of comprehensive medical, surgical, and geriatric specialty services, as well as state-of-the-art diagnostic testing throughout 14 sites of care. With 445 inpatient beds, including a 120-bed Community Living Center, a 40-bed domiciliary, and a 12-bed Residential Treatment Program, the Atlanta VAMC is uniquely positioned to serve the healthcare needs of more than 130,000 enrolled Veterans living in 50 counties across northeast Georgia. The Medical Center, also a teaching hospital, provides hands-on and state-of-the-art technology, education and research to residents in collaboration with Emory University School of Medicine and Morehouse School of Medicine.

In addition to comprehensive clinical services, the Medical Center has one of the largest VA research programs in the nation. The program is 1 of 13 national VA Rehabilitation Research and Development Centers and involves over 450 projects conducted by more than 140 principal investigators.

### **Psychology Training Setting**

The Atlanta VAMC is located in Decatur, Georgia, a few miles from downtown Atlanta. The Atlanta VA system also features more than 10 satellite clinics offering primary care, mental health, and some other specialty services to veterans throughout North Georgia. Psychology training is conducted primarily within the context of the Mental Health Service Line (MHSL), a multidisciplinary department including professionals from psychology, psychiatry, social work, and nursing. The mission of the MHSL is patient care, training and research. There are currently approximately 100 full-time psychologists on staff at the Atlanta VA Medical Center, with further growth anticipated. Approximately half of the staff psychologists serve on the Extended Training Committee, comprising both the core training staff and ancillary supervisors. These psychologists are distributed among the various treatment teams within the MHSL. These teams include the Mental Health Outpatient Clinic; Community Based Outpatient Clinics; Substance Abuse Treatment Program; Trauma Recovery Program; Geropsychiatry; Primary/Care Mental Health Integration, and the Mental Health Front Door. Psychologists on the Training Committee are also now embedded in other Service Lines within the Medical Center, including medical specialty clinics (e.g.,

sleep, pain), the Traumatic Brain Injury and Neuropsychology clinics, and the Community Living Center. Psychology training activities may take place in any of these settings, some of which are located at the VAMC and others of which are located at satellite clinics between 4 and 25 miles away from the VAMC. Residents participating in rotations based at offsite locations spend full days at those locations, and are not expected to travel between sites in the course of a business day.

In addition to the postdoctoral residency, the Atlanta VA offers an APA-accredited psychology doctoral internship program, as well as advanced practicum training for local psychology doctoral students from programs including Emory University, Georgia State University, and the University of Georgia. Residents have the opportunity to provide supervision to these junior trainees.

**Patient Population**

While the VA patient population is predominantly adult male (see population data above, with the Diversity Statement), there are ample opportunities for clinical work with women and occasionally with married couples and families. Interns work with patients who differ in race, socioeconomic status, sexual orientation, physical ability, education, and degree of psychopathology among numerous other diversity variables. Psychological services are provided to veterans receiving medical, surgical, and psychiatric care in both inpatient and outpatient settings. Among the mental health patients, interns will encounter a wide range of psychopathology including depression, anxiety, substance abuse, PTSD, schizophrenia, bipolar disorder, and personality disorders. In the area of medicine and surgery, there are opportunities to work with conditions such as neurodegenerative disorders and other neurological disorders, chronic pain, addictions, sexual dysfunction, smoking cessation, cardiac rehabilitation, palliative care, geriatrics, and HIV/AIDS.

**Unique Veterans Seen during Fiscal Year 2015**

<b>Total Veterans at Atlanta VAMC and Associated Clinics</b>	100,454
<b>Veterans seen by Mental Health Service</b>	27,123
<b>Sex</b>	
Female	18.5%
Male	81.5%
<b>Age</b>	
<25	1.1%
25-34	14.4%
35-44	13.9%
45-54	22.2%
55-64	24.3%
65-74	20.5%
75-84	2.7%
>84	0.9%

**Race**

Unknown	2.9%
American Indian or Alaskan Native	0.4%
Asian	0.3%
Black or African American	58.5%
Declined to Answer	2.1%
Multiple	1.8%
Native Hawaiian or Pacific Islander	0.3%
White	33.9%

***Local Area Information***

The metropolitan Atlanta area has a growing population of more than 6 million, is a major convention center, and hosts major league sports franchises in football, baseball, and basketball. The city and the surrounding area have undergone phenomenal growth in recent years. Atlanta is internationally known for its Symphony Orchestra, the Carter Center, and the Martin Luther King Center. It is also the home city of CNN, Coca-Cola, Delta Airlines, and the Home Depot, among other major corporations. Atlanta hosted the Olympic Games in 1996, and has hosted the Super Bowl, the NBA All-Star Game, Major League Baseball's All Star Game, and the NCAA Final Four. In recent years, Atlanta has been developing a reputation as the "Hollywood of the South" thanks to the burgeoning presence of the television and film industry. Multiple major motion pictures and TV shows are filmed locally, including AMC's "The Walking Dead," the CW's "The Vampire Diaries," recent installments of the "Hunger Games" and "Avengers" movie franchises, and the productions of Tyler Perry Studios.

The Atlanta area is rich in resources for medical research and treatment. Close to the VAMC are Emory University, the Centers for Disease Control, Children's Healthcare of Atlanta, and other clinical and educational facilities. Professional seminars and workshops are offered year round in the private sector and may offer reduced tuition fees to residents.

***Facility and Training Resources***

Residents have full access to the same level of clerical and technical support as staff psychologists. They are provided computers that have full access to the hospital network, Microsoft Office, and access to the internet. Printers and secure fax machines are readily available in all treatment areas of the hospital. Support staff is available to assist residents in scheduling appointments, administrative tasks, coordination of multimedia equipment, and negotiating the Medical Center's bureaucracy. Residents have access to technical support for their computers and telephones through the Information Technology Service, a representative of which works within the Mental Health Service Line (MHSL) and is available by phone or email.

The VA network has a number of psychological tests available to be computer administered. In addition to this, the psychology staff has an extensive bank of tests and test materials. Residents are also able to use the Medical Center's library, which provides them with access to computer-based resources, a good variety of in-house materials, and almost unlimited access to materials available through affiliation with other libraries. Professional journals are available online via a link with the Emory University Library. Multimedia equipment, including video and audio machinery, can be accessed through the Medical Media Service.

Each postdoctoral resident has a private office, located on the 5<sup>th</sup> floor of the Medical Center. Resident offices are equipped with desks, computers, phones, and locked cabinets to secure sensitive information and personal belongings. While space at the Atlanta VA Medical Center is always in high demand, residents are always provided with sufficient clinical and administrative space. Conference rooms and group therapy rooms throughout the Medical Center are used for group sessions and training seminars.

## ***Training Staff***

The Core Postdoc Training Committee is comprised of the Directors of Training, the supervisors for the emphasis area rotations, the supervision-of-supervision leader, the DEC-PT Chair(s), the seminar coordinators, and the Psychology Executive. Biographical summaries for the Core Postdoc Training Committee members are included below. The Core Postdoc Training Committee is a subset of the Extended Training Committee, a group of approximately 50 licensed psychologists who have been approved for involvement in the training program.

### **Core Postdoc Training Committee Members (2016-2017):**

**MARK D. ACKERMAN, Ph.D. – Health Psychology Supervisor** – (Counseling Psychology, University of Missouri, 1982) is the Health Behavior Coordinator and provides a broad range of health psychology and wellness promotion services at the Medical Center. He directs the nicotine dependence treatment program and offers group therapy and consultative services for smoking cessation, chronic pain, anger management, sexual health, cardiovascular wellness, sleep management, and weight management. Ongoing funded research projects include nicotine dependence and sexual health. He supervises Health Psychology trainees of all levels (practicum students, interns, and postdoctoral residents)..

**CATHERINE G. DEERING, Ph.D., ABPP – Supervision of Supervision** – (Clinical Psychology, University of Rhode Island, 1991) is a part-time consulting psychologist at the Atlanta VA, a Professor of Psychology at Clayton State University, and Adjunct Associate Professor at the Emory University School of Medicine. She is Director of the Southeastern Region of the American Board of Clinical Psychology. Her professional interests include group therapy training, family therapy, and teaching. She leads the weekly supervision-of-supervision group for the postdoctoral residents focused on their work with the psychology interns.

**DEBRA GEISEL, Psy.D –Supervisor, Primary Care Mental Health Integration- Women’s Wellness** - (Clinical Psychology, Georgia School of Professional Psychology, 2014) is a Primary Care/Mental Health Integration (PCMHI) psychologist in the Women’s Wellness clinic. She provides initial mental health screenings, brief individual and group therapy, and provides consultative services within a team focused on women’s health issues. Her professional interests include working with female veterans, trauma, grief, and supervision and training. Dr. Geisel completed her doctoral internship and postdoctoral residency at the Atlanta VAMC. She is a former Board member of the Georgia Psychological Association.

**REGINA KOEPP, PsyD, ABPP – Acting Chair of the DEC-PT** – (Clinical Psychology, PGSP-Stanford Consortium, 2009) is a clinical psychologist on the Geropsychiatry Team where she conducts psychodiagnostic assessments and provides brief and long-term individual, couples, and family psychotherapy, as well as group psychotherapy. In this role, she also conducts capacity evaluations, and provides consultative services to various clinics throughout the hospital. In her work with the Diversity Education Committee for Psychology Training (DEC-PT) she co-facilitates the Pre-doctoral Internship’s Diversity Seminar series. Dr. Koepp is also the Acting Chair of the Atlanta VA Psychology Professional Standards Board and a member of the Atlanta VA Dementia Committee. Her professional interests include gero-psychology, adjusting to complex and life altering illness, grief and bereavement, couples and family psychotherapy, long-term psychotherapy, PTSD, multicultural competence and social justice, and supervision and training.

**EVELYN A. LEMOINE, Ph.D. – Co-Director of Psychology Training** – (Clinical Psychology, Nova Southeastern University, 2005) is a clinical psychologist and Co-Director of Psychology Training for both the APA-accredited internship and postdoctoral residency training programs. Clinically, she serves as the assessment psychologist for the Mental Health Service Line, performing pre-employment and annual psychological evaluations for police officers, compensation and pension examinations, and mental health clearance evaluations for bariatric patients, transplant candidates, and transgender patients. She also coordinates and supervises psychological testing cases for the trainees. Her professional interests include anxiety disorders, psychological assessment, supervision and training.

**MIKE MARTIN, Ph.D. – Psychology Executive** – (Counseling Psychology, Auburn University, 1999) serves as Psychology Executive for the Atlanta VA Medical Center. His interests include administration and leadership, clinical supervision, Primary Care/Mental Health Integration, telehealth, ethics, neuropsychology, and psychological adjustment to trauma and disability. He provides group supervision, individual supervision, didactic presentations, and testing supervision to psychology trainees.

**ANDREA B. MICHELS, Ph.D. – Co-Director of Psychology Training** – (Clinical Psychology, Florida State University, 2006) is a psychologist with the Trauma Recovery Program's PE/CPT team and Co-Director of Training for both the internship and postdoctoral training programs. She conducts diagnostic evaluations and provides individual and group psychotherapy and psychoeducation services, and leads a weekly PE/CPT peer consultation group. While her current work focuses on the treatment of combat-related PTSD in veterans of all eras of service, other clinical and research interests include major depression and suicide. Dr. Michels also coordinates general therapy case assignments for interns and postdoctoral residents. In all her work she is committed to the utilization of a scientific approach to psychology, including the prioritization of empirically supported treatments. Dr. Michels is a former Atlanta VA intern and Emory University postdoc.

**SHARON R. SHATIL, Ph.D. – Health Psychology Seminar Coordinator and Sleep Psychologist** – (Clinical Psychology, Marquette University, 2012) is a Clinical psychologist in the Sleep Medicine Clinic and part-time in the Integrative Health and Wellness Clinic. She provides assessment and treatment of problems with insomnia, nightmares, and CPAP use. Dr. Shatil coordinates the Health Psychology Seminar series for the postdoctoral residency and supervises residents and interns in psychotherapy. Her professional interests, other than health psychology, include mindfulness and 3<sup>rd</sup> wave behavioral approaches to psychotherapy, multiculturalism, the very broad area of trauma, and supervision and training. She is an active member of the Diversity Education Committee for Psychology Training. Dr. Shatil completed her internship and residency at the Atlanta VAMC.

**CHRISTIE T. SPENCE, Ph.D. – Professional Development Seminar Coordinator** – (Clinical Psychology, Washington University in St. Louis, 2012) is a Primary Care/Mental Health Integration (PCMHI) psychologist at the Fort McPherson CBOC. As a PCMHI psychologist, she performs brief diagnostic evaluations, provides consultative services, and conducts short-term psychotherapy with patients in the Primary Care setting. Dr. Spence coordinates the Professional Development Seminar Series for the postdoctoral residents and is also a member of the Diversity Education Committee for Psychology Training (DEC-PT). She is also supervisor of the PCMHI rotation. Her interests include personality assessment, brief therapy, supervision, and training. She completed her doctoral internship at the Memphis VAMC and her postdoctoral residency at the Atlanta VAMC.

**JENNIFER L. STEINER, Ph.D. – Pain Psychologist and Multicultural Lunch & Learn Co-Chair** - (Clinical Psychology, Indiana University-Purdue University, Indianapolis, 2013) is a Clinical psychologist in the Physical Medicine & Rehabilitation Clinic; her work focuses primarily on the psychological and behavioral management of chronic pain. Dr. Steiner provides both group and individual interventions using psychoeducation, CBT, and Acceptance and Commitment (ACT). She supervises residents and interns in both individual and group interventions, as well as pain evaluations. Her professional interests outside of chronic pain and health psychology include working with female veterans, ACT, research/program development, and supervision and training. Dr. Steiner is currently the Co-Chair of the Multicultural Lunch & Learn series and participates as a member of the Diversity Education Committee for

Psychology Training. Dr. Steiner completed her doctoral internship at the Salem VAMC in Virginia and postdoctoral residency at the Atlanta VAMC.