

Clinical Psychology Internship

2013 - 2014

**Veterans Affairs Medical Center
Portland, Oregon**



VA | Defining
HEALTH CARE | **EXCELLENCE**
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Welcome

The Training Committee at the Portland VA Medical Center appreciates your interest in our predoctoral psychology internship. Accredited by the American Psychological Association's Office of Program Consultation and Accreditation since 1978,* the internship continues a strong commitment to fostering clinical skills and professional identity in interns. The Portland VAMC psychology staff values collegial working relationships with interns as well as the opportunity to teach and provide supervision.

In addition to the benefits of the training program, living in the Greater Portland Metropolitan Area offers the best of urban and outdoor life. Portland is an extremely livable city, replete with restaurants, music, shopping, and natural beauty. In Portland it's literally possible to take a morning ski run on Mt. Hood's glacier, windsurf in the Columbia during the afternoon, and catch dinner and theatre downtown in the evening. We hope you enjoy living here as much as we do.

Thank you for considering Portland VA Medical Center for your predoctoral psychology internship. We look forward to reviewing your application.

Sincerely,

Elizabeth (Betsy) Goy, Director of Training

Psychology Training Committee:

Chris Anderson, Darin Bergen, Bret Fuller, Linda Gonzales, Marilyn Huckans, Katie McCall, Adam Nelson, Dan Storzbach, Malinda Trujillo, Amy Wagner, and Mark Ward

Next site visit due in 2017

*American Psychological Association

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About Us



The Portland Veterans Affairs Medical Center is an attractive and vital health care center. In addition to comprehensive medical and mental health services, the Portland VAMC supports ongoing research and medical education. The Portland VAMC is connected to OHSU structurally by a beautiful sky bridge and functionally by shared staff, trainees, and educational opportunities.

The Vancouver, Washington division of the Portland VAMC is located just across the Columbia River. This spacious campus houses long-term rehabilitation programs, a skilled nursing facility, substance abuse treatment program, PTSD clinic, post-deployment clinic, and primary care.

The Portland VAMC values diversity in our staff. As an equal opportunity training program, the internship welcomes and strongly encourages applications from all qualified candidates, regardless of racial, ethnic, religious, sexual orientation, disability, or other minority status.



Training Program

Overview

The Portland VAMC continues a long-standing commitment to predoctoral psychology training. The Psychology Internship Training Program has been fully accredited by the American Psychological Association (APA) since 1978. Programs and training activities described in this brochure reflect the psychology staff's roles within the current organization of the Medical Center. We offer five internship positions for the 2013-2014 training year.

The Portland VAMC psychology staff consists of 48 clinical psychologists, with the majority holding faculty appointments in the Department of Psychiatry at the Oregon Health & Science University (OHSU). Thirty-six of these psychologists are directly involved in the internship training program. Settings across both campuses afford staff the opportunity for clinical practice, training, research, and administration. Psychology, psychiatry, social work, nursing, and other disciplines have a collaborative relationship throughout the Portland VAMC. Interns frequently work as part of multidisciplinary teams in addressing patient needs. Should it fit with mutual Intern and Supervisor goals of training, we are also pleased to provide the opportunity for interested Interns to train towards VA certification in Cognitive Processing Therapy, an evidence-based intervention for treatment of trauma.

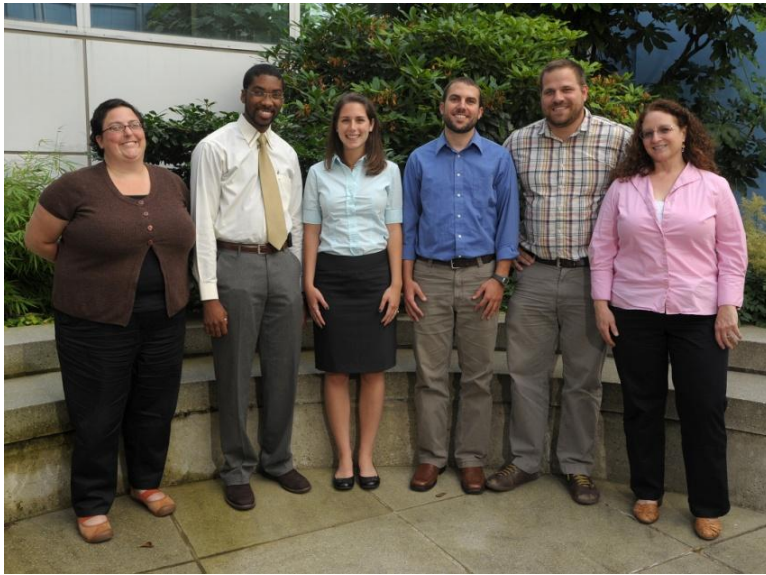
National VA guidelines designate this as a one-year, full-time, 2080 hour internship, including federal holidays, vacation, and sick days. The 2013-2014 internship training year will begin on July 1, 2013 (please note there will be approximately six weeks of overlap with the preceding internship cohort).

Philosophy of Training

The number one priority of the Portland VAMC internship program is to provide students with a positive, supportive training experience. Interns work reasonable hours, are provided ample supervision and didactic opportunities, and are treated as junior colleagues by the psychology staff. Professional development is a primary focus of our training, as we assist interns in transitioning from graduate school to a professional career. Our intent is to prepare students by the end of the internship year for entry-level professional positions or additional postdoctoral training. We follow a generalist model, focusing on skills of assessment, treatment, and consultation with diverse patient populations. In addition to developing professional competence, we expect interns to develop their own professional identity during the training year. This includes integration of professional and ethical behavior with articulation of one's preferred theoretical orientations, development of clinical specialties, or focused research endeavors.

The Portland VAMC internship believes that clinical practice should be influenced by the science of psychology, and vice versa. Therefore, we support clinical practices that are consistent with current scientific research literature, while also considering the variables found in real practice. We hope to develop psychologists who are capable of contributing to the professional literature through their own clinical research.

Throughout the internship, attention is given to the intern's professional development in the role of psychologist. This includes valuing patient welfare, assuming individual responsibility, demonstrating professional competence, and making ethical decisions. As a result, the Portland VAMC seeks interns who have solid clinical skills, the drive to work independently, and the ability to interact collegially with other psychologists.



Each intern is provided with a preceptor – a psychology staff mentor who offers information and support throughout the year. During the first week interns meet with their preceptors to develop a training program that will augment their existing strengths and address gaps in training as generalist psychologists. Factors considered during this process include the intern's career goals and previous preparation.

The goal of the internship is to provide interns with the following experiences they may not have had in previous training: 1) experience

with a variety of patient populations (e.g., older adults, women veterans); 2) breadth of experience working with different diagnoses (e.g., PTSD, substance use disorders, psychotic spectrum disorders); 3) ability to provide professional consultation and effective treatment in a variety of clinical settings in collaboration with diverse professions; and 4) ability to plan, conduct, and write psychological assessments (to be evaluated by review of two written assessment reports provided as work samples prior to the beginning of internship). Together, interns and their preceptors will complete a form outlining a preferred rotation combination that will be submitted to the Training Committee to assist with the rotation assignment process. Ultimately, rotation assignments will be made based upon preceptor recommendations, intern training needs, rotation coverage needs, and intern preferences.

Structure of the Internship

Because we believe that full-time immersion allows greater in-depth learning in a particular specialty area, each intern participates in three, 4-month long full-time training rotations. Rotations offered include Health Psychology, Neuropsychology, Outpatient Mental Health, Posttraumatic Stress Disorder Clinical Team, Psychotic Spectrum Disorders, and Substance Abuse Services. Each setting provides training in treatment and assessment within the generalist model, as well as clinical work with special populations or unique problems. A Psychology Assessment Clinic has been established to better meet the psychological evaluation needs of patients at the Medical Center and to ensure that all interns obtain comprehensive assessment training. This clinic accepts referrals from mental health and medical providers throughout the Medical Center. Interns on the Mental Health Clinic rotations will work one half day per week in the clinic. Interns on the Psychotic Spectrum Disorders rotation will spend one half day per week in the clinic. Generally, assessment cases and supervisors will be assigned to match the rotation training experiences. For example, Health Psychology interns will take referrals from general medical and medical specialty providers. Mental Health Clinic and Psychotic Spectrum Disorders interns will take referrals from mental health providers. This training opportunity may be available to interns on other rotations depending upon their training needs and/or professional development goals.

Research

Supervised clinical work is the main focus of training; however, up to four hours may be used each week for research and counted toward training hours. The training program strongly supports interns finishing their doctoral requirements, thus interns who have not completed the dissertation are required to utilize these hours for dissertation completion. Interns who have completed the dissertation may request to use this time for other research projects. Research hours during the work week must not interfere with clinical work and are contingent upon satisfactory progress in clinical training and demonstrated research productivity. Requests for research hours must be submitted in writing and approved by the Training Committee at the beginning of each rotation.

Stipend & Benefits

The stipend is currently \$25,274 for the internship year. Benefits include health and life insurance (intern pays part of premium), paid holidays, paid vacation and sick leave, free access to the Portland VAMC and OHSU libraries, and use of the Employee Fitness Center. Interns with children have access to low-cost child care located on the Portland Campus and have qualifying status for a VA child-care subsidy program.



Eligibility

A candidate for this predoctoral internship must have all required course work completed prior to beginning the internship. Preferably, candidates will have completed the major qualifying examination for the doctorate and have only minor dissertation requirements remaining. In all cases, it is expected that an intern has had a substantial amount of supervised clinical experience. An applicant with fewer than 1200 hours of practicum experience or fewer than 12 integrated (cognitive and personality) assessment reports is unlikely to be prepared for our setting.

In accordance with APA philosophy and VAMC policy, this internship is also offered to doctoral level psychologists who have returned to school to respecialize in clinical or counseling psychology. The applicant must be enrolled in an APA-approved clinical or counseling program, show documentation of adequate didactic and practicum preparations, and be approved for an internship by his/her Director of Clinical Training.

ELIGIBILITY REQUIREMENTS FOR ALL VA TRAINING PROGRAMS

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 interns and fellows must complete a Certification of Citizenship in the United States prior to beginning VA training.
2. A male applicant born after 12/31/1959 must have registered for the draft by age 26 to be eligible for any US government employment, including selection as a paid VA trainee. Male applicants must sign a pre-appointment Certification Statement for

Selective Service Registration before they can be processed into a training program. Exceptions can be granted only by the US Office of Personnel Management; exceptions are very rarely granted.

3. Interns and Fellows are subject to fingerprinting and background checks. Match result and selection decisions are contingent on passing these screens.
4. VA conducts drug screening exams on randomly selected personnel as well as new employees. Interns and Fellows are not required to be tested prior to beginning work, but once on staff they are subject to random selection for testing as are other employees.

ADDITIONAL ELIGIBILITY CRITERIA FOR INTERNSHIP

Internship applicants also must meet these criteria to be considered for any VA Psychology Internship Program::

1. Doctoral student in good standing at an APA-accredited graduate program in Clinical or Counseling psychology. Persons with a doctorate in another area of psychology who meet the APA criteria for respecialization training in Clinical or Counseling Psychology are also eligible.
2. Approved for internship status by graduate program training director.

ELIGIBILITY FOR VA EMPLOYMENT

To be eligible for employment as a VA Psychologist, a person must be a U.S. citizen and must have completed an APA-accredited graduate program in Clinical or Counseling psychology AND must have completed an APA-accredited internship in Psychology, with the emphasis area of the degree consistent with the assignment for which the applicant is to be employed. The only exception is for those who complete a new VA internship that is not yet accredited.

Diversity at PVAMC

The Portland VAMC values diversity in our staff. The DoT, Training Committee, Supervisors, and other staff model disclosing and welcoming diversity in the workplace. As an equal opportunity training program, the internship welcomes and strongly encourages applications from all qualified candidates, regardless of racial, ethnic, religious, sexual orientation, disability, or other minority status.

We are a program that places a high value on learning about and welcoming diversity into our midst. In 2011, PVAMC Psychology staff initiated a Multicultural and Diversity Task Force to undertake a far-reaching examination of ourselves as mental health service providers, teachers, and supervisors. The results of staff and trainee focus groups helped us to identify learning goals for our staff and our training programs, and the Task Force was soon converted to an ongoing Multicultural and Diversity Committee (MDC). The MDC now includes both staff and trainees, and provides educational events and consultation towards improving our knowledge, awareness and skills in practicing, teaching, and supervising in an inclusive environment. Future projects include the development of a multicultural mentorship program.

Interns are expected to demonstrate competence in working with culturally and individually diverse clients. Didactic Seminars are a chance to improve Interns' cultural competence as well as foster a workplace that appreciates diversity. Recent Didactic Seminars include:

- Working in a Hospital Culture
- Understanding Military Culture
- Spiritual Diversity

-
- Understanding Diversity in Gender & Sexual Identity
 - Sensitivity to Ethnicity in End-of-Life Care

Each Intern also presents one Seminar during the year on a self-directed topic concerning diversity or ethical/legal issues.

On an institutional level, PVAMC promotes diversity recruitment and retention through an active Equal Employment Opportunity (EEO) Program with an Advisory Committee as well as a Multicultural Diversity Network.

Special Emphasis Program Representatives (SEPRs) champion diversity concerns of particular groups including veterans, ethnic/ racial/ cultural groups, women, LGBT people, and people with disabilities. PVAMC was the first VA site to establish an LGBT SEPR position on its EEO Advisory Committee. The Multicultural Diversity Network holds varying special-emphasis programming for veterans and staff to highlight the presence of diversity in the facility and help others gain a more complete understanding of those who may be different from themselves: past examples include Asian-Pacific Islander Day, which features food and music from the diverse Asian and Pacific Islander cultures of PVAMC employees; LGBT movie presentations for LGBT Pride Month; and the Martin Luther King Day celebration.

Intern Classes' Demographics: From 2002 to 2012 graduation, among 55 Interns, 32 (58%) were women and 23 (42%) were men; 48 (87%) identified as Caucasian, 3 (5%) as Asian/Pacific Islander, 1 (2%) as Hispanic/Latino, 1 (2%) as African American, and 1 (2%) as Multiethnic; 5 (9%) identified as Lesbian, Gay, Bisexual, Transgender, Intersex, or Queer (LGBTIQ); and 1 (2%) identified as subject to the Americans with Disability Act. Forty-two (76%) were pursuing PhDs, and 13 (24%) were pursuing PsyDs.

Staff Demographics: Of 36 staff Supervisors, 19 (53%) are women and 17 (47%) are men; 27 (75%) identify as Caucasian, 4 (11%) as Multiethnic, 4 (11%) as Hispanic/Latino, and 1 (3%) as Asian/Pacific Islander; and 3 (8%) identify as LGBTIQ. 31 (86%) hold PhDs, and 5 (14%) hold PsyDs.

Of the 19 Psychologists (licensed and pre-license) hired from 2007 to 2012, 13 (68%) are women and 6 (32%) are men; 14 (74%) identify as Caucasian, 2 (11%) as Hispanic/Latino, 1 (5%) as Multiethnic, and 1 (5%) as Asian/Pacific Islander; and 3 (16%) identify as LGBTIQ. Fifteen (79%) hold PhDs, and 4 (21%) hold PsyDs.

Intern Life

Interns typically work a 40-hour week, Monday through Friday, from 8 a.m. to 4:30 p.m. Modifications may be made on occasion, depending on rotation-specific duties. Interns may request four hours each week to work on their dissertations or research projects.

The intern class shares two offices furnished with desks, computers, and telephones for each intern. Sharing space provides consultation opportunities with colleagues and builds camaraderie within the intern class. Past intern classes have reported that they prefer this arrangement to individual, isolating offices. The intern offices are adjacent to a shared postdoctoral resident office and the Mental Health Program Assistant's office.



At the end of each weekly didactic seminar and group supervision, interns are given one hour of "process" time during which they are encouraged to socialize with one another, discuss issues related to their individual rotations, and offer support to each other. Interns are encouraged to enjoy this time away from the Medical Center and build class cohesion. Past intern classes have explored Portland's excellent array of restaurants for this meeting, while others choose to relax on the waterfront or at a local park.

Typical Activities on the Health Psychology Rotation

Monday	
Morning	<ul style="list-style-type: none"> ▪ Hep C Treatment Support Group ▪ Supervision w/ Dr. Fuller ▪ Individual Client (Hep C/Behavioral Medicine)
Afternoon	<ul style="list-style-type: none"> ▪ Hep C Client: Pre-Interferon Evaluation ▪ Individual Client (Hep C/Behavioral Medicine)

Tuesday	
Morning	<ul style="list-style-type: none"> ▪ Post Deployment Clinic ▪ GM Psych Intake
Afternoon	<ul style="list-style-type: none"> ▪ Post Deployment Clinic ▪ Paperwork

Wednesday	
Morning	<ul style="list-style-type: none"> ▪ Research Hours
Afternoon	<ul style="list-style-type: none"> ▪ Intern Seminar ▪ Group Supervision ▪ Intern Process Time

Thursday	
Morning	<ul style="list-style-type: none"> ▪ Individual Clients (Hep C/Behavioral Medicine)
Afternoon	<ul style="list-style-type: none"> ▪ Hep C Treatment Team Case Conference ▪ Paperwork

Friday	
Morning	<ul style="list-style-type: none"> ▪ Individual Clients (Primary Care)
Afternoon	<ul style="list-style-type: none"> ▪ Individual Clients (Primary Care) ▪ Supervision w/ Dr. Mallon ▪ Paperwork

Typical Activities on the Mental Health Clinic Rotation

Monday	
Morning	<ul style="list-style-type: none"> ▪ Minor focus Clients
Afternoon	<ul style="list-style-type: none"> ▪ Minor focus Clients and Individual Supervision

Tuesday	
Morning	<ul style="list-style-type: none"> ▪ Individual Clients
Afternoon	<ul style="list-style-type: none"> ▪ Individual Supervision ▪ Group Preparation

Wednesday	
Morning	<ul style="list-style-type: none"> ▪ Individual Clients ▪ Co-lead Group, e.g. DBT Skills for Living
Afternoon	<ul style="list-style-type: none"> ▪ Intern Seminar ▪ Group Supervision ▪ Intern Process Time

Thursday	
Morning	<ul style="list-style-type: none"> ▪ Individual Supervision ▪ Individual Client ▪ Treatment Team Meeting ▪
Afternoon	<ul style="list-style-type: none"> ▪ Co-lead Group, e.g. ACT, Managing Your Moods, MBCT-Depression ▪ Debrief ▪ Individual Clients ▪ Assessment Supervision

Friday	
Morning	<ul style="list-style-type: none"> ▪ Paperwork ▪ Group Preparation ▪ Assessment Client
Afternoon	<ul style="list-style-type: none"> ▪ Research Hours

Typical Activities on the Neuropsychology Rotation

Monday	
Morning	<ul style="list-style-type: none">▪ Supervision - 1 hour▪ Writing Evaluations
Afternoon	<ul style="list-style-type: none">▪ Neuropsychological Assessment

Tuesday	
Morning	<ul style="list-style-type: none">▪ Testing
Afternoon	<ul style="list-style-type: none">▪ Scoring Tests▪ Completing Follow Ups

Wednesday	
Morning	<ul style="list-style-type: none">▪ Follow-Up Appointments or Writing Evaluations
Afternoon	<ul style="list-style-type: none">▪ Intern Seminar▪ Group Supervision▪ Intern Process Time

Thursday	
Morning	<ul style="list-style-type: none">▪ Testing @OHSU▪ OHSU Supervision
Afternoon	<ul style="list-style-type: none">▪ Scoring OHSU Tests▪ Writing Evaluations

Friday	
Morning	<ul style="list-style-type: none">▪ Follow-Up Testing▪ Writing Evaluations
Afternoon	<ul style="list-style-type: none">▪ Research Hours

Typical Activities on the Psychotic Spectrum Disorders Rotation

Monday	
Morning	<ul style="list-style-type: none"> ▪ Team Meeting (Inpatient Unit) ▪ Team Meeting with Patient ▪ Individual Therapy
Afternoon	<ul style="list-style-type: none"> ▪ Cognitive/Personality Testing ▪ Report writing ▪ Individual Supervision

Tuesday	
Morning	<ul style="list-style-type: none"> ▪ Interdisciplinary Morning Meeting ▪ Co-facilitate Psycho-educational and Process Groups: Recovery focus
Afternoon	<ul style="list-style-type: none"> ▪ Co-facilitate Psycho-educational and Process Groups: Recovery focus. ▪ Paperwork

Wednesday	
Morning	<ul style="list-style-type: none"> ▪ Team Meeting (Inpatient Unit) ▪ Team Meeting with Patient or Cognitive/Personality Testing ▪ Family Therapy
Afternoon	<ul style="list-style-type: none"> ▪ Intern Seminar ▪ Group Supervision ▪ Intern Process Time

Thursday	
Morning	<ul style="list-style-type: none"> ▪ Interdisciplinary Morning meeting ▪ Co-facilitate Psycho-educational and Process Groups: Recovery focus.
Afternoon	<ul style="list-style-type: none"> ▪ Report writing ▪ Individual therapy/case management ▪ Individual Supervision

Friday	
Morning	<ul style="list-style-type: none"> ▪ Paperwork ▪ Team Meeting (Inpatient Unit) ▪ Team Meeting with Patient or Inpatient Assessment
Afternoon	<ul style="list-style-type: none"> ▪ Research Hours

Typical Activities on the PTSD Rotation

Monday	
Morning	<ul style="list-style-type: none"> ▪ Intake Clinic ▪ Supervision
Afternoon	<ul style="list-style-type: none"> ▪ Individual Clients/Paperwork ▪ Group Treatment (e.g., Cognitive Processing Therapy) and Debriefing

Tuesday	
Morning	<ul style="list-style-type: none"> ▪ Individual Clients/Paperwork ▪ Group Treatment (e.g., Acceptance and Commitment Therapy) and Debriefing
Afternoon	<ul style="list-style-type: none"> ▪ Individual Clients/Paperwork

Wednesday	
Morning	<ul style="list-style-type: none"> ▪ Individual Clients/Paperwork ▪ PTSD Clinical Team (PCT) Meeting
Afternoon	<ul style="list-style-type: none"> ▪ Intern Seminar ▪ Group Supervision ▪ Intern Process Time

Thursday	
Morning	<ul style="list-style-type: none"> ▪ Individual Clients/Paperwork ▪ PTSD Symptom Management Group and Debriefing
Afternoon	<ul style="list-style-type: none"> ▪ Individual Clients/Paperwork

Friday (alternating - every other Friday is research time)	
Morning	<ul style="list-style-type: none"> ▪ Individual Clients/Paperwork
Afternoon	<ul style="list-style-type: none"> ▪ Individual Clients/Paperwork ▪ Supervision

Typical Activities on the Substance Abuse Rotation

Monday	
Morning	<ul style="list-style-type: none"> ▪ Team Meeting ▪ Class of 1945 Group ▪ Charting ▪ Paperwork
Afternoon	<ul style="list-style-type: none"> ▪ Initial Treatment Psychoeducational Group ▪ Initial Treatment Core Groups ▪ Paperwork/Readings

Tuesday	
Morning	<ul style="list-style-type: none"> ▪ Individual Client ▪ Class of 1945 Group ▪ Supervision
Afternoon	<ul style="list-style-type: none"> ▪ Paperwork ▪ Charting ▪ Team Meeting ▪ Write Notes/Reading ▪ Liver Transplant Candidacy Evaluation

Wednesday	
Morning	<ul style="list-style-type: none"> ▪ Complex Addictions Team Meeting ▪ Report Writing ▪ Paperwork ▪ Readings ▪ Continuing Care Group
Afternoon	<ul style="list-style-type: none"> ▪ Intern Seminar ▪ Group Supervision ▪ Intern Process Time

Thursday	
Morning	<ul style="list-style-type: none"> ▪ Paperwork/Readings ▪ Supervision ▪ Individual Client ▪ Charting ▪ Paperwork
Afternoon	<ul style="list-style-type: none"> ▪ Liver Selection Conference ▪ Supervision

Friday	
Morning	<ul style="list-style-type: none"> ▪ Team Meeting
Afternoon	<ul style="list-style-type: none"> ▪ Research Hours

Training Rotation Descriptions

Health Psychology and Integrated Care

Supervisors: Drs. Fuller and Mallon. The Health Psychology rotation is an interdisciplinary experience designed to prepare interns for new and evolving roles as psychologists in medical settings. Interns learn consultation, assessment, and treatment skills in a variety of settings, including the General Medicine Psychiatry Clinic and the Hepatitis C Resource Center (HCRC). Interns have a unique opportunity to work directly with medical care providers to assess patients during physician visits and to provide psychological counseling and education to patients with medical concerns. Interns will also provide brief psychotherapy and supportive counseling to those veterans in need of more in-depth services.

The General Medicine-Psychiatry Clinic (GM-Psych) is a consultation and treatment service that serves patients and primary care providers in the VA's Primary Care Clinic. Its mission is to provide evaluation, and when indicated, short-term treatment for medical patients who have concurrent mental health issues, which frequently are related to their medical problems. For example, patients may be struggling to implement lifestyle changes to ameliorate their medical conditions, or may be facing a new, serious medical diagnosis. The challenge is to function as a generalist mental health provider, and prioritize intervention strategies with patients who typically have several interrelated problems. Meeting the needs of the medical provider who refers the patient is as important as meeting the needs of the patient. The intern will also gain experience with evaluation of veterans participating in the Post-Deployment Clinic. Typically, about half the intern's time is devoted to evaluations, and half to treatment. Intern goals for the training experience are solicited in order to help determine the specific cases assigned. Dr. Mallon is the Clinical Supervisor for this component of the rotation.

The Hepatitis C Clinical Case Conference facilitates integrated care of veterans with hepatitis C, and interns serve as members of a multidisciplinary care team. Interns conduct evaluations for patients being considered for interferon and ribavirin combination therapy (IFN/RBV). Interns may also work with these patients to help them prepare for IFN/RBV and to help them manage neuropsychiatric side effects throughout the course of treatment. Typically patients will be triple-diagnosed with medical, mental health, and substance abuse diagnoses. Additionally, interns may work with several other behavioral medicine cases not involving hepatitis C; typical issues include chronic pain, psychosomatic disorders, and mental disorders secondary to a medical condition. Dr. Fuller is the Clinical Supervisor.

Mental Health Clinic

Supervisors: Drs. Goy and Ortola. The Mental Health Clinic is located adjacent to the main hospital in Portland with a branch at the Vancouver division. The clinic staff members are multidisciplinary and include psychiatrists, psychologists, nurses, social workers, counselors, and recreation therapists. Providing training is a priority for all clinic staff, and interns are encouraged to consult with providers from other disciplines. Interns join a multidisciplinary treatment team and meet with the team to staff intake assessments and complex cases. Interns are encouraged to focus on professional development as well as on clinical training. Supervision is intended to maximize individuation of the intern as a developing professional, and is tailored to individual strengths and needs. Listed below are some of the experiences available on this rotation.

General Outpatient Mental Health. Interns have the opportunity to gain exposure to the full spectrum of mental health diagnoses. Breadth of training is encouraged by offering interns

exposure to new demographic groups, diagnostic groups, and treatment approaches, which develop general mental health clinician competencies (e.g. intake assessments, diagnostic assessments, group and individual therapy). Drs. Goy and Ortola provide supervision for general outpatient mental health cases. Depth of training is encouraged by supporting interns in developing more expertise in their particular interest areas through an optional minor rotation focus. Minor rotation focus activities may include Couples/Family Therapy, Dialectical Behavior Therapy, Geropsychology/Palliative Care Psychology, or Rural/Telemental Health.

Group Therapy. The MHC offers a variety of ongoing and recurrent groups, many of which are empirically supported treatments. Some of these include Managing Your Moods, (psychoeducational group incorporating cognitive, behavioral, and mindfulness interventions), Mindfulness-Based Cognitive Therapy for Depression, ACT For Your Life, Anger Management, Stress Management, Dialectical Behavior Therapy, WWII/Korean Veterans (process) and Loss (process) groups. Interns co-facilitate, on average, four psychoeducational and/or process groups during this rotation. Dr. Ortola supervises the group therapy component of the rotation.

Assessment Clinic. Interns work one half day each week in the Psychology Assessment Clinic. Mental Health Clinic interns respond to assessment requests from mental health providers and conduct cognitive, personality, and diagnostic evaluations to answer referral questions. Dr. Ward coordinates this training experience and provides supervision for assessments.

Neuropsychology

Supervisors: Drs. Huckans, Nelson, and Storzbach. Neuropsychology serves the entire state of Oregon and much of southern Washington. While many referrals come from Neurology, patients are seen from all services and have a wide variety of neurological diseases or suspected brain dysfunction. Neuropsychology provides assessment of patients with possible brain dysfunction for diagnostic and treatment purposes, individual and group counseling to patients and their families, and consultation on patient management. The training experience is designed to enhance the specialized skills of interns with prior neuropsychology experience and to allow novices the opportunity to learn basic skills while providing useful clinical service. The assessment approach combines structured and flexible techniques. Interns also have the opportunity to work in OHSU neuropsychology clinics with adults or children. Interns attend seminars that provide theoretical and practical reviews of current issues including formal case presentations, Neuropsychology Case Conferences, and Neurology Grand Rounds. Interns will generally complete 20 to 25 neuropsychological assessments while on this rotation.

Posttraumatic Stress Disorder (PTSD)

Supervisors: Drs. Grodin, Hugelshofer, Powch, Súniga, and Wagner. Interns on this rotation work as integral members of the PTSD Clinical Team. This multidisciplinary team responds to requests for assessment and treatment of PTSD throughout the Medical Center. In addition to combat trauma, veterans may present with military sexual trauma and other types of trauma that occur in the line of duty. Co-diagnoses and associated issues commonly occurring in these populations include childhood trauma, substance abuse, mood disorders, personality disorders, and traumatic brain injury. Training emphasizes conceptualization and treatment of acute and chronic posttraumatic sequelae, largely from a cognitive-behavioral perspective. Supervision is conducted in individual and group formats and incorporates

interns' individual training goals and attention to the impact of working with traumatized populations. Listed below are some of the experiences available on this rotation.

Individual, Couples, and Family Therapy. Interns maintain a caseload of individual clients with opportunities for couples and family therapy as treatment-relevant and consistent with interns' training objectives. While more male veterans are seen in our outpatient clinic than female, opportunities exist for working with female veterans and will be incorporated into interns' training as much as possible. The primary therapeutic orientation of supervisors is cognitive-behavioral though additional orientations and treatments may be incorporated according to the supervisor and case. The PTSD Clinical Team adheres to empirically supported approaches to treatment. Interns will have opportunities for training in Prolonged Exposure treatment, Cognitive Processing Therapy, and skills-based training for management of PTSD symptoms. Additional treatments, such as Behavioral Activation and Acceptance and Commitment Therapy may be incorporated as relevant.

Group Therapy. The PTSD Clinical Team offers a range of group treatment options for veterans, including PTSD Symptom Management (a skills-based, psychoeducational group, separate groups offered for women veterans), Cognitive Processing Therapy, Mindfulness Based Cognitive Therapy (for PTSD), Women's Sexual Trauma Survivor Group (based on CPT), PTSD Growth Group (manualized motivation enhancement and social re-integration group), Family Education Group (psychoeducational group), and PTSD Graduates and Support Groups (process groups). Interns co-facilitate, on average, four groups during this rotation.

PTSD-Focused Assessments. Interns obtain training in standard PTSD diagnostic and screening assessment instruments including the Clinician Administered Structured Interview for PTSD (CAPS) and the Posttraumatic Stress Disorder Checklist (PCL). Opportunities also exist for integrating PTSD and personality assessments, according to supervisor and client need.



Psychotic Spectrum Disorders

Supervisors: Drs. Park and Ward. The main focus of the Psychotic Spectrum Disorders Rotation is learning to assess and treat patients diagnosed with a major mental illness. Sites for this rotation include the Psychosocial Rehabilitation & Recovery Center (PRRC), the Inpatient Psychiatric Service, and the Psychology Assessment Clinic. Interns will spend

between two and three days per week in the PRRC, locally named "Footsteps to Recovery" by participating veterans to reflect their therapeutic movement towards recovery. At the PRRC, interns will work with veterans who have a relatively stable mental status. The PRRC includes process, education, social, and activity groups set in a therapeutic milieu. The program serves patients requiring more intensive treatment than traditional outpatient models provide. Acutely psychotic patients are treated on the Inpatient Psychiatry Service. Interns spend one to two days per week on this unit. While there, interns attend unit meetings such as Morning Report and Treatment Team, participate in team meetings with the patient and provide assessment services. Interns also spend about one day per week in the Psychology Assessment Clinic. This clinic offers personality and cognitive assessment to a variety of patients including those in Inpatient Psychiatry and the Day Treatment Program. Interns will generally complete at least fifteen assessments while on this rotation.

Substance Abuse Treatment Program

Supervisors: Drs. Anderson, Johnson, Sardo, and Súniga. Substance Abuse Treatment Program (SATP) interns participate in providing intake screenings, biopsychosocial assessments, individual and group education sessions, and treatment and consultation services while serving as clinicians-in-training with the SATP multidisciplinary teams. The primary site for this rotation is at the Vancouver, Washington, campus of the Portland VAMC. Intern activities may include specialty training and/or education opportunities in the medical center and community venues, including veterans' homes and non-VA service centers. Interns may also obtain experience in assisting with SATP program development and in providing substance use disorder consultations to VAMC providers. These consultations occur in the Medical Center's Primary Health Care and Specialty Care Clinics and Programs (e.g., Liver Transplant Program) as well as in VA community-based clinics and counseling programs (e.g., Portland and Salem Veterans Centers and Salem Mental Health and Primary Care Clinic). This is an excellent rotation for interns interested in developing their qualifications for certification by the American Psychological Association's College of Professional Psychology in the Treatment of Alcohol and Other Psychoactive Substance Use Disorders.

Clinical Psychology Postdoctoral Fellowship Programs

The Portland VA Medical Center is pleased to announce five emphasis areas for our psychology postdoctoral fellowship (residency) programs at our facility for the 2013-2014 academic year:

- Health Psychology
- Mental Health/Primary Care Integration
- Mental Illness Research, Education, & Clinical Center (MIRECC) Fellowship
- Palliative Care
- Polytrauma

Fellowships are for 2080 hours to be completed over a 12-month period. The 2013-2014 fellowship training year will begin on September 9, 2013.

Fellows will participate in a specially designed didactic seminar series each week. The series will draw from resources at the VA, at OHSU, and in the community. Didactics will include postdoc-specific professional development and didactic seminars twice monthly; for weeks without these postdoc-specific seminars, each fellow constructs his/her own specialty-specific didactics program from the many other professional training opportunities available, such as Psychiatry Grand Rounds. Fellows will receive two hours of individual supervision weekly and one hour of group supervision with other psychology postdoctoral trainees. Fellows will also be trained in supervision and obtain experience in supervised supervision of psychology practicum students. All fellows meet weekly for one hour of informal peer process group during which they support one another and compare experiences. Should it fit with mutual Fellow and Supervisor goals of training, we are also pleased to provide the opportunity for interested Fellows to train towards VA certification in Cognitive Processing Therapy, an evidence-based intervention for treatment of trauma.

The stipend for these positions is currently \$44,530 plus benefits. Residents are granted Annual Leave and Sick Leave, ten federal holidays, and up to six days of authorized absence for educational leave.

Most clinical and research activities will take place at the Portland VA Medical Center, but fellows may also spend time at Oregon Health & Science University, our medical school affiliate.

To learn more about our fellowships or to apply, please see our Clinical Psychology Fellowships brochure.

Other Training Experiences

The Portland VAMC and OHSU offer varied didactic opportunities. The Psychology Intern Seminar Series is presented weekly and attendance is required. Attendance at additional seminars, grand rounds, and other presentations is encouraged.



One afternoon a week is devoted to internship training activities that include a 90-minute didactic seminar, an hour of group supervision, and an hour of intern process group. The afternoon focuses on development of both clinical competency and professional identity. Didactic seminars cover a variety of topics, examples of which are listed in the next section. Staff psychologists conduct the weekly group supervision, and once a month, OHSU neuropsychologists join to provide assessment-focused group supervision.

Intern process group is an informal meeting during which the interns support one another and discuss relevant training issues. At the end of the first two rotations, interns are allotted four hours for an intern retreat to share information about experiences on the respective rotations. Interns are given a full day for a retreat at the end of the third rotation. These experiences have proven to be valuable components of internship training and professional development.

Didactic Seminars

The Portland VAMC staff and interns, OHSU faculty, and psychologists from the community present on such topics as:

- Working in a Hospital Culture
- Understanding Military Culture
- Spiritual Diversity
- Understanding Diversity in Gender & Sexual Identity
- Sensitivity to Ethnicity in End-of-Life Care
- Ethical Decision Making
- Supervision Skills
- Suicide Risk Assessment
- Violence Risk and Threat Assessment
- Assessing and Treating Sexual Dysfunction
- PTSD Assessment and Treatment
- Skill-Based Approaches to Chemical Dependence and PTSD Treatment
- Dialectical Behavior Therapy for Borderline Personality Disorder
- Neuropsychology (3-part series)
- Interpreting the PAI
- Malingering and Deception
- Adult ADHD
- Psychopharmacology for Psychologists
- Professional and Career Development (4-part series)

In addition to these weekly seminars, a wide range of educational opportunities are available at the Portland VAMC and OHSU that include the following: Geriatric Research Education and Clinical Center (GRECC) video conference seminars; Mental Illness Research, Education, and Clinical Center (MIRECC) video conference seminars; Geropsychiatry journal club discussions; Neuropsychology Case Conference led by Dr. Muriel Lezak; and OHSU Psychiatry Grand Rounds. The internship encourages the development of a lifelong pattern of continuing education through reading and attending lectures, seminars, and conferences.

Required Training Experiences for Interns and Fellows

Regardless of which three rotations constitute an individual's course of internship training at the Portland VAMC, all psychology interns will gain experience in assessment, treatment, and consultation across the rotations throughout the internship year.

Assessment

Interns obtain assessment experience on all of the rotations. Interns will conduct intake assessments and learn to make competent multi-axial DSM-IV diagnoses. Interns also use a number of personality and cognitive assessment instruments, including the MMPI-2, PAI, WMS-IV, WAIS-IV, and RBANS. Interns will learn to clarify referral questions, select test batteries, administer and score tests, integrate test results with other data, write clear and concise reports, and provide feedback to patients and referring providers.

Treatment

The Portland VAMC uses a number of psychological treatment approaches. Interns will provide individual therapy that is generally time-limited. Presenting problems include anxiety, depression, personality disorders, and major mental illness. Family therapy also can be an important component of treatment and may be used as an adjunctive or primary mode of therapeutic intervention. Treatment is provided in conjunction with the ongoing assessment of outcome. Additionally, interns will provide group therapy for a variety of veterans. Interns acquire skills in developing, planning, and leading psychoeducational and process groups. PVAMC joins VAs nationally in providing evidence-supported therapies when appropriate.

Consultation

Interns will learn to function as consultants during all of their rotations. In some instances, this will include representing psychology as an integral member of a multidisciplinary team. Helping the team make decisions about assessment, diagnosis, treatment, and discharge planning is considered an important role for interns. In other instances, the intern will serve as an independent consultant. Clarifying referral questions and providing input on diagnostic issues and treatment plans to a variety of independent practitioners, such as physicians, social workers and nurses, are valuable skills. By the end of the internship year, the intern will have gained skills in providing consultation to multidisciplinary teams, as well as to individual practitioners from different disciplines.

Meet the Staff

The 36 staff members are scientist-practitioners of psychology. Staff roles include delivery of clinical service, research, consultation, trainee supervision, mentorship, and administration. Twenty-two are on the OHSU faculty.



David W. Greaves, Ph.D., Chief of Psychology, Administrative Director of the Mental Health & Clinical Neuroscience Division, and Clinical Associate Professor of Psychology in the Department of Psychiatry at OHSU. Dr. Greaves received his doctorate from Brigham Young University in 1991 and completed his internship at the Portland VAMC. Over the years Dr. Greaves has worked as a clinician and program manager in multiple clinical settings at the Portland VA, as well as being a past Director of Training. He currently provides supervision to postdoctoral fellows in the Palliative Care program. His professional interests include psychotherapy outcome studies and treatment programs for those with chronic medical illnesses.

Elizabeth Goy, Ph.D., Director of Training for the Psychology Service, and Associate Professor of Psychology in the Department of Psychiatry at OHSU. Dr. Goy completed a VA Health Services Research & Development Career Development Award in 2011 and is affiliated with the PVAMC Portland Center for the Study of Chronic, Comorbid Mental and Physical Disorders. She directs the Internship and Psychology Fellowship (Residency) Programs and is the lead supervisor of the VA Postdoctoral Fellowship in Palliative Care Psychology. Her clinical practice is focused on mental health interventions for patients with chronic or life-limiting illness. Her research interests include psychiatric and psychological aspects of end-of-life care, with an emphasis on neurological disorders. Her research includes: documenting the prevalence of mental disorders in hospice patients at the end of life; treatment strategies for depression in hospice and palliative care patients; identification of early predictors of dementia in Parkinson's Disease; family and patient experiences with and

views on dying in Oregon; and documenting the end-of-life trajectory for patients with Parkinson's Disease.

Darin Bergen, Psy.D., Assistant Director of Postdoctoral Training, Staff Psychologist for General Medicine Psychiatry

Dr. Bergen received his doctorate in from George Fox University after completing his internship at the Salt Lake City VA in 2007. He completed advanced training in medical psychology and geriatrics in the Palliative Care fellowship at PVAMC. He then worked as an evaluator in Compensation and Pension as well as consulting at assisted living facilities and nursing homes before joining PVAMC as a staff psychologist. He currently conducts brief, evidence-based psychotherapy in the East primary care clinic as part of the General Medicine-Psychiatry service. He has interests in delivering evidence-based psychotherapy (particularly Acceptance and Commitment Therapy) and working on interdisciplinary teams.

Marilyn Huckans, Ph.D., Practicum Coordinator for the Psychology Service, Neuropsychologist for the Mental Health Clinic, and Associate Professor of Psychology in the Department of Psychiatry at OHSU.

After receiving her doctorate in clinical psychology at George Mason University in 2004, Dr. Huckans completed postdoctoral training in health psychology research and clinical neuropsychology at PVAMC. Dr. Huckans' clinical practice currently focuses on cognitive rehabilitation for veterans with mild cognitive impairments, as well neuropsychological assessment and consultation services through the Neuropsychology Clinic at Portland VAMC. Dr. Huckans is Co-Director of the Psychoneuroimmunology Research Program and an investigator in the Methamphetamine Abuse Research Center at PVAMC and Oregon Health & Science University. Her NIH and VA funded research projects focus on neuroimmune mechanisms contributing to neuropsychiatric symptoms and the discovery and development of novel treatments for psychiatric disorders, including immunotherapies for addiction and compensatory cognitive training for mild cognitive impairment. Dr. Huckans also coordinates doctoral student practicum placements at PVAMC.

Dennis J. Allison, Psy.D., Staff Psychologist, Couples and Family Therapist for the Mental Health Clinic, and Assistant Professor of Psychology in the Department of Psychiatry at OHSU.

Dr. Allison received his doctorate from Baylor University in 1984. His current research interests are therapy with the families of bipolar patients, the measurement of rehabilitation outcomes, and the development of a general model of psychosocial rehabilitation. Dr. Allison has worked in a wide variety of community mental health settings since 1970, including the Austin Child Guidance Center where he was Clinical Director from 1985-87. His hobbies include snow-shoeing, creative writing, and studying Spanish, Italian, and Greek for travel.

Christopher F. Anderson, Ph.D., Program Co-Manager for the Substance Abuse Treatment Program (SATP) and the PTSD Clinical Team (PCT).

Dr. Anderson received his doctorate from Auburn University and completed his internship at Portland VAMC in 2006, after which he joined the SATP staff. Dr. Anderson consults with the Regional Liver Transplant Program, performing pre-transplant evaluations to determine candidate's risk of relapse post transplant surgery. Dr. Anderson's current research interests include examining factors that predict patient's status on the liver transplant wait list and examining programmatic factors that increase retention in substance abuse treatment programs.

Peter M. Benson, Psy.D., Supervisory Psychologist/Patient Care Line Manager of the Opiate Treatment Program, and Assistant Professor of Psychology in the Department of Psychiatry at OHSU.

After receiving his doctoral degree from the University of Denver School of Professional Psychology, Dr. Benson specialized in dual diagnosis treatment and

program development in community mental health. He is experienced in administrative and clinical supervision of mental health and substance abuse programs, including dual diagnosis inpatient, outpatient, residential, day treatment, and case management programs. He is a member of the Washington Node Steering Committee, NIDA Clinical Trials Network, an organization that bridges research and clinical practice. He consults to the Medical Center's Drug Seeking Behavior Board and Opiate Treatment Performance Improvement Committee.

Bret Fuller, Ph.D., Staff Psychologist for the Mental Health Clinic, and Assistant Professor in the Department of Public Health & Preventative Medicine at OHSU.

Dr. Fuller attained his doctorate from the University of Missouri-Columbia in Counseling Psychology and completed a three-year postdoctoral fellowship in addiction studies at the University of Michigan. He spent six years at Oregon Health and Science University where he published in the areas of substance abuse treatment, methadone policy, and smoking cessation. Currently, he is a member of the Northwest Hepatitis C Resource Center.

Linda R. Gonzales, Ph.D., Staff Psychologist for General Medicine Psychiatry, and Assistant Professor of Psychology in the Department of Psychiatry at OHSU.

Dr. Gonzales completed her internship, with a focus on geropsychology, at the Palo Alto VA Healthcare System and completed her doctorate at the University of Oregon in 1984. She has been working in primary care psychology since 1997, focusing on assessment and short-term psychotherapy for medical patients. Dr. Gonzales has a strong commitment to a generalist psychological practice, serving the needs of a complex primary care patient population.

Jed P. Grodin, Ph.D., Staff Psychologist for the PTSD Clinical Team. Dr. Grodin received his doctorate from the University of Southern California, where he conducted research on motivational interviewing and behavior change in psychotherapy. He completed his internship at the Long Beach VAMC and then completed a fellowship in Behavioral Medicine at Harbor-UCLA. Before joining the PTSD Clinical Team at the Portland VAMC, he served as the Behavioral Medicine consultant to the Department of Family Medicine at Harbor-UCLA Medical Center.

Daniela Hugelshofer, Ph.D., Staff Psychologist and Acting Program Co-Manager for the PTSD Clinical Team (PCT), Substance Abuse Treatment Program (SATP), and Vancouver Mental Health Clinic (MHC); Assistant Professor of Psychology in the Department of Psychiatry at OHSU.

Dr. Hugelshofer received her doctorate in clinical psychology from Washington State University in 2006, after completing her pre-doctoral internship at the Portland VAMC. She completed a postdoctoral fellowship specializing in general mental health, PTSD, and substance abuse treatment at the Kansas City VAMC in 2007, and was pleased to re-join the Portland VAMC thereafter as a staff psychologist. Her clinical work has most recently focused on providing assessment and treatment of PTSD. She has clinical expertise in cognitive-behavioral therapy, with particular emphasis upon the delivery of evidence-based treatments for PTSD, such as Prolonged Exposure (PE) and Cognitive Processing Therapy (CPT).

Kevin F. Mallon, Ph.D., Staff Neuropsychologist for General Medicine Psychiatry, and Assistant Professor of Psychology in the Department of Psychiatry at OHSU.

Dr. Mallon received his doctorate in clinical psychology from the University of Nebraska-Lincoln in 1992, completing his internship at the Martinez (California) VA Medical Center (now part of the VA Northern California Health Care System), as well as pre- and post-doctoral training in clinical neuropsychology. He worked as a senior psychometrist at the University of California, San Francisco, and as a neuropsychologist at a rehabilitation hospital, before returning to the VA Northern California HCS in 1995, where he worked in primary care mental health, behavioral medicine (with a focus on pain management), and supervision of

neuropsychology trainees. In 2007, he came to the Portland VAMC to work in the primary care setting. His interests include psychological and neuropsychological assessment, behavioral medicine, brief therapies, EMDR, and the application of positive psychology interventions to clinical problems.

Katie McCall, Ph.D., Staff Psychologist for the Residential Rehabilitation Treatment Program (RRTP) and General Medicine Psychiatry. Dr. McCall received her doctorate in Clinical Psychology from the University of Texas in 2008. She completed her internship at the Portland VAMC and remained to complete a 2 year polytrauma postdoctoral fellowship working within the Neuropsychology and PTSD clinics. Dr. McCall became a staff psychologist in 2011 working within PVAMC's new RRTP program and in GM psychiatry. Her clinical work involves program development and is focused on providing assessment, treatment, and case management for veterans within both the residential and outpatient care settings. Additionally, Dr. McCall serves as the Local Evidence Based Psychotherapy Coordinator for the Portland VAMC. Her professional interests include neuropsychological assessment, treatment of PTSD, and the application of acceptance and mindfulness based interventions to clinical problems.

Benjamin Morasco, Ph.D., Staff Psychologist, and Assistant Professor of Psychology in the Department of Psychiatry at OHSU. Dr. Morasco received his doctorate in clinical psychology from Saint Louis University in 2003. He completed a postdoctoral fellowship in clinical health psychology at Harford Hospital and a research fellowship in addictive behaviors at the University of Connecticut Health Center. He joined the Portland VAMC in 2005 and provides clinical services in the Substance Abuse Treatment Program, focusing on patients with comorbid medical or psychiatric disorders. He is a funded investigator examining issues of chronic pain in patients with substance use disorders. Other research interests include pain treatment for patients with hepatitis C, use of opioid medications for chronic pain, and the assessment and treatment of pathological gambling.

Adam Nelson, Ph.D., Clinical Neuropsychologist for the Neuropsychology Service, and Assistant Professor of Psychology in the Department of Psychiatry at OHSU. Dr. Nelson received his Ph.D. in Clinical Psychology from the California School of Professional Psychology in Fresno, California, in 2005. He completed his clinical psychology internship at the Portland VA in 2004/2005 and then completed a two-year post-doctoral residency in Neuropsychology at the VA Northern California Health Care System in Martinez. Currently, he is a staff member of the Neuropsychology Service at the Portland VA Medical Center, and has been focusing the majority of his time on evaluating the neuropsychological functioning of veterans returning from Operations Iraqi Freedom and Enduring Freedom. Dr. Nelson also has strong clinical and research interests in geriatric neuropsychology.

Maya O'Neil, Ph.D., Research Psychologist, Neuropsychology Service, and Assistant Professor of Psychology in the Departments of Psychiatry and Medical Informatics and Clinical Epidemiology at OHSU. Dr. O'Neil received her doctorate from the University of Oregon and completed her internship at the Portland VAMC. Following internship, she was hired at PVAMC as a Statistician and Core Investigator with the Health Services Research & Development Research Enhancement Awards Program (HSR&D REAP) and Evidence Synthesis Program (ESP) Centers. She also provides supervision related to neuropsychological research, conducts neuropsychological assessments with the neuropsychology service, and works at OHSU's Scientific Resource Center. Her clinical interests include neuropsychological assessment and treatment of comorbid PTSD and TBI. Her research interests focus on statistics and systematic review methodologies, cultural competence assessment and training, and the psychological and cognitive effects of blast exposure and TBI.

Gina L. Ortola, Ph.D., Staff Psychologist for the Mental Health Clinic and Assistant Professor of Psychology in the Department of Psychiatry at OHSU. Dr. Ortola received her doctorate from Washington State University in 1996 and completed a postdoctoral fellowship in geropsychology at the Portland VAMC. She enjoys incorporating mindfulness-based interventions into her work and has a personal mindfulness practice as well. She has been a member of a Dialectical Behavior Therapy Team for several years and is currently Co-Coordinator for the team. When not working as a psychologist, she enjoys cooking, watching the food network, and being outdoors when it's not raining.

Douglas J. Park, Ph.D., Staff Psychologist and Local Recovery Coordinator for the Portland VAMC. Dr. Park received his Ph.D. in Clinical Psychology from the University of Missouri-St. Louis in 1990. Dr. Park worked for almost 20 years in community mental health, with a particular emphasis on time-limited psychotherapy and crisis services. He joined the Portland VAMC in 2007. As Recovery Coordinator, Dr. Park works to promote a client-centered approach to care that emphasizes strengths, client empowerment, and living a meaningful life. While utilizing a variety of theoretical paradigms, he particularly attempts to incorporate ACT in his clinical work.

Jane Plagge, Psy.D., Staff Psychologist, PTSD and Pain. Dr. Plagge earned her doctorate in Clinical Psychology with an emphasis in Health Psychology from Pacific University in 2009. She completed a Medical Psychology track internship at the VA North Texas Health Care System in Dallas, TX. Her postdoctoral fellowship was in Health Psychology at the Portland VAMC. Subsequently, she joined the Portland VAMC as a staff psychologist specializing in the treatment and research of comorbid chronic pain and PTSD. Her professional interests include health psychology, chronic pain, PTSD, CBT, motivational interviewing, and program development.

Angela Plowhead, Psy.D., Staff Psychologist for Home-Based Primary Care. Dr. Plowhead is an Air Force veteran who completed her internship at the Vanderbilt-VA Internship Consortium in Murfreesboro and Nashville, Tennessee. She received her doctorate from George Fox University in 2006. Dr. Plowhead completed her postdoctoral fellowship training in Palliative Care Psychology at the Portland VAMC and became a staff member in 2007. Her clinical and research interests include the integration of mental health in home-based primary care and decision-making capacity.

Irene G. Powch, Ph.D., Staff Psychologist for the PTSD Clinical Team, and Assistant Professor of Psychology in the Department of Psychiatry at OHSU. Dr. Powch completed her internship at the Seattle VA and received her doctorate from the University of Kansas in 1995. She completed a postdoctoral fellowship at the Pacific Center for PTSD/VA National Center for PTSD in Honolulu in 1996. She has advanced evidence-based treatments for PTSD related to combat and military sexual trauma. She was a site investigator for the VA Cooperative Study that brought recognition within VA to Prolonged Exposure Therapy and was trained in this therapy by Edna Foa in 2001. She is a certified PE and CPT therapist, and when indicated, integrates object relational/attachment, emotion-focused/gestalt, and feminist/social learning approaches into her work. She is on the forefront of exploring complementary approaches to PTSD treatment. Her research interests include acupuncture as an adjunct to cognitive processing therapy for PTSD.

Melissa Ranucci-Soll, Ph.D., Staff Psychologist for the Community Living Center (CLC).

Dr. Ranucci-Soll received her doctorate from the University of North Texas in 2008 after she completed her internship at the VA Maryland Health Care System/University of Maryland Consortium. She completed a postdoctoral fellowship in Palliative Care at the Portland PVAMC. Dr. Ranucci-Soll strives to help veterans in the hospice, palliative care, rehabilitation, and long-term care units improve quality of life by increasing psychological flexibility with an emphasis on values-based living. Her professional interests include end-of-life processes (with special interest in young adults), psycho-oncology, posttraumatic stress disorder, and Acceptance and Commitment Therapy.

Veronica Rodriguez, Ph.D., Staff Psychologist for the Substance Abuse Treatment Program.

Dr. Rodriguez received her doctorate from Arizona State University and completed postdoctoral training in health psychology at the Portland PVAMC. In 2009, she became a staff psychologist in the Substance Abuse Treatment Program, where she provides evaluation and mental health treatment to veterans 65 years of age and older. Dr. Rodriguez' clinical work focuses on veterans with comorbid substance-related, medical, and psychiatric disorders. Her clinical interests include motivational interviewing, mindfulness interventions, CBT, and ACT. She also consults with the PVAMC Liver Transplant Program, performing substance-abuse-focused assessments to determine patients' suitability for organ transplant.

James M. Sardo, Ph.D., Program Co-Manager for the Substance Abuse Treatment Program (SATP) and the PTSD Clinical Team (PCT), and Assistant Professor of Psychology in the Department of Psychiatry at OHSU.

Dr. Sardo received his doctorate from SUNY Binghamton in 1998 and completed advanced training in PTSD at the Portland VAMC in 1999. As the Co-Manager of the SATP and PCT, he performs administrative duties and provides individual and group services for the treatment of substance abuse. Dr. Sardo consults with the Regional Liver Transplant Team. His research interests include both the etiology and treatment of Alcohol Dependence and the efficacy of skill-based management of PTSD. Dr. Sardo serves in the United States Air Force Reserve and has completed three deployments to Iraq, where he provided a range of mental health services while attached to 332nd EMDG.

Robert Socherman, Ph.D., Staff Psychologist for Home-Based Primary Care, and Assistant Professor of Psychology in the Department of Psychiatry at OHSU.

Dr. Socherman completed his internship at the American Lake VA in Puget Sound in 1999 and received his doctorate from the University of Georgia, Counseling Psychology Program. He then moved on to a two-year postdoctoral fellowship in Program Evaluation and Public Health at the University of Colorado Health Sciences Center. His training and experiences have led to an interest in integrated care and the cost of healthcare and service utilization patterns. His research interests focus on the interaction of mental and physical health factors, especially as they affect end-of-life issues. Dr. Socherman is a Psychologist with Home Based Primary Care (HBPC).

Daniel Storzbach, Ph.D., Head of the Neuropsychology Service, Research Psychologist, and Associate Professor of Psychiatry and Neurology at OHSU.

Dr. Storzbach received his doctorate in clinical psychology from the University of Nebraska-Lincoln in 1995 and completed his postdoctoral training in neuropsychology at the Portland VAMC. He is the head of PVAMC's Neuropsychology Clinic and the primary supervisor for neuropsychology training. Dr. Storzbach's research interests focus on the effects of combat stressors, both psychological and physical, on neuropsychological function. He is currently the principal investigator for two VA-funded studies: an investigation of the effects of combat blast exposure on OEF/OIF veterans and a multisite investigation of group cognitive rehabilitation

outcome. Dr. Storzbach also collaborates on other research with VA and OHSU investigators, particularly at PVAMC's Imaging Service, PVAMC's Epilepsy Center of Excellence, PVAMC's National Center for Rehabilitative Auditory Research, and OHSU's Center for Research on Occupational and Environmental Toxicology. He enjoys travel, hiking, and dining with his family in the Pacific Northwest.

Sarah Súniga, Ph.D., Staff Psychologist for the PTSD Clinical Team and the Substance Abuse Treatment Program. Dr. Súniga received her doctorate from Kent State University in Clinical Psychology with a Health Psychology emphasis. She completed her internship at the Portland VAMC in 2007 and remained to complete postdoctoral training in PTSD. Dr. Súniga became a staff psychologist in 2009, focusing on PTSD and comorbid Substance Use Disorders, working with both the PTSD Clinical Team and Substance Abuse Treatment Program. Her clinical work is focused on providing assessment and treatment of comorbid PTSD/SUD. Additionally, Dr. Súniga is a Prolonged Exposure consultant for the National Center for PTSD, providing consultation to mental health providers throughout VA to implement PE. Her clinical interests include cognitive-behavioral therapy for PTSD, particularly PE and Cognitive Processing Therapy, and mindfulness-based approaches, including Acceptance and Commitment Therapy.

Josie J. Tracy, Ph.D., Staff Psychologist for the Substance Abuse Treatment Program. Dr. Tracy received her Ph.D. in Clinical Psychology from the University of Mississippi in 2008, having completed her predoctoral internship through the Southwest Consortium Pre-doctoral Psychology Internship (SCPPI) in Albuquerque, New Mexico. She completed an APA-accredited postdoctoral fellowship through the Center for Excellence in Substance Abuse Treatment and Education (CESATE) at the Puget Sound VAMC, Seattle Division, in 2009. Dr. Tracy joined the PVAMC Substance Abuse Treatment Program in 2010, where she develops programs and provides assessment, treatment, and case management for veterans with substance use and co-occurring disorders. Her clinical approach draws from behavioral, motivational, and acceptance-based therapies. She has research experience in the areas of chronic pain treatment for patients with co-occurring substance use disorders and factors related to nicotine dependence and cessation.

Malinda Trujillo, Ph.D., staff psychologist for the Substance Abuse Treatment Program and the Posttraumatic Stress Disorder Clinical Team. Dr. Trujillo received her doctorate in counseling psychology from Colorado State University in 2008 after completing her pre-doctoral internship at the Greater Los Angeles VA Ambulatory Care Center. After receiving her degree she completed her postdoctoral training in PTSD at the North Florida/South Georgia Veterans Health System in 2009. Dr. Trujillo joined the PVAMC in 2009. She provides evaluation and mental health treatment of patients with PTSD and comorbid psychiatric, medical, and substance abuse issues. Her areas of expertise include evidence based treatment for PTSD, military sexual trauma, co-morbid substance abuse and psychiatric disorders, Latino psychology, and multicultural psychology. She serves as co-chair of the Multicultural and Diversity Committee. She is a member of the Professional Consultation Committee, which oversees the chaplain training program. Additionally Dr. Trujillo serves on the Oregon Psychological Association's Diversity Committee and as chair of the Advocacy Subcommittee.

Saw-Myo Tun, Ph.D., Research Psychologist, Neuropsychology Service and PTSD Clinical Team. Dr. Tun received her doctorate from Michigan State University and completed her internship and a two-year polytrauma postdoctoral fellowship at the Portland VAMC. Her clinical and research interests include the psychological and cognitive effects of blast exposure, cognitive rehabilitation for veterans with mild TBI, individual and couples treatment of veterans with comorbid PTSD and cognitive difficulties, and geriatric neuropsychology. Her

non-work interests include exploring the Pacific Northwest, reading good books, and learning to rock climb.

Lynn M. Van Male, Ph.D., Director of the Prevention and management of Disruptive Behavior (PMDB) Program for VA Central Office, and Assistant Professor of Psychology in the Department of Psychiatry at OHSU. Dr. Van Male received her doctorate from the University of Missouri-Columbia in 2000 after completing her pre-doctoral internship at Portland VA Medical Center (1999-2000). She served for over nine years as a Staff Psychologist on the PTSD Clinical Team (PCT) at Portland VA Medical Center. In addition to her national work with the PMDB program, Dr. Van Male maintains a clinical role on the PCT, serves on the Portland VA Medical Center's Disruptive Behavior Board, and is a member of the Threat Assessment Team at Portland VA Medical Center and at OHSU. She is the primary supervisor for the MIRECC Postdoctoral Fellow.

Amy Wagner, Ph.D., Staff Psychologist for the PTSD Clinical Team, and Associate Professor of Psychology in the Department of Psychiatry at OHSU. Dr. Wagner received her doctorate in clinical psychology from the University of Washington in 1995 and completed a postdoctoral fellowship at the National Center for PTSD, Women's Division, at the Boston VAMC in 1997. Since that time she has held faculty positions at the University of Wyoming and the Department of Psychiatry & Behavioral Sciences at the University of Washington. Dr. Wagner joined the Vancouver division of the Portland VAMC in September 2005. She has clinical expertise in cognitive-behavioral therapy for PTSD and anxiety disorders more generally, as well as Dialectical Behavior Therapy. She has research interests in treatment development and evaluation, emotion regulation, and treatment dissemination. Through a VA Merit grant she is currently examining the effectiveness and acceptability of Behavioral Activation Therapy for the early treatment of PTSD and depression among veterans who served in Iraq and Afghanistan.

Mark F. Ward, Ph.D., Patient Care Line Manager of the Psychosocial Rehabilitation & Recovery Center, Mental Health Intensive Case Management Program, the Oregon Rural Mental Health Initiative, and General Medicine Psychiatry programs; and Assistant Professor of Psychology in the Department of Psychiatry at OHSU. Dr. Ward is a 1980 graduate of the University of Utah clinical psychology program and served his internship at the Portland VAMC. He has extensive experience in community-based outpatient and day treatment programs for patients with serious and persistent mental illness. Dr. Ward has specialized in psychotherapy of severe personality disorders, neuropsychological assessment, and adult attention deficit disorder. His Rural Initiative is delivering psychotherapy services to rural Oregon via Tele-video. His current research activities involve diagnosis and treatment of adult attention deficit hyperactivity disorder, the neuropsychology of schizophrenia, and methodologies for screening for cognitive deficits in a variety of psychiatric disorders.

Current Staff Research Activities

The VA values research for its role in improving patient care and attracting high quality clinical providers and scientific staff. The Portland VAMC is ranked as one of the top 10 VA organizations for research funding. Currently, more than 150 staff at this VA are principal investigators involved in medical and behavioral science research. The Portland VAMC receives approximately \$16 million annually in VA intramural funding and another \$16 million in non-VA funds (including support from NIH, NIMH, private foundations, and biomedical and pharmaceutical industries) to support over 500 active research projects throughout the Medical Center.

While the primary focus of the internship is on clinical training and professional development, involvement in research activities is encouraged and nurtured. A number of staff welcome intern involvement in ongoing research including grant preparation, data collection, data analysis, and manuscript preparation. Interns have opportunities to co-author publications and professional presentations. Interns especially interested in developing research careers can take advantage of many resources associated with this VA's close ties to OHSU, which is literally connected to the VA by a sky bridge. Most VA psychologists hold academic appointments at OHSU, which hosts a medical school and other health science programs.

Recent Staff Publications and Presentations

The following is a sampling of recent publications and presentations by psychologists who provide clinical supervision to interns.

2011

Goy ER. (June 2011) Depression, Suicidal Ideation, and the Wish for Hastened Death. Integrating Mental Health into VA Palliative Care, Presentation at VA National Palliative Care Mental Health Meeting, Phoenix, AZ.

Goy ER, Ganzini L. Prevalence and Natural History of Neuropsychiatric Syndromes in Veteran Hospice Patients. *Journal of Pain and Symptom Management* 41:394-401, 2011.

Henry JA, Zaugg TL, Myers PJ, Kendall CJ, Kaelin C, Thielman E, Griest S, Legro M, **Storzbach D,** McMillan G, Carlson K. (in press). Pilot study to develop telehealth tinnitus management for persons with and without traumatic brain injury. *Journal of Rehabilitation Research and Development.*

Huckans, M., Seelye, A., Woodhouse, J., Parcel, T., Mull, L., Schwartz, D., (...), & Hoffman, W. (2011). Discounting of delayed rewards and executive dysfunction in individuals infected with hepatitis C. *Journal of Clinical and Experimental Neuropsychology*, 33(2), 176-86.

Huckans, M., & Hilsabeck, R. (n.d.). Substance Use Disorders. In S.S. Bush (Ed.), *Neuropsychological Practice with Veterans*. New York, NY: Springer Publishing Co.

Hilsabeck, R. & **Huckans, M.** (n.d.). HIV and Hepatitis C. In S.S. Bush (Ed.), *Neuropsychological Practice with Veterans*. New York, NY: Springer Publishing Co.

Loftis, J.M., Choi, D., Hoffman, W., & **Huckans, M.S.** (2011). Methamphetamine causes persistent immune dysregulation: A cross-species, translational report. *Neurotoxicity Research*, 20(1), 59-68.

Macey, T.A., **Morasco, B.J.,** Duckart, J.P., & Dobscha, S.K. (In press). Patterns and correlates of prescription opioid use in OEF/OIF veterans with chronic non-cancer pain. *Pain Medicine.*

Morasco, B.J., Corson, K., Turk, D.C., & Dobscha, S.K. (2011). Association between substance use disorder status and pain-related function following 12 months of treatment in primary care patients with musculoskeletal pain. *The Journal of Pain*, 12, 352-359.

Morasco, B.J., Duckart, J.P., & Dobscha, S.K. (2011). Adherence to clinical guidelines for opioid therapy for chronic pain in patients with substance use disorder. *Journal of General Internal Medicine*, 26, 965-971.

Morasco, B.J., Gritzner, S., Lewis, L., Oldham, R., Turk, D.C., & Dobscha, S.K. (2011). Systematic review of prevalence, correlates, and treatment outcomes for chronic non-cancer pain in patients with comorbid substance use disorder. *Pain*, 152, 488-497.

Oldham T, **Goy ER,** Dobscha S, Ganzini L. Attachment Styles of Oregonians Who Request Physician-Assisted Suicide. *Palliative and Supportive Care*; 2010: 9 (2)

Patterson, A.L., **Morasco, B.J., Fuller, B.E.,** Indest, D.W., Loftis, J.M., & Hauser, P. (2011). Screening for depression in patients with hepatitis C using the Beck Depression Inventory-II: Do somatic symptoms compromise validity? *General Hospital Psychiatry*, 33, 354-362.

Smith J, **Goy ER,** Ganzini L. Quality of Death and Dying in Patients who Request Physician-Assisted Death. *Journal of Palliative Medicine* 2011;14:445-450.

Weinstock, J., Burton, S., Rash, C., Moran, S., Biller, W., Krudelbach, N., Phoenix, N., & **Morasco, B.J.** (2011). Predictors of engaging in problem gambling treatment: Data from the West Virginia Problem Gamblers Help Network. *Psychology of Addictive Behaviors, 25*, 372-379.

2010

Goy ER, Freeman M, Kansagara D. A Systematic Evidence Review of Interventions for Non-professional Caregivers of Individuals with Dementia. VA-ESP Project #05-225:2010.
<http://www.hsrd.research.va.gov/publications/esp/DementiaCaregivers.pdf>

Goy ER. (August 2010) Establishing Competencies for Palliative Care Psychologists. American Psychological Association National Meetings, San Diego, CA. With Brian Carpenter, PhD, and Julia Kasl-Godley, PhD.

Goy ER. (December 2010) Palliative Care, Euthanasia, Assisted Suicide and Terminal Sedation. Presentation at *Ettore Majorana Centre for Scientific Culture, Erice (Sicily, Italy)* International School of Medical Sciences Advanced Workshop: *Beyond the biological limits: The consciousness and its disorders - advanced management and end-of-life issues in the neurodegenerative diseases*

Huckans, M., Mitchell, A., Pavawalla, S., **Morasco, B.J.**, Ruimy, S., Loftis, J.M., & Hauser, P. (2010). The influence of antiviral therapy on psychiatric symptoms among hepatitis C patients with schizophrenia. *Antiviral Therapy, 15*, 111-119.

Huckans, M., Pavawalla, P., Demadura, T., Kolessar, M., Seelye, A., Twamley, E., & **Storzbach, D.** (2010). A pilot study examining effects of group-based cognitive strategy training treatment on self-reported cognitive problems, psychiatric symptoms, functioning, and compensatory strategy use in OIF/OEF combat veterans with persistent mild cognitive disorder and history of traumatic brain injury. *Journal of Rehabilitation Research and Development, 47*(1), 43-60.

Huckans, M., Mitchell, A., Ruimy, S., Loftis, J., & Hauser, P. (2010). Antiviral therapy completion and response rates among hepatitis C patients with and without schizophrenia. *Schizophrenia Bulletin, 36*(1), 165-72.

Huckans, M. & Loftis, J. (2011, November). Update on substance use disorders: neuropsychological effects, treatment considerations, and future directions. CEU workshop to be presented at the annual meeting of the National Academy of Neuropsychology, Marco Island, FL.

Huckans, M. Cognitive strategy training for OIF/OEF combat veterans with mild cognitive disorder. Invited lecture presented at the annual meeting of the Navy and Marine Corps Combat and Operational Stress Control Conference, San Diego, CA, April 28, 2011.

Johnson AL, **Storzbach D**, Binder LM, Barkhuizen A, Anger WK, Salinsky MC, Tun SM, Rohlman DS. (2010). MMPI-2 Profiles: Fibromyalgia patients compared to epileptic and nonepileptic seizure patients. *The Clinical Neuropsychologist, 24*, 220-234.

Kwon, P., & **Hugelshofer, D.S.** (2010). The protective role of hope for lesbian, gay, and bisexual individuals facing a hostile workplace climate. *Journal of Gay and Lesbian Mental Health, 14*, 3-18.

Loftis, J.M., **Huckans, M.**, & **Morasco, B.J.** (2010). Neuroimmune mechanisms of cytokine-induced depression: Current theories and novel treatment strategies. *Neurobiology of Disease, 37*, 519-533.

Loftis, J.M., **Morasco, B.J.**, & Hauser, P. (2011). Depression and antiviral response to interferon-based therapy for hepatitis C viral infection. *Hepatology, 53*, 1413-1414.

Loftis, J.M., **Morasco, B.J.**, Menasco, D., Fuchs, D., Strater, M., & Hauser P. (2010). Serum serotonin levels are associated with sustained viral response rates in hepatitis C patients treated with antiviral therapy. *The Open Infectious Diseases Journal, 4*, 132-141.

Morasco, B.J., Huckans, M., Loftis, J.M., Woodhouse, J., Seelye, A., Turk, D.C., & Hauser, P. (2010). Predictors of pain intensity and pain functioning in patients with the hepatitis C virus. *General Hospital Psychiatry, 32*, 413-418.

Morasco, B.J., Loftis, J.M., **Indest, D.W.,** Ruimy, S., Davison J.W., Felker, B., & Hauser, P. (2010). Prophylactic antidepressant treatment in patients with hepatitis C on antiviral therapy: A double-blind, placebo-controlled trial. *Psychosomatics, 51*, 401-408.

Morasco, B.J., Duckart, J.P., Carr, T.P., Deyo, R.A., & Dobscha, S.K. (2010). Clinical characteristics of veterans prescribed high doses of opioid medications for chronic non-cancer pain. *Pain, 151*, 625-632.

Salinsky M, **Storzbach D,** Munoz S. (2010). Cognitive Effects of Pregabalin in Healthy Volunteers: A double-blind, placebo-controlled trial. *Neurology, 74*, 755-761.

Schwartz, D.L., Mitchell, A.D., Lahna, D.L., Luber, H.S., **Huckans, M.S.,** Mitchell, S.H., & Hoffman, W.H. (2010). Global and local morphometric differences in recently abstinent methamphetamine-dependent individuals. *Neuroimage, 50*(4), 1392-401.

2009

Campbell, B. K., **Fuller, B. E.,** Lee, E. S., Tillotson, C., Woelfel, T., Jenkins, L., Robinson, J., Booth, R. E., & McCarty, D. (in press). Facilitating outpatient treatment entry following detoxification for injection drug use: A multi-site test of three interventions. *Psychology of Addictive Behaviors*.

Dobscha, S.K., Clark, M.E., **Morasco, B.J.,** Freeman, M., Campbell, R., & Helfand, M. (2009). Systematic review of the literature on pain in patients with polytrauma including traumatic brain injury. *Pain Medicine, 10*, 1200-1217

Ganzini, L., **Goy E. R.,** Dobscha, S. K (October 2009). Mental health outcomes of family members of Oregonians who request physician aid in dying. *Journal of Pain and Symptom Management*.

Ganzini, L., **Goy E. R.,** Dobscha, S. K (2009). Oregonians' reasons for requesting physician aid in dying. *Archives of Internal Medicine, 169*(5), 489-492.

Ganzini L, **Goy ER,** Dobscha SK, Prigerson H. Mental health outcomes of family members of Oregonians who request physician aid in dying. *Journal of Pain and Symptom Management* 2009;38:807-815

Hauser, P., **Morasco, B.J.,** Linke, A., Bjornson, D., Ruimy, S., Matthews, A., Rifai, A., Indest, D.W., & Loftis, J.M. (2009). Antiviral completion rates and sustained viral response in hepatitis C patients with and without preexisting major depressive disorder. *Psychosomatics, 50*, 500-505.

Huckans, M., Lahna, D., Schwartz, D., Mitchell, A., Luber, H., Kriz, D., Cocoli, E., Kolessar, M., Loftis, J., & Hoffman, W. (June 2009). White matter integrity and cognitive function during early recovery from methamphetamine abuse. Poster session presented at the annual meeting of the American Academy of Clinical Neuropsychology, San Diego, CA.

Huckans, M., Mitchell, A., Pavawalla, S., **Morasco, B.,** Ruimy, S., Loftis, J., Rifai, M. A., & Hauser, P. (in press). The influence of antiviral therapy on psychiatric symptoms among hepatitis C patients with schizophrenia. *Antiviral Therapy*.

Huckans, M., Pavawalla, S., Demadura, T., Kolessar, M., Seelye, A., Roost, N., Tun, S., McCall, K., Twamley, E., & **Storzbach, D.** (June 2009). A pilot study examining the effect of a group-based cognitive strategy training intervention on self-reported psychiatric symptoms, functioning, and compensatory strategy utilization in OIF combat veterans with mild traumatic brain injury. Poster session presented at the annual meeting of the American Academy of Clinical Neuropsychology, San Diego, CA.

Huckans, M., Pavawalla, S., Demadura, T., Kolessar, M., Seelye, A., Twamley, E., & **Storzbach, D.** (2009). A pilot study examining the effect of a group-based cognitive strategy training (CST) intervention on self-reported psychiatric symptoms, functioning, and compensatory strategy utilization in OIF/OEF combat veterans with mild cognitive disorder. *Journal of Rehabilitation Research and Development*.

Huckans, M., Seelye, A., Parcel, T., Mull, L., Woodhouse, J., Bjornson, D., **Fuller, B. E.**, Loftis, J. M., **Morasco, B. J.**, Sasaki, A. W., **Storzbach, D.**, & Hauser, P. (2009). The cognitive effects of hepatitis C in the presence and absence of a history of substance use disorder. *Journal of the International Neuropsychological Society*, 15, 69-82.

Loftis, J., **Huckans, M.**, & Williams, A. (June 2009). Methamphetamine administration causes increased neuroinflammation accompanied by peripheral immunosuppression in mice. Poster session presented at the annual meeting of the Psychoneuroimmunology Research Society, Breckenridge, CO.

Loftis, J. M., **Morasco, B. J.**, Menasco, D. J., Fuchs, D., Strater, M., & Hauser, P. (March 2009). Serotonin levels are associated with sustained viral response rates in HCV patients undergoing interferon-based therapy beyond the effects of demographic and disease-related factors. Poster session presented at the 13th International Symposium on Viral Hepatitis and Liver Disease, Washington, DC.

Loftis, J. M., Murphy-Crews, A., Menasco, D. J., **Huckans, M. S.**, & Strater, M. (January 2009). Cytokine-induced depression: Effects of interleukin-1 β and corticotrophin-releasing factor antagonism on biochemical and behavioral indicators of "depression" in the rat. Poster session presented at the annual Cytokines and Inflammation Conference, San Diego, CA.

Morasco, B. J., Ledgerwood, D. M., Weinstock, J., & Petry, N. M. (2009). Cognitive-behavioral approaches to pathological gambling. In G. Simos (Ed.), *Cognitive Behaviour Therapy: A Guide for the Practicing Clinician*, Vol. 2 (pp. 112-116). London: Routledge.

Morasco, B. J., Loftis, J. M., Indest, D. W., Ruimy, S., Davison J. W., Felker, B., & Hauser, P. (2009). Prophylactic antidepressant treatment in patients with hepatitis C on antiviral therapy: A double-blind, placebo-controlled trial. *Psychosomatics*.

Morasco, B. J., Patterson, A. L., Benson, P., Dogra, M., Resnick, M. P., & Dobscha, S. K. (June 2009). An integrated intervention for chronic pain and substance use reduces opioid medication misuse. Poster session presented at the College on Problems of Drug Dependence Annual Conference, Reno, NV.

Morasco, B. J., Woodhouse, J., Seelye, A., Turk, D. C., Hauser, P., & **Huckans, M.** (May 2009). Factors associated with pain intensity and functioning in patients infected with the hepatitis C virus. Poster session presented at the American Pain Society Annual Conference, San Diego, CA.

Petry, N. M., Weinstock, J., **Morasco, B. J.**, & Ledgerwood, D. M. (2009). Randomized trial of brief motivational interventions for college student problem gamblers. *Addiction*.

2008

Fuller, B. E., & Gudyish, J. (2008). No smoking: Integrating smoking cessation with treatment. *Counselor, The Magazine for Addiction Professionals*, 9(1), 22-27.

Fuller, B. E., Rodriguez, V., Linke, A., **Morasco, B. J.**, & Hauser, P. (2008 October). HIV co-testing among veterans with hepatitis C in the National VA Hepatitis C Registry. Poster session presented at the U.S. Psychiatric Congress Annual Meeting, San Diego, CA.

Ganzini, L., **Goy, E. R.**, Dobscha, S. K. (2008). Depression and anxiety in patients requesting physician aid in dying. *British Medical Journal*, 337, a1682.

Ganzini, L., **Goy, E. R.**, & Dobscha, S. (2008). Family views on assisted suicide. *Journal of General Internal Medicine*, 23, 154-157.

Goy, E. R. (April 2008). Psychological and psychiatric considerations for quality end of life care. Workshop presented at Oregon State University 32nd Annual Gerontology Conference, Corvallis, OR.

Goy, E. R. (June 2008). Screening for cognitive impairment in a Parkinson's clinic. Poster session presented at Movement Disorders Society International Meeting, Chicago, IL.

Goy, E. R. (November 2008). Family members' views on and experiences around physician aid in dying. Symposium at Academy of Psychosomatic Medicine Annual Meetings, Miami, FL.

Goy, E. R., Carter, J., & Ganzini, L. (2008). Needs and experiences of caregivers for family members dying of Parkinson Disease. *Journal of Palliative Care, 24*(2), 69-75.

Goy, E. R., Carter, J., & Ganzini, L. (2008). Neurological disease at the end of life: Caregiver descriptions of Parkinson Disease and amyotrophic lateral sclerosis. *Journal of Palliative Medicine, 11*(4), 548-554.

Hoffman, W. F., Schwartz, D. L., **Huckans, M. S.,** McFarland, B. H., Stevens, A. A., & Mitchell, S. H. (2008). Cortical activation during delay discounting in abstinent methamphetamine dependent individuals. *Psychopharmacology, 201*(2), 183-193.

Huckans, M., Mitchell, A., Ruimy, S., Loftis, J., & Hauser, P. (2008, June 17). Antiviral therapy completion and response rates among hepatitis C patients with and without schizophrenia. *Schizophrenia Bulletin* [On-line]. Available: <http://schizophreniabulletin.oxfordjournals.org/cgi/reprint/sbn065v1>

Huckans, M., Seelye, A., Woodhouse, J., Parcel, T., Mull, L., Loftis, J., **Fuller, B.,** Sasaki, A., & Hauser, P. (June 2008). Hepatitis C associated cognitive impairment in the presence and absence of a history or substance use disorder. Poster session presented at American Academy of Clinical Neuropsychology, Boston, MA.

Lahna, D. L., Schwartz, D. L., Mitchell, A. D., Luber, H. S., **Huckans, M. S.,** & Hoffman, W. (November 2008). White matter changes in abstinent methamphetamine abusers. Poster session presented at the annual meeting of the Society for Neuroscience, Washington, DC.

Loftis, J., **Huckans, M.** Ruimy, S., Hinrichs, D., & Hauser, P. (2008). Depressive symptoms in patients with chronic hepatitis C are correlated with elevated plasma levels of interleukin-1beta and tumor necrosis factor-alpha. *Neuroscience Letters, 430*(3), 264-268.

Matthews, A., **Huckans, M.,** Blackwell, A.D., & Hauser, P. (2008). Hepatitis C testing and infection rates in bipolar patients with and without co-morbid substance use disorders. *Bipolar Disorders, 10*(2), 266-270.

McCarty, D., **Fuller, B.,** Kaskutas, L. A., Nunes, E. V., Miller, M., Forman, R., Magruder, K. M., Arfken, C., Copersino, M., Floyd, A., Sindelar, J., & Edmundson, E. (in press). Treatment programs in the National Drug Abuse Treatment Clinical Trials Network. *Drug and Alcohol Dependence.*

Morasco, B. J., & Dobscha, S. K. (2008). Medication misuse and substance use disorder in VA primary care patients with chronic pain. *General Hospital Psychiatry, 30,* 93-99.

Petry, N. M., Weinstock, J., Ledgerwood, D. M., & **Morasco, B. J.** (2008). A randomized trial of brief interventions for problem and pathological gamblers. *Journal of Consulting and Clinical Psychology, 76,* 318-328.

Seelye, A., **Huckans, M.,** Parcel, T., Woodhouse, J., Mitchell, A., Schwartz, D., & Hoffman, W. (June 2008). Neuropsychological functioning across recovery from methamphetamine dependence. Poster session presented at American Academy of Clinical Neuropsychology, Boston, MA.

Whitehead, A. J., Dobscha, S. K., **Morasco, B. J.**, Ruimy, S., Bussell, C., & Hauser, P. (2008). Pain, substance use disorders, and opioid analgesic prescription patterns in veterans with hepatitis C. *Journal of Pain and Symptom Management*, 36, 39-45.

2007

Fuller, B. E., Guydish, J., Tsoh, J., Ried, M., Resnick, M., Zammarelli, L., Ziedonis, D. M., Sears, C., & McCarty, D. (2007). Attitudes toward smoking cessation programs in drug abuse treatment clinics. *Journal of Substance Abuse Treatment*, 32, 53-60.

Fuller, B. E., Rieckmann, T., Nunes, E. V., Miller, M., Arfken, C., Edmundson, E., & McCarty, D. (2007). Organizational readiness for change and opinions toward treatment innovations. *Journal of Substance Abuse Treatment*, 33, 183-192.

Goy, E. R. (May 2007). Parkinson's Disease at the end of life: Caregiver perspectives. Poster session presented at American Academy of Neurology International Meetings, Boston, MA.

Goy, E. R. (June 2007). Parkinson's Disease at the end of life. Invited presentation at the Statewide Palliative Care Conference, OHSU Center for Ethics, Portland, OR.

Goy, E. R. (October 2007). End of life care for a person with Parkinson Disease: Research and clinical implications. Presentation at Portland VAMC Geriatric Education and Clinical Center (GRECC) educational series, Portland, OR.

Goy, E. R. (co-presenter) (November 2007). Accusations of euthanasia in end of life care. Panel presentation at Academy of Psychosomatic Medicine Annual Meeting, Amelia Island, FL.

Goy, E. R., Carter, J., & Ganzini, L. (2007). Parkinson's Disease at the end of life: Caregiver perspectives. *Neurology*, 69(6), 611-612.

Goy, E. R., Farrenkopf, K., & Ganzini, L. (2007). Mental health consultation and referral. In K. Haley & M. Lee (Eds.), *The Oregon Death with Dignity Act: A Guidebook for Health Care Providers*. Portland, OR: OHSU Center for Ethics in Health Care.

Goy, E. R. (February 2007). Parkinson's Disease at the end of life. Poster session presented at VA HSR&D National Meeting, Washington, DC.

Hauser, P., **Morasco, B. J.**, Linke, A., Matthews, A., Indest, D. W., & Loftis, J. M. (2007). Antiviral completion rates and sustained viral response in hepatitis C patients with- versus without- pre-existing major depressive disorder. Paper presented at the American Psychiatric Association Annual Meeting, San Diego, CA.

Hoffman, W. F., Schwartz, D. L., **Huckans, M. S.**, McFarland, B. H., Stevens, A. A., & Mitchell, S. H. (November 2007). Amygdalar activation during delay discounting in abstinent methamphetamine dependent individuals. Poster session presented at Society for Neuroscience, San Diego, CA.

Huckans, M., & Loftis, J. (Chairs) (November 2007). Effects of immune activation on psychiatric and cognitive functioning in HIV, HCV, and methamphetamine use: Integration of genetic, biochemical, and neuroanatomical correlates. Symposium presented at the 3rd International Congress on Brain and Behavior, Thessaloniki, Greece.

Huckans, M., Loftis, J., Blackwell, A. D., Linke, A., & Hauser, P. (2007, January 12). Interferon alpha therapy for hepatitis C: Treatment completion and response rates among patients with substance use disorders. *Substance Abuse Treatment, Prevention, and Policy* [On-line], 2(4). Available: <http://www.substanceabusepolicy.com/content/2/1/4>

Huckans, M., Loftis, J., Ruimy, S., Bjornson, D., Parcel, T., Woodhouse, J., Seelye, A., Nelligan, J., Sasaki, A., & Hauser, P. (February 2007). The relationship between peripheral cytokine levels and

neuropsychological functioning in patients with hepatitis C. Poster session presented at International Neuropsychological Society, Portland, OR.

Loftis, J., **Huckans, M.**, Ruimy, S., Hinrichs, D. J., & Hauser, P. (May 2007). Elevated levels of plasma interleukin-1beta and tumor necrosis factor-alpha are associated with increased depressive symptomatology in patients with and without chronic hepatitis C. Poster session presented at American Psychiatric Association, San Diego, CA.

Jacupcak, M., **Wagner, A.**, & Dimidjian, S. (November 2007). Brief behavioral activation for treating PTSD and depression in Iraq and Afghanistan war veterans. Paper presented at the 41st annual convention of the Association for Behavioral and Cognitive Therapies, Philadelphia, PA.

Ledgerwood, D. M., Weinstock J., **Morasco, B. J.**, & Petry, N. M. (2007). Clinical features and treatment prognosis of pathological gamblers with and without recent gambling-related illegal behavior. *Journal of the American Academy of Psychiatry and the Law*, 35, 294-301.

McCarty, D. J., **Fuller, B. E.**, Arfken, C., et al. (2007). Direct care workers in the National Drug Abuse Treatment Clinical Trials Network: Characteristics, opinions, and beliefs. *Psychiatric Services*, 58(2), 1-10.

Mitchell, A., **Huckans, M.**, Loftis, J., Ruimy, S. & Hauser, P. (May 2007). Antiviral therapy completion and response rates among hepatitis C patients with and without schizophrenia. Poster session presented at American Psychiatric Association, San Diego, CA.

Morasco, B. J., Gfeller, J. D., & Elder, K. A. (2007). The utility of the NEO PI-R validity scales to detect response distortion: A comparison with the MMPI-2. *Journal of Personality Assessment*, 88, 276-283.

Morasco, B. J., Rifai, M. A., Loftis, J. M., Indest, D. W., Moles, J. K., & Hauser, P. (2007). A randomized trial of paroxetine to prevent interferon- α -induced depression in patients with hepatitis C. *Journal of Affective Disorders*, 103, 83-90.

Morasco, B. J., Weinstock, J., Ledgerwood, D. M., & Petry, N. M. (2007). Psychological factors that promote and inhibit pathological gambling. *Cognitive & Behavioral Practice*, 14, 208-217.

Pietrzak, R. H., **Morasco, B. J.**, Blanco, C., Grant, B. F., & Petry, N. M. (2007). Psychiatric and medical comorbidity in older adult disordered gambling: Results from the National Epidemiologic Survey on Alcohol and Related Conditions. *American Journal of Geriatric Psychiatry*, 15, 301-313.

Rieckmann, T. R., Daley, M., **Fuller, B. E.**, Parks, C. P., & McCarty, D. (2007). Client and counselor attitudes toward the adoption of medications for treatment of opiate dependence. *Journal of Substance Abuse Treatment*, 32, 207-215.

Salinsky, M., **Storzbach, D.**, Oken, B., & Spencer, D. (2007). Topiramate effects on the EEG and alertness in healthy volunteers: A different profile of antiepileptic drug neurotoxicity. *Epilepsy & Behavior*, 10, 463-469.

Wagner, A. W., Rizvi, S. L., & Harned, M. S. (2007). Applications of Dialectical Behavior Therapy to the treatment of complex trauma-related problems: When one case formulation does not fit all. *Journal of Traumatic Stress*, 20, 391-400.

Wagner, A. W., Zatzick, D. F., Ghesquiere, A., & Jurkovich, J. G. (2007). Behavioral activation as an early intervention for PTSD and depression among physically injured trauma survivors. *Cognitive and Behavioral Practice*, 14, 341-349.

Yochim, B., Baldo, J., **Nelson, A.**, Delis, D (2007). D-KEFS Trail Making Test Performance in Patients with Lateral Prefrontal Cortex Lesions. *Journal of the International Neuropsychological Society*, 13(4):704-9

2006

Binder, L. M., **Storzbach, D.**, & Salinsky, M. C. (2006). MMPI-2 profiles of persons with multiple chemical sensitivity. *Clinical Neuropsychology, 20*, 848-857.

Fireman, M., **Morasco, B. J.**, & Ham, J. (October 2006). Outcome of liver transplantation in patients with alcohol and other substance use disorders. Paper presented at the Academy of Psychosomatic Medicine Annual Meeting, Tucson, AZ.

Fuller, B. E., Rieckmann T. R., McCarty, D., Ringor-Carty, R., & Kennard, S. (2006). Elimination of methadone benefits in the Oregon Health Plan and its effects on patients. *Psychiatric Services, 57*, 686-691.

Ganzini, L., & **Goy, E. R.** (2006). Influence of mental illness on decision-making at the end of life. In L. Jansen (Ed.), *Death in the Clinic* (pp. 81-96). Lanham, MD: Rowman & Littlefield Publishers, Inc.

Huckans, M., Blackwell, A. D., Harms, T. A., & Hauser, P. (2006). Hepatitis C disease management patterns in high-risk populations: Testing, infection, and treatment rates among patients with schizophrenia, schizoaffective disorder, and substance abuse disorders. *Psychiatric Services, 57*(3), 403-406.

Huckans, M., Mull, L., Parcel, T., Bjornson, D., Nelligan, J., Loftis, J., **Morasco, B.**, & Hauser, P. (October 2006). The neuropsychological effects of hepatitis C in the absence of substance use disorder. Poster session presented at National Academy of Neuropsychology, San Antonio, TX.

Hugelshofer, D. S., & Kwon, P. H. (August 2006). LGB speaker panels' effect on students' attitudes and behaviors. Poster session presented at the annual meeting of the American Psychological Association, New Orleans, LA.

Hugelshofer, D. S., Kwon, P., Reff, R. C., & Olson, M. L. (2006). Humour's role in the relation between attributional style and dysphoria. *European Journal of Personality, 20*, 325-336.

Kramer, J.H., **Nelson, A.**, Johnson, J.K., Yaffe, K., Glenn, S., Rosen, H.J., & Miller, B.L., (2006). Multiple cognitive deficits in Amnesic Mild Cognitive Impairment. *Dementia and Geriatric Cognitive Disorders, 22*, 306-311.

Kwon, P. H., & **Hugelshofer, D. S.** (August 2006). Hostile workplace climate for LBG individuals: Protective role of hope. Poster session presented at the annual meeting of the American Psychological Association, New Orleans, LA.

Linehan, M. M., Comtois, K. A., Brown, M. Z., Heard, H. L., & **Wagner, A.** (2006). Suicide Attempt Self-Injury Interview (SASII): Development, reliability, and validity of a scale to assess suicide attempts and intentional self-injury. *Psychological Assessment, 13*, 303-312.

Morasco, B. J., Dornelas, E. A., Fischer, E. H., Oncken, C., & Lando, H. A. (2006). Spontaneous smoking cessation during pregnancy among ethnic minority women: A preliminary investigation. *Addictive Behaviors, 31*, 203-210.

Morasco, B. J., Gfeller, J. D., & Chibnall, J. T. (2006). The relationship between measures of psychopathology, intelligence, and memory among adults seen for psychoeducational assessment. *Archives of Clinical Neuropsychology, 21*, 297-301.

Morasco, B. J., & Petry, N. M. (2006). Gambling problems and health functioning in individuals receiving disability. *Disability and Rehabilitation, 28*, 619-623.

Morasco, B. J., Pietrzak, R. H., Blanco, C., Grant, B. F., Hasin, D., & Petry, N. M. (2006). Health problems and medical utilization associated with pathologic gambling: Results from the National Epidemiologic Survey on Alcohol and Related Conditions. *Psychosomatic Medicine, 68*, 976-984.

Morasco, B. J., vom Eigen, K. A., & Petry, N. M. (2006). Severity of gambling is associated with health functioning in urban primary care patients. *General Hospital Psychiatry, 28*, 94-100.

Mull, L., **Huckans, M.**, Parcel, T., Bjornson, D., Hauser, P., Wilson, V., Schwartz, D., & Hoffman, W. (October 2006). Cognition and discounting of delayed rewards in patients with hepatitis C. Poster session presented at National Academy of Neuropsychology, San Antonio, TX.

Schraufnagel, T., **Wagner, A.**, Miranda, J., & Roy-Byrne, P. (2006). Treating minority patients with depression and anxiety: What does the evidence tell us? *General Hospital Psychiatry, 28*, 27-36.

Vaughan, N., **Storzbach, D.**, Furukawa, I. (2006). Sequencing versus nonsequencing working memory in understanding of rapid speech by older listeners. *Journal of the American Academy of Audiology, 17*, 506-518.

Wagner, A. (September 2006). Behavioral activation for the treatment of depression. Paper presented at the annual meeting of the Oregon Psychiatric Association, Ashland, OR.

Wagner, A. (November 2006). Treating self-harming survivors of trauma. Paper presented at the 22nd annual meeting of the International Society for Traumatic Stress Studies, Hollywood, CA.

Wagner, A. (November 2006). Behavioral activation for the treatment of PTSD. Panel presentation as part of Theoretical and clinical perspectives on the treatment of PTSD: Four interventions (ACT, BAT, CPT, and PE), at the 40th annual convention of the Association for Behavioral and Cognitive Therapies, Chicago, IL.

Wagner, A. W., & Linehan, M. M. (2006). Applications of Dialectical Behavior Therapy to PTSD and related problems. In V. Follette & J. Ruzek (Eds.), *Cognitive-Behavioral Therapies for Trauma* (2nd Ed., pp. 117-145). New York: Guilford.

Wagner, A., Jakupcak, M., Dimidjian, S., Martell, C., & McFall, M. (November 2006). Behavioral activation for the treatment of PTSD and depression among OIF/OEF veterans. Paper presented at the 22nd annual meeting of the International Society for Traumatic Stress Studies, Hollywood, CA.

Wagner, A., & Rizvi, S. (November 2006). Applications of Dialectical Behavior Therapy to trauma-related problems. Workshop presented at the 40th annual convention of the Association for Behavioral and Cognitive Therapies, Chicago, IL.

Zatzick, D. F., Simon, G. E., & **Wagner, A. W.** (2006). Developing and implementing randomized effectiveness trials in general medical settings. *Clinical Psychology Science and Practice, 13*, 53-68.

2005

Bystritsky, A., **Wagner, A. W.**, Russo, J. E., Stein, M. B., Sherbourne, C. D., Craske, M. G., & Roy-Byrne, P. P. (2005). Assessment of beliefs about psychotropic medication and psychotherapy: Development of a measure for patients with anxiety disorders. *General Hospital Psychiatry, 27*, 313-318.

Ebner-Priemer, U. W., Badeck, S., Beckmann, C., **Wagner, A. W.**, Feige, B., Weiss, I., Lieb, K., & Bohus, M. (2005). Affective dysregulation and dissociative experience in female patients with borderline personality disorder: A startle response study. *Journal of Psychiatric Research, 39*, 35-92.

Fuller, B. E., Rieckmann, T. R., McCarty, D., Smith, K. W., Levine, H. (2005). Adoption of naltrexone to treat alcohol dependence. *Journal of Substance Abuse Treatment, 28*, 273-280.

Hugelshofer, D. S., Kwon, P., Sams, N. C., Hines, P., & Draggie, M. (May 2005). The influence of lesbian, gay and bisexual speaker panels on undergraduates' behavior toward sexual minorities. In J. Logan (Chair), RiSE-UP symposium: Research on socially and economically underrepresented populations. Symposium conducted at the annual meeting of the American Psychological Society, Los Angeles, CA.

King, L., **Hugelshofer, D. S.**, Kwon, P., Sams, N. C., & Thompson, J. A. (May 2005). The effectiveness of LGB speaker panels in facilitating attitude change toward bisexuals. Poster session presented at the annual meeting of the American Psychological Society, Los Angeles, CA.

Morasco, B. J., Seip, R. L., Takillapati, R., Salonia, J., Patel, M., & Thompson, P. D. (October 2005). Similar response to phase II cardiac rehabilitation in women and men. Poster session presented at the Second International Conference on Women, Heart Disease, and Stroke, Orlando, FL.

Olson, M. L., **Hugelshofer, D. S.**, Kwon, P., & Reff, R. C. (2005). Rumination and dysphoria: The buffering role of adaptive forms of humor. *Personality and Individual Differences*, *39*, 1419-1428.

Powch, I. G., & Christensen, S. (November 2005). Determinants of attachment among women abused in childhood. Poster session presented at the annual meeting of the International Society of Traumatic Stress Studies, Toronto, Canada.

Powch, I. G., & Sundsmo, A. (November 2005). Two-phase PTSD group treatment for veterans: Preliminary results. Poster session presented at the annual meeting of the International Society of Traumatic Stress Studies, Toronto, Canada.

Salinsky, M. C., & **Storzbach, D.** (2005). The Portland Neurotoxicity Scale: Validation of a brief self-report measure of antiepileptic drug-related neurotoxicity. *Assessment*, *12*, 107-117.

Salinsky, M. C., **Storzbach, D.**, Spencer, D. C., Oken, B. S., Landry, T., & Dodrill, C. B. (2005). Effects of topiramate and gabapentin on cognitive abilities in healthy volunteers. *Neurology*, *64*, 792-798.

Thompson, J. A., **Hugelshofer, D. S.**, Kwon, P., King, L., & Hines, P. (May 2005). Identifying the intervention selection bias in research examining attitudes toward sexual minorities. Poster session presented at the annual meeting of the American Psychological Society, Los Angeles, CA.

Wagner, A. W. (2005). A behavioral approach to the case of Ms. S. *Journal of Psychotherapy Integration*, *15*, 101-114.

Wagner, A. W., Bystritsky, A., Russo, J. E., Craske, M. G., Sherbourne, C. D., Stein, M. B., & Roy-Byrne, P. P. (2005). Beliefs about psychiatric medication and psychotherapy among primary care patients with anxiety disorders. *Depression and Anxiety*, *21*, 99-105.

Applying to the Portland VAMC Internship

Selection Process

The application and selection process has been designed to comply with the policy developed by the Association of Psychology Postdoctoral and Internship Centers (APPIC) with respect to internship offers and acceptances. This internship site abides by the APPIC policy that prohibits the communication, solicitation, acceptance, or use of ranking-related information prior to the release of the Match results.

The Portland VAMC encourages applications from individuals with diverse backgrounds and with a variety of experiences. As an equal opportunity training program, the internship welcomes and strongly encourages applications from all qualified candidates, regardless of racial, ethnic, religious, sexual orientation, disability, or other minority status.

In the selection process, several criteria are considered:

- Clinical experience, including amount and diversity
- Scholarly preparation, indicated by the academic transcript, research experience and productivity, presentations or publications, and teaching experience
- Evidence of personal maturity and significant life experience
- The fit between the applicant's stated objectives and the Portland VAMC offerings

A member of the psychology staff evaluates each completed application. After this initial review, a cut is made, and the top applications are evaluated a second time by the Training Committee. In order to facilitate planning for internship site visits, applicants will be informed by e-mail as soon as possible whether or not they remain under consideration after the initial review. Generally, notification is made by early to mid December, December 15th at the latest. For the 2012-2013 academic year, we received 204 completed applications and invited 48 applicants to attend the Open House.

Application Procedures and Checklist

All materials must be submitted on or before November 2, 2012 through the online AAPI.

- ❑ AAPI online application (www.appic.org)

PVAMC requires a site-specific cover letter to be submitted through the online AAPI:

- ❑ A brief (1 to 2 pages) statement of interest, specifically addressing the following:
 - What stimulated you to study psychology?
 - What life experiences have influenced you professionally and personally?
 - What kinds of therapies have you employed and how would you characterize your theoretical orientation?
 - What are your interests and goals for the internship and beyond?
 - Why did you apply to the Portland VAMC?

Please enter this statement as your cover letter for PVAMC in your online AAPI. We do not evaluate the standard AAPI essays, and we do not require any supplemental materials other than the completed AAPI. Your complete AAPI should also include graduate transcripts, your CV, and 3 letters of recommendation.

PVAMC Internship's APPIC Match Number: 152711

For questions about the accreditation, you may contact:
American Psychological Association
Office of Program Consultation and Accreditation
750 First Street, NE • Washington, DC • 20002-4242
Phone: 202-336-5979 • TDD/TTY: 202-336-6123
Fax: 202-336-5978 • Email: apaaccred@apa.org
<http://www.apa.org/ed/accreditation/>

Open House

We do not offer individual interviews as part of our selection process. An invitational day-long Open House will be held on Thursday, January 10, 2013 to acquaint finalist candidates with the internship program. Applicants who remain under consideration after the initial review of their application will receive an invitation in early to mid December, December 15 at the latest. A photograph is requested, but not required, of all applicants invited to the Open House. At the Open House, staff psychologists, fellows, and current interns will describe the training experiences offered and will be available to answer questions. Small break-out groups with current interns and/or staff supervisors provide an opportunity for candidates to learn about and communicate specific training interests. The Open House serves as the final part of our review of candidates for internship, providing an opportunity for our staff and interns to learn more about you. Changes may be made to the working list of rankings based on Open House impressions. Candidates are strongly encouraged to attend the Open House to obtain the most information about our site and to meet our staff in person. If you are unable to attend the Open House, we may be able to arrange for you to meet briefly with a staff member or an intern on another date. This option is not always feasible and is subject to staff and intern availability.

Applicants selected for internship at the Portland VAMC will be asked to submit two sample psychological assessment reports during the Summer prior to beginning internship.

Questions about the program or the application process should be addressed to:

Elizabeth R. Goy, Ph.D., Director of Training
Psychology Internship (P3MHDC)
Portland VA Medical Center
3710 SW Veterans Hospital Road
Portland, OR 97239
E-mail: elizabeth.goy@va.gov

Phone: (503) 220-8262, ext. 57470

Note: VA interns are subject to all employment rules applying to federal employees.