

Orlando VA Medical Center
Psychology Postdoctoral Fellowship Program
(2017-2018)

DEPARTMENT OF VETERANS AFFAIRS
VA Medical Center
13800 Veterans Way
Orlando, FL 32827
<http://www.orlando.va.gov/>



Welcome to the Orlando VAMC Psychology Post-Doctorate Program. Our Fellowship program is located the William V. Chappell, Jr. Veteran's Affairs, Daytona Beach. We offer 2 post-doctorate positions for the year 2017-2018. The program emphasizes training in the professional practice of clinical psychology. This psychology fellowship is focused on the development of advanced competencies within the General Mental Health training, and requires a 52-week full-time commitment, September 2017-September 2018.

Our residents are funded through postdoctoral stipends from the Office of Academic Affiliations (OAA) Department of Veterans Affairs. Stipends are currently \$42, 239.

As a large Mental Health Multi-Specialty satellite, we serve an ever growing population, currently over 21,000 male and female Veterans and about 5000 veterans are enrolled mental health services. Our mental health clinic include 9 full-time licensed psychologists, 2 psychology post-doctorate fellows, 6 psychiatrists, nurses, and clinical social workers. The Mental Health Annex is about 3 miles away from the Medical clinic located at the Westside Pavilion, 1821 Business Park Blvd, Daytona Beach, FL 32114.



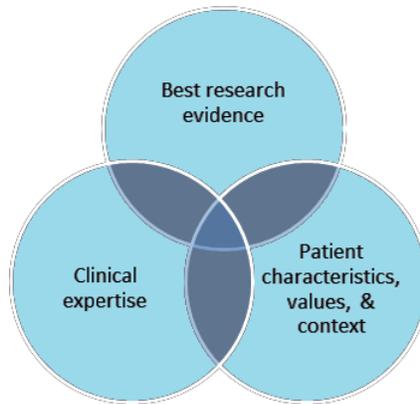
Accreditation Status

The program is not yet accredited by the American Psychological Association. An application for accreditation is expected to be submitted in the Fall of 2017.

Post-Doctoral Psychology Program Overview

The mission of the Orlando VA Psychology Post-Doctorate Program is to prepare residents for independent practice as psychologists in an outpatient general mental health care setting. Our training focuses on advanced clinical practices within a multidisciplinary healthcare system. Consistent with the mission of our Orlando Medical Center, an emphasis is placed on honoring America's Veterans by providing patient-centered, empirically supported, quality behavioral health care services focusing on improving Veterans' quality of life and well-being.

We are committed to the scholar-practitioner model of training. Fellows are expected to utilize current empirically supported treatment and information in delivering most effective mental health practices to our Veterans. This approach is consistent with the strong multidisciplinary, evidenced-based training culture at the Orlando VAMC.



Our training staff have a wide variety of clinical interests and specialty areas and are strongly motivated to provide diverse training opportunities/mentorship in a collaborative environment for psychology fellows. As a satellite clinic, we maximize utilization of our onsite and offsite (Orlando VAMC) resources to provide a comprehensive experience while ensuring a welcoming, supportive, and encouraging environment for all residents. The beach location and the warm climate attract year-round and seasonal Veterans. The complexity of care ranges from minor healthcare needs to acute care. Procedures or specialty care not provided by this clinic are referred to the Orlando VA Medical Center, which is located about one hour away.

Treatment emphasis is on recovery using the inherent potential for human growth in each Veteran's life. With our large aging Veteran population as well as the rising number of OEF/OIF Veterans enrolling in the VA system, the demand for mental health services is ever-growing. The participation in our post-doctorate program will especially fit candidates motivated to develop and grow into an exceptional generalist psychologist, functioning in an outpatient mental health clinic system.

While focusing on developing the full range of competencies required for independent functioning as a generalist psychologist, a special focus will be on delivering evidence-based therapies for trauma using CPT, PE, and CBT. Other treatment modalities frequently used include Dialectical Behavior Therapy and Acceptance and Commitment Therapy. Fellows are expected to utilize current literature and empirically-supported assessment while delivering Veteran-centered effective treatments.

Central to our training approach is the value of consistent supervision throughout the training year. Post-Doctorate Fellows are regarded as professionals-in-training. Supervision of Fellows follows a junior-colleague approach, and as such, they are provided with increasing autonomy over the training year with the goal of achieving readiness for independent practice. This model echoes the values and goals of our training program, and reflects our shared commitment to positive, productive, collaborative relations between training faculty and trainees. Supervision is built on the foundation of ethical, supportive, and competent mentorship. The staff seeks to demonstrate and encourage the Fellows' participation in all professional roles related to the functions of a generalist psychologist. Progress will be monitored to include in-depth familiarity with chronic mental health treatment and management, documentation, assessment, psychoeducation, clinical supervision, and consultation. To develop supervision skills, our Post-

Doctorate Fellows provide year-round supervision to our interns. In addition to weekly didactic trainings, Fellows participate in monthly grand-round educational meetings with medical residents. In these meetings, residents of each discipline take turns teaching/learning physical and psychological aspects of medical/mental treatments and presentations.

PROGRAM STRUCTURE

Residents generally work 40 hours per week and general office hours are 8:00 am to 4:30 pm Monday through Friday except for required evening clinics one night per week (Wednesdays). On Wednesdays, the Residents' altered schedules will be adjusted to 11:00 am -7:30 pm and incorporated into the 40 hour work week. Residents will complete 2,080 hours of supervised professional experience across the training year, which will satisfy the above the minimum of 2,000 postdoctoral supervised professional experience hours required for licensure in Florida (including 900 face to face supervised hours). In each calendar year, there are 10 federal holidays. Residents also accrue 13 sick leave (SL) days and 13 annual leave (AL) through the year. The 12-month training year begins with 4 days of New Employee Orientation (NEO) in which Residents are oriented to the Orlando VAMC system and provided with an overview of policy and procedures of the VA. Following NEO, Residents are introduced to their clinical placement at Daytona Beach. During the on-site orientation period, supervisors and Residents evaluate each trainee's strengths and weaknesses and develop an individualized training plan for the residency year. This plan is signed as part of the supervisory contract and outlines the Resident's goals for the training year. The individual training plan is completed by the end of the first month of training.

We expect our post-doctorate Fellows to develop well-rounded expertise in an array of core competencies related to the practice of a psychologist functioning in general outpatient mental health operations. Residents will learn to deliver high-quality clinical care by using scientific literature to inform their practice. This is reflected in the clinical and didactic exposures to clinical experiences on an ongoing basis throughout the training year.

All Residents are expected to:

- Directly provide services to Veterans with chronic mental illness
- Participate on interprofessional treatment teams; coordinate care of patients
- Conduct evidence-based assessments and deliver evidence-based treatments
- Gain experience with the delivery of clinical supervision
- Attend required didactic seminars and trainings
- Lead professional presentations

The Fellows' weekly schedule includes management of a psychotherapy caseload, to include services for Veterans with chronic mental health issues (65% of time), providing psychological assessment, participating in multidisciplinary treatment teams, providing supervision to interns and developing supervision skills (8%), and delivering brief consultation to other care providers (5%). In addition to the emphasis on general mental health activities, trainees are offered

experiences in Primary Care-Mental Health Integration (10%), Psychosocial Rehabilitation and Recovery Center (2%), Access MH clinic, and Evidence-Based Psychotherapy clinic which focuses on trauma treatments. Fellows are encouraged to co-lead groups such as ACT and trauma recovery. Fellows participate in didactics provided to our entire training program in addition to weekly didactics (10%) dedicated only to our post-doctoral training program. Fellows participate in monthly cross-discipline grand round didactics. Fellows lead journal club meetings and present relevant research information. Each Post-Doctorate Fellow will present two case conceptualizations during the training year.

An integrative developmental training approach will be used for the clinical training in which learning objectives are accomplished through experiential clinical learning and mentored by the Resident's supervisors. The integrative developmental model Developed by Stolberg and Delworth (1987) assesses the developmental progression of three dimensions (Self- and Other-Awareness, Motivation, and Autonomy) on three levels. A Resident's clinical training includes direct observation of Resident-delivered services, supervisor modeling and role plays in supervision, in-depth reflective process of clinical work, readings, and delivering services with supervisors as co-therapists. Caseloads increase in number and intensity as the training year progresses.

Application & Selection Procedures

Candidates for the fellowship must be U. S. Citizens who are enrolled in or have completed an APA- or CPA-accredited program in clinical or counseling psychology and who are enrolled or have completed an APA- or CPA-accredited internship. No applicants from programs awarding degrees in areas other than psychology will be accepted. All requirements for the doctoral degree, including dissertation, must be completed prior to beginning the fellowship. Preference is given to candidates with prior training and experience in the general mental health areas, but it is not a requirement. This program supports and adheres to Equal Employment Opportunity policies and the Americans with Disabilities Act. Applications from racial, ethnic, and sexual minorities and women are strongly encouraged. No applicant will be discriminated against on the basis of race, color, creed, religion, sex, place of national origin, or age.

The application materials of candidates are reviewed by members of the Post-Doctoral Training Committee. Reviewers evaluate the applicant's ability, record of achievement, and degree of potential compatibility with the fellowship program. Rankings are used to prioritize interview offers. Applicants who do not qualify for consideration will be notified promptly. Although in-person interviews are offered, candidates may be interviewed via telephone if desired. Interviews are typically scheduled in late January or early February. The fellowship start date is September 17, 2017. Communication with applicants will follow the suggested APPIC guidelines for internship/residency selection.

Application Procedures: To apply, submit all materials electronically www.webadmit.org

All post-doctoral fellowship applicants must submit the following:

- A letter of intent specifying your future professional goals and details of how the fellowship will contribute toward achievement of those goals.
- Curriculum vitae
- Three letters of reference from supervisors, faculty, or other professionals who are well-acquainted with you and your qualifications (at least 2 letters must be from your internship supervisors).
- Official copies of graduate school transcripts.
- A recent de-identified psychological assessment report that includes the integration of at least two psychological tests (objective/cognitive measures) and a clinical interview.
- A letter sent from your Internship Training Director that an APA- or CPA-accredited internship will be completed by September 7, 2017.
- A letter sent from the APA- or CPA-accredited graduate program Training Director that the Ph.D./Psy.D. has been awarded or that all degree requirements will be completed before September 7, 2017.

Please feel free to contact our training director Dr. Mary Beth Shea and/or Dr. Haya Soya, program coordinator us by telephone or email if you have any questions.

Haya Soya, Psy.D

Clinical Psychologist – Daytona Beach Clinic
Post Doctorate Program supervisor/Coordinator
Daytona VA Multi-Specialty Outpatient Clinic
Westside Pavilion
Daytona VA OPC
386-366-6700 Ext 36721
Email: Haya.Soya@va.gov

Mary Beth Shea, Ph.D

Local Recovery Coordinator Orlando VAMC
Acting Director of Training for Psychology
Programs
VITAL Program Manager
Chair, OVAMC IRB
VISN-8 CPT Trainer
U Penn PE Supervisor
407-631-2349
Email: Mary.Shea@va.gov

Leave

Post-Doctoral Fellows accrue 4 hours of Annual Leave and 2 hours of Sick Leave each pay period. Sick leave may be used as needed throughout the year though may not be taken before accrued and will not be used in lieu of attending the last days/weeks of training. Annual leave may be used during the training year or as time off at the end of training. Fellows are also allowed up to five days of Authorized Absence to be used toward professional development activities such as licensure examination, job interviews, etc.

Supervision

Fellows receive at least four hours of supervision per week. At least two of these hours are spent in individual supervision with the primary supervisor and one hour of group supervision with the Training Director. Additional individual supervision comes from secondary supervisors, who may be selected for individual cases or to provide regular supervision for specified experience such as PCMHI. Individual supervision is focused on review of clinical cases, follow-up on high-priority treatments, and other professional growth areas. Group supervision is dedicated to discussion related to the program activities, follow-up on licensure requirements, and professional goals and planning. Supplementary supervision/consultation may be provided by other psychologists and members of other professional disciplines when appropriate.

Medical Records and Record Keeping

The medical records in this medical center are electronic. Trainees will enter all notes and reports in the computer. When leaving a workstation, trainees should log off the computer. Medical records should not be stored in your office and are never to be taken out of the medical center.

All hard copies MUST be shredded using the medical shredded information box located at the front office. Every phone and/or in-person interaction with patient should be documented in the electronic record and countersigned by the supervisor. While documenting please keep in mind and follow a simple rule: "If it isn't documented, it wasn't done." Notes must be entered in a timely manner, generally the same day or at most within 24 hours from patient contact. If the primary supervisor is away, a designee will be appointed for coverage, notes review and signatures.

EVALUATION PROCESS:

The supervisor will review the overall evaluation process during initial orientation processes and review exit competencies for the specific experiences at the beginning of the year. Supervisors and Residents are expected to exchange feedback routinely as a part of the supervisory process with supervisors completing competency-based evaluations of Residents at mid-year and end-of-training. In collaboration with their supervisor, Residents will complete a self-assessment of their skills and knowledge for each core competency at the beginning of the training year. Strengths and weaknesses that emerge from this self-assessment will be discussed with the supervisor in developing a training plan. The mid-point evaluations are intended to assess progress for Residents, identify discrepancies between self-ratings and supervisor ratings, increase self-awareness, and help the Resident focus on specific goals and areas as the

training progresses.

Fellows will receive formal written feedback in those evaluations. Assessment of competencies includes evaluation of the specific competencies detailed in the clinical experience description, as well as overarching training goals (e.g., professionalism).

Ratings of Readiness for independence practice are:

A Advanced/Skills comparable to autonomous practice at the licensure level.

Rating expected at completion of postdoctoral training. Competency attained at full psychology staff privilege level, however as an unlicensed trainee, supervision is required while in training status.

HI High Intermediate/Occasional supervision needed.

A frequent rating at completion of Post-Doctoral training. Competency attained in all but non-routine cases; supervisor provides overall management of trainee's activities; depth of supervision varies as clinical needs warrant.

I Intermediate/Should remain a focus of supervision

Common rating throughout internship and practice. Routine supervision of each activity.

E Entry level/Continued intensive supervision is needed

Most common rating for practice. Routine, but intensive, supervision is needed.

R Needs remedial work

Requires remedial work if trainee is in internship or post-doc.

NA Not applicable for this training experience/Not assessed during training experience

Successful completion the training program requires that all but one of the foundational competencies be attained at the “*Advances/skills comparable to autonomous practice*” at some point in the training year. In the event that a Fellow is struggling to attain these competencies at the expected level, a remediation plan will be implemented in a timely fashion to assist him/her to meet the gaps, if possible. The use of a training plan and frequent communication and assessment of progress toward goals is intended to reduce the likelihood of a need for remediation. The program has formal due process and grievance procedures detailed in the training manual in the unlikely event that these may be necessary.

Twice per training year, Fellows complete supervisory evaluation forms to aid discussion of the supervision experience from the Resident perspective and assess ways to improve collaboration and learning.

TRAINING STAFF

Supervisors

Mary Beth Shea, Ph.D. - Training Director

Haya Soya, Psy.D. – Primary clinical supervisor and administrative supervisor of the Post-Doctoral Training Program for Daytona Beach CBOC

Lisa Potash, Psy.D. – PCMHI clinical supervisor

Jesus Castro, Psy.D. – PCMHI clinical supervisor

Tracii Kunkel, Ph.D., - PRRC clinical supervisor

Adjunctive Training Staff

Steven Shea, Ph.D. – Psychology Section Chief, OVAMC

Heath Hetherly, Psy.D., MBA – PCMHI

Jonathan Kanegson, Psy.D., ABPP – DBCBOC Outpatient Mental Health Clinic

Teresa Carper, Ph.D. – Evidence-Based psychotherapy for PTSD via Telehealth

Staff Biographies:

Mary Beth Shea, Ph.D., earned her doctorate in Clinical and Community Psychology from the University of South Carolina in 1990. She completed her pre-doctoral internship at the Bay Pines VAMC in St. Petersburg, FL and has been with VA throughout her career. She has worked at the WJB Dorn VAMC in Columbia, SC as a medical and geriatric psychologist, the Columbia SC Vet Center as the MST Coordinator, and is now at the Orlando VA as the Local Recovery Coordinator and VITAL Program Manager. Until her current VA position, Dr. Shea also maintained a private practice in adolescent, adult, and geriatric psychology. She is a Cognitive Processing Therapy (CPT) trainer and Prolonged Exposure (PE) therapy Supervisor and is the chair of the Orlando VA IRB. She is a member of the National Emergency Medical Response Team and the American Red Cross Disaster Mental Health team. She is the current President-Elect for the Association of VA Psychology Leaders and a Past President of the Florida Chapter of the Psychiatric Rehabilitation Association. Her clinical and research interests are primarily in the area of sexual coercion, sexual assault, and PTSD. Licensed in SC.

Haya Soya, Psy.D. Florida Institute of Technology, FL. Pre-doctoral internship at the Hampton VAMC, in Virginia. Primary Clinical Interests: training, supervision, consultation, women's health and trauma. Stationed in Daytona Beach CBOC, supervising/coordinating Post-Doctoral program, lead MST psychologist, and consultant for the Daytona Vet Center. Licensed in FL and Israel.

Lisa Potash, Psy.D. Florida Institute of Technology (2000). Pre-doctoral internship at the Miami VAMC. Primary clinical interests: primary care-mental health integration, psychosocial

oncology, addictions, therapeutic value of pets on depression, PTSD and chronic pain. Licensed in FL.

Tracii Kunkel, Ph.D., Northern Illinois University in 2012. Pre-doctoral internship at the Missouri Health Sciences Consortium. Primary clinical interests include recovery in Serious Mental Illness (SMI). Licensed in FL.

Steven Shea, Ph.D., is the Chief of Psychology at the Orlando VAMC and an Assistant Professor of Medical Education, University of Central Florida School of Medicine. He received his Doctorate in Clinical and Community Psychology from the University of South Carolina and did his undergraduate education at Rutgers University. Dr. Shea has been working in the behavioral health field since 1979. Areas of professional interest include psychosocial rehabilitation of persons with serious mental illnesses, education of trainees in all mental health professions, mental health administration, criminal forensic psychology and educating the legal system about mental health issues. He is married to another VA psychologist and the Sheas have

a daughter and 2 granddaughters (photos available upon request). Outside interests include outdoor activities (hiking, travel, boating, & fishing), motorcycles (photos available upon request), old cars and photography. Licensed in SC.

Heath Hetherly, Psy.D., MBA, Nova Southeastern University in 2008. Pre-doctoral internship at the Dallas VA Medical Center. Primary clinical interest in primary care integration, and organizational administration. Licensed in Texas.

Jonathan Kanegson, M.A., Psy.D., ABPP. John Jay College of Criminal Justice in 2000 (forensic psychology) and The Wright Institute in 2005. Pre-doctoral internship at Allendale Association. Primary Clinical Interests: training, supervision, anger and stress management and integrative outpatient psychotherapy. Licensed in Florida, Massachusetts, New York and California. I am board certified in Clinical Psychology.

Teri Carper, Ph.D., is a Staff Psychologist at the Orlando VAMC specializing in EBT for PTSD via Telehealth. She completed her undergraduate work at Boston University and earned her Ph.D. in 2010 from the University of Central Florida (UCF). Dr. Carper completed her Pre-doctoral internship at Boston Consortium for Clinical Psychology and her post-doctoral fellowship at the National Center for PTSD at Boston VA, where she also held the positions of Clinical Fellow in Psychiatry at Harvard Medical School and Teaching Fellow in Psychiatry at Boston University School of Medicine. Dr. Carper's clinical and research interests center around trauma trajectories and resiliency factors, and she is currently a PI on a MUSC grant examining adjunctive intervention to augment exposure therapy in PTSD. Dr. Carper's personal interests include animal rescue, distance running, skiing, crafting, and most importantly, spending time with her husband and twin daughter and son.

Former Trainees (2015-16)

Cara Bortz, Psy.D., Florida Institute of Technology. Internship at James Haley VAMC, Tampa FL.

Jesus Castro, Psy.D., Argosy School of Professional Psychology, Tampa FL. Internship at Bay Pines VAMC, St. Petersburg, FL.

Current Fellows

Desiree King, Psy.D., Illinois School of Professional Psychology, Internship at Carson Center for Adults and Families, Illinois.

Robert Morris, Psy.D., Pacific Graduate School of Psychology, Palo Alto University, Internship at James J. Peters VA Medical Center, Bronx, NY.

Local Information

The Greater Daytona Area has a population of about 500,800. A relatively high concentration of retired military personnel and their families live in Volusia County, which includes the cities of Ormond Beach, Daytona, Daytona Beach, Deltona, Deland, Sanford, Palm Coast, Port Orange, and New Smyrna Beach.

The sunny climate, the very attractive Daytona Beach, and the Daytona International Speedway events attract visitors from all around the country and the world. Veteran population tends to include both, year round and seasonal residents.



**The information in this brochure is accurate as of August 30, 2016.*