

2008-2009

PSYCHOLOGY POSTDOCTORAL RESIDENCY PROGRAM



Clinical Psychology Emphasis Areas:

- Geropsychology
- Psychosocial Rehabilitation of the Seriously Mentally Ill
- Primary Care
- Specialty Medical Clinics
- Posttraumatic Stress Disorder
- Substance Abuse

Clinical Neuropsychology (Two-year)

**Louis Stokes Cleveland Department of
Veterans Affairs Medical Center**

PSYCHOLOGY POSTDOCTORAL RESIDENCY PROGRAM

**2008-2009
Residency Year**

**LOUIS STOKES CLEVELAND
DEPARTMENT OF VETERANS AFFAIRS
MEDICAL CENTER
CLEVELAND, OHIO**



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INTRODUCTION

The Louis Stokes Cleveland DVA Medical Center (LSCDVAMC) is offering Postdoctoral Residencies in Clinical Psychology with six separate emphasis areas: (1) Geropsychology, (2) Psychosocial Rehabilitation with the Seriously Mentally Ill, (3) Primary Care, (4), Specialty Medical Clinics, (5) Posttraumatic Stress Disorder, and (6) Substance Abuse. This Residency program attained seven-year accreditation by the American Psychological Association (APA) in 2006. The one-year postdoctoral Residency program's mission is to provide depth of training for advanced competence in the above emphasis areas. The medical center is also offering a two-year postdoctoral Residency in Clinical Neuropsychology which is not yet APA accredited. Prospective Residents may apply to and be considered for more than one emphasis area, however we require separate letters of interest and separate work samples for each application.

THE LOUIS STOKES CLEVELAND DEPARTMENT OF VETERANS AFFAIRS MEDICAL CENTER

The LSCDVAMC, a consolidated facility, is one of the most diverse and comprehensive affiliated healthcare delivery systems within the Veterans Healthcare Administration. Treatment and rehabilitation centers include a large urban healthcare facility (the Wade Park Campus), a large suburban behavioral health and long-term care facility (the Brecksville Campus), and thirteen Community-Based Outpatient Clinics (CBOC). The Residents' training would take place at the two central campuses. The Wade Park campus offers a broad range of primary, secondary and tertiary medical, surgical, and psychiatric services. These include primary care and geriatric clinics, pain clinic, women's health clinic, cardiothoracic surgery, renal dialysis unit, neurology, CT and MRI, and outpatient mental health services. Our Brecksville Campus provides a full range of inpatient/residential psychiatric, rehabilitation, substance abuse, and extended care (nursing home) services. The LSCDVAMC is affiliated with the Case Western Reserve University School of Medicine, and is heavily invested in the training of professionals in health care and in basic and applied research. The Psychology discipline, through the office of the ACOS/Education, also maintains current affiliations with 24 APA-accredited psychology training programs. In addition to psychology interns, well over 1000 students in the healthcare professions are trained yearly, affording frequent regular opportunities for interdisciplinary experiences.

PSYCHOLOGY SERVICE AT THE LSCDVAMC

The Medical Center is organized into several services, with many mental health programs clustered in Psychiatry, the Center for Addictions Treatment, and Center for Stress Recovery. 'Traditional' in- and outpatient care is provided by our Psychiatry Service. There are 40 professional psychologists who provide comprehensive services to veterans and their families in Psychiatry, and other services throughout the Medical Center. They serve as members of interdisciplinary treatment teams in psychiatric care, as consulting and unit psychologists in specialized medical units, and as coordinators or program managers of a number of interdisciplinary in- and outpatient programs. In addition to clinical and administrative duties, psychologists are actively involved in training and research. Thus, there are a wide range of professional activities in which Residents may engage and a large, diverse and experienced staff with whom to interact. Discipline-specific professional activities, such as training programs, credentialing and privileging, and peer review, are under the aegis of the Chief Psychologist. The Director of Psychology Training manages the day-to-day features of the Psychology Internship Program and the Postdoctoral

Psychology Residency. He is also Chair of the Station Psychology Training Committee that oversees policymaking and program development and evaluation.

PSYCHOLOGY TRAINING PROGRAMS

There is a 44-year history of psychology training at this facility. In addition to this APA-accredited Residency, our longstanding Psychology Internship Program is also accredited by APA. We have for many years offered Health Psychology, Geropsychology, and Neuropsychology tracks in the internship, and currently have a geriatric predoctoral intern slot funded by the Geriatric Research Education and Clinical Center (GRECC). Although our two-year Neuropsychology Residency is not yet APA accredited, we have established goals and a timeline for initial APA accreditation.

PSYCHOLOGY EDUCATIONAL OPPORTUNITIES

The Medical Center is approved as a sponsor of continuing education by the American Psychological Association and has conducted both discipline-specific and interdisciplinary programs in areas such as Stress Management, Competency Assessment (utilizing VA Practice Guidelines), Senile Dementia, Assessment of Memory, the Perspective of the Seriously Mentally Ill Individual, APA Ethical Standards, and a variety of SMI and geropsychology topics. Psychology conducts two, two-hour educational seminars each week attended by interns and at a level suitable for Resident and staff continuing education. A large variety of topics are presented relevant to Health Psychology, Geropsychology, Neuropsychology, and services for the severely mentally ill. Some topics are presented in series as mini-courses for added depth. The Medical Center also offers a vast variety of other relevant presentations, such as the weekly Psychiatry Service Grand Rounds at Brecksville, a weekly Geriatric Medicine Series at Wade Park, and monthly Pain Grand Rounds.

RESIDENCY PROGRAM DESCRIPTION

Goals and Objectives: The Postdoctoral Residency Programs in Clinical Psychology and Clinical Neuropsychology follow a Practitioner-Scholar training model, by which we mean that the goal of the Residency is to provide an intensive and extensive core of specialized expertise in clinical work with the relevant populations, including assessment, intervention, consultation, interdisciplinary team experience, as well as scholarly and research activities. Residents should already possess the journeyman level of competence in basic skills. The Residency seeks to extend and deepen these skills, as well as affording the Resident the opportunity to solidify their emerging professional identities. This is actualized by specifying *Role Competencies* and *Common Competencies* for both Residents participating in the program, as well as *Specific Competencies* for each Resident relevant to the training emphasis. Attainment of these competencies constitutes the training objectives.

The Role Competencies are:

1. Responsibility: Carry out professional functions in a timely fashion; follow through on tasks; keep professional commitments.
2. Comportment: Display professionally appropriate demeanor and decorum with allowance for appropriate variation in individual presentation style.

3. Relationships: Establish and maintain effective, cordial, and respectful task-oriented working relationships with multidisciplinary staff.
4. Ethics: Behave in accordance with APA Ethical Principles, state regulations and other codes; raise appropriate ethical issues.

The Common Competencies are:

1. Demonstrate advanced competence in holistic diagnostic and psychosocial evaluations.
2. Demonstrate skills in comprehensive evaluation of family and social support systems.
3. Develop and implement psychoeducational, psychotherapeutic, and rehabilitative interventions appropriate to client need, based upon knowledge of lifespan development, cultural factors, and psychosocial needs and preferences.
4. Gain experience in evaluation of functional capacities relative to legal competencies.
5. Deepen research and program development/evaluation skills.
6. Demonstrate understanding of ethnic and cultural diversity factors, including their impact on consumer strengths, needs, barriers, and preferences.
7. Demonstrate competence in rapid psychological assessment, utilizing culture-fair and ecologically valid instruments.
8. Demonstrate competence in communicating/teaching knowledge to peers and students.

Specific competencies for each specialty area are organized under the area curriculum descriptions.

Facilities and Staff:

Ample facilities and support are available for the Residency including collaboration with psychology technicians. Adequate office space and computer work stations are provided, including network, internet, and library reference access from any computer terminal in the hospital system. Regional Library Service has the strongest behavioral and general medical collections within the national VA Library Network including over 800 medical and behavioral journals, many of which are available electronically. Major online databases, a large selection of e-books, and several major electronic medical resources are also available. A staff of professional librarians is available to conduct literature searches.



Brecksville Campus

GEROPSYCHOLOGY CURRICULUM

The Resident participates in year-long ongoing involvement in core clinical training (24 hours weekly) in the Geriatric Evaluation and Management Unit (12 hours) and the Geriatric Outpatient Clinic (12 hours). The Resident selects one 12-month, or two 6-month, optional rotations (8 hours weekly). Core clinical training and optional rotations also include teaching, scholarly and supervisory activities. In addition, there is an eight-hour weekly year-long scholarly research/program development component spent developing a project with a definable work product.

Specific Competencies for the Resident in Geropsychology:

1. Effectively clarify differential diagnosis between mood disorders, delirium, the different types of dementia, psychosis, and medical problems which mimic psychiatric disorders, utilizing appropriate assessment and cognitive screening techniques.
2. Learn to make treatment recommendations relevant to the elderly based on diagnoses, social context, and medical condition, and to facilitate the employment of these recommendations by patients, staff, families and caregivers.
3. Develop or enhance individual, couples and family psychotherapy skills relevant to the elderly, including interventions to help cope with dementia, loss, grief, end-of-life issues, posttraumatic stress issues, change of residence, behavior problems, and loss of driving privileges.

A. Geriatric Evaluation and Management (GEM) Unit (12 hours/week; year-long duration)

This is a 12-bed inpatient unit at the Wade Park campus that provides, for patients referred from acute care areas, thorough diagnostic assessment, therapy, rehabilitation and discharge planning for conditions such as change in mental status, dementia, inability to perform activities of daily living, and various medical conditions. Goals include improvement of medical and functional status, strengthening of social supports, and facilitating the least restrictive placement which adequately addresses the patients' needs. This unit received a Program of Excellence Award for the high quality of care dedicated to the geriatric veterans. The Resident is involved in the following activities:

1. New patient assessment including mental status, organic screening, substance use, history, functional status, neuropsychological screening, personality evaluation, and assessment for psychiatric illness.
2. GEM multidisciplinary weekly team meeting with physicians, nurses, the social worker, the psychologist, the dietician, rehabilitation medicine therapists, the clinical pharmacist, Doctor of Pharmacy residents, the geriatric podiatry Resident, social work interns, and interns in dietary/nutrition.
3. GEM multidisciplinary weekly teaching rounds with a geriatrician.
4. Ongoing direct patient care including supportive and goal-oriented psychotherapy with patients, spouses, families and caregivers.
5. Consultation with nursing and medical staff to educate and develop interventions around behavioral and patient management issues.
6. Capacity evaluations and completion of Statement of Expert Evaluation forms for competency hearings as needed.
7. Attend multidisciplinary family meetings to facilitate family understanding of patient limitations and difficulties, provide feedback regarding interventions and level of care, and support the patients and their families as they cope with disability and impairment.
8. Develop and facilitate treatment and discharge plans as a member of the multidisciplinary team.

B. Geriatric Outpatient Clinic (12 hours/week; year-long duration)

The Geriatric Outpatient Clinic provides multidisciplinary assessment and primary care for an ethnically diverse population of veterans over 70 years of age. Evaluations of medical, cognitive, psychological and physical function of elderly and frail patients, many who are medically complex, cognitively impaired, psychiatrically disordered, and functionally impaired, are performed daily. The clinic works to manage these patients closely, assist the patients and their families, and facilitate use of VA and community resources. The Resident is involved in the following activities:

1. Psychological evaluation of new patients including clinical interview, cognitive and psychological screening, history, and interview with the spouse, family or caregiver.
2. Multidisciplinary staffing of new patients to develop a treatment plan.
3. Ongoing psychological interventions including individual, couple's and family therapy; management of behavior problems; neuropsychological screenings; and personality assessment.
4. Capacity evaluations and completion of Statement of Expert Evaluation forms for competency hearings as needed.
5. Consultation and treatment of patients who develop emotional or cognitive difficulties once in the clinic.
6. AIMS testing for patients on psychotropic medications.

C. Scholarly Research/Program Evaluation (8 hours/week; year-long duration)

The Resident undertakes a clinical or applied research or program evaluation project to be completed during the Residency year. Within the first month, the Resident will complete mandatory training in good clinical practice and human subjects protection, and will complete credentialing required by the local Institutional Review Board to participate in VA research. By the third month of the Residency, the Resident will have a plan for a defined research or program evaluation project. This project is to include literature review, methodology, data collection or review, and conclusions. The results will be presented formally by the Resident by the conclusion of the Residency year in a suitable format (e.g. Grand Rounds presentation). The Resident may elect to become involved in an ongoing project at the training site, or to develop an investigator- initiated project.

D. Optional Rotations (8 hours/week; 12-month or 6-month duration)

1. **The University Memory and Aging Center (UMAC):** The UMAC, affiliated with Case Western Reserve University, is designated by the National Institute on Aging as an Alzheimer's Disease Research Center (ADRC). It provides clinical services through the interdisciplinary University Foley ElderHealth Center specializing in the evaluation and medical care of patients with memory disorders and related illnesses. Residents will conduct neuropsychological consultations and assessments, and psychotherapy with a variety of older adult patients, including those with: normal aging, mild cognitive impairment, Alzheimer's disease, frontal lobe dementia, Parkinson's disease, Lewy Body dementia and other related dementias, psychiatric disorders, and other neurological disorders. Advanced training in clinical neuropsychology is emphasized. In addition, Residents may participate in clinical research involving neuropsychological assessment and clinical drug trials within the ADRC.
2. **Neuropsychological Evaluation:** Neuropsychological services at the LSCDVAMC are provided by two postdoctoral-trained, neuropsychologists, one of whom is ABPP-CN board-certified, and the other is board eligible. The Resident may receive training in the evaluation of elderly patients with compromised brain function. The Resident is involved in neuropsychological consultation for patients; testing as needed for competency evaluations, often of patients suffering from dementia; report writing; and offering feedback as needed to the patient, family and/or referral source. There is also small-group didactic supervision/discussion of clinical cases.

3. **The Long-term Care Unit:** This 30-bed inpatient unit serves patients with a psychiatric diagnosis who are either admitted directly or referred from an acute or extended care unit. The majority of patients are elderly, with cognitive, behavioral, and psychiatric difficulties. Typical diagnoses include affective disorders, acute psychosis, changes in cognitive status, dementia, diminished functional capacity, and chronic schizophrenia. The Resident is involved in new patient assessment/screening for dementia utilizing history, interview, and cognitive screening exams, and functional skills assessment, as needed; neuropsychological screening/assessment as needed; cognitive-behavioral, supportive psychotherapy, and psychoeducational interventions for patients and their families, including test feedback and treatment recommendations, as indicated; weekly treatment team planning meetings; group therapy, if desired; and discharge planning.
4. **Center for Restorative and Transitional Care (CRTC) Unit:** This 195-bed unit provides care to patients needing long-term rehabilitation in order to restore them to optimum level of functioning and to prevent or delay decline. The patients on these units range in age and present with a variety of referral questions and medical issues, including Parkinson's disease, stroke, cancer, chronic physically debilitating conditions, and dementia. The Resident is involved in such activities as: new patient assessments including interviews as well as cognitive or personality testing as needed; direct patient care, typically long-term, including individual, group, and family therapy to address coping with chronic illness; hospice/palliative care interventions; consultation with staff regarding behavior management and environmental issues; participation in weekly multidisciplinary staff, treatment and discharge planning meetings; the provision of staff education as needed; and discharge planning.
5. **Hospice/Palliative Care Team:** The Hospice/Palliative Care Team is comprised of a nurse practitioner, psychologist, social worker, geriatrician, and chaplain. Patients are end-stage in their illnesses, most often cancer-related, but may also suffer from end-stage dementia, cardiopulmonary, liver or renal disease. End of life pain management is a common referral question, and the Resident might work with the patient or family on newly emerging or chronic issues. The Resident is involved in consultation regarding assessment and treatment of anxiety, depression and delirium, as well as competency evaluations, with concomitant questions of healthcare-related decisional capacity, surrogacy, and advanced directives.
6. **The Dementia Project of the Menorah Park Center for Senior Living:** A specialized program of cognitive rehabilitation developed by Cameron Camp, Ph.D., employs learning theory and Montessori/ neuropsychological rehabilitation principles to improve functional abilities in persons with cognitive impairment. The Resident is involved in the interdisciplinary team of physicians, social workers, physical and occupational therapists, and speech pathologists, and engages in the following activities: development of specific interventions for participants and residents at the center to improve function; and applied research designing and disseminating interventions to be used in other facilities and environments to enhance the function and quality of life for persons with cognitive impairment.

PSYCHOSOCIAL REHABILITATION OF THE SERIOUSLY MENTALLY ILL CURRICULUM

The Resident participates in a series of clinical and rehabilitation rotations to maximize both breadth and depth of training in assessment, treatment and rehabilitation with persons coping with severe mental illness. Training emphasis is given to evidence-based practices for persons with severe mental illness, with primary training rotations offering competency development in psychosocial skills training and cognitive-behavioral psychotherapy. Supplemental training experiences include literature review and site visits with additional evidence-based practice programs offered through this VA, including assertive community treatment, supported employment, and family psychoeducational programs. Our psychosocial rehabilitation programs provide tools for veterans as they progress within the domains of recovery from severe and persistent mental illness: empowerment, education, community involvement, access to resources, work and meaningful activity, and familial and social supports. The Residency rotations and supplemental training sites offer extensive experience across these domains of treatment and recovery. The training curriculum includes site visits with the Summit County Recovery Project, where the Resident interfaces with nationally recognized consumer advocate psychologist Dr. Frederick Frese in visits to community-based consumer-run activities and initiatives with consumers who are in the later phases of the recovery process. The Residency experience also incorporates enhanced professional role development, teaching, and supervisory activities, and includes a year-long scholarly research/program development component spent developing a project with a definable work product.

Specific Competencies for the Resident in Psychosocial Rehabilitation with the Seriously Mentally Ill:

1. Demonstrate competence in psychosocial skills training, including assessment of needs and preferences, rehabilitation planning, psychosocial intervention, and evaluation of outcomes across a continuum of care.
2. Demonstrate competence in cognitive-behavioral psychotherapy interventions for persons with severe mental illness.
3. Demonstrate competence in differential diagnosis of psychotic spectrum conditions utilizing traditional psychological assessment techniques.

A. Inpatient Psychiatry (16 hours/week; 4-month duration)

The Resident initially gains intensive treatment and evaluation experience with veterans in an acute phase of illness on a 26-bed general psychiatric admitting unit located at the Brecksville campus. The primary training focus of this rotation is to provide the Resident with both experience and comfort with the acute phases of psychopathology of severe mental illnesses. This rotation includes diagnostic evaluation of psychopathology and psychosocial issues, rapid assessment training, interdisciplinary care planning, and individual and group psychotherapeutic interventions. The Resident's training includes:

1. Screening assessments including mental status, cognitive and neuropsychological screening, psychiatric symptom inventory, substance use, functional status, and psychosocial support system review.
2. Psychological evaluation of hospitalized veterans including clinical interviewing, psychosocial history, collateral family/support interviews, personality evaluation, and assessment of psychopathology. Training includes rapid psychological assessment techniques.
3. Differential diagnosis of psychotic spectrum conditions utilizing traditional psychological assessment techniques.
4. Interdisciplinary team participation, including staffing and development of multidisciplinary treatment plans.

5. Acute psychological interventions including individual and group psychotherapy, and behavioral management planning.
6. Capacity evaluations for competency hearings and risk assessment for civil commitment hearings, as needed.

- AND -

B. Consultation/Liaison Team (16 hours/week; 4-month duration)

This supplementary rotation coincides with the Inpatient Psychiatry experience, to broaden the Resident's exposure to severe mental illness and acute psychopathology as it is peremptorily encountered. The Resident serves as the Psychologist on this multidisciplinary team (including psychiatrists). The Consultation/Liaison Team provides mental health consultation to medical units at the Wade Park campus for patients presenting with emergent psychiatric issues. The Resident conducts bedside assessments of the patients' conditions, including diagnosis and recommendations for patient management or triage to alternative level of care. These assessments include rapid psychological assessment methodology. Interprofessional consultation and communication skills are emphasized.

C. Day Hospital (32 hours/week; 4-month duration)

The WP Psychiatry Day Hospital is a 4-week intensive partial hospitalization program for veterans with serious mental illness. Opened in 1996 in response to the closing of several inpatient psychiatric units, the Day Hospital was given three primary tasks: 1) prevent hospitalization; 2) reduce length of stay for inpatient psychiatric hospitalization; and 3) aid in and improve transition from an inpatient stay back into the community. The Day Hospital has been successful in accomplishing these goals due to an exemplary multidisciplinary team consisting of the psychologist program manager, two clinical nurse specialists, a social worker, and a part-time psychiatrist. Fully embracing the recovery model, veterans are provided with education, information, and psychotherapy along with psychopharmacological interventions. The psychiatric population of the Day Hospital consists primarily of individuals with schizophrenia, schizoaffective disorder, major depression, and bipolar disorder. Residents are considered full members of the Day Hospital team. Professional role development experiences include consultation with the multidisciplinary team on psychotherapy and diagnostic-related matters, and the opportunity for training in umbrella supervision of predoctoral interns. The SMI Resident will develop skills in:

1. Initial psychosocial assessments, including triage for Day Hospital versus other levels of care (e.g. inpatient).
2. Full psychological evaluations and report writing including the use of MMPI-2 and other measures, usually for diagnostic purposes.
3. Opportunities for coordinating the involvement of family and other support networks.
4. Training in Cognitive-Behavioral Psychotherapy for both individual and group modalities.
5. Skills-based group facilitation and individual psychotherapy.
6. Daily interdisciplinary rehabilitation planning.
7. Outreach and liaison with community resources.
8. Leadership with the Psychologist Program Manager will be emphasized.
9. Opportunity for program evaluation and development experience.

D. PR RTP/ Psychosocial Recovery Resource Center (32 hours/week; 4-month duration)

These two rehabilitation programs at the Brecksville campus are overseen by the Major Preceptor for this Residency training emphasis area. The 26-bed general psychiatric *Psychosocial Residential Rehabilitation and Treatment Program (PR RTP)* is a residential unit that offers an enhanced rehabilitative milieu facilitating recovery for veterans with mental health and/or addiction rehabilitation goals. The

Psychosocial Skills Program, functioning in conjunction with the PRRTTP, is a day-hospital format program focusing on illness management and recovery-oriented education and psychosocial skills training for veterans with severe mental illness, many of whom are ‘stepping-down’ from an acute episode with hospitalization. The *Psychosocial Recovery Resource Center* is a new program that was competitively awarded VA funding for development in late 2006. The Resource Center offers a drop-in center, wellness and recovery programming, as well as recovery-oriented services coordination/case management. In this 4-month rotation, the Resident gains extensive experience in evidence-based psychosocial skills training interventions across a range of rehabilitative milieus and modalities. The Resident’s training includes, but is not limited to, the following:

1. Comprehensive initial and ongoing biopsychosocial assessments according to recommendations of VA clinical guidelines: Health; Self-Care/Independent Living; Housing; Family/Community Support; Socialization; Work; and Community Access.
2. Interdisciplinary rehabilitation planning based upon the veterans’ assessed needs, preferences and goals across psychosocial domains.
3. Psychosocial skills training and psychoeducation in individual and group formats.
4. Individual psychotherapy, including cognitive behavioral psychotherapy interventions.
5. Psychological assessment, including differential diagnosis of psychotic spectrum conditions utilizing traditional psychological assessment techniques.
6. Program development and evaluation.

E. Scholarly Research/Program Evaluation (8 hours/week; year-long duration)

The Resident undertakes a clinical or applied research or program evaluation project to be completed during the Residency year. Within the first month, the Resident will complete mandatory training in good clinical practice and human subjects protection, and will complete credentialing required by the local Institutional Review Board to participate in VA research. By the third month of the Residency, the Resident will have a plan for a defined research or program evaluation project. This project is to include literature review, methodology, data collection or review, and conclusions. The results will be presented formally by the Resident by the conclusion of the Residency year in a suitable format (e.g. Grand Rounds presentation). The Resident may elect to become involved in an ongoing project at the training site, or to develop an investigator- initiated project.

F. Supplemental Training Experiences

1. **Summit County Recovery Project (1-3 site visits).** The Residency has partnered with The Summit County Recovery Project, which was developed to assist persons who are recovering from mental illness to return to dignified, contributing roles in the local community, to the best of their ability. Frederick J. Frese III, Ph.D., nationally recognized psychologist-consumer and member of the national NAMI board, is the Summit County Recovery Project Coordinator and liaison for the four consumer-operated business entities. This training experience will afford the Residents both exposure to and participation in selected consumer-run activities and initiatives in the community with consumers who are in the later phases of the recovery process. These community initiatives include: Summit Consumer Peer Support, Inc. (a consumer advisory group); Choices (a drop-in center); The Consumer Educational Outreach Center (a reading room/lending library); and The Consumer Quality Review Team (a market analysis entity).
2. **Evidence-Based Practices for Persons with Severe Mental Illness (1-3 site visits each).** The LSCDVAMC offers state-of-the-art interventions for veterans with severe mental illness, in accordance with nationally recognized clinical guidelines and recommendations. In primary training rotations, the SMI Resident gains competence in two widely recommended evidence-

based practices for this population: cognitive-behavioral psychotherapy and psychosocial skills training. The Residency curriculum includes required literature review relevant to evidence-based practice areas. Clinical experiences across the year include interface and referral of veterans to supplementary rehabilitation programs in accordance with personal treatment and rehabilitation goals. To enhance the Resident's practical exposure to additional evidence-based interventions, one to three site visits are scheduled with each of the following programs:

- ***Mental Health Intensive Case Management (MHICM)***. An assertive community treatment-model case management program offered through the Brecksville campus and several community-based outpatient clinics for veterans with severe mental illness.
 - ***Supported Employment***. A supported employment-model program offered through both of the primary campuses and a community-based outpatient clinic, with vocational employment specialists interfacing closely with numerous clinical programs for persons with severe mental illness.
 - ***Veterans Support and Family Empowerment (VSAFE)***. A family psychoeducation program offered for veterans with severe mental illness and their supports through a community-based outpatient clinic.
3. **Recovery Council**. The Resident participates as a full member of the Medical Center Recovery Council, an active monthly work group of psychosocial rehabilitation providers. The Recovery Council is chaired by the Major Preceptor for the Psychosocial Rehabilitation special emphasis area. The mission of the Recovery Council is to creatively examine ways to maximize efficiency of a system of psychosocial rehabilitation services for veterans with severe mental illness, recognizing that an individual's rehabilitation needs are generally multidimensional. The Council seeks to focus on the rehabilitation needs of the veteran, rather than programmatic needs or stringent rules and guidelines, with the goal of improving our system of recovery-oriented service through advocacy and administrative initiatives.
4. **Ohio Suicide Prevention Foundation (1 or more site visits)**. The Ohio Suicide Prevention Foundation (OSPF) was established in 2005 to promote suicide prevention as a public health issue and to advance awareness to support suicide prevention activities. Ohio Department of Mental Health partnered with The Ohio State University, the state Suicide Prevention Team, suicide survivors and advocacy groups, and numerous private and public agencies in this initiative. The Resident has the opportunity to attend a monthly OSPF Advisory Committee meeting with a Residency faculty psychologist who serves on this state panel. Education regarding suicide prevention initiatives and expanded professional roles for psychologists in public health policy will be the focus of this experience.

PRIMARY CARE CURRICULUM

Specific Competencies for the Resident in Primary Care are:

1. Clarify differential diagnosis among mood disorders, delirium, dementias, psychosis, and medical problems that mimic psychiatric disorders.
2. Acquire skills in implementing evidence-based interventions for individuals, groups, couples and families in primary care, including interventions to help cope with chronic health problems and related biopsychosocial concerns.
3. Make treatment recommendations relevant to the primary care patient based on diagnoses, social context, and medical condition.
4. Develop collaborative psychological treatment plans.

The Resident participates in year-long ongoing involvement in core clinical training (24 hours weekly) in the Outpatient Medicine Clinic. The Resident also selects either one 12-month, or two 6-month, optional rotations (8 hours weekly). Core clinical training and optional rotations also include teaching, scholarly and supervisory activities.

A. Primary Care Outpatient Medicine (16 hours/week; year-long duration):

This is a multidisciplinary General Internal Medicine Outpatient Clinic (GIM). The clinic is staffed by attending physicians and health psychologists, GIM Residents, nurse practitioners, PharmDs, dietitians, social workers, and medical students. The Resident is involved in the following activities: 1) assessment including mental status, substance use, functional status, neuropsychological screening, and psychiatric illness, 2) facilitation of multidisciplinary Shared Medical Appointments, 3) multidisciplinary team meetings and teaching rounds with a GIM physician, 4) supportive and goal-oriented psychotherapy, 5) consultation with nursing and medical staff, 6) capacity evaluations for determination of competency, 7) participate in Women's Health Clinic with referrals for military sexual trauma, PTSD, psychosomatic concerns, depression, anxiety, 8) participate in a Preventive Medicine Clinic, for smoking cessation, obesity and nonadherence.

B. Other Outpatient Primary Care Clinics (8 hours/week; year-long duration):

1. **HIV Clinic.** Patients will be assessed and treated for mental health disorders, coping with HIV, partner and family issues, and cognitive changes due to HIV.(4 hours/week)
2. **Geriatric Outpatient Clinic.** Evaluations of medical, cognitive, psychological and physical function of elderly patients, many who are cognitively impaired, psychiatrically disordered, and functionally impaired. (4 hours/week) The Resident is involved in: 1) psychological evaluation including history, symptoms, cognition, and collateral interviews. 2) multidisciplinary staffing, 3) interventions including individual, couple's and family therapy and behavior management, and 4) capacity evaluations for competency.

C. Optional Rotations (8 hours/week; 12-month or 6-month duration)

1. **Hospice/Palliative Care Team.** The Resident is involved in consultation regarding assessment and treatment of anxiety, depression and delirium, as well as competency evaluations.
2. **Smoking Cessation Treatment Group.** Cognitive-Behavioral and Motivational Interviewing techniques are combined with other evidence based interventions, nicotine replacement products, and pharmacotherapy. The supervising health psychologists for this clinic have prescriptive

authority for the treatment of nicotine addiction and will train the Resident in the pharmacology of this specialty.

3. **Morbid Obesity/Bariatric Surgery Clinic.** This clinic assesses and treats through a multidisciplinary group format. The Resident will perform evaluations for bariatric surgery to determine appropriateness.
4. **The Cleveland Clinic Foundation.** The Resident will have an opportunity to work in the CCF community based clinics.



SPECIALTY MEDICINE CLINICS CURRICULUM

Psychologists have been embedded within medical specialty care delivery units at this medical center since 1974. At present, there are 5 FTE (6 individual supervisors) psychologists assigned to these areas and available for supervision of the Resident. These areas have served as internship training rotations for up to 33 years. The philosophy of our program is first to develop a well versed generalist psychologist with developing skills in assessment and treatment of common health problems. More broadly, the Resident works as a member of an interprofessional health care team with emphasis on the biopsychosocial model of evidence-based clinical care along with quality scholarship and empiricism.

The goals of the program are multifaceted. They are to educate the Resident in the many roles played by a health psychologist specialist working in an interdisciplinary team; acknowledge the importance of and utilize the developmental, biopsychosocial, and systemic approaches to patient care in various specialty clinics; appreciate and learn the practice of acute to chronic care of patients with both life threatening and life-long disease processes; foster clinical and empirical collaboration; learn how to intervene in practitioner-patient-family dynamics; and learn how to import expertise as a behavioral health specialist to the health care team.

The Resident participates in a year-long clinical training program (32 hours weekly) in various specialty clinical areas. The Resident will be required to participate in the two Core Clinical Specialty Areas for 12 months and elect 4 out of the 5 additional rotation options (6 months each) detailed below. All rotations include teaching, scholarly and intern supervisory activities in addition to clinical experiential training. .

Specific Competencies for the Residency in Specialty Medicine Health Psychology:

1. Become competent in the differential diagnoses of the psychological disorder associated with chronic pain, sleep, and GI disorders and acquire key skills to communicate those efficiently.
2. Acquire medical knowledge relevant to the clinic areas including medical terminology and interventions associated with each.
3. Become proficient in hypnosis that may be utilized in these settings.
4. Become proficient in performing organ transplantation readiness and decisional capacity evaluations.
5. Hone individual, group, and family psychotherapeutic skills within a medical environment.
6. Develop a working knowledge of psychological assessment instruments utilized in various medical settings including neuropsychological screening skills.

Required Clinical Specialty Rotations

A. Pain Management Center (8 hours per week; throughout the year)

The Pain Management Center is a clinic within the Anesthesia Department. The Resident will assess and treat patients with various chronic pain disorders both individually and within a group context as part of the team.

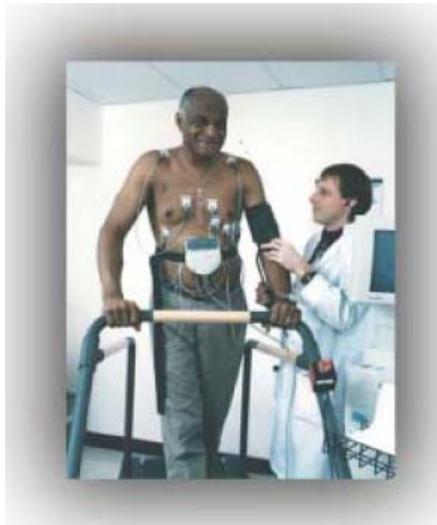
B. Cardiology/Solid Organ Transplant Team (8 hours per week; throughout the year):

The Resident will be part of a team treating patients with severe cardiac problems. The treatment environment may be an inpatient ward, a coronary intensive care unit, or outpatient cardiology clinic. Additionally, the Resident will participate in assessment of patient's readiness for solid organ transplant. The Resident will assess patient readiness for heart, liver, lung, and kidney transplantation and follow those patients post-operatively as necessary.

C. Optional Clinical Specialty Rotations

Resident elects 4 of the 5 following rotations; 8 hours per week; 6 months duration:

1. **Sleep/Pulmonary Clinic.** The Resident will assess and treat sleep disorders as well as assist patients cope with other chronic pulmonary problems. The Resident may opt to participate in training to become certified in Behavioral Sleep Medicine.
2. **Gastroenterology/Hepatitis C Clinic.** The Resident will assess patient's readiness for treatment of Hepatitis C. Additionally, the Resident will develop psychological interventions to help patients cope with other chronic GI problems such as Irritable Bowel Disease and colitis.
3. **Hematology-Oncology/Palliative Care/Hospice.** The Resident will assess and treat in- and outpatients with newly diagnoses malignancies who have been referred by the Hem-Onc Team. The Resident will also work with those patients (and their families) whose malignancies have progressed and treatment has evolved to palliative or hospice care.
4. **Podiatry/Vascular Surgery Amputation Clinic.** The Resident will be a team member in both an inpatient ward and outpatient clinic where patients facing or having experienced amputation will be offered consultation with psychology for assessment of coping and treatment options.
5. **Infectious Disease/HIV Clinic.** The Resident will be a team member and will assess and treat patients who have HIV/Aides. The Resident will also facilitate an HIV Support Group.



POSTTRAUMATIC STRESS DISORDER CURRICULUM

The Center for Stress Recovery (CSR) of the LSCDVAMC, organized in 1984 is one of the most comprehensive PTSD treatment centers in the VHA. The CSR offers unique and varied opportunities in the treatment of PTSD and co-morbid conditions, as will be detailed below. In addition to the psychologist Acting Director, there are three full time psychologist supervisors who also lead or co-lead programming. The total multidisciplinary staff numbers twenty. Training is consistent with the MHSP focus areas of PTSD, OEF/OIF Needs, and Women's Needs. The CSR currently supports training for a variety of mental health professionals including psychology interns, psychiatry Residents, and social work interns. Many of our staff are affiliated with or hold clinical training positions with Case Western Reserve University in Cleveland.

The Resident will have the option to participate in a series of rotations at the CSR and Polytrauma Center to maximize the scope and depth of expertise in assessment and treatment of individuals coping with a broad range of stress disorders and interpersonal or behavioral coping deficits. Training emphasizes the use of empirically validated approaches to conceptualizing, assessing and treating individuals with stress disorders. Intervention approaches are based on the most current and evidence based techniques available. Our general model encourages assessment of physiological, psychological, familial and community risks and resilience factors to guide an integrated, interdisciplinary treatment plan. Residents are afforded the opportunity to develop and enhance their competence in specific PTSD intervention techniques such as systematic trauma exposure processing, cognitive processing therapy (CPT), image rehearsal therapy (I.R.T.; nightmare resolution), Acceptance and Commitment Therapy (A.C.T.), cognitive behavioral therapy (CBT) approaches, stress reduction and behavioral coping techniques, relapse prevention skills, sand tray therapy, and the use of peer counselors. Modalities will include group, individual and marital therapy interventions. Psychologists are encouraged to participate in intervention research on new models or deploy other integrative models based upon empirically supported treatments.

Specific Competencies for the PTSD Resident are:

1. Demonstrate competence in the differential diagnoses of PTSD and co-morbid disorders found among individuals with PTSD, especially with regard to TBI, MDD, Substance Abuse, and personality disorders, utilizing appropriate psychological and neuropsychological assessment techniques.
2. Demonstrate competence in developing treatment plans and implementing treatment interventions utilizing evidenced based strategies and incorporating family, social, and physiological factors into treatment.
3. Develop or enhance individual, couples and family psychotherapy skills relevant to the treatment of PTSD, especially interventions to help develop and maintain resiliency and support networks.

A. Intensive Outpatient PTSD Treatment (12 hours/week; 4 month duration)

The Resident is involved in intensive group and individual therapy with a mixed outpatient cohort of Vietnam and Gulf War veterans. The Intensive Outpatient Program is designed for veterans with PTSD who have not undergone trauma process therapy and very often have comorbid Axis I or Axis II diagnoses. The Resident will be involved in treatment planning assessments, developing and implementing individual treatment plans, conducting individual psychotherapy and assisting in group therapy facilitation.

B. PTSD residential Treatment Program (12 hours/week; 4-month duration)

This rotation focuses on an eight week cohort based residential PTSD program that expands therapeutic interventions to five days per week, 6 hours per day. The Resident works with a psychologist on a multidisciplinary team that includes a psychiatrist, clinical nurse specialist, and social worker. The Resident conducts assessments, facilitates groups, and provides case management along with individual and family counseling as needed. The majority of the population served suffers from chronic PTSD. As such, in addition to working on PTSD symptoms, the residential Treatment Program strives to help individuals deal with the social, vocational and physical effects of their stress disorder simultaneously; and hence, interventions provide the opportunity for patients to work toward resolution of interpersonal, social, and vocational problems associated with chronic PTSD. In this rotation, the Resident will gain skills and competence in working intensively using short-term therapy strategies with a chronic population who suffer from PTSD and multiple social and personal coping skills deficits.

C. OIF/OEF Veterans Treatment Program (24 hours/week; 4-month duration)

The OIF/OEF Veterans Treatment and Outreach Program utilizes a Community Outreach Resiliency Development (C.O.R.D.) model of intervention that includes extensive work on building and enhancing personal resilience and community resources for patients suffering from PTSD or readjustment problems upon returning from combat deployment. Weekly group and individual sessions are a prime ingredient of the program, while also including ancillary interventions with family and or spouses, employment support, case management, and advocacy. The program also subscribes to a recovery model of substance abuse relapse prevention, education, and skills training that focus on evidence based harm reduction strategies to engage and maintain patients in a therapeutic process and improve their ability to live and function in the community. The Resident gains expertise in the use of evidence based motivational, cognitive behavioral and interpersonal skills training techniques with patients experiencing a broad range of complex issues related to readjustment after combat stress.

D. Women's Trauma Treatment Program (24 hours/week; 4-month duration)

The WTTP is an outpatient PTSD program open to all female veterans regardless of combat experience. Multiple treatment alternatives are provided including trauma processing, group therapy, marital counseling, and individual psychotherapy for various issues such as depression management, interpersonal relationships, child care and parenting, vocational assistance, as well as trauma recovery work. The program includes outreach and advocacy, and works closely with the Women's Health Clinic to identify females in need of behavioral health assistance.

The Resident's training includes assessment, including psychological testing and clinical interviewing with a focus and sensitivity on the particular issues of women veterans. Also involved is enhancement of skills in treatment planning, individual, group and family interventions integrating an eclectic mix of evidence based trauma process techniques with cognitive behavioral coping skills training. Along with this the Resident will learn how to integrate community resources to address women's issues including social service, medical, legal and vocational/educational needs.

E. Polytrauma Center (8 hours/week; year-long duration)

The Polytrauma Center is a residential and outpatient medical section serving combat veterans exposed to explosions and bodily injury. Among the multidisciplinary staff at the Center are two psychologists, a neuropsychologist and an intervention psychologist with experience in PTSD treatment. Interventions incorporate cognitive behavioral strategies, coping skills training, and family interventions, as well as group and individual treatment for PTSD. A major goal for this group is to enhance each patient's motivation to realign their expectations and find ways to make their life meaningful after devastating

bodily injury. Patients are supported in gaining a sense of efficacy through setting behavior change goals and developing coping skills that will enable them to enhance their recovery from the physical and psychological effects of trauma. The Resident will work with a neuropsychologist and gain expertise in the differential diagnosis of PTSD and cognitive impairments arising from TBI. The Resident will consult on mental health issues, family consultation and guidance, and conduct group and individual therapy.



SUBSTANCE ABUSE CURRICULUM

Training for the Substance Abuse Emphasis area Resident would be gained in our substance abuse unit. The Substance Abuse unit assesses and treats 1320 veterans per year and has an interdisciplinary staff of 65, including six full-time psychologists available for supervision. Psychology interns have been trained in substance abuse and its predecessor programs for 35 years. The Substance Abuse Resident will gain experience in substance abuse units such as the Primary Rehabilitation Teams, Recovery Resources Program, Pathological Gambling Program, Women's Treatment Program, OEF/OIF services, Evening Primary Intensive Care, and outpatient/aftercare clinic. Training of the Resident in this Special Emphasis area is consistent with the MHSP focus areas of Women's Needs and OEF/OIF Needs. In addition, a number of addicted veterans are trauma victims who have not attained sufficient control of their substance abusing behavior to be eligible for our PTSD programs. Therefore, Resident training in this venue would also serve PTSD needs. The major preceptor, Dr. Loreen Ruge, is a nationally renowned researcher and clinician in pathological gambling.

The Specific Competencies for the Resident in Addictive Disorders are:

1. Develop competence in differential diagnosis of comorbid disorders found among individuals with substance dependence and/or pathological gambling.
2. Develop competence in the implementation of treatment interventions utilizing evidenced based motivational, cognitive behavioral and Twelve Step strategies.
3. Enhance individual, couples and family psychotherapy skills, including harm reduction, abstinence, relapse prevention, and support networks strategies.

The Resident participates in a series of rotations to maximize the scope and depth of training in the assessment and treatment of individuals coping with a broad range of substance use disorders and behavioral addictions. Training emphasizes the use of empirically validated approaches to conceptualizing, assessing and treating individuals with addictive disorders. Residents are afforded the opportunity to develop and enhance their competence in motivational interviewing techniques, mindful-cognitive behavioral interventions, relapse prevention skills-training, and use of Twelve-Step approaches. The substance abuse interdisciplinary approach also offers the Resident the opportunity to gain experience with developing comprehensive, integrated treatment planning. Additionally, training rotations offer the development of competence in diagnosis of substance use disorders and pathological gambling as well as differential diagnosis of complex co-occurring psychiatric disorders associated with addictive disorders.

A. Intensive Outpatient Substance Abuse Treatment (24 hours/week; 4 month duration)

The program is designed for veterans who often have a comorbid Axis I or Axis II diagnosis. Groups focus on social skills training, other coping strategies, and brief motivational interventions. The Resident's training includes: 1) screening for substance use, gambling, psychiatric symptoms, and support networks, 2) comprehensive biopsychosocial/spiritual assessment, 3) differential diagnosis comorbid Axis I and II psychiatric disorders, 4) motivational enhancement, relapse prevention skills training, 12-Step facilitation, mindful-cognitive behavior therapy, 5) interdisciplinary team participation, including staffing and development of multidisciplinary treatment plans

- AND -

B. Opiate Substitution Clinic (8 hours/week; 4-month duration)

This rotation coincides with the Intensive Outpatient Substance Abuse Rotation, to expand the Resident's exposure to the most comprehensive range of substance use disorders and treatment modalities. The

Resident serves as the psychologist on this multidisciplinary team (including psychiatrist, nurses, and addiction counselors). The Resident conducts assessments, facilitates groups, provides case management along with individual and family counseling. The addictions Resident will develop skills in: 1) initial screening and assessment for triage to opiate substitution treatment, 2) evaluation of chronic pain combined with opiate addiction, 3) interdisciplinary team staff and treatment planning, 4) integration of evidence-based medical and psychological modalities in the treatment of opiate dependence, 5) Motivational enhancement and patient engagement strategies, 6) cognitive behavioral treatment approaches to opiate dependence, 7) engaging families and other support networks, and 8) program development and evaluation.

C. PRRT/ Dual Diagnosis Program (32 hours/week; 4-month duration)

The Dual Diagnosis Program is an intensive residential program. During the primary phase, patients are housed on the 26-bed general psychiatric Psychosocial Residential Rehabilitation Program (PRRPT) which provides an integrated recovery model of relapse prevention, education, and skills training. While this program aims towards abstinence from addictive behaviors, it employs harm reduction and motivational strategies to engage and maintain patients in a therapeutic process. The Resident gains experience in the use of evidence based motivational, cognitive behavioral, and psychosocial skills training interventions. The Resident will develop skills in:

1. Comprehensive initial and ongoing biopsychosocial assessments.
2. Psychological assessment, including substance use assessment and differential diagnosis of a broad spectrum of Axis I and II co-occurring disorders using traditional psychological techniques.
3. Integration of recovery skills in both addictive disorders and serious mental illness.
4. Relapse prevention interventions in group, family and individual formats.
5. Psychosocial skills training, relapse prevention planning, motivational enhancement and psychoeducational interventions in group and individual formats.
6. Program development and evaluation.

D. Special Focus Addiction Programs (32 hours/week 4-month duration)

The Resident will have the opportunity to split time between these two nationally recognized residential addictions programs. Together with Preceptor, the Resident will decide on appropriate allocation of time between these two programs.

1. The Gambling Treatment Program (GTP) (16hrs/week).

The GTP was the first program of its kind in the nation and the only residential program within the VA. Patients present with a broad array of co-existing diagnoses. This program integrates empirically validated approaches to the treatment of pathological gambling including cognitive-behavioral strategies, mindfulness training, relapse prevention, money protection and harm reduction strategies, and 12-step integration. Family members are an integral part of treatment.

The Resident's training includes:

1. Screening, assessment and diagnosis of pathological gambling and comorbid disorders using interviewing and psychological testing.
2. Interdisciplinary team staffing and treatment planning.
3. Individual therapy, group facilitation, family interventions, and development of continuing care plans.
4. Program development and evaluation.

2. The Women's Treatment Program (WTP) (16hrs/week).

The WTP is a residential program that was created exclusively for women to eliminate typical treatment barriers including shame, hopelessness, fear and despair through providing a safe, non-confrontive environment that helps women explore the discrepancy between their sober values and continuation of substance abusing behaviors. Our focus is chemical addiction recovery with consideration to Axis I and II pathology. Our goal is to help women veterans achieve and maintain a sober lifestyle through evidence-based treatments such as the Stages of Change model, including a Motivational Interviewing approach, and Dialectical Behavior Therapy concepts. Also available to women are medical and psychiatric services, AIDS education classes, Family and Couples counseling, 12-Step Groups onsite include AA, CA, GA and NA.

The Resident's training includes, but is not limited to:

1. Initial assessment.
2. Multidisciplinary team participation.
3. Individual, group and family interventions integrating cognitive behavioral skills training, relapse prevention planning, 12-step participation, and motivational enhancement.
4. Integration of community services including social service, legal and vocational/educational needs.
5. Program development and evaluation.

The following professional development activities and educational opportunities are available as options and/or requirements (as noted):

1. Smoking Cessation Program (1hour/week, 6 weeks duration)
2. Ohio Council on Problem Gambling: Community advocacy activities.
3. Criminal Justice Outreach: One or more site visits to the Cuyahoga County Justice Center
4. 2100 Homeless Shelter Veteran Outreach (1 – 3 site visits)



NEUROPSYCHOLOGY CURRICULUM

The mission of the Clinical Neuropsychology Residency Program is to provide depth of training for advanced competence in the Specialty of Clinical Neuropsychology. Our program incorporates a number of focus areas emphasized in the VA Mental Health Strategic Plan: Neuropsychology, Traumatic Brain Injury, OEF/OIF Needs, Interprofessional Care, and PTSD. The Resident is accepted for a two-year program, but reappointment of the Resident for the second year would be contingent upon satisfactory performance during the first year.

The program has not yet been accredited by APA. We have consulted with the APA Office of Program Consultation and Accreditation and have been advised that it is permissible to apply for accreditation of a two-year postdoctoral program if the Site Visit would be timed to occur during the second year of the program, when site visitors could determine that the second year training promised in the Self Study is actually occurring. Our Clinical Psychology Postdoctoral Residency Program accreditation went forward with no postponements or deadline extensions, and in 2006 it received an additional seven-year accreditation. We have a timeline for accreditation of the Neuropsychology Residency with APA accreditation at the earliest possible date of July 2010.

Specific Competencies for the Resident in Clinical Neuropsychology:

1. Effectively clarify differential diagnoses of psychiatric disorders and medical/neurologic disorders, i.e., dementia and the various subtypes of dementia as well as the neurocognitive effects of stroke and other neurological conditions, utilizing appropriate neuropsychological assessment tools.
2. Apply the knowledge and skills of a neuropsychologist to the forensic arena, i.e., civil (competency of person and estate, tort damages, disability determination) and criminal (competency to stand trial and sanity at the time of the act).
3. Apply of neuropsychological skills and knowledge to issues of treatment disposition and placement.
4. Provide feedback to treatment providers and patients and/or families.
5. How to work effectively with multiple disciplines to facilitate an understanding of the role of Neuropsychology and in order to enhance patient care.
6. Develop research skills with a focus upon TBI and PTSD.

The program operates in accordance to the INS-Division 40 guidelines (The Clinical Neuropsychologist, 1987, 1, 29-34) and the goals espoused by the Houston conference (Archives of Clinical Neuropsychology, 1998, 2, 203-240). Our postdoctoral position is designed to provide Residents with the didactic and experiential opportunities necessary to develop evidence-based clinical interpretative and consultation skills at a professional level while under the supervision of experienced neuropsychologists. This is accomplished through an extensive reading of the research literature that is relevant to each of the cases evaluated by the resident. In addition, specific training goals include active involvement in clinical research and educational opportunities within the context of a nationally known tertiary medical center. For example, the Louis Stokes Cleveland DVAMC has also been designated as a Polytrauma Network Site, designed to provide long-term rehabilitative care to veterans and service members who experienced multiple injuries (traumatic brain injury) to more than one organ system. Neuropsychology has a critical role in this Polytrauma initiative in assessing veterans with subacute traumatic brain injury (TBI) and, in conjunction with the Center for Stress Recovery (CSR), Posttraumatic Stress Disorder (PTSD).

The evaluations provided by neuropsychology employ specialized testing procedures and a nomothetic, disease impact framework that strives to integrate medical, neurological, and behavioral data with neuropsychological test findings based upon the literature in order to answer any of a number of complex

referral questions. Referrals for our services typically consist of, but are not limited to, questions concerning:

- Differential diagnoses (e.g., depression versus dementia (Dementia of the Alzheimer's type, Cerebrovascular Dementia, Frontotemporal Dementia, Lewy-Body Dementia, Huntington's Dementia, etc.).
- Delineation of spared and impaired cognitive functions secondary to known central nervous system dysfunction related to traumatic brain injury (TBI) or stroke, etc.
- Establishment of a neuropsychological baseline against which to monitor recovery or progression of central nervous system dysfunction.
- Assessment of cognitive/behavioral functions to assist with rehabilitation, management strategies, and placement recommendations (i.e., nursing home, group home, etc.).
- Evaluation of cognitive status for the purpose of Compensation & Pension and/or Competency of Person and Estate evaluations and, in conjunction with the Summit County Court of Common Pleas Psycho-Diagnostic Center, Competency to Stand Trial and Sanity at the Time of the Act. An opportunity will also be provided for exposure to civil tort cases via attendance at pre-deposition and pre-trial conferences with attorneys as well as attending trial testimony.

Neuropsychology provides inpatient and outpatient consultation and evaluation services for multidisciplinary staff at both the Brecksville and Wade Park campuses as well as thirteen Community Based Outpatient Clinics (CBOC) located throughout the northeast Ohio section of VISN10.

The program employs a flexible battery approach based upon a disease impact model, (e.g., the differential impact of CVD versus DAT on neurocognitive functioning in early or Mild Cognitive Impairment stages) as well as a syndrome-based approach. The application of this model requires an extensive knowledge of the Neuropsychology and Neurology/Neuropsychiatry literature. The training program stresses extensive reading of relevant research, resulting in clinical reports that are integrative and conceptual in nature. Assessments are framed within a forensic format with an emphasis on evidence-based conclusions derived from scientific principles. We also emphasize a cognitive neuropsychological model which conceptualizes neurocognitive functioning from a neural network perspective.

Our rich clinical referral base and an innovative service delivery model have created a strong trajectory of growth for the Neuropsychology. More than 500 patients are evaluated annually, many with complex conditions. The demand for neuropsychological services continues to increase in connection with high incidence of TBI in young veterans, making neuropsychology quite active clinically. Cases are complex and the reports highly integrated and conceptual in nature.

CLINICAL EXPERIENCES

On average, a minimum of 70% of the Resident's time will be devoted to direct clinical service, which fulfills ABPP's CN requirements as well as state licensure requirements. This will include general clinical cases as well as cases suited to the specialized interests of the Resident. During the first year of the residency, the Resident will carry out all aspects of evaluation, including record review, interviews of patients and collateral informants, test selection, test administration, and report writing. It should also be noted that, such reports are framed within a forensic format with an emphasis on evidence based conclusions based upon scientific principles.

During the second year, technicians will provide test administration services, allowing the Resident to further develop sophisticated case conceptualization and report writing skills. Throughout the program, direct patient contact is emphasized in order to develop a strong clinical understanding of process variables and patient behaviors that underlie test performance. In all the Neuropsychology activities (i.e., geriatrics, Polytrauma, etc), the Resident will receive training in provision of education and feedback about functional strengths and restrictions to veterans and their families

With respect to workload, the Residency embraces the goals of teaching/training rather than high volume service-delivery. The number of patients seen on a weekly basis depends upon multiple factors including patient endurance and case complexity. It is expected that number of patients seen during the second year will double compared to the first year. Because of the intensity of supervision on each case and their complexity, our neuropsychological track interns complete 20 complete neuropsychological per 4 month rotation. Clearly the goal of the Residency will be, as it is with the internship program, a teaching/training rather than service delivery model.

Consultation with other health-care professionals constitutes another important aspect of this postdoctoral experience. The Resident will have multiple opportunities to interact with a broad range of disciplines that utilize the services of the Neuropsychology section, including Neurology, Rehabilitation, Psychiatry, Geropsychiatry, Geriatric Medicine, Primary Care, etc. Some rotation experiences and/or enrichments will provide the Resident with the opportunity to work on interdisciplinary treatment teams throughout the two-year residency, the Resident will be active in the core clinical training, receiving cases from each of the following core areas in sequence:

FIRST YEAR

1. Neurology (24 or 32 hours/week; 6 month duration): The Cleveland VA Neurology service is a tertiary referral center for VISIN 10 and portions of western Pennsylvania and West Virginia, and as such sees veterans with a full spectrum of neurological disorders. We primarily see veterans on an outpatient basis, including those with any of the variety of dementias, stroke, head injuries, epilepsy, multiple sclerosis, etc. We also see inpatients from general medicine, psychiatry, rehabilitation and spinal cord services. The approach is based upon history (input when available from family and patient) and testing using a flexible battery approach. We are concerned with providing diagnostic and prognostic information, and rehabilitation recommendations. Results may be interpreted and management strategies demonstrated with veterans and their families. Trainees attend weekly neurology floor rounds, so they have a chance to work with residents and staff, and as appropriate rehabilitation rounds. VA medical records provide access to a full selection of radiological data (CT, MRI, some PET, and angiography) and EEGs.

2. Neuropsychiatric Neuropsychology (24 or 32 hours/week; 6 month duration): Evaluation experience with veterans referred from one of the 4 acute/subacute psychiatric units and/or the one of the outpatient psychiatric programs, i.e., the Day Hospital Program for SMI (severely mentally ill) veterans. The Resident will gain experience with the neuropsychological evaluation of psychopathology as well as the often complex process of understanding the neurocognitive aspects of psychiatric disorders.

SECOND YEAR

3. Geriatric Neuropsychology (24 or 32 hours/week; 6 month duration): Experience in the evaluation of elderly patients with possible compromised brain functioning referred from 1 of the 5 inpatient nursing home/long-term care units or one of the outpatient geriatric primary care services. The Resident will gain

competency in the complex differential diagnosis of the common conditions in this populations, i.e., Alzheimer's Dementia, Cerebrovascular Dementia, Lewy Body Dementia (LBD), Frontotemporal Dementia (FTD), etc. The Resident will also become proficient in competency/capacity evaluations in terms of decision-making related to their healthcare and financial management. The Resident will also develop skills in offering placement recommendations, i.e., independent living versus nursing home placement, etc.

4. Polytrauma/TBI Evaluations & Compensation and Pension (C&P) (24 or 32 hours/week; 6 month duration): Evaluating veterans requesting compensation for disability believed to be related to military duty. A significant proportion of these requests involve disabilities related to neurocognitive impairment, i.e., TBI or dementia from a variety of causes. The assessments are used as evidence in the medico-legal process of determining monetary awards for problems considered to be directly related to military duty, and general disability for those who are unable to work due to non-military problems. They are also used to determine the need for aid and attendance in elderly veterans with dementia. The Neuropsychologist provides an opinion about existence and severity of claimed disability and their relationship to military service. The emphasis is on the more pragmatic aspects of providing a comprehensive assessment within a limited time frame required of C&P assessments.

The Federal Government has recently established the Polytrauma System of Care, specializing in the treatment for veterans and returning service members with injuries to more than one physical or organ system and which results in medical, cognitive, psychological, or psychosocial impairments and functional disability. The Louis Stokes Cleveland DVA Medical Center has been designated as a Polytrauma Network Site, designed for the assessment, treatment, and rehabilitation of service members and veterans with subacute injuries. Neuropsychological evaluation is critical for those veterans who have, or are suspected to have, received a traumatic brain injury (TBI) due to blast concussions. Since PTSD is a common condition in these individuals, the Resident will gain competency in the recognizing the convergent and divergent factors in TBI and PTSD assessment, as well take an active role on the Polytrauma Treatment Team of interdisciplinary specialists charged with the assessment, treatment and rehabilitation of these injured service members and veterans.

During placement on each of the core areas, in addition to supervision by the supervisor for that area that is described in detail below, the resident will meet weekly for supervision by the preceptor. In addition, the resident will be located at the Brecksville campus while receiving training/supervision in the areas of Neuropsychiatric Neuropsychology, Geriatric Neuropsychology, C&P and Polytrauma/TBI. While receiving training/supervision in the Behavioral Medicine area, the resident will be located at the Wade Park campus. The resident will spend at least 6 months each in Behavioral Medicine, Neuropsychiatric Neuropsychology, and Geriatric Neuropsychology, with the final rotations in C&P and Polytrauma/TBI.

OPTIONAL EXPERIENCES

Comprehensive exposure to the core areas described above is a requirement. However, the Resident may also chose to expand their experience by electing one 12-month, or two 6-month rotations (8 hours weekly). These include:

1. MetroHealth Medical Center Brain Injury Rehabilitation Program: The MetroHealth Medical Center is Ohio's only Level I Trauma Center and is one the nation's leaders in stroke and TBI rehabilitation. The Resident will be provided training and supervision by an experienced neuropsychologist and will participate in multidisciplinary team meetings, with a focus on acute TBI as a complement to the subacute and chronic TBI seen at the VAMC.

2. Spinal Cord Injury and Disorders Unit: This is a new designated Center of Excellence for comprehensive medical care and rehabilitation of veterans with spinal cord injuries (SCI). This rotation offers experience in providing psychological services to people with disabilities, including neuropsychological assessment of patients with TBI and spinal cord injury (SCI). Residents will become familiar with the medical aspects of SCI as well as the acute and long-term psychological problems associated with this disability, such as depression, anxiety, and substance abuse. The rotation emphasizes working within an interdisciplinary team in order to promote positive treatment outcomes and program development. Interns interested in acute medical or rehabilitation settings may benefit from the rotation. In essence, what this rotation offers the resident is experience in interdisciplinary team rehabilitation and dealing with adaptation to disability.

3. Summit County Court of Common Pleas Psycho-Diagnostic Clinic: This clinic is one of the regional diagnostic clinics that were set up in the 1970s for the purpose of providing court ordered Competency and Sanity evaluations of criminal defendants. In addition the clinic provides evaluations for probate courts on case involving competency of person and estate. The Resident will receive training and supervision from the director of the clinic who is Past President of the American Board of Forensic Psychology (ABPP) and Past Chair of the APA Ethics Committee (Dr. Kathleen Stafford). A clinic neuropsychologist will provide supervision to the Resident.

4. Civil-Forensic (Tort) Didactic Experience: This Resident will not assess clients but be exposed to civil tort cases via attendance at pre-deposition and pre-trial conferences and attending depositions. This supervision will be provided by a board certified (ABPP) neuropsychologist and a neuropsychologist whose board certification is in process. These neuropsychologists have been conducting Civil Tort evaluations for 25+ years and 10 years, respectively, within an independent practice setting in the greater Cleveland area. This will allow the Resident exposure to an area in which neuropsychology has been in increasing demand over the years. None of this particular training will be conducted on VA time but only on weekends or weekday evenings.

CLINICAL SUPERVISION

Formal clinical supervision is scheduled on weekly basis. More importantly, supervision is provided on an individual basis, typically several hours weekly, to review cases. Informal supervision is also available on a daily basis. Vertical supervision is a frequently utilized method of training, specifically in the form of small-group didactic supervision/discussion of interesting or complex clinical cases. These groups are typically comprised of the supervising neuropsychologist, fellow, and the Neuropsychology and/or geropsychology interns. Supervision stresses the development of clear case conceptualization and report writing skills as well as reading of the literature that is relevant to each.

Formal written evaluations of the fellow's progress are prepared by the Preceptor and presented to the director of training at the mid-year and end of year training meetings. Informal feedback and evaluation is provided to Resident throughout.

Fellows whose performance is not at an expected level of competence will be advised regarding the problem areas in their performance, and a specific plan to remediate those weaknesses will be developed.

DIDACTIC EXPERIENCES

1. Residents' Seminar (Required): A mandatory monthly seminar for all Residents is conducted with the Director of Psychology Training. Topics include both professional issues and content areas of shared

interest. The Residents (Clinical Psychology, Clinical Neuropsychology) rotate responsibility for the presentation. This seminar is open to supervisors and staff.

2. Continuing Education (Required): Ongoing education is integral to the Residency program. The Residents' Seminar and at least one other formal continuing education activity are required each month. The Resident and Major Preceptor will discuss training needs and preferences throughout the Residency year, as well as relevant scheduled educational options.

There is a substantial emphasis on required background readings in neuroscience and related fields as well as readings conceptually targeted to particular cases and their relevant differential diagnostic issues. Considerable time is spent delineating cognitive mechanisms underlying impaired performance and how this relates to neuroimaging, radiological, neurological and neuropsychiatric data.

Additional Educational Opportunities

1. Case Western Reserve University – University Hospitals Neurology Grand Rounds: Weekly Grand Rounds within the Neurology Department at the world-renowned University Hospitals. Presentations focus primarily on neurological topics conducted by world-class researchers and practitioners, as well as case presentations. Past topics have included the role of basal temporal areas in language functions, efficacy of varied medication regimens for the treatment of cerebrovascular disease, and malingering of neurologic disorders.

2. Case Western Reserve University School of Medicine Grand Rounds: This series provides a variety of content relevant to mental health. It is approved for continuing education credit by the Ohio Psychological Association (OPA) and the American Psychological Association (APA) as well as for most healthcare professions within the state. Presenters include local and national VA staff, affiliated university educators, and outside consultants. In these grand rounds there is a considerable emphasis on issues related to Biological Psychiatry.

3. Psychology Intern Seminars (Health Psychology and Mental Health Series): Each series is conducted weekly for a two-hour period. These seminars provide in-depth treatment of a range of topics in psychology, including 6 lectures in Neuropsychology, often in a mini-course format, at a level approved for Medical Center continuing education.

4. Neuroanatomical Dissection Course: The Resident will participate in a three-day intensive course in the anatomical dissection of the brain and spinal cord conducted at the Marquette University Medical College of Wisconsin. The course also includes a review of recent advances in functional neuroscience. Course faculty consists of neuroscientists and clinicians qualified and experienced in the teaching of Neuroanatomy.

5. National Academy of Neuropsychology Online Neuroanatomy Course (Optional)

TEACHING ACTIVITIES

1. Colloquium/Staff Education (Required): Each Resident prepares a Continuing Education-level presentation based on an appropriate topic area. This will be presented at the Brecksville Psychiatry Grand Rounds, toward the end of the Residency year.

2. Intern Training Seminar (Required): The Resident presents a neuropsychology-related lecture to the predoctoral psychology interns at one or more of the weekly intern seminars.

3. Umbrella Training Supervision of Predoctoral Interns (Required): The Resident has the opportunity to provide formal supplementary “umbrella” training supervision to predoctoral psychology interns. This umbrella supervision training experience will occur under the direct supervision of a rotation supervisor, with feedback both from the supervisor and supervisee.

4. Psychiatry Resident Seminar (Optional): The Resident has the option to prepare and present a Neuropsychology related lecture to advance psychiatry residents in the CWRU School of Medicine.

RESEARCH ACTIVITIES

Although the focus of this program is the development of evidence-based clinical skills, clinical service delivery, and research will be an integral component of the postdoctoral experience. One day per week is allocated as a research day in which the Resident develops and undertakes a research project to be completed during the fellowship. It is anticipated that the culmination of this activity will be the presentation of results at Grand Rounds and one the major neuropsychological professional meetings (AACN, INS, NAN) and publication in a peer-reviewed journal.

Within the first month, the Resident will complete mandatory training in good clinical practice and human subjects' protection, and will complete credentialing required by the local Institutional Review Board (IRB) to participate in VA research. By the third month of the fellowship, the Resident will have a plan for a defined research or program evaluation project. This project is to include literature review, methodology, data collection or review, and conclusions. The Resident may elect to become involved in an ongoing project at the training site, or to develop an investigator – initiated project. Among the possible areas for research investigation include the developing area of Polytrauma evaluations, in particular the effect of blast injuries on neurocognitive functioning.

SUPPLEMENTAL TRAINING EXPERIENCES

Didactic Experiences for Residents:

1. The Louis Stokes Cleveland GRECC special educational presentations.
2. Psychiatry Grand Rounds (weekly): Approved for CEs by the Ohio Psychological Association.
3. Medical Grand Rounds: Approved for CE by the Ohio Psychological Association
4. Topics in Geriatric Medicine Series: Weekly seminars on subjects such as dementia, functional capacities, affective disorders, and substance abuse.
5. Case Western Reserve University Psychiatry Grand Rounds.
6. Psychology Intern Seminars (Health Psychology and Mental Health Series), weekly for a two hours.
7. Medical Morning Report and Women's Health Didactic: General Internal Medicine and Psychology Residents meet for journal article reviews, clinical case presentations, and lectures from specialists.
8. Executive Council, Research and Development: The Psychiatry Service Director of Research chairs this monthly multidisciplinary oversight committee with Case Western Reserve University faculty.
9. Institutional Review Board: Observe a meeting of the local Institutional Review Board (IRB).
10. The Cleveland Clinic Foundation Grand rounds and special presentations.

NORTHEAST OHIO / NORTHCOAST AREA

Northeast Ohio combines the attractions of a metropolitan area with the benefits of a rationally paced life style. Cultural, educational and recreational facilities abound.

Cleveland's renowned Museum of Art and celebrated Orchestra, along with its Museum of Natural History, Institute of Art, Institute of Music, and Western

Reserve Historical Society, are among the cultural attractions to be found in the University Circle area alone, near the Wade Park Unit of the Medical Center. Case Western Reserve University, Kent State University, Cleveland State University and the University of Akron are major educational institutions within easy driving distance of the VA Medical Center. Major league sporting events, theatre, and contemporary music concerts are abundant, and we are the home of the Rock and Roll Hall of Fame. Lake Erie, the Cleveland Metropark's "Emerald Necklace," the Cuyahoga Valley National Recreation Area, and numerous other nearby parks and recreational sites permit year-round outdoor enjoyment for the hardy as well as the more pedestrian seeker of the good life. Suburban areas with excellent school systems are within a few minutes drive of each Medical Center Campus and offer a wide range of accommodations, including apartments, condominiums and single-family dwellings. The variety of ethnic groups established in the Cleveland area adds to the community's charm as well as to its dining pleasures. The cost of housing and other living expenses is less than that found in most metropolitan areas. Interns have found it possible to live in a civilized, if not opulent, fashion; many have remained in the community to begin their professional careers or pursue postdoctoral training.



Photo by Shawn Hoefler Clevelandskyscrapers.com

APPLICATION PROCEDURES

Applicants must be citizens of the United States who have satisfactorily completed an APA accredited clinical or counseling psychology doctoral and internship program. Application materials may be obtained from and completed applications sent to:

Requirements for Eligibility

- (1) US citizenship
- (2) Successful completion of an APA-accredited Doctoral program in Clinical or Counseling Psychology, including APA-accredited Doctoral Internship
- (3) All requirements for the doctoral degree must be completed prior to the start date.

Application Address

Robt. W. Goldberg, Ph.D., ABPP
Director of Psychology Training 116B (B)
Brecksville Unit, Building 5
Louis Stokes Cleveland DVAMC
10000 Brecksville Road
Brecksville, Ohio 44141

Required from the Applicant

1. Curriculum Vitae
2. Statement of applicant's interest in the program emphasis area to be pursued. (a separate distinct letter for each application/area of interest)
3. An OF612 application form for Federal employment.
4. An OF306 Declaration form for Federal employment.
5. Letter of recommendation from the Director of Training of the applicant's Internship program
6. Two letters of recommendation from supervisors who can address the applicant's capability in the emphasis area to which he/she is applying.
7. A Work Sample of psychological assessment (a separate one for each application/area of interest)
8. Official transcripts of graduate work.

You may apply to more than one area and submit one total package, however you must make clear you are doing so and send separate letters of interest and work samples for each area.

Completed applications should be received by FRIDAY, FEBRUARY 1, 2008. Offers will be made starting Monday, March 10th, 2008.

Telephone inquiries about our program are invited at (440) 526-3030 ext. 7035 or 6901. We encourage application by qualified minority group members. We participate in the current Association of Psychology Postdoctoral and Internship Centers Match Program and observe their policies, practices, and deadlines. Inquiries about accreditation status may also be made to the American Psychological Association, (202) 336-5979.

Start Date: September 1, 2008

Stipend: \$42,500 pa

Benefits: Health insurance, 13 days paid Annual Leave and up to 13 days of Sick Leave, Authorized Absence with pay for attendance at selected conferences, \$450 tuition for attending continuing education conferences.

QUALIFICATIONS AND INTERESTS OF PARTICIPATING STAFF

ABOOD, Laura M., Ph.D., University of New York at Binghamton, 1993. Assignment: Geriatric Medicine (Geriatric Outpatient Clinic and Geriatric Evaluation and Management Unit). Theoretical orientation: eclectic, primarily cognitive-behavioral and family systems. Clinical specialization: geriatric behavioral medicine; health psychology; individual, marital and family therapy. Teaching and supervision interests: aging, health psychology, psychotherapy. Research interests: issues related to aging and health psychology including geriatric driving evaluations and a drug study involving treatment of dementia. Professional organizations: American Psychological Association, Ohio Psychological Association, Gerontological Society of America. Also Clinical Assistant Professor of Psychology at Case Western Reserve University.

BERMAN, Susan P., Ph.D., University at Buffalo, 1991. Assignment: Program Manager, Dual Diagnosis Programs and Recovery Skills Program. Theoretical Orientation: psychodynamic. Clinical specialization: individual and group psychotherapy, addictions. Professional organizations: American Psychological Association, Ohio Psychological Association. Teaching and supervision interests: individual and group psychotherapy, psychodynamic psychotherapy, addictions.

CARROL, Edward N., Ph.D., University of Delaware, 1979. Assignment: Director of Pain Psychology, Pain Management Center. Theoretical orientation: physiologic, pharmacology, behavioral. Clinical specialization: electroanesthetic and pharmacological control of cancer pain. Publications: multimodal management of cancer pain, management of pain by transcutaneous nerve stimulation, conventional and neuroprobe sensation seeking. Research interests: development of a multi-drug analgesic regimen for end-stage cancer pain, neuroprobe blockade of radicular pain, outcome evaluation of Pain Clinic efficacy, sensation seeking trait and its effect on response to pain therapy. Professional interests outside of VA: designer of and consultant to pain management center in private sector GM & S hospital. Professional organizations: International Association for the Study of Pain, Midwestern Pain Society, Diplomat of the American Academy of Pain Management. Teaching and supervision interests: assessment and multimodal management of respondent (organic) pain.

CHAPMAN, Heather A., Ph.D., Kent State University, 1997. Assignment: Gambling Treatment Program. Theoretical Orientation: Psychodynamic conceptualization with use of cognitive-behavior techniques. Clinical specialization: Addictions, dual-diagnosis, group and individual psychotherapy, and clinical research. Publications: Addictions, Dual-Diagnosis, Depression, and Schizophrenia. Current research interests: Pathological gambling, personality, dual diagnosis. Professional Organizations: National Council on Problem Gambling. Other professional activities outside VA: independent practice, professional consultation and supervision for the treatment of pathological gambling, training and presenting on the diagnosis and treatment of pathological gambling, certified Art Therapist. Teaching and supervision interests: Addictions, group dynamics, individual and group psychotherapy for the treatment of addiction.

DELAMATRE, James, Ph.D., University of Akron, 1995. Assignments: Team Leader, Assessment and Consultation Section, Coordinator for Mental Health Compensation and Pension Evaluations, Wade Park and Brecksville Outpatient Clinics, Employee Evaluations, Smoking Cessation Preceptor. Theoretical orientation: Integrative eclectic. Clinical specializations: assessment, health psychology. Publications and research interests: clinical use, theoretical validity, and psychometric properties of assessment instruments. Teaching and supervision interests: assessment and evaluation, individual and group psychotherapy.

DIXON, Thomas, Ph.D., Case Western Reserve University, 1989. Assignment: SCI Unit/General Rehabilitation. Theoretical orientation: Eclectic. Clinical specialization: Rehabilitation Psychology. Publications: traumatic brain injury, self-awareness. Research interests: community integration following

disability, applied personality and social psychology. Professional organizations: APA, American Association of Spinal Cord Psychologists and Social Workers. Teaching and supervision interests: adaptation to disability, working on interdisciplinary teams.

DONOVAN, Beverly, Ph.D., Kent State University, 1993. Assignment: Center for Stress Recovery. Clinical Specialization: Posttraumatic stress disorder; individual and group psychology, addiction rehabilitation counseling. Theoretical Orientation: Eclectic, with a blend of cognitive-behavioral, psychodynamic and existential perspectives. Research Interests: PTSD treatment including outcome research and traumatic nightmare reduction preliminary variables affecting PTSD symptomology, PET scan of brain blood flow among trauma veterans and addiction treatment. Professional Organizations: International Society of Traumatic Stress (ISTSS), Ohio Psychologists Association.

GIDEON, Clare, Ph.D., Case Western Reserve University, 2007. Assignments: Geriatric Outpatient Clinic, Center for Restorative and Transitional Care (CRTC) Units, Gastroenterology/Hepatitis C Clinic, Sleep Disorders/Pulmonary Clinic, Hospice/Palliative Care Team, and Consult-Liaison Psychiatry Service. Theoretical orientation: Primarily cognitive-behavioral. Clinical specialization: behavioral medicine; health psychology; capacity evaluation and cognitive assessment; individual and family therapy. Teaching and supervision interests: aging, caregiving, hospice/bereavement, health psychology, behavior change, psychotherapy. Research interests: aging and health psychology including geriatric driving evaluations and a drug study involving the treatment of dementia. Professional organizations: American Psychological Association, Gerontological Society of America.

GOLDBERG, Robert W., Ph.D., University of Michigan, 1971. Diplomate - Clinical (ABPP), Diplomate-Forensic (ABFP). Assignment: Director of Psychology Training. Theoretical orientation: psychodynamic. Clinical specialization: individual and group psychotherapy, psychological assessment, forensic psychology, psychoanalytic theory. Publications: history of professional psychology, negative outcomes of therapy, personality assessment, ego development and object relations. Research interests: Rorschach validity, malingering. Academic appointments: Adjunct Associate Professor of Psychology, Kent State University; Adjunct Assistant Professor of Psychology, Case Western Reserve University; Clinical Assistant Professor of Psychiatry, Case Western Reserve University, School of Medicine. Professional activities outside of the VA: independent practice; Past President, APA Division 18 (Public Service); past Corresponding Secretary, American Board of Forensic Psychology; past Secretary, Board of Directors, Association of Psychology Postdoctoral and Internship Centers; Past Chair, VA Section 3, APA Division 18; Editor, The ABPP Specialist; Editor, APPIC Newsletter. Professional organizations: American Psychological Association, Ohio Psychological Association, American Academy of Forensic Psychologists (Fellow), Academy of Clinical Psychologists (Fellow), American Psychology-Law Society, National Academies of Practice. Teaching and internship supervision interests: psychodynamic psychotherapy, projective assessment, forensic consultation.

MCCUTCHEON, Kevan, Ph.D., University of Cincinnati, 1989. Assignment: Center for Stress Recovery outpatient program. Theoretical orientation: Eclectic. Clinical specializations: Acceptance and Commitment Therapy (ACT); Linehan-trained in dialectical behavior therapy; Application of mindfulness to individual and group psychotherapy; manualization of treatment of veterans with PTSD, character disorders, and/or addictions; couples therapy. Professional Organizations: Association for Contextual Behavioral Science; American Psychological Association; Ohio Psychological Association. Teaching and supervision interests: experiential approaches, ACT; DBT; mindfulness and spiritual aspects of psychotherapy. Professional activities outside the VA: private practice.

MCGOVERN, Robert H., Ph.D., Case Western Reserve University, 1977. Assignment: Assessment Unit, Substance Abuse Division. Theoretical orientation: eclectic. Clinical specialization: assessment, medical psychology, hypnosis, neuropsychological assessment. Research interests: AIDS education, psychopathology

of the aged, family issues related to AIDS. Professional organizations: International Society for AIDS Education. Activities outside VA: Member, Board of Trustees, AIDS Housing Council of Greater Cleveland; Member, Patients' Rights Committee, Cleveland AIDS Commission: Member, Speakers' Bureau. Health Issues Taskforce: Co-facilitator, Significant Other Support Group for People with AIDS. Teaching and supervision interests: psychological aspects Of Physical disability, psychological and social issues related to AIDS, neuropsychological assessment.

PADIN-RIVERA, Edgardo Ph.D., Vanderbilt University 1987. Assignment: Chief of Psychology Service. Clinical specialization: PTSD interventions; addiction rehabilitation counseling. Research interests: change and intervention variables in group processes; variables associated with addiction and compulsive behaviors; PTSD Interventions. Professional Associations: International Society for Traumatic Stress Studies (ISTSS). Teaching and supervision interests: PTSD treatment, group process; systems consultation; addiction and compulsive behaviors; alternative intervention paradigms.

RUFF, Suzanne, Ph.D., Case Western Reserve University, 1993. Assignment: SCI/General Rehabilitation. Theoretical orientation: Cognitive-behavioral. Clinical specialization: Behavioral Medicine with sub-specialization in pain management. Research interests: Pain management, patient education, clinician education, non-pharmacological pain management techniques. Teaching and supervision interests: pain assessment; patient advocacy; staff communication issues; patient education; group education and process in pain management; addiction vs. undertreated pain. Professional interests outside of VA: independent practice.

RUGLE, Loreen J., Ph.D., Kent State University, 1990. Assignment: Gambling Treatment Program. Theoretical Orientation: Eclectic, combining cognitive and psychodynamic object relating perspectives. Clinical specialization: Addictions, groups and individual psychotherapy. Publications: Pathological gambling, Attention Deficit Hyperactivity Disorder and gambling, psychodynamic treatment of gamblers, genetic factors, impulse disorders, neuropsychological assessment. Research interests: Treatment of pathological gambling, impulsivity and addiction. Neurophysiological vulnerability for development of addiction, subtypes of pathological gamblers, trauma and addiction. Professional activities outside the VA: Clinical Editor, Journal of Gambling Studies. Professional organizations: Trustee, Ohio Council on Problem Gambling; American Psychological Association; National Council on Problem Gambling. Teaching and internship supervision interests: Addictions, group and individual therapy for treatment of addiction.

SCHAUB, Kimberley K., Ph.D. Indiana State University, 2003. Assignment: Cardiology Clinic, Organ Transplant Teams (heart, liver, lung, kidney), Bioethics Committee. Theoretical orientation: Interpersonal Process Approach, Cognitive-behavioral. Clinical Specialization: Health psychology with an emphasis on the assessment and treatment of psychological factors associated with hypertension and cardiac illnesses, adherence, and psychological correlates of organ transplantation. Research interests: Interdisciplinary education, the chronic care model, the role of shared medical clinics in health related outcomes and multidisciplinary training, psychological factors in the treatment of hypertension, heart failure, diabetes, and cardiac rehabilitation. Professional Activities: Case Western Reserve University's National Heart Failure Training Program (NHFT). Professional Organizations: American Psychological Association, Ohio Psychological Association. Professional Interests: Health psychology education and supervision, interdisciplinary training, shared medical clinics, chronic care model.

SERNA, George S., Ph.D., University of Akron, 2004. Assignment: Long-Term Care Unit – Brecksville. Theoretical orientation (therapy): Cognitive –behavioral with an appreciation for the neurobiological aspects of personality. Theoretical Orientation (neuropsychological assessment: Disease Impact/Syndrome Oriented approach. Clinical Specialization: Neuropsychological assessment, geriatric/competency assessment, short-term individual and family therapy, particularly with recently diagnosed dementia patients. Research interests: Biological versus socially-influenced structure of personality. Professional Organizations: American Psychological Association (Division 6 – Behavior Neuroscience and Comparative Psychology & Division 40 -

Clinical Neuropsychology), International Neuropsychological Society, National Academy of Neuropsychology. Academic Appointment: Clinical Instructor of Psychiatry, Case Western Reserve University School of Medicine. Teaching and supervision interests: Cognitive/neuropsychological assessment with geriatric patients with comorbid psychiatric illness and/or dementia as well as individual and group therapy with this population.

SMITH, Suzanne, Ph.D., Ohio University 2003. Assignments: Smoking Cessation Clinic, HIV Clinic, Hepatitis C Clinic, Primary Care Clinic Theoretical Orientation: Eclectic, Cognitive-behavioral and Psychodynamic. Clinical Specialization: Health psychology with emphasis in behavioral health assessment, smoking cessation, compliance with medical care, adjustment to medical conditions, issues of death and dying, stress management, relaxation training, and chronic pain management. Publications and Research Interests: Health-related quality of life, Chronic pain management, Families and chronic pain. Teaching and Supervision Interests: Behavioral health assessment, behavioral medicine interventions, group therapy, individual therapy.

STRAUSS, Gerald J., Ph.D. Kent State University, 1990. Assignment: Section Chief (Health Psychology), General Internal Medicine, Palliative Care Team, Women's Health Clinic, Morbid Obesity/Bariatric Surgery Clinic. Theoretical orientation: eclectic 'cognitive-behavioral'. Clinical specialization: health psychology with emphasis in promotion of health behaviors, smoking cessation, weight reduction, stress management, and treatment of psychological factors affecting physical health; death and dying issues, grief/bereavement, and organizational stress staff support. Faculty Member Preceptor, General Medicine Resident Ambulatory Clinic (Preventive Medicine). Research interest: biobehavioral risk factors, psychosocial interventions to improve functional status of cancer patients, stages of change and motivations affecting health behaviors, work stress and health behaviors, morbid obesity, psychological factors in the treatment of diabetes, teaching the chronic care model of health behavior change to medical professionals. Professional activities outside the VA: Associate Director of Inquiry Groups Program CWRU School of Medicine, Assistant Professor of Medicine CWRU School of Medicine, Private practice with emphasis on health psychology and exercised/sports psychology, Past-President, Ohio Psychological Association. Professionals organizations: American Psychological Association, Ohio Psychological Association (Chair, Advocacy Committee; Former Task Force Chair on Prescription Privileges), Society of Behavioral Medicine, Akron Area Professional Psychologists, Founding member and past-president of the Ohio Prescribing Psychologists Association. Professional interests: prescription privileges for psychologists. Interdisciplinary teaching and internship supervision interests: health psychology, chronic care model.

VAN KEUREN, Cynthia, Psy.D. Xavier University, 2003. Assignment: Center for Stress Recovery. Theoretical orientation: eclectic. Clinical specialization: assessment of PTSD, group and individual psychotherapy. Research interests: PTSD and addiction, stress management. Professional organizations: American Psychological Association. Teaching and supervision interests: assessment, individual and group psychotherapy.

EXTRAMURAL STAFF

STAFFORD, Kathleen P., Ph.D. Kent State University, 1977. Diplomate – Forensic (ABPP). Director, Akron Psycho-Diagnostic Clinic. Theoretical orientation: eclectic. Clinical specialization: forensic psychology. Professional Organizations: Past Chair, APA Ethics Committee; Past President, American Board of Forensic Psychology; Past President, American Academy of Forensic Psychology, Past President, Ohio Association of Forensic Center Directors, Ohio Psychological Association Outstanding Professional Service Award (2005); Ohio Department of Mental Health Forensic Mental Health Leadership Award (2004). Professional Activities: Adjunct Assistant Professor of Psychology,

Kent State U., Clinical Assistant Professor of Psychology, Northeast Ohio College of Medicine.

Research interests: competency and insanity evaluation, ethics, MMPI-2 and MMPI-A, risk assessment.

Teaching and supervision interests: forensic psychology.