Psychology Postdoctoral Residency
Atlanta VA Health Care System
1670 Clairmont Rd., Decatur, GA 30033
http://www.va.gov/atlanta/

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Application Deadline: January 1, 2020, 11:59pm EST

General Information
The Atlanta VA Health Care System has three permanently funded postdoctoral resident positions in Health Service Psychology for 2020-2021. For the past several years we have been able to secure 1-2 additional funded positions, but we cannot guarantee availability of any additional positions prior to the UND.

All positions are generalist in nature. Two positions have a major emphasis in Health Psychology. The remaining positions will have a major emphasis in General Mental Health or Female Veterans’ Mental Health, depending on the applicant pool. 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 Health Care System 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 Health Care System begins in August and runs for 52 consecutive weeks. VA pay periods officially run from Sunday to Saturday. The anticipated official start date for the 2020-2021 training year is therefore Sunday, August 16, 2020. Residents will report for duty on Monday, August 17, 2020. The anticipated final workday of the training year will be Friday, August 13, 2021. 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 VA Health Care System is Monday through Friday, 8:00am to 4:30pm.

Postdoctoral Residency Admissions, Support, and Initial Placement Data

Postdoctoral Residency Program Tables (updated 6/19/19):

Postdoctoral Program Admissions:

<table>
<thead>
<tr>
<th>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 resident selection and practicum and academic preparation requirements:</th>
</tr>
</thead>
<tbody>
<tr>
<td>All submissions received from applicants meeting the eligibility criteria for VA training outlined below will receive a full review. Best fit qualities include high quality generalist doctoral and internship training, as well as interest and experience in at least one of the available emphasis areas. Prior VA training is a plus, but not a requirement. 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. If the dissertation has not been defended by July 1, 2020, we will consider the requirements for an on-time start of the residency to be unmet and the position will not be held, no exceptions. Selection for the residency is considered provisional until all requirements for the doctoral degree are met. Offers will be revoked if the degree requirements are not completed in a timely fashion (including the time required for onboarding through Human Resources prior to the start date). Interested applicants should submit their materials online via APPIC’s centralized application service (APPA-CAS). Completed applications must include:</td>
</tr>
<tr>
<td>1. A cover letter that describes your postdoctoral training goals, perceived fit with our program, internship completion date, and to which emphasis area(s) you are applying. 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.</td>
</tr>
<tr>
<td>2. A current curriculum vitae.</td>
</tr>
<tr>
<td>3. An official transcript from your doctoral program.</td>
</tr>
</tbody>
</table>
4. Three letters of recommendation from supervisors who are directly familiar with your clinical work. At least one letter must be from an internship supervisor.

5. 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 under that circumstance.

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, 2020 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 main medical center in February 2020.

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, Monday 2/24/20. 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 would like to request a reciprocal offer, should contact both Drs. Burns and Lemoine via email. Applicants who receive offers from the Atlanta VA will be allowed to hold regular (non-reciprocal) offers for a period of 4 hours. Applicants will be notified as soon as they are no longer under consideration and when all positions have been filled.

For questions about the application process or the training program please contact the Co-Directors of Training at andrea.burns@va.gov and/or evelyn.lemoine@va.gov.

Describe any other required minimum criteria used to screen applicants:

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:
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.

Financial and Other Benefit Support for the Upcoming Training Year:

Annual Stipend/Salary for Full-time Residents: $48,422
Annual Stipend/Salary for Half-time Residents: n/a

<table>
<thead>
<tr>
<th>Program provides access to medical insurance for resident?</th>
<th>Yes</th>
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<tbody>
<tr>
<td>Trainee contribution to cost required?</td>
<td>Yes</td>
</tr>
<tr>
<td>Coverage of family member(s) available?</td>
<td>Yes</td>
</tr>
<tr>
<td>Coverage of legally married partner available?</td>
<td>Yes</td>
</tr>
<tr>
<td>Coverage of domestic partner available?</td>
<td>No</td>
</tr>
<tr>
<td>Hours of Annual Paid Personal Time Off (PTO and/or Vacation):</td>
<td>104 (accrued)</td>
</tr>
<tr>
<td>Hours of Annual Paid Sick Leave:</td>
<td>104 (accrued)</td>
</tr>
</tbody>
</table>

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: Federal holidays. Optional dental/vision and life insurance. Paid leave for professional development (e.g., dissertation defense). See also: [https://www.psychologytraining.va.gov/benefits.asp](https://www.psychologytraining.va.gov/benefits.asp)

Initial Post-Residency Positions:

<table>
<thead>
<tr>
<th>2015-2018</th>
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<tbody>
<tr>
<td>Total # of residents who were in the 3 cohorts</td>
</tr>
<tr>
<td>Total # of residents who remain in training in the residency program</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Community mental health center</td>
</tr>
<tr>
<td>Federally qualified health center</td>
</tr>
<tr>
<td>Independent primary care facility/clinic</td>
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</tbody>
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Diversity Statement

The Atlanta VA Health Care System serves veterans who represent a wide variety of diversity dimensions 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 is deeply committed to the appreciation of diversity and the development of multicultural competence/humility. During the training year, trainees develop awareness, knowledge, and skills to enhance multicultural competence/humility 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 from 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 competence/humility, 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 comprised 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 and professional work. In conjunction with the Core Internship Training Committee, the DEC-PT facilitates the Multicultural Lunch and Learn series, the Multicultural Seminar series for interns, and the rotation in Diversity. See the section Didactics for descriptions of all educational activities.

Program Structure

Orientation
Residents begin the training year with several days of orientation to the VA, the main 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 Health Care System, 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.

**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. 5), 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 below (pp. 10-13). 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.

**The Training Facility**

The Atlanta VA Health Care System, 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 VA 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 VA 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 Health Care System. 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; Inpatient Psychiatry; and the Mental Health Front Door. Psychologists on the Training Committee are also embedded in other Service Lines within the Health Care System, 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 VA and others of which are located at satellite clinics between 4 and 25 miles away from the main hospital. Interns choosing to participate 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 doctoral internship, the Atlanta VA offers an APA-accredited psychology postdoctoral residency 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.

**Patient Population**
While the VA patient population is predominantly adult male, 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.

See below for the 2017 patient population demographics for the Atlanta VA:

**2017 MHSL Demographic Data: 34,500 Unique Visits**

<table>
<thead>
<tr>
<th>Age</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;25</td>
<td>0.64%</td>
</tr>
<tr>
<td>25-34</td>
<td>13.24%</td>
</tr>
<tr>
<td>35-44</td>
<td>15.09%</td>
</tr>
<tr>
<td>45-54</td>
<td>21.28%</td>
</tr>
<tr>
<td>55-64</td>
<td>24.44%</td>
</tr>
<tr>
<td>65-74</td>
<td>20.84%</td>
</tr>
<tr>
<td>75-84</td>
<td>3.37%</td>
</tr>
<tr>
<td>85+</td>
<td>1.11%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gender</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>20.59%</td>
</tr>
<tr>
<td>Male</td>
<td>79.41%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Race</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian or Alaska Native (s)</td>
<td>0.66%</td>
</tr>
<tr>
<td>Asian (s)</td>
<td>0.46%</td>
</tr>
<tr>
<td>Black or African American (s)</td>
<td>61.05%</td>
</tr>
<tr>
<td>Declined to Answer</td>
<td>3.03%</td>
</tr>
<tr>
<td>Native Hawaiian or Other Pacific Islander</td>
<td>0.67%</td>
</tr>
<tr>
<td>Unknown by Patient (s)</td>
<td>1.11%</td>
</tr>
<tr>
<td>White (s)</td>
<td>31.82%</td>
</tr>
<tr>
<td>Unanswered</td>
<td>1.2%</td>
</tr>
</tbody>
</table>

**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, soccer, 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 2019 Super Bowl in the brand new Mercedez-Benz stadium, the third time the city has hosted that event. Atlanta hosted the Olympic Games in 1996, and has hosted the NBA All-Star Game, Major League Baseball's All-Star Game, and the NCAA Final Four. In recent years, Atlanta has developed 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 Netflix’s “Stranger Things,” AMC’s “The Walking Dead,” the CW’s “The Vampire Diaries,” 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 VA 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 interns.

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 Health Care System'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.

For the 2020-2021 training year, two postdoctoral residents will have a private office, and two will share an office. All offices are located on the 5th 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 Health Care System 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.

Aims of the Training Program and Expected Competencies

The primary aim of the Atlanta VA Health Care System'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.

In accordance with these aims, the psychology postdoctoral residency program at the Atlanta VA Health Care System 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 INTEGRATION OF SCIENCE AND PRACTICE:

Objective 1A: Seeks Relevant Literature
The postdoctoral resident demonstrates the independent ability to seek and obtain scientific literature relevant to clinical practice. The resident reads and demonstrates comprehension of available literature.

Objective 1B: Critical Scholarship
The postdoctoral resident demonstrates the independent ability to critically evaluate scientific literature as demonstrated in discussions with supervisors and/or performance in journal clubs, didactics, etc.

Objective 1C: Dissemination of Scholarly Work
The postdoctoral resident demonstrates the independent ability to effectively disseminate research or other scholarly work at the local, regional, or national level (e.g., in case conferences, didactics, supervision, team meetings, and/or via presentation at meetings and conferences).

Relevant Training Activities: Postdoctoral residents are required to present on topics of their own choosing in at least two seminars for the Atlanta VA Health Care System’s psychology doctoral interns. Presentations may be given in the interns’ General Seminar, the Assessment Seminar, or the Multicultural Lunch and Learn series. Residents participate in didactics 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: Residents participate in ethics-themed seminar presentations in the context of the Postdoc Seminar. Residents 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 intern/postdoctoral resident demonstrates a pursuit of knowledge or expressed understanding of how his/her/their own personal/cultural history, privilege, attitudes, and biases may affect how he/she/they understands and interacts with people different from himself/herself/themselves. This understanding should be demonstrated through ongoing self-
assessment, self-reflection in supervision and assessments, experiential exposures, and consulting relevant literature followed by conscious efforts to adjust as needed (if needed, please see accompanying supervision guide to aid in evaluation).

**Objective 3B: Knowledge of Current Professional Standards for Diversity**
The intern/postdoctoral resident demonstrates a pursuit of knowledge or discussion of current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities. Additionally intern/postdoctoral resident is knowledgeable of the general principles of the current American Psychological Association (APA) Ethical Principles of Psychologists and Code of Conduct (especially Principles D: Justice and Principle E: Respect for People’s Rights and Dignity), APA’s 2017 Multicultural Guidelines, and any diversity and cultural competency guidelines for working with specialty populations.

**Objective 3C: Case Conceptualization and Treatment Planning**
The postdoctoral resident demonstrates the ability to independently apply their knowledge and effectiveness in working with the range of diverse individuals and groups encountered during residency, in addition to having the ability to tailor to the learning needs and opportunities consistent with their emphasis area (i.e. Female Veterans, Healthy Psychology, and General Mental Health tracks). The postdoctoral resident demonstrates the ability to apply a theoretical and therapeutic framework to inform case conceptualization for working effectively with multiple areas of individual and cultural diversity, especially those not previously encountered over the course of his/her/their career. The postdoc discusses these issues and/or seeks appropriate guidance in applying framework in supervision and consultation. The postdoc demonstrates an ability to discuss and apply cultural awareness and diversity knowledge as it intersects with unique characteristics of the treatment population of focus.

**Objective 3D: Direct Clinical Practice**
The postdoctoral resident demonstrates the ability to apply awareness and knowledge of individual and cultural differences in the conduct of professional roles. The postdoc demonstrates the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews are similar or different from his/her/their own. This may be demonstrated through observation of direct patient-postdoc interaction, observation of interaction with other providers and staff members, and through discussion in supervision and/or consultation.

**Relevant Training Activities:** Residents participate in diversity-themed seminars in the context of the postdoc seminar and they attend and participate in the monthly Multicultural Lunch and Learn Series. Residents 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. Residents 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.

Relevant Training Activities: Postdocs are required to complete at least two general psychological testing cases during the training year and may complete additional assessments in their emphasis areas (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. Residents 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.

Relevant Training Experiences: Residents may engage in psychological interventions including individual and group psychotherapy, psychoeducation, and family/couples services. Intervention training activities are prominent in the 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 resident is assigned one psychology doctoral intern to supervise on two general psychotherapy cases throughout the training year. Residents participate in a weekly supervision-of-supervision group regarding their work with their supervisees. Residents also attend a monthly Supervision Group for training program staff. Resident’s may also have the opportunity to supervise a practicum student on their rotations depending on schedule and location.

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

Training Activities
Residents spend a minimum of two days per week throughout the training year in emphasis area-related training activities. The remaining time is spent in generalist training activities, including the option of an elective minor rotation, general psychotherapy cases, general psychological testing cases, didactics, and supervision of interns.

HEALTH PSYCHOLOGY EMPHASIS
Primary Supervisor – Jennifer Steiner, Ph.D., ABPP

Health Psychology services at the Atlanta VAHCS are currently provided by the Health Behavior Coordinator for the Health Care System, and several Health Psychologists working in multiple different areas and subspecialties throughout the hospital. Currently, we have Health Psychology Training Staff
present in Pain Psychology (Jennifer Steiner, PhD ABPP-CHP; Jennifer Delventura, PhD ABPP-CHP), Sleep Psychology (Sharon Shatil, PhD), and Cardiac Psychology/Cardiac Rehabilitation (Maggie Johnson, PhD). The Health Psychology team is a vibrant team that is continuously growing and expanding, and we currently offer training experiences in areas outside of and in addition to those specialty areas mentioned above.

At the postdoctoral level, the Health Psychology emphasis allows for a variety of experiences within health psychology including chronic pain management, cardiac rehabilitation, nicotine cessation, sleep disorder treatment/CPAP desensitization, and weight management. Postdoctoral residents will have opportunities for both individual and group interventions in some (though not all) of these areas. Veterans seen within these services may need assistance with making behavior 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 veterans referred for pain management and other complex health concerns referred for diagnostic clarification and treatment planning. Additionally, there may be opportunities for residents to complete pre-surgical evaluations for veterans who are candidates for a variety of surgical procedures (organ transplant, bariatrics, spinal cord stimulators). An important role for postdoctoral residents within the Health Psychology emphasis is to serve as liaisons between Health Psychology and multiple other departments throughout the hospital.

Specific activities that make up the postdoctoral resident’s experience may vary from individual to individual based on time of year and the individual resident’s training needs, goals, and preferences and will be determined at the outset of the training year in collaboration with the Directors of Training. Postdoctoral Residents in the Health Psychology Emphasis Area who express a desire to pursue Board Certification in Clinical Health Psychology will be given the opportunity to develop a training plan that aligns with this goal.

At the postdoctoral level, the Health Psychology Emphasis Area will provide training opportunities for the resident in all competencies identified earlier in this brochure as specific aims of the training program.

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, 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, 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 supervision 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:**
Residents in the Health Psychology emphasis spend at least 50% of their time in Health Psychology training activities for the entire training year. As stated earlier, the way in which a postdoctoral resident’s time is allocated will depend on the individual’s training needs and career goals and will be determined at the outset of the training year when a training plan is developed in collaboration with the Directors of Training.

**Health Psychology Specialty Clinics/Rotations:**

**Cardiac Psychology Program/Cardiac Rehabilitation – Supervisor: Maggie Johnson, Ph.D.** (based at Medical Center): Cardiovascular disease is one of the leading causes of veteran morbidity and mortality. Residents on this rotation will spend majority of their time assisting veterans in making healthy lifestyle changes and providing psychoeducational lectures on wellness promotion for outpatient and inpatient cardiology patients. Residents will also participate as a “Health Coach” for veterans within a home-based cardiac rehabilitation program, one of only 35 programs within VHA. Studies show that only 20% of eligible patients participate fully in cardiac rehab services, home-based services aim to help increase participation among veterans. Residents will conduct psychological assessment of patients entering cardiac rehabilitation within a team setting and provide motivational enhancement and behavioral health interventions to assist veterans throughout the program. Clinical activities may also include: assessment and intervention for hostility reduction/anger, depression and anxiety, stress management and relaxation training, interventions to increase medical compliance, preparation for stressful and invasive diagnostic procedures, family counseling and emotional support following surgical procedures, such as ICD or stent placement and bypass surgery, and sexual counseling within the context of cardiac rehabilitation. Residents may also co-facilitate a long-term psychotherapy group for veterans with heart disease and other chronic health conditions. Additionally, residents will have the opportunity to learn HeartMath, a scientifically validated biofeedback intervention, to assist veterans in stress management and decreasing cardiovascular risk factors, such as high blood pressure. Residents working within this program will have the opportunity to attend weekly multidisciplinary cardiac rehabilitation team meetings.
with cardiologists, physician assistants, exercise physiologists, nurse practitioners, and medical residents. Program development and medical consultation is an integral part of this rotation.

**Chronic Pain Management/Pain Psychology Program – Supervisors: Jennifer Steiner, Ph.D., ABPP; Jennifer Delventura, Ph.D., ABPP** (based primarily at Atlanta Veterans Clinic but opportunities also available at the Medical Center): 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 may participate in a wide variety of activities including conducting individual pain-focused assessments, co-facilitating group interventions, and providing individual pain-focused psychotherapy. Primary treatment modalities include Cognitive Behavioral Therapy for Chronic Pain (CBT-CP), and Acceptance and Commitment Therapy (ACT) for chronic pain. Postdoctoral residents may also have the opportunity to participate in the Interdisciplinary Complex Pain Clinic, which is a partnership between Pain Psychology and Anesthesiology Pain Management (this experience is dependent on availability). 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 – Supervisor: Sharon Shatil, Ph.D.** (based at Atlanta Veterans Clinic): 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.

**Smoking Cessation Program –** (based at Medical Center): 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. 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.

**Pre-transplant and Bariatric Evaluation Consultation Service – Supervisor: Evelyn Lemoine, Ph.D.** (locations vary): The completion of pre-transplant and bariatric 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 will also have the opportunity to perform bariatric evaluations for veterans who meet the VA requirements for the procedure. The evaluations assess the psychological and psychosocial factors considered to be important predictors of successful surgery and recovery including, treatment adherence, psychological stability, substance abuse, and social support. Evaluations involve a chart review, clinical interview, and mental status exam. They also involve completing a report in which recommendations are made regarding a patient’s appropriateness for surgery, as well as recommendations regarding further services or behavioral changes that might enhance the patient’s candidacy for the surgery.

**Other Health Psychology Optional Opportunities:**
In addition to the clinical health psychology opportunities described above, there are also opportunities for residents that present in didactics and staff trainings 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 EMPHASIS

Postdoctoral training in the Female Veterans emphasis area will include one day in the Women’s Wellness Primary Care Clinic and one day with the Military Sexual Trauma Team in the Trauma Recovery Program. Postdoctoral residents will spend one day in each clinic for 12 months to allow for depth of training and increased autonomy over the course of the training year.

Women’s Wellness Primary Care/Mental Health Integration – Supervisor: Debbie Geisel, Psy.D.

Women’s Wellness Clinic: The Atlanta VA Medical Center provides care to more women veterans than any other VA facility in the country and the Women’s Wellness Primary Clinic staff provides primary care and gender-specific care for 3100 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, menopausal management, and breast and cervical cancer screenings. Clinic providers also collaborate with specialty clinics or community providers regarding gynecological care, prenatal care, and infertility concerns. Residents working with the Women’s Wellness Clinic will gain experience working with female veterans in group and individual therapy, as well as conducting initial screenings. Interventions may focus on general health and mental health related issues, such as chronic pain, depression, anxiety and stress reduction, as well as health concerns specifically related to females, including coping with unwanted pregnancy, infertility, care giving issues, and coping with diagnosis of diseases such as cancer, heart disease, and sexually transmitted diseases. All presenting veterans are screened for a history of military sexual trauma and residents will become familiar with this screening and making appropriate treatment referrals. Postdoctoral residents are valued team members and will be trained in clinical and administrative functions associated with the role of a PCMH psychologist and have the opportunity to develop and facilitate a short-term coping skills group of a topic of their choice that is relevant to the female veteran population. Residents will have the chance to consult directly with other clinic staff including physicians, nurses, social worker, nutritionist, and pharmacist and will be encouraged to participate in female veteran outreach opportunities (as available and coordinated with overall postdoctoral responsibilities).

Trauma Recovery Program: Military Sexual Trauma Team – Supervisor: Meghna Patel, PhD, ABPP

The MST team provides assessment and treatment services to veterans who have a history of military sexual trauma, and many of them also present with childhood abuse and a variety of adulthood traumas. The majority of patients are female veterans, though the team also serves male veterans. Postdoctoral residents will have the opportunity to participate in both assessment and treatment services on the team. In terms of the assessment experience, residents will be taught how to effectively assess for PTSD and how to complete comprehensive clinical interviews. Throughout the training year, residents will learn evidence-based practices for PTSD, including Cognitive Processing Therapy and Prolonged Exposure and will be expected to provide both of these interventions in individual therapy during the course of training. Furthermore, residents will serve on a multidisciplinary team comprised of psychiatrists, psychologists, social workers, and psychology and social work interns. On the team, residents will be encouraged to provide consultation and gain knowledge of how to work in a multidisciplinary team.
Training with the Dialectical Behavior Therapy (DBT) team may be considered as an elective for residents in addition to the required day working with the MST team. If chosen, a DBT training experience will be formatted to match the resident’s existing skill-set.

The Female Veterans Emphasis area offers training opportunities across many of the competency areas identified earlier in this brochure. Specific activities vary slightly by day on the rotations, but may include:

1) **Research:** Residents will be provided with scholarly articles on the practice of therapy within each rotation and issues relevant to female veterans. Relevant literature 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 and other diversity factors such as age, race/ethnicity, sexual orientation, SES, trauma history, and religion.

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 practice professional communication skills with interdisciplinary staff 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 assessments appropriate to each rotation (e.g. brief screenings on PCMHI and comprehensive intakes with MST team), providing diagnostic impressions, utilizing relevant measures, treatment planning, and completing corresponding documentation in the medical chart.

7) **Intervention:** Residents will have the opportunity to develop case conceptualization, treatment planning, consultative and referral skills. For the PCMHI rotation, residents will enhance clinical competence in providing short term psychotherapy and provide appropriate referrals and treatment recommendations for patients needing adjunctive care or specialized treatment. Residents will be expected to implement a brief group intervention during their rotation. For the MST team, residents will carry an individual therapy caseload including veterans engaged in Prolonged Exposure and Cognitive Processing Therapy. Residents may also co-lead psychoeducational or other therapeutic groups.

8) **Supervision:** There are not opportunities for residents to directly supervise on these rotations; however, supervision time may be dedicated to understanding/discussing related supervision topics. In working with the MST team, residents may participate in a weekly Peer Consultation group, comprised of interdisciplinary staff and trainees at various levels (dependent on day of rotation).

9) **Consultation and Interprofessional/Interdisciplinary Skills:** Residents will have the opportunity to participate as a member of multidisciplinary teams with frequent consultation with team members (e.g. primary care physicians, psychiatrist, social workers, etc.) to assist with veterans’ care.

**GENERAL MENTAL HEALTH (GMH) Emphasis – Primary Supervisor: Simone Hunter, Psy.D.**

Residents spend approximately 50% of their time in General Mental Health training activities in this emphasis area.

GMH at the Atlanta VA is an outpatient program that serves approximately 6,000 veterans. GMH follows a Behavioral Health Interdisciplinary Program (BHIP) model. This model promotes comprehensive patient-centered care, multidisciplinary teamwork, integrative communication and effective care.
coordination. The BHIP team consists of peer support specialists, psychiatrists, registered and advanced practice nurses, psychologists, licensed clinical social workers, a pharmacist, and student trainees from different disciplines.

GMH Psychology Residents will gain a true breadth of training and generalist exposure. Residents will provide services to patients who range broadly in age, gender, ethnicity, sexual orientation, socioeconomic status, education level, adaptive functioning, and psychological symptoms. Residents will provide clinical care for patients with a variety of psychiatric diagnoses including PTSD, Mood Disorders, Personality Disorders, and Severe Mental Illness. Presenting concerns might range in complexity from simple bereavement or adjustment issues to severe impairment with multiple medical issues and psychiatric comorbidities including substance use.

In addition to the breadth of training, Residents will have the opportunity for in-depth training with evidence-based psychotherapies. GMH psychotherapies are organized into three different treatment tracks: Depression; Trauma, Stress, and Anxiety (TSA); and Skills and Recovery (SAR, for SMI population). Each track provides training opportunities to deliver individual and group-based treatment. Residents will provide individual care that includes individual therapy, new patient assessment, and acute assessment and intervention. Residents will provide group therapy for 2 to 3 hours/week, leading or co-leading at least two skill-based groups per week throughout the duration of the training year. The Resident will also be given the opportunity to develop a new group intervention, founded in empirically-informed practices. Residents will have supervision opportunities if there are practicum students or interns rotating with GMH during the Resident’s training.

Residents will have a range of professional development and leadership training opportunities. Residents will provide periodic staff training, including brief didactic presentations that relate to best practices, program development, or other need-based focus areas. In terms of consultation opportunities, Residents will develop competency in providing clinical consultation to professionals of various disciplines within the team (psychiatry, social work, nursing, peer support) and providers from other treatment programs with whom the veteran might be working collaterally (e.g., Pain, Sleep, TBI, Substance Abuse Treatment Program, etc.). Residents will learn to work with complex interdisciplinary team dynamics, developing an appreciation for the contributions and perspectives of other professions and integrating insights from the perspective of his/her own discipline and areas of expertise. The weekly team meetings will help Residents cultivate their professional identities, gaining greater skills and confidence in clinical case presentation and collaborative treatment planning. Depending on the Resident’s skills and interests, there may be opportunities to pursue administrative activities in collaboration with the treatment team to enhance team-based care. For example, the Resident might focus on areas such as: evaluating program needs and priorities; gathering data and conducting system process assessments; developing or revising operational procedures and assessing the results.

GMH services are grounded in recovery-oriented principles (from referral into the clinic to transition out), and strongly emphasizes delivery of evidenced-based treatments. Residents will have both the breadth of a generalist training experience as well as the opportunity for in-depth training in the evidence-based therapies of interest. Examples of EBPs currently offered in GMH include Acceptance and Commitment Therapy (ACT), Cognitive Behavioral Therapy (CBT), Interpersonal Psychotherapy (IPT), Cognitive Processing Therapy (CPT), Prolonged Exposure (PE), Mindfulness-Based Stress Reduction (MBSR), Behavioral Parent Training, Schema Therapy, and Seeking Safety. There are also opportunities for treating veterans who decline EBP or who are not good candidates. These veterans often suffer from multiple comorbidities and may benefit from a more prolonged course of treatment. In all cases, a measurement-based care model is encouraged, wherein providers select and apply psychometrically-valid pre-/post-treatment assessment to evaluate treatment progress.

GMH provides these extensive training opportunities at one of two locations: the Atlanta VA Medical Center (main hospital) or Atlanta Veterans Clinic (expansion site near the main hospital). Training location is based on selection of a primary supervisor and the Resident’s individualized training plan. GMH supervisory psychologists include Kara Brendle, PhD, Jennifer Dean, PhD, Miriam Hancock, PhD, and Simone Hunter, PsyD,
The General Mental Health emphasis area will provide training opportunities for residents in all competencies identified earlier in this brochure as specific aims of the training program. Specific activities may vary to some degree based on time of year and the resident’s training needs and preferences:

1. **Research.** Residents will be expected to review key empirical literature on evidence-based interventions relevant to the clinical population they are treating. Residents will be encouraged to take additional personal initiative in staying abreast of the most recent scientific findings and incorporating them into their practice. Residents will utilize empirically-validated assessment tools for treatment/program evaluation purposes.

2. **Ethical and legal standards.** Residents will achieve advanced skill in understanding and adhering to ethical principles and legal obligations. Residents will be assisted by supervisors and senior staff in recognizing and addressing ethical and legal dilemmas. Residents will also facilitate trainees’ ethical practice in their role of supervisor.

3. **Individual and cultural diversity.** Residents will gain experience working with a diverse group of veterans and staff and will be challenged to think critically about their own diversity variables as they relate to culturally competent care, case conceptualization, and treatment planning. Residents will incorporate multicultural factors into their understanding of the patient’s clinical presentation and patterns of engagement in both psychological and medical treatment.

4. **Professional values, attitudes, and behaviors.** Supervisors will model professionalism and facilitate residents’ development of their own professional identities. Residents will be expected to model behavior that is reflective of the values of Psychology in their roles as junior colleagues and as supervisors of interns/practicum students.

5. **Communication and interpersonal skills.** Residents will demonstrate an ability to communicate with professionals across disciplines using appropriate oral and written communications. This will be modeled by supervisors. Residents are expected to gain greater levels of autonomy during the fellowship, seeking consultative guidance from supervisors when appropriate.

6. **Assessment.** Residents will use clinical interviewing, symptom questionnaires, and neurocognitive screening to inform diagnostic impressions, case conceptualization, and treatment plans. Residents will practice measurement-based care by choosing appropriate outcome measures and tracking progress over the course of treatment. Residents will demonstrate increasing levels of autonomy with regard to conducting these assessments and writing reports and psychotherapy progress notes.

7. **Intervention.** Residents will have the opportunity to carry an individual caseload and lead psychotherapy groups. Most of these interventions will be evidence-informed and time-limited with some opportunities for longer-term psychotherapy. EBPs will be a strong (but not exclusive) training emphasis.

8. **Supervision.** Residents may have the opportunity to supervise practicum students and psychology interns who are training at GMH. Residents may supervise individual and/or group interventions.

9. **Consultation and interprofessional/interdisciplinary skills.** Residents will assist various members of the multidisciplinary treatment team (physicians, nurses, peer support specialists, etc.) with evaluation and treatment planning. Residents will learn how to effectively communicate clinical information to the team members and mental health providers from other programs who may be treating the veteran collaterally. 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.

**Other Training Activities:**

**Elective Minors:** Residents have the option to select one minor rotation outside the emphasis area for either half of the training year or for the whole year. If selected, an elective will account for one full day per week, which will mean less time spent in the emphasis area. Options for elective minor rotations may include Primary Care/Mental Health Integration, General Mental Health, the Trauma Recovery Program (PTSD), the Substance Abuse Treatment Program, Health Psychology, Geropsychology.
(in the Community Living Center), Neuropsychology, Diversity, or Medical Inpatient Consult-Liaison. See the training brochure for the psychology doctoral internship at the Atlanta VA Health Care System 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.

The following elective minor is only available to postdoctoral residents and is therefore highlighted in this training brochure:

**COMMUNITY LIVING CENTER (CLC) – Supervisor: Jennifer Smith, Psy.D.**

This opportunity offers training experiences within the skilled nursing facility, or Community Living Center (CLC), which includes long-term care residents, residents receiving hospice care, respite stay residents, and short-term rehabilitation stay residents. Residents are 80% male and 20% female and may live in the CLC for many years longer than the national nursing home average. CLC staff is primarily medical, including medicine, nursing, recreation therapy, chaplains, dietary, physical therapy, occupational therapy, and other associated disciplines. A Psychologist is embedded on the unit full time and Psychiatry is consulted as needed. Much of the psychotherapy done on this unit focuses on adjustment to serious loss, illness, grief, and death.

The Geropsychology and Complex Medical Problems rotation offers training opportunities across all nine of the competency areas identified earlier in this brochure as specific aims of the training program. Specific activities vary by team and by day but may include:

1) **Research**: Participants will be expected to familiarize themselves with the current state of the science pertaining to the mental health care of older adults.

2) **Ethical and Legal Standards**: Residents will work with their supervisors to identify and address ethical dilemmas encountered with veterans. Supervisors model ethical behavior and help Residents develop their own understanding of mental health ethics and law.

3) **Individual and Cultural Diversity**: Residents will encounter a diverse Veteran population in this program, varied in age, sex, race/ethnicity, sexual orientation, SES, trauma history, religion, and a multitude of other factors. Interns will work with their supervisors to develop a culturally competent approach to the treatment of older adults and (often) their families.

4) **Professional Values, Attitudes, and Behaviors**: Supervisors model professional behavior and facilitate Residents’ development of their own professional identities.

5) **Communication and Interpersonal Skills**: Residents will have the opportunity to develop relationships with a vibrant and diverse multidisciplinary team of clinicians and support staff. Residents will also develop skills with effective documentation of clinical encounters and with communication of clinical impressions to other providers.

6) **Assessment**: Residents may conduct complex differential diagnostic clinical interviews of patients newly referred to the CLC. The Resident has the opportunity to develop skills with accurate and efficient clinical interviewing, mastery of DSM-5 diagnostic criteria, case conceptualization, and treatment planning. This process often includes the use of clinical mood and cognitive assessment tools.

7) **Intervention**: Postdocs have the opportunity to carry a caseload that includes individuals and families with complex medical and neurocognitive disorders. There is the possibility of conducting group therapy using an Evidence Based Protocol, Acceptance and Commitment Therapy.

8) **Supervision**: Residents will participate in individual supervision during their time on the CLC. They may also have the opportunity to learn from physicians on the unit. Formal supervision is the responsibility of the CLC Psychologist.

9) **Consultation and Interprofessional/Interdisciplinary Skills**: Residents will have the opportunity to consult with other team members both within and outside the field of psychology, and to work with team members to coordinate effective patient care.

10)
General Therapy Cases: In addition to the therapy cases seen in the emphasis areas and elective minor rotations, 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.

Psychological Testing Cases: Residents are required to complete (or, if sufficient competence is demonstrated, to supervise) two general psychological testing cases during the training year. Referrals 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.

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. Residents are provided with supervision of supervision (1-2 hours per week) in a group-based format, allowing for peer support and learning as residents take on this critical professional role.

Clinical Supervision: Postdoctoral residents are considered junior colleagues and are expected to demonstrate a considerable degree of autonomy and self-motivation. The APA Standards of Accreditation 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 in their emphasis area, and (if applicable) one hour per week from their 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 two didactics, as described below, with additional elective didactic opportunities if desired.

Postdoc Seminar – This didactic occurs on a weekly basis. Psychology training staff and other multidisciplinary hospital staff present on diverse topics related to general professional development (e.g., adjusting to the transition of becoming an independent practitioner, preparing for the EPPP, licensure, updating a CV, etc.), multicultural competence and humility (e.g., impact of race on pain care from a patient/provider perspective, race related disparities in health treatment seeking, HIV stigma, etc.), and clinical/health related topics (e.g., medical assessment of dementia, infectious disease, etc.). During weeks when seminar is not scheduled, protected EPPP study time will be provided.

Multicultural Lunch & Learn - The Diversity Education Committee for Psychology Training (DEC-PT) 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. Residents 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, LGBT/transgendered veterans, individuals from rural areas, aging, women’s issues, etc.).

Elective Didactics – Residents have the option to attend 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
Residents may also 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 at least twice on topics in their area of interest and/or expertise. Residents may present in the psychology interns' Assessment Seminar, the psychology interns' General Seminar, and/or the Multicultural Lunch & Learn series. Residents also serve as members of the Diversity Education Committee (DEC-PT) 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). For residents in the Health Psychology emphasis, there will also be additional opportunities to conduct in-service workshops teaching Motivational Interviewing techniques to other healthcare staff, such as nurses and physicians alongside the Health Behavior Coordinator. 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.

**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.

**Postdoc Training Committee Members (2019-2020):**

**KARA S. BRENDLE, Ph.D. – Supervisor, General Mental Health Emphasis and General Cases** – (Clinical Psychology, Georgia State University, 2011) is a clinical psychologist in the VA Health Care System Outpatient Mental Health Clinic and is lead of the Mood Disorders/Depression Treatment team. She also serves as an Assistant Professor in the Department of Psychiatry and Behavioral Sciences at Emory University School of Medicine and is the Site Director for the Emory Child and Adolescent Psychiatry Fellowship, which was created by Dr. Brendle in partnership with Emory Department of Child/Adolescent psychiatry in 2012. Dr. Brendle is the founder and co-leader of the Atlanta VA Family/Couples Services Committee which aims to enhance family/couple services across VA and connect providers who have training and/or interest in couples/family work. As a part of the Psychology training program at the Atlanta VAMC, Dr. Brendle provides psychotherapy supervision for psychology interns and post-doctoral fellows. Her theoretical orientation is broadly informed by a biopsychosocial model and integrates interpersonal, cognitive-behavioral, and systemic approaches to conceptualization and therapeutic interventions. She has extensive training in ACT, CBT, child (Parent-Child Interaction Therapy, Trauma-Focused CBT) and family therapy. She is certified in Integrated Behavioral Couples Therapy (IBCT). Dr. Brendle’s clinical and professional areas of specialization and interest include parenting; family systems; resilience mechanisms in response to trauma; and supervision/training.

**ANDREA B. BURNS, 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. Burns 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. Burns is a former Atlanta VA intern and Emory University postdoc.

**JENNIFER K. DEAN, Ph.D. – Supervisor, General Mental Health Emphasis** – (Counseling Psychology, Georgia State University, 2009) is on the Depression Track of the General Mental Health (GMH) Alpha Clinic where she provides evidenced-based treatments, including Acceptance and Commitment Therapy (ACT), Mindfulness Based Stress Reduction Therapy, and Behavioral Activation for Depression. She is a former Board Member and Fellow of the Georgia Psychological Association. Her interests include women’s issues, training, ACT, mindfulness and the relationship between social justice and mental health.

**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 Professor at the Emory University School of Medicine. She is President of the American Board of Clinical Psychology. Her professional interests include group therapy training, family therapy, and teaching. She leads a weekly supervision-of-supervision group for the postdoctoral residents.

**KRYSTAL S. FRIESON BONAPARTE, Ph.D., MPH – DEC-PT Chair** – (Counseling Psychology University of Kentucky, 2015) is a psychologist with the Substance Abuse Treatment Program (SATP). She serves in the role of a SUD/PTSD clinician providing individual and group psychotherapy and psychoeducation services to Veterans with SUD and/or PTSD. Her clinical and research interests focus on the biopsychosocial health issues of oppressed, marginalized, and underserved populations along with an emphasis in health behavior, substance use, trauma, and HIV/AIDS/STD treatment, education, and prevention. She is especially interested in exploring and addressing the inequities of health disparities that surround marginalized populations. She is also committed to promoting a climate of multicultural transformation and cultural humility within the Atlanta VA Health Care System through her participation with the Mental Health Service Line Diversity Education Committee. Dr. Frieson Bonaparte is a former Tuscaloosa VA intern and Emory University postdoctoral fellow.

**DEBRA GEISEL, Psy.D. – Supervisor, Female Veterans Emphasis (Primary Care Mental Health-Integration – Women’s Wellness Clinic)** – (Clinical Psychology, Georgia School of Professional Psychology, 2014) is a Primary Care/Mental Health Integration (PCMH) 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, reproductive health, and supervision and training. Dr. Geisel completed her doctoral internship and postdoctoral residency at the Atlanta VAHCS. She is the Women’s Mental Health Champion for the Atlanta VAHCS and a former Board member of the Georgia Psychological Association.

**MIRIAM H. HANCOCK, Ph.D. - Supervisor, General Mental Health Emphasis** – (Clinical Psychologist, University of Memphis, 2007) is a psychologist on the Trauma, Stress, and Anxiety Team at the Atlanta VA General Mental Health Clinic. She also serves as Assistant Professor in the Department of Psychiatry and Behavioral Sciences at Emory University School of Medicine. She has worked as a full-time psychologist for the VA since 2008 and spent the first 7 years in PTSD clinics before shifting to GMH. She served on the APA psychology internship training committees in her previous VAs as well. Her theoretical orientation is Integrative. She provides evidence-based treatments such as PE, CPT, ACT and Mindfulness Training, as well as integrative and supportive psychotherapy when indicated. She has completed VA rollouts in PE and CPT and has several years of experience supervising psychology trainees in these EBPs. She is currently completing a year-long evidence-based Mindfulness Training program through the VA’s Office for Patient-Centered Care and Cultural Transition, as well as a 2-year Mindfulness Meditation Teacher Certification Program with Jack Kornfield and Tara Brach through UC Berkeley. She has been teaching Mindfulness to veterans since 2010 and has a long-standing meditation practice including multiple silent meditation retreats. Her areas of clinical and research interest include Buddhist psychology, Mindfulness and Compassion training, and mindfulness-augmented PE for PTSD.
SIMONE HUNTER, Psy.D. – Supervisor, General Mental Health Rotation – TSA track— (Clinical Psychology, The American School of Professional Psychology at Argosy University, 2012) is a Clinical Psychologist at Atlanta VA Health Care System’s General Mental Health Clinic located at the main hospital. She leads various groups for Veterans with primary anxiety disorders such as Anxiety 101, Anger Management for PTSD, Women’s Trauma and Recovery Group, and Cognitive Processing Therapy. She coordinates training for psychology trainees who are interested in the general mental health clinic and supports their professional development through supervision. Her professional interests include women’s programming, LGB and Transgender care, program evaluation and development, evidence based psychotherapy, and supervision and training.

MAGGIE E. JOHNSON, Ph.D. – Supervisor, Health Psychology Emphasis/Cardiac – (Clinical Psychology, Palo Alto University, 2015) is a Clinical Psychologist in the Health Psychology Clinic where she provides behavioral health interventions to veterans coping with chronic illness, cardiovascular disease, and chronic pain. Dr. Johnson participates as a team member in the home-based cardiac rehabilitation program (via telehealth), where she assists veterans in managing their risk factors, making lifestyle changes, and reducing stress. She provides both individual and group interventions using mindfulness-based therapies, CBT, Motivational Interviewing (MI), and Acceptance and Commitment Therapy (ACT). Dr. Johnson has specialized skills in leading mindfulness-based skills groups to veterans with chronic health conditions. She supervises in both individual and group interventions, as well as comprehensive cardiac psychology evaluations. Her professional interests include stress and chronic illness, pain management, weight management, smoking cessation, mindfulness-based therapies, cardiovascular health, biofeedback, and research/program development. Dr. Johnson completed her internship at the VA Southern Oregon Rehabilitation Center & Clinics and her postdoctoral residency at the Atlanta VAHCS.

REGINA KOEPP, Psy.D., ABPP – Supervision of Supervision Leader and General Case Supervisor – (Clinical Psychology, PGSP-Stanford Consortium, 2009) joined the Atlanta VA Medical Center (VAMC) as a clinical psychologist in 2010. She currently works on the Geropsychiatry and Spinal Cord Injury Outpatient Mental Health team and is the co-PI on the Family/Couples Intervention Team. Nationally, she has served on the VA Central Office Geriatric Mental Health Field Advisory Workgroup, and locally serves on the Atlanta VAMC’s Clinical Advisory Workgroup, Family/Couples Services Committee, and the Dementia Committee, as well as serving as Chair of the Atlanta VAMC Psychology Professional Standards Board and as the Chair of the Diversity Education Committee for Psychology Training. Dr. Koepp is a clinical supervisor and educator with the Psychology Training Program, where in 2012, she developed a training opportunity in Geropsychology and Complex Medical Issues at the Atlanta VAMC, and in 2018 the Family/Couples Intervention Team elective for post-doctoral residents. She is specialized in family/systems, Emotion-Focused Couples Therapy, family consultation, and is certified in Integrative Behavioral Couples Therapy (IBCT). Dr. Koepp is also an Assistant Professor at Emory University School of Medicine’s Department of Psychiatry and Behavioral Sciences and supervises a Family Consultation Clinic for Emory’s Child and Adolescent Psychiatry Fellows. She is board certified with the American Board of Professional Psychology (ABPP). Dr. Koepp was a recipient of grants in 2016 and 2017 to build family/couples services at the Atlanta VAMC. Dr. Koepp specializes in the care of families/couples, most notably families experiencing life-altering conditions, grief and trauma, multicultural Psychology, and training and supervision. She frequently presents on diversity related topics and the mental health care of families and older adults. She earned her doctorate in Clinical Psychology at the PGSP-Stanford PsyD Consortium.

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 sees veterans for individual psychotherapy and serves as the assessment psychologist for the Mental Health Service Line, performing psychological evaluations of VA police officers and mental health clearance evaluations for bariatric patients, transplant candidates, and transgender patients seeking hormone therapy or sex affirmation surgery She also serves as a member of the Health Care System’s Professional Standards Board (PSB), which credentials all licensed clinicians for the facility. 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 Health Care System. 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.

**MEGHNA PATEL, Ph.D., ABPP – Supervisor, Female Veterans Emphasis (MST/DBT Team)** (Clinical Psychology, University of Missouri-St. Louis, 2009) is a clinical psychologist working within the Trauma Recovery Program. On TRP, she serves as the Clinical Director of the MST/DBT team, which primarily works with veterans who have experienced military sexual trauma. Her administrative duties include managing a multi-disciplinary team comprised of psychologists, social workers, psychiatrists, and psychology and social work trainees. Her clinical duties include conducting psychodiagnostic assessments and providing intensive trauma-focused treatment and DBT within individual and group settings. She is also actively involved in research aimed at assessing the effectiveness of various treatment interventions for military sexual trauma. As an Adjunct Assistant Professor at Emory University, she provides supervision for psychiatry residents and assists in grant preparation. Her professional interests include PTSD, women’s issues, evaluating effectiveness of evidence-based treatments, supervision and training.

**SHARON R. SHATIL, Ph.D. – Supervisor, Health Psychology Emphasis/Sleep and Postdoc Psychology Seminar Coordinator** – (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 co-coordinates the Postdoc Seminar series for the postdoctoral residency and supervises residents and interns in psychotherapy. She is a national consultant for individual and group CBT-i. Her professional interests, other than health psychology, include mindfulness and 3rd 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.

**JENNIFER SMITH, Psy.D. – Primary Supervisor, CLC Rotation** – (Clinical Psychology, Georgia School of Professional Psychology, 2002) is a clinical psychologist specializing in Geropsychology, working primarily with those who have chronic or terminal illness. She trains psychologists and other professionals in the use of Acceptance and Commitment Therapy. She is a graduate of the APA Leadership Institute for Women in Psychology. Dr. Smith is a Past-President of the Georgia Psychological Association and is the current representative from Georgia on the APA Council of Representatives. She believes being a psychologist is the best job in the world.

**JENNIFER L. STEINER, Ph.D., ABPP – Supervisor, Health Psychology Emphasis/Pain Psychologist** (Clinical Psychology, Indiana University-Purdue University, Indianapolis, 2013) is a Clinical psychologist specializing in the psychological and behavioral management of chronic pain. Dr. Steiner completed her doctoral internship at the Salem VAMC in Virginia and postdoctoral residency with an emphasis in Health Psychology at the Atlanta VAMC. Dr. Steiner provides both group and individual interventions for veterans with chronic pain using psychoeducational, CBT, and Acceptance and Commitment (ACT) techniques. She supervises postdoctoral residents and interns in both individual and group interventions, as well as pain focused 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 the former Co-Chair of the Multicultural Lunch & Learn series and actively participates as a member of the Diversity Education Committee for Psychology Training. In addition to her work at the VA, Dr. Steiner is a current Member of the Continuing Education Committee for the Georgia Psychological Association and is an Assistant Professor of Psychiatry and Behavioral Sciences at Emory University School of Medicine.