Psychology Postdoctoral Residency Program

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

Application Due Date: January 15th

Inquiries should be directed to:
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Board Certified in Clinical Health
Psychology Director of Psychology Training Programs
Bruce W. Carter VA Medical Center
1201 NW 16th Street – 116B
Miami, FL 33125
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Applications are due and will be reviewed beginning January 15, 2019. Earlier submissions are preferred. A selection committee composed of postdoctoral residency supervisors will review and rank order all completed applications. The top candidates will be offered interviews (either in person or preferably by telephone or V-Tel). Consistent with the Association of Psychology Postdoctoral and Internship Centers (APPIC) Postdoctoral Selection Guidelines, notification to applicants regarding invitation to interview are anticipated to occur in early February. Following interviews, the selection committee will again rank order applicants and offers will be extended to the top ranked applicants. The available positions are as follows:

1. **Health**
   a. Integrated Health/PACT: 2 positions
   b. Liver Disease/HIV: 1 position
   c. Clinical Health: 1 position

2. **Mental Health Recovery and Rehabilitation**: 2 positions

3. **Veterans Justice Outreach**: 1 position

4. **Gero/Neuropsychology**: 1 position

Offers will be extended beginning February 25, 2019. Earlier or reciprocal position offers may be made to applicants that have received an offer from another site in the event that Miami VA postdoctoral training is his or her preferred site. We require verification of other offers in the form of

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a forwarded email of the offer or through verbal or email confirmation from your internship Training Director.

**Accreditation Status:** The postdoctoral residency at the **Bruce W. Carter VA Medical Center** is accredited by the Commission on Accreditation of the American Psychological Association. The next site visit will occur in 2023.

**For information regarding APA accreditation of this residency or other accredited programs, please write or call:**

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

**Financial Support and Benefits**
The current resident stipend is $49,007 which is for a one year, full-time 2,080-hour training year. The stipend is paid biweekly. Residents are eligible for medical and life insurance. Residents also earn four hours of both annual and sick leave per pay period, which accrue to 13 paid vacation days (in addition to 10 paid Federal holidays). Residents are granted authorized absence on a limited basis for VHA-related employment interviews, meetings, workshops, and other events related to professional development.

**Application & Selection Procedures**

**APPLICANT QUALIFICATIONS**
The Psychology Service abides by the Department of Veterans Affairs commitment to ensuring equal opportunity (EEO), and promoting diversity and inclusion, all applicable Federal EEO laws, regulations, Executive Orders, and Management Directives. As provided by the Policy, the VA will not tolerate discrimination or harassment on the basis of race, color, religion, national origin, sex, pregnancy, gender identity, genetic information, parental status, sexual orientation, age or disability. Applicants may also identify themselves as representing a racial, cultural, or other element of diversity.

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

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

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

1. Completion of doctoral degree, including defense of dissertation, from an APA- or CPA-accredited Clinical or Counseling Psychology program before the start date of the residency
2. Completion of an APA- or CPA-accredited psychology internship program
3. U.S. citizenship
4. Matched postdoctoral residents are subject to fingerprinting, background checks, and a urine drug screen. Match result and selection decisions are contingent on passing these screens
5. Male applicants to VA positions who were born after 12/31/59 must have registered for the draft by age 26

To apply, the candidate must submit the following materials electronically by using APPIC Psychology Postdoctoral Application (“APPA CAS”) at https://portal.appicpostdoc.org

1. Cover letter indicating the area of emphasis to which you are applying (Clinical Health, Integrated Health/PACT, Liver Diseases/HCV, Mental Health Recovery and Rehabilitation, Veterans Justice Outreach or Gero-Neuropsychology) and describing your career goals, along with a detailed description of how the postdoctoral residency at the Miami VA will help you achieve those goals. Make sure to describe your experience with interventions, particularly empirical based or supported interventions, psychological assessment, and your research/scholarly experience.
2. Detailed vita
3. Three letters of recommendation. Note that “letters of recommendation” are referred to as “Evaluations” within this portal. At least one of these must be from an internship supervisor.
4. De-identified work sample - a comprehensive integrated psychological assessment report. Make sure the report is de-identified according to HIPPA standards. Gero/Neuropsychology emphasis applicants should submit a neuropsychology report of a geriatric referral if possible.
5. Letter from your dissertation chair or academic program Training Director regarding dissertation status and anticipated completion date. If your dissertation chair is one of your three letters of recommendation, this information can be included in that letter.
6. Statement from your internship Training Director (if applicable) verifying your status, including the expected date of completion of internship training.
7. Transcripts are not required at this time, but will be required if selected for this position.

PSYCHOLOGY TRAINING PROGRAM 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 Women’s Veterans medical clinic, 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 both 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.

The 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 46% of Veterans served by the Miami VA are age 65 or older. The inpatient facilities treat nearly 7,000 inpatients annually, and there were over 612,000 outpatient visits generated by over 50,000 unique Veterans. Of the top ten diagnoses treated through the healthcare system, four are mental health related. Approximately 9% of Veterans are women and this percentage increases each year. The Miami VA has a dedicated Women Veteran's Clinic. As of FY 2015, there were over 10,000 Operation Iraqi Freedom (OIF) Operation Enduring Freedom (OEF), and Operation New Dawn Veterans enrolled in the Miami VA. Population 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 Chief of Social Work Service, and the Supervisor of Recreation Therapy.

The psychology staff is composed of approximately 36 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 VA including Patient Aligned Care Teams, 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 Promotion/Disease Prevention, 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 eight post-doctoral psychology fellows (residents) in Clinical Psychology, there are 10 pre-doctoral psychology interns. The facility also serves as a psychology practicum placement site for three local universities’ APA-accredited doctoral training programs. There are currently 19 licensed doctoral psychologists on staff who are serve as direct supervisors to residents. Nearly all treatment philosophies and specializations are expressed by this diverse staff, along with teaching expertise and research interests.

**DIVERSITY STATEMENT**

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

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

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

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

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

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

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

PROGRAM GOALS & OBJECTIVES
The goal of the Miami VA Psychology Post-Doctoral Residency Program is to prepare residents to function effectively and autonomously in priority areas of health care for Veterans. To that end, clinical opportunities and didactic experiences are designed to facilitate the development of competencies, professionalism, and advanced knowledge and skills that are necessary for the delivery of quality patient care in complex psychological arenas. Post-doctoral residents are encouraged to develop their professional roles as clinicians, mentors, supervisors, consultants, team members and researchers. Ongoing supervision and didactic experiences are a yearlong process. Within each area of emphasis, residents will be expected to achieve goals related to: A) professionalism; B) assessment, evaluation and conceptualization skills; C) intervention and consultation skills; D) scientific thinking and research skills; E) education, teaching and supervision skills; F) diversity; and G) administrative and systemic skills. Specific competencies associated with each goal must be demonstrated by all residents.

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

OVERARCHING STRUCTURE OF RESIDENCY POSITIONS
While the residency is in clinical psychology, there are several areas of emphases and the positions are specific to the areas of emphases:
1. Health
   a. Integrated Health/PC-MHI: 2 positions
   b. Liver Disease/HIV: 1 position
   c. Clinical Health: 1 position

2. Mental Health Recovery and Rehabilitation: 2 positions
3. Veterans Justice Outreach: 1 position
4. Gero/Neuropsychology: 1 position

All residents participate in major emphasis area rotations, psychology psychotherapy clinic, and

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Residents will be involved in supervising interns and/or practicum students either on their rotations or in the psychology assessment clinic. Additionally, residents are responsible for the facilitation and management of intern activities, such as the weekly case conference and research meetings. Further, the trainees will work with a research mentor to complete a project during their training year, in addition to attending and teaching seminars.

ROTA\TION STRUCTURE/PLANS

1. AREA OF EMPHASIS ROTATIONS

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

Emphases Area Structure & Rotation Descriptions

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

A) Health

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

<table>
<thead>
<tr>
<th>Position</th>
<th>Rotation 1 (6 months)</th>
<th>Rotation 2 (6 months)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Integrated Health/PC-MHI (2 positions)</td>
<td>PC-MHI team 1</td>
<td>PC-MHI team 2</td>
</tr>
<tr>
<td>Liver Disease/HIV (1 position)</td>
<td>Liver Disease/HIV (all year)</td>
<td>Liver Disease/HIV (all year)</td>
</tr>
<tr>
<td>Clinical Health (1 position)</td>
<td>C&amp;L combined with Disease Management or Palliative Care or Pain</td>
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Consultation & Liaison Rotation

Supervisors: Regina Pavone, Ph.D., ABPP and Paul Hartman, Ph.D., ABPP

Psychology receives consult requests from the various specialty medical and mental health clinics, including the PACTs, Special Immunology and Infectious Diseases, Hepatology, Endocrinology, Organ Transplant, Cardiology, Pulmonary and Women’s Health. Psychology schedules and conducts comprehensive biopsychosocial assessments, including testing when indicated, utilizing various measures. Further, treatment planning is developed with a host of intervention options provided by psychology staff. In certain cases, referral to other hospital-wide specialty clinics such as substance abuse services and the outpatient Post-Traumatic Stress Disorder team is initiated. Additionally, speedy referral to Mental Health Fast Track for psychiatric evaluation for psychotropic medication is regularly practiced. Consultation & Liaison Psychology works collaboratively with full-time Psychiatry staff and medical attending staff. Consultation & Liaison psychology also routinely responds to requests for organ transplant screening evaluations. The screening evaluations involve structured interviews, assessment utilizing the mental status exams, MMPI-2, and neuropsychological assessment when appropriate. Psychology residents under the supervision of licensed staff will have the

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opportunity to perform these evaluations.

**Disease Management**

*Supervisors: Regina Pavone, Ph.D., ABPP and Jason Dahn, Ph.D.*

Chronic conditions such as Hepatitis C virus, diabetes, obesity, congestive heart failure, and HIV pose significant challenges to the quality of life and overall well-being of Veteran-patients with these diagnoses. Psychologists working in disease management accept consults and respond to intervention requests from Primary Care PACT teams, Infectious Diseases, Hepatology, Endocrinology, Organ Transplant Coordinator, Cardiology, Pulmonary, Women’s Health, and other medical clinics.

There is a high prevalence of Hepatitis C virus infection among the Veteran population. The clinic provides treatment to HCV+ Veterans at all phases of disease management including screening, initiation of combination treatment, continued testing and tracking, and liver transplantation candidacy assessments. The VA Office of Employee Education in conjunction with the Centers of Excellence in Research and Education for Hepatitis C holds annual HCV symposia, and psychology staff assigned to Hepatology Service have attended this program.

Approximately 70% of Veteran patients are overweight or obese and many have co-morbid disorders such as diabetes, hypertension, chronic pain, and sleep disturbances. The majority of MOVE patients also have comorbid psychiatric diagnoses. The MOVE (Managing Overweight/Obesity in Veterans Everywhere) Program clinical team includes members from Psychology, Nutrition, Physical Therapy, Endocrinology and Patient Education. Approximately 900 Veterans were seen last year in MOVE at the medical center, the Oakland Park Outpatient Clinic and via telehealth to Key West and Key Largo clinics. Psychology team teaches 10-week group sessions, conducts follow-up drop in sessions, and follows Veterans referred to the Endocrinology Clinic after completion of the 10-week MOVE program. Psychologists are active with this program at the local, regional, and national levels and attend annual symposia and have on-going research programs related to weight management.

**Intermediate/Palliative/Hospice Care**

*Supervisor: Raegan Hanlon, Psy.D.*

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 (aka: Extended Care Unit), and 3) Palliative/Hospice Care Program. You will serve as an active member on an interdisciplinary team. Opportunities to conduct individual outpatient psychotherapy (i.e. adjustment to life limiting medical conditions, bereavement services) and facilitate support groups are 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 permanent institutional placement. The typical length of stay is one month. The CLC short-term stay service (Extended Care Unit) 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, and congestive heart failure. Anticipatory grief and bereavement counseling is also offered to the family of Veteran’s. Across these three medical services you will have the opportunity to work with a range of specialties.
of ages (30’s-90’), ethnicities, and socioeconomic circumstances. All Veterans admitted to these units are evaluated for psychological services which includes a clinical interview, assessment of mental status (i.e. administration of Mini Mental Status Examination) and mood assessment (Geriatric Depression Scale, Patient Health Questionnaire). Psychological issues commonly encountered include adjustment disorder, depression, anxiety, bereavement/preparatory grief, substance abuse, and PTSD. Pain and sleep disturbance are also common problems. Supportive psychotherapy is provided to all who are deemed appropriate and provide consent for treatment. Family members of Veterans are also evaluated and offered individual counseling for caregiver stress and anticipatory grief. Facilitating the Family Support Tea Time Group is a valuable opportunity. Bereavement services are also offered to all family members. Outpatient services also include psychological screenings on the oncology/hemoc unit and individual psychotherapy to Veteran’s living with a life-threatening illness and/or coping with bereavement.

Liver Diseases and HIV Medical and Treatment Issues (Liver Diseases/HIV Emphasis Resident)

**Supervisor: Regina Pavone, Ph.D., ABPP**

The resident will develop competence in: (i) History and course of the HCV and HIV epidemics in this country and specifically within the VA, which will include current prevalence/incidence rates of infection; (ii) Knowledge of HCV and HIV risk factors, barriers to medical care, and health behaviors that are common among those who are currently infected or those at higher risk for viral infections; (iii) Knowledge of current HCV and HIV testing procedures including consent processes, distinction between anonymous and confidential testing, as well as current testing procedures; (iv) Knowledge of disease progression; (v) Working knowledge of current medications, common side effects and barriers to medication adherence.

Liver Transplant Assessment and Treatment Issues

The resident will develop competence in: (i) History and course liver disease to end-stage and pathogenesis (ii) Knowledge of risk factors associated with liver disease, barriers to medical care, and health behaviors that are common among those who are currently in later stages of liver disease progression; (iii) Knowledge of current liver staging procedures; (iv) Knowledge of medical and neuropsychological comorbidities of end-stage liver disease; (v) Working knowledge of treatment options, common side effects and barriers to treatment adherence; (vi) Knowledge of medical and treatment issues specific to the VA liver transplant process at all phases.

The HIV and HCV resident will work collaboratively with the psychology PACT Integrated Health resident- members of inter-professional treatment teams. Residents participate in a robust interdisciplinary group program (e.g., MOVE!, tobacco cessation, cardiovascular risk reduction, diabetes management), addressing issues which are salient to health promotion and disease self-management. Behavioral health staff are integral in these programs, serving as moderators of group process, modeling patient-centered approaches (e.g., motivational interviewing skills), and addressing MH issues (i.e., screening, providing brief intervention for depression, PTSD, overuse of alcohol, and serving as liaison to MH follow-up). The PACT group program continues to expand including the recent addition of stress management (i.e., mindfulness meditation) and planned groups to include programs to address overuse of alcohol and problem-solving. Panel-specific groups consist of PC provider, pharmacist, behaviorist, and dietitian with nursing involvement in several disease - specific groups. Within the PACT Special Immunology Clinic, we expect the HIV/HCV resident to have a lead role in addressing tobacco cessation, alcohol risk reduction, sexual health, and medication adherence in

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addition to their core mental health duties.

Psychosocial Aspects of HIV and Liver Diseases
The resident will gain competence and awareness of multiple psychosocial stressors specific to those living with HIV/AIDS, HCV and other infectious diseases. Common stressors experienced by those newly diagnosed include adjustment to and coping with new diagnosis; disclosure of HCV or HIV-positive status to sexual partners, friends, and family; managing HIV-related stigma; and psycho-education about safer sex practices. Common stressors associated w/ disease progression and/or longer-term survival include decision about employment/disability; affected family and caregiver stress; grief; and end-of-life issues. Common stressors associated with initiation of DAA Treatment for HCV, decision making around treatment, reduction of risk behavior prior to and during treatment, coping with treatment response and termination.

Pain Clinic

Supervisor: Lauren Suarez, Ph.D.
The Miami VAMC Whole Health Center for Pain Management has operated as a specialty care clinic since 1995 and is currently staffed by an interdisciplinary team, including Anesthesiology, Nursing, Acupuncture, Pharmacy and Psychology. Additional extended team members are provided from Physical Therapy, Occupational Therapy, Exercise Physiology, Recreation Therapy, Social Work and Psychiatry. The team is committed to meeting the needs of veterans living with chronic pain through a variety of evidence-based traditional and holistic options for pain management. Within this context, psychology offers two weekly pain management groups (Pain School and Mindfulness for Pain Management), provides brief individual psychotherapy targeting chronic pain, performs pre-procedure assessments for implantable devices, and provides psychoeducation to patients regarding chronic pain. Additionally, psychology is embedded within interdisciplinary team meetings, including Pain Board and Opiate Reviews.

Primary Care - Mental Health Integration (PC-MHI)

Supervisors: Grace Caldas, Psy.D., Lianne Gonzalez, Psy.D.
Primary Care-Mental Health Integration (PC-MHI) rotation provides an opportunity to work as part of an interdisciplinary team, co-located within primary care. Training experiences include conducting brief (30 minute) intakes where behavioral health concerns are identified. Based on the Veteran’s needs, they are offered follow-up that is brief, time-limited psychotherapy (up to six total sessions), referral to health behavior groups, or a referral to a specialty mental health service. Behavioral health visits are brief in the number of sessions (1-6 visits), and are provided in the primary care practice area, structured so that the patient views meeting with the behavioral health provider as a routine primary care service. Interventions may focus on stress management, tobacco and alcohol misuse, chronic pain, sleep hygiene, lifestyle changes, coping with chronic illness, and skill building (relaxation training, goal setting). The trainee will have exposure to working within a fast-paced primary care team environment with the primary goals of assisting PACT members with identification, treatment, and management of mental health and behavioral medicine conditions. Training will focus on providing functional assessment, triage, brief intervention, education and consultative services regarding a wide range of mental health and behavioral medicine concerns, on referral from primary care providers and allied PACT members.
B) Mental Health Recovery and Rehabilitation: 2 positions
This emphasis area requires the resident to complete 6 months on the PRRC and 6 months on the SARRTP – descriptions of each rotation are below.

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

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

PRRC trainees will receive significant education about the recovery model and can participate in multiple components of the PRRC depending on their developmental level, including assessment, group/individual psychotherapy, facilitating interdisciplinary meetings, provision of consultation and/or teaching to master’s level staff, outreach and consultation with the acute inpatient psychiatry team, program management, and supervision. Additionally, supervision is focused on diversity and professional development. On this rotation, the resident gains significant experience supervising pre-doctoral trainees and developing groups and is considered an integral part of the team.

Substance Abuse Residential Recovery Treatment Program (SARRTP)
Supervisor: Abigail Somerstein, Ph.D.
Patients in the SARRTP remain in residence for ninety days. Substances to which patients are addicted include alcohol, cocaine, opiates, cannabis, and sedatives. A large proportion of patients are dually diagnosed with substance dependence and other major psychiatric disorder, such as schizophrenia, chronic depression, and bipolar disorder. An increasing proportion of patients carry a co-morbid diagnosis of PTSD, most from the wars in Iraq and Afghanistan. The Program maintains a bio-

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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.

C) Forensic Psychology: 1 position
Veterans Justice Outreach (VJO)
Supervisors: Giovanna Delgado, Psy.D. and Jennifer Lee, Psy.D.
Clinical Psychology in the emphasis area of Veterans Justice. This is a full-time, year-long psychology post-doctoral position with the goal of providing fellows with specialized training in forensic psychology work within the VA system. This program will provide fellows with training and experiences relevant to the theories involved in the assessment and evaluations of justice-involved Veterans. VJO fellows will be required to participate in the organization, management, and administration of psychology services provided to these justice-involved Veterans. Relevant ethical, legal, professional conduct, and cultural/diversity issues will be incorporated into this training program through experiential and research activities. The goal of the VJO program is to avoid unnecessary criminalization of mental illness and extended incarceration among Veterans by ensuring that eligible justice-involved Veterans have timely access to VA mental health and substance abuse services when clinically indicated as well as other VA services and benefits. The VJO fellow will collaborate with a multidisciplinary team of professionals both through the VA and local justice system. These teams include VA providers from various disciplines including: Social Work, Psychiatry, Psychology, Nursing, and Peer Counselors. Justice-related team members include Veterans Court judges, state attorney offices, and various court clerks. All team members work together to provide Veteran-centered services. The focus of the VJO fellow will be to take initiative in building working relationships and reaching out to potential justice system partners to see that eligible justice-involved Veterans get needed care. Further, emphasis will also be placed on active participation in partnership with law enforcement Crisis Intervention Teams (CIT) to train law enforcement personnel on Veteran specific issues. The VJO fellow will work to assess and evaluate justice related Veterans and then facilitate treatment planning to facilitate divergence from arrest into mental health or substance abuse treatment. As such, use of Motivational Interviewing, problem solving, and Cognitive-Behavioral techniques are a primary component of this training program. Psychotherapy experiences will be incorporated into both individual and group interventions.

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

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

D) Gero/Neuropsychology: 1 position

**Supervisors: Jennifer Gillette, Psy.D., Courtney Spilker, Psy.D., and Arlene Raffo, Psy.D.**

The Gero-Neuropsychology position requires the post-doc to complete two 3-month rotations within the Neuropsychology service and one 6-month rotation within the Gero-psychology Clinics.

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

Several Neuropsychology rotations are available which allows the Resident to tailor their neuropsychology training to their specific area of interest. Neuropsychology rotations include Geriatric Neuropsychology, Neuropsychological Rehabilitation, General Outpatient Neuropsychology, and Polytrauma Neuropsychology.

---The Geriatric Neuropsychology rotation will involve the provision of neuropsychological services to older adults, primarily focused on the assessment of dementia. A large focus of this rotation is also inpatient and outpatient capacity evaluations.

---The Neuropsychological Rehabilitation rotation focuses on the assessment of individuals with a history of stroke, CAD, diabetes, HLD, HTN, and complex medical etiologies. This rotation also includes experience with inpatient rehabilitation and group psychotherapy for amputees, stroke survivors, and patients with traumatic brain injuries.

---The General Outpatient Neuropsychology rotation is a general consultation service involving assessment of patients with a variety of medical and psychiatric conditions. This rotation includes triage of patients through consultation with physicians from various services (Primary Care, Neurology, Geriatrics, Infectious Disease, Cardiology, and Oncology), assessment of patients, and provision of feedback to patients and providers. Opportunities to conduct neuropsychological evaluation in Spanish is available.

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The Polytrauma Neuropsychology rotation primarily involves working with Veterans who have served in recent conflicts such as OIF/OEF. Residents conduct comprehensive neuropsychological evaluations and screenings. Some examples of polytrauma include TBI, hearing loss, amputations, fractures, burns, and visual impairment. These Veterans tend to have co-existing medical, mental health, and psychosocial issues. Residents may also facilitate a cognitive rehabilitation group.

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

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

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

Community Living Center (CLC-Long Term Stay):
Supervisor: Yesenia Rivera, Psy.D.

Geriatric Primary Care:
Supervisor: Paul Hartman, PhD, ABPP
Psychological services are provided to patients within a geriatric primary care clinic, in response to referrals mainly from the clinic’s medical director and residents as well as the psychiatry staff housed in the clinic. Patients are seen for psychological assessment, psychotherapy, and/or cognitive assessment. Patients represent a wide range of ages (mid-60’s to 90’s), ethnicities, and socioeconomic circumstances. Psychological issues commonly encountered in the geriatric clinic include anxiety, depression, maladaptive anger, partner-relational problems, parent-adult child relational problems, employment problems, difficulty in adjusting to health conditions or disability, caregiver stress, concerns about aging, concerns about dying, and bereavement.

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

The primary therapy approach is cognitive-behavioral, in addition to use of concepts and methods from patient-centered therapy, motivational interviewing, interpersonal therapy, and mindfulness approaches. Couple therapy and family therapy are provided as needed. In addition, trainees usually co-facilitate a “positive aging” learning and support group, which has been held every week for several years. Trainees also may participate, alongside clinic medical and nursing staff, in providing specialty individual and group services to geriatric patients, including frailty prevention and remediation, tobacco cessation, continence promotion, and cardiovascular risk reduction.

Supervision is provided by modeling (resident sitting in on supervisor providing services), direct observation of resident’s provision of service, review of written reports and notes, audio or audio-visual recording of services, and discussion of cases. Residents are encouraged to attend “mini-lectures” given by the clinic director to medical residents on various geriatric issues at the start of the day, as well as geriatric grand rounds which are held once or twice a month.

2. PSYCHOLOGY PSYCHOTHERAPY CLINIC
Residents will participate in both the Psychology General Psychotherapy Clinic and the Psychology Assessment Clinic. Both of these clinics receive referrals from a wide range of clinics and providers throughout the medical center. The resident will carry 2 individual psychotherapy cases throughout the year, using a brief model of psychotherapy; therefore, it is estimated the resident will treat 8-10 patients in this clinic by the end of the year. Each resident will be assigned a supervisor for this clinic activity.

3. PSYCHOLOGY ASSESSMENT CLINIC SUPERVISION
The residents will participate in the assessment clinic via a hierarchical/umbrella supervision plan, with the resident supervising an intern on their assessment cases. The interns must complete a minimum of 6 batteries during their training year. Each resident will be assigned a supervisor and an intern to work with in this clinic.

4. DIDACTIC SEMINARS/ADMINISTRATIVE RESPONSIBILITIES
There are a wide variety of required seminars for residents throughout the year. Post-doctoral residents may choose to attend optional seminars that include ongoing post-doctoral seminars or continuing education sessions not in their emphasis area, as well as pre-doctoral seminars and medical school seminars/rounds that are held throughout the year. Residents will also receive cultural competency training through the diversity didactic series, immersion community outings, and reflective discussions with staff focusing on how to address dimensions of diversity in their work. In continued efforts to provide culturally competent treatment, residents will use the ADDRESSING model in conceptualization.

Additionally, residents are expected to teach seminars on their respective emphases areas.

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

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

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

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

COMPETENCY RATINGS DESCRIPTIONS
➢ Problem Area (close supervision and remedial plan needed)
➢ Close supervision needed (mid-practicum level)
➢ Some supervision needed (intern entry level)
➢ Little supervision needed (intern exit/postdoc entry level)
➢ No supervision needed (postdoc exit level)
➢ Advanced practice (full performance level)

In order for residents to maintain good standing in the program they must
1. Receive at least a 4 (corresponding with "an intermediate to advanced level of competency") on at least 80% of the items on the midyear summative evaluation to be considered in good standing in the Program
2. No competency areas will be rated lower than a 3 (corresponding with “an intermediate level of competency,” with routine supervision of most activities is required)
3. Not be found to have engaged in any significant ethical transgressions.

In order for residents to successfully complete the program they must:
1. Be rated at least at an advanced level of competency (corresponding to 4 on the rating scale) on 100% of the rating items by the end of the residency in order to meet criteria for successful completion of the Program
2. Not be found to have engaged in any significant ethical transgressions
3. Verify that hours entered into Log of Activities total 2080 hours
4. Verify that hours entered into Log of Activities total at least 900 hours for direct patient contact, 150 hours for supervision (receipt), 50 hours for didactic training experience and 100 hours in administration and hierarchical supervision (provision). Illegal, Unethical, or Unprofessional Behavior. If a supervisor or resident believes that a resident has engaged in significant or repeated instances of illegal, unethical, or unprofessional behavior, then he or she is required to report these concerns to the Training Director. The Training Director will investigate the situation and report findings to the Residency Training Committee and Chief of Psychology. The Residency Training Committee can place the resident on probation by majority vote, and for very serious problems, immediately terminate the resident from the residency program by a majority vote. Residents are responsible for and will be held to all of the appropriate ethical guidelines and professional laws established by the Department of Veterans Affairs, the local Psychology Service, the American Psychological Association, and the Florida Department of Professional Regulation.

FACILITY & TRAINING RESOURCES
Each post-doctoral resident will be assigned his/her own or shared office distinct from predoctoral intern offices with telephone and networked computers. Internet and MICROMEDEX access are also available at each computer station. Secretarial support is limited for all psychology staff, but access to needed equipment, materials, and medical center resources is available to staff and trainees service wide. Additionally, post-doctoral residents will have lab coats and laundry service, commuting benefit, and free parking near the facility with shuttle service. Full library resources are available. The medical center maintains a professional library with over 2500 volumes and 390 current journal subscriptions, 22 of which are journals related to Psychology. Direct access to MEDLINE, PSYCHLIT, MDConsult, PsychARTICLES, WEBMD, MICROMEDEX as well as other databases is available. Services include interlibrary loans, literature searching, database education, and meeting rooms. Additionally, access to the University of Miami Miller School of Medicine’s Library with 214,544 volumes and 1788 journal subscriptions is available to all Psychology Staff, post-doctoral residents, and interns. Access to the University of Miami main campus library is also available to our staff and residents. The VAMC Medical Media Service provides support for printing/copying, access to video teleconferencing resources, telemedicine and a variety of audiovisual equipment for educational purposes.

ADMINISTRATIVE POLICIES & PROCEDURES
Conflict Resolution and Grievances / Due Process
If a resident has conflicts or difficulties with a supervisor, the resident's first recourse is to speak to the Miami VA Training Director. The Training Director will make every effort to explore the resident's concerns and attempt to mediate any problems between the resident and supervisor. If the resident has conflicts or difficulties with the Training Director, or believes that the training director has not adequately addressed the resident's concerns, the resident may then speak to another supervisor, and ask to have the issue addressed by the entire Residency Committee. The resident may also present issues directly to the Residency Committee at one of its meetings. The Residency Committee will then explore the situation and may gather additional information, request written responses, or interview all parties involved. The Residency Committee may make suggestions and recommendations for resolution of the
problem. If the resident is not satisfied with the results of bringing the issue before the Residency Committee, the resident may then file an “official grievance”. The resident will write up a summary of the problem, actions that have been taken, and the reasons why the resident continues to be dissatisfied with the situation. The resident will submit this “grievance report” to the Miami VA Residency Committee. All parties involved are then invited to make written responses to the grievance including the supervisor, Training Director, and Residency Committee. The grievance, along with all of the written responses, will then be forwarded to the Chief of Psychology Section who will make a final decision about the resolution of the grievance.

Residents always have the right to consult with the American Psychological Association Education Directorate and Office of Accreditation, as well as the Association of Psychology Postdoctoral and Fellowship Centers.

Our privacy policy is clear: we will collect no personal information about you when you visit our Website. This program does not require self-disclosure outside of that required, when and if applicable, to provide quality care to patients.

TRAINING STAFF: PSYCHOLOGY RESIDENCY TRAINING STAFF

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.

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.

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

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Professor, Department of Psychology, University of Miami.

**Giovanna Delgado, Psy.D.** (Carlos Albizu University, Forensic Psychology, 2004; Florida International University, 1996) As the Veterans Justice Outreach Coordinator for the Miami VA, she coordinates outreach services for Veterans involved with the judicial system, and works as a liaison with the court system to ensure access to care for Veterans reentering the community. Expertise in working with an adult forensic population. Experience includes work with children, adults, the severely mentally ill, and clients suffering from sexual abuse, trauma, homelessness, substance abuse, medical, justice related and psychiatric issues.

**Joseph Fineman, Ph.D.** (Pacific Graduate School of Psychology/Palo Alto University, Clinical, 2007). 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.

**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&RS). 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.

**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. 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 Veterans and family members dealing with aging, grief, and life limiting illness, as well as facilitating Tea Time Family Support Group. Other responsibilities include psychological screenings on the oncology/hemoc unit. Consultation and psychoeducation is also a very important duty. These duties including being an active member on the Hospice/Palliative Care, Geriatric Evaluation and Management, and Extended Care interdisciplinary teams. Psychoeducation is support by offering and attending the Interprofessional Education Seminars on the Hospice Unit. Professional interests include end of life issues (i.e. quality of life, resiliency, legacy), anticipatory grief/bereavement, caregiver stress, and successful aging.

Paul Hartman, Ph.D., ABPP (Board Certified in Clinical Health Psychology, 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 health psychology assessment and interventions; individual, family, and group therapy; general psychological assessment; and neuropsychological assessment. Main approaches to therapy are cognitive-behavioral and interpersonal, with emphasis on the therapist-patient relationship. I also use mindfulness approaches, positive psychology, and motivational interviewing.

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.

Erika Pacheco, Psy.D. (Nova Southeastern University, Clinical, 2013) Psychotherapy Clinic supervisor, assigned to Tele-mental health/Behavioral Health Clinic (BHC). Provides evidenced based treatments to Veterans receiving outpatient mental health services both face-to-face and/or remotely [to remote outpatient clinics (NF/SG VAHS and the Miami VAHS Homestead VA CBOC) or via tele-health equipment to veteran’s personal home computer or mobile devices]. Clinical responsibilities include consult evaluations, individual and group psychotherapy, treatment planning and psycho-education to veterans that present with a broad range of psychiatric disorders, complex medical/health histories, and varying levels of daily functioning. Dr. Pacheco’s therapeutic approach is integrative and flexible.
with an emphasis on CBT, Recovery-Oriented, and Humanistic. Areas of clinical expertise/interest include: Women Veterans, serious mental illness, trauma, evidenced-based and structured approaches (e.g., 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). Fellow, American Academy of 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 undergirds interventions with medical psychology referrals. Adjunct Assistant Professor, University of Miami Miller School of Medicine, Psychiatry and Behavioral Sciences. Nova Southeastern University, Clinical Affiliate.

**Arlene Raffo, Psy.D.** (Carlos Albizu University, 2014) Staff Neuropsychologist. Assignments: General Outpatient Neuropsychology. She completed her predoctoral internship in Neuropsychology at the Pittsburgh VA, and a two-year postdoctoral fellowship in Neuropsychology at the University of Miami Miller School of Medicine, Psychiatry Department. Dr. Raffo also completed an additional one-year fellowship in Behavioral Medicine/Primary Care at Citrus Health Network.

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

**Janette Rodriguez, Psy.D.** (Wright State University, Clinical, 2009). Dr. Rodriguez is the program manager and psychologist for the Psychosocial Recovery and Rehabilitation Center (PRRC) at the Miami VA, which provides services to Veterans with serious mental illness. Her primary clinical duties include conducting initial evaluations for individuals referred to the PRRC, facilitating therapeutic and psycho-education groups, and providing individual therapy. Conceptualization and intervention involves the intentional and purposeful integration of psychodynamic, cognitive-behavioral, existential/humanistic, multicultural, and other evidence-based interventions. This integrative approach is extended to supervision of trainees and offered in conjunction with a developmental model. Dr. Rodriguez supervises trainees in both psychological assessment and intervention. Dr. Rodriguez has the following areas of expertise/interest include: military Veterans, psychological assessment, diversity/multicultural issues (Latina/os, LGBTQ, etc), trauma, intervention and assessment in chronic/terminal illness, and serious mental illness, Additional scholarly/research interests include program development and evaluation, training issues and mentorship in psychology, as well as patient safety and healthcare quality.

**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-care. This document contains links to websites external to U.S. Department of Veterans Affairs. VA does not endorse and is not responsible for the content of external websites.
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 C. Spilker, Psy.D.** (Nova Southeastern University, 2013) Staff Neuropsychologist. Clinical specialization: Geriatric Neuropsychology. Assignments: Geriatric Neuropsychology Clinic/Memory Disorders Clinic. Dr. Spilker completed her pre-doctoral internship at the Puget Sound VA – American Lake and a two-year Adult and Geriatric Neuropsychology postdoctoral fellowship at McLean Hospital/Harvard Medical School. Responsibilities: Provides neuropsychological evaluations to Veterans with a wide array of neurological conditions, primarily suspected neurodegenerative disease processes, on both an inpatient and outpatient basis and additionally conducts capacity evaluations. Serves as the neuropsychology representative on the Miami VA Dementia Committee.

**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 also include neuropsychological assessment with a focus on TBI and dementias, and insight oriented therapy.

**Lauren G. Suarez, Ph.D.** (University of Miami, Counseling, 2017). Staff psychologist assigned to the Pain Clinic and the PTSD Clinical Team for treatment of Military-related Sexual Trauma (MST). As pain psychologist, clinical responsibilities include providing veterans experiencing chronic pain with comprehensive assessments, individual and group psychotherapy, and psychoeducation related to pain, as well as working with an interdisciplinary pain management team. As MST psychologist, clinical responsibilities include conducting screenings, providing individual and group psychotherapy, and working with an interdisciplinary PTSD treatment team. Case conceptualization is informed by Relational Cultural Theory (RCT) and treatment approaches remain integrative and evidence-based. Additional clinical interests include critical psychology, third-wave cognitive and behavioral therapies (i.e. ACT and DBT), mindfulness-based intervention, and integrative whole health. Research interests include immigration, sexual health, and social justice.

**Trainees**
The Miami program has accepted over 60 psychology residents since 2004. The majority have come to us from VHA internship programs. Present and former residents completed their doctoral studies at the University of Florida, Nova Southeastern University, Carlos Albizu University, University of Missouri – St. Louis, Adler School of Professional Psychology (Chicago), Ferkauf Graduate School of
Psychology, Pacific Graduate School of Psychology (Palo Alto), University of Georgia, the Indiana State University and Colorado State University.

Of the 53 residents who have completed their residency here, 27 are currently employed at VAMCs or Community Based Outpatient Centers in Wisconsin, Georgia, Arkansas, Florida, Colorado, Pennsylvania, Texas and Washington, D.C. The others are in group or individual private practice, consulting, and teaching at local colleges and universities.

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

Additional information can be found on the following website: