



## **Psychology Internship Training Program**

**Bruce W. Carter VA Medical Center**

**Miami VA Healthcare System**

**Psychology Service**

**1201 N.W 16<sup>th</sup> Street, Miami, Florida 33125**

**[www.miami.va.gov](http://www.miami.va.gov)**



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## MIAMI VA PSYCHOLOGY TRAINING

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**Introduction:** The Miami VA is proud to offer **10 Psychology Internship positions** with a focus in a variety of emphasis areas for the **2021-2022** academic year. The program is fully accredited by the American Psychological Association and is also an APPIC member. The information provided in this document is updated yearly and as needed. If you have questions following review of the brochure, please contact Dr. Laura Weinberg, Director of Psychology Training. For modifications made to both the training program and interview process due to the COVID-19 pandemic, please review relevant sections.

Applications are due on **November 6, 2020** and specific Match numbers are as follow:

Health Psychology: 122012 (3 positions)

Neuropsychology: 122013 (1 position)

Geriatric Psychology: 122014 (2 positions)

Psychiatry-General: 122015 (2 positions)

Psychiatry-Recovery & Rehabilitation: 122016 (1 position)

Forensic/Veterans Justice Outreach: 122017 (1 position)

**Accreditation Status:** The predoctoral internship at the Miami VA Healthcare System is accredited by the Commission on Accreditation of the American Psychological Association. The next site visit will be held in 2027. All questions related to the program's accredited status should be directed to the Commission on Accreditation:

Office of Program Consultation and  
Accreditation American Psychological Association  
750 1<sup>st</sup> NE, Washington, DC 20002-4242  
Phone: (202) 336-5979  
E-mail: [apaaccred@apa.org](mailto:apaaccred@apa.org)  
Web: [www.apa.org/ed/accreditation](http://www.apa.org/ed/accreditation)

**Financial Support and Benefits:** The current intern stipend is **\$27,924** which is for a one year, full-time 2,080-hour training year. The stipend is paid biweekly. Interns are eligible for medical and life insurance. Interns also earn four hours of both annual and sick leave per pay period, which accrue to 13 paid vacation days, 13 paid sick days, in addition to 10 paid Federal holidays. Interns are granted administrative leave on a limited basis for dissertation related meetings, workshops, VA interviews and other events related to professional development.

For additional information please visit [www.psychologytraining.va.gov/benefits.asp](http://www.psychologytraining.va.gov/benefits.asp)

*\*This document may contain links to sites external to Department of Veterans Affairs. The VA does not endorse and is not responsible for the content of the external linked website.*

## APPLICATION REQUIREMENTS

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**Equal Opportunity:** The Psychology Service abides by the Department of Veterans Affairs commitment to ensuring equal opportunity (EEO), and promoting diversity and inclusion, all applicable Federal EEO laws, regulations, Executive Orders, and Management Directives. As provided by the Policy, the VA will not tolerate discrimination or harassment on the basis of race, color, religion, national origin, sex, pregnancy, gender identity, genetic information, parental status, sexual orientation, age or disability. The Miami VA Healthcare System Psychology Service is committed to upholding an inclusive environment so that the associated stakeholders, (Veterans, supervised trainees, staff psychologists, technical and clerical staff) feel encouraged and supported to incorporate all aspects of themselves into their experience at our facility. We believe that the honoring of the unique aspects of each individual is compulsory for the optimal development of highly qualified, effective and satisfied professionals, and ultimately, improves the quality of the services that we provide to our Veterans.

**Eligibility Criteria For Internship Application:** To be considered for admission, candidates must meet the following requirements and be approved for internship status by their graduate program training director.

- Doctoral student in good standing at an American Psychological Association (APA) or Canadian Psychological Association (CPA) accredited graduate program in Clinical, Counseling, or Combined Psychology, or Psychological Clinical Science Accreditation System (PCSAS) accredited program in Clinical Science. Persons with a doctorate in another area of psychology who meet the APA or CPA criteria for re-specialization training in Clinical, Counseling, or Combined Psychology are also eligible.
- 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.
- 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.
- Interns are subject to Special Agreement Check (SAC) fingerprinting and background checks. Match result and selection decisions are contingent on passing these screens. Please note trainees like all employees can be subject to *random* drug testing at any point during the training year.

- VA training occurs in a health care setting. Some of the patients served by VA are elderly or infirm and could succumb to common illnesses like influenza. It is important to be able to document that your vaccinations are up to date and that you have been screened for active tuberculosis prior to starting your training at VA or other hospitals. Securing a statement from university student health center, your regular health provider, or an urgent care clinic can expedite your appointment. Additionally, maintaining a current flu vaccination during the training year (or taking additional preventative measures to limit patient exposure to the flu) will be required. Please discuss this with the program training director after you have matched and well before to your start date to facilitate your onboarding.
- No slots are preallocated to any graduate program, and multiple candidates can be accepted from any one graduate program. The Miami VA Healthcare System Psychology Predoctoral Internship Program offers training only for full-time positions; part-time positions are not available.
- Candidates should have all course work completed by the time the internship begins. All major requirements of the graduate school program, including qualifying examinations, should also be completed. Additionally, candidates should have begun work on their dissertation. Specifically, a dissertation proposal should be accepted by the student's dissertation committee prior to internship. All candidates should have substantial practicum experience. At least 250 hours of clinical intervention, face-to-face experience (excluding supervision hours), and 50 hours of assessment, face-to-face (excluding supervision) are required for internship.

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## APPLICATION PROCEDURES

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This internship program is a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC) and participates in the Matching Program. All applicants must register for the Match in order to be eligible for consideration for internship training. An electronic application service, called AAPI Online, must be used by applicants to prepare and submit applications to the program. AAPI Online is a separate and distinct service from the Match, and applicants must register to use AAPI Online separately from registering for the Match. AAPI Online is used by applicants to apply to programs, while the Match determines the final placement of applicants into programs.

Information on the use of AAPI Online to apply to internship programs is provided on the APPIC web site at [www.appic.org](http://www.appic.org).

Information about the Match can be obtained at [www.natmatch.com/psychint](http://www.natmatch.com/psychint).

Applications submitted to the Matching service must be completed by **November 6, 2020** in order to be considered for the Miami VA Healthcare System internship program. Only completed applications will be reviewed by the Training Committee for the final round of consideration. Confirmation of the status of applications will be sent out in mid-December.

Nevertheless, the candidate bears primary responsibility for making sure all materials are submitted to the Matching Program on time.

**Application Materials:** Applications are to be completed electronically using the AAPI online Applicant Portal and must include the following:

- Standardized AAPI Online Form. Access to instructions for the online application can be obtained at [www.appic.org](http://www.appic.org).
- Indicate the **emphasis area** (indicating first and second preferences is acceptable) to which you are applying at the beginning of your cover letter:

Health Psychology: 122012

Neuropsychology: 122013

Geropsychology: 122014

Psychiatry-General: 122015

Psychiatry-Recovery & Rehabilitation: 122016

Forensic: 122017

- Applicants may also identify themselves as representing a racial, cultural, or other element of diversity. These statements should have a space between them and separated from the formal body of the cover letter.
- Two letters of recommendation from psychologists familiar with your clinical practicum.
- A copy of a psychological assessment report that you have written which includes diagnostic and personality issues. Neuropsychological reports are acceptable if they have a section that also deals with diagnostic/personality topics. Please include reports on adults only. Remove any identifying and confidential material.

## INTERN SELECTION

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All applications are reviewed by members of the Psychology Training Committee in November and December. Applicants are asked to choose a primary and secondary emphasis area (Health Psychology, Geropsychology, Neuropsychology, Psychiatry or Forensic) based upon their training interests, experience, education and professional goals. Applications in each "emphasis area" will then be reviewed by the supervisors in this area.

The top ranked applicants in each group will then be selected as finalists and invited for interviews. Upon invitation to interview, applicants will be interviewed for a position in their primary emphasis area unless otherwise notified. Please remember that this is always a

relative process since each applicant is being compared to the other applicants in a particular year. Thus, while an applicant may have an interest in Neuropsychology, for example, the applicant will be compared to other candidates who may have strong experience and training. It would therefore be wise for an applicant to not only consider his or her training interests, but also his or her experiences, credentials, and training and choose the emphasis area that would make for the strongest overall application.

Approximately 70 of the applicants will be selected for the final round of consideration. All applicants will be notified of their final round status by email in mid-December. Finalists will be invited to interview with the Training Committee during January.

Typically, well qualified candidates are offered personal interviews and expected to travel, at their own expense, to the Miami VAMC during the month of January. Given the COVID-19 pandemic, Miami VAMC will be conducting **VIRTUAL INTERVIEWS ONLY** via video conferencing platforms. Interviews will be conducted with the Psychology Training Director and other training faculty members.

Following interviews, the Training Committee will meet and evaluate all finalists. The Committee will vote on each finalist and the resulting rankings will be used to formulate rank order lists. Interns are matched with the program according to the procedures set forth by APPIC and The Match service.

- Rank Order Lists will be submitted for Phase I of the Match in accordance with APPIC Policies by **February 5, 2021**.
- The results of Phase I of the Match will be released by the Match agency on **February 19, 2021**.

Please refer to the APPIC website for details. Written confirmation of offers and acceptances is required. For more details of APPIC Guidelines, please read the APPIC Policy listed on the website.

\*This internship site agrees to abide by the APPIC Policy that no person at this training facility will solicit, accept or use any ranking-related information from any intern applicant.

**INQUIRIES REGARDING THE APPLICATION PROCESS CAN BE DIRECTED TO:**

Laura Weinberg, Ph.D., Director of Psychology Training  
Psychology – 116B 1201 NW 16<sup>th</sup> Street Miami, FL 33125-1693  
Phone: 305-575-5000 ext. 13215  
E-mail (**preferred**): [Laura.Weinberg@va.gov](mailto:Laura.Weinberg@va.gov)

## PSYCHOLOGY SETTING AT THE MIAMI VETERAN AFFAIRS MEDICAL CENTER

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The Miami VA Healthcare System is a Joint Commission accredited, complexity level 1A facility serving approximately 57,000 Veterans in three South Florida counties: Miami-Dade, Broward, and Monroe. The Bruce W. Carter VA Medical Center is in downtown Miami and supports two major satellite outpatient clinics located in Sunrise and Key West; and five community-based outpatient clinics located in Homestead, Key Largo, Pembroke Pines, Hollywood and Deerfield Beach. The facility provides general medical, surgical, and psychiatric services, as well as serving as an AIDS/HIV Center, Prosthetic Treatment Center, Spinal Cord Injury Rehabilitative Center and Geriatric Research, Education and Clinical Center. A Healthcare for Homeless Veterans Clinic is located about one mile from the medical center. The organization is recognized as a Center of Excellence in Spinal Cord Injury Research, Substance Abuse Treatment, and chest pain. In addition to medical services, the healthcare system's Research Program conducts nearly \$8 million in research in areas of oncology, PTSD, endocrinology, mental health, diabetics, hypertension and other medical fields.

The Miami VA Healthcare System's mission is to honor American's Veterans by providing exceptional healthcare that improves their health and well-being. Our vision is to continue to strive to be the benchmark of excellence and value in healthcare by providing exemplary services that are patient centered, culturally competent and evidence based. This care will be delivered by engaged, collaborative teams in an integrated environment that supports learning, discovery and continuous improvement. It will emphasize prevention and population health and contribute to the nation's wellbeing through education, research, and service in national emergencies.

The Miami VA Healthcare System has a long and colorful history. In 1942, the commanding General of the U.S. Army Air Forces directed that an officer candidate school be established to maintain an Air Force Replacement Training Center with facilities for medical services. The Floridian and Nautilus Hotels were used for this purpose. The Nautilus is considered to have been the first Veterans Administration hospital in the Greater Miami Area. The facilities of the Nautilus were soon inadequate for the number of troops stationed in the area and another Air Force Team was called in to inspect all hotels in South Florida. The famed Biltmore Hotel in Coral Gables was selected and became an Army Hospital in 1946. It was renamed Pratt General Hospital in honor of one of the U.S. Army Air Forces' pioneer flight surgeons. Pratt General Hospital was deactivated in May 1947, but was taken over immediately by the Veterans Administration. The hospital, consisting of 450 general medical and surgical beds, was maintained until the completion and activation of the present Medical Center, located at 1201 NW 16th Street, in May 1968.



Miami VA Medical Center was officially re-named on October 27, 2008 to honor a decorated Marine – Private First Class Bruce W. Carter who served as a radio operator with Hotel Company, 2nd Battalion, 3rd Marines Division. On August 7, 1969, while in combat north of the Vandgrift in Quang Tri Province in Vietnam, Private First Class Carter threw himself on an enemy grenade, giving his life in service to our country so that his fellow Marines could survive. His medal and decorations include the Medal of Honor, the Purple Heart, the Combat Action Ribbon, the National Defense Service Medal, the Vietnam Service Medal with one bronze star, and the Republic of Vietnam Campaign Medal.

Approximately 40% of Veterans served by MVAHS are age 65 or older. Over one-third (38%) of Veterans served are mental health service recipients. Total inpatient admissions for 2018 were over 5,600, and there were over 760,000 outpatient visits generated by over 56,000 Veterans. Of the top ten diagnoses treated through the healthcare system, four are mental health related. Approximately 9% of Veterans served are women, the fastest growing demographic at the Miami VA. The Miami VA has a dedicated Women Veteran's Clinic. Estimated race and ethnicity demographics include approximately one-third each of Caucasians, African Americans, Latinos, and smaller percentages each of American Indians, Asians, and Pacific Islanders.

Psychology Service is situated within the Mental Health and Behavioral Sciences Service, and functions under an Associate Chief of Staff for Mental Health. Psychology and Psychiatry remain separate and individual professional sections, however. Each section is under the direct supervision of a chief and continues to maintain its own professional identity, credentialing and privileging, training program, continuing education program, peer review system, and other unique characteristics. Psychologists share leadership roles with psychiatrists and are intimately involved in the planning and provision of clinical services in all capacities and in all sections. All of the clinical programs and teams are overseen by a Mental Health Council, which is led by the ACOS for Mental Health and includes the Chief of Psychology, the Chief of Psychiatry, the Associate Chief of Nursing for Psychiatry, the Supervisor of Social Work Service, and the Supervisor of Recreation and Creative Arts Therapy.

The psychology staff is composed of approximately 40 doctoral level Clinical and Counseling psychologists, master's-level therapists, peer support counselors, a secretary and clerk, and volunteers. Psychology staff members are responsible for their assigned program areas and provide evaluation, consultation, assessment, interventions, and research. Psychologists are involved in almost all areas of the Miami VAMC including Patient Aligned Care Teams,

Telehealth Care, Integrated Health, Medicine, Surgery, Psychiatry, Physical Medicine and Rehabilitation, Spinal Cord Injury, Extended Care, Hospice and the Community Living Center.

Psychologists also develop and provide specialized programs such as Whole Health for Life, psycho-education and support groups for patients, families, couples and other hospital staff. They are heavily involved in training and continuing education, not only with psychology residents, interns and externs, but with trainees and professionals from other disciplines as well. Most staff psychologists have faculty appointments in the University of Miami's Miller School of Medicine, Psychology Departments at the University of Miami, and Nova Southeastern University.

The Medical Center has an extensive research program of over 200 active projects concentrating on mental health, endocrine polypeptides and cancer, diabetes and epilepsy, geriatric studies, neuronal injury and disease, HIV/AIDS, chronic fatigue, and Gulf War Syndrome. Residency training programs are provided to 150+ residents in most of the medical and surgical subspecialties as well as Pathology, Pharmacy, Social Work, Audiology/Speech Pathology, Nuclear Medicine, Nutrition & Food Service, Physical & Occupational Therapy, Psychiatry and Radiology. As a result, an active teaching role has been developed to accomplish the hospital's mission of patient care, medical education and research, and a complete range of medical, surgical and psychiatric subspecialty services are provided.

In addition to the 10 pre-doctoral psychology interns, there are nine (9) post-doctoral psychology residents in Clinical Psychology. The facility also serves as a psychology practicum placement site (externship) for three local universities' APA-accredited doctoral training programs.

There are over 30 licensed doctoral psychologists on staff who are available for supervision. Nearly all treatment philosophies and specializations are expressed by this diverse staff, along with teaching expertise and research interests

## TRAINING MODEL AND PROGRAM PHILOSOPHY

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**Internship Training Philosophy:** The Program emphasizes “scientifically-minded” psychologists/practice rooted in the scientist-practitioner philosophy. The Program believes that a scientific approach to culturally informed psychological practice is a critical core competency for all psychologists and serves to distinguish psychologists from other health-care professionals. The Program aims to produce culturally competent, scientifically-minded graduates who have the knowledge and clinical skills for entering the professional practice of psychology.

The mission of the Miami VA Healthcare System Psychology Predoctoral Internship Program is to provide an integrated skills training and educational approach based on the scientist-practitioner model resulting in the development of culturally competent, proficient, skilled psychologists serving the needs of our diverse Veterans and military patients. The internship program helps the intern to set practical goals for his or her career, and then set up an appropriate training program to meet these goals. Interns also focus on a coherent and marketable area of expertise that will allow them to become highly proficient in health service psychology. Several of the staff psychologists at the Bruce W. Carter VA Medical Center have experience in private practice and possess practical knowledge of functioning as an independent service provider as well as in a large institutional setting. Emphasis is placed on learning the most current techniques and philosophies that are backed by empirical research and recognized as current professional standards.

Continuing education is also strongly emphasized, and there are many opportunities for formal training at the Bruce W. Carter VA Medical Center Complex as well as the South Florida area. Administrative Leave is approved on a limited basis for professional development.

The major focus of the internship is on developing clinical skills. All training rotations provide ample opportunities for direct clinical experience. Psychological assessment, psychodiagnosis, clinical interviews, consultation, and individual and group psychotherapy are all emphasized, as well as, cultural and individual differences, scholarly inquiry, and development of an ethical and professional identity. All supervisors provide individualized evaluation and feedback on a broad range of competencies, and the intern's professional growth occurs within a clinical role and setting. Interns participate in research colloquia during the training year. The objectives of research colloquia are to refine skills in critical analysis of research methodology and to discuss the implications of research on clinical practice.

The Miami VA Healthcare System Psychology staff is strongly committed to training and devotes an extraordinary amount of time and energy to resident, intern and extern student training. Psychology interns have performed exceedingly well in the setting and have earned a reputation for competence that is respected by all disciplines. In fact, psychology interns have become a highly valued commodity in all areas of the Bruce W. Carter VA Medical Center, and their participation on a rotation is routinely requested. This provides a great number of training opportunities, as well as helping to develop a sense of pride, satisfaction and flexibility as a professional psychologist.

## DIVERSITY STATEMENT

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The Miami VA Predoctoral Internship is deeply committed to fostering multicultural competence and diversity awareness. The overall goal of our training activities is to produce interns that are sensitive to individual differences and demonstrate the ability to apply diversity-based models in clinical settings.

The Diversity Committee is comprised of Miami VA psychologists who are committed to helping interns, psychologists and other stakeholders develop the increased awareness, knowledge, and skills necessary for working with a highly diverse patient population. It also aims to explore how, as mental health professionals our biases, power, privilege, assumptions, and life experiences affect our clinical work. Interested interns can serve as diversity committee members for their internship year. Student members are an integral part of the Diversity Committee and are encouraged to participate with planning as well as serve as a liaison to their cohort.

The Diversity Committee conducts a series of diversity didactics, immersion experiences, and reflective discussions to foster professional development. The didactic series includes diversity readings that aim to address a variety of topics relevant to specific patient populations and to the promotion of multicultural competence (e.g., cultural perceptions of psychotherapy and psychotherapists, spirituality, socioeconomic status, disability, LGBTQ Veterans, immigration/acclimation, aging, women's issues, etc.). Interns and staff engage in immersion experiences by visiting with community resources that are implementing diversity in their care. Reflective discussions bring interns and staff together to provide in-depth conversation on how to improve diversity in care. Lastly, the Diversity Committee assist interns with their incorporation of diversity-based models into psychotherapy and assessment case conceptualizations. Interns are required to use the ADDRESSING model into clinical and assessment case presentations to demonstrate the application of diversity into their practice.

The Miami VA serves Veterans from a highly diverse area, encompassing urban and suburban communities around Miami. Our heterogeneous setting gives Interns the opportunity to provide services to Veterans from a variety of backgrounds. Veterans in this area are ethnically diverse, providing Interns with the opportunity to develop competencies in working with patients from many different cultural backgrounds. Interns have the opportunity to provide services to a variety of minority and underserved populations, which is vital to the training of well-rounded psychologists. The Miami VA has an active homeless program, which coordinates health care, services, and advocacy for homeless Veterans.

Lesbian, Gay, Bi-sexual, and Transgendered (LGBT) Veterans are increasingly seeking services at the Miami VA, and the broader Miami metropolitan area features an active LGBT community. In this context, Interns will be able to develop their appreciation for diversity in sexual orientation. Increasingly, the veteran population includes greater numbers of women, which presents more opportunities for Interns to develop skills for

competently addressing sex and gender issues in their training. The Miami VA provides services tailored to address the needs of Veterans across their lifespan, and Interns are offered opportunities to work in settings where age-related issues are relevant (e.g., younger Veterans setting education goals and re-integrating into their families after deployment, middle-aged Veterans adjusting to retirement and medical problems, elders facing end-of-life issues). Interns will also be encouraged to explore other dimensions of diversity, including but not limited to, national origin, immigration status, language differences, religious/spiritual beliefs, and physical ability.

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## PROGRAM GOALS & OBJECTIVES

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### COMPETENCY STANDARDS

The Miami VA utilizes a competency-based scientist-practitioner model. The Program's philosophy is that competencies can and will be demonstrated through a variety of formats. The Training Committee has identified goals with associated competencies that must be successfully demonstrated by completion of training by all trainees:

- 1) Professionalism
- 2) Ethical and Legal Standards
- 3) Assessment, Evaluation and Conceptualization
- 4) Communication and Interpersonal Competency
- 5) Intervention Skills
- 6) Scientific Thinking and Research
- 7) Supervision, Education, and Teaching Skills
- 8) Diversity and Multiculturalism
- 9) Consultation and Interprofessional/Interdisciplinary Skills.

### DEMONSTRATION OF COMPETENCIES

The demonstration of competencies is an integral part of the evaluation process. The demonstration of competencies is an ongoing process and trainees demonstrate competencies by their participation in training activities including rotations, case conferences, research colloquia, diversity training, provision of supervision, psychotherapy clinic assignments and assessment clinic assignments. Entry-level competency in training goals are also assessed at the beginning of internship.

The major focus of psychology training is on developing **clinical skills**. All training rotations provide ample opportunities for direct clinical experience. Psychological assessment, psychodiagnosis, clinical interviews, consultation, and individual and group psychotherapies using evidenced-based therapies are all emphasized, as well as the development of advance skills in cultural/diversity awareness, scholarly inquiry, and development of an ethical and professional identity. All supervisors provide individualized evaluation and feedback on clinical skills, and the trainee's professional growth occurs within a clinical role and setting. Interns and residents participate in research colloquia during the training year. Each pre- doctoral intern, under the guidance of their research

seminar supervisor, will select a research area of interest which has current clinical relevance within the VA system. The research area of interest can pertain to a specific mental health issue, treatment modality, service delivery model, or allocation of available mental health resources. The intern will perform a thorough scholarly review of recent research publications pertaining to and falling within the selected interest area. The intern will make themselves familiar with the pertinent issues, questions, advancements, and barriers/limitations within the subject area. By the end of internship, each intern will prepare a 30-40 minutes PowerPoint presentation.

## PROGRAM STRUCTURE

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The internship program consists of required weekly educational seminars, case conferences and research colloquia along with formal training rotations. The training year is comprised of four, quarter-year rotations. Certain emphasis rotations may require six months as designated by specialty guidelines (e.g. Neuropsychology) or rotational structure. Rotations are categorized in five different emphasis areas: Health, Geropsychology, Neuropsychology, Psychiatry and Forensic. Interns choose an emphasis area upon application from these five and will take at least two full rotations in their emphasis area.

Like other Miami VAMC employees, interns typically work a 40-hour week, with hours varied due to rotational requirements. For example, a typical tour of duty begins and ends 7:30AM – 4:00PM or 8:00AM – 4:30PM, with 30 minutes set aside for lunch. Approximately 24 of 40 weekly hours are devoted to work on the training rotation, with 6 hours allocated to psychotherapy and assessment, 4 to supervision, 4 to didactics and case conferences, and 2 hours to research colloquia.

Ongoing caseload of 2-3 individual psychotherapy referrals and a minimum of six (6) psychodiagnostic assessment cases are provided to interns during the year, separate from clinical rotations. In addition to supervision provided by the rotation supervisor, interns also meet for a minimum of one hour per week with their psychotherapy supervisor, one hour (as needed) with their assessment supervisor, and one hour per week in group supervision with the director of training or a designee (typically a non-evaluative staff member). Interns meet with their research colloquia mentors on an "as needed" basis as they prepare for monthly meetings.

During the first week of internship, psychology supervisors make a presentation to the intern class about their rotations, supervisory styles and involvements, and clinical interests. Interns have an opportunity to examine available training opportunities and discuss them with the supervisors before choosing their training rotations and ranking requests for psychotherapy and assessment supervision. Interns draw up a Training Contract for the internship year that serves as a guideline for their selection of rotations. This contract will be used by the intern and Training Committee to select and approve the intern's training rotations for the year.

Interns are strongly encouraged to have one three-month rotation working with a psychiatric population or, because of extensive previous training in psychopathology and with diverse psychiatric populations, the intern may request that this requirement be waived. Eligible rotations include all of the training rotations listed in this brochure under the heading "Psychiatry." Interns provide a ranked list of all of their rotation preferences to the Training Committee along with their Training Contract. The Committee has always granted the top two requested emphasis rotations of each intern, and usually all requests are approved as long as scheduling conflicts can be resolved.

Interns attend formal educational seminars that meet on a weekly basis. These seminars cover psychological assessment, empirically based interventions, ethics, licensure, and special populations. Interns also give case presentations on assessment and therapy cases during the year for the Case Conference Series. In continued efforts to provide culturally competent treatment, interns incorporate the ADDRESSING conceptualization in the Case Conference Series. Interns will also receive cultural competency training through the diversity didactic series, immersion community outings and reflective discussions with staff focusing on how to apply dimensions of diversity into treatment. Interns also complete a pre-post questionnaire to provide feedback on how the Miami VA internship has addressed cultural/diversity enrichment of students. There are many other educational programs including Grand Rounds, which are offered at the Bruce W. Carter VA Medical Center and the University of Miami's Miller School of Medicine during the year, and interns are encouraged to attend these as schedules permit. Please see a sample schedule and potential topics of our seminar series below.

The program also offers an **optional** mentorship program available to interns as requested. Interns will receive a brochure identifying staff members available for mentorship and are able to request mentorship at any time during the internship year for a variety of needs such as professional development and/or assistance with the post-doc application process. The mentor is non-evaluative and does not disclose the trainees mentorship needs to the Training Committee.

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## SEMINAR SERIES (PARTIAL LIST/SUBJECT TO CHANGE)

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TOPIC	PRESENTER
Ethics For Psychologists	Dr. Weinberg
Florida laws & regulations	Postdoctoral Residents
Diversity and Multiculturalism (multiple Sessions)	Dr. Corneille and the Diversity Workgroup Postdoctoral
Mental Status Assessment	Residents
MMPI-2	Dr. Gillette
WAIS-IV Workshop (multiple sessions)	Neuropsychology Staff
The Clinical Interview and Report Writing	Dr. Weinberg
Threat Assessment and Duty to Warn	Dr. Kenney
Effort Indicators	Dr. Hartman
Understanding the Veteran Patient	Dr. Kutcher
Family Issues	Dr. 's Hochman and Nawalrai
Smoking Cessation	Dr. Kelly-Scurry
Models of Substance Abuse Treatment	Dr. Somerstein
Termination of Psychotherapy	Dr. Perez
Parkinson's Disease	Dr. Kenney
Motivational Interviewing	Dr. Dahn
Pain and Pain Economics	Dr. Suarez
Military Sexual Trauma	Dr. Stein
Post-docs & job preparation	Postdoctoral Residents Dr.
Third Wave Psychotherapies	Andres-Hyman
Evidenced Based Psychotherapy for PTSD	Dr. Gonzalez and Dr. Bustillo
Men's Sexual Health	Dr. Dahn
Physical Rehabilitation	Dr. Weinberg
Sleep Disorders	Dr. Wohlgemuth
Burnout	Dr. Stevanovic
CBT-I for Insomnia	Dr. Soler-Perez
EPPP and Licensure	Dr. Soler-Perez
Supervision (multiple sessions)	Postdoc Res.

## TRAINING EXPERIENCES AND SUPERVISION

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**Psychotherapy Clinic:** Each intern will carry at least two-three individual psychotherapy cases at any one time with a separate supervisor specifically assigned for these cases. Provision of evidenced based interventions are encouraged, and some of the psychotherapy supervisors are certified in evidenced based psychotherapies (EBP's). The Psychology Service has an Evidenced Based Psychotherapy Coordinator who is available for supervision and guidance. The length of therapy will depend on the needs of the patient and be justified by treatment goals and plans; therefore, over the course of the year, interns will be involved with several therapy cases independent of their rotations. The *minimum* standard of achievement is **80** psychotherapy sessions delivered over the course of the training year. Interns will meet with their therapy supervisor for at least one hour per week to discuss these cases.

**Assessment Clinic:** Interns are required to complete at least **6** comprehensive Psychodiagnostic assessment reports during the year. A separate supervisor is also assigned for the management of these assessment cases. Interns use a combination of objective instruments and structured interviewing for evaluations.

**Rotation:** Each intern will select four distinct rotations (with some rotations split) and receive at least one hour of face-to-face individual supervision from the rotation supervisor each week. Supervisors meet with the intern group during Orientation to describe the learning opportunities and clinical experiences available during the rotation. This is also the time faculty introduce themselves as available supervisors for psychotherapy clinic, assessment clinic, and as a research mentor. The supervisor and intern develop training goals at the beginning of the rotation and anticipated experiences and learning opportunities to meet that goal. They also review the primary competencies and application to the specific rotation required for successful completion.

**Evaluation and Feedback:** Supervisors meet with the Training Committee on a regular basis to provide verbal feedback on the progress of each intern. Formal competency-based evaluations are given to each intern at the end of each three-month training quarter on their performance and progress in rotations, assessment, psychotherapy and research colloquia. Final Rotation Evaluations are designed to focus on the individual growth of the intern in regard to the training domains and related competencies as required by the internship and on areas of continued need. These forms are designed to provide specific feedback that will help the intern to develop as a professional. Interns are asked to provide feedback to the supervisor at the end of the rotation.

A comprehensive evaluation is composed by the Training Director at the middle and end of the internship year, and is drawn from all sources of supervisor feedback, both written and verbal. These comprehensive evaluations are sent to the Training Director at the intern's graduate school. Interns also provide feedback to the Training Director about their supervisors, training activities, and the internship program in general.

Administratively, the rotation supervisor is the intern's immediate “boss”. Interns clear all leave, educational activities, research, and off-site excursions with their supervisor first. The internship program emphasizes the intern-supervisor relationship, and thus the supervisor is given maximum control over his or her training rotation.

**Patient Population:** The patient population at the Miami VA Healthcare System consists almost entirely of Veterans. Select veterans’ dependents and active duty service men and women also receive services at the facility. These are adults, aged 19 to 100, and mostly male but with an increasing number of females. The patients come from a diverse ethnic and cultural background with an equally diverse set of problems. Select rotations may provide opportunities to work with the Veterans' families.

### COVID-19 RESPONSE AND ADAPTATIONS

Due to the COVID-19 pandemic, the internship program with the support of medical center leadership successfully transitioned Psychology Interns to telework in April 2020, with interns reporting on site as needed based on rotation requirements or as preferred to conduct telehealth at the facility. Compliance with social distancing has enabled the program to maintain almost all training activities without significant disruption.

Specifically, interns are continuing to provide Veterans individual therapy via telehealth (video on demand or teleconference) and psychological assessment either through telehealth, on-site in different testing rooms through the use of video modality or face-to-face with the use of personal protective equipment (PPE). Delivery service is determined by the supervisor with consideration of the needs and specific risk factors related to the Veteran patient. Training activities for face-to-face group therapy sessions are conducted virtually during the pandemic to ensure the safety of patients and staff. Phase-in plans have been developed for all the aforementioned services to offer both virtual and face-to-face care and will be determined by Miami VAMC senior leadership with consideration of COVID-19 transmission rates.

Interns are attending and participating in didactics via virtual media technologies. At times, interns are receiving “tele-supervision” with guidance from the VA Office of Academic Affiliations (OAA) and APA. This includes benefiting from live and direct observation of clinical care by supervising psychologists with the patient, intern and supervisor at three different locations.

The health and safety of our Psychology Interns, along with the competent care of our nation’s Veterans, is of the utmost importance to us. We will continue to provide high quality training in health service psychology while simultaneously keeping our interns’ health and wellness at the forefront. We will continue to update this status and our training materials as the situation evolves. Please note that the training experiences and rotations described below reflect what would be experienced pre-Covid-19. Miami VA remains open and available for Veterans throughout the pandemic. As such, after the final phase, we will most likely provide a combination of virtual and face-to-face services.

## TRAINING EXPERIENCES

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### HEALTH PSYCHOLOGY

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As defined by the American Psychological Association, Division of Health Psychology, Clinical Health Psychology is the aggregate of the specific educational, scientific, and professional contributions of the discipline of psychology to the promotion and maintenance of health, the prevention and treatment of illness, and the identification of etiological and diagnostic correlates of health, illness, and related dysfunction.

Each of the rotations described below provides training in Health Psychology. The interns in the Health Psychology emphasis area positions will typically spend nine months (3 rotations) on Health Psychology rotations. Health rotations are often taken as “splits” with a split rotation comprised of two rotations taken on a half-time basis (i.e., 1½ days per week on each rotation). For example, the intern may choose to spend one-half of their time providing psychological services to a Specialty Medical Service (i.e. Rehabilitation Psychology) and through Consultation & Liaison psychology. Primary Care-Mental Health Integration (PC-MHI) is a **requirement** for one of three health rotations and is taken full-time. Please see a listing of specific rotations below.

### CONSULTATION & LIAISON

*Supervisor: Paul Hartman, Ph.D., ABPP, Board Certified in Clinical Health Psychology*

C&L Psychology is, in some instances, the main entry to psychological services for Veterans. Referrals are received from Primary Care, Psychiatry, a wide range of Specialty Services (e.g., Endocrinology, Hepatology, Nephrology, Cardiology, Immunology, Pulmonology) and medical/surgical inpatient units. Related to the diverse sources of referrals, C&L Psychology interns provide services to patients with a wide range of problems, including those traditionally thought of as mental illnesses (e.g., depression, anxiety, adjustment reactions, substance abuse) and those conventionally considered physical conditions, such as diabetes, hepatitis, coronary artery disease, end-stage renal disease and HIV, as well as patients affected by a combination of psychological and physical conditions.

The hallmark of C&L Psychology is bridging traditional divisions in conceptualizing the patient's problems and strengths, and in providing effective treatment. The C&L Psychology evaluation and treatment plan take into account the patient's mental health and physical health, as well as developmental, familial, social, and cultural issues. C&L Psychology also bridges traditional divisions among health care providers. We work closely with Patient Aligned Care Teams, various specialty medical services, and psychiatry in order to coordinate care and provide behavioral medicine interventions such as psychoeducation for diabetes, coronary artery disease, and infectious diseases. In addition, C&L Psychology conducts mental health assessments for patients under consideration for solid organ (e.g., liver, kidney or heart), and bone marrow/stem cell transplants, or medical procedures that influence or are affected by psychological adjustment.

Interns spend approximately 1 ½ days (one-half of their rotation time) with C&L Psychology during any Health Psychology rotation. As detailed below in the Competencies section, C&L interns develop and refine their skills to review and understand patient's medical records (including laboratory results), conduct a thorough biopsychosocial evaluation, and construct a treatment plan that comprehensively addresses the patient's behavioral health needs. For example, the biopsychosocial assessment's findings may lead to patients being referred to individual or group therapy, mental health specialty units (e.g., PTSD clinic, substance abuse services), disease-specific support groups, weight management interventions, physical rehabilitation, vocational assistance, social work services, or resources in the community.

C&L Psychology Interns develop their skills in communicating assessment findings and treatment plans to patients and to other clinicians, orally and in written reports. C&L Interns also refine their skills in brief individual psychotherapeutic interventions, such as increasing motivation and overcoming barriers to positive health behaviors (e.g., smoking cessation or weight loss), helping patients problem-solve to cope with stressors, and teaching patients the psychotherapy process prior to their beginning more long-term treatment through another psychology unit. Opportunities to participate in morning rounds on the medical inpatient units with Hospitalists and medical students, interns and residents are available. In addition, C&L Interns usually have the opportunity to supervise an extern. Through individual and group supervision, C&L Psychology interns are encouraged to develop their professional identity, self-assurance in relating to patients and other clinicians, and expertise for working with a range of behavioral health issues. Ethical, legal and diversity matters as they relate to the clinical experience are routinely addressed during group and individual supervision.

### **PRIMARY CARE-MENTAL HEALTH INTEGRATION**

*Supervisors: Grace Caldas, Psy.D. and Lianne Gonzalez, Psy.D.*

This rotation provides an opportunity to work as part of an interdisciplinary team collaborating with primary care (i.e., Patient Aligned Care Teams, PACT). The intern will work closely with PACT medical teams and receive warm hand-offs using the Primary Care Mental Health Integration model. The intern will facilitate interdisciplinary health behavior sessions, focusing on a range of prevalent health conditions, as well as serve as the behaviorist and group facilitator for Shared Medical Appointments (SMAs). Intern will provide brief evaluation and intervention services for patients who screen positive for anxiety/PTSD, depression, excessive alcohol use, and various other mental health and physical health concerns (e.g. chronic pain). Additionally, a core component of the rotation pertains to educating healthcare staff in brief health behavior interventions (e.g., motivational interviewing), participation in PACT huddles, and modeling of interventions in group and individual patient care. The intern will also receive training in providing brief health-related interventions, both through individual and group modalities, for many issues that are common in medical settings. The intern will also participate in program evaluation/system redesign efforts to improve provision of mental health services in an integrated care environment.

## HEALTH PROMOTION DISEASE PREVENTION

*Supervisor: Jason R. Dahn, Ph.D.*

This half-time rotation provides an opportunity to work collaboratively with other services promoting a healthy lifestyle. The intern will work closely with staff members in patient education, audiology, nutrition, pharmacy, nursing and medicine. The intern will provide individual consultation as well as facilitate interdisciplinary health behavior groups, focusing on a range of prevalent health conditions (e.g., tinnitus, overweight/obesity, tobacco cessation, prediabetes/diabetes, cardiovascular disease, sexual dysfunction). The intern will receive extensive training in providing brief health-related interventions, individually and through structured phone clinics. Training options also include facilitating Health Promotion Disease Prevention program within PTSD residential treatment program. The intern may also participate in program evaluation/system redesign efforts to improve provision of health-related services across the Miami VA Healthcare System.

## HEALTH PSYCHOLOGY & GEROPSYCHOLOGY

*Supervisors: Paul Hartman, Ph.D., Neil Kenney, Psy.D., and Yesenia Rivera, Psy.D.*

This rotation is geared to interns who are not receiving emphasis training in Geropsychology, but who wish to receive some training in providing psychological services to older adults. In this half-time rotation, interns select from one of the 4 geropsychology settings: Community Living Center, Extended Care/ Palliative Care, Geriatric Primary Care, and Home-Based Primary Care. Training offered in each of these settings is further described in the Geropsychology Specialization section (below).

## HEALTH PSYCHOLOGY & PAIN MANAGEMENT

*Supervisor: Lauren Suarez, Ph.D.*

The Miami VAMC Whole Health Center for Pain Management has operated as a specialty care clinic since 1995 and is currently staffed by an multidisciplinary team of providers. The team is committed to meeting the needs of veterans living with chronic pain through a variety of evidence-based traditional and holistic options for pain management. Within this context, psychology offers two weekly pain management groups (Pain School and Mindfulness for Pain Management), provides brief individual psychotherapy targeting chronic pain, performs pre-procedure assessments for implantable devices, and provides psychoeducation to patients regarding behavioral management of chronic conditions. Additionally, psychology is embedded within interdisciplinary team meetings, such as the Opioid Risk Review Board. Students learn to function as a member of a medical team and utilize a biopsychosocial approach to treatment. Interns primarily conduct psychoeducational presentations regarding pain management, implement individual pain-focused outpatient psychotherapy, facilitate group-based interventions, and conduct pre-procedure assessments. Students also have the opportunity to participate in interdisciplinary team meetings and observe pain intervention procedures conducted by clinic physicians. This is a half-time rotation.

## HEALTH PSYCHOLOGY & REHABILITATION PSYCHOLOGY

*\*Current Supervisor: Laura Weinberg, Ph.D.*

The Rehabilitation Psychology rotation is focused on improving the health, independence, and quality of life of people with disabilities, from acute care throughout the lifespan. Interns participating in this rotation will follow Veterans on the Comprehensive Inpatient Intensive Rehabilitation Program (CIIRP) unit which provides a broad exposure to disability populations in short-term inpatient rehabilitation. Veterans are often recovering from stroke, amputation, orthopedic injury or surgery, neuromuscular disorders, and/or debility.

Interns will conduct rehabilitation-oriented assessments, focusing on the psychological, social, and environmental variables that affect adaptation to disability, such as coping strategies, cognitive and psychological functioning, social skills, substance abuse, personality traits, sexuality, family dynamics, and cultural background. Interns will provide brief treatment that incorporates disability-specific knowledge and seeks to maximize the individual's participation in the rehabilitation process. Interns will develop interdisciplinary team consultation skills by functioning as an integral team member, assessing veterans who have been admitted to the unit, addressing psychological barriers, and attending interdisciplinary rounds. Interns may also facilitate psychotherapy groups for veterans with amputations, TBIs, neurological disorders, and/or stroke survivors.

*\*Please note Dr. Weinberg is transitioning out of the role as primary supervisor. A licensed psychologist is anticipated to serve as a primary supervisor prior to the start of the 2021-2022 internship year.*

## HEALTH PSYCHOLOGY & SPINAL CORD INJURY REHABILITATION

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*Supervisors: Salome' Perez, Ph.D. and Lindsey Calle-Coule, Psy.D.*

This behavioral medicine rotation may be either three months or six months and may be taken either full-time or split half-time with another half-time health psychology rotation. It gives the intern the opportunity to become a member of an interdisciplinary medical rehabilitation team on the hospital's Spinal Cord Unit/Disorders (SCI/D) Rehabilitation Unit. The Unit is comprised of a 36-bed inpatient floor as well as the SCI/D Home Care Section that treats patients in their home setting. It is the primary care medical service for over 500 spinal cord injured Veterans in South Florida. Patients range in age from young adult to geriatric. Their spinal cord injuries were sustained in combat, as a result of accident, or disease process. The SCI/D Rehab Unit serves newly injured patients, as well as patients with long-term injuries.

The intern will have an opportunity to provide individual therapy, as well as family and couples therapy. She/he will attend rounds and interdisciplinary treatment planning meetings. While the most general goal of the intervention is to foster adaptive coping with disability, patients seen by the intern are often experiencing diagnosable problems of depression, anxiety, personality disorder, substance abuse, chronic pain, brain injury, or dementia. Interventions are eclectic and tend to include psycho-education, cognitive-behavioral therapies, as well as existential and psychodynamic explorations. There is also

the opportunity to develop and co-facilitate group interventions (i.e., support group for spinal cord injury and disorders patients).

## HEALTH PSYCHOLOGY & SLEEP DISORDERS

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*Supervisor: William Wohlgemuth, Ph.D.*

The sleep disorders rotation is either a six-month, half-time rotation. It will provide the intern with experience working with a multi-disciplinary team comprised of physicians (neurologists, pulmonologists, psychiatrists), and a psychologist. Experiences will include becoming familiar with the diagnostic nosology in sleep medicine (International Classification of Sleep Disorders) interviewing and diagnosing patients in the sleep disorders clinic, becoming familiar with polysomnography (PSG), understanding the results of overnight PSG, and learning about appropriate treatment for a wide range of sleep disorders. Of particular relevance to psychology interns will be training in behavioral sleep medicine. This training entails applying behavioral therapy to sleep disorders, for example, CBT for insomnia or therapy to enhance compliance with continuous positive airway pressure (CPAP). The intern in this rotation may have the opportunity to learn how to 'score' sleep and/or become involved in research projects involving sleep.

## GEROPSYCHOLOGY

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The need for geropsychologists is rapidly growing. By 2030, the number of older adults in the U.S. is predicted to double, to 70 million. Effective psychotherapies are being modified and developed for older adults, and the importance of addressing mental health needs of this population is increasingly recognized. Moreover, the positive impact of behavioral medicine interventions on health conditions prevalent among older persons (including heart disease, diabetes, COPD, and pain conditions) is well-established. Furthermore, baby boomers now entering older adulthood seek and accept psychological interventions more readily than did older cohorts in the past. Psychologists are needed to provide care to older persons in outpatient settings, nursing homes, inpatient medical units, palliative care or hospice programs, and older persons' homes.

The Geropsychology emphasis trains interns in the knowledge, skills, and attitudes required to provide effective psychological services to older adults. In addition, interns have opportunities for research and teaching. The Miami VA is a Veterans Health Administration-sponsored Geriatric Research, Education, and Clinical Center (GRECC), i.e., a "center of geriatric excellence" designed for the advancement and integration of research, education, and clinical achievements in geriatrics and gerontology into the total VA health care system. Moreover, there are cooperative educational opportunities with the University of Miami Miller School of Medicine, which is located in close proximity to the Miami VA.

Interns specializing in geropsychology complete the 6 month full-time geropsychology rotation. Throughout the 6 months, they receive training in 2 settings of their choice, selected from 1) Community Living Center, 2) Geriatric Primary Care, 3) Home Based Primary Care, and 4) the Intermediate and Palliative Care Rotation. Interns may also elect to complete one 3-month rotation in Geriatric Neuropsychology (see Neuropsychology section for rotation description).

Interns not specializing in geropsychology who desire exposure to geropsychology may request a half- time 3- or 6-month rotation in one of the 4 settings

In each of the geropsychology settings, interns gain greater understanding of how aging and related factors affect presentation of psychological problems and response to psychological treatment. In addition to recognizing and treating presentations of mental illness in older persons, interns learn to assess and help older adults use their strengths, including resilience, wisdom, humor, and other coping abilities.

Integrating family and community resources in the psychological treatment plan is also stressed. Specialized training is received for assessment of functional capacities and decision- making in older adults, and helping patients and their family plan in advance for medical care, nursing assistance, and supervision of activities that may be needed in the future.

Interns are helped to explore how their personal attitudes about aging affect their work with older adults. Understanding how ethnicity, gender, educational level, and socioeconomic status affect presentation and response to treatment is emphasized. In addition, interns develop understanding of medical conditions common in older adults and their treatment, including medications. Interns are trained in skills for consultation with family members, other health care professionals, and agencies. A more detailed description of the 4 geropsychology settings follows:

### GERIATRIC PRIMARY CARE

*Supervisor: Paul Hartman, Ph.D., ABPP*

Psychological services are provided to patients within a geriatric primary care clinic, in response to referrals from the clinic's medical director and fellows, psychiatry staff housed in the clinic, and specialty medical services. Patients are seen for psychotherapy and assessment, which may emphasize general psychological adjustment or neurocognitive functioning. Patients represent a wide range of ages (mid-60's to 90's), ethnicities, and socioeconomic circumstances. Psychological issues commonly encountered in the geriatric clinic include anxiety, depression, partner-relational problems, parent-adult child relational problems, employment problems, difficulty in adjusting to health conditions or disability, caregiver stress, concerns about aging, concerns about dying, and bereavement. Recognition and appropriate reporting of elder abuse and neglect are emphasized.

Assessment methods include biopsychosocial interview, standard instruments such as the MMPI-2, and instruments more specific for a geriatric or medical population such as the GDS. A neuropsychology battery is used for patients with suspected mild cognitive impairment or early-stage dementia. The training emphasis is on developing skills for clear and sensitive communication of assessment results to patients, families, and referral sources, both in writing and orally.

The primary therapy approach is cognitive-behavioral, in addition to use of concepts and methods from patient-centered therapy, motivational interviewing, interpersonal therapy, and mindfulness approaches. Couple therapy or family therapy is provided when appropriate. Interns also help lead,

"Happy Till One Hundred," a weekly learning and support group that promotes positive aging. Interns also have the opportunity to be part of the clinical team providing services at the weekly geriatric shared medical appointment for cardiovascular risk reduction. Lastly, the geriatric clinic is in the process of starting new services, including group and individual smoking cessation interventions, frailty clinic, and incontinence clinic, and interns will have the opportunity to be involved in these clinics.

Extensive supervision is provided by modeling (intern sitting in on supervisor providing services), direct observation of intern's provision of service, review of audio or video recording, review of written reports and notes, and discussion of cases. Interns are encouraged to attend "mini-lectures" given by the clinic director to medical fellows on various geriatric issues at the start of the day, as well as geriatric grand rounds which are held once or twice a month.

### COMMUNITY LIVING CENTER (CLC-LONG TERM STAY)

*Supervisor: Yesenia Rivera, Psy.D.*

The CLC is home to approximately 80 Veterans who require a long term supervised nursing/medical environment to ensure their health, safety, and well-being. Residents in the CLC range in age from 40 to 99 and reflect the wide range of issues attendant to such a population including chronic medical illness, persistent psychiatric illness, lack of decision making capacity, end-of-life issues, and hospice/palliative care requirements. Our goal is to ensure residents and their families receive the highest level of care within an environment more reflective of 'home' than a traditional institutionalized medical setting, in compliance with the Culture Change movement.

Veterans residing in the CLC reflect the full spectrum of demographics found within a diverse, urban, multi-cultural community providing a rich base for sharing of experiences and meaningful interactions between people. All care is coordinated via the interdisciplinary treatment team, with any team member (physicians, nurse practitioners, nursing staff, recreation staff, dietitians, pharmacists, rehabilitation staff, clergy, social workers, and housekeeping) able to request psychological services for a Veteran. Interns will learn to function as a vital member of such a team, enjoying mutually respectful and valued exchange of ideas regarding care of Veterans. A full range of psychological services is provided to Veterans including assessment (decision making capacity, baseline cognitive status, behavioral functioning, and current mental status) and therapy (supportive, insight oriented, reminiscence, and life review to assist in coping with depression, anxiety, loss and grief/bereavement). Additional services provided include supportive interventions with family members, didactic presentations to staff, crisis management, and development of behavioral interventions (e.g., STAR-VA), as needed. It is expected that the intern, following a period of more direct supervision (i.e., co-therapy, supervised administration of assessment instruments, etc.) will be able to transition to a more independent level of functioning (i.e., intern called upon to provide therapeutic and assessment services with supervisor is available for consultation/backup but not immediately present). Given that residents of the CLC reflect a wide range of medical/psychiatric diagnoses, it is vital the intern develops an awareness of and comfort with basic medical/psychiatric diagnoses, terminology, and presentation. This is accomplished by weekly didactics and regular exposure via walking medical rounds. The impact such physical/psychiatric illness has on

behaviors and level of functioning (both psychological and physical) will be stressed throughout this rotation.

### HOME BASED PRIMARY CARE (HBPC)

*Supervisor: Neil Kenney, Psy.D.*

Home Based Primary Care: Home Based Primary Care (HBPC) provides interdisciplinary primary care in-home services to Veterans with chronic medical conditions. The HBPC program serves Veterans in advanced stages of chronic disease and specifically targets Veterans who are at high risk for recurrent hospitalization or nursing home placement.

This rotation is either three or six months in duration and split halftime with another rotation in the Geropsychology emphasis. During this rotation, the intern will work collaboratively with HBPC interdisciplinary team (IDT) members including representatives from Medicine, Nursing, Pharmacy, Social Work, Physical Therapy, and Nutrition. Providing feedback and consultation to HBPC providers during weekly IDT meetings is an integral component of this rotation. The rotation will focus on applying assessment, diagnostic methods, and evidence-based intervention strategies to a diverse patient population in the home environment. Duties include providing screening, assessment, diagnosis, and treatment of depressive and anxiety-related disorders, as well as other Axis I conditions, with an emphasis on time-limited, evidence-based approaches. Providing services to the family members and caregivers of Veterans enrolled in the HBPC program is also an integral component of the HBPC rotation. The intern will have opportunities to provide psychoeducational/supportive interventions and recommendations to caregivers and to family members in an effort to reduce caregiver burden and allow the family to sustain the Veteran in the home environment.

Specific objectives of the rotation include: (1) enhancement of assessment and treatment skills with Veterans in a home environment; (2) broadened experience in conducting cognitive screening to address specific functional questions, particularly for elderly patients and/or patients with co-occurring medical diagnoses; (3) observation and/or provision of individual interventions designed to support patients who are coping with feelings of grief and loss associated with disabilities, loss of loved ones, and other life transitions (4) experience in providing consultation about mental health diagnoses with other healthcare providers and (5) familiarity with minimal standards for practice in HBPC including but not limited to appropriate hygiene practices and protection of patient confidentiality.

The intern on this rotation is primarily supervised by the licensed psychologist assigned to the HBPC team. The supervising psychologist will accompany the intern on all patient visits, with the expectation that the intern will come to exhibit sufficient clinical experience, judgment, and technical skill which has been formally documented. Opportunities for interns to provide independent home visitations while the supervising psychologist remains in the general vicinity may be available. Patient referrals are originated by the members of the HBPC team and are discussed during weekly team meetings. Common referral questions consist of assessment of a mood disorder (e.g., depression/anxiety), dementia, medical non-compliance, and bereavement issues. When individual therapy is initiated, it is often time-limited and

focused on issues such as adjustment to a new living situation (e.g., recent nursing home placement), depression, bereavement, and stress and pain management.

Given that all of the HBPC patients have a chronic medical diagnosis, it is important that the intern develop a knowledge base of common medical conditions that often afflict our older patients (e.g. diabetes, COPD, stroke, dementia). The intern will have numerous opportunities to broaden their understanding of these medical conditions and to observe the psychological impact of these diseases on the patient's overall physical health. At the conclusion of the rotation, the intern will have advanced knowledge of psychological diagnosis, brief cognitive assessment, and behavioral health skills that will adequately prepare the intern to provide mental health services to a primarily community dwelling geriatric population with co-morbid medical and psychiatric conditions.

### PSYCHO-ONCOLOGY & PALLIATIVE CARE

Psychology interns will serve as part of the Palliative Care Consult Team providing services to individuals living with chronic, life-limiting, or terminal illness (i.e. cancer, end stage organ disease, congestive heart failure, dementia) and their family members/caregivers. The patient population is diverse in terms of age, ethnicity, socioeconomic status, mental health issues and life experience.

Interns will provide direct clinic care to Veterans and their family members admitted to our 10-bed, acute hospice and palliative care unit. This entails conducting clinical interviews evaluating the Veteran's adjustment to his/her hospitalization & illness, mood, emotional well-being, grief, and coping skills. The majority of Veterans are administered a brief cognitive screening measure (i.e. Mini-Mental State Examination) and a mood questionnaire (i.e. Geriatric Depression Scale). The primary therapeutic approach offered is supportive, bedside therapy. Orientations used include patient-centered therapy, interpersonal therapy, acceptance-based therapy, reminiscence / life review, existential therapy, and bereavement counseling. Anticipatory grief evaluations and assessment of caregiver stress are also conducted with family members of Veteran's admitted for hospice care. Consultation is an integral component of this rotation. Interns are expected to actively participate in the weekly interdisciplinary team meetings which is comprised of physicians, medical trainees, nurses, social worker, recreation therapist, chaplains, physical and occupational therapists, dietician, and pharmacist. Interns are also required to participate in and occasionally present during our bi-weekly interprofessional educational seminars. The opportunity to attend weekly medical rounds is also available.

Psychology interns will provide outpatient psychological services to Veterans diagnosed with hematological and/or oncological disorders/diseases. These services include individual psychotherapy, couples counseling, and facilitating the Cancer Education Support Group. Psychology interns will also participate in radiation oncology medical rounds. Opportunities to develop and implement other group therapies are available. Interns will gain familiarity with oncological disorders/diseases, behavioral health interventions, and goals of care conversations.

## NEUROPSYCHOLOGY

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The Neuropsychology service provides consultation to all specialties of the Bruce W. Carter Medical Center and affiliated Community Based Outpatient Clinics (CBOCS). Approximately 100 consults are received each month from departments throughout the Medical Center, with questions commonly pertaining to diagnostic clarification, capacity, presurgical/postsurgical cognitive evaluations, measuring cognitive/functional changes over time, as well as rehabilitation and treatment planning. The most common referral sources include Psychiatry, Psychology, Neurology, Primary Care, and other medical specialties.

The four Neuropsychology rotations offered at the Miami VA Healthcare System provide training in the neuropsychological assessment of individuals with known or suspected brain dysfunction. The rotations aim to provide interns with a solid foundation in brain-behavior relationships, including neuropathology and functional neuroanatomy. This is accomplished by providing interns with a wide range of clinical experiences, many of which involve interdisciplinary or multidisciplinary collaboration. These experiences include training in direct patient care, provision of supervision to graduate-level practicum students, and involvement in weekly structured didactic activities. Skill enhancement will occur in numerous areas, including clinical interviewing, behavioral observation, test administration, scoring and interpretation, report-writing, consultation, and provision of feedback to Veterans, family members, and referring providers. There is an emphasis in the importance of high-quality service, psychometric integrity, detailed observation, collection of essential neurobehavioral interview data, and the appropriate use of qualitative information. A flexible battery and process-oriented approach is most often utilized.

Didactic training is provided on site through a weekly neuroanatomy and neuropsychological case conference series, weekly neuropsychology journal club, as well as a weekly multi-site VTC neuropsychology didactic led by neuropsychology residents. The Miami VA Neuropsychology service enjoys a collegial relationship with the University of Miami-Miller School of Medicine and Jackson Health System and participates in psychiatry and neurology grand rounds and neuropathology case conferences. This participation enhances the training offered through the Neuropsychology rotations by providing exposure to diagnostically diverse patient populations across the lifespan. Neuropsychology Interns are expected to take at least two three-month rotations in neuropsychology to ensure six months of specialized training to meet Division 40/Houston Conference Guidelines in preparation for Board Certification. The following four rotations are offered to interns who are interested in gaining advanced training in neuropsychology:

### GENERAL NEUROPSYCHOLOGY

*Supervisor: Arlene Raffo, Psy.D.*

This rotation provides experience primarily in an outpatient setting, although interns will also have the opportunity to evaluate patients with acute and subacute presentations on the inpatient units. Interns will gain experience with a variety of neurological and non-neurological patient populations, including movement disorders, memory disorders, stroke, epilepsy, traumatic brain injury, brain tumor/oncology, psychiatric disorders, neurodevelopmental disorder, and toxic/metabolic conditions and infections. Report styles vary from comprehensive to more succinct, depending on the case and referral source. There will also be an opportunity to gain proficiency conducting Spanish-language evaluations for

interns who are interested and fluent in Spanish. Interns will integrate research into their practice through literature review on a case-by-case basis. Readings via journal club and neuropsychology didactics will also be incorporated into the rotation on a weekly basis.

### GENERAL NEUROPSYCHOLOGY- BROWARD OUTPATIENT CLINIC (OPC)

*Supervisor: Jennifer M. Gillette, Psy.D.*

The Broward OPC neuropsychology rotation provides experience in a full range of outpatient neuropsychological activities. Patients are referred to this service from a variety of sources; referrals typically include cognitive dysfunction secondary to a medical or psychiatric condition, epilepsy, ADHD, stroke, traumatic brain injury, and dementia. The role of the intern in this rotation is to provide a variety of assessment and consultation services. The intern will attempt to determine the cognitive and behavioral deficits resulting from cerebral dysfunction secondary to disease or injury. An assessment is also made of cognitive strengths so that such information can be utilized in rehabilitation and future vocational or placement planning. This is accomplished by the selective use of a variety of neuropsychological evaluation procedures as well as test instruments for functional assessment. The intern will be encouraged to approach clinic activities anticipating their own preferences as it relates to growing independence in professional practice. Interns will demonstrate proficiency in managing their workload and clinical caseload with the expectation of completing an average of 2-3 cases per week. Interns will be involved in the clinical interview, administration, data scoring, report writing, patient feedback, and multidisciplinary team consultation. In addition to the assessment experience, interns will be required to lead or co-lead a psychoeducational/cognitive rehabilitation group. Informal mentorship and professional development are an expected component, with the goal of developing peer consultation and mentoring skills in the context of providing supervision and mentorship to practicum students. Readings via journal club and neuropsychology didactics will be incorporated into the rotation on a weekly basis.

### NEUROPSYCHOLOGY- GERIATRIC EMPHASIS

*Supervisor: Courtney Spilker, Psy. D., ABPP-CN*

This rotation aims to train interns and fellows who are interested in expanding neuropsychological expertise with the geriatric population regarding assessment, consultation, intervention, and psychiatric/pharmacological factors. This unique experience offers specialty practice with older adults – a vastly growing population increasingly requiring neuropsychological services. This rotation is designed to further hone core neuropsychological skills while developing exposure to related disciplines (e.g. geriatric medicine). Finally, this training experience will focus on other important aspects of geriatric evaluation including the evaluation of capacity and ethical dilemmas that can arise in geriatric evaluation.

This clinic provides evaluations for both outpatient and inpatient referrals. Given the fluidity of inpatient consults, flexibility is essential for the successful trainee. Expect a clinical caseload averaging 10-12 face-to-face hours per week for a full-time trainee and 6 face-to-face hours per week for a part-time trainee. In addition to neuropsychological assessment,

emphasis will be placed on chart review, report writing, test selection, review of neuroimaging results, communicating feedback to an interdisciplinary team and patient/family members, and making appropriate recommendations. Report styles vary from comprehensive to more succinct, depending on the case. Turn-around time for evaluations and reports is typically expected within 48-72 hours. A patient-centered approach to evaluation (e.g., sensitive and targeted feedback, recommendations) will be heavily emphasized. Additionally, trainees will take on a junior-colleague role within the clinic to prepare for postdoctoral level experiences. Although this rotation is commonly selected as a full-time rotation, it is also available part-time for individuals with a significant neuropsychology background, upon request.

### **NEUROPSYCHOLOGY- VASCULAR AND MEDICAL COMPLEXITY EMPHASIS**

*Supervisor: Laura Weinberg, Ph.D.*

This rotation provides experience in the provision of diagnostic assessment services for both inpatients and outpatients with known or suspected brain dysfunction secondary to vascular, cardiac, and medically complex etiology. There is opportunity to gain exposure to additional etiologies (e.g. dementia, TBI, psychiatric conditions) and well provided neurocognitive evaluations for individuals anticipating solid organ transplant (i.e. kidney). Interns will conduct comprehensive neuropsychological evaluations with the use of a flexible approach battery and develop skills in case conceptualization and integrated report writing. Supervision follows a developmental model and trainees will also engage in the aforementioned didactics (e.g. VTC).

### **PSYCHIATRY**

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#### **ACUTE INPATIENT PSYCHIATRY 4AB (AIB)**

*Supervisor: Ashley Carreras, Psy.D.*

The Acute Inpatient Psychiatry (4AB) rotation provides the opportunity to work with individuals with serious mental illness and/or co-occurring substance use disorders who are seen for short-term stabilization. This rotation involves working as part of an integrated interdisciplinary team which includes psychiatry, pharmacy, nursing, social work, and suicide prevention. Additionally, this rotation offers the opportunity to provide short-term evidence based treatments in both individual and group format. There is the opportunity to participate in family meetings. There is the opportunity to conduct psychological assessments for diagnostic clarification purposes. There are opportunities to gain supervisory experience with practicum students from local training programs. This rotation is offered on a half time or full time basis.

#### **BEHAVIORAL HEALTH CLINIC (BHC)**

*Supervisors: Pedja Stevanovic Ph.D., Joseph Fineman, Ph.D., Carlos Finlay, Ph.D., Victoria Soler-Perez, Psy.D., and Erika Pacheco, Psy.D.*

The Behavioral Health Clinic provides outpatient mental health services to Veterans who manifest a broad range of psychiatric disorders and levels of daily functioning. The disparity

of these concerns manifest from chronic and persistent mental illness to short-term adjustment disorders (i.e., maladaptive response to civilian life after military discharges). A number of these Veterans are medically compromised which lends complexity to their psychological and functional presentation and ongoing treatment needs. The BHC staff is multidisciplinary including psychiatry, social work, psychology, nursing, and recreation therapy providers whose goals are to tailor treatment recommendation to the specific needs of Veterans and their spouses. Interventions recommended for Veterans include individual, couple and group psychotherapy, psycho-educational classes, psychotropic medications, and case management services.

Interns on this rotation conduct biopsychosocial interviews and have opportunities to conduct psychological assessments geared towards treatment planning. Interns also have opportunities to provide individual, couple, group psychotherapy, as well as co-facilitate specialized groups. Individual therapy includes learning and applying Evidence-Based Practices (EBP), as most supervisors are trained in different Evidence-Based Therapies (EBT's), some of which include Prolonged Exposure (PE), Seeking Safety, Cognitive Processing Therapy for PTSD (CPT), Eye Movement Desensitization and Reprocessing (EMDR), Motivation Enhancement Therapy (MET), Cognitive-Behavioral Therapy for Insomnia (CBT-I), Dialectical Behavioral Therapy (DBT) and Acceptance and Commitment Therapy (ACT). Specialized group therapy options include the LGBT Support Group, CBT and ACT for Depression Groups, Mindfulness Skills Groups, Minority Stress and Resilience Group, Dialectical Behavioral Therapy Skills Group, Avoidance/In-Vivo Skills Group, Women's Problem-Solving Group, Understanding the Effects of Trauma Group, as well as Aftercare Processing Group. Interns will also gain experience in providing clinical supervision to practicum-level students. Interns will contribute to case conferences, crisis management, and treatment planning. This is a full-time 3-month rotation.

#### BHC Optional Opportunities:

- A. Interns can gain experience in providing Tele-Mental Health Services conducted via CVT or VVC/VOD for group and individual therapy for Veterans within the Miami VA Healthcare System and/or the North Florida/South Georgia VA Healthcare System.
- B. Interns can gain experience in working on the DBT Intensive Outpatient Treatment Team. Interns help co-facilitate a weekly 2 hours DBT skills group and participate in a 1-hour weekly DBT Treatment Team consultation meeting.

We offer two sub-rotations for interns that would prefer a more specific/focused BHC rotation experience:

1. **BHC-BHIP rotation:** The BHIP program is VA nationwide initiative to create interdisciplinary outpatient teams comprised of mental health professionals (psychiatrist, psychologist, social worker, nurse, and pharmacist) and administrative staff (program support assistants, clerks, etc.) that provide wrap-around recovery-oriented care to Veterans. BHIP team members attend daily interdisciplinary meetings to review cases and coordinate care. Trainees are integrated into the BHIP Treatment Team and attend the daily BHIP meetings. Furthermore, intern caseloads compromise of BHIP patients.

2. **Diversity-BHIP Rotation:** Same duties as described in the BHC-BHIP group above. However, intentional context-driven conceptualization (ADDRESSING MODEL, Cultural Genogram, Socio-Ecological Models) and context-driven Interventions (Narrative Therapy, Relational-Cultural Therapy) would be emphasized in the intern's individual work and 2 of the group options are the Minority-Stress and Resilience Group and LGBT Support Group.

### PSYCHOSOCIAL REHABILITATION AND RECOVERY CENTER (PRRC):

*Supervisor: Janette Rodriguez, Psy.D.*

The Psychosocial Rehabilitation and Recovery Center (PRRC) is an innovative and exciting program that has been mandated at VAs nationwide. The program serves Veterans who have been diagnosed with, and have significant impairment in psychosocial functioning, as a result of a serious mental illness, including psychotic disorders such as schizophrenia, mood disorders such as bipolar, and significant anxiety disorders, such as severe post-traumatic stress disorder. Some of the Veterans also have a co-morbid substance abuse problems and many have co-morbid medical problems.

The mission of the PRRC is to support Veterans, with serious mental illness and significant functional impairment, re-enter community-integrated employment, education, housing, spiritual, family, and/or social activities. It is a transitional educational center that inspires and assists Veterans driven by psychiatric recovery and rehabilitation principles. Referrals to PRRC are for Veterans who need additional support, education, brief therapy and care coordination to manage in the community. The PRRC is based on the expectation that all people have the capacity to learn and develop meaningful self-determined life goals. The PRRC assists Veterans in defining a personal mission and vision, based on their self-identified values, interests, goals, and roles. Services are geared toward empowering Veterans by instilling hope, highlighting strengths, and encouraging skill development. Students (patients) select from among skills-based classes (groups), based on their personal recovery goals.

Core components of the program (and examples of services) include:

- Individualized assessment/re-assessment, curriculum, and recovery planning: interventions include motivational interviewing/enhancement strategies, clarification of life values, goals, and roles, and CBT strategies
- Psychotherapy groups: social skills, anger management skills, relationship skills
- Community integration skills: interviewing skills, leisure/recreation skills
- Psychoeducational classes: sleeping well, pain management
- Illness Management classes: Wellness Recovery Action Plan (WRAP), medication education
- Health and wellness classes: nutrition and exercise
- Peer support: learning from others in recovery
- Family services: education programs/classes

The PRRC interdisciplinary team at the Miami VA currently includes a psychologist, a mental health counselor, a marriage and family therapist, a recreational therapist, and an

advanced nurse practitioner. Additionally, trainees from these disciplines may also participate. PRRC interns will receive significant education about the recovery model and have the opportunity to participate in multiple components of the PRRC.

**Assessment and Intervention:** Interns will have the opportunity to conduct biopsychosocial assessments and recovery-based planning and goal-setting. They will consequently increase their knowledge of the diagnostic criteria for serious mental illness, including psychotic disorders, major mood disorders, and substance use disorders, and the complexities of co-morbidity. Additionally, interns will receive training in the provision of brief individual psychotherapeutic and group psychotherapeutic/educational interventions, inclusive of evidence-based approaches such as motivational enhancement techniques. Since the PRRC consists primarily of group interventions, the interns will develop an expertise in this therapeutic modality.

**Interdisciplinary Meetings/Consultation:** Interns will be members of the interdisciplinary team and participate in regularly scheduled treatment team and staff meetings. The interns will discuss clinical issues, conduct ongoing trainings for staff in recovery, and discuss consults. They may have the opportunity to provide consultation to other disciplines/providers.

**Ethics and Diversity:** Training is providing in terms of addressing ethical issues, as well as attitudes, knowledge, and skills in relationship to issues of diversity. Interns will be expected to make a substantial effort to recognize, understand, appreciate and discuss these topics. Age, sex, gender, ability/disability/illness, culture, ethnicity, race, language/culture of origin, sexual orientation, socioeconomic status, and religious/spiritual beliefs and attitudes, among others, as well as the intersection of these multiple identities, will be considered and integrated in provision of services. The exploration of power differentials, dynamics, and privilege will be at the core of understanding issues of diversity and impact on social structures and institutionalized forms of discrimination that may influence the veteran's perception of her/his potential for improved quality of life.

**Scholarly Activity, Supervision, and Professional Development:** Additionally, the interns may have the opportunity to be involved in continued program development projects, and the writing and updating of course curriculum, based on literature review and sound research findings. Relevant readings will be suggested. Participation in relevant and available seminars will also be offered to interns. One hour of face-to-face supervision will be provided each week, in addition to ongoing supervision, as needed.

Mentoring of interns on various professional development issues is also provided on a regular basis and as desired by the trainee.

At the conclusion of the PRRC training experience, interns will be well-prepared to provide both brief individual and group interventions to Veterans of all ages, especially those with SMI, and will have a sound understanding of the recovery model, as related to this population.

## PSYCHOSOCIAL RESIDENTIAL REHABILITATION TREATMENT PROGRAM (PRRTP)

*Supervisor: Raquel Andres-Hyman, Ph.D.*

**About the PRRTP:** The Miami VAHS Psychosocial Residential Rehabilitation Treatment Program (PRRTP) provides state-of-the-art, high quality residential rehabilitation and treatment services for veterans with serious mental illnesses, complex trauma, personality disorders, addictions and/or psychosocial deficits. The program is designed with a variable length of stay of approximately 90 days. The PRRTP identifies and addresses goals of recovery, rehabilitation, health maintenance, improved quality of life, and community integration in addition to the specific treatment of medical conditions, mental illnesses, addictive disorders and/or homelessness. In accordance with a recovery-oriented philosophy, Miami VAHS PRRTP provides residential rehabilitation and treatment services that focus on the veteran's strengths, abilities, needs and preferences rather than concentrating exclusively on illnesses and symptoms.

Residential rehabilitation and treatment services utilize a therapeutic community based on peer and professional supports in a structured and supervised setting. The therapeutic community is a system which guides the veterans' daily living on the ward. Unit rules and routines are designed to increase veterans' awareness of themselves and their effects on others and to model responsible living in a social framework. In essence, the therapeutic community provides mechanisms by which residents can learn adaptive behaviors which they may not have been able to master in the past. The therapeutic community empowers the veteran to engage in the decision making process, facilitates the active participation of each resident in the program's daily living experiences, and creates a community organization by integrating the residents and staff into a system which guides the activities of the program.

Rehabilitation and treatment services address: 1) Building a more meaningful life in the context of medical conditions, mental illnesses, addictions and psychosocial difficulties; 2) Transitioning to safe, affordable, and appropriate community housing; and 3) Assisting veterans to choose, access, and utilize the community and natural supports needed to be independent, self-supporting, and successful in their individual recovery. In support of these goals, the program offers comprehensive recovery oriented services and evidenced-based practices such as Dialectical Behavior Therapy Skills Training, Acceptance and Commitment Therapy, Illness Management and Recovery, Wellness Recovery Action Planning, Cognitive Behavior Therapy, Seeking Safety, Motivational Interviewing, and Treatment of Addictions and Relapse Prevention. In addition, the PRRTP offers activities to promote physical health and wellness including groups in Whole Health, Tobacco Cessation, Nutrition, and referrals to Health Enhancement Fitness classes, and referrals to classes in Diabetes self-care. The Miami VAHS also provides education and guidance on self-medication management and adherence to assist veterans in understanding the purpose and side effects of their medications and to promote independent self-management of medications.

**About the Staff:** The faculty of the PRRTP is comprised of an interdisciplinary team of professionals that work collaboratively with veterans to assist them in accomplishing their goals. The interdisciplinary team is comprised of: a Psychiatrist/Medical Director, Psychologist/Program Director, Peer Support Specialist, Primary Care Physician, Registered nurses and Licensed Practical Nurses with 24/7 coverage, Mental Health Rehabilitation

Technicians, Clinical Dieticians, Social Workers, Recreation Therapist, Music Therapist, Art Therapist, Vocational Rehabilitation Specialist, Chaplain, and Clinical Pharmacist.

**About the Intern Experience:** Interns will acquire experience delivering several evidenced based therapies using a transdiagnostic understanding of human problems in living. Interns will co-lead groups with their supervisor, another team member or practicum trainee and may carry individual therapy or recovery treatment planning assignments. Interns will function as a co-professional within the team and will: 1) Attend interdisciplinary treatment team meetings; 2) Discuss clinical concerns during rounds; 3) Develop individualized recovery plans; 4) Administer assessments; 5) Review referrals; 6) Conduct comprehensive psychosocial assessments/screening interviews; and 7) Provide consultation to other disciplines/providers.

Interns will have the opportunity to learn specific evidenced based approaches such as DBT, ACT, Seeking Safety, and Motivational Interviewing.

**About Diversity:** Emphasis is placed on understanding presenting problems in terms of both universal human challenges and specific factors and influences. Interns will enhance their knowledge of how multiple identities and coping strategies impact the individual and will increase their ability to integrate this knowledge to inform treatment. For example, interns will consider the impact of formative childhood events (both traumatic and loving), internalized messages, and existing strengths and supports in conceptualizing how best to help the veteran.

**About Professional Development and Supervision:** Interns may have the opportunity to collaborate on program development projects such as analyzing program data or developing a new group. One hour weekly and ongoing supervision are provided.

At the conclusion of the PR RTP training experience, interns will be equipped to work with individuals that experience challenges of high clinical complexity in a group format and to collaborate as a psychologist within an interdisciplinary team. Interns will also acquire preliminary competence in delivering several evidenced based interventions within a person-centered, recovery-oriented paradigm.

### **PTSD CLINICAL TEAM (PCT)**

*Supervisors: Camille Gonzalez, Psy.D., Divya Nawalrai, Psy.D., Elaine Stein, Psy.D., Natalie Bustillo, Ph.D. and Lauren Suarez, Ph.D.*

The PCT program provides outpatient therapy services to Veterans diagnosed with Post-Traumatic Stress Disorder incurred during their military service as a result of combat, non-combat, and military sexual traumas. The PCT clinic is staffed with a multidisciplinary team that provides evaluation, treatment planning, medication management, and therapy services. Treatment objectives are to reduce PTSD symptoms, to improve coping resources and self-image, to increase self-awareness of thoughts, behaviors, and feelings, as well as improve the Veteran's overall quality of life. Treatment interventions include evidence-based therapies, as well as coping skills based therapies. Prolonged Exposure (PE), Cognitive Processing Therapy (CPT), Cognitive-

Behavioral Conjoint Therapy for PTSD (CBCT for PTSD), Recovery Group, and Anger Management Group are examples of some of the treatment options available within the PCT. There are also specialized groups for Veterans suffering from PTSD, such as Seeking Safety for dually diagnosed Veterans and the Military Sexual Trauma Modular Group. Interns on this rotation will receive training in group and individual psychotherapy for the treatment of PTSD. Interns expressing interest in particular specialty areas may be accommodated in order to maximize their learning experience. Interns will participate in screening evaluations of new patients, as well as assist with treatment planning. This rotation is offered on a 3-month or 6-month basis.

### **PTSD RESIDENTIAL REHABILITATION PROGRAM (PTSD-RRP)**

*Supervisors: Gary S. Kutcher, Ph.D., Divya Nawalrai, Psy.D. and Natalie Bustillo, Ph.D.*

The PTSD-RRP is a 12-bed residential and open psychiatric unit which was specifically designed to treat Veterans suffering from **military-related** posttraumatic stress disorder (PTSD). Patients are admitted electively, after being thoroughly screened for a planned 12-14-week length of stay. The PTSD-RRP clinical team evaluates and treats Veterans from all parts of the continental United States, Puerto Rico and the U.S. Virgin Islands who have served at duty station all over the world, as well as active duty personnel and combat veterans from WWII through to the newly returning GWOT.

The PTSD-RRP staff is composed of an interdisciplinary team including psychiatrists, psychologists, psychology technicians, social workers, clinical nurses, and professionals from various supportive therapeutic services. The PTSD-RRP functions as a therapeutic community offering a variety of integrated evidence-based and trauma-focused treatment approaches including process and trauma focused group therapy, PTSD recovery groups, psychoeducation classes, structured “exposure” based activities, anger management, spirituality and recreational and music therapy. PTSD-RRP patients also receive specialized computer assisted psychoeducation from the PRRPT Computer Assisted Therapy Laboratory which includes PTSD and GWOT recovery psychoeducation. Finally, there are several ongoing research projects in the areas of assessment and diagnosis of PTSD, and sleep phenomenology associated with PTSD.

Interns working on PTSD-RRP will have the opportunity to participate in trauma focused group psychotherapy, psychoeducational classes, interdisciplinary team meetings, and research. **This is a half- time rotation which is partnered with the PCT rotation only.**

### **SUBSTANCE ABUSE RESIDENTIAL REHABILITATION TREATMENT PROGRAM (SARRTP)**

*Supervisors: Abigail Somerstein, Ph.D.*

Patients in the SARRTP remain in residence for ninety days. A large proportion of patients are dually diagnosed with substance use disorders and other major psychiatric disorder, such as PTSD, schizophrenia, chronic depression, and bipolar disorder.

The Program maintains a bio-psychosocial conceptualization of the development of substance use disorders. It utilizes a multidisciplinary treatment approach and includes

staff from psychology, psychiatry, social work, nursing, occupational therapy, recreation therapy, and music therapy. The program provides comprehensive services including psychopharmacology, therapeutic community, psycho-educational groups, process group therapy, individual therapy and family intervention.

SARRTP has adopted a recovery approach to treatment. Among other aspects, a recovery approach emphasizes building on patients' existing strengths and abilities, talents, and coping skills. A recovery approach promotes patients' respect for themselves and making use of the support of peers.

The overarching goal of the Program is to increase patients' motivation for sobriety and assist them to develop strategies of thinking and behaving to avoid relapse. The Program utilizes the following evidence-based treatments: motivational enhancement, cognitive behavioral strategies for relapse prevention, mindfulness, Dialectical Behavior Therapy skills group, social and coping skills training, and 12 step facilitation therapy. "Seeking Safety" is an empirically evaluated treatment for patients with both PTSD and substance use disorders used in the Program.

## **TELEHEALTH PSYCHOLOGY**

*Supervisors: Erika Pacheco, Psy.D., Victoria Soler-Perez, Psy. D., and Pedja Stevanovic, Ph.D.*

The Telehealth Psychology rotation is designed to provide interns with supervised experience in delivering outpatient mental health services remotely to Veterans who receive services via local community-based outpatient clinics (CBOCs). The goal of this rotation is to help interns familiarize themselves and gain proficiency in providing mental health services to Veterans using technologies that facilitate remote access. The intern will operate as part of a multidisciplinary team with other staff and healthcare team members locally and remotely to promote coordination of care and access to clinics to address presenting medical and psychiatric concerns.

Interns on this rotation will provide supervised individual psychotherapy and consultation services to multiple VA clinic sites. Opportunities may be available to provide group interventions and assessment experiences in the future. This can be either a part-time or full-time rotation.

## **FORENSIC PSYCHOLOGY**

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### **VETERANS JUSTICE OUTREACH**

*Supervisors: Giovanna Delgado, Psy.D., Jennifer Lee, Psy.D. and Adam D. Rosen, Ph.D.*

Clinical Psychology in the emphasis area of Veterans Justice. This is a full-time, six month-long (2 rotations) psychology intern position with the goal of providing trainees with emphasis training in forensic psychology work within the VA system. The VJO program also includes a full-time postdoctoral resident. This program will provide interns with training and experiences relevant to the theories involved in the assessment and treatment of justice-involved veterans across Broward and Miami-Dade counties. The VJO intern will be

required to participate in the organization, management, and administration of psychology services provided to these justice-involved veterans. Relevant ethical, legal, professional conduct, and cultural/diversity issues will be incorporated into this training program through experiential, program assessment and potential research activities.

The goal of the VJO program is to avoid unnecessary criminalization of mental illness and extended incarceration among veterans by ensuring that eligible justice-involved veterans have timely access to VA mental health and substance abuse services when clinically indicated as well as other VA services and benefits. The VJO intern will collaborate with a multidisciplinary team of professionals both through the VA and local justice systems. These teams include VA providers from various disciplines including: Social Work, Psychiatry, Psychology, Nursing, and Peer Counselors. Justice-related team members include Veterans Court judges, public defender and state attorney offices, and court clerk and case management services. All team members work together to provide veteran-centered services. The focus of the VJO intern will be to assess justice-involved veteran treatment needs, identify appropriate services within the VA system, and engage in treatment planning to facilitate divergence from arrest into mental health or substance abuse treatment. As such, use of Motivational Interviewing, problem solving, and Cognitive-Behavioral techniques characterize much of the clinical training within the program. Psychotherapy experiences will be incorporated into both individual and group interventions.

Additionally, interns are expected to take initiative in building working relationships and reaching out to potential justice system partners to see that eligible justice-involved veterans get needed services. Educating court staff team members regarding the science and practice of psychology and advocating on behalf of veterans overall well-being within the treatment courts represent two significant components of the position. Further, opportunities will also be available for interns to actively participate in the training of local law enforcement Crisis Intervention Teams (CIT) to facilitate their capacity to effectively address veteran specific issues.

As the VJO psychology intern, this trainee will participate in outreach services to law enforcement and justice-related agencies. As such, training will involve local travel to these outreach locations across both Broward and Miami-Dade counties (e.g. Court house, law enforcement agency offices, field work for CIT trainings, and local conferences). Further, VJO duties sometimes require time spent assessing or providing outreach services to detained veterans through the correctional departments across both counties. Thus, VJO psychology trainees will require passing background checks and clearance from local jails.

Participation in the Veterans Court is a major component of this training program and trainees will be required to attend Veterans Court regularly. Currently, Veterans Court is fully operational in Broward County and Miami-Dade counties and is in development in Monroe county. These Veteran Treatment Courts are a hybrid of the Drug and Mental Health Court models, with the primary aim of serving veterans struggling with addiction, mental illness and/or co-occurring disorders.

**Sample Training Schedule 2021-2022**

<b>Rotation</b>	<b>Quarter 1</b>	<b>Quarter 2</b>	<b>Quarter 3</b>	<b>Quarter 4</b>
Intern 1 Health Psychology	PCMHI	C&L, Physical Rehab	C&L, Pain Clinic	BHC
Intern 2 Health Psychology	C&L, Pain	PRRC	PCMHI	Spinal Cord Injury
Intern 3 Health Psychology	PCT	PCMHI	Spinal Cord, Sleep	C&L, Sleep
Intern 4 Neuropsychology	General Neuro	GeriNeuro	Rehab Neuro	SARRTP
Intern 5 Geropsychology	Physical Rehab, GeriPrime	BHC	Community Living Center, Palliative Care- Extended Care	Community Living Center, Palliative Care-Extended Care
Intern 6 Geropsychology	Home Based Primary Care, Geriatric Primary Care	Home Based Primary Care, Geriatric Primary Care	PCT/MST	VJO
Intern 7 Psychiatry	PCT/PTSD-RRP	PCT/MST	PRRTP	PTSD/SUD
Intern 8 Psychiatry	BHC	IPT	PCT/PTSD-RRP	Physical Rehab
Intern 9 Psychiatry Mental Health Integration Rehab & Recovery	PRRTP	PRRC	SARRTP	BHC
Intern 10 Forensic	VJO	VJO	Gen Neuro	IPT

## REQUIREMENTS FOR COMPLETION

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**Rotation Evaluations.** Formal and informal feedback on performance as an intern are provided by supervisors on a regular basis. Formal competency-based evaluations are made by the rotation, psychotherapy, assessment and research supervisors at the conclusion of the three-month rotation period with a mid-rotation meeting to determine if progress is satisfactory or adjustments need to be made. Intern performance is rated against the specific competencies addressed in each rotation. Interns will review written evaluations and be asked to indicate either agreement or disagreement with each of the evaluations and sign it. Interns are provided a copy of the evaluations. The original signed evaluations are given to the Director of Training for inclusion in the training files.

**Trainee Progress:** "Informal" feedback about trainee progress is provided by supervisors during monthly Training Committee meetings. The Director of Training keeps minutes on all such feedback. Rotation supervisors meet for a minimum of two hours per week for verbal feedback with the interns. Psychotherapy supervision is conducted at least one hour per week. Assessment supervision is provided for each individual assessment. Supervision with the Director of Training or a designee will be held one hour weekly. It should also be noted that supervisors (including the Training Director) may also provide supervisory feedback and evaluation on a less formalized basis when appropriate or necessary. A written copy of this feedback may be provided to the intern and/or filed in the intern's records at the discretion of the supervisor.

**Comprehensive Evaluations.** The Director of Training integrates all supervisor feedback into formal written evaluations provided to the interns' graduate school at the middle of the year and at the conclusion of the internship. The Director of Training meets with each intern, provides the intern with a copy of this evaluation, and discusses the intern's progress and perceptions of the training program with each intern. These comprehensive evaluations are based on the Competency Standards, which are used in development of the training contracts for the internship year as well as for each rotation. Interns must demonstrate competencies related to Program Goals for successful completion of internship.

**Intern Feedback.** Interns are asked to provide feedback about each rotation, training activity and supervisor at the end of each three-month and/or six-month rotation period. Interns complete evaluation of didactics and seminars on a weekly basis. Interns also provide feedback about the training program at the end of the internship year to the Training Director. Interns are asked to raise any acute concerns or problems either directly to the Training Director and/or the Training Committee, or through their Intern Representative. Feedback should include a review of the relevant training contracts and whether the intern's expectations were met by the training and supervision provided.

**Performance Deficits.** One of the goals of internship is for interns to identify and work on gaps and deficits in their foundational and functional competencies. The internship program helps interns identify such areas through supervisor evaluations. The

internship provides opportunities for improving competencies through all training activities including rotations, didactics, case conferences and research colloquia. It is expected that interns will make sufficient improvement in these areas so that they will be able to meet the Competency Standards listed above. Interns must meet these standards in order to graduate from and get official credit for completing the predoctoral internship. Usually, the process of supervisor evaluations and the supervisory feedback meetings by the Training Committee ensures that interns receive adequate training and supervision to achieve satisfactory levels of performance.

If a problem or deficit is identified to be of sufficient seriousness that the intern would not be able to graduate from the internship program, this problem must be brought to the attention of the Director of Training and the Training Committee immediately. It is the ethical responsibility of interns and especially supervisors to bring such issues to the Training Committee for discussion, even if the presenter is not completely sure about the problem. If an intern is not made aware of a deficit, he or she cannot remediate it. The Training Committee will then meet to decide if the intern should receive a memorandum of acknowledgement, or be put on probation (see below). If a supervisor gives an intern an unsatisfactory rating on a formal evaluation, either mid-rotation or final, this will automatically result in the development of an acknowledgement memo or probation. An intern can also be placed on probationary status for significant or repeated instances of unethical, illegal, or unprofessional behavior. It should also be noted that flagrant ethical and legal violations, such as abuse of, or sexual relations with a patient, may result in an intern's immediate termination from the internship.

***Acknowledgement Notice and Probation.*** As noted above, if an intern receives an unsatisfactory rating on a quarterly or final evaluation, the intern could be placed on probation. This would include instances when an Intern has failed to comply with a Remediation Plan. In addition, if the Director of Training, a supervisor or intern becomes aware of a serious deficit or unprofessional conduct on the part of an intern that would create doubts or questions about their ability to satisfactorily meet the Competency Standards for successful completion of the internship, this issue must be brought before the Training Committee.

The Training Committee will carefully evaluate the situation, including speaking with the intern and his or her supervisors, as well as reviewing any written material relevant to the issue including evaluations or clinical work. The Training Committee may request information in writing from the intern and supervisors.

In instances where concern is expressed about an intern's performance without an unsatisfactory rating from an intern's supervisor, the Training Committee will decide by majority vote whether the intern does have a serious enough deficit or problem that would jeopardize his or her ability to successfully complete the internship. An intern on probation CANNOT graduate or successfully complete the internship until the intern has been removed from probation. When an intern is put on probationary status, the intern will meet with the Director of Training and the intern's supervisors to devise a

Performance Improvement Contract to remediate the intern's deficits. (In situations where a concern has been raised by someone other than the intern's direct supervisors, that party may be consulted as part of the process.) This contract can consist of additional training experiences or immediate changes in the intern's rotation experiences. The contract will establish a system for frequent feedback on the intern's progress and performance, not less than once per month. The contract will set standards for meeting minimal levels of proficiencies in the problem areas or deficits. The contract will devise opportunities for training and remediation that clearly and concretely address the areas of concern. Such a problem and its remediation would take priority over the intern's preference for training rotations and experiences. The contract may involve the participation of the intern's psychotherapy supervisor and/or assessment supervisor when appropriate.

Once this contract has been devised and agreed to by the intern, Training Director, and the intern's supervisors, the Training Committee will be notified and given regular updates. The burden of demonstrating that the problem has been adequately remediated will be upon the **intern** once he or she is put on probation. The intern must achieve the goals set by the contract in order to be considered for removal from probation.

If an intern is placed on probationary status, the Director of Training will notify the intern's Training Director at his or her graduate school program. The Performance Improvement Contract will also be sent to the intern's graduate program. The Director of Training of the Miami VAMC Internship Program will provide regular updates to the intern's graduate school Training Director on the intern's status and progress, both in writing and verbally.

**Removal from Probation.** Supervisors responsible for implementation of the Performance Improvement Contract will provide written and verbal feedback to the Training Committee on a regular basis, not less than monthly. When the supervisors and Training Director believe that the intern has satisfactorily addressed and remediated the problems and deficits, and met all of the goals established in the learning contract, the Director of Training will formally propose that the Training Committee consider removing the intern from probationary status. The Training Committee **cannot** vote on the issue of removal from probation without such a recommendation by the Training Director. An intern is removed from probation by a **majority** vote of the Training Committee. Removal officially indicates that the intern's performance is at an appropriate level to receive credit for the internship. An intern can only graduate from and successfully complete the internship if s/he is **not** on probationary status.

**Illegal, Unethical, or Unprofessional Behavior.** If a supervisor or fellow intern believes that an intern has engaged in significant or repeated instances of illegal, unethical, or unprofessional behavior, then he or she is required to report these concerns to the Training Director. The Training Director will investigate the situation and report findings to the Training Committee and Chief of Psychology. The Training Committee can place the intern on probation by majority vote, and for very serious problems, immediately

terminate the intern from the internship program by a **majority** vote. Interns are responsible for and will be held up to all of the appropriate ethical guidelines and professional laws established by the Department of Veterans Affairs, the local Psychology Service, the American Psychological Association, and the Florida Department of Professional Regulation.

***Graduate Training Program.*** The Training Director is responsible for maintaining regular communication with the intern's graduate school program through the graduate school Training Director. The Training Director will provide written feedback to the graduate school with mid-year and final comprehensive evaluations, drawn from written and verbal feedback from the intern's supervisors as well as the Training Director's own observations. If the graduate school requires additional information or paperwork, the Training Director will provide such material. In unusual situations such as an intern placed on probation, the Training Director will initiate intense and regular communication with an intern's graduate school to provide the intern with as much support and cooperation as necessary to satisfactorily resolve such problems.

***Termination from Internship.*** If an intern is on probation and the supervisors and Training Director do not believe that the intern is achieving satisfactory progress toward acceptable levels of performance, or believe that the intern has not been able to remediate the problem or deficit, the Training Committee may have to consider alternatives such as partial credit for internship and/or early termination from the internship program. Similarly, if the intern does not cooperate with devising a remediation program or refuses to cooperate with this process, termination will be considered by the Training Committee. Interns cannot graduate from the program if they receive an unsatisfactory rating on a final rotation evaluation.

Such a final rotation rating essentially means the intern has failed the rotation, which is considered a required course for graduation. If the intern is not already on probation, the intern will be on probation immediately and automatically, without a vote by the Training Committee. The Training Committee will meet as soon as possible to consider options such as devising a learning contract to address the specified deficits, extending the internship past the contracted one-year period, termination from the internship, or giving the intern partial credit for the internship year. The Training Committee cannot reverse a supervisor's rating or give an intern credit for a failed rotation.

The Training Committee may also consider terminating an intern from the predoctoral program for significant or repeated instances of illegal, unethical, or unprofessional behavior. If the situation is serious enough, the committee may choose to terminate the intern without giving the intern an opportunity for remediation. In all of the situations described above, the Training Committee will decide on the ultimate disposition of the intern. Since the intern will technically be on probation in all of these situations, the outcome for the intern must be agreed to by a majority of the Training Committee. It is preferable that the Director of Training and the intern involved cooperate in order to

present the Training Committee with a plan that would be to the advantage of all parties to agree to.

In all of these situations, the Director of Training will be in intensive communication with the intern's graduate school Training Director so that he or she can be involved in the process. If the Training Committee votes to terminate the intern or provide only partial credit for the internship, the Director of Training will meet with the intern and talk to the graduate school Training Director in order to come up with an appropriate plan for the intern's future course. The intern may appeal a termination decision with the same process used to appeal final comprehensive evaluations.

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## ADMINISTRATIVE POLICIES AND PROCEDURES

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**Conflict Resolution and Grievances / Due Process.** If an intern has conflicts or difficulties with a supervisor, the intern's first recourse is to speak to the Miami VA Training Director. The Training Director will make every effort to explore the intern's concerns and attempt to mediate any problems between the intern and supervisor. If the intern has conflicts or difficulties with the Training Director, or believes that the Training Director has not adequately addressed the intern's concerns, the intern may then speak to the Intern Representative or another supervisor, and ask to have the issue addressed by the entire Training Committee. The intern may also present issues directly to the Training Committee at one of its meetings. The Training Committee will then explore the situation and may gather additional information, request written responses, or interview all parties involved. The Training Committee may make suggestions and recommendations for resolution of the problem.

If the intern is not satisfied with the results of bringing the issue before the Training Committee, the intern may then file an "official grievance". The intern will write up a summary of the problem, actions that have been taken, and the reasons why the intern continues to be dissatisfied with the situation. The intern will submit this "grievance report" to his or her graduate school Training Director and the Miami VA Training Committee. All parties involved are then invited to make written responses to the grievance including the supervisor, Training Director, graduate school Training Director, and Training Committee. The grievance, along with all of the written responses, will then be forwarded to the Chief of Psychology Service who will make a final decision about the resolution of the grievance.

Interns always have the right to consult with their graduate school Training Director about difficulties during internship. They may also consult with the American Psychological Association Education Directorate and Office of Accreditation, as well as the Association of Psychology Postdoctoral and Internship Centers.

***Our privacy policy is clear: we will collect no personal information about you when you visit our website. This program does not require self-disclosure.***

## TRAINING STAFF

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**Raquel Andres-Hyman, Ph.D.** is a licensed Clinical Psychologist and the Clinical Director of the PR RTP and will provide on-site supervision of trainees. Her work focuses on assisting veterans with serious mental illnesses, addictions, and psychosocial difficulties to achieve more meaningful lives in their community through the provision of evidenced-based and innovative recovery-oriented care. In addition to her interests in program development and treatment, Dr. Andres-Hyman has published in the areas of cultural competence, addictions, recovery-oriented services, and factors that influence recovery from trauma. She has been influential nationally in promoting recovery-oriented services and in transforming mental health practice. Dr. Andres-Hyman earned her doctoral degree at Nova Southeastern University and completed her pre-doctoral and postdoctoral fellowships at the Yale University School of Medicine. Prior to joining the faculty of the Bruce W. Carter Medical Center of the Miami VA Healthcare System in 2009, Dr. Andres-Hyman spent five years as faculty at Yale University School of Medicine and Co-Director of Cultural Competence & Health Disparities Research & Consultation in the Department of Psychiatry at Yale.

**Natalie E. Bustillo, Ph.D.**, (University of Miami, Clinical, 2014). Assigned to the PTSD Clinical Team (PCT) and PTSD Residential Rehabilitation Program (PTSD-RRP). Clinical responsibilities consist of PTSD screenings, evidence-based individual psychotherapy, psychoeducational and coping skills-based group therapy, patient-centered treatment planning, and working in an interdisciplinary team. Therapeutic orientation is primarily cognitive-behavioral and experience includes completing all components of VA training in Cognitive Processing Therapy (CPT), Prolonged Exposure (PE), and Cognitive Behavioral Therapy for Chronic Pain (CBT-CP). Additional professional interests include mindfulness, utilizing evidence-based health behavior interventions to address common psychological and medical issues, and promoting healthy lifestyle changes (e.g., pain management, weight management, reducing at-risk alcohol use, tobacco cessation, stress management, and cardiovascular risk reduction).

**Grace Caldas, Psy.D.** (Albizu University, Clinical Psychology, 2016). Staff Psychologist and Primary Care Mental Health Integration Facility Trainer. Provides education to primary care teams on Primary Care Mental Health Integration (PC-MHI) services and National competency training for PC-MHI providers. Dr. Caldas provides same-day interventions with fidelity to the PC-MHI model utilizing measurement-based care. Clinical interests include behavioral medicine, population-based care, and primary care psychology. Approaches to interventions mainly focus on Motivational Interviewing, Problem Solving, and Cognitive Behavioral.

**Lindsey Calle-Coule, Psy.D.** (Nova Southeastern University, Clinical Psychology, 2016). Staff Psychologist. Assigned to the Behavioral Medicine Section and to Spinal Cord Injury/Dysfunction (SCI/D) Rehabilitation Service. Duties include evaluation and treatment of individuals on an inpatient and outpatient basis, consultation to medical and nursing staff, research, and program development. Case conceptualization involves a

biopsychosocial approach with an emphasis on humanistic/existential therapy. Research interests include the role of psychology with patients diagnosed with Amyotrophic Lateral Sclerosis (ALS), the role of existential therapy on the improvement of quality of life among patients with chronic illness, and issues of diversity in the disability population.

**Ashley Carreras, Psy.D.** (Nova Southeastern University, Clinical, 2017) Staff Psychologist. Assigned to Acute Inpatient Program. Duties include working collaboratively with interdisciplinary team to develop treatment plans. Additionally, provide individual and group based psychotherapy to veterans or active duty service members with serious mental illness/substance use disorders requiring psychiatric stabilization and/or crisis stabilization. Approaches to interventions are integrative, utilizing motivational interviewing, psychodynamic therapy, cognitive behavioral therapy, and dialectical behavioral therapy. Clinical interests include dual diagnosis populations and long-term mental illness.

**Mariah Corneille, Psy.D.** (Albizu University, Clinical Psychology – Health Psychology Concentration, 2017). Staff Psychologist; Primary Care Mental Health Integration (PCMHI) Lead Facility Trainer; Diversity Committee Chair. Dr. Corneille completed her clinical internship at the Missouri Health Sciences Consortium in Columbia, MO, and her post-doctoral fellowship in Integrated Care at the Miami VAMC. Dr. Corneille's primary role is in PCMHI providing population-based care and brief interventions aligned with the PCMHI model. Other roles involve ongoing education and training to primary care teams and competency training for PCMHI providers to optimize PCMHI metrics and care. Additionally, Dr. Corneille has served as the psychology training program's Diversity Committee Chair since 2019, and takes special interest in ongoing multicultural competency training and inclusion efforts amongst psychology staff and trainees. Dr. Corneille utilizes brief interventions within PCMHI, but also takes integrative and psychodynamic approaches to psychotherapy and assessment. Dr. Corneille's other clinical interests include integrated healthcare, behavioral medicine, culturally sensitive interventions within the medical setting.

**Jason R. Dahn, Ph.D.** (Michigan State University, Clinical, 1999). Staff Psychologist and Health Behavior Coordinator. Expertise in individual and group psychotherapy, health behavior assessment and interventions, and in the treatment of serious mental illness (SMI). Therapeutic approach integrates psychodynamic, cognitive-behavioral, and health coaching perspectives. Serves as the lead clinical consultant to healthcare system staff, providing specific training and consultation to build and maintain competencies in health behavior coaching and associated interventions (e.g., motivational interviewing), and as co-chair of Health Promotion and Disease Prevention (HPDP) Committee. Collaborates with medical center staff to develop, adapt, implement and assess effectiveness of health behavior interventions for the promotion of general health and to address health risk behaviors as part of disease prevention and chronic disease management. Research interests broadly include issues common to mental health and medical psychology (e.g., weight management, sexual dysfunction, tobacco cessation, medication adherence, adjustment to illness) as well as the influence of gender and race/ethnicity on illness

perception and health-related behaviors. Adjunct Assistant Professor, Department of Psychology, University of Miami.

**Giovanna Delgado, Psy.D.** (Carlos Albizu University, Forensic Psychology; Florida International University, 1996) As the Veterans Justice Outreach Coordinator for the Miami VA, she coordinates outreach services for Veterans involved with the judicial system and works as a liaison with the court system to ensure access to care for Veterans reentering the community. Expertise in working with an adult forensic population. Experience includes work with children, adults, the severely mentally ill, and clients suffering from sexual abuse, trauma, homelessness, substance abuse, medical, justice related and psychiatric issues.

**Joseph Fineman, Ph.D.** (Pacific Graduate School of Psychology/Palo Alto University, Clinical, 2007). Clinical Psychologist working in the Miami VA's Behavioral Health Interdisciplinary Program (BHIP). BHIP is VA nationwide initiative to create interdisciplinary outpatient teams comprised of mental health professionals (psychiatrist, psychologist, social worker, nurse, and pharmacist) and administrative staff (program support assistants, clerks, etc.) that provide wrap-around recovery-oriented care to Veterans. BHIP members attend daily interdisciplinary meetings where BHIP patients are reviewed and care is coordinated. BHIP Psychology Responsibilities include providing individual and group psychotherapy, psychological screening assessment and consultation. Evidence-based treatments provided include Prolonged Exposure, Cognitive Processing Therapy, Seeking Safety and Motivational Enhancement Therapy, Dialectical Behavioral Therapy and Acceptance and Commitment Therapy. In addition to EBPs, context-driven psychotherapy approaches, like Narrative and/or Relational-Cultural Therapy are used within the BHIP clinic.

My therapeutic approach is integrative, intersectional, patient-centered and relational. I'm highly focused on context and larger systems impact on individual's identities and choosing interventions that match Veteran's worldviews. This includes an intentional focus on self-awareness, especially how privilege and bias affect the clinical encounter.

**Carlos Finlay, Ph.D.** (University at Albany, SUNY, Clinical, 2005). Staff Psychologist assigned to Behavioral Health Clinic (BHC). My clinical responsibilities include psychological evaluations for services, individual psychotherapy, group therapy, and consultation/orientation services new to the clinic. My therapeutic approach is cognitive-behavioral with an emphasis on empirically-supported interventions. Professional interests include the following: treatment of anxiety disorders with concomitant mood complaints and/or substance use problems, motivational enhancement, and anger management. I also provide psychological support services for veterans identifying as members of the LGBTQ+ community. My supervisory approach to working with interns and externs can be described as a combination of scientist-practitioner and junior-colleague models.

**Jennifer M. Gillette, Psy.D.** Dr. Gillette is a staff neuropsychologist within the Miami VA Healthcare System, Broward Outpatient Clinic (OPC). She obtained her doctorate in Clinical Psychology with a specialty in neuropsychology at Albizu University. She completed her predoctoral internship training in neuropsychology at the Gainesville VA Medical Center, followed by a post-doctoral fellowship in neuropsychology at South Florida Neuropsychology. Clinically, she has experience evaluating patients with various neurological, medical, and psychiatric conditions in inpatient and outpatient settings. Dr. Gillette also works as a member of the Polytrauma Support Clinic Team (PSCT) serving OEF/OIF Veterans with multiple body system traumas, including traumatic brain injury. She supervises graduate students, interns and post-doctoral fellows in neuropsychology. Areas of interest include traumatic brain injury and cognitive rehabilitation.

**Camille Gonzalez, Psy.D.** (Carlos Albizu University, Clinical, 2002). Staff Psychologist assigned to Post- Traumatic Stress Disorder Clinical Team, which provides outpatient psychiatric services to Veterans with military related PTSD. Clinical responsibilities include psychological evaluations, individual and group therapy, family/couples therapy, and psychoeducational classes. Additionally, she is involved in the coordination and implementation of evidenced-based psychotherapies. Therapeutic approach is eclectic, with a cognitive- behavioral emphasis. Dr. Gonzalez also supervises psychological assessment clinical cases with trainees. Research interests include evidenced-based treatment for PTSD.

**Lianne Gonzalez, Psy.D.** (Nova Southeastern University, Clinical Psychology, 2012). Staff Psychologist. Assigned to the Primary Care Mental Health Integration (PCMHI) service. Dr. Gonzalez provides behavioral health services to veterans in the primary care clinics, including behavioral health evaluations and brief interventions. Behavioral health concerns addressed through PCMHI include depression, anxiety, substance use, as well as other psychological disorders. As a PCMHI psychologist, Dr. Gonzalez also focuses on veterans' health behaviors and management of physical health problems, such as diabetes, obesity, smoking cessation, chronic pain, and stress-management skills. The focus of the PCMHI model of service is on providing a team-based approach and integrated care to veterans, addressing their behavioral and physical health needs in the primary care setting. Approaches to therapy mainly consist of cognitive-behavioral therapy, behavioral modification techniques, and motivational interviewing.

**Paul Hartman, Ph.D., ABPP** (University of Miami, Biological Psychology, 1986; California School of Professional Psychology-Fresno, Clinical Psychology Respecialization, 1995; Board Certified in Clinical Health Psychology). Provides inpatient and outpatient psychological services as part of the consultation and liaison psychology team, and the geriatric primary care team. Privileges in psychological assessment, consultation, and therapy; and neuropsychology. Clinical approaches informed by patient-centered, motivational interviewing, cognitive-behavioral, interpersonal, positive psychology and mindfulness perspectives.

**Neil J. Kenney, Psy.D.** (Nova Southeastern University, Clinical, 2005). Assigned to Home Based Primary Care. Duties include psychological assessments, neuropsychological screenings, individual and group psychotherapy. Professional interests include health psychology, geropsychology, neuropsychology, patient/caregiver coping with degenerative illness, conceptual models of alcohol/substance abuse, individual and group psychotherapy. Therapeutic approaches vary dependent on the referral issue and/or client characteristics though often integrate aspects of Cognitive Behavioral, Client-Centered, and Insight-Oriented/Existential Therapy. Taught as adjunct faculty at Nova Southeastern University, Florida International University, Touro College South, and Everglades University.

**Gary S. Kutcher, Ph.D.** (University of Miami, Clinical, 1992). Staff Psychologist and Clinical Director of the Miami VA's PTSD Division (composed of the PTSD Residential Rehabilitation Program (PTSD-RRP), PTSD-Clinical Team (PCT; in Miami, Broward and Homestead), and Military Sexual Trauma (MST) programs). Principle clinical responsibilities are in the PTSD-RRP. Privileged in psychological assessment and individual and group psychotherapy. Therapeutic approach is generally integrative with a "Reality Therapy" and CBT bent. Research interests include program evaluation psychological assessment and diagnosis of PTSD. Dr. Kutcher is currently the Local Site Investigator (LSI) for CSP589, a VA cooperative study entitled: Veterans individual placement and support towards advancing recovery. Adjunct faculty, University of Miami School of Medicine, Department of Psychiatry and Behavioral Sciences.

**Jennifer C. Lee, Psy.D.** Staff Psychologist assigned to Veterans Justice Outreach – Broward County. As the Veterans Justice Outreach Specialist for Broward County, she is the liaison between the Broward County Veterans Court and justice involved veterans receiving care at VA facilities in Broward and Miami. She coordinates appropriate and timely substance abuse and/or mental treatment for justice involved veterans as an alternative to incarceration. Dr. Lee works directly with the Broward County judge, state attorney, public defenders, and court case management team to advocate for veterans, communicate veterans progress in treatment, and educate the court and law enforcement about veterans mental health issues. She was a psychologist in the U. S. Navy and served with a Combat Stress Unit in support of Operation Iraqi Freedom in 2004. During her service in the Navy, Dr. Lee was stationed at the San Diego Naval Hospital. With the Miami VA and West Palm Beach VA, she worked with the PTSD Clinical Team and has expertise in assessment and treatment of military related PTSD.

**Divya Nawalrai, Psy.D.** (Nova Southeastern University, Clinical, 2010) PTSD / Substance Use Disorder Psychologist Provide evidenced based treatments to Veterans receiving services in residential and outpatient PTSD/ SUD programs. Clinical responsibilities include PTSD evaluations, individual and group therapy, consultation regarding complex PTSD/SUD cases, and psycho-education. Therapeutic approach is integrative, with an emphasis on motivational interviewing and interpersonal/client centered modalities.

Research interests include evidenced-based treatment for co-morbid (PTSD/SUD) and other addictive disorders.

**Erika Pacheco, Psy.D.** (Nova Southeastern University, Clinical, 2013) Tele-mental health/Behavioral Health Clinic (BHC). Provides evidenced based treatments to Veterans receiving outpatient mental health services both face-to-face and/or remotely [to remote outpatient clinics (NF/SG VAHS and the Miami VAHS Homestead VA CBOC) or via tele-health equipment to veteran's personal home computer or mobile devices]. Clinical responsibilities include consult evaluations, individual and group psychotherapy, treatment planning and psycho-education to veterans that present with a broad range of psychiatric disorders, complex medical/health histories, and varying levels of daily functioning. Dr. Pacheco's therapeutic approach is integrative and flexible, with an emphasis on CBT, Recovery-Oriented, and Humanistic. Areas of clinical expertise/interest include: Women Veterans, serious mental illness, trauma, evidenced-based and structured approaches (e.g., EMDR, PE, CPT, ACT, DBT, CBT-I, CBT-CP and Seeking Safety), and diversity/multicultural issues.

**Salome' Perez, Ph.D.** (Georgia State University, Clinical, 1998). Assigned to the Behavioral Medicine Section and to Spinal Cord Injury/Dysfunction (SCI/D) Rehabilitation Service. Duties include evaluation, treatment, consultation to medical and nursing staff, research, and program development. Strong emphasis on humanistic/existential approaches to therapy, and in long-term psychodynamic psychotherapy. Research interests include the role of spirituality in psychology, issues of diversity in the disability population, and pain issues in the SCI population.

**Arlene Raffo, Psy.D.** Dr. Raffo is a staff neuropsychologist at the Miami VA Healthcare System. She supervises graduate students as well as interns on the General Neuropsychology rotation. She earned her doctorate degree in Clinical Psychology with specialization in neuropsychology from Albizu University in 2014. She completed her internship training in neuropsychology at the Pittsburgh VA, followed by a postdoctoral fellowship in neuropsychology at the University of Miami Miller School of Medicine, Department of Psychiatry and Behavioral Sciences. She additionally completed a postdoctoral residency in Behavioral Medicine at Citrus Health Network. Dr. Raffo provides outpatient evaluations to Veterans with various neurological, medical, and psychiatric conditions in both outpatient and inpatient settings. She also provides Spanish language evaluations, with opportunity to supervise interested interns who are bilingual and would like to gain proficiency conducting such evaluations.

**Yesenia Rivera, Psy.D.** (Albizu University, Clinical, 2017). Staff Psychologist assigned to the Community Living Center. Clinical responsibilities consist of conducting brief cognitive screenings, capacity evaluations, and providing psychotherapy using an eclectic approach including supportive psychotherapy, behavioral interventions, social skills training, as well as other evidence-based psychotherapeutic interventions in both individual and group modalities. Additional responsibilities include working with an interdisciplinary team to develop treatment plans. Interests include cognitive

rehabilitation, multicultural assessment, and efficacy of behavioral interventions for patients with dementia.

**Janette Rodriguez, Psy.D.** (Wright State University, Clinical, 2009). Dr. Rodriguez is currently the program manager and psychologist for the Psychosocial Recovery and Rehabilitation Center (PRRC) at the Miami VA, which provides specialized services to Veterans diagnosed with a serious mental illness. Conceptualization and intervention involves the intentional and purposeful integration of cognitive- behavioral, psychodynamic, existential/humanistic, multicultural/feminist, as well as several other evidence-based and structured approaches (e.g., ACT, DBT). This integrative and flexible approach is extended to supervision of trainees and offered in conjunction with a developmental model. In addition to supervising trainees in the PRRC, Dr. Rodriguez also supervises interns in the psychological assessment clinic and she provides supervision to post-doctoral fellows/residents on their individual psychotherapy cases. Dr. Rodriguez has trained in both psychiatry and health tracks and places significant value on the mind/body connection. Her areas of clinical expertise/interest include: psychological assessment, diversity/multicultural issues (e.g., Latina/o psychology, LGBTQ issues), trauma and intimate partner violence, chronic and terminal illnesses, and serious mental illness.

Additional professional/scholarly/research interests include program development and evaluation, training issues and mentorship in psychology, as well as patient safety, ethics, and healthcare quality.

**Adam D. Rosen, Ph.D.** (University of Miami, Counseling) Staff Psychologist assigned to the Veterans Justice Outreach Program – Miami-Dade County. As the primary liaison between the VA and the Miami-Dade Veterans Court, he works directly with the judge, state attorney, public defender, and court case management team to facilitate veteran's diversion from incarceration into appropriate mental health treatment services. He has spent the last several years working across several forensic contexts in South Florida providing court-mandated treatment services and evaluations. Clinical and research areas of emphasis include substance abuse treatment, anger management, trauma, and providing culturally sensitive mental health services within the context of the justice system.

**Julie L. Ruddy, Psy.D.** (University of Denver, Clinical, 1998). Chief of Psychology.

**Victoria M. Soler Pérez, Psy.D.** (Ponce School of Medicine, 2006) Staff Psychologist assigned to VA Tele-health Outpatient Services to Key Largo, Key West, and Homestead, and to the Behavioral Health Clinic at Miami VA. Clinical Responsibilities include providing individual and group psychotherapy, including tele-mental health and Video On Demand (VOD), psychological assessment, and EBP consultation (PE and CBT-I Consultant). Areas of Interest: Evidenced Based Treatments, Psychological Treatments for PTSD including Prolonged Exposure (PE) & Cognitive Processing Therapy (CPT), Acceptance and Commitment Therapy (ACT), Cognitive Behavioral Therapy for

Insomnia (CBT-I), Motivational Interviewing (MI), Anger Management, Mindfulness, Positive Psychology, Cultural Diversity Issues (acculturation/bicultural matters), and Recovery-Oriented Mental Health. Theoretical orientation is largely cognitive-behavioral, including VA certification for PE, CPT, ACT, MI, CBT-I, DBT, CBT for Eating Disorder, and Seeking Safety.

**Abigail B. Somerstein, Ph.D.** (University of Central Florida, Clinical, 2013). Staff Psychologist and Program Manager of the Substance Abuse Residential Rehabilitation Treatment Program (SARRTP). Professional interests involve group and individual therapy for the treatment of problematic substance use and co-occurring disorders. Therapeutic orientation involves the integration of motivational interviewing, cognitive-behavioral relapse prevention, and acceptance based approaches.

**Courtney C. Spilker, Psy.D., ABPP-CN** (Nova Southeastern University, 2013) Board Certified Neuropsychologist. Clinical specialization: Geriatric Neuropsychology. Assignments: Geriatric Neuropsychology Clinic/Memory Disorders Clinic. Dr. Spilker completed her pre-doctoral internship at the Puget Sound VA – American Lake and a two-year Adult and Geriatric Neuropsychology postdoctoral fellowship at McLean Hospital/ Harvard Medical School. Responsibilities: Provides neuropsychological evaluations to Veterans with a wide array of neurological conditions, primarily suspected neurodegenerative disease processes, on both an inpatient and outpatient basis and additionally conducts capacity evaluations. Serves as the neuropsychology representative on the Miami VA Dementia Committee.

**Elaine Stein, Psy.D.** (Argosy University/Illinois School of Professional Psychology, Chicago 1998). Assigned to the Post-Traumatic Stress Disorder Clinical Team (PCT). Clinical expertise is in the treatment of PTSD and Military Sexual Trauma (MST). Currently serve as the Military Sexual Trauma Coordinator providing evaluations, individual evidenced based therapy, and group therapy for male and female Veterans who have suffered sexual trauma during military service. Case conceptualization and treatment approach includes strong emphasis on humanistic and transpersonal approaches to therapy as well as use of ACT and mindfulness particularly in the treatment of Depression and PTSD. Interests also include holistic/alternative treatment and the impact of spirituality on trauma.

**Pedja Stevanovic, Ph.D.** (Loyola University Chicago: Clinical Psychology, 2011; University of Miami Hospital/Neurology: Postdoctoral Fellowship in Neuropsychology, 2010-2012). Staff Psychologist. Assigned to Telehealth Psychology, Behavioral Health Clinic, and Recovery. Clinical Expertise in individual and group psychotherapy, psychological and neuropsychological assessment. Therapeutic approach generally eclectic, with a focus on relational approaches. Interests include insight oriented therapy and neuropsychological assessment with a focus on TBI and dementias.

**Lauren G. Suarez, Ph.D.** (University of Miami, Counseling, 2017). Staff psychologist assigned to both the Whole Health Center for Pain Management and the Posttraumatic

Stress Clinical Team (PCT). Her duties within the pain clinic include provision of group and individual psychotherapy to veterans experiencing chronic pain, performing pre-procedure assessments for implantable devices, and collaborating with an interdisciplinary team on the Opioid Risk Review Board. Her duties within the PCT include provision of group and individual psychotherapy to veterans recovering from Military Sexual Trauma (MST), diagnostic evaluation, and treatment planning within an interdisciplinary team. In addition, she provides exposure-based group and individual psychotherapy to veterans participating in the PTSD Residential Rehabilitation Program (PTSD-RRP). Case conceptualization is informed by Relational Cultural Theory (RCT), while treatment approaches remain integrative and evidence-based (i.e. ACT, PE, and CBT-CP). Professional interests include the effects of systemic injustice, complex trauma, and holistic health.

**Laura B. Weinberg, Ph.D.** (Nova Southeastern University, Clinical Neuropsychology, 2012). Director of Psychology Training and Staff Neuropsychologist. Clinical responsibilities include provision of Neuropsychological Assessment and Psychodiagnostic Assessment. Dr. Weinberg completed her pre-doctoral internship at the Miami VA with an emphasis in Neuropsychology and a two-year Neuropsychological Fellowship with an emphasis in rehabilitation at MedStar National Rehabilitation Hospital. Clinical interests include the effects and recovery process of stroke.

**William Wohlgemuth, Ph.D.** (University of Miami, Clinical, 1995). Assigned to the sleep disorders center. Duties include the diagnosis and treatment of a variety of sleep disorders. Therapeutic approach is cognitive-behavioral. Certified in Behavioral Sleep Medicine from the American Academy of Sleep Medicine. Currently engaged in insomnia and CPAP adherence research.

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## TRAINEES

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Interns come from a wide variety of training programs. In the past four years, about half of each class came to us from Ph.D. programs, and half from Psy.D. programs. The majority have been enrolled in Clinical Psychology tracks, but we accept applications, and provide training to candidates from Counseling Psychology concentrations.

While we have always had at least one intern from a local university (University of Miami, Nova Southeastern University, Albizu University) in each class, most of our interns are new to (or returning to) the Miami area. Current and former interns have completed their graduate coursework at the following institutions: University of Alabama, University of Houston, Roosevelt University, University of South Florida, Xavier University, Indiana State University, LaSalle University, George Washington University, and Palo Alto University.

## FACILITY AND TRAINING RESOURCES

Each predoctoral interns will be assigned an office to share with a classmate, but will have his/her own telephone and networked computer. Internet access are also available at each computer station.

Secretarial support is limited for all psychology staff, but access to needed equipment, materials, and medical center resources is available to staff and trainees service wide. Additionally, predoctoral interns will have lab coats and laundry service and transportation benefits.

Full library resources are available. Direct access to MEDLINE, PSYCHLIT, MDConsult, PsychARTICLES, WEBMD, MICROMEDEX as well as other databases is available. Services include interlibrary loans, literature searching, database education, and meeting rooms. Additionally, access to the University of Miami's Miller School of Medicine's Library with 214,544 volumes and 1788 journal subscriptions is available to all Psychology Staff, post-doctoral fellows, and interns. Access to the University of Miami main campus library is also available to our staff and interns. The VAHS Medical Media Service provides support for printing/copying, access to video teleconferencing resources, telemedicine and a variety of audiovisual equipment for educational purposes.

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## LOCAL INFORMATION

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Miami and its surrounding areas offer an incredibly culturally diverse living experience in a tropical environment. While often considered an ideal venue for outdoor activities, the area also offers rich cultural events including the nation's largest book fair, a new cultural arts center (for opera, ballet, symphony orchestras and plays), and a myriad of cultural festivals reflecting the diversity of the local population. A dozen colleges and universities, medical and other professional schools, and the nation's largest community college add to the area's "livability."

ADDITIONAL INFORMATION CAN BE FOUND ON THE FOLLOWING WEBSITES:

[www.miamiandbeaches.com/](http://www.miamiandbeaches.com/)

[www.miamigov.com/Home](http://www.miamigov.com/Home)

*\*This document may contain links to sites external to Department of Veterans Affairs. The VA does not endorse and is not responsible for the content of the external linked websites.*