

Psychology Postdoctoral Residency



Corporal Michael J. Crescenz Veterans Affairs Medical Center
3900 Woodland Avenue
Philadelphia, PA 19104
(215) 823-5800
<http://www.philadelphia.va.gov>

Accreditation Status

The residency was accredited by the Commission on Accreditation of the American Psychological Association in October of 2018 with the next site visit scheduled for 2028. Questions regarding the accreditation process and status may be addressed to: APA, Office of Program Consultation and Accreditation, 750 First Street, NE, Washington, DC 20002-4242, (202) 336-5979.

Application & Selection Procedures

Eligibility

According to VA policy, postdoctoral funding can be provided only to applicants who are U.S. citizens, who have received a doctorate from an APA or CPA-accredited graduate program in Clinical, Counseling, or Combined Psychology or PCSAS accredited Clinical Science program, and who have completed an APA or CPA accredited or VA sponsored internship. 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. Please see the psychology training website for a detailed explanation of eligibility requirements for all VA fellowships: <http://www.psychologytraining.va.gov/eligibility.asp>.

The Corporal Michael J. Crescenz VA Medical Center in which our training program resides is an Equal Opportunity Employer; we are committed to ensuring a range of diversity among our training classes, and we strive to select candidates representing different kinds of programs and theoretical orientations, geographic areas, ages, racial and ethnic backgrounds, sexual orientations, disabilities, and life experiences. All things being equal, consideration is given to applicants who identify themselves as veterans, have VA practicum or internship experience, or demonstrate an interest in a VA career; identify themselves as members of historically underrepresented groups on the basis of racial or ethnic status, as representing diversity on the basis of sexual orientation, or as representing diversity on the basis of disability status. This may be indicated in the cover letter.

How to apply and Selection Process

In order to apply to our residency program, please submit all the required application elements via the APPA CAS system at <https://appicpostdoc.liasoncas.com/applicant-ux/#/login> by the due date, January 5th, 2020. All applicants are required to submit a cover letter, Curriculum Vitae, and three letters of recommendation. We also request a letter from the applicant's dissertation chair verifying the applicant's current status on his/her dissertation. If not yet completed, the letter should include an estimate of completion date. We also request a letter from the applicant's internship director verifying the intern's status and expected completion

date. Applicants may identify themselves as representing an element of racial, cultural, or other element of diversity within the submitted cover letter.

A selection committee is composed of members of the postdoctoral residency training committee. The selection committee reviews all materials. Interviews, either telephone or in-person, will be offered to top candidates. Final rankings and offers are determined by consensus of the committee based on written materials and interviews.

Co-Directors of Training

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Psychology Setting

The CMCVAMC is part of the VISN 4 VA Healthcare Network, serving Veterans in the city of Philadelphia, as well as Southeastern Pennsylvania and Southern New Jersey. In addition, the CMCVAMC manages several community-based outpatient clinics (CBOCs), which include clinics in Camden, NJ; Burlington County, NJ; Gloucester County, NJ; West Philadelphia; and Horsham, PA. The CMCVAMC currently has over 90,000 veterans from varying backgrounds and cultures enrolled for healthcare. With a full complement of inpatient and outpatient treatment programs, VA Centers of Excellence, and specialty programs designed to meet the healthcare needs of Veterans, the Crescenz Veterans Affairs Medical Center (CMCVAMC) delivers an outstanding educational experience across a variety of professions including psychology.



CMCVAMC Psychology is organized as a section within Behavioral Health. The Psychology service has grown in the past ten years from 12 to over 60 doctoral level psychologists. Psychologists serve in a wide range of clinical and research settings including: Primary Care-Mental Health Integrated Care team; the VA Home Based Primary Care Program; the Mental Health Clinic (MHC); the Inpatient Behavioral Health Unit; the Community Living Center (CLC); the Addictions Recovery Unit (ARU); the Opioid Treatment Program (OTP); the Post-deployment Clinic (PDC); the Sleep Clinic; the Polytrauma Team; the Psychosocial Rehabilitation and Recovery Center (PRRC); the Residential Rehabilitation Treatment Program; the Mental Illness Research, Education and Clinical Center (MIRECC); the Center of Excellence for Substance Abuse Treatment and Education (CESATE); the Center for Health Equity, Research and Promotion (CHERP); and several community-based outpatient clinics. As members of interdisciplinary teams, psychologists work across settings to facilitate the integration of mental health service into Veteran's healthcare delivery. Our five VA Centers of Excellence and numerous clinical research projects offer an atmosphere of dynamic exchange between rigorous academic research and clinical applications. CMCVAMC has recruited and

retained highly qualified psychologists from a wide variety of theoretical orientations, many from VA training programs, and many of whom specialize in evidence based treatments. Staff include multiple national VA trainers, consultants, and experts for VA rollouts of EBTs including Prolonged Exposure (PE), Cognitive Behavioral Therapy (CBT) for Depression, Motivational Interviewing, Cognitive-Behavioral Treatment for Insomnia, and Integrated Behavioral Couples Therapy, and the network trainer for the Primary Care-Mental Health Integration competency-based training. While there is little staff turnover, assuring continuity of patient care and programs, our department continues to grow to support the clinical needs of our Veteran population offering opportunities for future employment.

The CMCVAMC has an extensive history of excellence in health profession education. The Psychology Internship began in 2011 and was accredited by APA in March of 2013 until 2020. In 2014, psychology training was further expanded to include two postdoctoral fellowship positions with a focus in Interprofessional Mental Health and two postdoctoral fellowship positions with an emphasis in Clinical Neuropsychology. For the past three years, we have been awarded funding for an additional Interprofessional Mental Health fellowship in Health Promotion/Disease Prevention.

A separate Psychology research fellowship, the Advanced Fellowship in Mental Illness Research and Therapy, is designed for post-doctoral training primarily in research. This fellowship program is administrated differently from the program described above and information about this program can be found here:

<https://www.mirecc.va.gov/visn4/Education/fellowship3.asp>.

The CMCVAMC is adjacent to and closely affiliated with the University of Pennsylvania whose psychiatry residents, medical, and nursing students rotate through CMCVAMC Behavioral Health. CMCVAMC psychologists are integral to the education of these trainees. Psychology trainees have access to didactic training in conjunction with the University of Pennsylvania's Psychiatry and Psychology clinical training programs and have opportunities for professional collaboration on clinical and research endeavors with University-affiliated faculty. Most CMCVAMC supervising psychologists have University of Pennsylvania faculty appointments.

Post-doctoral Residency Program Tables: Admissions, Support, and Initial Placement Data

Date Program Tables are updated: 9/1/19

Postdoctoral Program Admissions

Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program's policies on resident selection and practicum and academic preparation requirements:

We seek applicants who have strong basic skills in assessment and intervention, and a sound clinical and scientific knowledge base from their academic program. Given the focus of the residency on interprofessional training, we value applicants with a background and/or genuine interest in pursuing this competency area, whether in a specialty mental health setting (PTSD, addiction, community living center), in primary care (primary care-mental health integration and home-based care), or in specialty medical or primary care clinics (oncology, pain, etc.). All things being equal, consideration is given to applicants who identify themselves as Veterans, have VA practicum experience or internship, or demonstrate an interest in a VA career; identify themselves as members of historically underrepresented groups on the basis of racial or ethnic

status, as representing diversity on the basis of sexual orientation, or as representing diversity on the basis of disability status. This may be indicated in the cover letter (see Application Process above).

Describe any other required minimum criteria used to screen applicants:

Postdoctoral residency applicants also must meet the following criteria to be considered for any VA Psychology Postdoctoral Program (<http://www.psychologytraining.va.gov/eligibility.asp>):

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.

VA Eligibility Criteria also require:

1. U.S. citizenship. VA is unable to consider applications from anyone who is not currently a U.S. citizen. Verification of citizenship is required following selection. All interns must complete a Certification of Citizenship in the United States prior to beginning VA training.
2. A male applicant born after 12/31/1959 must have registered for the draft by age 26 to be eligible for any US government employment, including selection as a paid VA trainee. Male applicants must sign a pre-appointment Certification Statement for Selective Service Registration before they can be processed into a training program. Exceptions can be granted only by the US Office of Personnel Management; exceptions are very rarely granted.
3. Residents are subject to fingerprinting and background checks prior to start of residency. A selected resident must pass these checks in order to begin employment with the VA.
4. VA conducts drug screening exams on randomly selected personnel as well as new employees. 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.

Financial and Other Benefit Support for Upcoming Training Year

- Annual Stipend/Salary for Full-Time Residents **\$49,786**
- Annual Stipend/Salary for Half-Time Residents **N/A**
- Program Provides access to medical insurance for resident? **YES**
- If access to medical insurance is provided:
 - Trainee contribution to cost required? **YES**
 - Coverage of family member(s) available? **YES**
 - Coverage of legally married partner available? **YES**
 - Coverage of domestic partner available? **NO**
- Time off:
 - Hours of Annual Paid Personal Time Off (PTO and/or Vacation) **4 hours every 2 weeks**
 - Hours of Annual Paid Sick Leave **4 hours every 2 weeks**
 - 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? **Negotiated on a case by case basis**

- Other Benefits (please describe): Maternity/Paternity leave is also available through use of sick leave, annual leave, and then Leave Without Pay (LWOP), with any LWOP hours to be made up at the end of the training year. In addition to the annual leave and sick leave, residents may be granted up to 5 days of authorized absence for approved training activities and conferences and VA position interviews. In addition, residents may be reimbursed up to \$1000 for conferences and training activities relevant to their residency training.

Initial Post-Residency Positions

(Provide an Aggregated Tally for the Preceding 3 Cohorts)

	2016-2019	
Total # of residents who were in the 3 cohorts	9	
Total # of residents who remain in training in the residency program	0	
	PD	EP
Community mental health center	0	0
Federally qualified health center	0	0
Independent primary care facility/clinic	0	0
University counseling center	0	0
Veterans Affairs medical center	0	7
Military health center	0	0
Academic health center	0	1
Other medical center or hospital	0	0
Psychiatric hospital	0	0
Academic university/department	0	0
Community college or other teaching setting	0	0
Independent research institution	0	0
Correctional facility	0	0
School district/system	0	0
Independent practice setting	0	1
Not currently employed	0	0
Changed to another field	0	0
Other	0	0
Unknown	0	0

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

Training Model and Program Philosophy

- The philosophy of our psychology training program is best described as scholar-practitioner. We advocate the integration of clinical research with clinical practice. This involves the

development of skills in critical analysis of research and the application of research into clinical practice.

- Our training model is developmental and designed to promote professional competence through a sequence of training experiences that are graded in complexity.
- Residents will become skilled in the delivery of a broad range of mental health services as members of interdisciplinary teams in the VA's integrated healthcare delivery system. The mission of the training program is to provide experiences necessary to function as ethical, scientifically grounded, psychologically flexible, and highly skilled psychologists.
- The training program will provide specific training in implementing team-based care as part of interprofessional teams in primary care and specialty care. Residents will become skilled in practices that build team effectiveness, foster collaboration and mutual trust among team members, and develop team-based interventions that center on patient needs, values and preferences.
- Training will emphasize the importance of patient-centered care, including matching the level of care with patient need (stepped care). Residents will engage other team members in a collaborative approach to care that involves drawing from the expertise of different disciplines and sharing in problem solving so as to best meet Veterans' needs. Measurement based care, improved access to treatment, and patient preferences in care will be emphasized.
- Residents will learn how to adapt care in assessment, diagnosis, and intervention to help meet the specific needs of the growing geriatric Veteran population.

Required Competencies

The mission of the residency is to provide experiences necessary to function as ethical, scientifically grounded, psychologically flexible, and highly skilled psychologists. The primary goal is to produce psychologists with advanced training in the practice of clinical psychology and to prepare them for a career working within a VA or other health care setting. Competencies that will be nurtured and assessed during the training are outlined below:

Research/Scholarly Inquiry

1. Able to critically evaluate and disseminate research or other scholarly activities (case conferences, presentations, publications) at the local, regional or national level.
2. Able to integrate current scientific knowledge with clinical practice.
3. Has realistic goals for scholarly activities for the year.
4. Develops and carries out research project over the course of the year.

Ethical and Legal Standards

1. Has knowledge of and acts in accordance with current version of the APA Ethical Principles and Code of Conduct.
2. Has knowledge of and acts in accordance with relevant laws, rules, and policies governing health service psychology at the CMC VAMC, as well as the local, state, regional and federal levels.
3. Has knowledge of and acts in accordance with relevant professional standards and guidelines.
4. Recognizes ethical dilemmas as they arise, and applies ethical decision-making processes in order to resolve the dilemmas.
5. Conducts self in an ethical manner in all professional activities.

Individual and Cultural Diversity

1. Has understanding of how their personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves.
2. Has knowledge of current theoretical and empirical knowledge base as it relates to diversity in all professional activities including assessment, intervention, research, supervision/consultation, and interprofessional work.
3. Integrates knowledge of individual and cultural differences in the conduct of professional roles, and has ability to apply framework for working effectively with areas of individual and cultural diversity not previously encountered. Also works effectively with individuals whose group membership, demographic characteristics, or worldviews conflict with their own.
4. Applies their knowledge and work effectively with the range of diverse individuals and groups encountered during training.

Professional Values and Attitudes

1. Conducts self 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.
2. Aware of own competence and limitations as a clinician. Engages in self-reflection regarding one's personal and professional functioning. Engages in activities to maintain and improve performance, well-being and professional effectiveness.
3. Open and responsiveness to feedback and supervision. Responds to consultation/supervision with constructive action or changes.
4. Possesses an appropriate level of confidence in clinical abilities. Responds professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training.
5. Demonstrates accountability, dependability, and responsibility.
6. Shows commitment to continuing developmental professional goals.
7. Demonstrates maturity of judgment in clinical and professional matters.

Communication and Interpersonal Skills

1. Develops and maintains effective relationships with colleagues, supervisors, supervisees, organizations, communities and those receiving professional services.
2. Produces and comprehends oral, nonverbal, and written communications that are informative and well-integrated. Demonstrates a thorough grasp of professional language and concepts.
3. Participates in seminars, didactics, and team-based meetings.
4. Demonstrates ability to document patient contacts timely and effectively.
5. Demonstrates effective interpersonal skills and the ability to manage difficult communication well.

Assessment

1. Demonstrates clinical interviewing, record review, differential diagnostic skills, and knowledge of DSM-V.
2. Completes interview, testing, and written report within reasonable time frame.
3. Selects and applies assessment methods that are drawn from the best empirical literature, and that reflect the science of measurement and psychometrics; collects relevant data using multiple sources and methods appropriate to the goals of assessment and diversity characteristics of the client.
4. Demonstrates accurate and standardized administration and scoring of assessment measures.
5. Interprets assessment results to inform case conceptualization and recommendations, avoids decision-making biases, and distinguishes aspects of assessment that are subjective from those that are objective.

6. Communicates orally and in written documents the findings and implications of the assessment in an effective manner to clients, family members and other providers.
7. Uses evidence-based assessment in treatment plan formulation and to track treatment progress over time.

Intervention

1. Demonstrates ability to establish and maintain effective relationships with clients.
2. Develops evidence-based individualized treatment plan and goals in collaboration with clients.
3. Conceptualizes client's presenting problem within a theoretical approach appropriate to the client/population.
4. Implements interventions that are well-timed, effective, and informed by scientific literature, assessment findings, diversity characteristics and contextual variables.
5. Uses assessment data and relevant research findings to measure treatment progress and inform clinical decision making; adapts intervention goals and methods consistent with ongoing outcome evaluations.
6. Demonstrates ability to intervene in groups skillfully, with focus on each session's goals and tasks.
7. Recognizes and appropriately responds to patient crises.
8. Has awareness of process/relationship issues occurring within the therapeutic relationship, and personal issues interfering with ability to provide clinical services.
9. Able to adapt evidence-based approaches, intervention goals and methods when clinically indicated or when clear evidence base is lacking.

Supervision

1. Demonstrates knowledge of supervision models and practices.
2. Applies this knowledge in direct or simulated practice with psychology trainees or other health professionals.
3. Provides colleagues and other trainees feedback and guidance (in group supervision and or case conferences).
4. Effectively handles ethical and boundary issues in supervision.

Consultation and Interprofessional/Interdisciplinary Skills

1. Demonstrates knowledge and respect for the unique roles of other professionals, fostering a climate of respect and shared values.
2. Consults independently with other professionals to coordinate care of their clients.
3. Applies knowledge of consultation models and practices in direct or simulated consultation with individuals and their families, or with other health care professionals or groups.
4. Able to determine and clarify referral issues, and to use knowledge of one's professional role and those of other professionals to address mental and physical health care needs of client.
5. Demonstrates ability to communicate assessment and/or intervention results to referral source, individual, family members, or team in an understandable and integrative manner.

Interprofessional Team Skills

1. Contributes to treatment team planning, and the development and implementation of client-centered treatment plans.
2. Able to enhance interprofessional team functioning through active listening, respectful communication, and incorporation of sensitive and constructive feedback among team members.
3. Able to handle interprofessional conflict in a respectful and effective manner.
4. Able to use one's knowledge of team dynamics and relationship-building values to help teams deliver timely and effective client-centered care.

5. Able to use process improvement strategies to increase effectiveness of interprofessional team care.
6. Able to use ethical guidelines of different disciplines to guide team-based care.
7. Able to show sensitivity to issues of ethnic, culture, gender, or sexual diversity when providing team-based care.

Program Structure

The postdoctoral residency is a one year, full-time training experience. Residents will spend approximately 50% of their time devoted to the direct provision of clinical services. In addition, they will receive at least 2 hours of supervision/week, which fulfills the licensure requirements for postdoctoral supervised practice for the state of Pennsylvania. Residents will take an active role in developing their own training plan and in adjusting it to meet their needs and emerging interests. Both residents will receive experiential and didactic training in interprofessional team-based care and adaptations of evidence-based care for a geriatric population. Apart from this central training, residents will function in different capacities determined by the core focus. The Interprofessional Curriculum will include a) Clinical Experiences, i.e. experiential learning, along with b) Didactics, c) Research, and d) other training experiences.

The postdoctoral resident with a focus on interprofessional care in the Outpatient Mental Health Clinic (MHC) will spend the majority of their clinical time during the 12 month training functioning as part of the PTSD team within the outpatient Mental Health Clinic. In addition, the resident will have year-long experiences working as part of the Addiction Recovery Unit treating comorbid addiction and PTSD. The resident will also have dedicated time weekly to work as part of the interprofessional team within the Community Living Center (CLC) assisting with evaluations, team meetings, and behavioral management with primarily older residents and staff. To promote foundational exposure to the CLC, the resident will spend half time on the CLC for the first four weeks of training.

The postdoctoral resident with a focus on interprofessional care in PACT – Mental Health Integration will spend the majority of his or her clinical time during the 12 month training functioning as part of two primary care treatment teams: the Primary Care Mental Health Integration Team (known as Behavioral Health Lab; BHL) and the Home Based Primary Care Team. On the PCMH team the focus will be on assessment and treatment for newly-returning Veterans in our Post Deployment Clinic. As part of the Home Based Primary Care Team the resident will provide comprehensive longitudinal primary care in the homes of primarily older Veterans with complex chronic disabling disease.

The postdoctoral resident with a focus on interprofessional care in Health Psychology will spend the majority of his or her clinical time during the 12 month training functioning as part of interdisciplinary teams with a shared focus on health psychology. Specifically, the resident's work will be concentrated in the outpatient oncology clinics, a primary care team that specializes in treatment of chronic pain and opioid use disorder, and the Health Promotion Disease Prevention team.

Training Experiences

Postdoctoral Resident with Outpatient Mental Health Teams focus: The postdoctoral resident in Outpatient Mental Health will have supplemental training in substance use disorder care, and specialize in assessment and treatment of co-occurring PTSD and SUD. The resident will be based in the PTSD Clinical Team (PCT) and be a year-long member of the PCT and the Addiction Recovery Unit (ARU). Additional training in geropsychology will be provided by the psychologist and interprofessional clinical team at the Community Living Center (CLC).

The PTSD Clinical Team (PCT) is an interprofessional team, co-directed by a psychologist and a psychiatrist, and comprised of two additional psychiatrists, five psychologists, two social workers, and three nurses. The PCT members are trained in evidence-based practices and are expert at adapting treatment for the aging population of Veterans from the Vietnam War era. This team offers a strong collaborative experience with Veterans' care provided by several team members. The resident will collaborate with team members on shared patients and co-lead groups with clinicians from other disciplines. Weekly team meetings offer the opportunity for shared decision-making, treatment planning, and discussion of challenging clinical cases. With offices in close proximity, team members regularly consult on clinical care decisions, and meet jointly with veterans and family members on treatment plans. The resident will have the opportunity to be trained in Prolonged Exposure Therapy and mindfulness-based approaches, and gain expertise in providing these treatments to an older population of Veterans.

The Addiction Recovery Unit (ARU) is an outpatient MHC interprofessional team directed by a psychiatrist with a psychologist as assistant director, with a focus on treating substance use and addictive disorders. Other team members include: two social workers, 3 addiction therapists, five psychiatrists, two registered nurses, and 3 ARU psychologists. The team meets weekly to discuss clinical issues and works with members of the CESATE (Center of Excellence for Substance Abuse Treatment and Education) to foster consideration of innovations of care. The resident will assist in all aspects of this treatment program from initial evaluation of Veterans to provision of state-of-the-art care adapted for older adults. The resident will have the opportunity to participate in interprofessionally-run Standard Outpatient Groups for addiction recovery. Currently, the ARU team offers opportunities for training in evidence-based treatments including Contingency Management and Motivational Interviewing. Individual therapy will be a key part of the training experience, with an option for providing telehealth. The resident will carry a case load of Veterans with SUD, PTSD and chronic pain. The resident will also become proficient in administration of the Brief Addiction Monitor, a treatment outcome measure developed by the CESATE to assess progress in SUD recovery.

While assessment and evaluation of older Veterans will be an integral part of services provided by outpatient mental health clinicians, the resident will receive additional training in geropsychology with the psychologist at the Community Living Center (CLC). At this site, the resident will be an integral member of an interprofessional team, collaborate with psychiatrists, nurses and social workers on clinical care issues, and co-lead staff training in behavioral management.

Postdoctoral Fellow with PACT-Mental Health Integration focus: The postdoctoral resident in PACT will be a part of the Primary Care Mental Health Integrated care team (known locally as the Behavioral Health Lab) and the Home-Based Primary Care (HBPC) team. As part of both these teams, the resident will have substantial geropsychology experiences and training and the opportunity to provide care via telehealth as a way to improve access to care.

The Behavioral Health Lab is an interdisciplinary team of technicians, nurses, social workers, psychologists, and a psychiatrist who collaborate within the primary care teams in assessing and treating veterans with mental health and health behavior change needs. The resident will have the opportunity to provide immediate assessments and triage working within the primary care clinics, develop collaborative treatment plans, and deliver evidence based brief treatments for common mental health disorders and substance misuse. Treatment plans, focusing on both the mental health and health behavior needs of the Veteran, are made collaboratively with the Veteran and primary care providers.

The resident will have additional opportunities to work in unique areas of primary care depending on training needs. For example, the resident will have the opportunity to work with the Women's Primary Care team and with the Post Deployment Clinic (PDC). In the PDC, primary care, behavioral health, and social work are well-integrated, and the initial PDC visit for returning Veterans involves meeting with each of these providers (primary care provider, social worker, and PCMHI psychologist) to establish an interdisciplinary treatment plan. Postdocs will also have the opportunity to work with medical residents as part of an Integrated Health Visit, where they will provide on-site assessment and intervention and assist the medical residents with talking to veterans about behavior change. The postdoctoral resident will have the opportunity to deliver brief treatments in person, over the telephone, and via telehealth, and also participate in interdisciplinary primary care groups or classes for disease prevention and health promotion. In addition, measurement based care is emphasized at the Veteran-level to help guide treatment planning, as well as at the provider- and program-level to allow for continuous performance improvement. The BHL is a high functioning, integrated care team and was recognized by OMHO as a Strong Practice for integrated care.

For further integrated primary care and interprofessional collaboration experience with a greater focus in the geriatric population, the resident will also be on the HBPC team. As part of HBPC, the resident will learn how to provide patient-driven, proactive, personalized, team-based care oriented toward maximizing adjustment, coping, and quality of life for veteran and caregivers, in the wake of biopsychosocial losses associated with aging, increased dependency, and fear of disease process. Engaging with the HBPC team is an integral component of this rotation; the resident will attend a weekly Interdisciplinary Team Meeting, consult regularly with nurses and providers, and make treatment recommendations. Common referrals to psychology include: performing dementia assessments, implementing interventions to increase adherence with medical treatment regimens, processing end of life issues, and helping veterans cope with grief, depression, anxiety, and other psychological issues related to the aging process. Opportunities for caregiver intervention focused on improving patient well-being and reducing caregiver stress are also available.

The HBPC psychologist will accompany the resident off site, as mental health services are often conducted in the Veteran's own home. Residents will have the opportunity to conduct and provide: initial mental health evaluations, brief individual therapy, family psychotherapy, crisis intervention, safety planning, cognitive assessment, capacity assessment, psychoeducation, and caregiver support. Contrary to the other HBPC disciplines, there is no recommended follow-up frequency for psychology appointments and the scheduling is done by the psychologist based on clinical opinion, treatment needs, and workload. This is an excellent training experience to gain a solid foundation of common medical conditions in older adults and how those conditions may impact overall mental and cognitive health, to deepen knowledge about cultural diversity, and to provide psychotherapy in a more unstructured setting.

Postdoctoral Resident with Health Psychology Focus: The resident will receive specialty training in behavioral medicine interventions delivered in individual and group format as well as interdisciplinary collaboration, primarily within medical specialty clinics. The resident serves as the behavioral health point of contact for two outpatient oncology clinics (hematology and radiation oncology). The main role of the resident in this clinic will be to evaluate and triage behavioral health needs of this population, and to offer brief intervention to Veterans at various stages of cancer diagnosis, treatment, and survivorship. The resident will consult with specialty oncology clinics and develop and provide treatments via group & individual format and will provide co-located services.

Drawing upon expertise in motivational interviewing, cognitive behavioral & mindfulness-based approaches, the resident will serve as a member of the Health Promotion Disease Prevention (HPDP) team. Clinical activities will primarily be with our interdisciplinary weight management program (MOVE). This residency also offers the opportunity to serve as mid-level supervisor for clinical psychology pre-doctoral interns and/or psychology practicum students completing training in HPDP/health psychology. The resident coordinates and leads weekly team meetings and is responsible for triage and assignment of referrals to the HPDP program (e.g., coping with chronic illness, weight management, tobacco cessation, insomnia, functional GI disorders). Based on interest and experience, the resident may also co-facilitate a primary care level CBT-I group, tinnitus management group, or develop a group based on current facility needs.

To learn applications of health psychology on a primary care team, the resident will function as a member of the Patient Aligned Care Team (PACT) that specializes in treatment of Veterans with chronic pain. Employing a biopsychosocial model of understanding and a mind-body approach to treatment strongly grounded in CBT and/or ACT, the resident will see patients for comprehensive interdisciplinary psychological pain intakes. New patients are seen jointly by the resident, in addition to the primary care physician, physical therapist, and social worker. In addition, the resident will provide individual and group behavioral pain management interventions and assist in triaging chronic pain referrals to secondary and tertiary pain management services. Resident will deliver holistic interventions, based on the VA's whole health treatment model. In keeping with the PCMHI model, the resident will provide 30-minute brief assessment and intervention, as well as triage to behavioral health services or mental health services, as appropriate.

Moreover, the resident will have the opportunity to deliver PCMHI co-located treatment (5 A's) to Veterans with chronic pain as a primary presenting concern, with complex medical and mental health comorbidities. The resident will be involved in interdisciplinary pain team meetings and will contribute to treatment planning for Veterans. The role will also include teaching opportunities to primary care pain team members, as well as the primary care department, more broadly. Communication and collaboration with primary care and mental health providers is emphasized to ensure continuity of care and foster a comprehensive approach to chronic pain management.

Training Sites/Teams

Primary Care Teams (PACT) at the Corporal Michael J. Crescenz VA Medical Center: The Philadelphia VA Primary Care clinics, including the Women's Health Clinic, are fast-paced, outpatient primary care medical settings. Behavioral health services (known locally as Behavioral Health Lab; BHL) are well integrated into primary care practice following the Patient Centered Medical Home (or PACT) model of treatment. Integrated care teams include the primary care providers, nurses, technicians, social workers, psychologists, a psychiatrist, and, of

course, the Veterans. The BHL providers (nurses, social workers, and psychologists) provide consultation, immediate evaluations of Veterans with a wide range of treatment needs, and patient-centered brief treatments addressing mental health symptoms and health behaviors. The Post Deployment Clinic (PDC) is an example of one of the integrated teams. The clinic serves male and female veterans who have served in Iraq and Afghanistan. In the PDC, primary care, behavioral health, and social work are well-integrated, and the initial PDC visit for returning Veterans involves meeting with each of these providers (primary care provider, social worker, and BHL psychologist) to establish an interdisciplinary treatment plan. Of note, the BHL has won multiple awards for providing excellent care using innovative practices, and has been recognized by the Office of Mental Health Operations as a Strong Practice for integrated care.

Home Based Primary Care Team: VA Home Based Primary Care (HBPC) provides comprehensive longitudinal primary care in the homes of veterans with complex chronic disabling medical issues that significantly interfere with their ability to come to the hospital/clinics for medical and/or mental health care. HBPC is based on the Patient Aligned Care Team (PACT) model, and the care is delivered by an interprofessional team comprised of medicine, nursing, social work, physical therapy, occupational therapy, dietetics, pharmacy, and psychology. Most HBPC patients are geriatric, mainly older males with varied military experiences (WW-II, Korean War, and Vietnam War) but some are younger and/or female, and all are considered homebound due to the complexity and/or severity of their medical conditions. HBPC confronts a wide range of medical issues, including diabetes, cardiovascular disease, neurological issues (e.g., stroke, ALS, MS, Parkinson's), chronic pain, and terminal illness. Other health issues to consider are hearing loss, visual impairments, or cognitive impairments/dementia, which can make therapy challenging but also provide an invaluable experience for dealing with the special issues of the elderly population and being creative in communicating. HBPC patients often need skilled services, case management, and assistance with activities of daily living (e.g., bathing and getting dressed) or instrumental activities of daily living. Some of our patients live alone and lack social support, but a large number of HBPC patients live with their families and spouses. Family members are often present during the psychology sessions, with the consent of the Veteran. Many of the patients have had no previous experience with mental health and are often struggling with stereotypes of psychological care that have to be addressed by the treating provider.

Mental Health Teams: The Mental Health Clinic offers a team-based approach to care and has five interprofessional mental health teams including three general teams, the PTSD Clinical Team (PCT), and the Addiction Recovery Unit (ARU). The PCT is a long-standing interprofessional team that offers general mental health treatment and specialty care to Veterans with histories of trauma. Since its inception in 1990, the PCT has treated Veterans of all wars, as well as military sexual trauma, non-combat military trauma, and non-military trauma. Collaboration of all team members is essential in providing optimal care for Veterans with complex trauma-related disorders. Respect for interprofessional care is also demonstrated in the team practice of members from different disciplines co-leading group therapy and other treatments.

Addiction Recovery Unit Team (ARU): The ARU is an MHC interprofessional team that provides treatment for Veterans with substance use disorders that can be optimally treated in an outpatient setting. Strong emphasis on team care and collaboration of psychiatrists, psychologists, social workers, clinical nurse specialists and nurses, and addiction therapists is demonstrated in weekly staff meetings and co-led treatment.

Community Living Center (CLC): The resident receives additional training in geropsychology with the psychologist at the Community Living Center (CLC). The resident is trained in STAR VA, an evidenced-based interdisciplinary behavioral approach for managing challenging dementia-related behaviors. The resident gains expertise in promoting the delivery of STAR VA and implementing psychosocial and environmental interventions for reducing behavioral and psychological symptoms, such as agitation, aggression, wandering associated with dementia and other neuropsychiatric and mental health conditions. The resident also facilitates and promotes the transformation of the nursing home to reflect a home-like environment and person-centered principles by engaging in direct staff training in person-centered interactions with the residents, incorporating environmental modifications, and implementing processes that promote resident autonomy, growth, and individuality. At this site, the residents are an integral member of an interprofessional team and collaborate with providers, psychiatrists, nurses and social workers on implementing STAR VA interventions.

Medical Specialty Clinics: Given the impact of behavioral factors on the success of medical treatment and the complex interplay of physical and emotional health, medical specialty clinics have increasingly recognized the value of integrating behavioral health services into their plan of care. At our site, the resident is most strongly integrated into the hematology and radiation oncology teams. These teams primarily consist of nurses, oncologists, nurse practitioners, and social work. The resident provides co-located care and consultation to these teams in effort to address the psychological responses of patients to cancer at all stages of the disease and the psychological, behavioral and social factors that may influence the disease process.

Health Promotion Disease Prevention (HPDP): HPDP is a VA-initiative dedicated to reducing the burden of chronic disease by targeting unhealthy behaviors (e.g., diet, exercise, tobacco and alcohol use, chronic stress) and promoting patient empowerment through self-management behaviors. As such, interdisciplinary collaborators include dietitians, nurses, and physicians in primary care and specialty clinic settings. HPDP services are interdisciplinary in nature and highly integrated within Primary Care's Patient Aligned Care Team (PACT) and in various specialty clinics where lifestyle change is a crucial part of effective care. The HPDP team plays a pivotal role in specialized prevention programs such as Smoking Cessation, MOVE! Weight Management, Diabetes Wellness and multiple medical center wide promotional activities (e.g., Wellness Fairs, Great American Smoke-Out) to facilitate a shift towards the delivery of more proactive health care.

Pain Management in Primary Care Team: This primary care team, with a specific focus in chronic pain and opioid use disorder, is comprised of an MD, NP, PharmD, RN, LPN, Physical Therapist, Social Workers and Pain Psychologist, working together to provide nuanced and person-centered interventions and treatment plans. The focus of the clinic is to assist Veterans in coping with pain from a passive modality to more active, utilizing Motivational Interviewing techniques. Due to this clinic's overall comprehensive treatment approach, team members work closely with Addiction Recovery Unit (ARU), Mental Health Clinic (MHC), and the Pain Clinic. It is also a resource for professional colleagues to reach out for consultation, as this primary care clinic treats some of the most challenging cases in the hospital. The resident will obtain a well-rounded training experience, as the population served is unique and complex in presentation.

Research project

The amount of protected time allotted for research will depend on the resident's training goals and will be discussed at the beginning of the year with the resident's supervisors. Residents will be encouraged to present their work in local, regional, and/or national educational settings, or

submit work for publication as appropriate. Residents will also be expected to attend the twice monthly MIRECC Writing Meeting, led by Dr. Hank Kranzler, Professor of Psychiatry, University of Pennsylvania. Residents are highly encouraged to present a writing project, including either a manuscript or grant application, at least once at the Writing Meeting during their training year. Residents are required to do a research presentation for the psychology training committee at the conclusion of the training year.

Supervising practicum students and interns

As part of their professional development, all residents will have the opportunity to supervise an intern and/or practicum student under the supervision of a staff psychologist. Additionally, residents will attend the supervisor development series led by members of the postdoctoral training committee.

Didactics

Psychology Postdoctoral Residents: A minimum of 2 hours a week of didactics including the Resident Interprofessional Seminar, Supervisor Development, MIRECC writing group and additional didactics related to the fellow's area of focus.

- *Resident Interprofessional Seminar* (1 hr/wk): includes topics such as interprofessional functioning, provision of telemental health, geriatrics, diversity, integrating research into clinical practice and professional development.
- *Diversity seminar* (1 hr/monthly): organized by a member of the postdoctoral training committee, each Resident leads the diversity seminar 1-2 times during the year; remaining seminars are led by a member of the psychology department with expertise in diversity. The Resident can choose a theme or case and leads the discussion. The seminar is open to the postdoctoral training committee as well as the Psychology Department.
- *Supervisor Development* (1 hr/mo): attended by fellows and staff psychologists for discussion of common supervision issues and articles relevant to supervisor development.
- *Ethics Discussion* (1 hour/quarter): led by training staff, as part of the supervision seminar one time per quarter
- *MIRECC Writing Group* (2 hrs/mo): a multidisciplinary meeting (mainly psychiatry and psychology but open to other disciplines) of trainees, junior investigators, and senior investigators that has a goal of helping all attendees advance their writing projects through review and feedback of each project.
- *Peer Consultation* (1hr/mo): Consulting with our peers on ethically and complex cases is a core skill psychologists routinely use. As this will be the last year of supervised clinical experiences, we want to provide you an opportunity to develop peer consultation skills. Please use this time to consult as soon to be licensed independent providers!

Postdoctoral Resident with Outpatient Mental Health Teams focus (at minimum 2 hours/month):

- *Treatment Research Center Didactic* (1 hr/wk): Seminars on addiction presented by University of Pennsylvania faculty
- *Inpatient Behavioral Health Case Conference* (1 hr/wk): Interprofessional conference that includes patient interview and case discussion by invited expert from CMCVAMC or University of Pennsylvania clinical staff.

- *CESATE/ARU Meetings* (1 hr/mo): Innovations in care for addictive disorders discussed by ARU clinicians and Center for Excellence Substance Abuse Treatment staff with application to ARU patients emphasized.
- *CLC Geropsychiatry Rounds* (2 hrs/mo): Interprofessional meeting led by CLC Psychiatrist
- *CLC Inservice* (1 hr/wk): interprofessional case discussion on behavioral management approaches for residential care

Postdoctoral Resident with PACT-Mental Health Integration focus (at minimum 2 hours/month):

- *Primary Care Integration/Behavioral Medicine journal club* (1 hr/mo): Residents, interns, and primary care (BHL) psychologists will rotate presenting an article in the field of primary care psychology/behavioral medicine for review and discussion.
- *Primary Care-Mental Health Integration National teleconference* (1 hr/mo): National teleconference organized by the Primary Care-Mental Health Integration program office. Variety of topics presented relevant to providing integrated care.
- *Primary Care conference* (3 hrs/mo): organized by Primary Care; variety of topics related to primary care presented by clinical providers at the Philadelphia VA.
- *PACT Virtual Collaborative* (1 hr/mo): Interprofessional teleconference presented by VISN 4.
- *Mental Health HIV/HCV Seminar Series* (2 hrs/mo): National tele-conference designed for psychology trainees and staff and other mental health providers who are working with HIV and/or hepatitis C patients in the VA.

Postdoctoral Resident with Health Psychology focus (at minimum 2 hours/month):

- *Primary Care Integration/Behavioral Medicine journal club* (1 hr/mo): Residents, interns, and primary care (BHL) psychologists will rotate presenting an article in the field of primary care psychology/behavioral medicine for review and discussion.
- *Whole Health Community of Practice Call* (1hr/mo): National teleconference organized by the OPCC & CT program office. Variety of topics presented relevant to Whole Health.
- *National Center for Prevention Integration Call* (1hr/mo): National teleconference organized by the National Center for Prevention program office. Variety of topics presented relevant to HPDP.
- *SCAN-ECHO Pain Management Conference* (Offered 2x weekly) - discussing multiple topics related to VA national efforts toward the treatment of chronic pain, working with challenging cases, and specialty topics.
- *VISN 4 Pain Management and CIH Conference* (1x/mo) – discussing multiple topics related to VISN efforts towards managing opioid medications, non-pharmacological chronic pain management, working with challenging cases, and specialty topics.

Other potential didactics include:

- *Evidence Based Treatment trainings*: required for interns, encouraged for post-doctoral residents. At least 3 or more evidence based treatments training are given during the training year, each about 2 days. Offerings may include CBT for depression, Prolonged Exposure, CBT for Insomnia, Motivational Interviewing and ACT. Delivered by CMCVAMC psychologists who are also national trainers.

- *Cultural Competence/Military Culture brown bag* (2 hours/month): required for interns, encouraged for post-doctoral residents. Begins the year with a focus on military culture as an introduction to the VA and working with Veterans, and then progresses throughout the year to focus on different aspects of diversity including racial and ethnic diversity and sexual orientation.
- *Assessment brown bag* (1 hour/month): required for interns, encouraged for post-doctoral residents. Discussion of assessment issues, related scientific literature and complex assessment cases.
- *Grand Rounds of BHS/CMCVAMC* (1hour/month): Invited speaker series on topics of interest for interprofessional staff. Optional.
- *Grand Rounds University of Pennsylvania Department of Psychiatry* (1hour/month): optional. Invited speaker series for Psychiatry staff and residents open to Psychology Residents and Interns.
- *BHS Case Conference* (1hour/month): optional. Interprofessional case conference.

Professional Psychologist Mentorship Program

The Mentorship Program allows residents to acquire additional guidance and support as they more fully define and develop their roles as professional psychologists. A mentor is a member of the VA's Behavioral Health Service who have chosen to participate in the year-long mentorship program; they may be active in research and/or administration, or have leadership roles at the VA. Through this non-evaluative relationship with a mentor, residents will gain exposure to different parts of professional life so they can fully experience the many roles of a professional psychologist and, more specifically, a VA psychologist. A mentor can facilitate and oversee research or administration projects, offer direction to resources that are part of the larger VA community, and provide advice about professional activities that will enhance career goals. This program emphasizes that professional success is multifactorial and career development resides within the context of personal development. Allowing trainees to develop both personally and professionally as psychologists requires role models who have successfully negotiated the challenges encountered early in a psychologist's career. Each resident is required to take advantage of this special opportunity to work closely with a member of our community.

Potential residents will be informed of the mentorship program during the orientation process. New residents will be provided a list of participating staff, including information related to clinical and research interests, availability for meetings and additional specialized areas for mentoring such as networking skills, work-life balance, early career development, and leadership skill development. In addition, mentors will be encouraged to provide personal and biographical information, as potential mentees may wish to select a mentor based on shared ethnic or cultural background and values.

Requirements for Completion

To successfully complete the program, each resident needs the combination of supervised professional experience, any educational leave (authorized absence), accrued sick and annual (vacation) leave to total 2080 hours (2088 hours in a leap year). In the event of extended sickness, time off for pregnancy and child care, or other exigencies, the resident may have to be placed on leave without pay (LWOP) status, thereby delaying his or her finishing the fellowship

along with the cohort class and necessitating the continuation of training into the subsequent training year. This in no way is meant to be punitive in nature, rather it is just a fact of life associated with signing a letter of commitment for any VA fellowship.

Program Evaluation - Resident assessment

Resident progress will be evaluated throughout the program by supervisors and the co-Directors of Training. Additionally, residents will have the opportunity to evaluate both their supervisors and the overall program.

Resident's development of knowledge and skills relevant to competency areas will be evaluated through direct observation, interviews, surveys, audio tape, video tape, discussion of clinical interaction, review of written work, case presentation, and surveys of interdisciplinary team members. Specific benchmarks and minimal thresholds of achievement will be established for each competency. These benchmarks will be communicated to residents at the beginning of the training year. Residents will be expected to demonstrate intermediate to advanced skills in core competencies of health service psychology. Specifically, prior to residency completion, all residents are expected to demonstrate "an *intermediate* level of competency, typical for interns well into the training year. Performance is acceptable, but regular supervision is required and further growth is desirable" for all competency areas. At completion of residency, all residents are expected to demonstrate "an *advanced* level of competency, *well beyond* that which is expected for interns at the end of the training year and typical of a post-doctoral resident well into the training year. Trainee is capable of functioning independently (beyond intermediate) without supervision." The specific competencies rated are outlined starting on page 6.

On a quarterly basis, supervisors will give specific written feedback to residents on their progress toward meeting the established competencies and implement a remedial program for residents who fail to progress. Behavioral anchors for each competency and degree of supervision needed will be rated. Residents will also be monitored by faculty on their contributions to seminars and didactics, and collaboration in research endeavors.

In addition, at the onset of the program, an individualized training plan will be developed for each resident as a collaboration between the resident and the supervisors. This individualized training plan will have specific training goals and target time frames as determined by the resident and supervisors. Progress will be regularly evaluated throughout the training year, and the training plan will be updated/revised as appropriate.

The training committee will meet monthly to evaluate resident progress. The co-Directors of Training will also interview and/or survey the supervisors directly to determine their evaluation of the residents' progress. If competency problems are noted during the training year, a remediation process will occur. This process is in the Training Handbook and will be outlined to residents at the beginning of training. At the end of the year, the Training Committee will summarize resident's progress and determine whether the resident has successfully completed the training.

Program Evaluation-CMCMVAMC Psychology program

On a quarterly basis, residents will give supervisors feedback on the quality of their learning experience and supervision, and communicate their perceived strengths and learning needs. At mid year and at the end of training, residents will complete a written evaluation on the quality of

their learning experience and supervision. The Co-Directors will meet with the fellows on a quarterly basis to discuss how the training is going and address any modifications needed to help meet the resident's training needs. Residents will also complete an anonymous written evaluation of each weekly seminar to assess quality of didactics and guide future programming. A formal grievance process is described in the training handbook. Incoming residents will be informed of the procedures to follow when they have a complaint or problem that requires formal resolution.

The Training Committee will meet monthly to evaluate the effectiveness of the training program and provide oversight of supervisory responsibilities including frequency, duration, quality, timeliness, and documentation of supervision. At mid-year, written evaluations completed by the residents will be submitted to the co-Directors of Training and reviewed and discussed by the Training Committee to consistently monitor and evaluate the effectiveness of the training program and make changes as needed. Surveys will be sent out to former residents of the proposed program to identify job placement, licensure, how helpful the residency was for professional development in retrospect, and the extent to which former residents have gained VA Psychology positions. The program will be modified based on feedback to meet market demands and achieve the goal of graduating residents into entry level psychology positions.

Facility and Training Resources

Residents will be provided with office space equipped with telephone, voicemail and a networked computer for individual psychotherapy and assessment hours, space for telemedicine appointments, and larger rooms for groups. Residents will also be allotted time and space to allow for peer interaction, support, and socialization. Instruction on the VA's computerized Patient Record System (CPRS) will be given during residents' initial orientation followed by specific instruction in documentation of psychological services given by the Co-Directors of Training. Conference space is available for seminars, committee meetings and other didactics.

Residents will receive the same level of clerical and technical support as a staff psychologist and will have access to computers that offer SAS statistical package. In addition, the CMCVAMC maintains a professional library that offers an array of bound literature as well as access to various electronic journals, including full access to MEDLINE, ProQuest, New England Journal of Medicine, etc. All residents will have full access to these resources.

Administrative Policies and Procedures

The CMC VA's policy on Authorized Leave is consistent with the national standard. You are welcome to discuss this with the co-Directors of Training.

Due Process: All trainees are afforded the right to due process in matters of problematic behavior and grievances. A due process document is distributed to every trainee during orientation and reviewed with them subsequently. A copy of our due process policy is available on request.

Privacy policy: We collect no personal information from you when you visit our web site.

Self-Disclosure: We do not require trainees to disclose personal information to their clinical supervisors except in cases where personal issues may be adversely affecting a fellow's performance and such information is necessary to address these difficulties.

Maintenance of records: Trainee records are maintained by the Behavioral Health Department, including all evaluation forms completed by supervisors during the training year. Maintenance of these forms helps ensure availability of accurate records as needed for certification, licensing, and credentialing purposes.

No tolerance policy: The Corporal Michael J. Crescenz VA strives to maintain a culture of respect for all, and policies are in place that include “no tolerance” for remarks, behavior or other interpersonal conduct that convey disrespect for others. The Equal Employment Opportunity policy for the CMC VA specifically states, “It is the Philadelphia VA Medical Center’s policy to provide EEO to all of its employees and applicants for employment without discrimination including workplace harassment, based on race, color, religion, national origin, sex (including gender identity, transgender status, sexual orientation, and pregnancy), age, disability, genetic information, marital/parental status, political affiliation, or retaliation for opposing discriminatory practices or for participating in the discrimination-complaint process.” A full copy of the EEO policy and other related policies are available by request and on the CMC sharepoint site.

Training Committee

PACT Focus:

Amy Helstrom, Ph.D.

University of Colorado, 2003; *Clinical Associate in Psychiatry, U of Penn*

CMCVAMC Position: Primary-Care Mental Health Integration Team Psychologist; Mental Illness, Research, Education, and Clinical Center Investigator

Interests: PTSD and addictive disorders, behavioral health issues among OEF/OIF veterans

Email: Amy.Helstrom@va.gov

Johanna Klaus, Ph.D.

University of Miami, 2004; *Clinical Associate in Psychiatry, U of Penn*

CMCVAMC Position: Acting Chief of Psychology; Co-Director of Psychology Training; Co-Associate Clinical Director, VISN 4 MIRECC

Interests: Development of evidence-based interventions for primary care delivery, national implementation of primary care-mental health integration

Email: Johanna.Klaus@va.gov

Marla McLaughlin, PhD

Fordham University, 1999

CMCVAMC Position: Psychologist – Home-Based Primary Care Team

Interests: Geropsychology, psychological impact of medical issues, caregiver burden, grief/loss

Email: Marla.McLaughlin@va.gov

Outpatient MH Focus:

Susan Del Maestro, Ph.D.

St. John's University, 1988; *Clinical Associate in Psychiatry, U of Penn*

CMCVAMC Position: Co-Director of Psychology Training, PTSD Clinical Team Psychologist

Interests: Treatment of complex PTSD, treatment outcome of chronic/complex PTSD.

Email: Susan.Delmaestro@va.gov

Agnieszka Kleczek, Ph.D.

California School of Professional Psychology, 2003; *Clinical Associate in Psychiatry, U of Penn*

CMCVAMC Position: Psychologist Community Living Center

Interests: Clinical neuropsychology

Email: Agnieszka.Kleczek@va.gov

Kara Newman, Ph.D.

Drexel University, 2014

CMCVAMC Position: ARU Assistant Director; Staff Psychologist

Interests: relapse prevention, motivational interviewing, traumatic grief and loss, CPT for PTSD, healing from childhood trauma

Email: kara.newman@va.gov

Peter Yeomans, Ph.D.

Drexel University, 2008; *Clinical Associate in Psychiatry, U of Penn*

CMCVAMC Position: PCT program director

Interests: PTSD, moral injury, PE, CPT, SUD

Email: Peter.Yeomans@va.gov

Health Psychology Focus:

Erin Ulloa, Ph.D.

University of South Florida, 2006; *Clinical Associate in Psychiatry, U of Penn*

CMCVAMC Position: Acting Director, Behavioral Health Lab; Staff Psychologist

Interests: integration of behavioral health in medical settings, weight management, tobacco cessation, motivational interviewing, stress & health

Email: erin.ulloa@va.gov

Rebecca Helms, PsyD

La Salle University, 2008; *Clinical Associate in Psychiatry, U of Penn*

CMCVAMC Position: Health Promotion Disease Prevention Program Manager; Acting Whole Health Director; Staff Psychologist

Interests: program development, health behavior change (e.g., weight management), whole health, psycho-oncology, motivational interviewing, sleep behavior

Email: Rebecca.Helms@va.gov

Nina Polyne, PsyD

Pepperdine University, Graduate School of Education and Psychology, 2017

CMCVAMC Position: Behavioral Health Lab Staff Psychologist

Interests: Complex PTSD, sleep behavior, functional medicine, chronic pain and spirituality, evidenced based primary care health behavioral change interventions

Email: Nina.Polyne@va.gov

Local Information

The CMCVAMC is part of the VISN 4 VA Healthcare Network, serving Veterans in the city of Philadelphia, as well as Southeastern Pennsylvania and Southern New Jersey. In addition, the CMCVAMC manages several community-based outpatient clinics (CBOCs), which include clinics in Camden, NJ; Burlington County, NJ; Gloucester County, NJ; West Philadelphia; and Horsham, PA. The CMCVAMC currently has over 90,000 veterans from varying backgrounds and cultures enrolled for healthcare. It is located a short distance from downtown Philadelphia, and across the street from the University of Pennsylvania campus.

The city of Philadelphia is a center for education and culture. Known as the “City of Brotherly Love,” it is the fifth largest city in the United States. Philadelphia is known for its wealth of American history, active art community, sports teams, and cuisine (the famous Philly cheesesteaks), and also boasts the world’s largest landscaped urban park. Philadelphia is centrally located in the Northeast, only a short car or train ride to Baltimore, Washington, D.C., and New York City and about an hour from the Jersey shore and Atlantic City.

Directions to the Corporal Michael J. Crescenz VA Medical Center

The Corporal Michael J. Crescenz VA Medical Center is located at the corner of University and Woodland Avenues and 38th Street in West Philadelphia. The address is 3900 Woodland Avenue, Philadelphia, PA 19104. For driving directions, please check the CMCVAMC website at: <http://www.philadelphia.va.gov/visitors/directions.asp>.

Hotels within walking distance include the Sheraton University City Hotel in Philadelphia and the Hilton Inn at Penn.

The Corporal Michael J. Crescenz VA is also accessible by public transportation. For more information, go to the SEPTA website at <http://www.septa.org/>.