



Psychology Post-Doctoral Residency Program

Bruce W. Carter VA Medical Center

Miami VA Healthcare System

Psychology Service (116B)

1201 N.W 16th Street, Miami, FL 33125

www.miami.va.gov



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Introduction: The Miami VA is proud to offer **Nine Postdoctoral Residency Positions** with a focus in the following specialty areas for the **2021-2022** academic year. The training program is accredited by the American Psychological Association and is 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.

- **Primary Care-Mental Health Integration/PACT:** 2 positions
- **HIV/Liver Disease:** 1 position
- **Clinical Health:** 1 position
- **Mental Health Recovery and Rehabilitation:** 2 positions
- **Veterans Justice Outreach:** 1 position
- **Geriatric Psychology/Neuropsychology:** 1 position
- **PTSD and Related Concerns:** 1 position

Applications are due on **January 15, 2021** and the program will follow APPIC and Unified Notification Date (UND) procedures.

Accreditation Status: The postdoctoral residency is accredited by the Commission on Accreditation of the American Psychological Association. The next site visit will occur in 2023. For information regarding APA Accreditation of this Residency or other accredited programs, please write or call:

Office of Program Consultation and Accreditation American Psychological Association
750 1st NE, Washington, DC 20002-4242
Phone: (202) 336-5979
Fax: (202) 336 - 5978
E-mail: apaaccred@apa.org
Web: www.apa.org/ed/accreditation

Financial Support and Benefits: The current postdoctoral residency stipend is **\$49,199** which is for a one year, full-time 2,080-hour training year. The stipend is paid biweekly. Residents are eligible for medical and life insurance. Residents 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. Residents are granted administrative leave on a limited basis for VHA-related employment interviews, meetings, workshops, and other events related to professional development.

For additional information, please visit 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

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. Applicants may also identify themselves as representing a racial, cultural, or other element of diversity.

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.

All applicants must have **completed all graduation requirements** from a doctoral program in Clinical or Counseling Psychology accredited by the American Psychological Association (APA) or the Canadian Psychological Association (CPA), and an APA- or CPA-accredited predoctoral internship in Psychology by **August 15th** of the residency year. As a desire to work with a Veteran population is required, practicum or internship at a VHA facility is encouraged, but not mandatory. A prior clinical experience in one of the following emphasis areas is highly recommended: Health Psychology, Forensic Psychology, Geriatric Psychology/ Neuropsychology, PTSD and Related Disorders, and Mental Health Recovery and Rehabilitation. As research, administration, and supervision are integral parts of the Miami VA postdoctoral residency program, some experience--or a willingness to develop skills in these areas--is also recommended.

Eligibility: Applicants must meet the following prerequisites to be considered for our postdoctoral training program:

1. Completion of doctoral degree, including defense of dissertation, from an APA- or CPA- accredited Clinical or Counseling Psychology program before the start date of the residency
2. Completion of an APA- or CPA-accredited psychology internship program
3. 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.

4. 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.
5. Selected postdoctoral residents are subject to fingerprinting, background checks, and a urine drug screen. Selection decisions are contingent on passing these screens.
6. 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 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 accepted our offer of residency training, and well before to your start date to facilitate your onboarding.
7. Due to the demands of the postdoctoral training, residents are advised against outside employment. Residents who are considering outside employment must obtain approval from the Postdoctoral Training Committee through the Training Director **prior** to making commitments to those activities. This will minimize the possibility that the external employment will interfere with their training experience. Although external activities are considered the resident's private and personal experience, this advice is meant to minimize potential problems that might arise. External activities cannot in any way interfere with the usual tour-of-duty of the resident in training.

To apply, the candidate must submit the following materials electronically by using APPIC Psychology Postdoctoral Application ("APPA CAS") at:

<https://aapicas.liaisoncas.com/applicant-ux/#/login>

1. Cover letter indicating the area of emphasis to which you are applying (Clinical Health, PCMHI-/PACT, HIV/Liver Disease, Mental Health Recovery and Rehabilitation, Forensic [Veterans Justice Outreach], PTSD and Related Disorders, or Geriatric Psychology/Neuropsychology) and describing your career goals, along with a detailed description of how the postdoctoral residency at the Miami VA will help you achieve those goals. Make sure to describe your experience with interventions, particularly empirical based or supported interventions, psychological assessment, and your research/scholarly experience.
2. Diversity Identification: The Miami VA takes a proactive stance to create an inclusive environment that welcomes and incorporates all different aspects of diversity. Please share your diverse identities in your application materials.

3. Detailed curriculum vitae (CV).
4. Three letters of recommendation. *At least one of these must be from an internship supervisor.*
5. De-identified work sample - a comprehensive integrated psychological assessment report. Make sure the report is **de-identified** according to HIPPA standards. Geriatric Psychology/Neuropsychology emphasis applicants should submit a neuropsychology report of a geriatric referral if possible.
6. Letter from your dissertation chair or academic program Training Director regarding dissertation status and anticipated completion date. If your dissertation chair is one of your three letters of recommendation, this information can be included in that letter.
7. Statement from your internship Training Director (if applicable) verifying your status, including the expected date of completion of internship training.
8. Transcripts are not required at this time, but will be required if selected for this position.
9. Applications are due and will be reviewed beginning **January 15, 2021**. Earlier submissions are preferred. A selection committee composed of postdoctoral residency supervisors will review and rank order all completed applications. The top candidates will be offered interviews. Typically, well qualified candidates would be invited to visit the local facilities, at their personal expense or interview virtually. However, given the COVID19 pandemic, we will be conducting **Virtual Interviews Only** via video conferencing platforms. Interviews will be conducted with the Psychology Training Director and other training faculty members.
10. Consistent with the Association of Psychology Postdoctoral and Internship Centers (APPIC) Postdoctoral Selection Guidelines, notification to applicants regarding invitation to interview are anticipated to occur in early February. Following interviews, the selection committee will again rank order applicants and offers will be extended to the top ranked applicants.
11. Offers will be extended beginning **February 22, 2021**. Earlier or reciprocal position offers may be made to applicants that have received an offer from another site in the event that Miami VA postdoctoral training is his/her/their preferred site. We require verification of other offers in the form of a forwarded email of the offer or through verbal or email confirmation from your internship Training Director.

Inquiries regarding the application process can be directed to:

Laura Weinberg, Ph.D., Director of Psychology Training,
Psychology – 116B 1201 NW 16th Street Miami, FL 33125

Phone: 305-575-5000 ext. 13215 E-mail (**preferred**): Laura.Weinberg@va.gov

PSYCHOLOGY SETTING AT THE MIAMI VETERAN AFFAIRS MEDICAL CENTER

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 over 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 9 postdoctoral psychology residents, there are ten (10) predoctoral interns training in 5 different emphases in Health Service Psychology. The facility also serves as a psychology practicum placement site (externship) for three local universities' APA-accredited doctoral training programs.

There are over 40 licensed doctoral psychologists on staff, 23 of which provide supervision and training to the residents. Nearly all treatment philosophies and specializations are expressed by this diverse staff, along with teaching expertise and research interests.

DIVERSITY STATEMENT

The Miami VA Postdoctoral Residency program is deeply committed to fostering multicultural competence and diversity awareness. The overall goal of our training activities is to produce trainees 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 trainees, 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, assumptions, and life experiences affect our clinical work. Interested trainees can serve as diversity committee members for their training year. Student members are an integral part of the Diversity Committee and are encouraged to aid with planning as well as serve as a liaison with their cohort.

The Diversity Committee conducts a series of diversity didactics, immersion experiences, and reflective discussions and experiential exercises 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.). Trainees and staff engage in immersion experiences by visiting with community resources that are attending to diversity. Reflective discussions and experiential exercises bring trainees and staff together to provide in-depth conversation on how to improve diversity in care. Lastly, the Diversity Committee assist trainees with their incorporation of diversity-based models into psychotherapy and assessment case conceptualizations. Trainees are required to use the ADDRESSING model into clinical and assessment case presentations to demonstrate the application of diversity training into their practice.

The Miami VA serves Veterans from a highly diverse area, encompassing urban and suburban communities around Miami. Our heterogeneous setting gives trainees the opportunity to provide services to Veterans from a variety of backgrounds. Veterans in this area are ethnically diverse, providing trainees with the opportunity to develop competencies in working with patients from many different cultural backgrounds. Trainees 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 healthcare, services, and advocacy for homeless Veterans.

Lesbian, Gay, Bi-sexual, Transgendered, and Queer (LGBTQ) Veterans are increasingly seeking services at the Miami VA, and the broader Miami metropolitan area features an active LGBTQ community. In this context, residents 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 residents 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 trainees 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). Trainees are also encouraged to explore other dimensions of diversity, including but not limited to, national origin, immigration status, language differences, religious/spiritual beliefs, and ability.

TRAINING MODEL & PROGRAM PHILOSOPHY

Training for post-doctoral residents will occur in several main areas: clinical rotations, seminars, research, psychotherapy clinic, psychodiagnostic assessment clinic, receiving and providing supervision and administration. Competencies in these areas will be evaluated at the end of each 6-month rotation using a competency-based evaluation form. At the beginning of the residency, each resident will meet with the Director of Training and the post-doctoral staff to discuss and determine training opportunities and rotation selections. Both the resident and his/her supervisors will jointly develop a training contract for the residency year to specify goals and objectives.

PROGRAM GOALS & OBJECTIVES

The goal of the Miami VA Psychology Post-Doctoral Residency Program is to prepare residents to function effectively and autonomously in priority areas of health care for Veterans. To that end, clinical opportunities and didactic experiences are designed to facilitate the development of competencies, professionalism, and advanced knowledge and skills that are necessary for the delivery of quality patient care in complex psychological arenas. Post-doctoral residents are encouraged to develop their professional roles as clinicians, mentors, supervisors, consultants, team members and researchers. On-going supervision and didactic experiences are a yearlong process. Within each area of emphasis, residents will be expected to achieve competencies related to:

A) professionalism; B) assessment, evaluation and conceptualization skills; C) intervention and consultation skills; D) scientific thinking and research skills; E) education, teaching and supervision skills; F) diversity; and G) administrative and systemic skills all within the context of ethical practice. Specific competencies associated with each goal must be demonstrated by all residents.

The Miami VA postdoctoral residency program utilizes a competency-based practitioner-scholar model. Our philosophy is that competencies can and will be demonstrated through a variety of formats, including rotations, didactics, supervision and administrative responsibilities.

COVID-19 RESPONSE AND ADAPTATIONS

Due to the COVID-19 pandemic, the residency program with the support of medical center leadership successfully transitioned Psychology Residents to telework in April 2020, with residents reporting on site as needed based on rotation requirements or as preferred to conduct telehealth at the facility. Currently, residents report on site at **least one day** per week. Compliance with social distancing has enabled the program to maintain almost all training activities without significant disruption.

Specifically, residents are continuing to provide veterans individual therapy via telehealth (video on demand or telephone) 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.

Residents are attending and participating in didactics via virtual media technologies. At times, residents 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, resident and supervisor at three different locations.

The health and safety of our Psychology Residents, 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 residents’ 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.

PROGRAM STRUCTURE OF RESIDENCY POSITIONS

While the residency is in clinical psychology, there are several areas of emphases and the positions are specific to the areas of emphases:

1. Health
 - a. Integrated Health/PC-MHI: 2 positions
 - b. HIV/Liver Disease: 1 position
 - c. Clinical Health: 1 position
2. Mental Health Recovery and Rehabilitation: 2 positions
3. Veterans Justice Outreach: 1 position
4. Geriatric Psychology/Neuropsychology: 1 position
5. PTSD and Related Disorders: 1 position

All residents participate in their **Major Emphasis Area Rotations, Psychology Psychotherapy Clinic, and the Psychodiagnostic Assessment Clinic**. Residents will be involved in supervising interns and/or practicum students on their rotations. There may be additional opportunities for supervision of interns and practicum trainees in the psychology assessment clinic or psychotherapy clinic.

Residents are also responsible for the facilitation and management of intern activities, such as the **Weekly Case conference** and **Research Meetings**. Further, the trainees will work with a research mentor to **Complete a Project** during their training year, in addition to attending and teaching seminars.

ROTATION STRUCTURE/PLANS

1. Major Rotations provide the clinical core of post-doctoral training and will constitute a major portion of competency evaluation. The majority of residents' activities will be on rotations working with patients, families, staff, and functioning as a key participant in interdisciplinary team meetings. Residents will also be working with predoctoral interns and practicum students and will be involved with the hierarchical supervision of these students, along with their clinical responsibilities on most of their rotations.

Miami VA staff psychologists assume major leadership, clinical, training, teaching, and research roles within the emphases areas. The structure and description of the available training and research opportunities in each emphasis area are delineated below:

HEALTH RESIDENCY

The available post-doctoral positions in health and the general position structures and rotation plans are listed in the table below:

Position	Rotation 1 (6 months)	Rotation 2 (6months)
Integrated Health/ Primary Care- Mental Health Integration (2 positions)	PC-MHI team 1	PC-MHI team 2
HIV/Liver Disease (1 position)	HIV/ Liver Disease	HIV/ Liver Disease
Clinical Health (1 position)	Consultation & Liaison combined with Health Promotion-Disease Prevention, Palliative Care, or Pain per Interest	

PRIMARY CARE-MENTAL HEALTH INTEGRATION (PCMHI)

Supervisors: Mariah Corneille, Psy.D., Lianne Gonzalez, Psy.D. The Primary Care-Mental Health Integration (PC-MHI) rotation provides an opportunity to work as part of an interdisciplinary team, co-located within primary care. Training experiences include conducting brief (30 minute) intakes where behavioral health concerns are identified. Based on the Veteran's needs, they are offered follow-up that is brief, time-limited psychotherapy (up to six total sessions), referral to health behavior groups, or a referral to a specialty mental health service. Behavioral health visits are brief in the number of sessions (1-6 visits), and are provided in the primary care practice area, structured so that the patient views meeting with the behavioral health provider as a routine primary care service. Interventions may focus on stress management, tobacco and alcohol misuse, chronic pain, sleep hygiene, lifestyle changes, coping with chronic illness, and skill building (relaxation training, goal setting). The trainee will have exposure to working within a fast-paced primary care team environment with the primary goals of assisting PACT members with identification, treatment, and management of mental health and behavioral medicine conditions. Training will focus on providing functional assessment, triage, brief intervention, education and consultative services regarding a wide range of mental health and behavioral medicine concerns, on referral from primary care providers and allied PACT members.

Supervisor: Jason R. Dahn, Ph.D.

The resident will develop competence in: History and course of HIV epidemic in this country and specifically within the VA, which will include current prevalence/incidence rates of infection; knowledge of infectious disease risk factors, barriers to medical care, and health behaviors that are common among those who are currently infected or those at higher risk for viral infections; knowledge of current infectious disease testing procedures; knowledge of disease progression; and working knowledge of current medications, common side effects and barriers to medication adherence. Resident activities generally align with the Ending the HIV Epidemic initiative and include focus areas pertaining to HIV Screening, PrEP Utilization and HIV Care. A substantial proportion of clinical contacts are related to data-driven processes which also provide context for interdisciplinary collaboration related to facilitating screening, testing and/or treatment. Resident works closely with HIV Clinical team as well as PrEP providers. A relatively new aspect to rotation includes identifying and educating at-risk patients on STI risk and PrEP availability. Given that South Florida is considered a high-risk community, supporting use and adherence to PrEP via provision of education, psychosocial support and referral to address MH or other patient needs are key aspects of the rotation. Since maintaining viral suppression is essential to inhibit transmission, the resident will work as a liaison between patients and HIV clinical providers to address factors which interfere with optimal care (e.g., addressing medication adherence, medication refill/renewal, current labs, ID clinic visits, etc.). Resident will also serve as point of contact with HIV Workgroup members to address clinical or systemic factors impacting effective delivery of services. Position also entails coordinating with Public Affairs and/or Medical Media for distribution of social media and e-signage information related to HIV/AIDS Awareness Days as designated by CDC. Participate in health fair or educational events which promote STI/HIV awareness and prevention. Finally, the resident will participate in a robust interdisciplinary group program on PTSD residential unit (e.g., MOVE!, tobacco cessation, cardiovascular risk reduction, diabetes management), addressing issues which are salient to the health and well-being of this higher risk population.

CONSULTATION & LIAISON

Supervisors: Paul Hartman, Ph.D., ABPP and Grace Caldas, Psy.D.

Psychology receives consult requests from the various specialty medical and mental health clinics, including the PACTs, Special Immunology and Infectious Diseases, Hepatology, Endocrinology, Organ Transplant, Cardiology, Pulmonary and Women's Health. Psychology schedules and conducts comprehensive biopsychosocial assessments, including testing when indicated, utilizing various measures. Further, treatment planning is developed with a host of intervention options provided by psychology staff. In certain cases, referral to other hospital-wide specialty clinics such as substance abuse services and the outpatient Post-Traumatic Stress Disorder team is initiated. Additionally, speedy referral to Mental Health Fast Track for psychiatric evaluation for psychotropic medication is regularly practiced.

Consultation & Liaison Psychology works collaboratively with full-time Psychiatry staff and medical attending staff. Consultation & Liaison psychology also routinely responds to requests for organ transplant screening evaluations. The screening evaluations involve structured interviews, assessment utilizing the mental status exams, MMPI-2, and neuropsychological assessment when appropriate. Psychology residents under the supervision of licensed staff will have the opportunity to perform these evaluations.

HOSPICE AND PALLIATIVE CARE

Supervisor: Erik Santacruz, Psy.D., Ed.D.

Inpatient psychological services are provided to Veterans who are hospitalized at the Hospice and Palliative Care (HPC) unit. Services provided at HPC emphasize on the relief of suffering and comprehensive management of the physical, psychological, emotional, and social and spiritual needs of Veterans and their families. HPC is located within the Community Living Center (CLC), a facility designed to provide short-term and long-term stays in a home-like environment to Veterans requiring skilled nursing and supportive personal care. As part of the HPC, you will serve as an active member on an interdisciplinary team.

Veterans admitted to HPC are individuals who are facing life-limiting illness including cancer, end stage organ disease, and congestive heart failure. All Veterans admitted to this unit are evaluated for psychological services which includes a clinical interview, assessment of mental status, and assessment of mood. Psychological issues commonly encountered include adjustment disorder, depression, anxiety, substance abuse, and PTSD. Pain and sleep disturbance are also common problems. Bedside supportive psychotherapy service is provided to all Veterans who are deemed appropriate and provide consent for treatment. Family members and designated caregivers are also evaluated and offered individual and group counseling for caregiver stress and/or anticipatory/preparatory grief.

Individual and group outpatient psychotherapy for adjustment to life limiting medical conditions and grief counseling services are also provided to Veterans and their families who are receiving services outside of the CLC at the Bruce W. Carter Department of Veterans

Affairs Medical Center. Opportunities to provide outpatient psycho-oncology emotional functioning screenings, individual, and group psychotherapy services are also available.

PAIN CLINIC

Supervisor: Lauren Suarez, PhD.

The Miami VAMC Whole Health Center for Pain Management has operated as a specialty care clinic since 1995 and is currently staffed by an interdisciplinary team, including Anesthesiology, Nursing, Acupuncture, Pharmacy and Psychology. Additional extended team members are provided from Physical Therapy, Occupational Therapy, Exercise Physiology, Recreation Therapy, Social Work and Psychiatry. 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 chronic pain. Additionally, psychology is embedded within interdisciplinary team meetings, including Pain Board and Opiate Reviews.

MENTAL HEALTH RECOVERY AND REHABILITATION RESIDENCY

Post-doctoral residents (two positions) are required to complete 6-month rotations in both the Psychosocial Rehabilitation and Recovery Center (PRRC) and the Substance Abuse Residential Treatment Program (SAARTP). Descriptions of these rotations are detailed below.

Position	Rotation 1 (6 months)	Rotation 2 (6months)
Mental Health Recovery and Rehabilitation Resident Position 1	PRRC	SAARTP
Mental Health Recovery and Rehabilitation Resident Position 2	SAARTP	PRRC

PSYCHOSOCIAL REHABILITATION AND RECOVERY CENTER (PRRC)

Supervisor: Janette Rodriguez, Psy.D.

The Psychosocial Rehabilitation and Recovery Center (PRRC) serves Veterans with diverse backgrounds who have been diagnosed with a serious mental illness and have significant impairment in psychosocial functioning. Common diagnoses include psychotic disorders such as schizophrenia, mood disorders such as bipolar disorder or major depression, and severe post-traumatic stress disorder. Many of the Veterans also have co-morbid substance use and co-morbid chronic 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 inspires and assists Veterans and is driven by psychiatric recovery and rehabilitation principles. Services are geared toward empowering Veterans by instilling hope, highlighting strengths, and encouraging skill development. The PRRC core interprofessional team at the Miami VAHS currently includes staff from psychology, social work, recreation therapy, and peer support. Additionally, trainees from these disciplines may also participate in the provision of PRRC services.

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

- Individualized assessment/re-assessment and recovery planning: interventions include motivational interviewing/enhancement strategies, clarification of life values, goals, and roles, and CBT strategies, among many more

- Psychotherapy groups and Individual Psychotherapy: social skills, anger management skills, relationship skills
- Community re-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

Residents in the PRRC receive significant education about psychiatric rehabilitation and recovery. They participate in multiple components of the PRRC, including assessment, group/individual psychotherapy, facilitating interprofessional meetings, provision of consultation and/or teaching to master's level staff, outreach and consultation with the acute inpatient psychiatry team, program management, and supervision. Clinically, the residents will gain the most experience with group modalities of intervention, with an emphasis on evidence-based interventions, such as Social Skills Training for Serious Mental Illness. They will also gain significant experience supervising interns and/or practicum students. Supervision is individualized and based on a developmental model, with a focus on intersectionality and professional development. Residents are considered an integral part of the PRRC treatment team.

SUBSTANCE ABUSE RESIDENTIAL RECOVERY TREATMENT PROGRAM (SARRTP)

Supervisor: Abigail Somerstein, Ph.D.

Patients in the SARRTP remain in residence for ninety days. Substances to which patients are addicted include alcohol, cocaine, opiates, cannabis, and sedatives. A large proportion of patients are dually diagnosed with substance dependence and other major psychiatric disorder, such as schizophrenia, chronic depression, and bipolar disorder. An increasing proportion of patients carry a co-morbid diagnosis of PTSD, most from the wars in Iraq and Afghanistan. The Program maintains a bio-psychosocial conceptualization of the development of substance dependence. 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 for substance dependence: motivational enhancement, cognitive behavioral strategies for relapse prevention, social and coping skills training, and 12 step facilitation therapy. SAARTP also uses "Seeking Safety" an empirically based treatment for patients with both PTSD and substance dependence.

FORENSIC PSYCHOLOGY RESIDENCY – VETERANS JUSTICE OUTREACH (VJO)

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

Clinical Psychology in the emphasis area of Veterans Justice. This is a full-time, year-long psychology post-doctoral position with the goal of providing fellows with specialized training in forensic psychology work within the VA system. This program will provide fellows with training and experiences relevant to the theories involved in the assessment and evaluations of justice-involved Veterans. VJO fellows 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 and 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 fellow will collaborate with a multidisciplinary team of professionals both through the VA and local justice system. 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, state attorney offices, and various court clerks. All team members work together to provide Veteran-centered services. The focus of the VJO fellow will be to take initiative in building working relationships and reaching out to potential justice system partners to see that eligible justice-involved Veterans get needed care. Further, emphasis will also be placed on active participation in partnership with law enforcement Crisis Intervention Teams (CIT) to train law enforcement personnel on Veteran specific issues. The VJO fellow will work to assess and evaluate justice related Veterans and then facilitate 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 are a primary component of this training program. Psychotherapy experiences will be incorporated into both individual and group interventions.

As the VJO psychology fellow, 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 (law enforcement agency offices, field work for CIT trainings, and local conferences). Further, VJO duties require significant time spent assessing and evaluating detained Veterans through the correctional departments across both counties. Thus, VJO psychology fellows will require passing background checks and clearance from local jails.

Participation in the Veterans Court is a major component of this training program and fellows will be required to attend Veterans Court regularly. Currently, Veterans Court is fully operational in Broward County and is in development for Miami-Dade and Monroe counties. The Veterans Court is 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.

GERIATRIC PSYCHOLOGY AND NEUROPSYCHOLOGY RESIDENCY

The Resident will complete 6 months in Neuropsychology as well as 6 months in Geriatric Psychology. Description of these rotations are detailed below.

Position	Rotation 1 (6 months)	Rotation 2 (6months)
Geriatric Psychology and Neuropsychology	<u>Neuropsychology</u> Geriatric Neuropsychology Service General Outpatient Neuropsychology Service	<u>Geriatric Psychology</u> Geriatric Primary Care Community Living Center

NEUROPSYCHOLOGY

Supervisors: Courtney Spilker, Psy.D. ABPP-CN, Arlene Raffo, Psy.D., and Jennifer Gillette, Psy.D.

The major training focus in the Neuropsychology Service area is the provision of diagnostic assessment services to patients with known or suspected brain dysfunction. Hundreds of referrals and consultation requests are received yearly from departments throughout the Medical Center, with questions commonly pertaining to diagnosis, capacity, measuring changes over time, and assisting in the planning of treatment and rehabilitation. An integral role is the provision of assessment services and feedback to patients and their families. The most common diagnostic groups represented include dementia of various etiologies, traumatic brain injury, stroke, chronic alcoholism, Parkinsonism, schizophrenia, PTSD, bipolar disorder, depression, and multiple sclerosis. Residents are exposed to a broad spectrum of neurological disease conditions, with a patient population that is diverse with respect to age, education, and cultural background.

- A. The Geriatric Neuropsychology rotation will involve the provision of neuropsychological services to older adults, primarily focused on the assessment of dementia. A large focus of this rotation is also inpatient and outpatient capacity evaluations.
- B. The General Outpatient Neuropsychology rotation is a general consultation service involving assessment of patients with a variety of medical and psychiatric conditions. This rotation includes triage of patients through consultation with physicians from various services (Primary Care, Neurology, Geriatrics, Infectious Disease, Cardiology, and Oncology), assessment of patients, and provision of feedback to patients and providers. Opportunities to conduct neuropsychological evaluation in Spanish is available.

Neuropsychology Assessment Approach: We use a flexible battery approach, with many batteries developed specific to the referral question based on empirical evidence.

Neuropsychology Didactic Training: Residents are required to participate in a multi-site neuropsychology fellowship didactic that features specialty presentations, case conference, fact finding, and journal article discussion via teleconference with 10 other VA medical centers and community-based training sites around the country. Didactic training is also provided through (1) A weekly neuropsychology case conference that includes a review of the examinee's medical history and its relevance for central nervous system functioning; (2) Neuropathology rounds that entail brain cutting, which is a routine part of the autopsy conducted by several faculty members in the Neuropathology Division of the Pathology Department at the University of Miami Miller School of Medicine; (3) Neurology grand rounds at UM Medical School that are held weekly and consist of one-hour presentations of one or two clinical cases; (4) Neurology Case Conference at UM Medical School which is a weekly one-hour presentation of an inpatient who, in most cases, presents with a motor and/or sensory abnormality; and (5) Intractable epilepsy conference (weekly) at UM Medical School that includes neurologists, epilepsy specialists, and neurosurgery.

Neuropsychology Supervisory Experience: Using a hierarchical supervisory model, residents are supervised in providing training experiences for practicum students and interns while in their neuropsychology clinic rotations. Residents train students in all aspects of assessment as well as in the provision of clinical feedback to patients and their families. Finally, postdoctoral fellows assist the staff in provision of didactics to interns and externs within the Neuropsychology and General Psychology training program.

GERIATRIC PSYCHOLOGY

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

Geriatric Primary Care: Psychological services are provided to patients within a geriatric primary care clinic, in response to referrals mainly from the clinic's medical director and residents as well as the psychiatry staff housed in the clinic. Patients are seen for psychological assessment, psychotherapy, and/or cognitive assessment. 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, maladaptive anger, 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.

Assessment methods include biopsychosocial interview, standard instruments such as 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 and referral sources, both in writing and orally. Recognition and appropriate reporting of elder abuse and neglect is also emphasized.

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 and family therapy are provided as needed. In addition, trainees usually co-facilitate a "positive aging" learning and support group, which has been held every week for several years. Trainees also may participate, alongside clinic medical and nursing staff, in providing specialty individual and group services to geriatric patients, including frailty prevention and remediation, tobacco cessation, continence promotion, and cardiovascular risk reduction.

Supervision is provided by modeling (resident sitting in on supervisor providing services), direct observation of resident's provision of service, review of written reports and notes, audio or audio-visual recording of services, and discussion of cases. Residents are encouraged to attend "mini-lectures" given by the clinic director to medical residents 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: 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. Residents 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 resident 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., resident 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 psychology resident 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.

POSTTRAUMATIC STRESS DISORDER (PTSD) AND RELATED DISORDERS

Supervisor: Natalie Bustillo, PhD

The Postdoctoral Residency position in PTSD and Related Concerns will provide training with an **emphasis in trauma focused recovery**. The resident will complete a 12-month supervised experience in the Miami VA HCS PTSD division. Program opportunities include both outpatient PTSD Clinical Team (PCT) and PTSD residential (PTSD-RRP) experiences with active duty military personnel and veterans struggling with military related trauma and PTSD. Residents will have the opportunity to work with individuals ranging from WWII to the currently returning Global War on Terror, who have been determined to be struggling with military (combat or non-combat) related PTSD. The resident will have the opportunity to function as part of an interdisciplinary treatment team and develop expertise in providing a variety of evidence-based psychotherapies and well-established individual and group, patient-centered and recovery-oriented interventions.

PSYCHOLOGY PSYCHOTHERAPY CLINIC

Residents will participate in the Psychology General Psychotherapy Clinic. These clinics receive referrals from a wide range of clinics and providers throughout the medical center. The resident will carry 3 individual psychotherapy cases throughout the year, using a brief model of psychotherapy; therefore, it is estimated the resident will treat 8-10 patients in this clinic by the end of the year. Each resident will be assigned a supervisor for this clinic activity.

PSYCHODIAGNOSTIC ASSESSMENT CLINIC

The residents will participate in the assessment clinic by providing assessment in both their specialty area/clinic rotation as well as the general assessment clinic. For example, if the resident and/or supervisor identify assessment needs upon initial clinical interaction with a veteran, the resident will conduct more thorough psychological testing under the supervision of an assessment supervisor. This is usually their primary supervisor or a staff psychologist in the specialty area. Residents will also provide evaluations in the general assessment clinic depending on clinic demand and interest area, with the most common referral question assessing for ADHD. Residents are expected to complete at least four cases throughout the year.

DIDACTIC SEMINARS/ADMINISTRATIVE RESPONSIBILITIES

There are a wide variety of required seminars for residents throughout the year. Post-Doctoral Residents will also receive cultural competency training through the diversity didactic series, immersion community outings, and reflective discussions with staff focusing on how to address dimensions of diversity in their work. In continued efforts to

provide culturally competent treatment, residents will use the ADDRESSING model in conceptualization.

Residents may choose to attend optional seminars that include ongoing post-doctoral seminars or continuing education sessions not in their emphasis area, as well as pre-doctoral seminars and medical school seminars/rounds that are held throughout the year. Additionally, residents are expected to teach seminars on their respective emphases areas.

Regarding administrative responsibilities, all residents are expected to facilitate and administratively manage the weekly intern pre-doctoral case conferences throughout the year and actively provide feedback on assessment and psychotherapy cases to the interns (in conjunction with staff psychologists). Additionally, the residents will be responsible for leading and managing Intern Research Colloquium. Practicum students, interns, and members of psychology staff attend these meetings. It may also be attended by interdisciplinary team members in specific disciplines.

RESEARCH

The Medical Center has an extensive research program of over 200 active projects concentrating on weight management, 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.

Residents will identify a research mentor and engage in a project related to the resident's area of training emphasis. The expectation is that the resident, working with the mentor, will prepare a project for presentation at the end of the residency year to psychologists, trainees, and other interested staff at the Medical Center in a continuing education format.

TRAINEE & PROGRAM EVALUATION: REQUIREMENTS FOR COMPLETION

In order to successfully complete the 2080-hour postdoctoral program, at each rotation's end (6 months), there will be written evaluation of the residents' progress as well as verbal feedback given to the residents by each supervisor and the Director of Training. Each 6-month term (mid- rotation and at the end of rotation), verbal feedback will be provided. The behaviorally based competency evaluation will be reviewed by the post-doctoral subcommittee and any deficit areas will be addressed with the resident. The following are the competency rating descriptions:

1. Problem Area (remedial plan needed)
2. Close supervision needed (mid-practicum level)
3. Regular supervision needed (intern entry level)
4. Periodic supervision need (mid internship level)
5. Little supervision needed (intern exit/postdoc entry level)
6. Some consultation needed (mid postdoc level)
7. No supervision needed (postdoc exit level)
8. Advanced practice (full performance level)

In order for residents to maintain good standing in the program they must

1. Receive at least a 6 (corresponding with "mid postdoc level") on at least 80% of the items on the midyear summative evaluation to be considered in good standing in the Program
2. No competency areas should be rated lower than a 5 (corresponding with ""intern exit/postdoc entry level")," with routine supervision of most activities is required)
3. Be rated at least at an advanced level of competency (corresponding to 7 on the rating scale) on 100% of the rating items by the end of the residency in order to meet criteria for successful completion of the Program
4. Not be found to have engaged in any significant ethical transgressions
5. Verify that hours entered into Log of Activities total **2080 hours**
6. Verify that hours entered into **Log of Activities** total at **least 900** hours for direct patient contact, **150** hours for supervision (receipt), **50** hours for didactic training experience and **100** hours in administration and hierarchical supervision (provision).

Illegal, Unethical, or Unprofessional Behavior. If a supervisor or resident believes that a resident 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 Residency Training Committee and Chief of Psychology. The Residency Training Committee can place the resident on probation by majority vote, and for very serious problems, immediately terminate the resident from the residency program by a majority vote. Residents are responsible for and will be held 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.

FACILITY & TRAINING RESOURCES

Each post-doctoral resident will be assigned his/her own or shared office distinct from predoctoral intern offices with telephone and networked computers. Internet and MICROMEDEX 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, post-doctoral residents will have lab coats, commuting benefit, and free parking at the facility. Full library resources are available. The medical center maintains a professional library with over 2500 volumes and 390 current journal subscriptions, 22 of which are journals related to Psychology. 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 Miller School of Medicine's Library with 214,544 volumes and 1788 journal subscriptions is available to all Psychology Staff, post-doctoral residents, and interns.

Access to the University of Miami main campus library is also available to our staff and residents. The VAMC Medical Media Service provides support for printing/copying, access to video teleconferencing resources, telemedicine and a variety of audiovisual equipment for educational purposes.

ADMINISTRATIVE POLICIES & PROCEDURES

CONFLICT RESOLUTION AND GRIEVANCES / DUE PROCESS

If a resident has conflicts or difficulties with a supervisor, the resident's first recourse is to speak to the Miami VA Training Director. The Training Director will make every effort to explore the resident's concerns and attempt to mediate any problems between the resident and supervisor. If the resident has conflicts or difficulties with the Training Director, or believes that the training director has not adequately addressed the resident's concerns, the resident may then speak to another supervisor, and ask to have the issue addressed by the entire Residency Committee. The resident may also present issues directly to the Residency Committee at one of its meetings. The Residency Committee will then explore the situation and may gather additional information, request written responses, or interview all parties involved. The Residency Committee may make suggestions and recommendations for resolution of the problem. If the resident is not satisfied with the results of bringing the issue before the Residency Committee, the resident may then file an "official grievance". The resident will write up a summary of the problem, actions that have been taken, and the reasons why the resident continues to be dissatisfied with the situation.

The resident will submit this "grievance report" to the Miami VA Residency Committee. All parties involved are then invited to make written responses to the grievance including the supervisor, Training Director, and Residency Committee. The grievance,

along with all of the written responses, will then be forwarded to the Chief of Psychology Section who will make a final decision about the resolution of the grievance.

Residents always have the right to consult with the American Psychological Association Education Directorate and Office of Accreditation, as well as the Association of Psychology Postdoctoral and Fellowship 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 outside of that required, when and if applicable, to provide quality care to patients.

PSYCHOLOGY RESIDENCY TRAINING STAFF

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.

Jessica M. Bryant, Psy.D. (Albizu University, Clinical, 2018). Staff Psychologist assigned to Primary Care – Mental Health Integration (PCMHI) at Miami Post-Deployment Clinic and Homestead CBOC. Additionally, providing marriage and family counseling to Veterans and their spouses/families. Duties within PCMHI include conducting brief interventions targeting mental health conditions and health behaviors changes, receiving warm-handoffs from primary care providers, participating in daily clinic huddles and working with transitional care team to aid Veterans recently discharged from military or following deployment. Dr. Bryant completed her pre-doctoral internship and post-doctoral residency at Miami VA Healthcare System's forensic track working with Veteran's Justice Outreach (VJO).

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.

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.

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.

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 Ruddy, Psy.D. (University of Denver, Clinical, 1998) Chief of Psychology. Dr Ruddy served as a naval officer and clinical psychologist in the U.S. Navy. In addition to military service, she worked in various mental health care settings including residential treatment programs for emotionally disturbed youth, hospice care, and drug and alcohol treatment facilities. As a senior psychologist at the first combined VA/DoD healthcare system, Dr. Ruddy was responsible for all operations involved in the evaluation of mental health issues for the recruit population of the U.S. Navy, and was appointed as a recommending waiver authority to determine suitability for military service. Therapeutic approach is integrative with a cognitive-behavioral emphasis. Research areas of interest include military medicine, mindfulness, addictive disorders, issues of diversity and gender within the Veteran population, and evidenced-based treatment.

Erik Santacruz, Psy.D., Ed.D., (The George Washington University). Dr. Santacruz earned his doctoral degree in clinical psychology at The George Washington University with an emphasis in psychological assessment. He completed his doctoral internship training at Jackson Health System/University of Miami Miller School of Medicine at the Adult Outpatient Health Psychology Clinic (Hispanic Track) where he provided mental health services to the

underserved, Spanish speaking community of Miami-Dade County. Prior to his role as Clinical Psychologist of Hospice and Palliative Care, Dr. Santacruz served as the Liver Diseases and HIV Psychology Postdoctoral Fellow at Miami VA Healthcare System. Dr. Santacruz also earned a doctoral degree in health education at Teachers College, Columbia University. Currently, his clinical and research interests address the intersection of health education and clinical psychology as a way to help individuals cope and adjust to living with acute and chronic illness, sustain medication adherence, and engage in health promotion and disease prevention. Dr. Santacruz also has extensive research and clinical experience working with the LGBTQ community.

Selected Publications

Ruth, R., & Santacruz, E. (Eds.). (2017). *LGBT psychology and mental health: Emerging research and advances*. Praeger.

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 serves as the Military Sexual Trauma Coordinator for the Miami VAHCS which includes the main medical center and six CBOC's (Community Based Outpatient Clinics). Within PCT, Dr. Stein provides evaluations, individual psychotherapy including evidenced based treatments (i.e. ACT, PE, CPT), and group therapy for male and female Veterans who have experienced sexual trauma during military service. Case conceptualization and treatment approach embrace an emphasis on humanistic and transpersonal approaches to therapy as well as frequent integration of ACT and mindfulness particularly in the treatment of Depression and PTSD. Professional interests also include mind-body/body-based therapies, holistic health, impact of spirituality on trauma, consultation, and compassionate leadership.

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.

TRAINEES

The Miami VAMC Postdoctoral Residency program has accepted 78 psychology residents since 2004. The majority have come to us from VHA internship programs. Present and former residents completed their doctoral studies at University of Miami, Nova Southeastern University, Albizu University, Xavier University, Florida International University, University of Hartford, The George Washington University, Palo Alto University, Pacific Graduate School of Psychology (Palo Alto), Roosevelt University, Jackson State University, University of Georgia, the Indiana State University and Colorado State University.

Of the 69 residents who have completed their residence training, 34 are currently employed at VAMCs or Community Based Outpatient Centers in Wisconsin, Georgia, Arkansas, Florida, Colorado, Nevada, Pennsylvania, Texas and Washington, D.C. The others are in group or individual private practice, consulting, and teaching at local colleges and universities.

LOCAL INFORMATION

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

www.miamigov.com/Home

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