

Clinical Psychology Fellowships

2013 - 2014

10/01/12 Note: our application deadline has changed to 12/14/12. Please check back regularly for updates.

**Veterans Affairs Medical Center
Portland, Oregon**



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Welcome

The Training Committee at the Portland VA Medical Center appreciates your interest in our postdoctoral psychology fellowships. The Portland VAMC psychology staff values collegial working relationships with fellows 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 think you'll enjoy the area as much as we do.

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

Sincerely,

Elizabeth Goy, Director of Psychology Training

Darin Bergen, Assistant Director of Postdoctoral Training

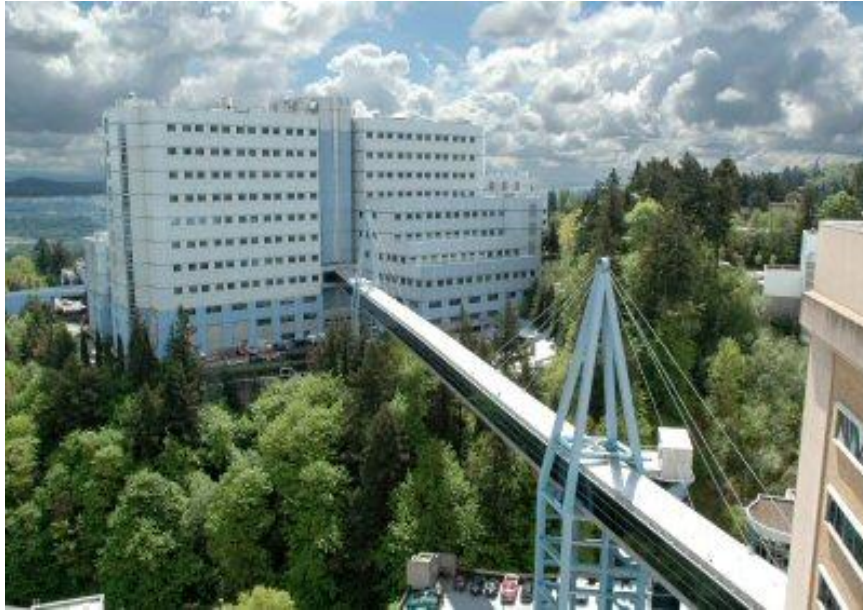
Psychology Training Committee:

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

Table of Contents

| | |
|---|-----------|
| Welcome | 2 |
| Table of Contents..... | 3 |
| About Us | 4 |
| Fellowship Program Overview | 5 |
| Clinical Psychology Fellowship Descriptions | 6 |
| Health Psychology Emphasis | 6 |
| Mental Health/Primary Care Integration Emphasis | 7 |
| Mental Illness Research, Education, & Clinical Center (MIRECC) Fellowship | 8 |
| Palliative Care Emphasis..... | 10 |
| Polytrauma Emphasis..... | 11 |
| Required Training Experiences for Fellows | 12 |
| Assessment | 12 |
| Treatment | 12 |
| Consultation | 12 |
| Diversity at PVAMC | 13 |
| Current Staff Research Activities | 22 |
| Recent Staff Publications and Presentations..... | 23 |
| 2011..... | 23 |
| 2010..... | 24 |
| 2009..... | 25 |
| 2008..... | 26 |
| 2007..... | 27 |
| 2006..... | 29 |
| 2005..... | 31 |
| Applying to the Portland VAMC Postdoctoral Fellowships | 33 |

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 Oregon Health & Science University (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 fellowship welcomes and strongly encourages applications from all qualified candidates, regardless of racial, ethnic, religious, sexual orientation, disability, or other minority status.



Fellowship Program Overview

The Portland VA Medical Center is pleased to announce four openings in psychology postdoctoral fellowship (residency) emphasis areas at our facility for the 2013-2014 academic year. 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.

Our training **philosophy** reflects deeply held principles of respect for individual differences, supportive training towards professional growth and transition to an autonomous psychology career, emphasis on science informing psychological practice and vice versa, and ethical practice and decisionmaking. We view the postdoctoral training year as an opportunity to consolidate and advance assessment, treatment, and consultation skills established during internship, while increasing autonomy across the training year to allow our graduates to feel fully prepared to enter an independent psychology career at the end of training. In supervision we reflect the advanced skills of the postdoctoral trainee by eliciting the Fellow's case conceptualization and plan at the outset, and offering reflective supervision to assist the Fellow in deciding on therapeutic goals and actions.

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 psychology-specific professional development and didactic seminars twice monthly, alternating with individualized emphasis-specific didactics selected by the postdoc from the many other professional training opportunities available, such as OHSU Psychiatry Grand Rounds. Supervision is provided by licensed PVAMC clinical psychologists; fellows will receive two hours of individual supervision weekly and one hour of group supervision with other psychology fellows. Fellows will also be trained in supervision and obtain experience in supervised supervision of interns. All fellows meet weekly for one hour of informal peer process group to encourage mutual support and development of a professional collegial network. 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 \$44,530 plus benefits (Fellow pays part of the premium). Fellows 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 (OHSU), our medical school affiliate.

Clinical Psychology Fellowship Descriptions

Health Psychology/Addictive Behaviors Emphasis

Bret Fuller, Ph.D., Veronica Rodriguez, Ph.D., lead supervisors. The health psychology fellow develops behavioral medicine clinical and research skills in a variety of integrated care settings over one year. As the only VHA facility in the nation housing both a Liver Transplant Program and a Hepatitis C Resource Center (HCRC), the Portland VAMC offers a unique training experience as a member of an interprofessional care team for a complex specialty medicine condition, hepatitis C virus (HCV) infection. The NW HCRC is a national program charged with developing evidence-based best practices for HCV care with a particular focus on psychiatric and substance use disorders co-morbidity in veterans with hepatitis C. Patients with HCV commonly present with a complicated set of mental health, substance abuse, and medical issues. Fellows will be full members of the HCV, Liver Transplant, and Substance Abuse interprofessional care teams.

Through firsthand observation and then direct supervision, the fellow will develop a unique set of skills that can be applied to any complex medical condition requiring interprofessional care:

1. Conducting Pre-Interferon Evaluations to determine patients' suitability to begin interferon treatment, including developing plans to help unsuitable candidates become prepared for treatment and to monitor high-risk patients throughout the course of treatment. These evaluations assess HCV disease knowledge and progression, treatment and side effect knowledge, psychiatric stability, substance use and abuse, psychosocial security, treatment planning and monitoring, and treatment adherence and self-management.
2. Conducting Pre-Liver Transplant Evaluations to determine patients' suitability to receive and make best use of a rare organ donation. The Fellow will conduct assessments of mental health, substance use, and behavioral issues, including procedure knowledge, psychosocial and material support, and adherence and self-management.
3. Delivering Motivational Interventions to address entrenched substance abuse and other behaviors that impede health and access to medical services.
4. Providing In-Situ Psychological Interventions to Medical Patients. The Health Fellow will have the unique opportunity to be part of specialty medical clinics and provide psychological services in Liver Clinics, the Substance Abuse Treatment Program (SATP), and the Transplant Lodging Unit (residential facility for patients undergoing liver transplant and evaluation for liver transplant). The Fellow will learn cognitive-behavioral treatments for typical symptoms of depression, irritability, anxiety, and panic, and behavioral medicine interventions for complex conditions such as chronic pain and other somatic symptoms exacerbated by psychological factors.
5. Conducting Clinical Research. PVAMC is home to many grant-funded psychologists researching health-related topics. The Health Fellow can select from many existing research opportunities or develop new ones. The NWHCRC has access to a number of local, regional, and national databases that allow a Fellow to develop a research inquiry to address aspects of care.
6. Receiving Research Mentorship. The Health Fellow selects a primary research mentor for the year and can design a training plan involving several principal investigators. Fellows can spend up to 30% of their time on research-related activities.

Mental Health/Primary Care Integration Emphasis

Linda Gonzales, Ph.D., lead supervisor. This fellow practices for one year in settings that integrate Mental Health and Primary Care services. The fellow works closely with members of the General Medicine-Psychiatry teams (GM-Psych), groups of mental health professionals embedded in Primary Care clinics. Their placement allows for better coordination of psychiatric and medical care, especially for those patients with multiple co-morbidities. The philosophy behind this approach is that many patients can be successfully managed after brief collaborative interventions on an ongoing basis by their Primary Care Providers (PCP), with ongoing consultation by mental health providers.

Psychologists and trainees have been part of GM-Psych Team from its inception **fourteen** years ago. GM Psych clinicians serve two clients—the Veteran and the Primary Care Provider. Training emphasizes both sets of skills, utilizing a systems approach to mental health evaluation and intervention. The Fellow in this position will primarily develop skills in the assessment and treatment of patients seen in Primary Care settings. The Fellow will provide various psychological services, including time-limited individual treatment, cognitive behavioral therapy, Acceptance and Commitment therapy, joint brief visits with the PCP and patient as needed, psychological assessment, as well as easily accessible mental health "curbside" consultations.

Clinical training for the postdoctoral fellowship training will emphasize the following:

1. Appreciation of, and adaptation to the culture of the Primary Care Clinic and the way physicians and other PCPs view and treat mental health problems, including minimalist approaches and fast-paced, high productivity practice
2. Coordinating care with the other providers in a clinic setting
3. Understanding common chronic medical problems and their relationships with psychiatric disorders
4. Understanding the specific needs/culture of veterans and how to treat the particular combination of clinical problems that the most recent cohort of veterans tend to have—chronic pain, post traumatic stress disorder, mild TBI
5. Understanding commonly used psychotropic medications and how to investigate whether there may be drug interactions with other medicines the patient is taking
6. Providing consultation and brief intervention model within a Primary Care Clinic
7. Utilizing ACT therapy adapted to Primary Care setting

In addition to the GM Psych team experience, additional rotations are developed based on the interests of the Fellow.

VA Advanced Fellowship Program in Mental Illness Research and Treatment (PVAMC MIRECC Fellowship)

Lynn Van Male, Ph.D., lead clinical supervisor, Ruth Ann Tsukuda, Ed.D., MPH, RN, and James Boehnlein, MD, lead research supervisors. The primary goal of the fellowship program is to train psychologists to become leading clinical researchers in high priority areas of mental health. The PVAMC MIRECC Fellowship offers a research training emphasis on violence risk and threat assessment in health care settings with a clinical training emphasis in posttraumatic stress disorder (PTSD). The Portland VA Medical Center is an unequalled pioneer in the development of national VHA protocols for assessing and responding to violence threat potential with evidence-based practices. In collaboration with their mentors, fellows will develop and implement research projects, publish and present findings, write grants, and utilize the latest technology for educational activities and clinical service delivery.

The VHA Central Office Behavioral Threat Management Program (BTMP) is based in Portland, producing original research on violence assessment and management, and helping guide and disseminate VA-wide policy and procedure for the management of disruptive behavior. The fellow will train under the supervision of Lynn Van Male, PhD, the Director of the BTMP, former national Director of VHA's Prevention and Management of Disruptive Behavior (PMDB) program, and Vice President of the Northwest Chapter of the Association of Threat Assessment Professionals (ATAP). Fellows devote 75% of their time to research and education activities (25% of this research activity must be clinically-focused) and 25% to clinical training. Over the course of the two-year program, fellows are trained in academic and health systems research, advanced clinical care service delivery, and program administration in this interdisciplinary setting.

The MIRECC fellow has a variety of novel training opportunities:

1. Participate in weekly research-oriented videoconferences with fellows from the national VA Advanced Fellowship in Mental Illness Research and Treatment (MIRT).
2. Complete OHSU's Human Investigations Program (HIP), which offers an integrated clinical and translational research education curriculum and results in a Certificate in Human Investigations.
3. Present research to various disciplines of health practitioners in both the psychiatry research conference and the MIRECC Presents videoconference series.
4. Design and implement CME conferences and distance learning programs for VA and non-VA professional staff, and programs for veterans and their families, throughout the Pacific Northwest.
5. Collaborate on program evaluation and administrative projects with personnel from VHA's Office of Public Health, Occupational Health Strategic Healthcare Group (10P3D) in Washington DC.
6. Network with violence risk and threat assessment professionals from the corporate/private sector as well as from other federal, state and local agencies, through regular attendance at ATAP-sponsored training events and conferences.
7. Provide supervised supervision of clinical services provided by practicum trainees and/or predoctoral interns.

For information about the MIRECC fellowship nationwide, please contact Ruth O'Hara, Ph.D. or Sherry Beaudreau, Ph.D., at the Fellowship hub site, (650) 493-5000 x64119 or Sherry.Beaudreau@va.gov. <http://www.mirecc.va.gov/mirecc-fellowship.asp>

The MIRECC fellowship is a two-year interdisciplinary program training psychologists to

become outstanding clinical researchers in high priority areas of mental health, serving as change agents to help lead VA and other public and private health care systems through the 21st century. The Portland VAMC MIRECC fellowship site is linked electronically to the other national MIRECC sites for didactic, academic, and research efforts.

Palliative Care Emphasis

Elizabeth Goy, Ph.D., Melissa Ranucci-Soll, PhD., lead supervisors. This fellowship is part of the VA Interprofessional Palliative Care Postdoctoral Fellowship. This is a one-year training program in which the psychologist fellow will join an interdisciplinary palliative care team including other fellows in social work, palliative medicine, nursing, and chaplaincy. The psychology fellow will function year round as a palliative care consult team member, attending palliative care rounds, taking psychology referrals for palliative care inpatients (in hospital and nursing skilled care units) and outpatients, and providing expertise to other hospital disciplines caring for palliative and hospice-enrolled inpatients. Additionally, the fellow will complete several 4- or 6-month training site rotations that may include:

- VA Community Living Center (includes inpatient hospice)
- VA Consult-Liaison Psychiatry Service
- VA Outpatient Mental Health Clinic - individual therapy for end-of-life processing and bereavement
- Oregon Health & Science University (OHSU) Hematology/Oncology clinics
- VA Interdisciplinary Lung Clinic

Training will be designed to maximize the fellow's expertise in psychological aspects of end-of-life care, including: evaluation of mood and quality of life; knowledge and treatment of common end-of-life psychiatric syndromes (including depression, anxiety, delirium, posttraumatic stress disorder, anticipatory grief, substance abuse, and sleep disorders); caregiver strain and processing of grief; in-depth understanding of disease-specific end-of-life trajectories; working with other disciplines including chaplains, social workers, nurses, pharmacists, and physicians to maximize palliative support and identify unmet needs for psychological services; empirical basis of assessment and treatment planning; and in-depth understanding of end-of-life pain treatment protocols and symptom management. Overall, this health psychology training opportunity with people at the end of life is very much about living while dying.

Fellows will have a minimum of four hours per week available for development and conduct of faculty/IRB-approved research; this option can be adjusted if more time is desired for clinical activities. Fellows will participate in a psychology postdoc-specific professional development and didactic seminar series twice monthly, a weekly Interprofessional Palliative Care Team didactic, and a monthly all-city palliative care conference. The fellow will receive two hours of individual supervision weekly and one hour of group supervision with other psychology postdoctoral trainees. The fellow will obtain experience in supervised supervision of interns/practicum students.

Polytrauma Emphasis – NOT RECRUITING FOR 2013-2014

Daniel Storzbach, Ph.D., & Amy Wagner, Ph.D., lead supervisors. The trainee in this position will develop skills primarily in the assessment and treatment of Traumatic Brain Injury (TBI) and Post Traumatic Stress Disorder (PTSD). This Fellow will work within the current PTSD Clinical Team (PCT) and the Neuropsychology Service located in the Mental Health Clinic. It is expected that the majority of the Fellow's clinical activities will be with veterans who have recently returned from Iraq and Afghanistan, a population that has been shown to have high rates of TBI and PTSD.

The TBI portion of the fellowship will be managed by the Neuropsychology Service. This training experience is designed to enhance the skills of Fellows with prior neuropsychology experience by exposing them to the unique population of veterans with combat-related TBI and other possible combat-related exposures. The emphasis will be on acquiring specialized expertise in assessment and rehabilitation of the effects of both combat-related TBI and co-occurring adverse psychological effects, particularly post-traumatic stress disorder (PTSD), depression, and adjustment reactions. The assessment approach at Portland VAMC combines structured and flexible techniques. In addition to clinical training, fellows will attend seminars that provide theoretical and practical reviews of current issues including formal case presentations, Neuropsychology Case Conferences led by Dr. Muriel Lezak at OHSU, and Neuroscience Grand Rounds. There may also be opportunities to work in collaboration with staff from the VA's Center for Polytrauma Care in Seattle and the Psychology Department at Madigan Army Medical Center.

Fellows will also have opportunities to participate in clinical research, including the ongoing VA Merit Review study "Cognitive Rehabilitation of OIF/OEF Veterans with Cognitive Disorder." This study is a multisite randomized control trial of a manualized cognitive rehabilitation intervention for OIF/OEF veterans with cognitive problems. We are also piloting manualized hybrid PTSD treatment/cognitive rehabilitation interventions.

Within the PCT, fellows will participate in nationally recognized group education and therapy programs developed at the Portland VAMC. They will also gain experience in evidence-based individual treatment models. The Portland and Vancouver PCT staff have expertise in such treatment models as Dialectical Behavioral Therapy (DBT), Prolonged Exposure (PE), and Cognitive Processing Therapy (CPT). Training emphasizes conceptualization and treatment of acute and chronic posttraumatic sequelae. The fellow will participate actively in the provision of clinical services, supervise interns, and contribute to ongoing research. The goal of training for the PTSD element is to instill specialized knowledge of and treatment for PTSD and related conditions. Particular emphasis will be on learning and further developing adaptations of PTSD treatments for individuals with TBI.

Required Training Experiences for Fellows

Regardless of specialty, all psychology fellows will gain experience in assessment, treatment, consultation, supervision, administration, ethical principles, and cultural and individual diversity.

Assessment

Fellows will conduct intake assessments and learn to make competent multiaxial DSM-IV diagnoses. Fellows also use a number of personality and cognitive assessment instruments, including the MMPI-2, PAI, WMS-IV, WAIS-IV, and RBANS. Fellows 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, with an emphasis on empirically-supported treatments. Fellows 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, fellows will provide group therapy for a variety of veterans. Fellows acquire skills in developing, planning, and leading psychoeducational and process groups.

Consultation

Fellows will learn to function as consultants throughout the medical center. 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 fellows. In other instances, the fellow 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 fellowship, the fellow will have gained skills in providing consultation to multidisciplinary teams, as well as to individual practitioners from different disciplines.

Supervised supervision

We are committed to mentoring growth in the provision of supervision to future psychologists. All postdoctoral Fellows will work with their primary supervisor, the Director of Psychology Postdoctoral Training, the Director of Psychology Training, and the Director of Practicum Training as appropriate to establish a training relationship with a graduate psychology practicum student or a current PVAMC Psychology intern during the training year. The training program will strive to match Interns or practicum students as supervisees who have training interests in the areas of clinical strength of the postdoctoral Fellow. Residents will also attend PVAMC Mental Health Education Committee presentations on supervision, which may be counted as didactic electives. These sessions are also attended by PVAMC staff psychologists, who are dedicated to increasing their own competencies in providing supervision and supervised supervision.

Administrative/Program Development Project

Each postdoctoral resident is required to complete an administrative project during the training year. This project provides residents with a mentored educational experience to develop administrative and leadership skills as part of a well-rounded program of training for professional psychology. Some typical projects in past training years have included:

- Serving as one of two postdoc class representatives on the Training Committee
- Assist with an aspect of developing a PVAMC mental health service (e.g. telehealth; training rural providers) or clinic (e.g. postdeployment)
- a 6-8 week psychoeducational group with pre and post (ratings or outcome) measures

At the completion of the project, the postdoctoral resident will write a brief summary of the goals of the project, a 2-3 sentence description of the project, and a summary of the outcomes of the project (narrative, including participant ratings or outcome measures).

Ethics, Multiculturalism and Diversity

We are an ethically principled, diverse collection of colleagues who welcome growth in our understanding of diverse populations within and around our professional network. We strive to create a welcoming environment for all employees and trainees, to model this welcoming culture for others throughout the Portland VA, and to increase diversity in our richly varied community as we grow. Fellows are expected to demonstrate competence in working with culturally and individually diverse clients. Didactic Seminars are a chance to improve Fellows' cultural competence as well as foster a workplace that appreciates diversity. Each Fellow also presents one Seminar during the year on a self-directed topic concerning diversity or ethical/legal issues.

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 fellowship 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. We recognize that mentoring can provide important support for an individual entering employment or training here, whether as a member of an underrepresented culture or for general professional development, and we are committed to providing mentoring relationships to promote professional adjustment and growth for our residents.

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.

The EEO/Diversity program fosters a diverse and inclusive work environment that ensures equal opportunity through policy development, workforce analysis, outreach, retention, and education to best serve our nation's Veterans. Special Emphasis Program Representatives (SEPRs) champion diversity concerns of particular groups including veterans, ethnic/ racial/ cultural groups, women, LGBTQ people, and people with disabilities. PVAMC was the first VA site to establish an LGBT SEPR position on its EEO Advisory Committee; only two other VA sites are known to have an LGBT/sexual minority SEPR. 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.

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.

Meet the Staff

The 35 staff members are scientist-practitioners of psychology. Staff roles include delivery of clinical service, research, consultation, trainee supervision, and administration. Twenty-one 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, Clinical Geropsychologist, 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 received her doctorate from Northern Illinois University and completed her internship and Geropsychology Postdoctoral Training at PVAMC. Her clinical practice is focused on mental health interventions for patients with chronic or life-threatening illness. Her research has focused on psychiatric and psychological aspects of end-of-life care, with an emphasis on neurological disorders. Recent projects include: 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.

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.

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 in 2008 after she completed her predoctoral internship through the Southwest Consortium Pre-doctoral Psychology Internship (SCPPI) in Albuquerque, New Mexico. She completed postdoctoral training in Health Psychology at the Portland VAMC. In 2009, she joined the Substance Abuse Treatment Program, where she provides substance/mental health treatment among older adults. Her clinical work focuses on veterans with comorbid substance-related, health/medical, and psychiatric disorders. Her clinical interests include motivational interviewing, mindfulness-based interventions, and intersection between chronic pain and addictive disorders. 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 two deployments to Iraq, where he provided a range of mental health services while attached to 332nd EMDG. He is anticipating a possible 3rd deployment.

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. He currently researches the interaction of mental and physical health factors, especially as they affect end-of-life issues.

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 VHA Central Office Behavioral Threat Management Program (BTMP), 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. Until recently, she was the Director of the VHA Prevention and Management of Disruptive Behavior (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.

Each fellowship varies in its mix of clinical and research training; however, Portland VAMC encourages and nurtures involvement in research activities. Many staff welcome trainee involvement in ongoing research including grant preparation, data collection, data analysis, and manuscript preparation. Fellows have opportunities to co-author publications and professional presentations. Fellows 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., Lubner, 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., Lubner, 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., & Gurdish, 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.

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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.

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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.

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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.

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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.

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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>

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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.

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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.

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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

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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.

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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.

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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.

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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.

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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.

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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., Smerbourne, 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 Postdoctoral Fellowships

Please note: as of 10/01/12 we are adjusting our recruitment procedures in response to national changes suspending plans for a uniform recruitment date. Please check back regularly for updates.

Eligibility: We seek candidates who are **US citizens** and will have completed an **APA-accredited doctoral program** in clinical or counseling psychology and an **APA-accredited internship** as of the start of the Fellowship. The dissertation and all doctoral degree requirements must be verified as completed prior to the fellowship start date. The Portland VAMC encourages applications from individuals with diverse backgrounds and with a variety of experiences. As an equal opportunity training program, the fellowships welcome and strongly encourage applications from all qualified candidates, regardless of racial, ethnic, religious, sexual orientation, disability, or other minority status.

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.

ADDITIONAL ELIGIBILITY CRITERIA POSTDOCTORAL FELLOWSHIP

Postdoctoral fellowship applicants also must meet the following criteria to be considered for any VA Psychology Postdoctoral Program:

-
1. Have received a Doctorate from 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. Have completed an internship program accredited by the APA Commission on Accreditation or have completed a VA-sponsored internship.

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.

Deadlines: Applications must be received by December 14, 2012. We will acknowledge receipt and interview highly qualified candidates once applications have been reviewed.

Uniform Notification Day procedures have been suspended nationally this year. We anticipate making offers in early 2013. If you receive an offer from a lower-ranked position, you are advised to contact us to inquire about your application status. We will request evidence of the existing offer.

Please check back regularly for updates.

Application Instructions: To apply, the following materials are required:

1. A letter of interest (identifying the desired fellowship, a brief summary of your interests and qualifications for this specialty training, why you are interested in this position, and aspirations for your psychology career)
2. Curriculum Vitae (including a brief description of your internship rotations)
3. Three letters of recommendation (at least one from an internship supervisor)
4. A separate, brief memo from your graduate program Training Director or Dissertation Chair stating that you will complete all graduation requirements by the start date of the Fellowship (please do not embed this within a letter of recommendation).
5. Official graduate school transcripts

We are using an electronic application process as much as possible. Please submit your letter of interest and CV together in one email with your name and the emphasis track of interest (e.g. "Jennifer Notarealname – Palliative Care") in the Subject line. The three letters of reference and the Training Director/Dissertation Chair verification of completion should be sent directly (individually) from the respective reviewer's professional email account, **with the applicant's name in the Subject line**. These letters must be signed and scanned as a pdf attachment to the email. Please contact Dr. Goy (contact information below) for options if the letter writer does not have access to scanner or pdf tools.

All emailed documents should be sent to both: Elizabeth.goy@va.gov, and Connie.Gaudette2@va.gov.

Please have the official graduate school transcripts sent to:

Connie Gaudette
Psychology Postdoctoral Fellowships (P3MHDC)
Portland VA Medical Center
3710 SW US Veterans Hospital Rd
Portland, OR 97239

Applicants may apply to more than one emphasis area; if so please submit separate applications for each emphasis track; a specific letter of intent should be written individually for each emphasis application and submitted with a CV. If the applicant is using the same three letters of recommendation for separate emphasis applications, please indicate this in the body of the email to which your intent letter and CV are attached.

Please feel free to contact Dr. Elizabeth Goy, Director of Psychology Training (e-mail: elizabeth.goy@va.gov; phone: 503-220-8262, ext. 57470) or Dr. Darin Bergen, Assistant Director of Postdoctoral Training (darin.bergen@va.gov), with any questions.

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