

VA



U.S. Department of Veterans Affairs
Veterans Health Administration
VA Palo Alto Health Care System



**National Center for PTSD,
Dissemination & Training Division
VA Advanced Fellowship Program in
Mental Illness Research & Treatment**

VA Palo Alto Health Care System

2021 – 2022



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Introduction

The National Center for PTSD Dissemination and Training Division (NCPTSD D&T) Fellowship is one of 28 sites of the VA Advanced Fellowship Program in Mental Illness Research and Treatment, which is sponsored by the Office of Academic Affiliations. ***Our postdoctoral fellowship program has been accredited by the American Psychological Association (APA).*** NCPTSD was created in 1989 within the Department of Veterans Affairs in response to a Congressional mandate. The National Center for PTSD is a world leader in research and education programs focusing on PTSD and other psychological and medical consequences of traumatic stress. The mission of the NCPTSD is to advance the clinical care and social welfare of America's Veterans and others who have experienced trauma, or who suffer from PTSD, through research, education, and training in the science, diagnosis, and treatment of PTSD and stress-related disorders. See more at <http://www.ptsd.va.gov/about/index.asp>.

The NCPTSD D&T Division promotes best practices in treatment of Veterans with PTSD and related problems through training and practice change efforts based on implementation science, and by developing and researching novel interventions to expand access and improve effectiveness of care. Areas of special focus include web-based training, smart phone technology, internet, and other intervention technologies, evidence-based treatment, military sexual trauma, and disaster mental health. Fellows will receive advanced clinical training in treatment of PTSD and common comorbid disorders, will participate in PTSD education and dissemination efforts, and will be mentored in research related to improving PTSD assessment, treatment and delivery of services. Potential research areas include PTSD treatment effectiveness trials, innovations in treatment applications, health services research on access and quality of PTSD care, implementation science studies on mechanisms for expanding adoption of best care practices and telemedicine trials testing video, internet, or smart phone-based interventions. Fellows will have also a unique opportunity to gain experience with large-scale dissemination efforts by participating in one or more national dissemination/implementation initiatives. We hope this brochure can help you decide whether you want to submit an application to the NCPTSD D&T Fellowship at VA Palo Alto.

The national training mission of VA is broad and explicitly includes training of health care professionals for the nation, as well as for the VA system. We train Fellows who go on to VA jobs, and we train others who go on to work in academia, other medical centers, the private sector, etc. The profession of Psychology and the whole health care system in this country are served by having well trained, enthusiastic, creative professionals. We strive to support VA's training mission, for VA's specific goals and for the nation.

Training at VA Palo Alto

The VA Palo Alto Health Care System (VAPAHCS) provides a particular kind of training, based on our view of the role of Psychology in the VA system. We are committed to the scientist-practitioner model of psychology, and the postdoctoral training experience is organized accordingly. We are guided both by the original articulation of the Boulder Model (Raimy, 1950) and by the update of the scientist practitioner model, as articulated at the Gainesville conference in 1991 and in the subsequent publication following that conference (Belar & Perry, 1992).

The NCPTSD Fellowship Program's scientist-practitioner model has a curriculum that features learning experiences that are sequential, graduated in complexity and that facilitate transition to advanced competency and independence.

The mission of the VA Advanced Fellowship Postdoctoral Training Program is to train psychologists who meet general advanced practice competencies in psychology and can function effectively as professional psychologists in a broad range of multidisciplinary settings. Prior to beginning the postdoctoral experience, Fellows are expected to have attained a high level of accomplishment in generalist training. The primary goal of the postdoctoral program is for Fellows to develop the full range of skills required for independent functioning as a psychologist, including skills involved in clinical assessment and intervention; consultation, supervision, and teaching; scholarly inquiry; organization, administration, management, and program evaluation activities; and awareness of and sensitivity to professional, ethical, legal, and diversity issues.

Complementing our goal of preparing Fellows to function as independent psychologists, we also aim to prepare Fellows for practice in high priority areas of health care for veterans. VA's national training goals are listed as primary care, geriatrics, mental health and rehabilitation (Associated Health Professions Review Subcommittee, 1997). The NCPTSD D&T Fellowship includes the emphasis area of Post-Traumatic Stress Disorder(PTSD). In collaboration with their mentors, Fellows will develop and implement a research project, publish and present findings, participate in grant writing, and utilize the latest technology for educational activities and clinical service delivery.

In this introduction, we describe how the training program is organized and program procedures such as application and selection. In addition, we discuss our philosophy of training and provide additional information about expected competencies that postdoctoral Fellows will acquire. Following the introduction, sections appear that describe the training sites, including specific details on program structure, patient population, theoretical orientation, and the nature of supervision for each training site. At the NCPTSD D&T, Fellows receive mentorship in

the emphasis areas of PTSD from internationally renowned clinical researchers. Please see Appendix A for a listing of our Faculty Mentors

VA Palo Alto Health Care System Facilities

VA Palo Alto is part of a national network of hospitals and clinics operated by the Department of Veterans Affairs to provide comprehensive health care to men and women who have served in the armed forces. This health care system is responding to many national changes in the health care field; our training program changes in concert with the changing organization and emphases of health care.

The Veterans Affairs Palo Alto Health Care System ([VAPAHCS](#)) is a teaching hospital, providing a full range of patient care services across 10 different hospital/clinic sites, with state-of-the-art technology as well as education and research. As of June 2018, this health care system has over 7000 employees, is located on more than 300 acres, and operates on an annual budget of over \$1.1B. Our health care facilities operate 808 inpatient beds, including three Community Living Centers (formerly known as nursing homes) and a 100-bed homeless domiciliary, and over 50 primary care and specialty outpatient clinics, serving over 93,000 unique patients per year. Fellowship training sites are available at four campuses within the health care system (Palo Alto, Menlo Park, San Jose, and Livermore), with the great majority concentrated in the Palo Alto Division and the Menlo Park Division. The Palo Alto and Menlo Park Divisions are separated by 7 miles (15 minutes by car or shuttle).

VAPAHCS has the third largest research program in VA with annual funding of \$58M. VA Palo Alto encompasses extensive research centers in geriatrics (GRECC), mental health (MIRECC), Alzheimer's disease, multi-site trials (Cooperative Studies Program), Spinal cord regeneration, schizophrenia, and post-traumatic stress disorder (NCPTSD). VAPAHCS also manages several centers supported by the VHA Office of Research and Development, including the Rehabilitation Research and Development Center (RR&D), Health Services Research and Development (HSR&D) Center for Innovation to Implementation (Ci2i), Program Evaluation Resource Center (PERC), and Health Economics Resource Center (HERC). Training resources are available for research or consultation at these and other programs.

Organizationally, the NCPTSD Fellowship is housed within the National Center for PTSD, Dissemination and Training Division, at VAPAHCS. The fellowship program operates conjointly with MIRECC and the broader Clinical Training Program within VAPAHCS Psychology Service.

The VAPAHCS is affiliated with the Stanford University School of Medicine and shares training programs for medical residents in psychiatry, medicine, surgery, rehabilitative medicine, and other medical specialties. In addition to these and the psychology training program, VAPAHCS also has training programs for audiology/speech pathology, dentistry,

dietetics, hospital management, nursing, pharmacy, social work, recreation therapy, occupational therapy, and optometry. Over 1500 students, interns, fellows, and residents are trained each year across these multiple disciplines.

In addition to basic medical and mental health care programs, this VA has a variety of specialized regional programs, including a Polytrauma Rehabilitation Center, a Spinal Cord Injury Center, the Western Region Blind Rehabilitation Center, the Men's and Women's Trauma Recovery Programs, Homeless Veterans Rehabilitation program, a Geriatric Research, Educational, and Clinical Center (GRECC), and a Mental Illness Research, Education, and Clinical Center (MIRECC). Special psychological programs are available in health psychology, geropsychology, inpatient and outpatient psychiatric care, drug and alcohol treatment, and brain injury rehabilitation. Training opportunities are available in all of these programs.

NCPTSD D&T Postdoctoral Funding, Benefits, and Eligibility

The NCPTSD D&T VA Advanced Fellowship Postdoctoral Program is funded by the Office of Academic Affiliations of the Department of Veterans Affairs Central Office as an annual, earmarked allocation to the medical center. The current annual Postdoctoral stipend at VA Palo Alto is \$64,268. This stipend requires a full calendar year of training. VA provides health care benefits for interns and postdoctoral fellows as for any other VA employee. Health benefits are also available to dependents and married spouses of interns and fellows, including to legally married same-sex spouses of interns and fellows. Unmarried partners of either sex are not eligible for health benefits, even those in legal civil unions or domestic partnerships. Insurance programs can be selected from a wide array of options. More information about VA stipends and benefits are available at www.psychologytraining.va.gov/benefits.asp.

Our training is geared to individuals who will have completed their doctoral degrees from APA-accredited clinical or counseling psychology program and will have completed an APA-accredited psychology internship program, are functioning at an advanced level, and have clinical and research experience in the emphasis area of interest. Eligibility requirements for VA postdoctoral fellowships are determined nationally and we have no authority to over-ride these requirements locally. All information about VA eligibility requirements is available at <https://www.psychologytraining.va.gov/eligibility.asp>.

The number of postdoctoral positions available within this Fellowship is expected to be at least 1 in the 2021-2022 training year. Applicants with interest in PTSD are strongly encouraged to apply.

NCPTSD D&T Fellowship Structure

The Fellowship consists of two calendar years of full-time supervised training; our start date can be somewhat variable, depending on the Fellow's date of graduation and other needs. Generally, Fellows start on September 1 each year, but we have had Fellows start in August or later in September, up to October 1. A later start date than October 1 would not usually be considered. The Fellowship ending date will be determined based on the specific start date of each fellow. Fellows must complete the full two years of training, so a start date should be determined with consideration of hopes for availability for future employment (e.g., ending in time to begin an academic position). Training is based on a 40-hour workweek, so the total hours over a year come to 2,080. Out of those 2,080 hours, there is time off for vacation (13 days), illness (up to 13 days), Federal holidays (10 days), and authorized absence for professional activity. Like staff, Fellows are paid for 40 hours per week, no matter how much time is spent. Most staff do not get their work done in the allotted 40 hours, and we suspect that most Fellows will not either. A key notion in VA is that we are a "Service," not a department. To serve patients we must be available, and Fellows will see considerable emphasis on being available, especially during working hours. On the other hand, this is not a 60-hour per week or more Fellowship. Each Fellow will work at least 40 hours intensively each week. How much more than a Fellow works depends on many factors, including interest in additional training experiences, research involvement, time-effectiveness in completing paper work and other work demands, etc. The Fellow's Primary Preceptor, the Fellowship Director and the Training Director will help plan a realistic program that balances taking advantage of training and professional development opportunities with time for a full, rich life outside of work. The training provided meets the requirements for licensure in California and meets or exceeds licensure requirements in every other state at this time. Regardless of the specific training plan, Postdoctoral Fellows will receive at least 4 hours per week of clinical supervision, with at least half of that in individual, face-to-face supervision. In addition, Fellows will have at least two different supervisors during the year.

Research Opportunities and Expectations

Each Fellow is expected to participate in research during their training tenure with the Fellowship. Fellows choose research projects within their stated area of emphasis (PTSD) and work collaboratively with their research mentors to: a) identify or develop meaningful clinical research projects that address key areas of veterans mental health needs; b) identify roles on ongoing clinical research projects (including the numerous clinical trials available at NCPTSD that may foster the advanced development of both clinical and research skills; and c) participate in the development and submission of empirical manuscripts, grants and other scholarly projects focused on the mental health needs of today's veterans. Fellows are expected to complete a meaningful research project during their two year Fellowship, and to

consistently show clear markers of their research productivity. These key markers include: a) the development of a grant proposal; b) generating an article and submitting it for publication; c) presentation of this project at a professional meeting; d) developing and presenting an in-service training module, or some other marker of productivity. Fellows have substantial protected time for research each week, which facilitates expeditious completion of these projects. In addition, many Fellows are involved with research concerning direct clinical hypotheses, so some of their clinical experiences will be in the context of research programs, such that the clinical work contributes to data collection and ongoing generation of hypotheses about the area of research.

Clinical Rotations

Each Fellow has a chance to participate in decisions about rotations. Each experience is crafted to fit the Fellow's training needs and interests, within the expectations and resources of the program. We affirm collaborative decision-making between Fellows and training staff regarding each Fellow's development and thus the design of each Fellow's program. In addition, evaluation is a mutual process among Fellows, supervisors, and the training program as a whole. We believe this is necessary to insure continued growth for each Fellow and for the training program.

Didactics

NCPTSD D&T Fellows have the opportunity to participate in many didactics throughout the training year. Fellows participate in didactics specifically focused upon the national community of Fellows in the Advanced Fellowship Program for Mental Illness Research and Treatment. Fellows from all participating training sites join by video-teleconference (V-Tel). These required twice monthly, two hour didactics feature "hot topics" in clinical practice, clinical and research ethics, research methods and biostatistics, academic citizenship (e.g., participation in the peer review process), mental health priorities within VHA, research methods, as well as broader aspects of personal (work life balance) and career development (promotion and tenure). Fellows also have the opportunity to participate in optional monthly Grant Writing and Manuscript Writing Workshops through V-Tel.

Fellows will also attend Research Professional Development Seminars. The seminar experiences are required for NCPTSD D&T Fellows as well as other research fellows in the VAPAHCS system. The seminar provides an opportunity for Research Fellows to solidify as a peer group and meet Research Staff and Investigators from across VAPAHCS and Stanford. The seminar series will cover a wide variety of topics relevant for trainees conducting or participating in research at the VA. Some of the scheduled topics will include introduction to the Stanford IRB and VA Research Administration, building a research lab, professional networking, developing a job talk, and refinement of research portfolio. Seminar topics will also

attend to issues of professional development, identity, and self-confidence. Each session, the seminar will feature an interactive discussion from an invited speaker either in person or through video teleconferencing. The seminar will begin in September and end in early August.

Fellow will attend selected Professional Development Seminar sessions with the Clinical Psychology Fellows at the Palo Alto Campus. These sessions will focus on clinical issues like reporting requirements and the California Board of Psychology Licensure forms. Once a month, Fellows can participate in an optional licensing preparation group, led by the Fellows themselves. We strongly encourage but do not require Fellows to prepare for and attain California licensure during their Fellowship year. More information about licensure in California can be found at <https://www.psychology.ca.gov/>.

Other Educational Opportunities for Postdoctoral Fellows

California Psychology licensing law requires that psychologists have specific training in Human Sexuality, Child Abuse Assessment and Reporting, Partner/Spousal Abuse Assessment and Treatment, Aging and Long-term Care, and Substance Dependence Assessment and Treatment. With the exception of Partner/Spousal Abuse training (now requiring 15 hours), we provide each of these classes during the year as part of the predoctoral internship seminar; Fellows who have not already received training in any of these areas are welcome to attend when the topics are covered for the interns. Licensed psychologists in California are required to have continuing education; we are approved by APA to provide that training, and most CE training for staff is open to Fellows. In addition, each year there are several full day conferences at the VA Palo Alto Health Care System attended by interdisciplinary staff and open to trainees; topics vary from year to year. Several VA clinical research centers (GRECC, Ci2i, National Center for PTSD, MIRECC), as well as Stanford Department of Psychiatry, offer regular seminars or grand rounds, which are open to Fellows.

Training Objectives for the Fellowship Year

We have two overarching goals for our postdoctoral training program:

1. Fellows will develop the full range of skills required for independent functioning as a psychologist.
2. Fellows will develop skills required to function effectively as a psychologist in a high priority area of health care for veterans (e.g. PTSD).

Competencies for our first goal are defined by the general advanced practice competence domains identified by APA's Committee on Accreditation. Specifically, Fellows are expected to demonstrate, by the end of their tenure with us (2 years), competence in the following areas:

- Clinical assessment, diagnosis, and intervention
- Consultation, supervision, and teaching
- Scholarly inquiry
- Organization, administration, management, and program evaluation
- Professional, ethical, and legal issues
- Cultural and individual diversity

The competencies for our special emphasis area are defined as much as possible by nationally accepted (or emerging) criteria defining expertise in the specific area of emphasis. National standards defining competency in the treatment of PTSD are evolving; the specific skills to be developed in the PTSD emphasis area are derived from a review of number of relevant and respected sources (for example, the National Center for PTSD and the APA Division 56 - Trauma Psychology), as well as from review of existing core competencies in other PTSD postdoctoral Fellowships. Many of the specific competencies for this emphasis area are consistent with the general advanced practice competencies described above. The specific emphasis area competencies are the following:

Post- Traumatic Stress Disorder

This emphasis involves training in the following competency areas:

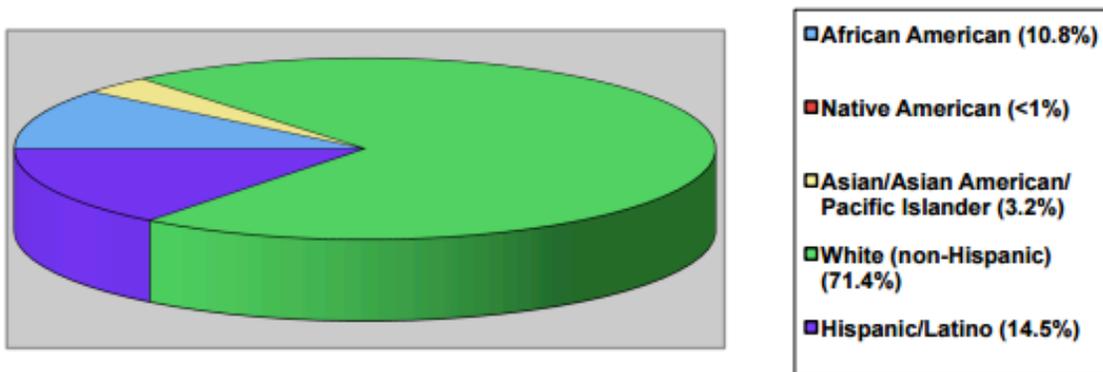
- Differential diagnosis of PTSD compared to other disorders and evidence based treatments for PTSD and trauma-related disorders (incorporated into general competency in assessment, diagnosis and interventions). This includes core PTSD assessment modalities, assessment modalities pertaining to diagnoses and conditions commonly co-morbid with PTSD, specifically substance abuse disorders, mild to moderate traumatic brain injury, and anxiety disorders other than PTSD, and assessment of therapeutic and programmatic efficacy; empirically validated and supported treatments for PTSD with commonly occurring co-morbid disorders and conditions, specifically substance abuse disorders and mild to moderate traumatic brain injury.
- Competency in providing consultation about PTSD and trauma-related problems (incorporated into general competency in consultation, supervision and teaching). This competency includes knowledge of military culture and its impact on the course and treatment of PTSD, therapist self-care; introduction to empirically validated and supported assessments and treatments for PTSD and trauma-related disorders.
- Scholarly inquiry (incorporated into general scholarly inquiry) and includes understanding of PTSD research and theory as it affects the individual patient,

particularly that pertaining to combat-related PTSD in Vietnam and post-Vietnam era veterans (e.g., Operation Enduring Freedom and Operation Iraqi Freedom), active duty military personnel, military reservists, and National Guard members.

Opportunities for Working with Diverse Patient Populations and for Developing Multicultural Competence

VA Palo Alto serves an ethnically diverse population of veterans and active-duty personnel ranging in age from 19-90+, with more and more younger ages represented due to our nation’s current military conflicts. While most of the patients are male, VA Palo Alto has specific women’s mental health programs drawing female veterans and active-duty personnel from around the nation. Female patients now account for 10% of the VA Palo Alto patient population. Patients also range in socio-economic status, from high-income employees of local technology companies to low-income and/or homeless veterans. The overall VA Palo Alto patient population reflects the distribution of self-reported ethnic backgrounds in the pie chart below.

VA Palo Alto Demographics



The Postdoctoral Seminar devotes a significant section of the seminar series to directly addressing multicultural competence and diversity issues, as well as encouraging presenters for all topics to model critical thinking about diversity issues throughout the seminar series. Furthermore, supervisors address multicultural competence and diversity issues in each rotation and during the course of supervision. The postdoctoral program also takes seriously the support of fellows’ professional development with regard to ethnic identity, sexual orientation, gender, gender identity, disability, and other significant identifications. Towards this goal, our diverse supervisory staff is available for mentoring of fellows from a wide range of backgrounds. Multicultural competence is valuable to us and something we consider essential to ongoing professional development.

Training Objectives and Trainee Self-Disclosure in Training and Supervision

In the most recent version of the APA Code of Ethics (2002), APA described what a program can reasonably expect of students in training regarding personal disclosure. Because this clause is particularly relevant for training programs, such as our postdoctoral programs, we have reproduced this ethics clause and discuss how we approach this issue in our training program:

7.04 Psychologists do not require students or supervisees to disclose personal information in course- or program-related activities, either orally or in writing, regarding sexual history, history of abuse and neglect, psychological treatment, and relationships with parents, peers, and spouses or significant others except if (1) the program or training facility has clearly identified this requirement in its admissions and program materials or (2) the information is necessary to evaluate or obtain assistance for students whose personal problems could reasonably be judged to be preventing them from performing their training- or professionally related activities in a competent manner or posing a threat to the students or others.

We fully endorse the spirit of the clause, believing that trainees should not be forced to reveal more personal information than they feel ready to process, until they feel some comfort with the supervisory situation, and feel safety regarding how shared information will be handled. At the same time, self-disclosure is an important part of the training experience and serves at least two important purposes.

First, the supervisor is ultimately legally and ethically responsible for the welfare of any patient seen by the trainee; thus, any important information about the trainee's internal experience that may affect the conduct of assessment or therapy is expected to be a part of the supervision process. Second, the general competencies expected in our program, especially those described under the category of Professionalism, include some particularly relevant to this new ethics clause, e.g.:

- Shows emotional maturity in professional contexts by tolerating ambiguity and anxiety and considering the views of others, even in charged situations.
- Accurately evaluates level of competency and considers own limitations when working with patients; knows when own level of expertise is exceeded; seeks appropriate consultation when needed.
- Demonstrates knowledge of self and the impact of self on the conduct of therapy, within the theoretical perspective being utilized.

Feelings and the thoughts, beliefs, and circumstances that propel them cannot be simply expunged by a psychologist when it comes time to see a patient or to interact with colleagues. Learning to identify, utilize, and control feelings, attitudes, and actions in the consulting room and all other professional interactions is a lifelong process for all psychologists. We believe it is important that supervision be a place where the Fellow is assisted to explore and understand the qualities and experiences that he or she brings to every aspect of professional work and how these facilitate or hinder effective interactions. We intend that Fellows will recognize, improve, and employ those personal qualities that will assist in forming effective working relationships with patients, peers, NCPTSD D&T staff, staff and trainees of other professions with whom they work in the health care system, etc. – all professional work is influenced by the personal qualities of the trainee, and these are appropriately included in the supervisory process. At the same time, we re-affirm that this needs to be done in a sensitive way, in which the Fellow is given time to develop a safe and effective working relationship with the supervisor. This work should occur such that the underlying APA philosophy is respected. Fellows should not be required or forced to divulge information that is not relevant to the work they are doing or in a way that is not designed to promote and enhance professional development.

Evaluation Process

Supervisors, Mentors, and Fellows are expected to exchange feedback routinely as a part of the supervisory process; other evaluation procedures are meant to formalize this continuous information flow. It is the responsibility of the Fellowship Director, Director of Training, Research Mentor, and Clinical Supervisors to ensure that formal evaluation occurs in a timely and constructive fashion, but Fellows are encouraged and expected to take an active role. Evaluation is a mutual process between Fellows, Supervisors, Mentors, and the training program as a whole. Fellows are encouraged to delineate their learning goals, to evaluate their progress at mid-rotation in terms of those original goals, to modify their goals as appropriate, and to plan for attaining these goals during the remainder of the rotation.

We have developed well-specified, measurable exit competencies for our two overarching training goals (i.e., general advanced practice competencies, emphasis area specific competencies). For each clinical setting/experience in the Fellow's training plan, supervisors complete both mid-rotation and end of-rotation evaluations. Mid-rotation evaluations provide an opportunity for mid-course corrections, while end-of-rotation evaluations are a chance to reflect on overall progress that was made. At the end of each rotation, the Research Mentor evaluates Fellow's overall progress toward reaching the general advanced practice competencies and the emphasis area specific competencies, based on feedback from supervisors and on their own experience working with the Fellow. If any supervisor notes a problem that could affect successful completion of the Fellowship, Due Process procedures are

in place to work towards resolution of the problem if possible. The Due Process procedure is reviewed in detail with Fellows during orientation at the start of the year.

Training Considerations During COVID-19 Pandemic

In the San Francisco Bay Area, there has been some form of a shelter-in-place order since 3/17/2020 with an indefinite end date. Adaptations to the training program have been made consistent with federal, state and facility guidelines where video and phone contacts have replaced face-to-face interactions in most settings. However, health care workers (including NCPTSD Fellows) are considered “essential workers” and allowed to travel to work as needed. We will engage in collaborative discussions with Fellows as the situation and guidelines change. Our program and facility will work to limit in-person patient contact and will take into account individual trainee circumstances and preferences in returning to in-person patient care.

The orientation of Fellows will be a combination of virtual and in-person orientation and will include a discussion of COVID-19 including information about how health and safety are maintained at VA Palo Alto. All new Fellows will complete telehealth trainings during their first week, and the NCPTSD will prepare ad hoc telework agreements for each Fellow to allow the training program the most flexibility in arranging training during the year.

All didactics and seminars are currently held remotely. Any future in-person seminars will be planned with appropriate social distancing. Currently, in-person team meetings or group supervision may occur with 6 or fewer people and only with appropriate social distancing; otherwise, video or telephone conferencing is being used. The training program will develop an individualized plan for each Fellows which may range from full-time on-site work, part-time telework, or full-time telework with remote access from home which can include telehealth, didactics, individual and group supervision, team meetings, clinical documentation, and other projects in line with their training goals. Telehealth from VA or from home will occur with supervision and provision of clinical services as appropriate to clinical setting, supervision plan, and trainee’s level of training. Telework plans will be made collaboratively with supervisors with discussion of the pros/cons of different arrangements, the range of what is possible, and how other trainees and staff have made these decisions. All Fellows will continue to receive the required hours of weekly supervision (individual and group in-person or video is preferable, telephone only when needed). Fellows should expect routine supervisory observation using in-person or telehealth modalities, as well as co-treatment with supervisors and other licensed mental health staff. Note that these arrangements will differ by training setting and trainee circumstances, and can change over time.

Facility Guidelines:

The VA campuses have strict restrictions on patients or other members of the public visiting (only for urgent patient care or limited specialty care). All employees and visitors must wear a mask in all public areas on campus as part of our universal masking policy and are expected to follow social distancing guidelines (6-foot distance from others). All screening checkpoints are ensuring that patients and their caregivers have a mask or are provided a mask if they do not have one. You will be asked health screening questions at the entrance checkpoints. VA Palo Alto is committed to providing all necessary PPE for its employees and trainees, as well as providing a hygienic work environment. You will also be provided masks for use at work; these are cloth masks for non-clinical use, and medical procedure masks for clinical settings where in-person patient contact is expected (one per day). You will also be issued a plastic face shield for your use, if needed in your training setting. Training settings will also provide cleaning supplies to sanitize your work areas. Finally, under shelter-in-place orders, you are required to have your PIV ID badge when traveling to and from work to verify your standing as an essential government healthcare worker.

Trainees will not be providing services to patients with known COVID; these patients are treated in two separate, isolated medical units on the Palo Alto campus. In residential or inpatient settings, nearly all patient contacts are done through telephone or video visits. The exceptions are in the Polytrauma System of Care and the Spinal Cord Injury Center where they are practicing extra vigilant hand hygiene and social distancing, are using a gown/mask/glove protocol when appropriate and have a no visitor policy to the units. In addition, inpatient psychiatry units have recently been conducting group therapy with small numbers of patients in outdoor courtyards with appropriate social distancing. Some inpatient medical units with very vulnerable patients (e.g., CLC/nursing homes, hospice unit) are operating with limited in-person staff and trainee contact with patients. At this time, Fellows will be allowed on the CLC and hospice units (but not the Hospice unit) with restrictions, including required COVID testing, as well as use of telehealth (phone, video) with in-person staff support as needed to provide services to CLC patients. Some of the residential treatment units (e.g., PTSD and SUD residential programs) currently have very few residential patients. Current services in these programs have included intensive outpatient formats, via telehealth, as the programs consider and plan for limited new admissions.

Your Health Status and Health Care

All NCPTSD Fellows are expected to communicate with their supervisors regularly regarding health and safety concerns and issues. Trainees with exposure to a person with COVID and/or experiencing potential COVID symptoms should not report to work and follow CDC guidelines for self-quarantine or self-isolation. All trainees should inform Occupational Health if they are diagnosed or tested positive for COVID-19, or who are exposed to a person with

COVID, to allow for contact tracing of all potentially exposed staff and patients at VA. If possible, we ask that the trainee gets promptly tested and does not return to work until a confirmed negative test, or what the current CDC guidelines recommend at that time. See below for the current (August 2020) guidance from the CDC:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html>

See the website below for multiple free COVID-19 testing sites in Santa Clara County: <https://www.sccgov.org/sites/covid19/Pages/covid19-testing.aspx>

Links to relevant materials.

You can see the VA Palo Alto COVID updates and details of our county shelter-in-place order at the links below.

VA Palo Alto COVID-19 Current Operating Status:

<https://www.paloalto.va.gov/emergency/index.asp>.

Palo Alto VA has been fortunate that we have had relatively low numbers of COVID-19 patients hospitalized in our facility. The current and total patient and employee cases at any VA facility at this website, including at Palo Alto:

<https://www.accesstocare.va.gov/Healthcare/COVID19NationalSummary>.

Santa Clara County COVID-19 Website:

<https://www.sccgov.org/sites/covid19/Pages/home.aspx>

Application and Selection Process

Selection of Fellows is done by the Postdoctoral Selection Committee, with input from the staff in using the following criteria (not in priority order):

- Breadth and quality of previous general clinical or counseling training experience
- Breadth, depth, and quality of training experience areas relevant to the NCPTSD mission
- Quality and scope of scholarship, as indicated partially by research, convention papers, and publications
- Relationship between clinical and research interests/experience of the applicant
- Evidence of personal maturity and accomplishments
- Thoughtfulness of personal statement
- Goodness of fit between the applicant's stated objectives and the training program and medical center's resources
- Strength of letters of recommendation from professionals who know the applicant well

The Fellowship program follows a policy of selecting the most qualified candidates and is an Equal Opportunity Employer. Our commitment to diversity includes attempting to ensure an

appropriate representation of individuals along many dimensions, including (but not limited to) gender, sexual orientation, age, ethnic/racial minorities, and persons with disabilities.

In order to apply to the NCPTSD D&T VA Advanced Fellowship program, you must submit **via email** the required application materials listed below. The fellowship brochure is updated in the fall each year and may be viewed or downloaded at <http://www.paloalto.va.gov/services/mental/ncptsdfellowship.asp>.

For questions related to the application process, please contact Fellowship Program Manager, Ella Koosis, MPH, at Ella.Koosis@va.gov. For questions related to program content, please contact Fellowship Director, Marylene Cloitre, Ph.D. at Marylene.Cloitre@va.gov.

Application Requirements List:

1. A personal statement of professional goals and interests that strictly follows the instructions. Please review the NCPTSD Fellowship Training Brochure, which describes our programs training goals and opportunities with Training Faculty. In your letter please describe:
 - Your previous educational, clinical and research experiences
 - Your areas of clinical and research interest and its alignment with the NCPTSD emphasis area and mission
 - Specific clinical and research goals and objectives for your Fellowship year
 - Your career “next steps”

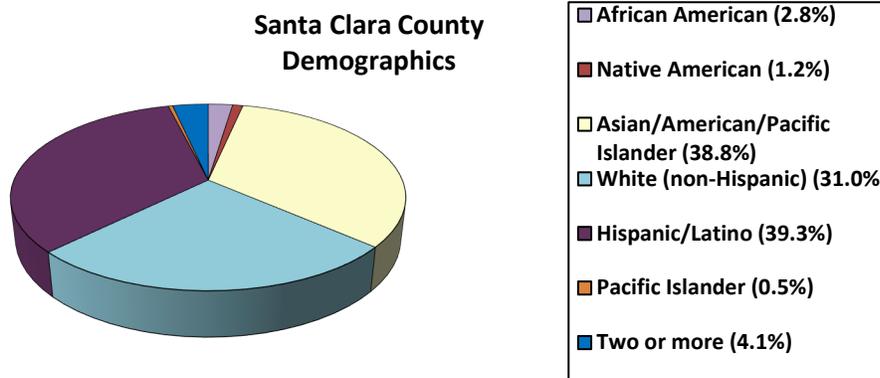
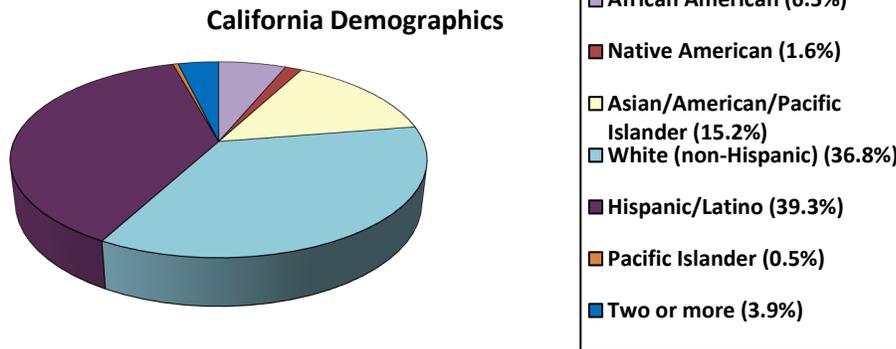
Statement of interest should be no more than 2 pages and include the names of the three individuals expected to provide references.

2. Current Curriculum Vitae
3. Work Sample, such as a published manuscript on which you are first author or other written product that highlights your work relevant to PTSD emphasis area
4. Three letters of reference from faculty members or clinical supervisors who know your research work well. **One of these letters must be from your primary research mentor.** Letter writers should email an electronic copy from his/her university or agency email address, and this will be considered an official “signed” copy. We encourage letter writers to send documents as Microsoft Word or Adobe Acrobat files

All application materials from you (#1-3) should be sent via email to Ella.Koosis@va.gov in one email.

A separate electronic cover letter is not expected (note that any text in your transmittal email will not be saved as part of your application). **Letters from your recommendation letter writers (# 4) should be emailed to Ella.Koosis@va.gov** from their institutional (e.g., university or

and fewer numbers of African Americans. Also, thirty-seven percent of the people living in Santa Clara County were foreign-born. There are 58,015 Veterans living in Santa Clara County. See pie charts below for specifics on state and county demographics from U.S. Census data (retrieved October 8, 2019 from <https://www.census.gov/quickfacts/fact/table/santaclaracountycalifornia/PST045216> and <https://www.census.gov/quickfacts/fact/table/CA/PST045216>).



The region has a lot to offer, making the Bay Area one of the most desirable places to live in the country – mild weather, beaches, mountains, and open space perfect for outdoors enthusiasts, a thriving business and technology sector, and excellent universities and academically-affiliated medical centers providing resources for intellectual and scholarly activities. Visitors and residents alike can enjoy the diversity of social and cultural attractions, such as museums, cultural events, top-rated restaurants, and wineries in the Napa and Sonoma Valleys. In addition to easily accessible outdoor recreation areas for skiing, surfing,



hiking, and biking, sports fans can follow the many Bay Area sports teams (Oakland A's, SF Giants, SF 49ers, San Jose Sharks, Golden State Warriors). If you come to NCPTSD for fellowship, we hope you will have many opportunities to explore and enjoy living this great area!

Contact Information

The NCPTSD is open for business Monday through Friday, 8AM - 4:30PM Pacific Time, except on Federal holidays. The Fellowship administration can be reached at the following address and contact information:

Marylene Cloitre, Ph.D.

Director, VA Advanced Fellowship in PTSD Research and Treatment
VA Palo Alto Health Care System
795 Willow Road (334-NCPTSD)
Menlo Park, CA 94025
Telephone: (650) 493-5000 x2-28353
Email: marylene.cloitre@va.gov

Ella Koosis, MPH

Program Manager, VA Advanced Fellowship in PTSD Research and Treatment
VA Palo Alto Health Care System
795 Willow Road (334-NCPTSD)
Menlo Park, CA 94025
Telephone: (650) 493-5000 x2-25588
Email: ella.koosis@va.gov

An electronic copy of this brochure may be obtained at <http://www.paloalto.va.gov/services/mental/ncptsdfellowship.asp> or by emailing ella.koosis@va.gov. Thanks for your interest in our program. Thanks for your interest in our program. For questions, please contact the Fellowship Program Manager or Fellowship Director at email addresses listed above.

The VA Palo Alto Health Care System Psychology Service has an APA-accredited postdoctoral fellowship program. The APA Office of Program Consultation and Accreditation can be reached at the American Psychological Association, 750 First St. NE, Washington DC 20002; phone number (202)336-5500; email apaaccred@apa.org; website <http://www.apa.org/ed/accreditation/>

Reviewed by: Marylene Cloitre, Fellowship Director

Date: October 16, 2020

Appendix A

National Center for PTSD, D&T Fellowship Mentors

Daniel M. Blonigen, Ph.D., Researcher, HSR&D Center for Innovation to Implementation (Ci2i)

Dr. Blonigen is a clinical psychologist and mental health services researcher at the HSR&D Center for Innovation to Implementation (Ci2i). He currently leads the mental health portfolio for Ci2i. Dr. Blonigen is also a Clinical Assistant Professor (Affiliated) in the Department of Psychiatry and Behavioral Sciences, Stanford University School of Medicine, and an Adjunct Professor at Palo Alto University. Dr. Blonigen is a former Career Development Awardee with VA Clinical Science R&D Service, studying the clinical utility of personality assessment for Veterans in substance use disorder (SUD) specialty care. His current program of research focuses on improving access to and engagement in SUD treatment for high-risk, high-need populations, particularly those who are chronically homeless and/or involved in the criminal justice system.

Eve Carlson, Ph.D., Investigator, NCPTSD Dissemination & Training Division

Dr. Carlson is a clinical psychologist and a senior researcher with the Dissemination and Training Division of the National Center for Posttraumatic Stress Disorder and the Palo Alto VA Health Care System. Dr. Carlson's research focuses on assessment, risk prediction, and increasing access to care through use of peer coaches and online programs that foster mental health. Her recent projects included development of risk factor prediction measures for military, VA, and civilian populations, development of other trauma-related measures (dissociation, trauma exposure, emotion regulation, self-destructive behavior, and impairment of relationships related to deployment or traumatic stress), multivariate prediction of responses to traumatic stress in traumatic injury patients, research on intensive ("real time") assessment of responses to trauma, and research on early care to prevent posttraumatic psychological disorder. She is just beginning research on peer-supported use of VA online courses on problem-solving and anger management. Her research has been funded by NIMH and Clinical Science R & D Service of VA and recognized by awards from the International Society for Traumatic Stress Studies (ISTSS) and the International Society for the Study of Trauma and Dissociation. She is a past President of ISTSS and has served three terms on its Board of Directors. She has served on several journal editorial boards and on NIH and VA grant review panels. Dr. Carlson can serve as a mentor on research related to her areas of expertise.

Marylene Cloitre, Ph.D., Director, VA Advanced Fellowship in PTSD Research and Treatment, NCPTSD Dissemination & Training Division and Clinical Professor (Affiliate) of Psychiatry and Behavioral Sciences, Stanford University.

Dr. Cloitre is the Director of the Fellowship Program and is committed to providing an environment that promotes the successful development of young trauma clinicians and researchers. Her primary research involves the evaluation of Skill Training in Affective and Interpersonal Regulation (STAIR), an intervention that focuses on enhancing emotion management and relationship skills in trauma-exposed populations, particularly for those with repeated and chronic trauma histories, such as Veterans who

have experienced Military Sexual Trauma (MST). She is adapting STAIR for use in primary care with a focus on matching interventions to patient identified problems. She is also implementing technologies to increase the dissemination of evidence-based treatments. This includes the use of technology that supports home-based services and the development of web-based self-guided interventions, which includes the newly developed webSTAIR program that is being disseminated to rural women Veterans. Dr. Cloitre has received funding from the National Institute of Mental Health (NIMH) and other government agencies as well as private foundations. She received her Ph.D. from Columbia University. Before joining NCPTSD, Dr. Cloitre was a Professor of Psychiatry and of Child and Adolescent Psychiatry at the New York University Langone School of Medicine. Dr. Cloitre is a past-president of the International Society for Traumatic Stress Studies (ISTSS) and a member of the WHO ICD-11 Working Group for Trauma and Related Disorders. She is also on the Board of Directors for the Anxiety Disorders Association of America (ADAA) and on the Advisory Board of Tuesday's Children, a grassroots organization of 9/11 families that have lost a parent.

Afsoon Eftekhari, Ph.D., Investigator, Prolonged Exposure Mental Health Training Initiative, NCPTSD Dissemination & Training Division.

Dr. Eftekhari is currently coordinating the national Prolonged Exposure Training Program. Her primary research foci include emotional processes in psychopathology, treatment efficacy and effectiveness, and improving dissemination and implementation of best practices. Dr. Eftekhari will provide expertise in cognitive-behavioral treatment of PTSD, particularly prolonged exposure therapy, and in treatment dissemination and implementation.

Rachel Kimerling, Ph.D., Investigator, NC-PTSD Dissemination and Training Division & VA HSR&D Center for Innovation to Implementation

Dr. Kimerling is a Clinical Psychologist conducting health services research. Dr. Kimerling completed her undergraduate education at Duke University, and received her Ph.D. from the University of Georgia. She completed her internship at VA Palo Alto and a post-doctoral fellowship at the Stanford University School of Medicine. In former roles with VA mental health services, Dr. Kimerling developed performance monitoring methods for military sexual trauma (MST) screening and treatment. This research team provides excellent opportunities for exposure to 'big data' through analysis of VA administrative data, psychometrics, and epidemiology. Dr. Kimerling's active research projects include studies on the epidemiology of lifetime trauma, mental health conditions, and access to mental health services among women Veterans; development of a patient reported measure of healthcare engagement; and the long term health effects of Vietnam service among women Veterans. Dr. Kimerling has a strong commitment to mentoring, and is a past member of the VA HSR&D Career Development Award (CDA) Review Committee, the HSR&D CDA Enhancement Advisory Panel, and is a member of the VA HSR&D National Mentoring Network.

Eric Kuhn, Ph.D, Investigator, NCPTSD Dissemination & Training Division

Dr. Kuhn is a clinical psychologist in the National Center for PTSD and a Clinical Assistant Professor (affiliated) at Stanford University School of Medicine. Dr. Kuhn completed his Ph.D. at the University at Albany, SUNY and clinical internship at the VA Palo Alto Health Care System Psychology Internship Training Program. He then completed a 2-year MIRECC/Stanford Advanced Fellowship in Mental Health Research and Treatment. Dr. Kuhn's research focuses on using technology, both web and mobile, to

increase access to and engagement in PTSD care and to make care more patient centered, efficient, and effective. Dr. Kuhn is a licensed psychologist with extensive training in both Cognitive Processing Therapy and Prolonged Exposure Therapy. He is a cofounder of the Center's Mobile Apps Program and has ongoing funded lines of research investigating the impact mobile apps are having on user and patient outcomes and care delivery. Dr. Kuhn serves as a research mentor to NCPTSD postdoctoral fellows, as well as other psychology trainees, and enjoys and values serving in this mentoring role.

Steven E. Lindley, M.D., Ph.D., Director of Outpatient Mental Health, VAPAHCS

Dr. Lindley directs the Physician Track of the Advanced Mental Health Fellowship. Dr. Lindley has a joint appointment at the VA and at Stanford, where he is an Associate Professor of Psychiatry and Behavioral Sciences. He completed his undergraduate training at Michigan State University, where he also obtained his M.D. and his Ph.D. in Neuroscience. Dr. Lindley completed his Psychiatry Residency and a Clinical Research Fellowship at Stanford. He is a diplomate in both Psychiatry and Psychosomatic Medicine. Dr. Lindley's responsibilities include overseeing the outpatient Mental Health Clinics, the PTSD Care Team (PCT), and the primary care-based Behavioral Health Teams at the VA Palo Alto Health Care System. Dr. Lindley was previously a Staff Psychiatrist at the residential Trauma Recovery Program (then part of the National Center for PTSD) at the Palo Alto VA. Dr. Lindley's research interests span the entire translation chain including animal models of stress, clinical psychopharmacology trials, and surveillance of medication side effects. He is Principal Investigator for the Rural Peer Support program funded by the Arlene Rosen Foundation, and a Site PI or Co-Investigator on four studies funded by VA, NIMH, and DOD. Dr. Lindley is regularly involved in mentoring and training Stanford Psychiatry Residents at the Palo Alto VA. Dr. Lindley will contribute expertise in psychopharmacological research, clinical management of PTSD, administrative challenges in treatment implementation, and will be a potential research mentor.

Margaret Mackintosh, Ph.D., Clinical Research Psychologist, NCPTSD Dissemination & Training Division

Dr. Mackintosh's work at the Center is multi-faceted, and has included (a) serving as a statistician and research methodologist, supporting other NCPTSD investigators in the development of research projects and conducting statistical analysis; (b) developing research infrastructure and resources for the Center's Data Core; and (c) developing projects related to her interest in psychotherapy process research and use of technology to extend the reach of mental health services. Currently, her practical, day-to-day work focuses on helping military veterans engage in treatment, often via digital services (e.g., web-based and mobile apps), that help address the issues that most disrupt their lives and relationships. Dr. Mackintosh is currently working on projects investigating eHealth and mHealth interventions for dysregulated anger, suicide safety planning, and sleep problems among Veterans with posttraumatic stress. The primary goal of Dr. Mackintosh's research and clinical work is to enhance trauma survivors' quality of life across their lifespans by improving access to and engagement in tailored posttraumatic-related mental health care. Theoretically, much of her work focuses on understanding the mechanisms of action in CBT treatments for PTSD and associated comorbidities along the continuum of care (e.g., self-help, brief coaching, weekly individual treatment). Methodologically her work focuses on quantitative analysis of longitudinal data, often derived from RCTs and more recently branching into app-based data. Externs working with Dr. Mackintosh will have opportunities to work on web-based intervention studies, secondary analyses of PTSD treatment data, with an emphasis on learning data analysis methods, if desired.

Shannon McCaslin, Ph.D., Clinical and Research Psychologist, National Center for PTSD, Dissemination & Training Division and Clinical Associate Professor (Affiliated), Stanford University.

Dr. McCaslin has been conducting clinical and research work in the area of traumatic stress, primarily among veterans, for over 15 years. Her research has focused on understanding risk and resilience for posttraumatic stress and related conditions and the relationship between posttraumatic stress/associated conditions and functioning in social, academic, and occupational domains. Dr. McCaslin completed a CSR&D Career Development Award in 2012 specifically focused on understanding mediators and moderators of psychosocial functioning among Veterans with PTSD. She has also focused on finding ways to better provide services to veterans, including modification of evidence-based protocols and dissemination of best practices. Current research projects include a study of the feasibility of delivering a brief intervention to reduce anxiety following stressor and trauma exposure in Service Members and Veterans who have deployed; a study to develop a measure of military acculturation which will allow clinicians and providers to better understand the role of identification with military culture on transition to the civilian setting and mental health outcomes; and a study to evaluate and understand how to improve educational tools (i.e. web-based tools and military culture training) for providers in the community that see Veterans for treatment. In addition, Dr. McCaslin has taken the lead on the development of and manages a VA website for behavioral health providers seeing Veterans in their communities (The Community Provider Toolkit; www.mentalhealth.va.gov/communityproviders).

Mark McGovern, Professor of Psychiatry and Behavioral Sciences (Public Mental Health and Population Sciences), Stanford University Medical Center

Dr. Mark McGovern is a Professor of Psychiatry & Behavioral Sciences at Stanford University School of Medicine. His research program is based in the Division of Public Mental Health and Population Sciences, and he practices clinically at the Stanford Department of Psychiatry Clinic. His primary research focus is implementation science, with a specific emphasis on integrated behavioral health services for persons with co-occurring substance use and psychiatric disorders, as they present in both primary care and specialty settings. Dr. McGovern has received a National Institute on Drug Abuse (NIDA) career development award and NIDA and National Institute on Alcohol Abuse and Alcoholism (NIAAA) grant funding to translate evidence-based therapies for complex patients into routine clinical settings. He has also received awards from the Robert Wood Johnson Foundation and the US Department of Health & Human Services' Substance Abuse and Mental Health Services Administration to advance a series of organizational measures of integrated service capacity. These measures, the Dual Diagnosis Capability in Addiction Treatment (DDCAT), Dual Diagnosis Capability in Mental Health Treatment (DDCMHT) and Behavioral Health Integration in Medical Care (BHIMC), have been widely adopted and are being used to implement evidence-based treatments in community settings and systems throughout the United States and globally.

Carmen McLean, Ph.D, Investigator, NCPTSD Dissemination & Training Division

Dr. McLean is a Clinical Psychologist at the National Center for PTSD Dissemination and Training Division at the VA Palo Alto Health Care System and a Clinical Associate Professor (Affiliated) at Stanford University. Dr. McLean completed her Ph.D. at the University Nebraska-Lincoln and clinical internship at

the Chicago University Medical Center. She completed a 2-year postdoctoral fellowship at the Boston VA Health Care System and then worked at the University of Pennsylvania with Dr. Foa for 7 years. Dr. McLean has particular expertise in treatment outcome research and the implementation of prolonged exposure therapy. Her current research focuses on increasing the reach of evidence-based treatments for PTSD and improving the efficiency and efficacy of PTSD treatments. She is currently the PI of a DoD-funded randomized controlled trial to test the efficacy of a web-version of prolonged exposure therapy in active duty military personnel with PTSD and Co-PI of a DoD-funded study to increase the implementation of prolonged exposure for PTSD in the military health system. She serves on the editorial board for Cognitive Behavioral Practice and the CE committee, and previously served as the ABCT Web-Editor. Dr. McLean is a licensed clinical psychologist and she will provide expertise in exposure therapy for PTSD, treatment outcome research, and in treatment dissemination and implementation.

Jason Owen, Ph.D., MPH, Investigator, NCPTSD Dissemination & Training Division

Dr. Owen is a licensed clinical psychologist and mobile apps team lead for the National Center for PTSD. He completed his undergraduate studies at Duke University, doctoral and public health degrees at the University of Alabama at Birmingham, and internship and post-doctoral training at the University of California, Los Angeles. Dr. Owen's research interests focus on the use of technology to maximize the public health impact of psychological interventions for those with PTSD and other chronic physical and mental health conditions. He is currently funded by NIH to examine the impact of social networking on outcomes of web-based interventions. He is currently conducting research related to continuous evaluation of population-facing mobile apps, mechanisms to improve engagement with self-guided interventions, and clinical dashboards to improve provider-patient communication and reduce premature dropout from treatment. Current ongoing studies include pilot trials of PTSD Family Coach for caregivers of Veterans with PTSD, Couples Coach for addressing functional problems in Veterans and their partners, Mindfulness Coach in Veterans with PTSD and those experiencing cancer-related medical trauma, and VetChange for reducing problem drinking in Veterans with PTSD. Additionally, Dr. Owen is helping to coordinate a team focused on UX (User Experience) design to elicit Veteran and stakeholder input on PTSD Coach, Family Coach, and other apps in NCPTSD's portfolio of mobile mental health apps. Dr. Owen has provided clinical and research supervision for many practicum students and interns and contributes expertise in web and mobile-based interventions.

Craig S. Rosen, Ph.D., Acting Director, NCPTSD Dissemination & Training Division

Dr. Rosen is Acting Director of our Division of the National Center for PTSD and Associate Professor of Psychiatry and Behavioral Sciences at Stanford University. He is also an investigator in the VA HSR&D Center for Innovation to Implementation. Dr. Rosen completed his undergraduate training at M.I.T., received his Ph.D. in Clinical Psychology from Yale, and completed a postdoctoral fellowship at the Stanford/VA Center for Innovation to Implementation. His research focuses on improving access to high-quality PTSD care by increasing implementation of best practices, improving patient engagement, and using telemedicine technologies to expand reach of care. His research has been funded by the VA and by the Department of Defense. He and Dr. Carmen McLean are leading a four-year Department of Defense study of a tailored intervention toolkit to improve implementation of Prolonged Exposure therapy in military treatment facilities. His other ongoing and recent collaborations include a qualitative evaluation of VA's implementation of measurement-based care, evaluation of the national PE Training Program, and the PERSIST study examining organizational factors impacting use of evidence-based psychotherapies for PTSD. Dr. Rosen has mentored several HSR&D and NCPTSD postdoctoral fellows

who have gone on to academic or VA careers. He serves on the Editorial Board of the *Journal of Traumatic Stress*. Dr. Rosen will contribute expertise in health services research, improving implementation of best practices for PTSD, and mixed-methods (quantitative/qualitative) research.

Quyen Q. Tiet, Ph.D., Researcher, NCPTSD Dissemination & Training

Dr. Tiet has the expertise in co-occurring substance use disorder (SUD) and PTSD and other psychiatric disorders, suicide, health services research, and resilience and coping. He has received funding from the VA, NIH, and private foundations, and is currently the PI of multiple studies including a HSRD IIR study to develop a drug screening instrument to be used in the primary care settings, a QUERI -RRP study to examine how VA PTSD specialty outpatient treatment programs treat patients with SUD. He is examining telephone and mobile apps interventions for SUD, PTSD, and depression. His formal and informal mentees have moved on to successful careers. Dr. Tiet received his BA at the University of California at Berkeley and his Ph.D. at the University of Colorado at Boulder. He completed his internship at Yale University and postdoctoral fellowship at Columbia University. He was previously an Assistant Professor at Columbia University School of Medicine. Currently he is also a Clinical Associate Professor (affiliated) at Stanford University School of Medicine, Department of Psychiatry and Behavioral Sciences, and a Professor at the APA-accredited Ph.D. program at the California School of Professional Psychology. A licensed clinical psychologist in California and New York, Dr. Tiet has many years of experience working with individuals from diverse cultural backgrounds, veterans, refugees and individuals who have experienced trauma.

Robyn D. Walser, Ph.D., Investigator, NCPTSD Dissemination and Training

Dr. Walser received her Ph.D. in Clinical Psychology from the University of Nevada-Reno. She is currently developing innovative ways to translate science-into-practice and is responsible for the dissemination of state-of-the-art knowledge and treatment, related to Post Traumatic Stress Disorder, to health care professionals and trainees across all VA facilities nationally. She is working on a number of web-based and educational PTSD products for both practitioners and veterans. In addition, she is responsible for several research projects investigating use of mindfulness and ACT in PTSD populations, plus PTSD in the geriatric population. Dr. Walser will provide expertise on psychosocial treatment of PTSD, treatment of comorbid substance use and PTSD, clinician training, and treatment dissemination, and will be a potential education, research, and clinical mentor. Dr. Walser only works part-time at NCPTSD and is willing to participate in training and development in conjunction with other staff.

Shannon Wiltsey Stirman, PhD., Acting Deputy Director, NC-PTSD Dissemination & Training Division

Dr. Stirman is Acting Deputy Director at the Dissemination and Training Division of the National Center for PTSD. She completed her undergraduate training at St. John's College, Santa Fe, and received her PhD in Clinical Psychology from the University of Pennsylvania. After completing a postdoctoral fellowship at the University of Pennsylvania, Dr. Stirman became an investigator in the Women's Health Sciences Division of the National Center for PTSD. In 2015, she transferred to the Dissemination and Training Division of the National Center for PTSD. Her research interests center around the implementation and sustainability of evidence-based psychosocial treatments in public mental health treatment settings. Her research has been funded by the National Institute of Mental Health and the Canadian Institute of Health Research. Current and recently completed projects include a funded study to compare two different strategies to improve and sustain the delivery of Cognitive Processing Therapy across three different healthcare systems, a study to develop a more streamlined strategy to assess treatment fidelity using mobile apps and CBT worksheets, and a study to compare different strategies

for consultation and training in evidence-based psychotherapies. Secondary data from these studies include session recordings and clinical materials for fidelity assessment and process ratings, recordings of consultation sessions, symptom measures, clinician and administrator interview data, and therapist and organization-level assessments of implementation constructs. Her clinical expertise includes cognitive behavioral therapies, cognitive processing therapy, suicide risk assessment and prevention, PTSD, and depression. She serves on editorial boards and has led and advised implementation-focused special interest groups in national professional associations. She is available to mentor Fellows on implementation theory and research, and to serve as a clinical mentor.

Steve H. Woodward, Ph.D., Director PTSD Sleep Laboratory, NCPTSD Dissemination & Training Division

Dr. Woodward is a staff investigator at the Dissemination and Training Division of the National Center for PTSD and Director of the PTSD Sleep Research Laboratory. He completed his undergraduate training at Brown University and received his Ph.D. in Clinical Psychology from the University of Southern California. He completed a postdoctoral clinical fellowship in Geropsychology at the VA Palo Alto Health Care System, and an NRSA Individual Research Fellowship at Stanford University. He has established research programs in PTSD-related sleep disturbance, advanced actigraphic sleep recording, cognitive psychophysiology, and structural neuroimaging. He is currently funded by the DoD to investigate the impact of canine companionship on cardiac reactivity and tone in PTSD. Dr. Woodward has supervised undergraduates, practicum students, interns and postdoctoral fellows pursuing research careers. He has served on various research-related committees at the VA Palo Alto Health Care System and Stanford University, the Editorial Board of the Journal of Traumatic Stress, and as an ad hoc reviewer on numerous grant review committees. Dr. Woodward will provide expertise on PTSD-related sleep disturbance and psychophysiological research on PTSD and will be a potential research mentor.

Lindsey Zimmerman, Ph.D., Investigator, NCPTSD Dissemination & Training Division

Dr. Zimmerman completed dual-discipline training in clinical and community psychology at Georgia State University and enlists qualitative and quantitative research methods in her work. Dr. Zimmerman received funding from the National Institute of Alcohol Abuse and Alcoholism and the Alcohol and Drug Abuse Institute for her research on PTSD and alcohol use disorders (AUD) while at the University of Washington School of Medicine. At NC-PTSD, Dr. Zimmerman is partnering with VA stakeholders (local leadership, frontline staff, national program offices, and Veteran patients) to use participatory system dynamics modeling to reduce delays and increase the reach of evidence-based psychotherapies and pharmacotherapies in outpatient mental health. This multi-site implementation research is funded by the National Institute of Drug Abuse and the VA, and focuses on PTSD, depression, alcohol use disorder and opioid use disorder patient populations. Dr. Zimmerman has expertise in implementation science and health care quality improvement methods that use VA administrative and electronic health record data drawn from the enterprise-wide VA health system SQL database. Dr. Zimmerman can provide mentorship in use of the R programming language to conduct statistical analyses, including multi-level and multi-site analytic designs. She is a licensed clinical psychologist with proficiency in PTSD and AUD treatments, including relapse prevention, motivational interviewing, prolonged exposure, cognitive processing therapy, acceptance and commitment therapy and family systems intervention. Dr. Zimmerman's team focuses on participatory research methods to improve the quality of healthcare systems and provides opportunities for implementation facilitation and capacity-building engagement with a wide range of VA stakeholders.