Psychology Internship Program

Miami VA Healthcare System
Psychology Service (116B)
1201 NW 16th Street
Miami, FL 33125
305-575-3215
http://www.miami.va.gov/

MATCH Numbers: 1220
Health Psychology: 122012 (3 positions)
Neuropsychology: 122013 (1 position)
Geropsychology: 122014 (2 positions)
Psychiatry-General: 122015 (2 positions)
Psychiatry-Recovery & Rehabilitation: 122016 (1 position)
Forensic: 122017 (1 position)

Applications due: November 5

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

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

Financial Support and Benefits
The current intern stipend is $25,421 which is for a one year, full-time 2,080 hour training year. The stipend is paid biweekly. Interns are eligible for medical and life insurance. Interns also earn four hours of both annual and sick leave per pay period, which accrue to 13 paid vacation days (in addition to 10 paid Federal holidays). Interns are granted authorized absence on a limited basis for dissertation related meetings, workshops, VA interviews and other events related to professional development.

Application & Selection Procedures
The Psychology Service abides by the Department of Veterans Affairs commitment to ensuring equal opportunity (EEO), and promoting diversity and inclusion, all applicable Federal EEO laws, regulations, Executive Orders, and Management Directives. As provided by the Policy, the VA will not tolerate discrimination or harassment on the basis of race, color, religion, national origin, sex, pregnancy, gender identity, genetic information, parental status, sexual orientation, age or disability.

The Miami VA Healthcare System Psychology Service is committed to upholding an inclusive environment so that the associated stakeholders, (Veterans, supervised trainees, staff psychologists,
technical and clerical staff) feel encouraged and supported to incorporate all aspects of themselves into their experience at our facility. We believe that the honoring of the unique aspects of each individual is compulsory for the optimal development of highly qualified, effective and satisfied professionals, and ultimately, improves the quality of the services that we provide to our Veterans.

Internship applicants must be **US citizens who are completing APA- or CPA-accredited doctoral programs in** Clinical or Counseling. Only students in programs accredited by the American Psychological Association, or Canadian Psychological Association are eligible. Only students in programs accredited by the American Psychological Association are eligible. No slots are preallocated to any graduate program, and multiple candidates can be accepted from any one graduate program. The Miami VA Healthcare System Psychology Predoctoral Internship Program offers training only for full-time positions; part-time positions are not available.

Candidates should have all course work completed by the time the internship begins. All major requirements of the graduate school program, including qualifying examinations, should also be completed. Additionally, candidates should have begun work on their dissertation. Specifically, a dissertation proposal should be accepted by the student's dissertation committee prior to internship. All candidates should have substantial practicum experience. At least 250 hours of clinical intervention, face-to-face experience (excluding supervision hours), and 50 hours of assessment, face-to-face (excluding supervision) are required for internship.

**Application Procedures**
This program is a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC) and it participates in the Matching Program. All applicants must register for the Match in order to be eligible for consideration for internship training. An electronic application service, called AAPI Online, must be used by applicants to prepare and submit applications to the program. AAPI Online is a separate and distinct service from the Match, and applicants must register to use AAPI Online separately from registering for the Match. AAPI Online is used by applicants to apply to programs, while the Match determines the final placement of applicants into programs. Information on the use of AAPI Online to apply to internship programs is provided on the APPIC web site at [http://www.appic.org](http://www.appic.org). Information about the Match can be obtained at [www.natmatch.com/psychint](http://www.natmatch.com/psychint). Applications submitting to the Matching service must be completed by November 5, 2017 in order to be considered for the Miami VA Healthcare System internship program. Only completed applications will be reviewed by the Training Committee for the final round of consideration. Confirmation of the status of applications will be sent out in mid December. Nevertheless, the candidate bears primary responsibility for making sure all materials are submitted to the Matching Program on time.

**Applications are to be completed electronically using the AAPI Online Applicant Portal:**

**Inquiries can be directed to:**
* Regina Pavone, Ph.D., ABPP, Director of Training
  Psychology – 116B
  1201 NW 16th Street
  Miami, FL 33125-1693
  Phone: 305-575-3215 / E-mail: regina.pavone@va.gov*

**Include the following materials:**

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

   Health Psychology: 122012
   Neuropsychology: 122013
   Geropsychology: 122014
   Psychiatry-General: 122015
Applicants may also identify themselves as representing a racial, cultural, or other element of diversity. These statements should have a space between them and separated from the formal body of the cover letter.

2. Two letters of recommendation from psychologists familiar with your clinical practicum.

3. A copy of a psychological assessment report that you have written which deals at least in part with diagnostic and personality issues. Neuropsychological reports are acceptable if they have a section that also deals with diagnostic/personality topics. Please include reports on adults only. Remove any identifying and confidential material.

The Psychology Service Training Committee will review all applications during November and early December. At that time, approximately 50 of the applicants will be selected for the final round of consideration. All applicants will be notified of their final round status by email in mid December. Finalists will be invited to interview with the Training Committee during January. Personal interviews are preferred, but special arrangements for telephone interviews can be made if travel is impractical.

Intern Selection
All applications are reviewed by members of the Psychology Training Committee in November and December. Applicants are asked to choose a primary and secondary emphasis area (Health Psychology, Geropsychology, Neuropsychology, Psychiatry or Forensic) based upon their training interests, experience, education and professional goals. Applications in each "emphasis area" will then be reviewed by the supervisors in this area. Approximately half of the applicants in each group will then be selected as finalists and invited for interviews. Upon invitation to interview, applicants will be interviewed for a position in their primary emphasis area unless otherwise notified. Please remember that this is always a relative process since each applicant is being compared to the other applicants in a particular year. Thus, while an applicant may have an interest in Neuropsychology, for example, the applicant will be compared to other candidates who may have strong experience and training. It would therefore be wise for an applicant to not only consider his or her training interests, but also his or her experiences, credentials, and training and choose the emphasis area that would make for the strongest overall application. Each applicant may choose two emphasis areas and rank order his/her interest in each. Applicants will be evaluated in both areas, but will be included as a candidate in only one area as a finalist.

Following January interviews, the Training Committee will meet and evaluate all finalists. The Committee will vote on each finalist and the resulting rankings will be used to formulate rank order lists. Interns are matched with the program according to the procedures set forth by APPIC and The Match service. Rank Order Lists will be submitted for Phase I of the Match in accordance with APPIC Policies by February 7, 2018. The results of Phase I of the Match will be released by the Match agency on February 23, 2018. Please refer to the APPIC website for details. Written confirmation of offers and acceptances is required. For more details of APPIC Guidelines, please read the APPIC Policy listed on the website.

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

Psychology Setting
The Miami VA Healthcare System serves Veterans in three South Florida counties: Miami-Dade, Broward, and Monroe, with an estimated veteran population of 175,000. Our parent facility is the Bruce W. Carter Department of Veterans Affairs Medical Center located on 26.3 acres in downtown Miami and opened in 1968.
The Miami VA is an accredited comprehensive medical provider, providing general medical, surgical, inpatient and outpatient mental health services, the Miami VA Healthcare System includes an AIDS/HIV center, a prosthetic treatment center, spinal cord injury rehabilitative center, and Geriatric Research, Education, and Clinical Center (GRECC). The Miami VA Healthcare System is recognized as a Center of Excellence in Spinal Cord Injury Research, Substance Abuse Treatment and is a recognized Chest Pain Center.

In addition to serving South Florida, the Miami VA is the tertiary referral facility for the West Palm Beach VAMC and provides open-heart surgery and other specialty services to other VA facilities in Florida and the country.

The Miami VA Healthcare System operates 432 hospital beds, including a 4-story community living center attached to the main facility. Miami VA is also responsible for two major satellite Outpatient Clinics located in Broward County and Key West, five Community Based Outpatient Clinics located in Homestead, Key Largo, Pembroke Pines, Hollywood and Deerfield Beach and an Outpatient Substance Abuse Clinic and Healthcare for Homeless Veterans Center in Miami.

Three Readjustment Counseling Centers (Vet Centers) in Miami, Fort Lauderdale, Pompano Beach and Key Largo provide specialized services and are supported by the Miami VA.

At the Miami VA Healthcare System, our 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 45% of Veterans served by MVAHSH are age 65 or older. The inpatient facilities treat over 5,000 inpatients annually, and there were over 740,000 outpatient visits generated by over 55,000 unique Veterans. Of the top ten diagnoses treated through the healthcare system, four are mental health related. Approximately 12% of Veterans are women, the fastest growing demographic at the Miami VA. The Miami VA has a dedicated Women Veteran's Clinic. As of mid-2016, there were over 14,000 Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF), and Operation New Dawn (OND) Veterans
enrolled in the MVAHS. Estimated 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 30 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 health risk behavior change, 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 practicum students, but with trainees and professionals from other disciplines as well. Most staff psychologists have faculty appointments in the University of Miami’s Miller School of Medicine, Psychology Departments at the University of Miami, and Nova Southeastern University.

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

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

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

**Training Model and Program Philosophy**

**Internship Training Philosophy:** The Program emphasizes “scientifically-minded” psychologists/practice rooted in the scientist-practitioner philosophy. The Program believes that a scientific approach to culturally informed psychological practice is a critical core competency for all psychologists and serves to distinguish psychologists from other health-care professionals. The Program aims to produce culturally competent, scientifically-minded graduates who have the knowledge and clinical skills for entering the professional practice of psychology.
The mission of the Miami VA Healthcare System Psychology Predoctoral Internship Program is to provide an integrated skills training and educational approach based on the scientist-practitioner model resulting in the development of culturally competent, proficient, skilled psychologists serving the needs of our diverse Veterans and military patients. The internship program helps the intern to set practical goals for his or her career, and then set up an appropriate training program to meet these goals. Interns also focus on a coherent and marketable area of expertise that will allow them to become highly proficient in specific skills. Several of the staff psychologists at the Bruce W. Carter VA Medical Center have experience in private practice, and possess practical knowledge of functioning as an independent service provider as well as in a large institutional setting. Emphasis is placed on learning the most current techniques and philosophies that are backed by empirical research and recognized as current professional standards. Specific skills are favored over generalist approaches.

Continuing education is also strongly emphasized, and there are many opportunities for formal training at the Bruce W. Carter VA Medical Center Complex as well as the South Florida area. Authorized Absence is routinely granted for professional development.

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

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

One advantage of training in the VA system is that it is still relatively less sensitive to the pressure to generate billable patient contact hours to justify psychology positions. This directly benefits training in a number of ways. First, the psychology staff is able to devote a significant amount of time to training and supervision. Second, interns are not pressured to carry caseloads that may limit their ability to process their learning experiences. Furthermore, training cases are assigned to interns based on the educational value of the case and the intern's interests and abilities. Finally, interns are not assigned to training rotations to fill staffing needs. Thus, the Miami VA Healthcare System psychology internship program is able to push interns to their limits without overwhelming them or taking advantage of them.
Diversity Statement

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

The Diversity Committee is comprised of Miami VA psychologists who are committed to helping Interns, psychologists and other stakeholders develop the increased awareness, knowledge, and skills necessary for working with a highly diverse patient population. It also aims to explore how, as mental health professionals our biases, power, privilege, assumptions, and life experiences affect our clinical work. Interested interns can serve as diversity committee members for their internship year. Student members are an integral part of the Diversity Committee and are encouraged to 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 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/acculturation, aging, women's issues, etc.). Interns and staff engage in immersion experiences by visiting with community resources that are implementing diversity in their care. Reflective discussions bring interns and staff together to provide in-depth conversation on how to improve diversity in care. Lastly, the Diversity Committee assist interns with their incorporation of diversity-based models into psychotherapy and assessment case conceptualizations. Interns are required to use the ADDRESSING model into clinical and assessment case presentations to demonstrate the application of diversity into their practice.

The Miami VA serves Veterans from a highly diverse area, encompassing urban and suburban communities around Miami. Our heterogeneous setting gives Interns the opportunity to provide services to Veterans from a variety of backgrounds. Veterans in this area are ethnically diverse, providing Interns with the opportunity to develop competencies in working with patients from many different cultural backgrounds. Interns have the opportunity to provide services to a variety of minority and underserved populations, which is vital to the training of well-rounded psychologists. The Miami VA has an active homeless program, which coordinates health care, services, and advocacy for homeless Veterans. Lesbian, Gay, Bi-sexual, and Transgendered (LGBT) Veterans are increasingly seeking services at the Miami VA, and the broader Miami metropolitan area features an active LGBT community. In this context, Interns will be able to develop their appreciation for diversity in sexual orientation. Increasingly, the veteran population includes greater numbers of women, which presents more opportunities for Interns to develop skills for competently addressing sex and gender issues in their training. The Miami VA provides services tailored to address the needs of Veterans across their lifespan, and Interns are offered opportunities to work in settings where age-related issues are relevant (e.g., younger Veterans setting education goals and re-integrating into their families after deployment, middle-aged Veterans adjusting to retirement and medical problems, elders facing end-of-life issues). Interns will also be encouraged to explore other dimensions of diversity, including but not limited to, national origin, immigration status, language differences, religious/spiritual beliefs, and physical ability.

Program Goals & Objectives

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

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

Demonstration of Competencies
The Miami VA has defined itself as a competency based scientist-practitioner model. As such, the demonstration of competencies is an integral part of the evaluation process. The demonstration of competencies is an ongoing process. Trainees demonstrate competencies by their participation in training activities including rotations, case conferences, research colloquia, diversity training, provision of supervision, psychotherapy clinic assignments and assessment clinic assignments. Entry-level competency in training goals are also assessed at the beginning of internship.

The major focus of psychology training is on developing clinical skills. All training rotations provide ample opportunities for direct clinical experience. Psychological assessment, psychodiagnosis, clinical interviews, consultation, and individual and group psychotherapies using evidenced-based therapies are all emphasized, as well as the development of advance skills in cultural/diversity awareness, scholarly inquiry, and development of an ethical and professional identity. All supervisors provide individualized evaluation and feedback on clinical skills, and the trainee's professional growth occurs within a clinical role and setting. Interns and residents participate in research colloquia during the training year. Each pre-doctoral intern, under the guidance of their research seminar supervisor, will select a research area of interest which has current clinical relevance within the VA system. The research area of interest can pertain to a specific mental health issue, treatment modality, service delivery model, or allocation of available mental health resources. The intern will perform a thorough scholarly review of recent research publications pertaining to and falling within the selected interest area. The intern will make themselves familiar with the pertinent issues, questions, advancements, and barriers/limitations within the subject area. By the end of internship, each intern will prepare a 30-40 minutes PowerPoint presentation.

Program Structure
The internship program consists of required weekly educational seminars, case conferences and research colloquia along with formal training rotations. The training year is comprised of four, quarter-year rotations. Certain emphasis rotations may last six months. Rotations are categorized in four different emphasis areas: Health, Geropsychology, Neuropsychology, and Psychiatry. Interns each choose an emphasis area upon application from these four, and will take at least two full rotations in that area. Approximately 25 of 40 weekly hours are devoted to work on the training rotation, with 6 hours allocated to psychotherapy and assessment, 4 to seminars and case conference, and 2 hours to research colloquia. Three psychotherapy cases and a minimum of six complete psychodiagnostic assessment cases are provided to interns during the year, separate from clinical rotations. In addition to supervision provided by the rotation supervisor, interns also meet for a minimum of one hour per week with their psychotherapy supervisor, one hour (as needed) with their assessment supervisor, and one hour per week in group supervision with the director of training or a designee. Interns meet with their research colloquia mentors on an "as needed" basis as they prepare for bi-monthly meetings.

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

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

Interns attend formal educational seminars that meet on a weekly basis. These seminars cover psychological assessment, empirically based interventions, ethics, licensure, and special populations. Interns also give two case presentations on assessment cases and two presentations of digitally recorded therapy sessions during the year for the Case Conference Series. In continued efforts to provide cultural competent treatment, interns will use the ADDRESING conceptualization for at least 1 clinical and 1 assessment case conceptualization in the Case Conference Series. Interns will also receive cultural competency training through the diversity didactic series, immersion community outings and reflective discussions with staff focusing on how to apply dimensions of diversity into treatment. Interns also complete a pre-post questionnaire to provide feedback on how the Miami VA internship has addressed cultural/diversity enrichment of students. Throughout the year, interns participate in research colloquia on a bi-monthly basis, as they alternate leadership of comprehensive critical analyses of scientific journal articles. These classes have top priority in the interns' schedules. There are many other educational programs including Grand Rounds, which are offered at the Bruce W. Carter VA Medical Center and the University of Miami's Miller School of Medicine during the year, and interns are encouraged to attend these as schedules permit.
<table>
<thead>
<tr>
<th>Rotation start and end</th>
<th>Jul 17 – Oct 13</th>
<th>Oct 1 – Jan 5</th>
<th>Jan 8 – April 6</th>
<th>April 9 – July 6</th>
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<tbody>
<tr>
<td>Intern 1 Health Psychology</td>
<td>IHCP</td>
<td>C&amp;L, Physical Rehab</td>
<td>C&amp;L, Post-Deployment</td>
<td>BHC</td>
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<tr>
<td>Intern 2 Health Psychology</td>
<td>C&amp;L, Pain</td>
<td>PRRC</td>
<td>C&amp;L, GeriPrime</td>
<td>IHCP</td>
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<tr>
<td>Intern 3 Health Psychology</td>
<td>PCT</td>
<td>IHCP</td>
<td>C&amp;L, Spinal Cord Injury</td>
<td>C&amp;L, Physical Rehab</td>
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<tr>
<td>Intern 4 Neuropsychology</td>
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<td>Neuro</td>
<td>Polytram/PostDe</td>
<td>PRRTP</td>
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<tr>
<td>Intern 5 Geropsychology</td>
<td>Physical Rehab, GeriPrime</td>
<td>BHC</td>
<td>Community Living Center, Palliative Care-Extended Care</td>
<td>Community Living Center, Palliative Care-Extended Care</td>
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<tr>
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<td>Home Based Primary Care, Geriatric Primary Care-CLC</td>
<td>Home Based Primary Care, Geriatric Primary Care-CLC</td>
<td>PCT/MST</td>
<td>C&amp;L, Spinal Cord Injury</td>
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<td>Intern 7 Psychiatry</td>
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<td>PCT/MST</td>
<td>PRRTP</td>
<td>IHCP, Pain</td>
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<td>Intern 8 Psychiatry</td>
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<td>SARRTP</td>
<td>PCT/PTSD-RRP</td>
<td>Post Deployment, Physical Rehab</td>
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<tr>
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<td>PRRC</td>
<td>SARRTP</td>
<td>BHC</td>
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<tr>
<td>Intern 10 Forensic</td>
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<td>VJO</td>
<td>SARRTP</td>
<td>Neuro</td>
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Each intern will carry at least two individual psychotherapy cases at any one time with a separate supervisor specifically for those cases. Provision of evidenced based interventions are encouraged, and some of the psychotherapy supervisors are certified in EBTs. Psychology Service has an Evidenced Based Psychotherapy Coordinator who is available for supervision and guidance. The length of therapy will depend on the needs of the patient and be justified by treatment goals and plans; therefore, over the course of the year, interns will be involved with several therapy cases independent of their rotations. The minimum standard for psychotherapy sessions delivered over the course of the training year is 80. Interns will meet with their therapy supervisor for at least one hour per week to discuss these cases. Interns are also required to complete at least six comprehensive psychodiagnostic assessment reports during the year. A separate supervisor is also assigned for these assessment cases. Interns use a combination of objective instruments and structured interviewing for evaluations.

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

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

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

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

Training Experiences

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

Each of the rotations described below provides training in Health Psychology. During any one, the intern may choose to spend one-half his/her time providing psychological service to medical outpatients referred from the medical center’s PACTs, and other Specialty Medical clinics through Consultation & Liaison psychology. The interns in Health Psychology positions will spend nine months on Health Psychology rotations, including two “split” rotations in Consultation & Liaison. One of the three Health rotations will be full-time, Integrated Health Clinical Psychology as a member of the Patient Aligned Care Teams (PACTs),
The PACTs provide integrated health service that is both comprehensive and preventative. It is health-oriented and directed toward achieving medical as well as psychological and social goals with each patient. The foundation of PACT is the Integrated Health treatment team, on which psychologists have traditionally played central roles.

An outline of the intern’s activities in C&L and Integrated Health precedes the descriptions of the Health Psychology rotations. Interns on all Health Psychology rotations will generally have the opportunity to co-supervise doctoral-level practicum students.

Health Psychology: Consultation & Liaison
Supervisors: Paul Hartman, Ph.D., & Regina Pavone, Ph.D., ABPP, Board Certified in Clinical Health Psychology

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

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

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

C&L Psychology Interns develop their skills in communicating assessment findings and treatment plans to patients and to other clinicians, orally and in written reports. C&L Interns also refine their skills in brief individual psychotherapeutic interventions, such as increasing motivation and overcoming barriers to positive health behaviors (e.g., smoking cessation or weight loss), helping patients problem-solve to cope with stressors, and teaching patients the psychotherapy process prior to their beginning more long-term treatment through another psychology unit. In addition, C&L Interns sometimes have the opportunity to supervise a practicum student. Through individual and group supervision, C&L Psychology interns are encouraged to develop their professional identity, self-assurance in relating to patients and other clinicians, and expertise for working with a range of behavioral health issues.
**Integrated Clinical Health Psychology**  
*Supervisor: Grace Caldas, Psy.D. and Lianne Gonzalez, Psy.D.*

This rotation provides an opportunity to work as part of an interdisciplinary team collaborating with primary care (i.e., Patient Aligned Care Teams, PACT) and other clinics. The intern will work closely with staff members in patient education, nutrition, physical rehabilitation, recreational therapy, nursing and medicine. The intern will facilitate interdisciplinary health behavior groups, focusing on a range of prevalent health conditions (e.g., overweight/obesity, tobacco cessation, alcohol misuse, stress management, diabetes, cardiovascular disease, sexual dysfunction, pain management), as well as serve as the behaviorist and group facilitator for Shared Medical Appointments (SMAs). Intern will provide brief evaluation and intervention services for patients who screen positive for anxiety/PTSD, depression, and/or excessive alcohol use. Additionally, a core component of the rotation pertains to educating healthcare staff in brief health behavior interventions (e.g., motivational interviewing) through informal presentations, participation in PACT huddles, and modeling of interventions in group and individual patient care. The intern will also receive training in providing brief health-related interventions, individually and through structured phone clinics, for many issues that are common in medical settings. Training options also include facilitating Health Promotion Disease Prevention program within PTSD residential treatment program. The intern will also participate in program evaluation/system redesign efforts to improve provision of mental health services in an integrated care environment.

**Health Psychology & Geropsychology**  
*Supervisors: Paul Hartman, Ph.D., Neil Kenney, Psy.D., Raegan Hanlon, Psy.D. and Martha Corvea, Ph.D.*

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

**Health Psychology & Pain Management**  
*Supervisor: Natalie Bustillo, Ph.D.*

This half-time rotation offers an opportunity for an intern to provide services to chronic pain patients at the VA Pain Clinic. Patients are referred from a variety of outpatient clinics. The intern will learn and utilize a biopsychosocial approach to assessment and treatment of these patients. They will work closely with a multidisciplinary team including physicians, nurse practitioners, pharmacy, acupuncture, and chiropractic. Interns are expected to conduct psychological evaluations to assist in the treatment of chronic pain, as well as psychological evaluations for implantable pain modalities. Interns will also be involved in conducting the introduction to pain management group medical appointment, the pain management support group, the pain education group, and individual psychotherapy. Interns will have the opportunity to observe pain intervention procedures conducted by pain clinic physicians. Research opportunities are available as well.

**Health Psychology & Rehabilitation Psychology**  
*Supervisor: Laura Weinberg, Ph.D.*

The Rehabilitation Psychology rotation is focused on improving the health, independence, and quality of life of people with disabilities, from acute care throughout the lifespan. Interns participating in this rotation will follow Veterans on the Comprehensive Inpatient Intensive Rehab Program (CIIRP) unit which provides a broad exposure to disability populations in short-term inpatient rehabilitation. These Veterans are often recovering from TBI, stroke, amputation, orthopedic problems, neuromuscular disorders, and/or debility. Interns will conduct rehabilitation-oriented assessments, focusing on the psychological, social, and environmental variables that affect adaptation to disability, such as coping strategies, cognitive and psychological functioning, social skills, substance abuse, personality traits, sexuality, family dynamics,
and cultural background. Interns will provide brief treatment that incorporates disability-specific knowledge and seeks to maximize the individual's participation in the rehabilitation process. Interns will develop interdisciplinary team consultation skills by functioning as an integral team member, assessing Veterans who have been admitted to the unit, addressing psychological barriers, and attending interdisciplinary rounds. Interns may also facilitate psychotherapy groups for Veterans with amputations, TBIs, neurological disorders, and/or stroke survivors.

Health Psychology & Spinal Cord Injury Rehabilitation  
Supervisors: Salome’ Perez, Ph.D. and Lindsey Calle-Coule, Psy.D.

This behavioral medicine rotation may be either three months or six months and may be taken either full-time or split half-time with the Primary Care rotation. It gives the intern the opportunity to become a member of an interdisciplinary medical rehabilitation team on the hospital’s Spinal Cord Unit/Disorders (SCI/D) Rehabilitation Unit. The Unit is comprised of a 36-bed inpatient floor as well as the SCI/D Home Care Section that treats patients in their home setting. It is the primary care medical service for over 350 spinal cord injured Veterans in South Florida. Patients range in age from young adult to geriatric. Their spinal cord injuries were sustained in combat, as a result of accident, or disease process. The SCI/D Rehab Unit serves newly injured patients, as well as patients with long-term injuries.

The intern will have an opportunity to provide individual therapy, as well as family and couples therapy. She/he will attend rounds and interdisciplinary treatment planning meetings. While the most general goal of the intervention is to foster adaptive coping with disability, patients seen by the intern are often experiencing diagnosable problems of depression, anxiety, personality disorder, substance abuse, chronic pain, brain injury, or dementia. Interventions are eclectic and tend to include psycho-education, cognitive-behavioral skills training, and psychodynamic explorations. There is also the opportunity to develop and co-facilitate group interventions (i.e., support group for spinal cord injury patients and their families).

Health Psychology & Sleep Disorders  
Supervisor: William Wohlgemuth, Ph.D.

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

Health Psychology: Polytrauma/Post-deployment Clinic (3 MONTHS)  
Supervisor: Jennifer Gillette, Psy.D.

The Polytrauma System of Care specializes in the treatment of veterans with injuries to more than one physical or organ system, which result in medical, cognitive, psychological, and/or psychosocial impairments and functional disability. Some examples of polytrauma include traumatic brain injury (TBI), hearing loss, amputations, fractures, burns, visual impairment, and post-traumatic stress disorder (PTSD). While mild TBI is most prominent, the types of TBI range from concussions to moderate-to-severe TBIs. The latter veterans have often undergone inpatient and outpatient rehabilitation at acute rehabilitation centers and are now re-integrating back into their communities. These veterans tend to have a number of co-existing medical, mental health, and psychosocial issues associated with their transition from combat to home.
While in this rotation, Interns assess combat veterans in order to formulate accurate diagnoses to guide treatment planning and referrals. This may involve comprehensive neuropsychological screenings, and/or comprehensive neuropsychological evaluations. Interns will gain expertise in the differential diagnosis of PTSD and cognitive impairments arising from TBI as well as develop skill in generating recommendations to guide the rehabilitation process. Treatment-focused aspects of this rotation involve providing brief supportive psychotherapy (i.e. CBT; relaxation techniques) and psycho-education regarding various aspects of their behavioral health including sleep hygiene, pain coping skills, nutrition and exercise, cognitive skills training, medication side effects, and stress reduction. Interns may also facilitate a psycho-educational cognitive rehabilitation group.

Interns work as members of a Polytrauma Support Clinic Team (PSCT) comprised of a primary care physician, neuropsychologist, speech pathologist, VA patient advocate, Army Wounded Warrior advocate, recreation therapist, nurse/case manager, and social worker. Team discussions deal with developing a plan of care for each patient who is identified as having sustained a TBI with residual cognitive or emotional problems. This rotation is well-suited for those interested in neuropsychology, but this is not a requirement. As part of the training experience, interns may attend didactic seminars in the fundamentals of neuropsychological assessment, neuroanatomy review series, neurology case conferences, neurology grand rounds, and neuropathology rounds. Interns may also be involved in direct consultation activities, teaching, and supervision of practicum students.

II. GEROPSYCHOLOGY
Supervisors: Paul Hartman, Ph.D., Neil Kenney, Psy.D., Raegan Hanlon, Psy.D. & Martha Corvea, Ph.D.

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

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

Interns specializing in geropsychology complete the 6 month full-time geropsychology rotation. Throughout the 6 months, they receive training in 2 settings of their choice, selected from 1) Community Living Center, 2) Geriatric Primary Care, 3) Home Based Primary Care, and 4) the Intermediate and Palliative Care Rotation. Interns not specializing in geropsychology who desire exposure to geropsychology may request a half-time 3- or 6-month rotation in one of the 4 settings.

In each of the geropsychology settings, interns gain greater understanding of how aging and related factors affect presentation of psychological problems and response to psychological treatment. In addition to recognizing and treating presentations of mental illness in older persons, interns learn to assess and help older adults use their strengths, including resilience, wisdom, humor, and other coping abilities. Integrating family and community resources in the psychological treatment plan is also stressed. Specialized training is received for assessment of functional capacities and decision-making in
older adults, and helping patients and their family plan in advance for medical care, nursing assistance, and supervision of activities that may be needed in the future.

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

A more detailed description of the 4 geropsychology settings follows:

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

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

The primary therapy approach is cognitive-behavioral, in addition to use of concepts and methods from patient-centered therapy, motivational interviewing, interpersonal therapy, and mindfulness approaches. Couple therapy or family therapy is provided when appropriate. Interns also help lead, "Happy Till One Hundred," a weekly learning and support group that promotes positive aging. Interns also have the opportunity to be part of the clinical team providing services at the weekly geriatric shared medical appointment for cardiovascular risk reduction. Lastly, the geriatric clinic is in the process of starting new services, including group and individual smoking cessation interventions, frailty clinic, and incontinence clinic, and interns will have the opportunity to be involved in these clinics.

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

**Community Living Center (CLC-Long-Term Stay):** The CLC is home to approximately 80 Veterans who require a long term supervised nursing/medical environment to ensure their health, safety, and well-being. Residents in the CLC range in age from 40 to 99 and reflect the wide range of issues attendant to such a population including chronic medical illness, persistent psychiatric illness, lack of decision making capacity, end-of-life issues, and hospice/palliative care requirements. Our goal is to ensure residents and their families receive the highest level of care within an environment more reflective of ‘home’ than a traditional institutionalized medical setting, in compliance with the Culture Change movement. Veterans residing in the CLC reflect the full spectrum of demographics found within a diverse, urban, multi-cultural community providing a rich base for sharing of experiences and meaningful interactions between people. All care is coordinated via the interdisciplinary treatment team, with any team member (physicians, nurse practitioners, nursing staff, recreation staff, dietitians, pharmacists, rehabilitation staff, clergy, social workers, and housekeeping) able to request psychological services for a Veteran. Interns will learn to function as a vital member of such a team, enjoying mutually respectful and valued exchange of ideas regarding care of Veterans. A full range of psychological services is provided to Veterans including
assessment (decision making capacity, baseline cognitive status, behavioral functioning, and current mental status) and therapy (supportive, insight oriented, reminiscence, and life review to assist in coping with depression, anxiety, loss and grief/bereavement). Additional services provided include supportive interventions with family members, didactic presentations to staff, crisis management, and development of behavioral interventions (e.g., STAR-VA), as needed. It is expected that the intern, following a period of more direct supervision (i.e., co-therapy, supervised administration of assessment instruments, etc.) will be able to transition to a more independent level of functioning (i.e., intern called upon to provide therapeutic and assessment services with supervisor is available for consultation/backup but not immediately present). Given that residents of the CLC reflect a wide range of medical/psychiatric diagnoses, it is vital the intern develops an awareness of and comfort with basic medical/psychiatric diagnoses, terminology, and presentation. This is accomplished by weekly didactics and regular exposure via walking medical rounds. The impact such physical/psychiatric illness has on behaviors and level of functioning (both psychological and physical) will be stressed throughout this rotation.

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

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

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

The intern on this rotation is primarily supervised by the licensed psychologist assigned to the HBPC team. The supervising psychologist will accompany the intern on all patient visits, with the expectation that the intern will come to exhibit sufficient clinical experience, judgment, and technical skill which has been formally documented. Opportunities for interns to provide independent home visitations while the supervising psychologist remains in the general vicinity may be available. Patient referrals are originated by the members of the HBPC team and are discussed during weekly team meetings. Common referral questions consist of assessment of a mood disorder (e.g., depression/anxiety), dementia, medical non-compliance, and bereavement issues. When individual therapy is initiated, it is often time-limited and focused on issues such as adjustment to a new living situation (e.g., recent nursing home placement), depression, bereavement, and stress and pain management. Given that all of the HBPC patients have a chronic medical diagnosis, it is important that the intern develop a knowledge base of common medical conditions that often afflict our older patients (e.g. diabetes, COPD, stroke, dementia). The intern will have numerous opportunities to broaden their understanding of these medical conditions and to observe
the psychological impact of these diseases on the patient’s overall physical health. At the conclusion of the rotation, the intern will have advanced knowledge of psychological diagnosis, brief cognitive assessment, and behavioral health skills that will adequately prepare the intern to provide mental health services to a primarily community dwelling geriatric population with co-morbid medical and psychiatric conditions.

**Intermediate and Palliative Care Rotation:** Inpatient psychological services are provided to patients who are hospitalized on three separate medical services: 1) Geriatric Evaluation and Management Unit (GEM), 2) Community Living Center – short-term stay, and 3) Palliative/Hospice Care Program. Opportunities to conduct individual outpatient psychotherapy with Veterans and their caregivers or bereaved is also available.

The GEM unit serves frail elderly Veterans (ages 60+) who are not acutely ill, but have multiple medical, functional, and psychosocial problems. They are admitted with the goal of addressing their comorbid medical conditions, functional impairments, and psychosocial issues with the aim to avoid institutional placement. The typical length of stay is one month. The CLC short-term stay service is tailored to Veterans with acute medical illness, who have specific treatment goals, such as being admitted for a course of antibiotics, radiation therapy, wound care, or rehabilitation. The length of stay can range from two months to one year. Veterans admitted to the Palliative/Hospice Care Program are individuals who are facing a chronic, potentially terminal illness including cancer, end stage organ disease, congestive heart failure, and dementia. Across these three medical services you will have the opportunity to work with a range of ages (40's-90'), ethnicities, and socioeconomic circumstances. All Veterans admitted to these units are evaluated for psychological services. Family members are also evaluated for caregiver stress and bereavement. Psychological issues commonly encountered include adjustment disorder, depression, anxiety, bereavement, substance abuse, and PTSD. Pain and sleep disturbance are also common problems.

Assessment methods include a clinical interview evaluating the Veteran's adjustment to hospitalization, mood, and coping skills. The majority of Veterans are administered a brief cognitive screening measure (i.e. Mini-Mental Status Examination) and a mood questionnaire (i.e. Beck Depression Inventory; Geriatric Depression Scale). Anticipatory grief evaluations are conducted with family members of Veteran’s admitted for hospice care. The primary therapy approach offered is supportive, bedside therapy. Orientations used include patient-centered therapy, interpersonal therapy, reminiscent / life review therapy, existential therapy, and bereavement counseling. Group interventions and individual counseling are offered to family members of Veteran’s focusing on anticipatory grief and bereavement. With regard to outpatient psychotherapy, patients are referred for individual treatment to address issues such as being newly diagnosed with cancer, having a reoccurrence of cancer, difficulties adjusting to chronic medical conditions and treatment (i.e. renal failure/dialysis), bereavement counseling, and concerns associated with aging.

Consultation is an integral component of this rotation. Interns are expected to actively participate in the weekly interdisciplinary team meetings which is comprised of physicians, medical trainees, nurses, social worker, recreation therapist, chaplains, physical and occupational therapists, dietician, and pharmacist. The opportunity to attend weekly medical rounds is also offered.

Extensive supervision is provided by modeling (intern observing supervisor providing services), direct observation of intern's provision of service, review of audio tapes, review of written reports and notes, and discussion of cases. There may also be opportunities for group supervision.

**III. Neuropsychology**

Clinical Neuropsychology

*Supervisors: Jennifer Gillette, Psy.D.*
The major training focus in the Neuropsychology Clinic is the provision of diagnostic assessment services to patients with known or suspected brain dysfunction. The Clinic provides consultation services to all areas of the Medical Center. Over 400 evaluation requests are received yearly from departments throughout the Medical Center, with questions commonly pertaining to diagnosis, competency, measuring changes over time, treatment and assisting in planning a program of rehabilitation. An integral role is the provision of assessment services and feedback to patients and their families. In addition, clinical cases are presented on a daily basis to assist in the training and supervision of neuropsychology trainees. Students gain exposure to the full spectrum of neurological disease conditions, with a patient population that is diverse with respect to age, education, and cultural background. The Miami VA Neuropsychology Clinic enjoys a collegial relationship with the University of Miami’s Miller School of Medicine and participates in neurology, neuroanatomy, and neuropathology conferences and grand rounds on a routine basis. This participation enhances the training in the Neuropsychology Clinic by providing exposure to patients of all ages, disease entities, and with diverse assessment/diagnoses.

The Neuropsychology Clinic Rotation provides training in the neuropsychological assessment of individuals and a solid foundation in brain-behavior relationships, the latter including neuropathology and functional neuroanatomy. This is accomplished through a wide range of clinical experiences, many of which involve interdisciplinary collaboration. These experiences include training in direct patient care, provision of supervision to practicum students, involvement in structured didactic activities, and research opportunities. Skill enhancement will occur in numerous areas, including clinical interviewing, behavioral observation, test administration, scoring, interpretation, and clinical report writing. There is an emphasis in the importance of high quality service, psychometric integrity, detailed observation, collection of essential interview data, and the appropriate use of qualitative information. A flexible battery approach is most often utilized.

Didactic training is provided on site through a weekly neuroanatomy/neuropsychological case conference series as well as a multi-site VTC neuropsychology didactic led by neuropsychology residents. In addition, training is provided through (1) 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; (2) Neurology grand rounds UM Medical School that are held weekly and consist of a one-hour presentation of one or two clinical cases, and (3) 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.

**Neuropsychology/Neurology Didactic Schedule (2017-2018)**

**Monday:**
0800-0900 Neuroradiology Rounds
1030-1200 VA Intern Psychology Didactic Seminar
1200-1400 Multi-site Neuropsychology Residents Didactic
1200-1300 Neurology Lecture Conference-Part 1

**Tuesday:**
0800-0900 Neuroradiology Rounds
1200-1300 Inpatient Psychiatric Case Conference
1200-1300 Neurology Lecture Conference-Part 2

**Wednesday:**
0915-1000 Brain Cutting
1100-1200 Neuroanatomy/Neuropsychology Case Conference
1200-1300 Neurology Journal Club/EBM lecture
1200-1330 Psychiatry Grand Rounds
1215-1330 ALL VA Interns – Therapy/Assessment Case Conference

**Thursday:**
0800-0900 Neuroradiology Rounds
General Neuropsychology (3 MONTHS):
Supervisor: Courtney Spilker, Psy.D.

The General Neuropsychology Clinic provides comprehensive neuropsychological evaluations to Veterans with a wide array of presentations, including varied neurological conditions as well as co-morbid psychiatric illnesses; many of the Veteran’s seen in this clinic have complex histories. While a large portion of the Veterans served in this clinic are outpatient, there are a number of referrals from VA Residential Programs, including those participating in intensive PTSD and/or substance abuse treatment. Training includes chart reviews, patient interviews, administration of neuropsychological tests, scoring, report writing, and providing feedback to the Veterans, their family members, and relevant treatment teams. This rotation also includes opportunities to co-facilitate outpatient memory skills groups, with one group emphasizing the relationship between cognition and SMI. Although this rotation is commonly selected as a full-time rotation, it is also available part-time, upon request for interns with prior neuropsychology training.

Neuropsychology – Geriatric and Epilepsy Emphasis (3 MONTHS)
Supervisor: Arlene Raffo, Psy. D.

GERIATRICS: 90-95% of Rotation - This rotation aims to train interns and fellows who are interested in expanding neuropsychological expertise with the geriatric population regarding assessment, consultation, intervention, and psychiatric/pharmacological factors. This unique experience offers specialty practice with older adults – a vastly growing population increasingly requiring neuropsychological services. This rotation is designed to further hone core neuropsychological skills while developing exposure to related disciplines (e.g. geriatric medicine). Finally, this training experience will focus on other important aspects of geriatric evaluation including the evaluation of capacity and ethical dilemmas that can arise in geriatric evaluation.

EPILEPSY: 5-10% of Rotation - Trainees may have the opportunity to provide neuropsychological evaluations for patients with epilepsy. Training will emphasize gaining competence to identify neuropsychological features that, when combined with neurological and/or radiological data, have implications for predicting surgical outcome, and consulting in multidisciplinary treatment teams to provide input for neuropsychological indications and contra-indications for surgical treatment. Trainees are invited to attend the weekly epilepsy surgical case conferences at the University of Miami.

CLINIC: This clinic provides evaluations for both outpatient and inpatient referrals. Given the fluidity of inpatient consults, flexibility is essential for the successful trainee. Expect a clinical caseload averaging 10-12 face-to-face hours per week for a full-time trainee and 6 face-to-face hours per week for a part-time trainee. In addition to neuropsychological assessment, emphasis will be placed on chart review, report writing, test selection, review of neuroimaging results, communicating feedback to an interdisciplinary team and patient/family members, and making appropriate recommendations. Report styles vary from comprehensive to more succinct, depending on the case. Turn-around time for evaluations and reports is typically expected within 48-72 hours. A patient-centered approach to evaluation (e.g., sensitive and targeted feedback, recommendations) will be heavily emphasized. Additionally, trainees will take on a junior-colleague role within the clinic to prepare for independent practice. Although this rotation is commonly selected as a full-time rotation, it is also available part-time, upon request.
IV. Psychiatry

**Behavioral Health Clinic**  
*Supervisors: Pedja Stevanovic Ph.D., Joseph Fineman, Ph.D., Carlos Finlay, Ph.D., Laura Kupperman-Caron, Ph.D. and Victoria Soler-Perez, Psy.D.*

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

Interns on this rotation will conduct biopsychosocial interviews and have opportunities to conduct psychological assessments geared toward treatment planning. Most importantly, interns will provide individual, couple, and group psychotherapy, including specialized groups, such as social skills training or CBT for depression. Interns will contribute to case conferences, crisis management, and treatment planning. This is a full-time 3-month rotation.

**Psychosocial Rehabilitation and Recovery Center (PRRC):**  
*Supervisor: Janette Rodriguez, Psy.D.*

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

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

Core components of the program (and examples of services) include:
- Individualized assessment/re-assessment, curriculum, and recovery planning: interventions include motivational interviewing/enhancement strategies, clarification of life values, goals, and roles, and CBT strategies
- Psychotherapy groups: social skills, anger management skills, relationship skills
- Community integration skills: interviewing skills, leisure/recreation skills
- Psychoeducational classes: sleeping well, pain management
- Illness Management classes: Wellness Recovery Action Plan (WRAP), medication education
- Health and wellness classes: nutrition and exercise
- Peer support: learning from others in recovery
- Family services: education programs/classes
The PRRC interdisciplinary team at the Miami VA currently includes a psychologist, a mental health counselor, a marriage and family therapist, a recreational therapist, and an advanced nurse practitioner. Additionally, trainees from these disciplines may also participate. PRRC interns will receive significant education about the recovery model and have the opportunity to participate in multiple components of the PRRC.

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

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

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

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

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

**Psychosocial Residential Rehabilitation Treatment Program (PRRTP)**

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

The Miami VA Psychosocial Residential Rehabilitation Treatment Program (PRRTP) is a twelve week intensive 18-bed residential program for Veterans who are experiencing a wide variety of psychiatric problems and addictive disorders that would benefit from additional structure and support to address these problems and multiple and significant psychosocial stressors, often including homelessness, chronic medical conditions, and unemployment. The PRRTP provides comprehensive treatment and rehabilitative services meant to improve quality of life and promote independent, self-supporting, and successful reintegration into the community.

In accordance with a recovery-oriented and wellness focused approach to care, the Miami VA PRRTP provides residential rehabilitation and treatment services that focus on the Veteran’s strengths, abilities, needs, and preferences rather than concentrating exclusively on illnesses and symptoms. Doctoral students will learn to support the recovery of each individual by lending support to an interdisciplinary
team and providing psychological services and comprehensive treatment to Veterans with psychiatric problems.

Training opportunities include a wide variety of experiences with individuals with diverse psychiatric problems. Some of the more common diagnoses include anxiety disorders, including PTSD, schizophrenia spectrum disorders, major affective disorders, and substance abuse. Interns spend most of their time conducting group and individual psychotherapy, with opportunities for brief psychological assessments as well.

Interns will co-lead DBT and ACT or process therapy groups with a practicum student and/or their supervisor and carry at least two individual therapy assignments. In addition, the interns may attend psycho-educational classes presented by PRRTP staff and attend treatment team meetings, participate in rounds and recovery (treatment) planning. Interns may conduct some of these structured psycho-educational classes. The supervisor has an integrative approach in the conceptualization of the Veterans’ diagnoses and problems. More directive interventions such as cognitive-behavioral therapy are usually used with this population when appropriate, with a foundation in humanistic principles. Supervision focuses on the therapeutic relationship and helping the intern to develop him or herself as a therapeutic agent. In addition, interns will have the opportunity to learn specific approaches such as CBT, DBT, ACT for depression, and Motivational Interviewing.

Interns can also learn to interpret and write up brief psychodiagnostic reports using a standard battery with a rapid turnaround time. Clinical screening interviews of Veterans are also part of the assessment.

Computer Assisted Therapy Laboratory. A major innovation that is also available to PRRTP interns as an optional training opportunity is the Computer Psychoeducation Laboratory. Personal computers are used by the Veterans for a variety of therapeutic interventions. Many of these are psycho-educational, such as stress management, communication, problem solving, anger management, and medication management. The Veterans have responded enthusiastically to computer assisted therapy, and the staff have developed a wide range of software, including specialized educational programs on problems such as PTSD and depression. Training opportunities include learning to develop and write software, training Veterans on computers, and evaluating the effectiveness of the training.

PTSD Clinical Team (PCT)

The PCT program provides outpatient therapy services to Veterans diagnosed with Post-Traumatic Stress Disorder incurred during their military service as a result of combat, non-combat, and military sexual traumas. The PCT clinic is staffed with a multidisciplinary team that provides evaluation, treatment planning, medication management, and therapy services. Treatment objectives are to reduce PTSD symptoms, to improve coping resources and self-image, to increase self-awareness of thoughts, behaviors, and feelings, as well as improve the Veteran’s overall quality of life. Treatment interventions include evidence-based therapies, as well as coping skills based therapies. Prolonged Exposure (PE), Cognitive Processing Therapy (CPT), Cognitive-Behavioral Conjoint Therapy for PTSD (CBCT for PTSD), Recovery Group, and Anger Management Group are examples of some of the treatment options available within the PCT. There are also specialized groups for Veterans suffering from PTSD, such as Seeking Safety for dually diagnosed Veterans and the Military Sexual Trauma Modular Group. Interns on this rotation will receive training in group and individual psychotherapy for the treatment of PTSD. Interns expressing interest in particular specialty areas may be accommodated in order to maximize their learning experience. Interns will participate in screening evaluations of new patients, as well as assist with treatment planning. This rotation is offered on a 3-month or 6-month basis.
PTSD Residential Rehabilitation Program (PTSD-RRP)
Supervisor: Gary S. Kutcher, Ph.D.

The PTSD-RRP is a 16-bed inpatient and open psychiatric unit which was specifically designed to treat Veterans suffering from military-related posttraumatic stress disorder (PTSD). Patients are admitted electively, after being thoroughly screened for a planned three-month stay. The PTSD-RRP clinical team evaluates and treats Veterans from all parts of the continental United States, Puerto Rico and the U.S. Virgin Islands who have served from WWII through to the new returning Afghanistan (OEF) and Iraq (OIF & OND), as well as duty stations all over the world.

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

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

Substance Abuse Residential Rehabilitation Treatment Program (SARRTP)
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. "Seeking Safety" is an empirically evaluated treatment for patients with both PTSD and substance dependence used in the Program.

Telehealth Psychology
Supervisors: Carlos Finlay, Ph.D., Erika Pacheco, Psy.D., and Pedja Stevanovic, Ph.D.

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

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

**Forensic Psychology (Veterans Justice Outreach)**  
**Supervisors:** Giovanna Delgado, Psy.D. and Micol Levi-Minzi, Psy.D.

Clinical Psychology in the emphasis area of Veterans Justice. This is a full-time, six month-long (2 rotations) psychology intern position with the goal of providing trainees with emphasis training in forensic psychology work within the VA system. The VJO program also includes a full-time postdoctoral resident. This program will provide interns with training and experiences relevant to the theories involved in the assessment and evaluations of justice-involved veterans. The VJO intern will be required to participate in the organization, management, and administration of psychology services provided to these justice-involved veterans. Relevant ethical, legal, professional conduct, and cultural/diversity issues will be incorporated into this training program through experiential 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 intern 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 intern 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 intern 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 intern, this trainee will participate in outreach services to law enforcement and justice-related agencies. As such, training will involve local travel to these outreach locations across both Broward and Miami-Dade counties (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 trainees will require passing background checks and clearance from local jails.

Participation in the Veterans Court is a major component of this training program and trainees will be required to attend Veterans Court regularly. Currently, Veterans Court is fully operational in Broward County and 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.
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Requirements for Completion

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

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

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

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

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

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

Acknowledgement Notice and Probation. As noted above, if an intern receives an unsatisfactory rating on a quarterly or final evaluation, the intern could be placed on probation. This would include instances when an Intern has failed to comply with a Remediation Plan. In addition, if the Director of Training, a supervisor or intern becomes aware of a serious deficit or unprofessional conduct on the part of an intern that would create doubts or questions about their ability to satisfactorily meet the Competency Standards for successful completion of the internship, this issue must be brought before the Training Committee. The Training Committee will carefully evaluate the situation, including speaking with the intern and his or her supervisors, as well as reviewing any written material relevant to the issue including evaluations or clinical work. The Training Committee may request information in writing from the intern and supervisors.

In instances where concern is expressed about an intern's performance without an unsatisfactory rating from an intern's supervisor, the Training Committee will decide by majority vote whether the intern does have a serious enough deficit or problem that would jeopardize his or her ability to successfully complete the internship. An intern on probation CANNOT graduate or successfully complete the internship until the intern has been removed from probation. When an intern is put on probationary status, the intern will meet with the Director of Training and the intern's supervisors to devise a Performance Improvement Contract to remediate the intern's deficits. (In situations where a concern has been raised by someone other than the intern's direct supervisors, that party may be consulted as part of the process.) This contract can consist of additional training experiences or immediate changes in the intern's rotation experiences. The contract will establish a system for frequent feedback on the intern's progress and performance, not less than once per month. The contract will set standards for meeting minimal levels of proficiencies in the problem areas or deficits. The contract will devise opportunities for training and remediation that clearly and concretely address the areas of concern. Such a problem and its remediation would take priority over the intern's preference for training rotations and experiences. The contract may involve the participation of the intern's psychotherapy supervisor and/or assessment supervisor when appropriate.

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

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

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

Illegal, Unethical, or Unprofessional Behavior. If a supervisor or fellow intern believes that an intern has engaged in significant or repeated instances of illegal, unethical, or unprofessional behavior, then he
or she is required to report these concerns to the Training Director. The Training Director will investigate
the situation and report findings to the Training Committee and Chief of Psychology. The Training
Committee can place the intern on probation by majority vote, and for very serious problems, immediately
terminate the intern from the internship program by a majority vote. Interns are responsible for and will
be held up to all of the appropriate ethical guidelines and professional laws established by the
Department of Veterans Affairs, the local Psychology Service, the American Psychological Association,
and the Florida Department of Professional Regulation.

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

**Termination from Internship.** If an intern is on probation and the supervisors and Training Director do
not believe that the intern is achieving satisfactory progress toward acceptable levels of performance, or
believe that the intern has not been able to remediate the problem or deficit, the Training Committee may
have to consider alternatives such as partial credit for internship and/or early termination from the
internship program. Similarly, if the intern does not cooperate with devising a remediation program or
refuses to cooperate with this process, termination will be considered by the Training Committee. Interns
cannot graduate from the program if they receive an unsatisfactory rating on a final rotation evaluation.
Such a final rotation rating essentially means the intern has failed the rotation, which is considered a
required course for graduation. If the intern is not already on probation, the intern will be on probation
immediately and automatically, without a vote by the Training Committee. The Training Committee will
meet as soon as possible to consider options such as devising a learning contract to address the
specified deficits, extending the internship past the contracted one year period, termination from the
internship, or giving the intern partial credit for the internship year. The Training Committee cannot
reverse a supervisor's rating or give an intern credit for a failed rotation.

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

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

**Facility and Training Resources**
Each predoctoral interns will be assigned an office to share with a classmate, but will have his/her own
telephone and networked computer. Internet access are also available at each computer station.
Secretarial support is limited for all psychology staff, but access to needed equipment, materials, and
medical center resources is available to staff and trainees service wide. Additionally, predoctoral interns
will have lab coats and laundry service, pagers, and transportation benefits.
Full library resources are available. Direct access to MEDLINE, PSYCHLIT, MDConsult, PsychARTICLES, WEBMD, MICROMEDEX as well as other databases is available. Services include interlibrary loans, literature searching, database education, and meeting rooms. Additionally, access to the University of Miami’s Miller School of Medicine’s Library with 214,544 volumes and 1788 journal subscriptions is available to all Psychology Staff, post-doctoral fellows, and interns. Access to the University of Miami main campus library is also available to our staff and interns. The VAHS Medical Media Service provides support for printing/copying, access to video teleconferencing resources, telemedicine and a variety of audiovisual equipment for educational purposes.

**Administrative Policies and Procedures**

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

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

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

*Our privacy policy is clear:* we will collect no personal information about you when you visit our website.

*This program does not require self-disclosure.*

**Training Staff**

*Psychology Staff*

**Raquel C. Andres-Hyman, Ph.D.** (Nova Southeastern U., Clinical, 2003; Faculty, Department of Psychiatry, Yale U. School of Medicine, 2004-2009). Clinical Director of the Psychosocial Residential Rehabilitation Treatment Program (PRRTP). Expertise in person-centered, recovery-oriented, culturally competent and motivational enhancement therapeutic approaches to assisting people experiencing psychiatric disability, addiction, and discrimination to achieve fulfilling lives in their communities. Therapeutic approach integrates humanistic principles with motivational interviewing, cognitive-behavioral, and psycho-educational strategies with an emphasis on personal strengths and building natural community supports. Research interests include examining processes of recovery in psychosis, developing and evaluating innovative clinical and community-based psychosocial interventions, and examining the factors that contribute to collaborative relationships between people with behavioral health disorders and their healthcare providers.
Philip C. Burda, Ph.D. (Southern Illinois University, Clinical, 1984). Chief of Psychology. Director of Mental Health Residential Rehabilitation Treatment Programs. Coordinator of Psychology Computer Psychoeducation Program. Assigned to the MHRRTP part-time. Expertise in individual and group psychotherapy, psychological assessment, computer assisted psychotherapy, treatment of chronic psychiatric patients, psycho-educational interventions and therapeutic community. Therapeutic approach is integrated with emphasis on therapeutic relationship and cognitive behavioral interventions. Research interests include computer assisted interventions, social support, and sex roles. Adjunct faculty at University of Miami Miller School of Medicine, Department of Psychiatry and Behavioral Sciences. Diplomate American Board of Assessment Psychology.

Natalie E. Bustillo, Ph.D. (University of Miami, Clinical, 2014). Assigned to the Pain Clinic to provide evaluations and psychological services to veterans experiencing chronic pain, including comprehensive pain assessments, individual and group psychotherapy, and psychoeducation related to pain. Also assigned to the PTSD Clinical Team for treatment of Military-related Sexual Trauma (MST). As MST psychologist, clinical responsibilities consist of conducting screenings, providing psychotherapy using evidence-based psychotherapeutic interventions in individual and group modalities, and working with an interdisciplinary team to develop treatment plans. Additional clinical interests include utilizing evidence-based health behavior interventions to address common psychological and medical issues and to promote healthy lifestyle changes. Such issues include pain management, weight management, reducing at-risk alcohol use, tobacco cessation, stress management, sexual health and safe sex practices, sleep dysfunction, cardiovascular risk reduction, and diabetes management.

Grace Caldas, Psy.D. (Albizu University, Clinical Psychology, 2016). Staff Psychologist. Assigned to primary care. Provides individual therapy and group therapy, including working with interdisciplinary teams, to provide Veterans with brief treatment within the primary care setting. Clinical interests include behavioral medicine, HIV/AIDS, patient advocacy, and intersectionality of culture in healthcare. Approaches to therapy mainly focus on Cognitive Behavioral Therapy.

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.

Martha H. Corvea, Ph.D. (Florida State U., Clinical, 1987; Certificates in Gerontology and Public Administration); Post-doctoral NIH Minority Fellowship, Department of Psychiatry and Behavioral Sciences, Miller School of Medicine, University of Miami, 1999-2001). Staff Psychologist assigned to Community Living Center and Behavioral Health Clinic. Case conceptualization remains eclectic; however, EB training completed in cognitive-behavioral interventions with mood disorders; family interventions with impaired adults; social skills training; and STAR-VA (behavioral interventions to alter use of psychotropic medications). Research interests include consequences of psycho-social trauma, characteristics of effective caregivers, and efficacy of short / long-term therapeutic modalities. Voluntary Assistant Professor, University of Miami's Miller School of Medicine.

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.
Joseph Fineman, Ph.D. (Pacific Graduate School of Psychology/Palo Alto University, Clinical, 2007). Staff Psychologist assigned to the Behavioral Health Clinic, Homestead CBOC and VA Telehealth Services. Clinical Responsibilities include providing individual and group psychotherapy, psychological assessment and consultation. Clinical expertise in providing evidence-based treatments: Prolonged Exposure, Cognitive Processing Therapy, Seeking Safety and Motivational Enhancement Therapy. Therapeutic approach is integrative, determined by patient’s background and treatment goals. Professional interest includes diversity/multicultural psychology, PTSD, program-development and recovery-oriented mental health.

Carlos Finlay, Ph.D. (University at Albany, SUNY, Clinical, 2005). Staff Psychologist assigned to Behavioral Health Clinic (BHC) and Telehealth, of which the latter provides outpatient psychiatric services to Veterans living in remote locations via secure videoconferencing. Clinical responsibilities include psychological evaluations, individual psychotherapy, group therapy, and consultation. Therapeutic approach is cognitive-behavioral with an emphasis on empirically-supported interventions. Professional interests include the following: treatment of anxiety disorders with concomitant mood complaints and/or substance use problems, motivational enhancement, and mindfulness-based interventions.

Jennifer M. Gillette, Psy.D. (Carlos Albizu University, Neuropsychology, 2008). Clinical specializations: Neuropsychology and Rehabilitation Psychology. Assignments: TBI/Polytrauma Neuropsychologist and Rehabilitation Psychologist in Physical Medicine & Rehabilitation Service (PM&R). Works as a member of the Polytrauma Support Clinic Team (PSCT) serving OEF/OIF Veterans with multiple body system traumas, including traumatic brain injury. Provides a variety of psychological and neuropsychological services to OEF/OIF Veterans in the polytrauma outpatient program including neuropsychological screenings and evaluations, treatment planning, psychotherapy, consultations, cognitive rehabilitation, family counseling, and behavioral health interventions. Directs and manages the Rehabilitation Psychology Clinic which includes a 6-bed, CARF-accredited inpatient rehabilitation program serving Veterans with amputation, TBI, stroke, orthopedic problems, neuromuscular disorders, and debility. Conducts rehabilitation-oriented assessments and provides brief treatment that incorporates disability-specific knowledge and seeks to maximize the individual's participation in the rehabilitation process. Participates as an interdisciplinary team member on the Comprehensive Inpatient Intensive Rehab Program (CIIRP) unit. Facilitates psychotherapy support groups for Veterans with amputations, TBIs, neurological disorders, and/or stroke survivors. Clinical expertise and interests include cognitive assessments of patients with traumatic brain injuries, cognitive rehabilitation, rehabilitation psychology, and psychoneuroimmunology. Conceptualization is determined by the patient’s background, diagnosis, health status, and individual goals for treatment. Cognitive-behavioral therapy is predominantly used and combined with rehabilitative and behavioral health interventions within an integrated framework to strengthen psychological resilience and optimize total health and wellness.

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 solution-focused therapy. 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 interpersonal therapy.

Raegan Hanlon, Psy.D. (Xavier University, Clinical, 2006). Assigned to Geropsychology / Palliative Care Services. Responsibilities include conducting evaluations addressing differential diagnosis, mood assessments, functional status examinations, and treatment planning. Additional responsibilities include providing a full range of therapeutic interventions including supportive, bedside therapy to Veterans focusing on psychological issues related to aging and chronic/terminal illness, outpatient individual psychotherapy to manage depression and anxiety, and brief continuing education classes for staff and patients. Research interests include evidenced-based treatments for geriatric populations, with a focus on depression and anxiety.
Paul Hartman, Ph.D. (University of Miami, Biological Psychology, 1986; California School of Professional Psychology-Fresno, Clinical Psychology Respecialization, 1995) Assigned to Geriatric Psychology and Behavioral Medicine. Expertise in individual, family, and group therapy; psychological assessment; and neuropsychological screening. Approach to therapy is cognitive-behavioral, with emphasis on the therapist-patient relationship. Relaxation, imagery, or hypnosis techniques are often utilized.

Alanna Hochman, Psy.D. (Nova Southeastern University, Clinical, 2004). Staff psychologist assigned to the Posttraumatic Stress Disorder Clinical Team (PCT). Duties include providing psychological services to Veterans returning from Operation Enduring Freedom and Operation Iraqi Freedom (OEF/OIF) with PTSD as well as Veterans coping with traumatic brain injuries (TBIs). Clinical responsibilities include individual and group psychotherapy, psychological assessments, and consultations. Clinical expertise and interest in the treatment of PTSD, rehabilitation psychology (especially traumatic brain injury and other polytrauma issues), behavioral medicine, and cultural diversity issues. Conceptualization consists of an eclectic and integrated approach, determined by the patient’s background, diagnosis, and treatment goals. Cognitive-behavioral therapy is predominantly used, including PTSD-focused evidenced-based treatments.

Regina Kelly-Scurry, Ph.D. (University of North Carolina - Chapel Hill, Clinical, 1980). Staff Psychologist at Oakland Park Outpatient Clinic. Responsibilities include assessment of and direct care to psychiatric and medical patients and coordinator of the clinic’s smoking cessation program. Clinical expertise in individual and group psychotherapy, medical psychology, stress management/relaxation training, biofeedback, HIV test counseling, weight control, smoking cessation, multi-cultural issues in therapy, and readjustment problems of Veterans. Research interests include relationship between attitudes toward suicide and suicidal behavior.

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

Laura Kupperman-Caron, Ph.D. (Nova Southeastern University, Clinical Psychology, 2013). Staff Psychologist. Assigned to the Behavioral Health Clinic, North Florida South Georgia tele-health outpatient service, and Homestead VA Clinic. Provides individual therapy and group therapy, including tele-mental health, to Veterans with a wide range of psychological disorders, and conducts psychological assessment. Clinical interests include clinical health psychology (addressing insomnia, chronic pain, stress reduction, diabetes and weight management) and treating military related trauma. Approaches to therapy mainly focus on cognitive-behavioral, including VA certification for cognitive processing therapy, and interpersonal therapy.

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.
**Micol Levi-Minzi, Psy.D.** (Nova Southeastern University, Clinical, 2012) Staff Psychologist. Assigned to Behavioral Health Clinic providing outpatient mental health services to Veterans who manifest a broad range of psychiatric disorders and levels of daily functioning. Clinical interests include: group therapy, issues related to gender and sexuality, substance abuse disorders, PTSD, and MST. Therapeutic approach is eclectic, with emphasis on CBT and ACT.

**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) Telemental health/Homestead VA Clinic. Provides evidenced based treatments remotely and in-person to Veterans receiving outpatient mental health services at outpatient clinics. 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., PE, CPT, ACT, DBT, CBT-I, and CBT-CP), and diversity/multicultural issues.

**Regina Pavone, Ph.D., ABPP** (University of Miami, Counseling, 1996, Board Certified in Clinical Health Psychology). Director of Clinical Training. Assigned to Mental Health Consultation and Liaison specializing in clinical health psychology. Clinical responsibilities include consultation to Patient Aligned Care Teams, specialty clinics and medical surgical units. Case conceptualizations are developed from a biopsychosocial model. Therapeutic approach varies according to patient characteristics and referral issue. Most often a cognitive and behavioral approach under girds interventions with medical psychology referrals. Adjunct Assistant Professor, University of Miami Miller School of Medicine, Psychiatry and Behavioral Sciences. Nova Southeastern University, Clinical Affiliate.

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


**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.

**Pamela Slone-Fama, Ph.D.**  (University of North Texas, Clinical, 1996). Staff Psychologist assigned to PCT and the PTSD-RRP. Provides outpatient and residential psychological services to Veterans with military related PTSD. Clinical responsibilities include provision of evidenced-based treatments, such as Cognitive Processing Therapy and Prolonged Exposure therapy with the inclusion of Virtual Reality when applicable. Also provides group therapy, couples therapy, and psychoeducation classes. Therapeutic approach is primarily cognitive-behavioral with an emphasis on using evidence-based treatments. Research interests involve various treatment approaches to PTSD, which has included serving as a Clinician Rater on several VA Cooperative Studies.

**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. Clinical Responsibilities include providing individual and group psychotherapy, including tele-mental health, 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. Approaches to therapy mainly focus on cognitive-behavioral, including VA certification for PE, CPT, ACT, MI, CBT-I, 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 Spilker, Psy.D. (Nova Southeastern University, Clinical, 2013) Staff Neuropsychologist. Clinical specialization: General Neuropsychology. Provides comprehensive neuropsychological evaluation to Veterans presenting with a wide array of neurological conditions, including neurodegenerative disease processes, TBI, CVA, and historical long-standing substance abuse, with particular emphasis on the cognitive sequelae associated with various psychiatric disorders. Facilitates cognitively focused psychoeducation groups for Veterans enrolled in the PRRC and for Veterans with perceived memory difficulties.

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

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

Laura Weinberg, Ph.D. (Nova Southeastern University, Clinical Neuropsychology, 2012. Postdoctoral Fellowship, National Rehabilitation Hospital, 2014). Directs and manages the Rehabilitation Psychology Clinic which includes a 6-bed, CARF-accredited inpatient rehabilitation program. Conducts rehabilitation-oriented assessments and provides brief treatment that incorporates diagnosis-specific knowledge and seeks to maximize the individual's participation in the rehabilitation process. Participates as an interdisciplinary team member on the Comprehensive Inpatient Intensive Rehab Program (CIIRP) unit. Facilitates psychotherapy support groups for Veterans with amputations, TBIs, neurological disorders, and/or stroke survivors. Also provides comprehensive neuropsychological assessments for outpatients with known or suspected neurocognitive impairment.

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

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

While we have always had at least one intern from a local university (University of Miami, Nova Southeastern University, Carlos Albizu University) in each class, most of our interns are new to (or returning to) the Miami area. Current and former interns have completed their graduate coursework at the following institutions:
University of Florida, University of Miami, Albizu University, Indiana University of Pennsylvania, Immaculata University, University of South Florida, Argosy University, Yeshiva University.

**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 "liveability."

*Additional information can be found on the following website:*

http://www.Miamiandbeaches.com *

*External Link Disclaimer:* Links marked with an asterisk ( * ) are external links. By clicking on these links, you will leave the Department of Veterans Affairs website. VA does not endorse and is not responsible for the content of the linked website. The link will open in a new window.