

Clinical Psychology Internship

2009 -2010

**At the
Veterans Affairs Medical Center
Portland, Oregon**



**Department of
Veterans Affairs**

Affiliated with Oregon Health & Science University

Welcome

The Training Committee at the Portland VA Medical Center appreciates your interest in our predoctoral psychology internship. Accredited by the American Psychological Association since 1978, the internship continues a strong commitment to fostering clinical skills and professional identity in interns. The Portland VAMC psychology staff values collegial working relationships with interns as well as the opportunity to teach and provide supervision.

In addition to the benefits offered by the training program, living in the Greater Portland Metropolitan Area offers the best of urban and outdoor life. Portland is an extremely livable city, replete with restaurants, music, shopping, and natural beauty. In Portland it's literally possible to take a morning ski run on Mt. Hood's glacier, windsurf in the Columbia during the afternoon, and catch dinner and theatre downtown in the evening.

To supplement the internship brochure, the following websites offer information about Portland and the surrounding areas:

portland.citysearch.com
oregonlive.com
portlandalliance.com
travelportland.com

We look forward to reviewing your application.
Sincerely,

David Indest, Director of Training
Training Committee Members - Linda Gonzales, Dennis Allison, Daniel Storzbach, Chris Anderson, Adam Nelson, Betsy Goy, Marilyn Huckans, Angela Plowhead, David Greaves, Amy Wagner, and Mark Ward

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About Us



The Portland Veterans Affairs Medical Center is an attractive and vital health care center. In addition to comprehensive medical and mental health services, the Portland VAMC supports ongoing research and medical education. The Portland VAMC is connected to OHSU structurally by a beautiful sky bridge and functionally by shared staff, trainees and educational opportunities.

The Vancouver, Washington division of the Portland VAMC is located just across the Columbia River. This spacious campus houses long-term rehabilitation programs including substance abuse services and a skilled nursing facility.



Training Program

Overview

The Portland VAMC continues a long-standing commitment to predoctoral psychology training. The Psychology Internship Training Program has been fully accredited by the American Psychological Association (APA) since 1978. Programs and training activities described in this brochure reflect the psychology staff's roles within the current organization of the Medical Center. We offer seven internship positions for the 2009-2010 training year.

The Portland VAMC psychology staff consists of 23 clinical psychologists, with the majority holding faculty appointments in the Department of Psychiatry at the Oregon Health & Science University (OHSU). Nineteen of these psychologists are directly involved in the internship training program. Settings across both campuses afford staff the opportunity for clinical practice, training, research, and administration. Psychology, psychiatry, social work, nursing, and other disciplines have a collaborative relationship throughout the Portland VAMC. Interns frequently work as part of multidisciplinary teams in addressing patient needs.

National VA guidelines designate this as a one-year, full-time, 2080 hour internship, including federal holidays, vacation and sick days. The 2009-2010 internship training year will begin on August 18, 2009.

Philosophy of Training

The number one priority of the Portland VAMC internship program is designed to provide students with a positive, supportive training experience. Interns work reasonable hours, are provided ample supervision and didactic opportunities, and are treated as junior colleagues by the psychology staff. Professional development is a primary focus of our training, as we assist interns in transitioning from graduate school to a professional career. Our intent is to prepare students by the end of the internship year for entry-level professional positions or additional postdoctoral training. We follow a generalist model, focusing on skills of assessment, treatment, and consultation with diverse patient populations. In addition to developing professional competence, we expect interns to develop their own professional identity during the training year. This includes integration of professional and ethical behavior with articulation of one's preferred theoretical orientations, development of clinical specialties, or focused research endeavors.

The Portland VA Internship believes that clinical practice should be influenced by the science of psychology, and vice versa. Therefore, we support clinical practices that are consistent with current scientific research literature, while also considering the variables found in real practice. We also hope to develop psychologists who are capable of contributing to the professional literature through their own clinical research.

Throughout the internship, attention is given to the intern's professional development in the role of psychologist. This includes valuing patient welfare, assuming individual responsibility, demonstrating professional competence, and making ethical decisions. As a result, the Portland VAMC seeks interns who have solid clinical skills, the drive to work independently, and the ability to interact collegially with other psychologists.



Each intern is provided with a preceptor - a psychology staff member who welcomes the intern upon arrival and is available to offer information and support throughout the year. During the first week interns meet with their preceptors to develop a training program that will augment their existing strengths and address gaps in training as generalist psychologists. Factors considered during this process include the intern's career goals and previous preparation.

The goal of the internship is to provide interns with the following experiences they may not have had in previous training: 1) experience

with a variety of patient populations (e.g., older adults, women veterans); 2) breadth of experience working with different diagnoses (e.g., PTSD, substance use disorders, psychotic spectrum disorders); 3) ability to provide professional consultation and effective treatment in a variety of clinical settings; and 4) ability to plan, conduct, and write psychological assessments (to be evaluated by review of two written assessment reports provided as work samples prior to the beginning of internship). Together, interns and their preceptors will complete a form outlining a preferred rotation combination that will be submitted to the Training Committee to assist with the rotation assignment process. Ultimately, rotation assignments will be made based upon preceptor recommendations, intern training needs, rotation coverage needs, and intern preferences.

Structure of the Internship

Because we believe that full-time immersion allows greater in-depth learning in a particular specialty area, each intern participates in three, 4-month long full-time training rotations. Rotations offered include Health Psychology, Neuropsychology, Outpatient Mental Health, Posttraumatic Stress Disorder Clinical Team, Psychotic Spectrum Disorders, and Substance Abuse Services. Each setting provides training in treatment and assessment within the generalist model, as well as clinical work with special populations or unique problems. A Psychology Assessment Clinic has been established to better meet the psychological evaluation needs of patients at the Medical Center and to ensure that all interns obtain comprehensive assessment training. This clinic accepts referrals from mental health and medical providers throughout the Medical Center. Interns on the Health Psychology and Mental Health Clinic rotations will work one day per week in the clinic. Interns on the Psychotic Spectrum Disorders rotation will spend one half day per week in the clinic. Generally, assessment cases and supervisors will be assigned to match the rotation training experiences. For example, Health Psychology interns will take referrals from general medical and medical specialty providers. Mental Health Clinic and Psychotic Spectrum Disorders interns will take referrals from mental health providers. This training opportunity may be available to interns on other rotations depending upon their training needs and/or professional development goals.

Research

Supervised clinical work is the main focus of training; however, up to four hours may be used each week for research and counted toward training hours. The training program strongly supports interns finishing their doctoral requirements, thus interns who have not completed

the dissertation are required to utilize these hours for dissertation completion. Interns who have completed the dissertation may elect to use this time for other research projects. Research hours during the work week must not interfere with clinical work and are contingent upon satisfactory progress in clinical training and demonstrated research productivity. Requests for research hours must be submitted in writing and approved by the Training Committee at the beginning of each rotation.

Stipend & Benefits

The stipend is currently \$23,842 for the internship year. Benefits include health and life insurance, paid holidays, paid vacation and sick leave, free access to the Portland VAMC and OHSU libraries, and use of the Employee Fitness Center. Interns with children have access to low cost child care located on the Portland Campus and have qualifying status for a VA child care subsidy program.

Eligibility

A candidate for this predoctoral internship must be a U.S. citizen enrolled as an advanced graduate student in an APA-approved clinical or counseling psychology program. Candidates should have all required course work completed prior to beginning the internship. Preferably, candidates will have completed the major qualifying examination for the doctorate and have only minor dissertation requirements remaining. In all cases, it is expected that an intern has had a substantial amount of supervised clinical experience. An applicant with fewer than 1400 hours of practicum experience is unlikely to be prepared for our setting.

In accordance with APA philosophy and VAMC policy, this internship is also offered to doctoral level psychologists who have returned to school to respecialize in clinical or counseling psychology. The applicant must be enrolled in an APA-approved clinical or counseling program, show documentation of adequate didactic and practicum preparations, and be approved for an internship by his/her Director of Clinical Training.

As an equal opportunity training program, the internship welcomes and strongly encourages applications from all qualified candidates, regardless of racial, ethnic, religious, sexual orientation, disability or other minority status.

Intern Life

Interns typically work a 40-hour week, Monday through Friday, from 8:00 AM to 4:30 PM. Modifications may be made on occasion, depending on rotation-specific duties. Interns may request four hours each week to work on their dissertations or research projects. The intern class shares a spacious office furnished with desks, computers, and telephones for each intern. Sharing this space provides consultation opportunities with colleagues and builds camaraderie within the intern class. Past intern classes have reported that they prefer this arrangement to individual, isolating offices. The intern office (fondly referred to as the "bullpen") offers a splendid view of downtown Portland and the Willamette River.



At the end of each busy workweek interns are given one hour of "process" time during which they are encouraged to socialize with one another, discuss issues related to their individual rotations, and offer support to each other. Interns are encouraged to enjoy this time away from the Medical Center. Past intern classes have explored Portland's excellent array of restaurants for this "meeting," while others choose to relax on the waterfront or at a local park.

Typical Activities on the Health Psychology Rotation

Monday	
Morning	<ul style="list-style-type: none"> ▪ Research Hours
Afternoon	<ul style="list-style-type: none"> ▪ Individual Client (Hep C/Mood Disorders) ▪ Supervision w/ Dr. Indest ▪ Hep C Client: Pre-Interferon Evaluation

Tuesday	
Morning	<ul style="list-style-type: none"> ▪ Paperwork ▪ Scheduled Supervision ▪ Supervision w/ Dr. Socherman ▪ Individual Client (Hep C/Mood Disorders)
Afternoon	<ul style="list-style-type: none"> ▪ Individual Client (Hep C/Mood Disorders) ▪ Paperwork

Wednesday	
Morning	<ul style="list-style-type: none"> ▪ Paperwork ▪ Individual clients (Hep C/Mood Disorders)
Afternoon	<ul style="list-style-type: none"> ▪ Intern Seminar ▪ Group supervision ▪ Intern processing

Thursday	
Morning	<ul style="list-style-type: none"> ▪ Individual clients (Primary Care)
Afternoon	<ul style="list-style-type: none"> ▪ Individual clients (Primary Care) ▪ Paperwork

Friday	
Morning	<ul style="list-style-type: none"> ▪ Individual clients (Primary Care) ▪ Hep C Education Class ▪ Hep C Ed Class Triage
Afternoon	<ul style="list-style-type: none"> ▪ Individual clients (Primary Care) ▪ Supervision w/ Dr. Gonzales ▪ Paperwork

Typical Activities on the Neuropsychology Rotation

Monday	
Morning	<ul style="list-style-type: none"> ▪ Supervision - 1 hour ▪ Writing evaluations
Afternoon	<ul style="list-style-type: none"> ▪ Neuropsychological Assessment

Tuesday (alternating--every other Tuesday is research time)	
Morning	<ul style="list-style-type: none"> ▪ Testing
Afternoon	<ul style="list-style-type: none"> ▪ Scoring Tests ▪ Completing follow ups

Wednesday	
Morning	<ul style="list-style-type: none"> ▪ Follow up appointments or writing evaluations
Afternoon	<ul style="list-style-type: none"> ▪ Intern Seminar ▪ Group Supervision ▪ Intern Process time

Thursday	
Morning	<ul style="list-style-type: none"> ▪ Testing
Afternoon	<ul style="list-style-type: none"> ▪ Score Tests ▪ Completing follow ups

Friday	
Morning	<ul style="list-style-type: none"> ▪ Follow up testing ▪ Writing evaluations
Afternoon	<ul style="list-style-type: none"> ▪ Research hours- 4 hours

Typical Activities on the Psychotic Spectrum Disorders Rotation

Monday	
Morning	<ul style="list-style-type: none"> ▪ Team Meeting (5C) ▪ Team Meeting with Patient ▪ Individual Therapy
Afternoon	<ul style="list-style-type: none"> ▪ Individual Therapy ▪ Paperwork ▪ Supervision

Tuesday	
Morning	<ul style="list-style-type: none"> ▪ Prepping For Group ▪ Recovery I Group (Day Treatment) ▪ Knowing Mental Illness Group (DayTreatment)
Afternoon	<ul style="list-style-type: none"> ▪ Paperwork ▪ Testing on the Inpatient Unit

Wednesday	
Morning	<ul style="list-style-type: none"> ▪ Team Meeting (5C) ▪ Team Meeting with Patient or Inpatient Assessment ▪ Family Therapy
Afternoon	<ul style="list-style-type: none"> ▪ Intern Seminar ▪ Group Supervision ▪ Intern Process Group

Thursday	
Morning	<ul style="list-style-type: none"> ▪ Report Writing ▪ Recovery II Group (Day Treatment) ▪ Clubhouse Group (Day Treatment) ▪ Lunch Group (Day Treatment)
Afternoon	<ul style="list-style-type: none"> ▪ Bowling Group (Day Treatment) ▪ Day Treatment Team Meeting ▪ Paperwork

Friday	
Morning	<ul style="list-style-type: none"> ▪ Paperwork ▪ Team Meeting (5C) ▪ Team Meeting with Patient or Inpatient Assessment
Afternoon	<ul style="list-style-type: none"> ▪ Research

Typical Activities on the PTSD Rotation

Monday (Portland Campus)	
Morning	<ul style="list-style-type: none"> ▪ Intake Clinic ▪ Supervision
Afternoon	<ul style="list-style-type: none"> ▪ Paperwork/Individual Clients ▪ Symptom Management Group and Debriefing

Tuesday (Vancouver Campus)	
Morning	<ul style="list-style-type: none"> ▪ Individual Clients ▪ Advanced Symptom Management Group and Debriefing
Afternoon	<ul style="list-style-type: none"> ▪ Individual Clients

Wednesday (Portland Campus)	
Morning	<ul style="list-style-type: none"> ▪ Training Committee Meeting ▪ Paperwork ▪ Clinical Team Meeting ▪ Individual Client
Afternoon	<ul style="list-style-type: none"> ▪ Intern Seminar ▪ Group Supervision ▪ Intern Process Group

Thursday (Vancouver Campus)	
Morning	<ul style="list-style-type: none"> ▪ Individual Clients ▪ Symptom Management Group and Debriefing
Afternoon	<ul style="list-style-type: none"> ▪ Individual Clients/Paperwork ▪ Supervision

Friday (alternating - every other Friday is research time)	
Morning	<ul style="list-style-type: none"> ▪ Individual Clients (Portland)
Afternoon	<ul style="list-style-type: none"> ▪ Individual Clients (Vancouver) ▪ Grad Group and Debriefing (Vancouver) ▪ Paperwork (Vancouver)

Typical Activities on the Substance Abuse Rotation

Monday	
Morning	<ul style="list-style-type: none"> ▪ Team Meeting ▪ Class of 1945 Group ▪ Charting ▪ Paperwork
Afternoon	<ul style="list-style-type: none"> ▪ Initial Treatment Psychoeducational Group ▪ Initial Treatment Core Groups ▪ Paperwork/Readings

Tuesday	
Morning	<ul style="list-style-type: none"> ▪ Individual Client ▪ Class of 1945 Group ▪ Supervision
Afternoon	<ul style="list-style-type: none"> ▪ Paperwork ▪ Charting ▪ Team Meeting ▪ Write Notes/Reading ▪ Liver Candidacy evaluation

Wednesday	
Morning	<ul style="list-style-type: none"> ▪ Complex Addictions Team Meeting ▪ Report Writing ▪ Paperwork ▪ Readings ▪ Continuing Care Group
Afternoon	<ul style="list-style-type: none"> ▪ Intern Seminar ▪ Group Supervision ▪ Intern Process Group

Thursday	
Morning	<ul style="list-style-type: none"> ▪ Paperwork/Readings ▪ Supervision ▪ Individual Client ▪ Charting ▪ Paperwork
Afternoon	<ul style="list-style-type: none"> ▪ Liver Selection Conference ▪ Supervision

Friday	
Morning	<ul style="list-style-type: none"> ▪ Team Meeting
Afternoon	<ul style="list-style-type: none"> ▪ Research Time

Training Rotations

Health Psychology and Integrated Care

Supervisors: Drs. Gonzales, Indest, and Mallon. The Health Psychology rotation is an interdisciplinary experience designed to prepare interns for new and evolving roles as psychologists in medical settings. Consultation, assessment, and treatment activities are learned in a variety of settings, including the General Medicine Psychiatry Clinic and the Hepatitis C Resource Center (HCRC). Interns have a unique opportunity to work directly with medical care providers to assess patients during physician visits and to provide psychological counseling and education to patients with medical concerns. Interns will also provide brief psychotherapy and supportive counseling to those veterans in need of more in-depth services. Health Psychology interns are required to complete this rotation. The rotation is available as an elective for one other intern who is not on the Health Psychology track.

The General Medicine-Psychiatry Clinic (GM-Psych) is a consultation and treatment service which serves patients and primary care providers in the VA's Primary Care Clinic. Its mission is to provide evaluation, and when indicated, short term treatment for medical patients who have concurrent mental health issues, which frequently are related to their medical problems. For example, patients may be struggling to implement life style changes to ameliorate their medical conditions, or may be facing a new, serious medical diagnosis. The challenge is to function as a generalist mental health provider, and prioritize intervention strategies with patients who typically have several inter-related problems. Meeting the needs of the medical provider who refers the patient is as important as meeting the needs of the patient. Typically, about half the intern's time is devoted to evaluations, and half to treatment. Intern goals for the training experience are solicited in order to help determine the specific cases assigned. Linda R. Gonzales, Ph.D. and Kevin Mallon, Ph.D. are the Clinical Supervisors for this component of the rotation.

Mental Health Clinic

Supervisors: Drs. Allison and Ortola. The Mental Health Clinic is located adjacent to the main hospital in Portland with a branch at the Vancouver division. The clinic staff members are multidisciplinary and include psychiatrists, psychologists, nurses, social workers, counselors, and recreation therapists. Providing training is a priority for all clinic staff, and interns are encouraged to consult with providers from other disciplines. Interns join a multidisciplinary treatment team and meet with the team to staff intake assessments and complex cases. Listed below are some of the experiences available on this rotation.

General Outpatient Mental Health. Interns have the opportunity to gain exposure to the full spectrum of mental health diagnoses. Breadth of training is encouraged by offering interns exposure to new demographic groups, diagnostic groups, and treatment approaches. Depth of training is encouraged by supporting interns in developing more expertise in their particular interest areas. Intern activities include intake assessments and individual therapy. Drs. Allison and Ortola provide supervision for general outpatient mental health cases.

Couples and Family Therapy. Depending upon training needs, interests, and prior experiences, interns will have the opportunity to work with couples and/or families. Training in this specialty area likely will include a balance between supervised independent service

delivery and participation in therapy sessions as a co-therapist with a staff psychologist. Dr. Allison coordinates family therapy training and provides supervision for couples and family therapy cases.

Group Therapy. Interns will lead and/or co-lead psychoeducational and process groups. A variety of ongoing and recurrent groups may be available as part of the rotation. There are opportunities for interns to participate in empirically supported group treatments including Mindfulness-based Cognitive Therapy for Depression, Dialectical Behavior Therapy, and Behavioral Activation. Interns with considerable prior experience leading groups may be offered opportunities to assist in the development of new group offerings. Dr. Ortola coordinates this training experience and provides supervision for group work.

Assessment Clinic. Interns work one day each week in the Psychology Assessment Clinic. Mental Health Clinic interns respond to assessment requests from mental health providers and conduct cognitive and personality evaluations to answer referral questions. Dr. Ward coordinates this training experience and provides supervision for assessments.

Neuropsychology

Supervisors: Drs. Storzbach, Huckans and Nelson. Neuropsychology serves the entire state of Oregon and much of southern Washington. While many referrals come from Neurology, patients are seen from all services and have a wide variety of neurological diseases or suspected brain dysfunction. Neuropsychology provides assessment of patients with possible brain dysfunction for diagnostic and treatment purposes, individual and group counseling to patients and their families, and consultation on patient management. The training experience is designed to enhance the specialized skills of interns with prior neuropsychology experience and to allow novices the opportunity to learn basic skills while providing useful clinical service. The assessment approach combines structured and flexible techniques. Interns attend seminars that provide theoretical and practical reviews of current issues including formal case presentations, Neuropsychology Case Conferences, and Neurology Grand Rounds. Interns will generally complete 20 to 25 neuropsychological assessments while on this rotation.

Posttraumatic Stress Disorder (PTSD)

Supervisors: Drs. Irene Powch, Lynn Van Male, and Amy Wagner. Interns on this rotation work as integral members of the PTSD Clinical Team. This multidisciplinary team responds to requests for assessment and treatment of PTSD throughout the Medical Center. In addition to combat trauma, veterans may present with military sexual trauma and other types of trauma that occur in the line of duty. Co-diagnoses and associated issues commonly occurring in these populations include childhood trauma, substance abuse, mood disorders, personality disorders, and traumatic brain injury. Training emphasizes conceptualization and treatment of acute and chronic posttraumatic sequelae, largely from a cognitive-behavioral perspective. Supervision is conducted in individual and group formats and incorporates interns' individual training goals and attention to the impact of working with traumatized populations. Listed below are some of the experiences available on this rotation.

Individual, Couples, and Family Therapy. Interns maintain a caseload of individual clients with opportunities for couples and family therapy as treatment-relevant and consistent with interns' training objectives. While more male veterans are seen in our outpatient clinic than female, opportunities exist for working with female veterans and will be incorporated into interns' training as much as possible. The primary therapeutic orientation of supervisors is cognitive-behavioral though additional orientations and treatments may be incorporated

according to the supervisor and case. The PTSD Clinical Team adheres to empirically supported approaches to treatment. Interns will have opportunities for training in Prolonged Exposure treatment, Cognitive Processing Therapy, and skills-based training for management of PTSD symptoms. Additional treatments, such as Behavioral Activation and Acceptance and Commitment Therapy may be incorporated as relevant.

Group Therapy. The PTSD Clinical Team offers a range of group treatment options for veterans, including PTSD Symptom Management (a skills-based, psychoeducational group, separate groups offered for women veterans), Cognitive Processing Therapy, Mindfulness Based Cognitive Therapy (for PTSD), Women's Sexual Trauma Survivor Group (based on CPT), PTSD Growth Group (manualized motivation enhancement and social re-integration group), Family Education Group (psychoeducational group), and PTSD Graduates and Support Groups (process groups). Interns co-facilitate, on average, four groups during this rotation.

PTSD-Focused Assessments. Interns obtain training in standard PTSD diagnostic and screening assessment instruments including the Clinician Administered Structured Interview for PTSD (CAPS) and the Posttraumatic Stress Disorder Checklist (PCL). Opportunities also exist for integrating PTSD and personality assessments, according to supervisor and client need.



Psychotic Spectrum Disorders

Supervisors: Drs. Ward and Park . The main focus of the Psychotic Spectrum Disorders Rotation is learning to assess and treat patients diagnosed with a major mental illness. Sites for this rotation include the Day Treatment Program, the Inpatient Psychiatric Service and the Psychology Assessment Clinic. Interns will spend between two and three days per week in the Day Treatment Program working with veterans who have a relatively stable mental status. Day Treatment includes process, education, social and activity groups set in a therapeutic milieu. The program serves patients requiring more intensive treatment than traditional outpatient models provide. Acutely psychotic patients are treated on the Inpatient Psychiatry Service. Interns spend one to two days per week on this unit. While there, interns attend unit meetings such as Morning Report and Treatment Team, participate in team meetings with the patient and provide assessment services. Interns also spend about one day per week in the Psychology Assessment Clinic. This clinic offers personality and cognitive assessment to a

variety of patients including those in Inpatient Psychiatry and the Day Treatment Program. Interns will generally complete at least fifteen assessments while on this rotation.

Substance Abuse Service

Supervisors: Drs. Sardo, Anderson, and Morasco. Substance Abuse Treatment Program (SATP) interns participate in providing intake screenings, biopsychosocial assessments, individual and group education sessions, and treatment and consultation services while serving as clinicians-in-training with the SATP multidisciplinary teams. The primary site for this rotation is at the Vancouver, Washington, campus of the Portland VAMC. Intern activities may include specialty training and/or education opportunities in the medical center and community venues, including veteran's homes and non-VA service centers. Interns may also obtain experience in assisting with SATP program development and in providing substance use disorder consultations to VAMC providers. These consultations occur in the Medical Center's Primary Health Care and Specialty Care Clinics and Programs (e.g., Liver Transplant Program) as well as in VA community-based clinics and counseling programs (e.g., Portland and Salem Veterans Centers and Salem Mental Health and Primary Care Clinic). This is an excellent rotation for interns interested in developing their qualifications for certification by the American Psychological Association's College of Professional Psychology in the Treatment of Alcohol and Other Psychoactive Substance Use Disorders.

Clinical Psychology Postdoctoral Fellowship Programs

The Portland VA Medical Center is pleased to announce the emergence of four postdoctoral fellowship programs at our facility. The fellowships began in the 2008-2009 academic year. Residencies are for 2080 hours to be completed over a 12-month period. The start date is to be determined and may vary from fellowship to fellowship.

The stipend for these positions is \$42,763 plus benefits. Residents are granted Annual Leave and Sick Leave, ten federal holidays, and up to six days of authorized absence for educational leave. Funding for select educational activities may also be available.

Most clinical and research activities will take place at the Portland VA Medical Center, but fellows may also spend time at Oregon Health & Science University, our medical school affiliate.

Fellowship Descriptions

Palliative Care Fellowship

Elizabeth Goy, Ph.D., lead supervisor. This fellowship is part of the VA Interprofessional Palliative Care Postdoctoral Fellowship. This is a one-year training program in which the psychologist fellow will join an interdisciplinary palliative care team including other fellows in social work, palliative medicine, nursing, and chaplaincy. The psychology fellow will function year round as a palliative care consult team member, attending palliative care rounds, taking psychology referrals for palliative care inpatients (in hospital and nursing skilled care units) and outpatients, and providing expertise to other hospital disciplines caring for palliative and hospice-enrolled inpatients. Additionally, the fellow will complete several 4 or 6-month training site rotations which may include:

- Hematology/Oncology clinics
- VA Home-Based Primary Care
- VA Heart Failure Clinic
- OHSU outpatient psychiatry individual therapy for end-of-life processing and bereavement
- OHSU geropsychiatry clinic

Training will be designed to maximize the fellow's expertise in psychological aspects of end-of-life care, including evaluation of mood and quality of life; knowledge and treatment of common end of life psychiatric syndromes (including depression, anxiety, delirium, post traumatic stress disorder, anticipatory grief, substance abuse, and sleep disorders); caregiver strain and processing of grief; in-depth understanding of disease-specific end-of-life trajectories; working with other disciplines including chaplains, social workers, nurses, pharmacists and physicians to maximize palliative support and identify unmet needs for psychological services; empirical basis of assessment and treatment planning; and in-depth understanding end-of-life pain treatment protocols and symptom management.

Fellows will have one day per week available for development and conduct of faculty/IRB-approved research; this option can be adjusted if more time is desired for clinical activities. Fellows will participate in a specially designed didactic seminar series each week. The series will draw from resources at the VA, at OHSU, and in the community. Didactics will include weekly interprofessional palliative care fellowship didactics, monthly all-city palliative care conference, OHSU department of psychiatry grand rounds, psychology service-sponsored

seminars twice monthly, postdoc-specific professional development seminars twice monthly. The fellow will receive two hours of individual supervision weekly and one hour of group supervision with VA interns and/or other psychology postdoctoral trainees. If desired, the fellow may obtain experience in supervised supervision of interns.

Polytrauma Fellowship

Daniel Storzbach, Ph.D.; Amy Wagner, Ph.D., lead supervisors. The trainee in this position will primarily develop skills in the assessment and treatment of Traumatic Brain Injury (TBI) and Post Traumatic Stress Disorder (PTSD). This Fellow will work within the current PTSD Clinical Team (PCT) and the Neuropsychology Service located in the Mental Health Clinic. It is expected that the majority of the Fellow's clinical activities will be with veterans who have recently returned from Iraq and Afghanistan, a population that has been shown to have high rates of TBI and PTSD.

The TBI portion of the fellowship will be managed by the Neuropsychology Service. This training experience is designed to enhance the skills of Fellows with prior neuropsychology experience through exposure to the unique population of veterans with combat-related TBI and other possible combat-related exposures. The emphasis will be on acquiring specialized expertise in assessment and rehabilitation of the effects of both combat-related TBI and co-occurring adverse psychological effects, particularly post-traumatic stress disorder (PTSD), depression, and adjustment reactions. The assessment approach at PVAMC combines structured and flexible techniques. In addition to clinical training, Fellows would attend seminars that provide theoretical and practical reviews of current issues including formal case presentations, Neuropsychology Case Conferences led by Dr. Muriel Lezak at OHSU, and Neuroscience Grand Rounds. There will also be opportunities to work in collaboration with staff from the VA's Center for Polytrauma Care in Seattle and the Psychology Department at Madigan Army Medical Center.

Fellows will also work directly with the recently funded VA Merit Review study "Multidiscipline Assessment of Blast Victims for Cognitive Rehabilitation." The primary objective of this study is to investigate whether wartime exposure to explosions has long-term neuropsychological and psychiatric effects on OIF/OEF veterans and to clarify the relative extent and severity of these two types of effects.

Within the PCT, fellows will participate in nationally recognized group education and therapy programs developed at the PVAMC. They will also gain experience in evidence-based individual treatment models. The Portland and Vancouver PCT staff have expertise in such treatment models as Dialectical Behavioral Therapy (DBT), Prolonged Exposure (PE), and Cognitive Processing Therapy (CPT). Training emphasizes conceptualization and treatment of acute and chronic posttraumatic sequelae. The Fellow will participate actively in the provision of clinical services, supervise interns, and contribute to ongoing research. The goal of training for the PTSD element is to instill specialized knowledge of and treatment for PTSD and related conditions. Particular emphasis will be on learning and further developing adaptations of PTSD treatments for individuals with TBI.

Mental Health/Primary Care Integration Fellowship

Linda Gonzales, Ph.D., lead supervisor. The fellow in this position will work in settings that integrate Mental Health and Primary Care services. The fellow will work closely with members of the General Medicine-Psychiatry teams (GM-Psych), groups of mental health professionals embedded in Primary Care clinics. Their placement allows for better coordination of psychiatric and medical care, especially for those patients with multiple co-morbidities. A major benefit of this approach is that many patients can be successfully managed after brief collaborative interventions on an ongoing basis by their Primary Care Providers, with ongoing consultation by mental health providers. Another major benefit is the continued erosion of barriers and silos that often exist between Mental Health and Primary Care Programs.

Psychologists and trainees have been part of GM-Psych from its inception ten years ago. The Fellow in this position will primarily develop skills in the assessment and treatment of patients being seen in Primary Care settings. They would provide various psychological services, including time limited individual treatment, cognitive behavioral therapy, joint brief visits with the PCP and patient as needed, psychological assessment, as well as easily accessible mental health "curbside" consultations. Upon request, fellows may also participate in the Threat Assessment programs within the facility which evaluate and manage disruptive behavior in clinical setting.

Clinical training for the postdoctoral fellowship training will emphasize the following:

1. Appreciation of the culture of the Primary Care Clinic and the way physicians and other PCP's view and treat mental health problems.
2. How to coordinate care with the other providers in a clinic setting
3. Understanding of common chronic medical problems and their relationship with psychiatric disorders
4. Basic understanding of commonly used psychotropic medications and how to investigate whether there may be drug interactions with other medicines the patient is taking
5. How to utilize a consultation and brief intervention model within a Primary Care Clinic

Health Psychology Fellowship

David Indest, Psy.D, lead supervisor. As the only VHA facility in the nation housing both a Liver Transplant Program and a Hepatitis C Resource Center (HCRC), the PVAMC offers a unique training experience as a member of an interprofessional care team for a complex specialty medicine condition, hepatitis C virus (HCV) infection. The NW HCRC is a national program charged with developing evidence-based best practices for HCV care with a particular focus on psychiatric and substance use disorders co-morbidity in veterans with hepatitis C. Patients with HCV commonly present with a complicated set of mental health, substance abuse, and medical issues. Fellows will be full members of the HCV, Liver Transplant, and Substance Abuse interprofessional care teams. Through firsthand observation and then direct supervision, they will develop a unique set of skills that can be applied to any complex medical condition requiring interprofessional care:

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1. Conducting Pre-Interferon Evaluations to determine patients' suitability to begin interferon treatment, including developing plans to help unsuitable candidates become prepared for treatment and to monitor high-risk patients throughout the course of treatment. These evaluations assess HCV disease knowledge and progression, treatment and side effect knowledge, psychiatric stability, substance use and abuse, psychosocial security, treatment planning and monitoring, and treatment adherence and self-management.
 2. Conducting Pre-Transplant Evaluations to determine patients' suitability to receive and make best use of a rare organ donation. The Fellow will conduct assessments of mental health, substance use, and behavioral issues, including procedure knowledge, psychosocial and material support, and adherence and self-management.
 3. Delivering Motivational Interventions to address entrenched substance abuse and other behaviors that impede health and access to medical services. The NW HCRC has developed a manualized Brief Alcohol Intervention that is being disseminated throughout the VHA system and more recently received VA Merit Grant funding with the Minneapolis HCRC to conduct research using a Brief Alcohol Intervention.
 4. Providing In-Situ Psychological Interventions to Medical Patients. The NWHCRC Fellow will have the unique opportunity to be part of specialty medical clinics and provide psychological services in Liver Clinics, Primary Care Clinics, and the Liver Lodge (residential facility for patients undergoing liver transplant and evaluation for liver transplant). The Fellow will learn cognitive-behavioral treatments for typical symptoms of depression, irritability, anxiety, and panic, as well as behavioral medicine interventions for managing complex conditions such as chronic pain and other somatic symptoms exacerbated by psychological factors.
 5. Developing Best Practices through Clinical Research. The NWHCRC has access to a number of local, regional, and national databases that allow a Fellow to develop a research inquiry to address aspects of care. Past Fellows have analyzed data to provide foundation for successful grant applications for independently funded research studies.
 6. Receiving Research mentorship and training that focuses on the relationship between hepatitis C and the psychiatric and substance use disorders co-morbidity. We have had great success in the last 3 years using the VISN 20 CHIPS electronic record database to delineate issues related to the care and management of veterans with hepatitis C. Fellows can spend up to 50% of their time on research-related activities.

Other Training Experiences

The Portland VAMC and OHSU offer varied didactic opportunities. The Psychology Intern Seminar Series is presented weekly and attendance is required. Attendance at additional seminars, grand rounds and other presentations is encouraged. One afternoon a week is devoted to internship training activities that include group supervision, didactic seminars, and intern process group. The focus of the afternoon is on both clinical and professional identity development. The intern class meets with a staff psychologist for one hour of group supervision.



Didactic seminars last 90 minutes and cover a variety of topics, examples of which are listed in the next section. One hour is devoted for interns to meet informally for support and to discuss relevant issues. At the end of the first two rotations, interns are allotted four hours for an intern retreat to share information about experiences on the respective rotations. Interns are given a full day for a retreat at the end of the third rotation. These experiences have proven to be valuable components of internship training and professional development.

Didactic Seminars

The Portland VAMC staff and interns, OHSU faculty, and psychologists from the community present on such topics as:

- Dialectical Behavior Therapy for Borderline Personality Disorder
- Psychopharmacology for Psychologists
- Spiritual Diversity
- Assessing and Treating Sexual Dysfunction
- Sensitivity to Ethnicity in End-of-Life Care
- Ethical Decision Making
- Violence Risk and Threat Assessment
- Skill-Based Approaches to Chemical Dependence and PTSD Treatment
- Supervision Skills
- Adult ADHD
- Professional and Career Development (4 week series)
- PTSD Assessment and Treatment
- Malingering and Deception

In addition to these weekly seminars, a wide range of educational opportunities are available at the Portland VAMC and OHSU that include the following: Geriatric Research Education and Clinical Center (GRECC) video conference seminars; Mental Illness Research, Education, and Clinical Center (MIRECC) video conference seminars; Mood Disorders Center case conferences and journal club discussions; Neuropsychology case conferences; Northwest Hepatitis C Resource Center (HCRC) seminars; and Psychiatry Grand Rounds. The internship encourages the development of a lifelong pattern of continuing education through reading and attending lectures, seminars and conferences.

Required Training Experiences for Interns and Fellows

Regardless of which three rotations constitute an individual's course of internship training at the Portland VAMC, all psychology interns will gain experience in assessment, treatment, and consultation across the rotations throughout the internship year.

Assessment

Interns obtain assessment experience on all of the rotations. Interns will conduct intake assessments and learn to make competent multi-axial DSM-IV diagnoses. In addition, a number of personality and cognitive assessment instruments are utilized, including the MMPI-2, PAI, WMS-III, and WAIS-III, and RBANS. Interns will learn to clarify referral questions, select test batteries, administer and score tests, integrate test results with other data, write clear and concise reports, and provide feedback to patients and referring providers.

Treatment

The Portland VAMC utilizes a number of approaches to psychological treatment. Interns will provide individual therapy that is generally time-limited. Presenting problems include anxiety, depression, personality disorders, and major mental illness. Family therapy also can be an important component of treatment and may be used as an adjunctive or primary mode of therapeutic intervention. Treatment is provided in conjunction with the ongoing assessment of outcome. Additionally, interns will provide group therapy for a variety of veterans. Interns acquire skills in developing, planning, and leading psychoeducational and process groups.

Consultation

Interns will learn to function as consultants during all of their rotations. In some instances, this will include representing psychology as an integral member of a multidisciplinary team. Helping the team make decisions about assessment, diagnosis, treatment, and discharge planning is considered an important role for interns. In other instances, the intern will serve as an independent consultant. Clarifying referral questions and providing input on diagnostic issues and treatment plans to a variety of independent practitioners, such as physicians, social workers and nurses, are valuable skills. By the end of the internship year, the intern will have gained skills in providing consultation to multidisciplinary teams, as well as to individual practitioners from different disciplines.

Meet the Staff

The 19 staff members are scientist-practitioners of psychology. Staff roles include delivery of clinical service, research, consultation, intern supervision, and administration. Seventeen are on the OHSU faculty.

David Drummond, Ph.D., Chief of Psychology and Manager of Mental Health Clinics in Astoria & Portland, and Assistant Professor of Psychology in the Department of Psychiatry at OHSU. Clinical administration, patient care, supervision, and consultation to clinical staff are Dr. Drummond's primary assignments. He also chairs the Medical Center's committee on patient violence and is the chief threat assessment professional for incidents involving employee violence. Dr. Drummond has presented and published research and other scholarly papers on PTSD, violence, and therapeutic limit-setting with challenging patients.

David W. Indest, Psy.D., Director of Training for the Psychology Service, Program Manager of the Northwest Hepatitis C Resource Center (NWHCRC), and Assistant Professor of Psychology in the Department of Psychiatry at OHSU. Dr. Indest served his internship at the VA Northern California Healthcare System in 1997 and received his doctorate from the Virginia Consortium, Program in Clinical Psychology, in 2000. He completed a postdoctoral fellowship in behavioral medicine at Dartmouth Medical School in 2002. As the NWHCRC Program Manager, he oversees administrative, research, and clinical activities supporting care for veterans with hepatitis C. His background is in public health, focusing on HIV and other sexually transmitted infections, and his clinical specialties are behavioral medicine and primary care psychology. His current research interests are in motivational interviewing, behavior change, and clinical best practices. When not working, he chases his dogs through the Oregon wilderness.

Dennis J. Allison, Psy.D., Staff Psychologist, Couples and Family Therapist for the Mental Health Clinic, and Assistant Professor of Psychology in the Department of Psychiatry at OHSU. Dr. Allison received his doctorate from Baylor University in 1984. His current research interests are therapy with the families of bipolar patients, the measurement of rehabilitation outcomes, and the development of a general model of psychosocial rehabilitation. Dr. Allison has worked in a wide variety of community mental health settings since 1970, including the Austin Child Guidance Center where he was Clinical Director from 1985-87. His hobbies include snow-shoeing, creative writing, and studying Spanish, Italian, and Greek for travel.

Peter M. Benson, Psy.D., Supervisory Psychologist/Patient Care Line Manager of the Opiate Treatment Program and Assistant Professor of Psychology in the Department of Psychiatry at OHSU. After receiving his doctoral degree from the University of Denver School of Professional Psychology, Dr. Benson specialized in dual diagnosis treatment and program development in community mental health. He is experienced in administrative and clinical supervision of mental health and substance abuse programs, including dual diagnosis inpatient, outpatient, residential, day treatment, and case management programs. He is a member of the Washington Node Steering Committee, NIDA Clinical Trials Network, an organization that bridges research and clinical practice. He consults to the Medical Center's Drug Seeking Behavior Board and Opiate Treatment Performance Improvement Committee.

Bret Fuller, Ph.D., Clinical Psychologist for the Mental Health Department and Clinical member with the Department of Public Health & Preventative Medicine at OHSU. Bret Fuller is a Clinical Psychologist at the VAMC and a clinical member of the Department of Public Health and Preventive Medicine at Oregon Health and Science University. He attained his Ph.D. from the University of Missouri-Columbia in Counseling Psychology and

completed a three year post-doctoral fellowship in addiction studies at the University of Michigan. Dr. Fuller spent six years at Oregon Health and Science University where he published in the areas of substance abuse treatment, methadone policy and smoking cessation. Currently, he is a member of the Hepatitis C Resource Center and a psychologist in the Mental Health Division.

Linda R. Gonzales, Ph.D., Staff Psychologist for General Medicine Psychiatry and Assistant Professor of Psychology in the Department of Psychiatry at OHSU. Dr. Gonzales completed her internship, with a focus on geropsychology, at the Palo Alto VA Healthcare System. She completed her Ph.D. at the University of Oregon in 1984. She has been working in primary care psychology since 1997, focusing on assessment and short-term psychotherapy for medical patients. Dr. Gonzales has a strong commitment to a generalist psychological practice, serving the needs of a complex primary care patient population.

Elizabeth Goy, Ph.D., Staff Psychologist and Assistant Professor in the Department of Psychiatry at OHSU. Elizabeth Goy, PhD, is a clinical geropsychologist at the Portland VA Medical Center, a VA Health Services Research & Development Career Development Awardee, and core researcher with the PVAMC Columbia Center for the Study of Chronic, Comorbid Mental and Physical Disorders. She is currently the Director of the VA Postdoctoral Fellowship in Palliative Care Psychology. Her clinical practice is focused on mental health interventions for patients with chronic or life-threatening illness. She specializes in research on psychiatric and psychological aspects of end-of-life care, with an emphasis on neurological disorders. Current research includes: documenting the prevalence of mental disorders in hospice patients at the end of life; treatment strategies for depression in hospice and palliative care patients; identification of early predictors of dementia in Parkinson's Disease; family and patient experiences with and views on Oregon's Death with Dignity Act; and documenting the end-of-life trajectory for patients with Parkinson's Disease.

David W. Greaves, Ph.D., Acting Director of the Mental Health & Clinical Neuroscience Division, and Assistant Professor of Psychology in the Department of Psychiatry at OHSU Dr. Greaves received his Ph.D. from Brigham Young University in 1991 and completed his internship at the Portland VAMC. Dr. Greaves worked for a year with veterans and families of Operation Desert Storm before formally joining the VA Staff. His current professional interests include projects related to chronic illnesses (psychoses and hepatitis C), psychotherapy outcome, and psychosocial treatment programs for the chronically mentally ill.

Marilyn Huckans, Ph.D., Staff Psychologist for the Mental Health Department and Assistant Professor with the Department of Psychiatry at OHSU. Marilyn Huckans, Ph.D., is a Staff Psychologist at the Portland VA Medical Center and Assistant Professor with the Dept of Psychiatry at OHSU. After completing her doctoral training in clinical psychology at George Mason University in 2004, she began her postdoctoral training in health psychology research and clinical neuropsychology at PVAMC. Currently, Dr. Huckans provides neuropsychological assessment and consultation services through the Neuropsychology Service at PVAMC. She also serves as a funded investigator on several research projects examining the cognitive and neuropsychiatric effects of hepatitis C, methamphetamine abuse, and war-time blast exposure.

Daniela Hugelshofer, Ph.D., Staff Psychologist for General Medicine Psychiatry Dr. Hugelshofer received her doctorate in clinical psychology from Washington State University in 2006. She completed a postdoctoral fellowship specializing in general mental health, PTSD, and substance abuse treatment at the Kansas City VA Medical Center in 2007. Dr. Hugelshofer joined the Portland VA Medical Center in 2007 as a staff psychologist in the General Medicine-Psychiatry Clinic where she provides evaluation and mental health treatment

to medical patients with comorbid psychiatric and substance abuse issues. She has clinical expertise in cognitive-behavioral therapy for depression, PTSD, and other anxiety disorders.

Kevin F. Mallon, Ph.D., Staff Psychologist/Neuropsychologist for General Medicine Psychiatry for Primary Care. Dr. Mallon received his Ph.D. in clinical psychology from the University of Nebraska – Lincoln in 1992, completing his internship at the Martinez (California) VA Medical Center (now part of the VA Northern California Health Care System), as well as pre- and post-doctoral training in clinical neuropsychology. He worked as a senior psychometrist at the University of California, San Francisco, and as a neuropsychologist at a rehabilitation hospital, before returning to the VA Northern California HCS in 1995, where he worked in primary care mental health, behavioral medicine (with a focus on pain management), and supervision of neuropsychology trainees. In 2007, he came to the Portland VA Medical Center to work in the primary care setting. His interests include psychological and neuropsychological assessment, behavioral medicine, brief therapies, EMDR, and the application of positive psychology interventions to clinical problems.

Benjamin Morasco, Ph.D., Staff Psychologist in Complex Addictions, Substance Abuse Treatment Program, and Assistant Professor in the Department of Psychiatry at OHSU. Dr. Morasco received his doctorate in clinical psychology from Saint Louis University in 2003. He completed a postdoctoral fellowship in clinical health psychology at Harford Hospital in 2004 and a research fellowship in addictive behaviors at the University of Connecticut Health Center in 2005. Dr. Morasco joined the PVAMC in 2005 as a research psychologist with the Hepatitis C Resource Center, and joined the staff in the Substance Abuse Treatment Program in 2006. Dr. Morasco has clinical expertise in treating patients with comorbid medical, psychiatric, and substance-related disorders. His current research interests are in the treatment of patients with chronic pain and comorbid substance use disorder, pathological gambling, psychological assessment, and examining the impact of psychological and behavioral factors on health outcomes.

Adam Nelson, Ph.D., Clinical Psychologist/Neuropsychologist for the Mental Health Department. Dr. Nelson received his Ph.D. in Clinical Psychology from the California School of Professional Psychology in Fresno, California, in 2005. He completed his clinical psychology internship at the Portland VA in 2004/2005 and then completed a two-year post-doctoral residency in Neuropsychology at the VA Northern California Health Care System in Martinez. Currently, he is a staff member of the Neuropsychology Service at the Portland VA Medical Center, and has been focusing the majority of his time on evaluating the neuropsychological functioning of veterans returning from Operations Iraqi Freedom and Enduring Freedom. Dr. Nelson also has strong clinical and research interests in geriatric neuropsychology.

Gina L. Ortola, Ph.D., Staff Psychologist for the Mental Health Clinic and Assistant Professor of Psychology in the Department of Psychiatry at OHSU. Dr. Ortola received her doctorate from Washington State University in 1996 and completed a postdoctoral fellowship in geropsychology at the Portland VAMC. Her professional interests include psychological treatment of older adults and their caregivers, cognitive assessment of older adults, and the development and implementation of group treatments. When not working as a psychologist, she enjoys gourmet cooking, photography, and hiking.

Douglas J. Park, Ph.D., is a Staff Psychologist and the Local Recovery Coordinator for the Portland VAMC. Before joining the Portland VAMC in 2007, Dr. Park worked for almost 20 years in community mental health. While there, he held a variety of clinical and management positions, with particular emphasis on Crisis Services and Time-limited Psychotherapy. As Recovery Coordinator, Dr. Park works to promote an orientation, and

clinical practices that focus on helping veterans with Serious Mental Illness develop a meaningful life of their choosing in the community.

Irene G. Powch, Ph.D., Staff Psychologist for the Posttraumatic Stress Disorders Clinical Team (PCT) and Assistant Professor of Psychology in the Department of Psychiatry at OHSU. Dr. Powch completed her Ph.D. at the University of Kansas in 1995 and a postdoctoral fellowship at the Pacific Center for PTSD/VA National Center for PTSD in Honolulu, Hawaii, in 1996. Her clinical work focuses on the assessment and treatment of PTSD related to war trauma, sexual trauma, and childhood trauma. She integrates object relational/attachment, emotion focused/gestalt, cognitive-behavioral, and feminist/social learning approaches in her work. Dr. Powch is Principal Investigator for several PTSD-related research projects and the Site Principal Investigator for National Center research on PTSD treatments for women veterans. Her recent adventures include climbing Mt. Kilimanjaro, tracking hyenas in the Masai Mara and gorillas in Rwanda, and climbing/snowboarding down several of our local mountains.

James M. Sardo, Ph.D., Program Co-Manager for the Substance Abuse Treatment Program (SATP) and the PTSD Clinical Team (PCT) and Assistant Professor of Psychology in the Department of Psychiatry at OHSU. Dr. Sardo received his Ph.D. from SUNY Binghamton in 1998 and completed advanced training in PTSD at the Portland VAMC in 1999. As the Program manager for the SATP, he is engaged in administrative duties and in the provision of individual and group services for the treatment of substance abuse. Dr. Sardo consults with the Regional Liver Transplant Team and participates in the Northwest Hepatitis C Resource Center. His research interests include both the etiology and treatment of Alcohol Dependence and the efficacy of skill-based management of PTSD. Dr. Sardo serves in the United States Air Force Reserves as a member of the Mental Health Rapid Response Team attached to the 446 ASTS at McChord Air Force Base in Tacoma, Washington. Dr. Sardo recently completed a four month deployment to Iraq where he provided a range of mental health services while attached to 332nd EMDG.

Robert Socherman, Ph.D., Staff Psychologist, Program Manager of the Mood Disorders Research and Treatment Center and Assistant Professor of Psychology in the Department of Psychiatry at OHSU. Dr. Socherman completed his internship at the American Lake VA in Puget Sound in 1999 and received his doctorate from the University of Georgia, Counseling Psychology Program. He then moved on to a two-year postdoctoral fellowship in Program Evaluation and Public Health at the University of Colorado Health Sciences Center. Serving as the Program Manager of the Mood Disorders Center allows for the bridging of research and clinical activities throughout the VA that involve mood disorders (i.e., depression, bipolar disorder). His training and experiences have led to an interest in integrated care and the cost of healthcare and service utilization patterns.

Daniel Storzbach, Ph.D., Head of the Neuropsychology Section, Research Psychologist, and Assistant Professor of Psychiatry and Neurology at OHSU. Dr. Storzbach received his Ph.D. in clinical psychology from the University of Nebraska-Lincoln in 1995 and completed his postdoctoral training in neuropsychology at the Portland VAMC. His primary research interests focus on the effects of environmental stressors, both psychological and physical, on neuropsychological function. He is currently involved in research on multiple sclerosis, seizure disorders, the effects of aging on auditory neurocognitive function, Gulf War unexplained illness, PTSD, and the effects of toxic chemical exposure. Dr. Storzbach is also an investigator at the National Center for Rehabilitative Auditory Research and collaborates with investigators at OHSU's Center for Research on Occupational and Environmental Toxicology. He enjoys travel, hiking, and dining with his family in the Pacific Northwest.

Lynn M. Van Male, Ph.D., Staff Psychologist for the Posttraumatic Stress Disorders Clinical Team (PCT) and Assistant Professor of Psychology in the Department of Psychiatry at OHSU. Dr. Van Male received her doctorate from the University of Missouri - Columbia in 2000. She is a VA National Master Trainer in the Prevention and Management of Disruptive Behavior. In addition to her emphasis on violence risk and threat assessment, her clinical and research interests focus on the interface between human sexual concerns (e.g., sexual dysfunction, intimacy, and paraphiliac behaviors) and trauma (e.g., sexual victimization, combat trauma, medical trauma/injury, and domestic violence).

Amy Wagner, Ph.D., Staff Psychologist for the Posttraumatic Stress Disorders Clinical Team. Dr. Wagner received her doctorate in clinical psychology from the University of Washington in 1995 and completed a postdoctoral fellowship at the National Center for PTSD, Women's Division, at the Boston VAMC in 1997. Since that time she has held faculty positions at the University of Wyoming and the Department of Psychiatry & Behavioral Sciences at the University of Washington. Dr. Wagner joined the Vancouver division of the Portland VAMC in September 2005. She has clinical expertise in cognitive-behavioral therapy for PTSD and anxiety disorders more generally, as well as Dialectical Behavior Therapy. She has research interests in treatment development and evaluation, emotion regulation, and treatment dissemination. Through a VA Merit grant she is currently examining the effectiveness and acceptability of Behavioral Activation Therapy for the early treatment of PTSD and depression among veterans who served in Iraq and Afghanistan.

Thomas M. Walsh, Ph.D., Staff Psychologist in the Mental Health Division's Substance Abuse Treatment Program (SATP). Dr. Walsh is a graduate of the University of Oregon and served in several VA medical centers before coming to the Portland VAMC in 1972. His past experiences include day hospital, outpatient services, inpatient psychiatry, and the SATP program. Dr. Walsh's special interests include stress management, depression, and assertiveness. His primary research interests are dual-diagnosis and PTSD. He is certified by the state of Washington as an Alcohol and Drug Counselor.

Mark F. Ward, Ph.D., Patient Care Line Manager of the Day Treatment Program, Intensive Psychiatric Community Care and General Medicine Psychiatry programs, and Assistant Professor of Psychology in the Department of Psychiatry at OHSU. Dr. Ward is a 1980 graduate of the University of Utah clinical psychology program and served his internship at the Portland VAMC. He has extensive experience in community-based outpatient and day treatment programs for patients with serious and persistent mental illness. Dr. Ward has specialized in psychotherapy of severe personality disorders, neuropsychological assessment, and adult attention deficit disorder. His current research activities involve diagnosis and treatment of adult attention deficit hyperactivity disorder, the neuropsychology of schizophrenia and methodologies for screening for cognitive deficits in a variety of psychiatric disorders.

Current Staff Research Activities

The VA values research for its role in improving patient care and attracting high quality clinical providers and scientific staff. The Portland VAMC is ranked as one of the top VA organizations for research funding. Currently, more than 100 staff at this VA are principal investigators involved in medical and behavioral science research. The Portland VAMC receives approximately \$13.5 million annually in VA intramural funding and another \$17.6 million in non-VA funds (including support from NIH, NIMH, private foundations, and biomedical and pharmaceutical industries) to support over 500 active research projects throughout the Medical Center.

While the primary focus of the internship is on clinical training and professional development, involvement in research activities is encouraged and nurtured. A number of staff welcome intern involvement in ongoing research including grant preparation, data collection, data analysis, and manuscript preparation. Interns have opportunities to co-author publications and professional presentations. Interns especially interested in developing research careers can take advantage of many resources associated with this VA's close ties to OHSU, which is literally connected to the VA by a sky bridge. Most VA psychologists hold academic appointments at OHSU, which has consistently ranked in the top 2% of medical schools in the last six years.

Recent Staff Publications and Presentations

The following is a sampling of recent publications and presentations by psychologists who provide clinical supervision to interns.

2008

Fuller, B.E. & Guydish, J. (2008). No Smoking: Integrating smoking cessation with treatment. Counselor, The Magazine for Addiction Professionals, 9(1), 22-27.

Ganzini, L., **Goy, E.R.** (In press). Delirium and depression at the end of life. *Current Psychiatry*.

Ganzini, L., **Goy, E.R.**, Dobscha, S.K. (In press) Depression and anxiety in patients requesting physician aid in dying. *British Medical Journal*.

Ganzini, L., **Goy, E.R.**, & Dobscha, S. (2008). Family views on assisted suicide. *Journal of General Internal Medicine*, 23, 154-157.

Goy, E.R., Carter, J., & Ganzini, L. (In press). Needs and Experiences of Caregivers for Family Members Dying of Parkinson Disease. *Journal of Palliative Care*.

Goy, E.R., Carter, J., & Ganzini, L. (2008). Neurological Disease at the End of Life: Caregiver Descriptions of Parkinson Disease and Amyotrophic Lateral Sclerosis. *Journal of Palliative Medicine*, 11, 548-54.

Goy, E.R. (April 2008). "Psychological and Psychiatric Considerations for Quality End of Life Care", workshop session at Oregon State University 32d Annual Gerontology Conference

Goy, E.R. (June 2008) - Screening for Cognitive Impairment in a Parkinson's Clinic. Poster, Movement Disorders Society International Meetings, Chicago, IL.

Huckans, M., Mitchell, A., Ruimy, S., Loftis, J., & Hauser, P. (In press). Antiviral therapy completion and response rates among hepatitis C patients with and without schizophrenia. *Schizophrenia Bulletin*.

Huckans, M., Seelye, A., Woodhouse, J., Parcel, T., Mull, L., Loftis, J., Fuller, B., Sasaki, A., & Hauser, P. (June, 2008). Hepatitis C associated cognitive impairment in the presence and absence of a history or substance use disorder. American Academy of Clinical Neuropsychology, Boston, MA.

Loftis, J., **Huckans, M.** Ruimy, S., Hinrichs, D., & Hauser, P. (2008). Depressive symptoms in patients with chronic hepatitis C are correlated with elevated plasma levels of interleukin-1beta and tumor necrosis factor-alpha. *Neuroscience Letters*, 430(3), pp. 264-268.

Matthews, A., **Huckans, M.**, Blackwell, A.D., & Hauser, P. (2008). Hepatitis C testing and infection rates in bipolar patients with and without co-morbid substance use disorders. *Bipolar Disorders*, 10(2), pp. 266-270.

McCarty, D., **Fuller, B.**, Kaskutas, L.A., Nunes, E.V., Miller, M., Forman, R., Magruder, K.M., Arfken, C., Copersino, M., Floyd, A., Sindelar, J., & Edmundson, E. (In press). Treatment

programs in the National Drug Abuse Treatment Clinical Trials Network. *Drug and Alcohol Dependence*.

Morasco, B. J., & Dobscha, S. K. (2008). Medication misuse and substance use disorder in VA primary care patients with chronic pain. *General Hospital Psychiatry, 30*, 93-99.

Morasco, B. J., Ledgerwood, D. M., Weinstock, J., & Petry, N. M. (In press). Cognitive-Behavioral Approaches to Pathological Gambling. In G. Simos (Ed.), *CBT: A Guide for the Practicing Clinician – Volume II*. London: Psychology Press.

Petry, N.M., Weinstock, J., Ledgerwood, D.M., & **Morasco, B.J.** (2008). A randomized trial of brief interventions for problem and pathological gamblers. *Journal of Consulting and Clinical Psychology, 76*, 318-328.

Seelye, A., **Huckans, M.**, Parcel, T., Woodhouse, J., Mitchell, A., Schwartz, D., & Hoffman, W. (June, 2008). Neuropsychological functioning across recovery from methamphetamine dependence. American Academy of Clinical Neuropsychology, Boston, MA.

Whitehead, A. J., Dobscha, S. K., **Morasco, B. J.**, Ruimy, S., Bussell, C., & Hauser, P. (In press). Pain, substance use disorders, and opioid analgesic prescription patterns in veterans with hepatitis C. *Journal of Pain and Symptom Management*.

2007

Fuller, B. E., Guydish, J, Tsoh, J, Ried, M, Resnick, M, Zammarelli, L, Ziedonis, DM, Sears, C & McCarty, D. (2007). Attitudes toward Smoking Cessation Programs in Drug Abuse Treatment Clinics. *Journal of Substance Abuse Treatment, 32*, 53-60.

Fuller, B.E., Rieckmann, T., Nunes, E.V., Miller, M., Arfken, C., Edmundson, E. & McCarty, D. (2007). Organizational readiness for change and opinions toward treatment innovations. *Journal of Substance Abuse Treatment, 33*, 183 - 192.

Goy, E.R. (May 2007). "Parkinson's Disease at the End of Life: Caregiver Perspectives" Poster at American Academy of Neurology International Meetings.

Goy, E.R. (June 2007). "Parkinson's Disease at the End of Life" Invited presentation at the Statewide Palliative Care Conference, OHSU Center for Ethics, Portland, OR.

Goy, E.R. (October 2007). "End of Life Care for a Person with Parkinson Disease: Research and Clinical Implications." Portland VAMC Geriatric Education and Clinical Center (GRECC) educational series presentation, Portland, Oregon.

Goy, E.R. (November 2007). "Accusations of Euthanasia in End of Life Care." Co-presenter, Academy of Psychosomatic Medicine Annual Meetings, Amelia Island, Florida.

Goy, E.R., Carter, J., & Ganzini, L. (2007). Parkinson's Disease at the End of Life: Caregiver Perspectives. *Neurology, 69*(6):611-612.

Goy, E.R., Farrenkopf, K., & Ganzini, L. (2007). Mental health consultation and referral. In Haley K, Lee M (eds.): The Oregon Death with Dignity Act: A Guidebook for Health Care Providers. OHSU Center for Ethics in Health Care, Portland, Oregon.

Goy, E.R. (February 2007). "Parkinson's Disease at the End of Life" Poster at VA HSR&D National Meetings, Washington, DC.

Hauser, P., **Morasco, B. J.**, Linke, A., Matthews, A., Indest, D. W., & Loftis, J. M. (2007). *Antiviral completion rates and sustained viral response in hepatitis C patients with- versus without- pre-existing major depressive disorder.* Paper presented at the American Psychiatric Association Annual Meeting, San Diego, CA.

Huckans, M., Blackwell, A.D., Linke, A., Loftis, J., & Hauser, P. (2007). Interferon therapy for hepatitis C: Treatment completion and response rates among patients with substance use disorders. *Substance Abuse Treatment, Prevention, and Policy*, 2(4).

Huckans, M., & Loftis, J. (Chairs). (November, 2007). Effects of immune activation on psychiatric and cognitive functioning in HIV, HCV, and methamphetamine use: Integration of genetic, biochemical, and neuroanatomical correlates. Symposium presented at the 3rd International Congress on Brain and Behavior, Thessaloniki, Greece.

Huckans, M., Loftis, J., Ruimy, S., Bjornson, D., Parcel, T., Woodhouse, J., Seelye, A., Nelligan, J., Sasaki, A., and Hauser, P. (2007, February). The relationship between peripheral cytokine levels and neuropsychological functioning in patients with hepatitis C. International Neuropsychological Society, Portland, Oregon.

Hoffman, W.F., Schwartz, D.L., **Huckans, M.S.**, McFarland, B.H., Stevens, A.A., & Mitchell, S.H. (November, 2007). Amygdalar activation during delay discounting in abstinent methamphetamine dependent individuals. Society for Neuroscience, San Diego, CA.

Loftis, J., **Huckans, M.**, Ruimy, S., Hinrichs, D.J., & Hauser, P. (May, 2007). Elevated levels of plasma interleukin-1beta and tumor necrosis factor-alpha are associated with increased depressive symptomatology in patients with and without chronic hepatitis C. American Psychiatric Association, San Diego, CA.

Jacupcak, M. **Wagner, A.**, & Dimidjian, S. (November, 2007). Brief behavioral activation for treating PTSD and depression in Iraq and Afghanistan war veterans. Paper presented at the 41st annual convention of the *Association for Behavioral and Cognitive Therapies*, Philadelphia, PA.

Ledgerwood, D. M., Weinstock J., **Morasco, B. J.**, & Petry, N. M. (2007). Clinical features and treatment prognosis of pathological gamblers with and without recent gambling-related illegal behavior. *Journal of the American Academy of Psychiatry and the Law*, 35, 294-301.

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Applying to the Portland VAMC Internship

Selection Process

The application and selection process has been designed to comply with the policy developed by the Association of Psychology Postdoctoral and Internship Centers (APPIC) with respect to internship offers and acceptances. This internship site abides by the APPIC policy that prohibits the communication, solicitation, acceptance or use of ranking-related information prior to the release of the Match results.

In the selection process, several criteria are considered:

- Scholarly preparation, indicated by the academic transcript, research experience and productivity, presentations or publications, and teaching experience
- Clinical experience, including amount and diversity
- Evidence of personal maturity and significant life experience
- The fit between the applicant's stated objectives and the Portland VAMC offerings

A member of the psychology staff evaluates each completed application. After this initial review, a cut is made and the top applications are evaluated a second time by the Training Committee. In order to facilitate planning for internship site visits, applicants will be informed by mail as soon as possible whether or not they remain under consideration after the initial review. Generally, notification is made by early to mid December. For the 2008-2009 academic year, 190 completed applications were received and 56 applicants were invited to attend the Open House.

The Portland VAMC encourages applications from individuals with diverse backgrounds and with a variety of experiences.

Application Procedures and Checklist

All materials must be postmarked by November 5, 2008. Please submit all materials in one packet. Failure to do so may delay process of your application. To complete an application send:

- Portland VAMC Application Form in this brochure.
- Portland VAMC Clinical Experience Form in this brochure. Please use the AAPI Doctoral Practicum Documentation Guidelines to record hours of experience and anticipated experience (e.g., for definition of face to face hours and total practicum hours).
- Current Vita.
- A brief (1 to 2 pages) autobiographical statement, specifically addressing the following:
 - What stimulated you to study psychology?
 - What life experiences have influenced you professionally and personally?
 - What kinds of therapies have you employed and how would you characterize your theoretical orientation?
 - What are your interests and goals for the internship and beyond?
 - Why did you apply to the Portland VAMC?

Please do not include your autobiographical statement from Section 2 of the AAPI.

- Verification of Internship Eligibility and Readiness Form (Part 2 of the AAPI form available at appic.org), completed and signed by your Director of Clinical Training.
- Three professional letters of recommendation.
- Copy of graduate school transcripts. (need not be an original)

For general questions about the Psychology Internship you may contact the American Psychological Association Office of Program Consultation and Accreditation at (202) 336-5500; appic.org; or 750 First Street NE, Washington, D.C. 20002-4242.

Open House

We do not offer individual interviews as part of our selection process. An invitational Open House will be held on Thursday, January 8, 2009 to acquaint candidates with the internship program. Applicants who remain under consideration after the initial review will receive an invitation in early to mid December. At the Open House, staff psychologists and current interns will describe the training experiences offered and will be available to answer questions. Candidates are strongly encouraged to attend the Open House to obtain the most information about our site. If you are unable to attend the Open House, we may be able to arrange for you to meet briefly with a staff member or an intern on another date. This option is not always feasible and is subject to staff and intern availability.

Applicants selected for internship at the Portland VAMC will be asked to submit two sample psychological assessment reports during the summer prior to beginning internship.

Questions about the program or the application process should be addressed to:

David W. Indest, PsyD, Director of Training
Psychology Internship (P3MHDC)
Portland VAMC
3710 SW Veterans Hospital Road
Portland, OR 97239
E-mail: david.indest@va.gov
Message Phone: (503) 220-8262, Ext. 54699
Fax: (503)220-3499

Note: VA interns are subject to all employment rules applying to federal employees.

Applying to the Portland VAMC Postdoctoral Fellowships

Eligibility: We seek candidates who are US citizens and will have completed an APA-accredited doctoral program in clinical or counseling psychology and an APA-accredited internship as of August 31, 2008. The dissertation must be verified as completed prior to the fellowship start date. As an equal opportunity training program, the internship welcomes and strongly encourages applications from all qualified candidates, regardless of racial, ethnic, religious, sexual orientation, disability or other minority status.

Deadlines: Applications must be postmarked by January 23, 2009. We will interview all eligible candidates by February 20, 2009, with a final decision targeted for February 26, 2009.

Application Instructions: To apply, the following materials are required:

1. A letter of intent (identifying the desired fellowship; a brief summary of your interests and qualifications for this specialty training; why you are interested in this position; aspirations for your psychology career)
2. CV (including a brief description of your internship rotations)
3. Three letters of recommendation (at least one from an internship supervisor)
4. Graduate school transcripts (photocopies are OK)

Please send all application materials in one envelope. Letters of reference should be signed across the envelope seal. Send application materials to:

David Indest, PsyD
Director, Psychology Postdoctoral Fellowship Program
P3MHADM
Portland VA Medical Center
3710 SW US Veterans Hospital Rd
Portland, Oregon, 97239

Please feel free to contact Dr. David Indest, Director of Psychology Training (e-mail: david.indest@va.gov; phone: 503-220-8262, ext 54699) with any questions.

Note: VA interns and fellows are subject to all employment rules applying to federal employees.