# Clinical Psychology Postdoctoral Fellowship

**VA Pittsburgh Healthcare System**  
Director of Clinical Training   
Behavioral Health Service Line (116A-U)  
University Drive C  
Pittsburgh PA 15240-1001

(412) 360-1290

**Application Due Date: Sunday, January 3, 2021**

# Accreditation Status

The postdoctoral fellowship in **Clinical Psychology** is accredited by the Commission on Accreditation of the American Psychological Association. We are extremely proud of our training programs and their accreditation by the American Psychological Association. 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 Street, NE, Washington, DC 20002

Phone: (202) 336-5979 / E-mail: [apaaccred@apa.org](mailto:apaaccred@apa.org)

Web: [www.apa.org/ed/accreditation](http://www.apa.org/ed/accreditation)

# VA Pittsburgh Healthcare System and Psychology Staff

The VAPHS is a 500-patient bed, joint commission accredited facility comprised of two divisions. The VAPHS has completed large construction projects at both divisions, resulting in new behavioral health clinic areas. The University Drive division, near the University of Pittsburgh, is the medical-surgical facility and includes outpatient primary care, specialty medical clinics including an organ transplant service, inpatient medicine units, outpatient behavioral health clinics, three inpatient psychiatry units, and the Center for the Treatment of Addictive Disorders. The H. J. Heinz division includes the 188 patient-bed Community Living Center, Veteran Recovery Center (domiciliary), Neurobehavioral Program, additional primary care clinics, and other clinical services to include dental and rehabilitation medicine. These two divisions are within 10 miles of each other. In addition to these two sites, the VAPHS also includes five community-based outpatient clinics (CBOC’s) in our catchment area. There are currently no fellow rotations offered at the CBOC’s, although we have psychology positions in all of the CBOC’s. The VAPHS also includes a telemental health hub, in which behavioral health staff provide telemental health services to veterans enrolled in VA medical centers within our VISN and other VISN’s.

In FY2019, VAPHS provided care to 79,934 Veterans and conducted 758,505 outpatient visits. The VAPHS is increasing services via telehealth technology and conducted 15,754 telemental health visits in FY2019, with a substantial increase in telemental health services in FY2020 in response to the COVID-19 pandemic. Veterans span the cohorts from Persian Gulf to WWII. The VAPHS completed 6,102 Women Veteran appointments in FY2019. Given the large catchment area of the VAPHS to include western Pennsylvania, eastern Ohio, and parts of West Virginia, our Veteran population includes a mix of urban and rural Veterans. The VAPHS serves a diverse Veteran population, including racial, ethnic, gender identity, sexual orientation, and socio-economic diversity. As part of the VAPHS commitment to diversity, we have been and continue to be identified as a LGBT healthcare leader for the past several years in the Human Rights Campaign's Healthcare Equality Index. In FY2019, the VAPHS employed 4,066 employees, nearly one-third of whom are Veterans.

All staff and services at the VAPHS are organized into “service lines.” The fellowship program is located within the Behavioral Health Service Line. The majority of psychologists at VAPHS are assigned to the Behavioral Health Service Line. Within the Behavioral Health Service Line, Veterans are assigned to a Behavioral Health Interdisciplinary Program (BHIP) (identified by Greek letters). Staff members are assigned to specific teams/BHIP’s for continuity of care for Veterans.

The VA Pittsburgh Healthcare System currently employs over 50 full-time staff psychologists, many of whom are involved in the training program. Our psychology staff has been increasing over the past few years to meet the growing demand for behavioral health services in our increasing VA population. Our staff psychologists' backgrounds, interests, and current activities are diverse. We have supervisors from a variety of graduate programs with varying lengths of tenure at the VAPHS. In addition to their clinical work, our staff psychologists hold many important leadership positions, such as team leaders and medical center committee chairpersons. Our staff members are committed to providing evidence-based treatment approaches to our veterans. Most supervisors have completed VA certification and have provider status in at least one evidence-based psychotherapy and some are VA trainers for evidence-based psychotherapies (refer to list of training staff for specific information). Fellows will have the opportunity to learn evidence-based approaches appropriate for their specific focus area. Our psychology training programs (practicum, doctoral internship, and postdoctoral fellowship) are part of our VA's educational mission which includes many other training programs, such as medicine, social work, physical therapy, occupational therapy, chaplaincy, speech language pathology, and nursing. VAPHS provided training to 1,534 trainees in FY2019 with 127 academic affiliations. Our educational affiliation with the University of Pittsburgh allows trainees from many disciplines to participate in interdisciplinary training at our medical center. In addition to our VA psychology staff, the program also includes community psychologists who serve as seminar presenters and case conference participants to increase fellows' exposure to psychology in the Pittsburgh area.

# Program Philosophy, Training Model, Program Goals, & Objectives

The mission of the VA Pittsburgh Healthcare System in training clinical psychology postdoctoral fellows is to provide supervised clinical and scholarly opportunities to selected postdoctoral students wishing to develop advanced skills in clinical psychology with a focus in Interdisciplinary Care, PTSD, and Substance Use Disorders. The aim of our training program is to produce psychologists with advanced training in the science and practice of clincal psychology for careers in VA or other health service settings. Thus, the focus of training is on developing advanced competence and it is expected that fellows will possess intermediate generalist skills in psychology at the start of the training year. During the postdoctoral year, fellows will gain increased knowledge through their supervised clinical and scholarly activities. Individual supervision sessions at minimum of two hours per week with staff psychologists will promote an integration of case conceptualization, clinical findings, testing results, and psychological interventions. The fellowship program will be truly interdisciplinary in that a portion of clinical activities will occur when working not only with psychologists, but also a variety of other healthcare professionals. Our training philosophy reflects the scholar-practitioner model in that fellows are expected to develop proficiency in both clinical work and scholarly thinking. Consistent with this model, fellows will become familiar with evidence-based practice and will integrate scholarly research and critical thinkgin into clinical practice. It is expected that, by the conclusion of the fellowship year, fellows will develop skills within the following core competency areas: Integration of science and practice; Individual nad cultural diversity; Assessment; Intervention; Consultation and interprofessional/interdisciplinary skills; Professional values, attitudes and behaviors: Supervision skills.

*Clinical Diversity*

The VA Pittsburgh Fellowship is strongly committed to both training in diversity and individual differences as well as the recruitment of fellows from various cultures and diverse groups. To help increase diversity competency and sensitivity, fellows have the opportunity to work with Veterans of various ages, gender identity, ethnicity, socioeconomic status, and race as well as with Veterans with physical disabilities. Fellows are also exposed to diversity topics in seminars and case conferences and have the opportunity to tailor the diversity seminar series to their personal interests. Fellows may also become members of the Diversity subcommittee of the Clinical Training Committee, the mission of which is to provide training and educational opportunities as they relate to issues of diversity to Psychology staff and trainees. As part of this subcommittee, fellows may serve as co-chair of the committee and participate in a diversity project, an example of which includes creating a provider’s quick guide to asking culturally sensitive questions for dissemination to VAPHS medical staff. The committee also strives to improve recruitment and retention of Psychology staff and trainees from diverse backgrounds. Fellows have also become members of our Interdisciplinary Transgender Treatment Team with active participation in meetings and special events.

# COVID-19 Training Modifications

The COVID-19 pandemic has created numerous personal and professional challenges for all of us. The challenges facing all training programs are complex, further complicated by the fluidity and uncertainty of the pandemic. It is difficult for us to confidently predict and/or describe the impact of COVID-19 on our training program for the 2021-2022 training year. Our 2019-2020 fellow cohort concluded their training year via teleworking, providing telehealth services to Veterans and participating in supervision and didactics via remote modalities. Our 2020-2021 fellow cohort began their training year on-site and the hope is that they will be able to continue their training on-site. Paramount is the importance of maintaining safety for our trainees. Fellows will likely continue to provide a significant component of behavioral health treatment via telehealth modalities, including Veteran Video Connect (VVC) and telephone. If providing face-to-face services, appropriate PPE is available and guaranteed. If possible, supervision and core didactics will primarily be face-to-face, although some didactics may continue to be offered via virtual modalities. We will be happy to describe our current modifications during our virtual interviews and to address any concerns and/or questions regarding our COVID-19 modifications. Our dedication to providing high quality training continues despite the COVID-19 challenges and we are confident that our training program can provide the clinical experiences and supervision to facilitate the personal and professional development of our fellows.

# Training Experiences and Program Structure

## Training Rotations

### Interprofessional Care Focus

During the 12-month training year, the fellow will function as an active member of interdisciplinary treatment teams in Primary Care clinics across VAPHS, as part of the Primary Care Mental Health Integration program. The focus of the fellowship is on learning to deliver psychological services in a primary care medical setting and specifically within a Patient Aligned Care Team (PACT). The fellow will be an active member of PACT teams at multiple VAPHS sites, thus allowing for a wide breadth of training. Fellows will have an opportunity to work with veterans presenting from the Primary Care Clinic with a spectrum of psychological problems. The most frequent referrals are for mood and anxiety disorders, stress management, brief cognitive/memory evaluation, adjustment disorder (often related to medical conditions or chronic pain), health behavior change (e.g. weight loss), and insomnia. Fellows will have ample opportunity to conduct functional assessment evaluations and to learn how to adapt traditional clinical and health psychology services to the primary care setting, consistent with best practices in integrated primary care settings. Typical clinical activities include brief, focused functional assessment and short-term individual therapy for mental health and medical problems; consultation and collaboration with other professionals within primary care (e.g., working collaboratively with a dietician to help Veterans with weight loss goals), triaging patients to appropriate specialty clinics, and conducting same day evaluations via warm handoff from primary care. An emphasis will be placed on a collaborative approach with the fellow participating in joint consultative visits and serving as a consultant-liaison to PACT teams. The primary therapeutic approaches for this rotation are cognitive-behavioral therapy (CBT) and Motivational Interviewing (MI). Training in other brief treatment modalities, including Acceptance and Commitment Therapy (ACT) techniques and Problem Solving Therapy (PST) is also available. The dominant mode of service delivery is individual therapy. The fellow may have the opportunity to facilitate and/or co-develop treatment groups with other disciplines and trainees focusing on health promotion and self-management of disease.

In addition to the primary clinical assignment within PACT, the fellow may have the opportunity to select one or two elective training experiences 1-day per week, depending on the fellow’s individualized training plan. Electives emphasize interprofessional collaboration and include but are not limited to: Home Based Primary Care, Community Living Center, Geriatric Evaluation and Management Clinic, Community Based Outpatient Clinics, Post-Deployment clinic, Oncology, Telemental Health, health psychology (including pain rehabilitation program and organ transplant evaluations), Transgender Treatment Team, or research through the MIRECC.

The primary supervisors for this focus area are: Drs. Rebecca Akcakaya, Alyssa Ford, Jebediah Northern, and Jody Tomko.

### PTSD Focus

The PTSD Fellow functions as a junior colleague in the Combat Stress Recovery Clinic (CSRC). The CSRC is a specialized outpatient interdisciplinary team comprised of psychologists, psychiatrists, social workers, nurse practitioners, and support personnel. The primary function of the CSRC is to evaluate and treat veterans with combat-related distress, including PTSD, from all combat eras (OEF/OIF/OND, Vietnam, Operation Desert Storm, Korea, WWII). The Fellow is fully involved in providing a wide range of outpatient services which include evaluations, treatment planning, and individual and group psychotherapy. Fellows will have the opportunity to work at both the University Drive and HJ Heinz divisions of VAPHS and will typically split their time at each division for the duration of the training year. The Fellow will be supervised by two CSRC staff members over the span of the training year, with one supervisor at each training location.

Initial diagnostic assessments in the CSRC consist of comprehensive psychosocial evaluations utilizing evidence-based case conceptualization approaches with a focus on differential diagnosis, as well as culture and diversity. Fellows will also receive training in the Clinician-Administered PTSD Scale for DSM-5 (CAPS-5), which is utilized when there is need for further diagnostic clarity. Fellows will learn and refine skills in empirically supported treatments for PTSD such as Prolonged Exposure (PE), Cognitive Processing Therapy (CPT), Concurrent Treatment of PTSD and Substance Use Disorders Using Prolonged Exposure Therapy (COPE), Cognitive Behavioral Conjoint Therapy for PTSD (CBCT-PTSD), and Interpersonal Therapy for PTSD (IPT-PTSD). Fellows will have the opportunity to become a VA recognized CPT provider following completion of the CPT regional training and 6 months of CPT consultation calls. In addition to EBPs for PTSD, Fellows will deliver evidence-based interventions for combat-related sequalae and complex presentations. Depending on the training goals of the Fellow, this may include Skill Training in Affective and Interpersonal Regulation (STAIR), Cognitive-Behavioral Therapy for Depression (CBT-D), as well as cognitive-behavioral protocols for panic disorder and generalized anxiety disorder. The Fellow will also have the opportunity to provide evidence-based psychotherapy using Clinical Video Telehealth (CVT) and Veterans Video Connect (VVC; telehealth to home) technology to rural veterans.

Fellows will co-facilitate psychotherapy groups in the clinic, which may include Anger Management Therapy and an empirically supported spirituality-based PTSD intervention (the Mantram Repetition Program). Additionally, Fellows can participate in an optional training experience in which they treat traumatic stress presentations in inpatient populations across the University Drive Division’s inpatient psychiatry units. Depending on the interests of the Fellow, this could involve co-leading Seeking Safety groups for veterans with dual diagnosis, skills-focused groups for veterans with comorbid trauma symptoms and severe mental illness (SMI), such as schizophrenia and bipolar spectrum disorders, and developing their own group programming. The experience would involve additional supervision from an inpatient psychologist (Dr. Plakosh).

Additionally, the Fellow will provide clinical supervision of a psychology intern. Fellow supervision of the CSRC intern would include evidence-based therapy for PTSD (PE or CPT) and initial evaluations in the clinic. Supervision of supervision will involve joint review of taped sessions, provision of written feedback, and in-depth discussion of topics related to supervision of trauma-focused clinical work, such as use of case-conceptualization to guide clinical decision making, management of affect, and self-care. The Fellow will regularly present in CSRC didactics including weekly PTSD Case Conference/PTSD Journal Club and the CSRC interdisciplinary treatment meeting.

Primary supervisors: Drs. Phillip Raab and Shannon Coleman

**Minor Rotations**

In addition to the above training experiences, the Fellow can choose to participate in one to two minor rotations. The Fellow can participate in one minor rotation at a time; if electing to participate in one minor rotation during the course of the training year, the experience will last for a minimum of 6 months, and can be extended up to a maximum of 12 months. If electing to participate in two minor rotations during the training year, each minor rotation will last 6 months.

**Anger and Aggression:** Fellows electing to participate in this minor would receive comprehensive training in the evaluation and treatment of anger and aggression. Assessment experiences will focus on differential diagnosis and disentangling the unique contributions of possible etiologies to anger and aggression (i.e. PTSD, depression, anxiety disorders, substance use disorders, personality psychopathology). Fellows will learn evidence-supported treatments for anger (e.g. SAMHSA protocol, National Center for PTSD protocol), including meditation-based approaches (i.e. Mantram Repetition Program). The Fellow will also have the opportunity to co-lead an evidence-based therapy group for Veterans who have engaged in interpersonal violence (i.e. Strength at Home). Fellows will implement evidence-based treatment protocols to address the underlying etiologies of anger and aggression. In addition to clinical experiences, this minor involves participation in the VAPHS Disruptive Behavior Committee where the Fellow will have the opportunity to learn and participate in evidence-based, data-driven violence risk assessment and the development of threat mitigation plans for patients who pose a risk to the medical center. Opportunities will include didactic training with a Certified Threat Manager (CTM) working for the VA’s National Workplace Violence Prevention Program (WVPP) on the evaluation and management of violence risk and threat mitigation in large hospital systems (Dr. DeNardi). Supervisors for this rotation include Drs. Coleman, DeNardi, and Raab.

**Mental Illness, Research, Education, and Clinical Center (MIRECC):** Fellows interested in conducting research during the training year have the opportunity to work with the VISN 4 MIRECC. The goal of the VISN 4 MIRECC is to enhance the overall mental health of veterans through a focus on Precision Mental Health Care, which examines use of biomarkers, self-assessment, and other measures to influence treatment planning. Domains of research explored by MIRECC investigators include PTSD, sleep, genetics of mental illness, and others. Fellows completing this minor rotation could have the opportunity to contribute to ongoing research and publish from existing datasets. Supervisors for this minor depend upon a Fellow’s research interests and supervisor availability.

**Military Sexual Trauma (MST):** Within theMST minor, the Fellow will evaluate and treat veterans who have experienced sexual trauma during their military service. Veteran seen within this clinic also commonly report sexual trauma across the lifespan, including in childhood. Fellows will conduct initial diagnostic assessments and provide evidence-based treatment for PTSD secondary to MST, mainly utilizing CPT. The primary supervisor for the MST minor is Dr. Korchynsky, who is a Regional CPT Trainer & Consultant, as well as the MST point of contact for all of VA VISN 4.

**Motivational Interviewing (MI):** Fellows wishingto focus primarily on refining MI skills can elect to complete this minor, which takes place in the Veteran’s Recovery Center. Fellows will receive intensive MI training that includes coding of session tapes using the Motivational Interviewing Treatment Integrity measure (MITI), structured feedback based on coding, and various didactic and experiential training activities. The primary supervisor for this minor rotation is Dr. Menges, who is a member of the Motivational Interviewing Network of Trainers.

**Substance Use Disorders (SUD):** Within this minor, Fellows will assess and treat a range of substance use disorders and physical and mental health comorbidities. Activities in this minor could include initial evaluations, treatment planning, case management, as well as individual and group therapy. Treatment modalities utilized could involve MI, CBT-SUD, ACT, DBT, and other treatment approaches. The primary supervisor for this minor is one of the psychologists in CTAD.

### Substance Use Disorders Focus

During the 12-month training year, the fellow will function as an active member of the interdisciplinary treatment team in the Center for Treatment of Addictive Disorders (CTAD). The goal of the training year is to develop mastery of assessing and treating a wide variety of substance use disorders with co-occurring psychiatric, medical and social concerns. Treatment modalities include individual and group psychotherapy as well as brief motivational interviewing sessions. Fellows are expected to carry a diverse individual caseload including patients with complex diagnostic profiles (e.g., co-occurring SUD and personality disorders). The fellow is expected to be flexible in their approach to psychotherapy including using evidence-based practices when appropriate. Fellows can expect to carry some longer-term patients over the course of the year which afford the opportunity to hone core therapeutic skills. The fellow can expect to gain exposure to motivational interviewing which is at the center of our philosophical approach to substance use disorders. The fellow will have the opportunity to train in multiple evidence-based practices including CBT-SUD, Acceptance and Commitment Therapy, Seeking Safety and Cognitive Processing Therapy. The fellow will provide core clinical services across each of the three clinical components within the CTAD, which include the Residential Rehabilitation Program, the Outpatient Recovery and Aftercare Clinic, and the Opioid Substitution Therapy Program. The fellow will complete diagnostic interviews, formulate treatment plans, conduct individual and group psychotherapy, and provide consultative and adjunct services to other Behavioral Health Teams and Medical Specialty Outpatient Clinics. Fellows may also provide case management services to veterans participating in the residential rehabilitation program. Fellows will be asked to develop at least one therapy group that conforms to best-practice principles and evidence-based techniques. The fellow will work with at least two primary clinical supervisors in CTAD during the training year in the above settings. Fellows will have one primary supervisor for six months and then switch to another primary supervisor for the final six months.

Supervisors include Drs. Susann Anderson, Maria El-Tahch, Leigh Gemmell, Melissa Johnson, Anya Moon, and P. Taylor Van Zile, IV.

## Supervision Responsibilities/Training

One of the many strengths of our fellowship training program is our commitment to training fellows in supervision competency. Development of supervisory skills is often overlooked in clinical training, resulting in psychologists providing supervision without any formal training in or supervision of supervisory skills. As part of their professional development as psychologists, all fellows will have the opportunity to provide supervision to psychology doctoral interns, under the supervision of a staff psychologist. Fellows will be required to provide one hour of supervision per week to an intern. In addition, fellows will be expected to attend the Supervisor Development Series, a program designed for the staff psychologists to discuss supervisory issues and refine supervisory skills, and receive supervision training during the Professional Development Seminar series. Furthermore, fellows will attend the monthly supervisor meetings and will serve on the Clinical Training Committee by attending quarterly meetings and assisting with the selection of interns and fellows.

## Didactics

All fellows will participate in the 1-hour weekly Fellowship Seminar Series. This seminar series provides the opportunity for fellows to meet during the week and share experiences and knowledge of clinical psychology. The seminar series includes:

1. ***Professional Development Seminar***: Dr. Pasquale facilitates this seminar which incorporates lecture, discussion, and reading on supervisory development, ethical issues, and professional growth.
2. ***Fellowship Case Conference***: During this case conference, fellows rotate presenting a case with staff psychologists rotating as facilitators.
3. ***Fellowship Seminar***: Psychology staff present lectures/discussions on a professional topic in clinical psychology.
4. ***Supervisor Development Series***: This bimonthly seminar is attended by fellows and staff psychologists. A scholarly article regarding supervision of psychology trainees is chosen for discussion during each meeting.
5. ***Diversity Seminars***: Fellows will attend fellow-directed diversity seminars. Each fellow will select a diversity topic and present either a case example and/or scholarly literature to facilitate discussion.

In addition to the above seminars designed for all fellows, fellows will attend at least one additional hour of didactics within their emphasis area, as described:

### Interprofessional Care Focus

1. ***Primary Care/Behavioral Medicine Journal Club & Case Conference:*** During this monthly journal club and case conference, fellows, interns, and staff psychologists rotate presenting an article and case presentation in the field of primary care psychology / behavioral medicine for review and discussion.
2. ***PC-MHI Consultation Call:*** The Primary Care – Mental Health Integration (PC-MHI) consultation call is a monthly discussion call led by VISN 4. This interprofessional call focuses upon discussion of primary care – mental health integration issues and related resources for clinicians. The fellow contacts Mr. William Cress to enroll in the PC-MHI consultation call.
3. ***Interdisciplinary Team (IDT) Case Conference:*** This case conference, held weekly on Friday mornings, is attended by members of the interdisciplinary primary care PACT and provides the fellow the opportunity to present and discuss cases with an interprofessional focus.

### PTSD Focus

1. ***PTSD Case Conference***: Weekly case conference attended by PTSD staff psychologists and interns focusing on differential diagnosis and assessment of combat-related PTSD.
2. ***PTSD Journal Club***: Monthly journal club during which two scholarly articles related to PTSD are discussed with an emphasis on clinical application of the research.
3. ***CPT and PE Consultation Conference***: Led by our local evidence-based psychotherapy coordinator, this conference meets monthly and is attended by interested staff and psychology trainees and provides group consultation on CPT and PE therapy cases.
4. **CPT Training**: Led by Dr. Korchynsky, regional VA trainer and consultant in CPT, a 3-day VA CPT training will be held in in the fall at VAPHS. Following the training, the fellow will participate in a weekly consultation call for 6 months and will complete 2 cases using CPT to fulfill requirements to become a VA-recognized CPT provider.

### Substance Use Disorders Focus

1. ***Substance Use Disorder Seminar***: Monthly seminar series facilitated by the CTAD staff which may include presentations of recent SUD research, best practices in SUD treatment, case presentation, or journal club.
2. ***SUD Case Conference***: This conference meets monthly and focuses on assessment and intervention of substance use disorders. The case conference is attended by psychology interns, psychology fellows, and psychology staff. Other members (psychiatry, nurses, social workers, etc.) from the CTAD team may also attend this case conference.

# Supervision and Evaluation

The psychology postdoctoral fellowship supervisors are dedicated to providing quality supervision to fellows. All supervisory sessions are intended to offer meaningful feedback to the fellow in order to increase understanding of his/her clinical strengths and weaknesses and to facilitate professional growth. As aids in the supervisory process, digital recording, direct observation, and co-therapy may be used. While the primary focus of supervisory sessions is on the development of clinical skills, other issues such as administrative dynamics, professional ethics, and cultural issues are often addressed. Fellows receive a minimum of two hours of formal individual supervision weekly. Supervisors are also available on an as needed basis beyond the regularly scheduled times of supervision.

Progress towards the attainment of the training goals is determined by means of regularly scheduled evaluations. Feedback between fellows and supervisors is on going. Monthly evaluations are discussed informally with the fellow and at a monthly supervisors’ meeting chaired by the Director of Clinical Training. A mid-rotation evaluation occurs at the 3-month and 9-month time points with the supervisor reviewing the fellow’s progress thus far in terms of the specific skills defined within each core competency area. At the conclusion of each six-month rotation, a formal evaluation of the fellow’s progress is made. This evaluation is discussed with the fellow prior to submission to the Director of Clinical Training for inclusion in the fellow’s training record. In conjunction with the supervisor’s evaluation of the fellow, each fellow is asked to evaluate the supervisor. Fellows are encouraged to evaluate their own performance and that of the fellowship critically so that the evaluation process is not merely unidirectional.

# Requirements for Completion

For fellows to remain in good standing in the program, fellows must achieve at least a majority of ratings of "3" in each competency area on the rotation evaluation form at mid-year, indicating that competency for each skill item is at the level beyond the start of the postdoctoral training year, but below that expected at the conclusion of the postdoctoral training year. In addition, fellows must not engage in any ethical violations to maintain good standing in the program.

To successfully complete the fellowship program, fellows must achieve the following requirements:

1. A fellow must complete the entire year of training (i.e., 2080 hours).
2. A fellow must be in “good standing” and removed from any probationary status.
3. By the conclusion of the training year, a fellow must achieve a rating of “4” for every competency skill in each competency domain on the final Evaluation of Fellow Performance, indicating that a fellow has demonstrated competency for this skill at the level expected at the conclusion of the postdoctoral training year.

# Facility and Training Resources

All fellows are assigned an individual office with most offices located in the clinic where the fellow works. Offices are generally in close proximity to supervisors to promote informal supervision and consultation. Fellows are assigned a hospital pager. All fellows have a personal computer in their office with access to the computerized patient record system, e-mail, Internet, and Microsoft software. The fellows are also given access to the VA voice mail system. Psychological and neuropsychological testing equipment is available to fellows through our psychology technicians as well as part of the assessment software in the computerized patient record system. To assist with development of psychotherapy and supervision skills, fellows have access to USB compact microphones to record sessions onto computers for supervision purposes. Medical libraries are located at both divisions and fellows have access to journals, interlibrary loans, and computer-based literature searches. Our medical librarians are extremely helpful in assisting staff and fellows to retrieve selected journal articles and books from other sources.

Fellows may park at both divisions without cost. The VA medical center also operates a shuttle system that fellows may utilize to travel between divisions for meetings and didactics.

The stipend for the training year is $47,496. The start date is tenatively 8/16/2021. Fellows can elect to participate in federal health insurance plans. Fellows earn annual leave (personal time off) and sick leave at the rate of 4 hours every two weeks. Maternity/Paternity leave is also available through use of sick leave, annual leave, and then Leave Without Pay (LWOP), with any LWOP hours to be made up at the end of the training year. In addition to the annual leave and sick leave, we grant time away from the medical center for fellows to attend approved training activities and conferences, including taking the psychology licensure examination. Although there is no limit to the amount of approved time away from the medical center that a fellow may use, permission will only be granted when a fellow is making satisfactory progress in meeting the requirements of his/her rotation.

Given research demonstrating the value of mentorship in professional development, fellows are required to identify a mentor from the psychology staff and meet with this mentor at least twice during the training year. The selected mentor will not be in an evaluative role with the fellow and discussions within the mentorship relationship are considered confidential.

# Administrative Policies and Procedures

During orientation to the VA Pittsburgh Healthcare System, fellows are provided a training manual that contains important policies and information for the fellowship program as well as for the medical center. Included in the training manual is our grievance and due process policy concerning identification and resolution of problems arising during the internship year. Copies of all evaluation forms are also included in the training manual. Copies of our evaluation forms and grievance policy are available to interested applicants upon request.

# Trainees

Since the inception of our postdoctoral program in 2000, we have accepted fellows from clinical and counseling Ph.D. and Psy.D. programs. Fellows have completed internships in various VA medical centers, including our own, as well as other programs, such as state hospitals and psychiatry departments within university medical centers. The majority of our fellows have accepted staff psychologist positions at VA Medical Centers (incuding our own) after completion of the fellowship year. Many of our fellows have enjoyed the transition to Pittsburgh and have remained in the Pittsburgh area, suggesting that Pittsburgh is a desirable city in which to reside!

During exit interviews with fellows over the past several years, fellows have consistently identified three strengths of our fellowship program. First, fellows have commented that both the breadth and depth of training experiences are a significant strength of our program. Although fellows tailor their training in a specific focus area, fellows have commented that the breadth of training experiences in each focus area over the course of the year is significant. Fellows have also commented that the training has broadened their skills in clinical psychology beyond the focus area. Second, fellows have consistently described both the quality and quantity of supervision as strengths. Fellows have remarked that supervisors are always available for scheduled supervision in addition to informal consultation and emergency supervision. Our supervisors have been described as enthusiastic, dedicated, and invested in training and the professional growth of fellows. Finally, fellows have noted that the training they received in supervision significantly increased their supervision competency and is a noteworthy strength of this training program.

# Local Information

Downtown Pittsburgh skyline.

Pittsburgh is located in southwestern Pennsylvania, where the Monongahela and Allegheny Rivers meet to form the Ohio River. Contrary to popular belief, Pittsburgh is no longer the industrial steel town of the 50's and 60's. In 2017 WalletHub compared 62 of the largest U.S. cities and Pittsburgh ranked #3 of the best cities in which to live and CNBC named Pittsburgh the 2nd best city for millennials in 2017. Also in 2017, MONEY named the East Liberty and Lawrenceville neighborhoods as the #1 coolest neighborhoods in America! The downtown area and riverfront have undergone massive renovation, and several vibrant sub-communities have emerged over the past decade. An exciting blend of old and new, Pittsburgh is a city of history, business, culture, research, medicine, sports, and recreation that pleasantly surprises newcomers!

The largest metropolitan area in the Ohio Valley and Appalachia, Pittsburgh is a growing city. “The Steel City” has 446 bridges, creating a unique urban terrain within a beautiful natural valley. The city is home to numerous diverse cultural groups, and offers a variety of authentic world cuisines within our various districts. For lovers of the culinary arts, you will find a variety of coffee shops, bakeries, and restaurants. Rich in American history, Pittsburgh also has a growing art and cultural scene. It is the home of the Andy Warhol Museum, the Carnegie library system, and has numerous universities and colleges such as University of Pittsburgh, Carnegie Mellon, Duquesne, Carlow, and Chatham, creating a constant influx of energy, creative thought, and activity. There are also a wide variety of entertainment opportunities, including events at PPG Paints Arena, local music venues, as well as Broadway shows in the downtown theatre district. The city is ideal for families, with a local zoo, aquarium, the Phipps Conservatory and Botanical Gardens, and the National Aviary. Sports enthusiasts will be welcomed into the loyal hometown community, supporting the Pirates, Steelers, and Penguins. With its unique location, Pittsburgh also offers easy accessibility to a variety of city and state parks, water sports, caving systems, and wildlife preserves, creating a multitude of activities for naturalists.

For more information about our exciting city and the diversity of “the ‘Burgh”, view these websites:

* [www.visitpittsburgh.com](http://www.visitpittsburgh.com/)
* [www.pump.org](http://www.pump.org/)
* [www.coolpgh.pitt.edu](http://www.coolpgh.pitt.edu/)
* [www.vibrantpittsburgh.org](http://www.vibrantpittsburgh.org/)

Downtown Pittsburgh skyline from Mt. Washington with the Incline in the foreground.

# Application & Selection Procedures

Prior to the start of the fellowship, a candidate must have completed the following requirements:

1. Have received a doctorate from an American Psychological Association (APA) or Canadian Psychological Association (CPA) accredited graduate program in Clinical, Counseling, or Combined psychology or Psychological Clinical Science Accreditation System (PCSAS) accredited program in Clinical Science. Persons with a doctorate in another area of psychology who meet the APA or CPA criteria for respecialization training in Clinical, Counseling, or Combined Psychology are also eligible.
2. Have completed an internship program accredited by APA or CPA or have completed a VA-sponsored internship.

The Department of Veterans Affairs (VA) adheres to all Equal Employment Opportunity and Affirmative Action policies. As a Veterans Health Administration (VHA) Health Professions Trainee (HPT), you will receive a Federal appointment, and the following requirements will apply prior to that appointment:

1. **U.S. citizenship**. VA is unable to consider applications from anyone who is not currently a U.S. citizen. Verification of citizenship is required following selection. All fellows must complete a Certification of Citizenship in the United States prior to beginning VA training.
2. **U.S. Social Security Number.** All VA appointees must have a U.S. social security number (SSN) prior to beginning the pre-employment, on-boarding process at the VA.
3. **Selective Service Registration**. Male applicants born after 12/31/1959 must have registered for the Selective Service by age 26 to be eligible for U.S. government employment, including selection as a paid or WOC VA trainee. For additional information about the Selective Service System, and to register or to check your registration status visit <https://www.sss.gov/>. Anyone who was required to register but did not register before the age of 26 will need to apply for a Status Information Letter (SIL) and request a waiver. Waiver requests are rare and will be reviewed on a case by case basis. Waiver determinates are made by the VA Office of Human Resources Management and can take six months for a verdict.
4. **Fingerprint Screening and Background Investigation.** All HPTs will be fingerprinted and undergo screenings and background investigations. Additional details about the required background checks can be found at the following website: <http://www.archives.gov/federal-register/codification/executive-order/10450.html>.
5. **Drug Testing.** Per Executive Order 12564 the VA strives to be a Drug-Free Workplace. HPTs are not drug-tested prior to appointment, however will be subject to random drug testing throughout the entire VA appointment period. You will be asked to sign an acknowledgement form stating you are aware of this practice.
6. **TQCVL.** To streamline on-boarding of HPTs, VHA OAA requires completion of a Trainee Qualifications and Credentials Verification Letter (TQCVL). Following the selection process and prior to the start of training, the VA Training Director is required to complete the TQCVL. This document confirms that you, the trainee, are physically fit to meet the requirements of the training program and that you have appropriate tuberculosis screening as well as other immunizations (i.e., Hepatitis B) required to work in a healthcare facility. A recent addition to the TQCVL is the requirement for annual influenza vaccine. Your VA appointment cannot happen until you submit the above required documents for the TQCVL to the training director and the TQCVL is submitted and signed by senior leadership from the VA facility.  For more information about this document, please visit <https://www.va.gov/OAA/TQCVL>.
7. **Additional Forms.** Additional pre-employment forms include the Application for Health Professions Trainees (VA 10-2850D) and the Declaration for Federal Employment (OF 306).  These documents and others are available online for review at <https://www.va.gov/oaa/app-forms.asp>. Falsifying any answer on these required Federal documents will result in the inability to appoint or immediate dismissal from the training program.
8. **Proof of Identity per VA.** VA on-boarding requires presentation of two source documents (IDs).  Documents must be unexpired and names on both documents must match.  For more information visit: <https://www.oit.va.gov/programs/piv/_media/docs/IDMatrix.pdf>

Applicants who have completed VA internships and who have an interest in a VA career are strongly encouraged to apply. Appropriate candidates will be familiar with general psychological assessment instruments and will have intervention skills commensurate with having completed an internship. Applicants with both clinical and research experience in the area of focus are highly desirable. We value applicants with the ability to engage in scholarly inquiry and critical analysis of the scholarly literature. Given our focus on providing evidence based treatment to our veterans, we value applicants who have training in evidence based treatment approaches. Further, given the diversity of the veterans receiving treatment through the VA Pittsburgh Healthcare System, we encourage applicants from graduate and internship programs with a multicultural focus and experience with ethnic, cultural, and social minority groups. Our fellowship program values cultural and individual diversity and strongly encourages qualified applicants from all backgrounds to apply. We adhere to all EEO guidelines. The United States government is a non-discriminatory, affirmative action employer. Federal law prohibits discrimination based on age, sex, race, creed, color, religion, handicap or national origin.

***Applicants may apply to more than one program or focus area. The application process formally begins when an applicant submits the following materials:***

1. Cover letter indicating to which to which focus area(s) the applicant is applying (i.e., interprofessional care, PTSD, SUD), status on internship with expected completion date, and status of dissertation/doctoral project with anticipated completion date.
2. Official transcripts of all graduate work in psychology.
3. Current curriculum vitae.
4. Three letters of recommendation with at least one from a primary clinical supervisor who can describe clinical work and skills in the emphasis area of interest.
5. Letter from the applicant’s dissertation chairperson verifying the applicant’s current status on his/her dissertation research. If an applicant’s dissertation is not completed at the time of application, this letter should also include the chairperson’s estimate of when the applicant’s dissertation will be completed.
6. Letter from the applicant’s internship director of clinical training verifying the applicant’s internship status and expected completion date.
7. A personal statement describing: history of applicant’s interest in Clinical psychology focus area, self-assessment of training needs with goals for fellowship, and statement of career goals (one-page limit).

All applications must be submitted via the APPA CAS [APPIC Psychology Postdoctoral Application] online centralized application system. No paper applications will be accepted or reviewed. The APPA CAS can be accessed via the following link: [https://appicpostdoc.liaisoncas.com](https://appicpostdoc.liaisoncas.com/)

The deadline for all completed application materials is January 3, 2021. Only applications completed by this deadline will be considered.

Applications will be reviewed by three independent reviewers of the Clinical Training Committee and rated on a 10-point scale. Applicants are then ranked by total score (0-30 total) and selected applicants will be invited for interviews. Invited applicants are required to attend a virtual interview. We are only offering virtual interviews; no on-site interviews will be offered or permitted. We are currently redesigning our virtual interview day process, which will likely include a general overview of the training program, individual interviews with supervisors, and opportunity to informally interact with the current fellows. Our website will be updated in the near future with our specific interview dates, processes, and requirements once details are finalized. Points obtained during the interview process are added to the application score and offers are rendered per a rank order list created by total point score. Our program will abide by the APPIC postdoctoral selection guidelines. As such, we will extend offers on February 22, 2021 and candidates will be granted 2 hours to respond to the offer before the offer is extended to the next candidate. If a candidate receives an offer from another program earlier than 2/22/2021, we may extend an earlier offer if appropriate.

Questions regarding the application process can be directed to Dr. Bernadette Pasquale at [Bernadette.Pasquale@va.gov](mailto:Bernadette.Pasquale@va.gov).

# Postdoctoral Residency Admissions, Support, and Initial Placement Data

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| **Date Program Tables are updated: 9/02/2020** | | | | | | | | |  |  |  |  |  |  |  |  |
| **Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program’s policies on resident selection and practicum and academic preparation requirements:** | | | | | | | | |  |  |  |  |  |  |  |  |
| Applicants who have completed VA internships and who have an interest in a VA career are strongly encouraged to apply. Appropriate candidates will be familiar with general psychological assessment instruments and will have intervention skills commensurate with having completed an internship. Applicants with both clinical and research experience in the area of focus are highly desirable. We value applicants with the ability to engage in scholarly inquiry and critical analysis of the scholarly literature. Given our focus on providing evidence based treatment to our veterans, we value applicants who have training in evidence based treatment approaches. Further, given the diversity of the veterans receiving treatment through the VA Pittsburgh Healthcare System, we encourage applicants from graduate and internship programs with a multicultural focus and experience with ethnic, cultural, and social minority groups. Our fellowship program values cultural and individual diversity and strongly encourages qualified applicants from all backgrounds to apply. We adhere to all EEO guidelines. The United States government is a non-discriminatory, affirmative action employer. Federal law prohibits discrimination based on age, sex, race, creed, color, religion, handicap or national origin. | | | | | | | | |  |  |  |  |  |  |  |  |
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| **Describe any other required minimum criteria used to screen applicants:** | | | | | | | | |  |  |  |  |  |  |  |  |
| The Department of Veterans Affairs (VA) adheres to all Equal Employment Opportunity and Affirmative Action policies. As a Veterans Health Administration (VHA) Health Professions Trainee (HPT), you will receive a Federal appointment, and the following requirements will apply prior to that appointment:   1. **U.S. citizenship**. VA is unable to consider applications from anyone who is not currently a U.S. citizen. Verification of citizenship is required following selection. All fellows must complete a Certification of Citizenship in the United States prior to beginning VA training. 2. **U.S. Social Security Number.** All VA appointees must have a U.S. social security number (SSN) prior to beginning the pre-employment, on-boarding process at the VA. 3. **Selective Service Registration**. Male applicants born after 12/31/1959 must have registered for the Selective Service by age 26 to be eligible for U.S. government employment, including selection as a paid or WOC VA trainee. For additional information about the Selective Service System, and to register or to check your registration status visit <https://www.sss.gov/>. Anyone who was required to register but did not register before the age of 26 will need to apply for a Status Information Letter (SIL) and request a waiver. Waiver requests are rare and will be reviewed on a case by case basis. Waiver determinates are made by the VA Office of Human Resources Management and can take six months for a verdict. 4. **Fingerprint Screening and Background Investigation.** All HPTs will be fingerprinted and undergo screenings and background investigations. Additional details about the required background checks can be found at the following website: <http://www.archives.gov/federal-register/codification/executive-order/10450.html>. 5. **Drug Testing.** Per Executive Order 12564 the VA strives to be a Drug-Free Workplace. HPTs are not drug-tested prior to appointment, however will be subject to random drug testing throughout the entire VA appointment period. You will be asked to sign an acknowledgement form stating you are aware of this practice. 6. **TQCVL.** To streamline on-boarding of HPTs, VHA OAA requires completion of a Trainee Qualifications and Credentials Verification Letter (TQCVL). Following the selection process and prior to the start of training, the VA Training Director is required to complete the TQCVL. This document confirms that you, the trainee, are physically fit to meet the requirements of the training program and that you have appropriate tuberculosis screening as well as other immunizations (i.e., Hepatitis B) required to work in a healthcare facility. A recent addition to the TQCVL is the requirement for annual influenza vaccine. Your VA appointment cannot happen until you submit the above required documents for the TQCVL to the training director and the TQCVL is submitted and signed by senior leadership from the VA facility.  For more information about this document, please visit <https://www.va.gov/OAA/TQCVL>. 7. **Additional Forms.** Additional pre-employment forms include the Application for Health Professions Trainees (VA 10-2850D) and the Declaration for Federal Employment (OF 306).  These documents and others are available online for review at <https://www.va.gov/oaa/app-forms.asp>. Falsifying any answer on these required Federal documents will result in the inability to appoint or immediate dismissal from the training program. 8. **Proof of Identity per VA.** VA on-boarding requires presentation of two source documents (IDs).  Documents must be unexpired and names on both documents must match.  For more information visit: <https://www.oit.va.gov/programs/piv/_media/docs/IDMatrix.pdf> | | | | | | | | |  |  |  |  |  |  |  |  |
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| **Financial and Other Benefit Support for Upcoming Training Year\*** | | |
| Annual Stipend/Salary for Full-time Residents | **$47,496** | |
| Annual Stipend/Salary for Half-time Residents | N/A | |
| Program provides access to medical insurance for resident? | **Yes** | No |
| **If access to medical insurance is provided:** |  | |
| Trainee contribution to cost required? | **Yes** | No |
| Coverage of family member(s) available? | **Yes** | No |
| Coverage of legally married partner available? | **Yes** | No |
| Coverage of domestic partner available? | Yes | **No** |
| Hours of Annual Paid Personal Time Off (PTO and/or Vacation) | **13 Days** | |
| Hours of Annual Paid Sick Leave | **13 Days** | |
| In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave? | **Yes** | No |
| Other Benefits (please describe): Maternity/Paternity leave is also available through use of sick leave, annual leave, and then Leave Without Pay (LWOP), with any LWOP hours to be made up at the end of the training year. In addition to the annual leave and sick leave, fellows may be granted time away for approved training activities and conferences and taking the psychology licensure examination. | | |
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| \*Note. Programs are not required by the Commission on Accreditation to provide all benefits listed in this table | | |

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| **Initial Post-Residency Positions** |  |  |
| (Provide an Aggregated Tally for the Preceding 3 Cohorts) |  |  |
|  | **2016-2019** | |
| Total # of residents who were in the 3 cohorts | **9** | |
| Total # of residents who remain in training in the residency program | **0** | |
|  | **PD** | **EP** |
| Community mental health center | 0 | 0 |
| Federally qualified health center | 0 | 0 |
| Independent primary care facility/clinic | 0 | 0 |
| University counseling center | 0 | 0 |
| Veterans Affairs medical center | 0 | **6** |
| Military health center | 0 | 0 |
| Academic health center | 0 | **1** |
| Other medical center or hospital | 0 | 0 |
| Psychiatric hospital | 0 | 0 |
| Academic university/department | 0 | 0 |
| Community college or other teaching setting | 0 | 0 |
| Independent research institution | 0 | 0 |
| Correctional facility | 0 | 0 |
| School district/system | 0 | 0 |
| Independent practice setting | 0 | **1** |
| Not currently employed | 0 | 0 |
| Changed to another field | 0 | 0 |
| Other | 0 | **1** |
| Unknown | 0 | 0 |
| Note: “PD” = Post-doctoral residency position; “EP” = Employed Position. Each individual represented in this table should be counted only one time. For former trainees working in more than one setting, select the setting that represents their primary position. | | |

# Psychologist Training Supervisors

***Rebecca Reese Akcakaya, Ph.D.,*** is a staff psychologist in the Primary Care Mental Health Integration program and on the Behavioral Health Omega (anxiety disorders) treatment team at University Drive. Dr. Akcakaya earned her doctorate in clinical health psychology from Washington University in St. Louis in 2012. She completed her pre-doctoral internship at the Boston Consortium with primary placements in Behavioral Medicine and the National Center for PTSD at VA Boston Healthcare System. She completed fellowship training at VA Boston, and also served as the expert psychologist and trainer on the VA nationwide provider training program for transgender veteran care, called Transgender SCAN-Echo. Dr. Akcakaya’s interests include pre-surgical and pre-treatment psychosocial assessment, health behavior change, psychosocial adjustment to chronic illness, transgender care, and development of programs for female veterans.

***Susann Schmitt Anderson, Psy.D.,*** is a staff psychologist in the Center for Treatment of Addictive Disorders. Dr. Schmitt Anderson earned her doctorate in clinical psychology from Wright State University in 2016. She completed her internship at the Kansas City VA Medical Center and continued her training as a post-doctoral fellow in the Center for Treatment of Addictive Disorders at VAPHS. Dr. Schmitt Anderson is a supervisor for the fellow on the Substance Use Disorders rotation. Her clinical interests are co-occurring trauma and SUD, motivational interviewing, couples therapy for SUD, and Acceptance and Commitment Therapy. Dr. Schmitt Anderson has completed VA training and consultation in Acceptance and Commitment Therapy for Depression, Cognitive Processing Therapy, and Motivation Interviewing, and she has provider status.

***Shannon L. Coleman, Ph.D.*** is a clinical psychologist at the VA Pittsburgh Healthcare System in the Combat Stress Recovery Clinic (CSRC). She earned her doctorate in clinical psychology at Binghamton University (SUNY) after completion of her internship at the Pittsburgh VA Healthcare System. Dr. Coleman supervises psychology fellows on the PTSD rotation. She is a VA recognized provider of Prolonged Exposure (PE), Cognitive Processing Therapy (CPT), and Cognitive Behavioral Conjoint Therapy – PTSD (CBCT-PTSD).  Dr. Coleman is also a consultant for the National Center for PTSD Prolonged Exposure Therapy Initiative.  Her clinical and research interests have focused on the use of evidence-based psychotherapies for PTSD, the cognitive processes associated with the development of anxiety disorders, the relationship between anger and trauma, and understanding and addressing barriers to treatment.  Dr. Coleman also serves as clinical consultant and liaison to local Vet Centers.

***Kathleen A. DeNardi, Ph.D****.* is a clinical psychologist at the VA Pittsburgh Healthcare System in the Combat Stress Recovery Clinic. She earned her doctorate in clinical psychology at Miami University in 2008 after completing her clinical internship at the VA Western New York Healthcare System. Dr. DeNardi specializes in the assessment and treatment of veterans diagnosed with both PTSD and comorbid substance use disorders and serves as a supervisor for the fellow in the PTSD emphasis. Her clinical and research interests have focused on PTSD, Substance Use Disorders, combat stress, sexual trauma and interpersonal violence. Dr. DeNardi has completed VA training and consultation in Prolonged Exposure and Cognitive Processing Therapy and has provider status.  She is also a national consultant for the National Center for PTSD Prolonged Exposure Therapy Initiative.

***Maria El-Tahch, PsyD.*** is a staff psychologist at the Center for Treatment of Addictive Disorders. Dr. El-Tahch earned her doctorate in clinical psychology in 2017 from Nova Southeastern University. She completed her internship at the North Florida/South Georgia Veterans Health System in 2017, and a fellowship in clinical health psychology with the Louis Stokes Cleveland VA Medical Center in 2018. Her clinical interests include health psychology and substance use, chronic pain, motivational interviewing (MI), cognitive-behavioral therapy, and social determinants of health. Dr. El-Tahch has completed VA training and consultation in Motivational Interviewing and Acceptance and Commitment Therapy for Depression (ACT-D)  and has provider status.

***Alyssa Ford, PhD***, is the Primary Care Mental Health Integration Program Lead and Psychosocial Oncology Coordinator at VA Pittsburgh Healthcare System. She provides clinical care at University Drive division clinics. She earned a doctorate in counseling psychology from Western Michigan University in 2012, completed clinical internship (primary care track) at the University of Colorado School of Medicine, and did post-doctoral work at the University of Kansas Cancer Center. Dr. Ford’s interests include integrated health psychology program development, chronic disease management, psycho-oncology, geriatric health psychology, capacity assessment, and integrated ethics.

***Leigh Gemmell, Ph.D.*** is the Program Manager for the Center for Treatment of Addictive Disorders. She earned her doctorate in clinical psychology at the University of Maryland, Baltimore County in 2007 after completing her internship at VA Pittsburgh Healthcare System (VAPHS). She participated in a fellowship program in health services research at VAPHS’s Center for Health Equity Research and Promotion (CHERP), and a fellowship program in psycho-oncology and transplant medicine at the Starzl Transplantation Institute at the University of Pittsburgh Medical Center. Dr. Gemmell’s clinical and research interests include health psychology, Motivational Interviewing, substance use disorders, self-management of chronic conditions, and pain management. Dr. Gemmell is a supervisor for the fellow in the Substance Use Disorder emphasis. Dr. Gemmell has completed VA training and consultation in the Evidence-Based Practice of Cognitive Behavioral Therapy for Depression, and she has provider status.

***Melissa Johnson, Ph.D.*** is a staff psychologist at the Center for Treatment of Addictive Disorders.  Dr. Johnson earned her doctorate in clinical psychology from the University of Minnesota in 2011.  She completed her internship at VA Maryland Healthcare System in Baltimore and continued her training as a post-doctoral fellow at the Baltimore MIRECC.  Dr. Johnson is a supervisor for the fellow on the Substance Use Disorders rotation. Her clinical interests include substance use disorders, trauma, and borderline personality disorder. She has completed VA training and has provider status for CBT-SUD and Cognitive Processing Therapy. She also serves as a CBT-SUD consultant.

***Roksana Korchynsky, Ph.D.*** is a staff psychologist and Military Sexual Trauma program coordinator at VA Pittsburgh Healthcare System. She is also the MST point of contact for VISN 4, which encompasses 10 VA medical centers. Additionally, Dr. Korchynsky is the Evidence-Based Psychotherapies Coordinator for VAPHS and is a VA-recognized Cognitive Processing Therapy provider. Dr. Korchynsky earned her doctorate in clinical psychology from Bowling Green State University in 2000. She completed her internship at VA Pittsburgh Healthcare System in 2000. Dr. Korchynsky specializes in the assessment and treatment of post-traumatic stress disorder secondary to sexual trauma in both male and female veterans and is the supervisor for the MST elective for the fellow in the PTSD emphasis. Her clinical and research interests have focused on stress-related health issues in women and trauma. She is a VA-recognized provider for: Cognitive Processing Therapy (CPT), Cognitive Behavioral Therapy (CBT), Acceptance and Commitment Therapy (ACT). Regional CPT Trainer & Consultant

***Anya Moon, Ph.D.*** is a staff psychologist at the VA Pittsburgh Healthcare System Center for Treatment of Addictive Disorders. Dr. Moon earned her doctorate in counseling psychology in 2008 from Virginia Commonwealth University. She completed her internship at the Bureau of Prisons Federal Medical Center, Devens in 2008, and she completed a health psychology fellowship with the VA Connecticut Healthcare System in 2009. Her primary clinical and research interests include mindfulness-based therapies, Acceptance and Commitment Therapy, and compulsive sexual behaviors. She is a supervisor for the fellow in the Substance Use Disorder emphasis. Dr. Moon has completed VA training and consultation in Cognitive Processing Therapy for PTSD and ACT for Depression and has provider status. She also serves as a Consultant and Regional Trainer for ACT-D.

***Jebediah Northern, Ph.D,*** is a staff psychologist in the Primary Care clinic at H.J. Heinz Division of VA Pittsburgh Healthcare System. He earned his doctorate in clinical psychology from Bowling Green State University in 2010, completing the Health Psychology Track. Dr. Northern completed his clinical internship as well as his fellowship in clinical psychology with an emphasis in geropsychology at the VA Pittsburgh Healthcare System in 2010 and 2011, respectively. Dr. Northern’s primary clinical and research interests are in health psychology, ACT, CBT, insomnia, Motivational Interviewing, and geropsychology. He is also trained in the delivery of services via Clinical Video Telehealth (CVT). Dr. Northern is one of the primary supervisors for the interprofessional care emphasis.

***Bernadette M. Pasquale, Ph.D., ABPP*** is a staff geropsychologist at the VA Pittsburgh Healthcare System and is the Director of Clinical Training for the internship and fellowship programs. Dr. Pasquale earned her doctorate in clinical psychology from Ohio University in 1995. She completed her internship at the Miami VA Medical Center in 1994 and completed a geropsychology fellowship at the Cleveland VA Medical Center in 1996. She is board certified in Geropsychology. Dr. Pasquale has clinical responsibilities in the Omega Outpatient BHIP and GEM/GDSC clinics. Dr. Pasquale has also completed VA training and consultation in Cognitive Behavioral Therapy for Depression and has provider status.

***Phillip (Drew) Raab, Ph.D., ABPP*** is a staff psychologist in the Combat Stress Recovery Clinic. He earned his doctorate degree from the University of Hawai’i at Manoa in 2015 and is Board Certified in Behavioral and Cognitive Psychology. He completed his internship at VA Ann Arbor Healthcare System/University of Michigan and clinical psychology fellowship with focus in PTSD at the VA Pittsburgh Healthcare System. Dr. Raab’s primary clinical and research interests include evidence-based treatment of PTSD, treatment of anger and aggression, culturally-informed case conceptualization, and training and supervision. Dr. Raab has completed VA training and consultation in Cognitive Processing Therapy and Prolonged Exposure for PTSD and has provider status. He is involved in VA’s Whole Health Initiative through provision of the Mantram Repetition Program.

***Jody Tomko, Ph.D.,*** is a staff psychologist in the Primary Care clinic at H.J. Heinz Division of VA Pittsburgh Healthcare System. She earned her doctorate in counseling psychology from Western Michigan University in 2008. Dr. Tomko completed her clinical internship at VA Western New York Healthcare System in 2008. Dr. Tomko’s primary clinical and research interests are in cognitive-behavioral therapy, Motivational Interviewing, geropsychology, health behavior change, and cultural diversity. Dr. Tomko has competed VA training and consultation in Cognitive Behavioral Therapy for Depression, Motivational Interviewing, and Problem Solving Training and has provider status. She is also trained in the delivery of Clinical Video Telehealth (CVT). Dr. Tomko is one of the primary supervisors for the interprofessional care emphasis.

***P. Taylor Van Zile IV, Ph.D.*** is a staff psychologist at the VA Pittsburgh Healthcare System Center for Treatment of Addictive Disorders. Dr. Van Zile earned his doctorate in clinical psychology in 2017 from The Gordon F. Dener Institute for Advanced Psychological Studies. He completed his internship at Jacobi Hospital, a trauma one hospital in Bronx, NY, in 2017, and he completed a substance use disorders fellowship with the VA Pittsburgh Healthcare System in 2018. His primary clinical interests include mindfulness-based therapies, Acceptance and Commitment Therapy, psychodynamic psychotherapy, and psychoanalysis.