

2009-2010

# 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**

**2009-2010  
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. Psychology Service 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 takes 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; inpatient services; pain clinic; women's health clinic; cardiothoracic surgery; renal dialysis unit; neurology; CT, MRI, and PET; outpatient mental health services, and others. 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 Service, through the office of the ACOS/Education, also maintains current affiliations with 31 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 around both service type and professional identity, with mental health programs in Psychiatry, the Veterans Addiction Recovery Center, the Center for Stress Recovery, General Medicine, Geriatrics, Cardiology, Pain Management, Spinal Cord Injuries, and Infectious Disease clinics. There are greater than 40 psychologists in Psychology Service who provide comprehensive services to patients and their families in these areas and others throughout the Medical Center. They serve as members of multidisciplinary treatment teams in psychiatric care, as consulting and unit psychologists in specialized medical units, and as coordinator or manager of several clinical programs. In addition to clinical and administrative duties, psychologists are also actively involved in research and training. Thus, there is a wide range of professional activities in which a Resident may engage, and a large, diverse, and experienced staff with whom to interact. Discipline-specific professional activity, such as training programs, credentialing and privileging, and peer review, are under the aegis of the Chief, Psychology Service. The Director of Psychology Training manages the day-to-day features of the Postdoctoral

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

## **PSYCHOLOGY TRAINING PROGRAMS**

There is a 45-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.

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.

## **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, Smoking Cessation, 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.



Brecksville Campus

## 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, and interdisciplinary team experience, as well as scholarly, teaching, 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 to afford the Residents the opportunity to solidify their emerging professional identities. This is actualized by specifying *Role Competencies* and *Common Competencies* for Residents participating in the program, as well as *Specific Competencies* for each Resident relevant to the training emphasis area.

Attainment of these competencies, as well as the Specific Competencies for each Residency, 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.

## SUPERVISION

To the extent possible, the Psychology Training Programs utilize a ‘vertical team’ concept, where staff psychologist supervisor, Resident, Psychology Intern, and occasionally practicum students all provide psychological services in the same rotation area, consistent with their respective level of training.

Formally scheduled supervision is provided to the Resident by the rotation supervisor on an individual basis for a minimum of two hours weekly. Unscheduled supervision is also readily available.

Residents also participate in the supervision of other predoctoral trainees in the ‘vertical team’ hierarchy. Small group didactic discussion/supervision of interesting or complex clinical cases is another feature of the ‘vertical team’ learning environment.

## CORE CURRICULUM

### Required Didactic Experiences

**1. Professional Issues Seminar:** 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. This seminar is open to supervisors and staff.

**2. Supervision Seminar:** A mandatory monthly seminar for all Residents is conducted encompassing both didactic and experiential components of supervision. Residents (Clinical Psychology, Clinical Neuropsychology) rotate responsibility for presenting a case example of trainee supervision and facilitating a discussion of relevant supervision issues. This seminar is open to supervisors and staff.

**3. Continuing Education:** Ongoing education is integral to the Residency program. In addition to the monthly Professional Issues and Supervision Seminars, attendance at at least one other formal continuing education activity is 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.

**4. Community Mental Health Board (1 site visit):** Residents attend a local county mental health board meeting to observe psychologists’ expanded professional roles in the community. Subsequent organized discussion of this experience and community roles for psychologists occurs at a Professional Issues Seminar.

### Required Scholarly Research/Program Evaluation Project

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.

### Required Teaching and Supervision Experiences

**1. Colloquium/Staff Education Presentation:** As indicated above, each Resident prepares a Continuing Education-level presentation in an area of expertise acquired during the Residency year. This will be presented at a suitable venue, such as a regularly-scheduled Grand Rounds, in the latter months of the Residency year.

**2. Umbrella Training Supervision of Predoctoral Interns:** The Residents provide formal supplementary “umbrella” training supervision to one or more predoctoral psychology interns. This umbrella supervision training experience occurs under the direct supervision of a rotation supervisor, with feedback both from the supervisor and supervisee.

**Representative Available Didactic Experiences for Residents:**

1. *The Louis Stokes Cleveland GRECC:* The GRECC was established to develop, implement and disseminate innovative programs to maintain independence, prevent disability, and improve quality of life for older veterans. The clinical arm of the GRECC was successful in enabling the GEM to obtain a Program of Excellence Award in late 2001. Clinical demonstration programs include preventive and rehabilitative interventions, as well as new protocols to improve medication compliance, and other successful initiatives including the Hospice/Palliative Care Initiative. The education arm of the GRECC strives to advance quantity and quality of education in geriatrics and gerontology across the disciplines, with continued emphasis on training of medical and associated medical trainees. The GRECC cosponsors the Topics in Geriatric Medicine Series (See 3, below). Considerable interaction among the disciplines occurs.
2. *Psychiatry 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, as well as for most healthcare professions within the state. Presenters include local and national VA staff, affiliated university educators, and outside consultants.
3. *Topics in Geriatric Medicine Series:* This series offers weekly seminars on subjects relevant to the elderly. Local experts as well as nationally renowned figures present on topics such as dementia, acute confusional states, older persons' capacity to drive, perceptual functioning and information processing, affective disorders and substance abuse.
4. *The Western Reserve Geriatric Education Center:* Located one-half mile from the Wade Park campus, the Center provides a broad program in continuing education and curriculum development in geriatrics. The Center has coordinated the training for students from 14 different disciplines and 20 different university programs including psychology. The Center cosponsors the Topics in Geriatric Medicine lecture series. The Geropsychology Resident has ready access to all relevant continuing education offerings.
5. *Case Western Reserve University Psychiatry Grand Rounds:* This series is conducted at the CWRU Department of Psychiatry and is open to staff and trainees from other institutions. It also provides high quality education on a range of mental health topics.
6. *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, often in a mini-course format, at a level approved for Medical Center continuing education.
7. *Executive Council, Research and Development:* The Psychiatry Service, Director of Research chairs this group with multidisciplinary membership including VA psychologists and psychiatrists, as well as Case Western Reserve University faculty. The Executive Council meets monthly, and serves both as an oversight committee for research proposals prior to Institutional Review Board submission, as well as a forum to discuss new health services research ideas.
8. *Institutional Review Board (1 site visit):* Residents have the opportunity to observe a meeting of the local Institutional Review Board (IRB). The IRB is comprised of professional and community members who share the responsibility for insuring that human studies research at this medical center is conducted under the most rigorous ethical standards to assure the protection of the rights, welfare, and safety of the veteran patients under our care. Psychologists' roles within the Human Studies Subcommittee will be discussed with active IRB psychologist member(s).

## **RESIDENCY PROGRAM EVALUATION**

At the beginning of each Resident's training at each site, the Supervisor meets with the Resident to discuss the common and specific competencies to be developed. Opportunity is provided for Residents to develop more detailed training objectives building on the competencies. This permits the Residents to tailor the training experience to allow more individualized professional goals.

Self-assessment of competencies and training needs is a required component at each stage of our evaluation process. At the mid-point of training at each site, formal written evaluation of the Resident's progress is prepared by the Supervisor and Resident, and submitted to the Director of Training. Residents whose performances are 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.

At the end of each training rotation, Residents participate in final ratings, including evaluation of the Site of Training.



Waiting Area

## 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 an 8-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 three neuropsychologists, one of whom is ABPP-CN board-certified. 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, or cardiopulmonary, liver or renal disease. End of life pain management is a common referral question, and the Resident may 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:** This 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 Major Preceptor for this Residency experience is also the *Facility Recovery Coordinator* for the LSCDVAMC system. The Residency experience includes working with the Preceptor on local and national recovery initiatives. The Residency 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 encountered in a broad healthcare system. The Resident serves as a Psychologist on this multidisciplinary team (including psychiatrists). The Consultation/Liaison Team provides mental health consultation to medical units at the Wade Park campus for hospitalized veterans presenting with emergent psychiatric issues. The Resident conducts bedside assessments of the veteran's conditions, including diagnosis and recommendations for 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 regarding psychotherapy and diagnostic-related matters, and training in umbrella supervision of predoctoral interns. The 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 (CBT) for both individual and group modalities.
5. Skills-based group facilitation and individual psychotherapy.
6. Clinical training supervision through umbrella supervision opportunities.
7. Daily interdisciplinary rehabilitation planning.
8. Outreach and liaison with community resources.
9. Leadership with the Psychologist Program Manager will be emphasized.
10. Opportunity for program evaluation and development experience.

***D. Program for Recovery Skills/Recovery Resource Center (32 hours/week; 4-month duration)***

These two rehabilitation programs at the Brecksville campus are administratively overseen by the Major Preceptor for this Residency training emphasis area.

- The *Program for Recovery Skills* is a new intensive residential program for persons with severe mental illness (SMI). This is a comprehensive program that employs evidence-based strategies for this population, including illness management and recovery skills training, with an integrated dual diagnosis treatment component for those veterans with SMI and co-occurring addiction. The new program is a transition from our long-standing skills training program, the *Psychosocial Skills Program*, with ongoing program development incorporating evidence-based practice recommendations for illness management and integrated dual diagnosis curricula from the Substance Abuse and Mental Health Services Administration (SAMHSA). The 26-bed general psychiatric *Psychosocial Residential Rehabilitation and Treatment Program (PRRTP)* is the residential unit that offers an enhanced rehabilitative milieu facilitating recovery for veterans with mental health and/or addiction rehabilitation goals. This model program applies stage-wise intervention strategies for addiction and illness management issues, with an emphasis on early engagement, individual values and goals, and persuasion interventions. Comprehensive, recovery-oriented psychosocial assessment, motivational enhancement, cognitive-behavioral psychotherapy, and group facilitation skills are primary training opportunities in this setting.
- The *Recovery Resource Center* is a program that was competitively awarded VA funding for development in late 2006 as a Psychosocial Rehabilitation and Recovery Center (PRRC). In accordance with national guidance for PRRCs, the *Recovery Resource Center* is an outpatient transitional learning center designed to support recovery and integration into meaningful self-determined community roles for veterans challenged with serious mental illness and severe functional impairment. Programming is specifically designed to teach the requisite skills that are necessary for defining and realizing the veteran's self-chosen goals in all domains of health. This program offers wellness and recovery programming in a drop-in center for all interested veterans. The program also offers individualized recovery planning and recovery-oriented services coordination. Community integration, work and volunteerism, and support system enhancement are emphasized.

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; as well as professional psychological experience as a full-member of multidisciplinary teams. The Resident's training includes, but is not limited to, the following:

1. Comprehensive initial and ongoing recovery-oriented biopsychosocial assessments.
2. Interdisciplinary rehabilitation and recovery 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 Resident gains competence in two widely recommended evidence-based practices for this population: cognitive-behavioral psychotherapy and psychosocial skills training, as well as practical experience in best practice recommended integrated dual diagnosis treatment approaches. 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 veterans' personal rehabilitation and recovery 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 promote national efforts of mental health transformation reflecting recovery principles. This council, representing staff and veterans,

ensures community integration through advocacy, partnership and coordination of resources and services for veterans and their families living with serious mental illness. 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 (*Optional; 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 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 is the focus of this experience.



Marine Salute

## PRIMARY CARE CURRICULUM

In July of 1995, the APA Committee for Advancement of Professional Practice (CAPP) convened a Primary Care Task Force which explored the possible roles for a psychologist working in primary care. The core assumption derived from the Task Force was that psychology (in our VA setting the descriptor is Health Psychology) is a health profession; not simply a mental health profession and an integral participant in the primary care team. This core assumption is the philosophical keystone of Primary Care Psychology at the Louis Stokes Cleveland Department of Veterans Affairs Medical Center.

### *Specific Competencies for the Resident in Primary Care:*

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) participation in Women's Health Clinic with referrals for military sexual trauma, PTSD, psychosomatic concerns, depression, and anxiety; 8) participation in Preventive Medicine Clinic for smoking cessation, obesity and nonadherence.

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

1. **HIV Clinic (4 hours/week):** Patients are assessed and treated for mental health disorders, coping with HIV, partner and family issues, and cognitive changes due to HIV.
2. **Geriatric Outpatient Clinic (4 hours/week):** The Clinic performs evaluations of medical, cognitive, psychological and physical function of elderly patients, many who are cognitively impaired, psychiatrically disordered, and functionally impaired. The Resident is involved in: 1) psychological evaluation including history, mood or behavioral issues, 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. Additional Rotation Options (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 to facilitate smoking cessation. 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.

***D. 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.



Customer Service

## **SPECIALTY MEDICINE CLINICS CURRICULUM**

Psychologists have been embedded within medical specialty care delivery units at this medical center since 1974. At present, there are several Health 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. 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 (Pain Management Center and Cardiology/Solid Organ Transplant Team) 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 Resident in Specialty Medicine Clinics:**

1. Demonstrate competence in the differential diagnoses of the psychological disorders 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 which may be utilized in specialty medicine 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.

### ***A. Core Clinical Specialty Areas (Each 8 hours per week; year-long duration)***

1. **Pain Management Center (8 hours per week):** 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 full member of the multidisciplinary team.
2. **Cardiology/Solid Organ Transplant Team (8 hours per week):** 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 patients' readiness for solid organ transplantation. The Resident will assess patient readiness for heart, liver, lung, and kidney transplantation and follow those patients post-operatively as necessary.

***B. Clinical Specialty Rotations (Elect 4 of the 5 following rotations; 8 hours/week; 6-month duration)***

1. **Sleep/Pulmonary Clinic:** The Resident will assess and treat sleep disorders as well as assist patients coping 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 patients' 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 diagnosed malignancies who have been referred by the Hematology-Oncology 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 from which 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 provide assessment and treatment for patients who have HIV/AIDs. The Resident will also facilitate an HIV Support Group.

***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.

## **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. There are several full-time psychologist supervisors who lead or co-lead programming as part of a large multidisciplinary staff. Training is consistent with the VA's Mental Health Strategic Plan focus areas of PTSD, OIF/OEF 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 participate in a series of training experiences at the CSR as well as the Polytrauma Center. The intention is to maximize the scope and depth of expertise obtained from working with individuals experiencing a broad range of stress disorders, as well as veterans with traumatic brain injury. Training emphasizes the use of empirically-based approaches to case conceptualization and treatment. Our general model encourages assessment of physiological, psychological, familial, community risk 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 Prolonged Exposure (PE), Cognitive Processing Therapy (CPT), Acceptance and Commitment Therapy (ACT), Cognitive-Behavioral Therapy (CBT), Image Rehearsal Therapy (IRT; nightmare resolution), as well as generic stress reduction and behavioral coping techniques, relapse prevention skills, and the use of peer counselors. Modalities will include an unusually wide array of group formats along with individual and marital psychotherapy. Residents will be able to apply themselves to the six "rotations" described below in a flexible manner, in order to meet their training needs and interests. For instance, schedules could be adapted to accommodate longer-term psychotherapy over the course of the entire year. Residents 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:**

1. Demonstrate competence in the differential diagnoses of PTSD and co-morbid disorders, especially with regard to traumatic brain injury, major mood disorders, substance abuse, and personality disorders.
2. Demonstrate competence in case conceptualization and treatment planning that integrates physiological, intrapsychic, interpersonal, familial, and cultural factors.
3. Develop or enhance individual, group, couples and family intervention skills relevant to the treatment of PTSD, especially those that develop psychological flexibility, resiliency and support networks.

### ***A. Intensive Outpatient PTSD Treatment (12-24 hours/week; 4-month duration)***

The Resident has many options here to engage in group and individual psychotherapy with a wide array of veterans with PTSD resulting from combat as well as non-combat experiences, including sexual trauma. This rotation is focused on doing psychotherapy. There are established intensive outpatient group programs lasting four months as well as longer-term psychotherapy groups for both sexual and combat trauma. This rotation can offer extensive training in Acceptance and Commitment Therapy, as well as Prolonged Exposure and the essentials of Dialectical Behavior Therapy. Residents will work with veterans at all stages of recovery: from initial contact to trauma processing to longer-term working-through psychotherapy. Of course, many veterans have comorbid Axis I or Axis II diagnoses, so there are numerous avenues for recovery work. The Resident will be involved in assessments, encouraged to deepen abilities to integrally conceptualize cases, develop and implement meaningful treatment plans,

conduct individual psychotherapy and function as a fully competent co-therapist in group therapy. Research and program evaluation options are wide open.

***B. PTSD Residential Treatment Program (12-24 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. In this rotation, the Resident will gain skills and competence in working intensively using short-term therapy strategies with veterans who suffer from PTSD and multiple social and personal coping skills deficits. 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. Hence, interventions provide the opportunity for patients to work toward resolution of interpersonal, social, and vocational problems associated with chronic PTSD. .

***C. OIF/OEF Veterans Treatment Program (12-24 hours/week; 4-month duration)***

The OIF/OEF Veterans Treatment and Outreach Program utilizes a Community Outreach Resiliency Development (CORD) 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 prime ingredients of the program, which also include 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, which 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 (12-24 hours/week; 4-month duration)***

The Women's Trauma Treatment Program (WTP) 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 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, involving psychological testing and clinical interviewing. The Resident will also develop or enhance 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. In addition, the Resident will learn how to integrate community resources to address women's issues including social service, and medical, legal and vocational/educational needs.

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

The Polytrauma Center is a residential and outpatient medical service for 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 regarding mental health issues, provide family consultation and guidance, and conduct group and individual therapy.

***F. 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.



## **SUBSTANCE ABUSE CURRICULUM**

The Resident participates in a series of rotations to maximize the scope and depth of training in the assessment and treatment and rehabilitation 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, cognitive-behavioral interventions, relapse prevention skills training, and use of Twelve-Step facilitation approaches. The Substance Abuse interdisciplinary approach also offers the Resident the opportunity to gain experience with developing comprehensive, integrated treatment plans based upon individual recovery goals. 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. The residency experience also incorporates enhanced professional psychological role development, teaching, and supervisory activities. Special emphasis is placed on gaining experience in program development, implementation, and outcomes monitoring.

A broad range of addiction programming is available in this setting, across the spectrum from clinical detoxification interventions, early engagement, outpatient and residential primary addiction rehabilitation services, and aftercare. The addiction recovery programs at LSCDVAMC are among the largest in the VA healthcare system, and include the only veterans' residential treatment program for pathological gambling in the nation. Psychology training has been an emphasis within our addiction services for over 35 years. The Substance Abuse Resident participates in training rotations to maximize the breadth and depth of experience in assessment, treatment, and rehabilitation of veterans with the range of substance use disorders and behavioral addictions.

### **Specific Competencies for the Resident Substance Abuse:**

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 for substance abuse and behavioral addictions utilizing evidenced-based motivational, cognitive-behavioral and Twelve Step strategies.
3. Enhance individual, group, couples and family intervention skills, including harm reduction, abstinence, relapse prevention, and support networks strategies for veterans with primary and comorbid addictive disorders.

### ***A. Gambling Treatment Program (GTP) (32 hours/week; 4-month duration)***

The GTP was the first program of its kind in the nation and remains the only residential program for treatment of pathological gambling within the VA system, receiving national referrals of veterans and active duty military service members for this specialty treatment program. Veterans and active duty service members present with a broad array of complex comorbid conditions. 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 Twelve Step integration. Family members are an integral part of treatment and rehabilitation planning.

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, implementation, and outcomes monitoring.

***B. PR RTP/Program for Recovery Skills (32 hours/week; 4-month duration)***

The *Program for Recovery Skills* is an intensive residential program for persons with severe mental illness (SMI). This is a comprehensive program that employs evidence-based strategies for this population, including illness management and recovery skills training, with an integrated dual diagnosis treatment component for those veterans with SMI and co-occurring addiction. The 26-bed general psychiatric *Psychosocial Residential Rehabilitation and Treatment Program (PR RTP)* is the residential unit that offers an enhanced rehabilitative milieu facilitating recovery for veterans with mental health and/or addiction rehabilitation goals. This model program applies stage-wise intervention strategies for addiction and illness management issues, with an emphasis on early engagement, individual values and goals, and persuasion interventions. Comprehensive, recovery-oriented psychosocial assessment, motivational enhancement, cognitive-behavioral psychotherapy, and group facilitation skills are primary training opportunities in this setting. 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.

***C. Primary Substance Abuse Programs (32 hrs/week; 4-month duration)***

Residents in this rotation gain experience across a range of recovery services and populations, with Residents selecting primary training emphases. The Resident has the opportunity to elect from a range of sites, to support their personal training goals following a structure of one day per week focused on early intervention, *and* three days per week in a primary rehabilitation program. The Resident's training includes:

1. Screening for substance use, gambling, psychiatric symptoms, and support network problems;
2. Comprehensive biopsychosocial/spiritual assessment;
3. Differential diagnosis of 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.

• ***Early Interventions (Elect one of the following; 8 hrs/week):***

1. **Acute Detoxification** including clinical detoxification protocols, with an emphasis on acute assessment and early engagement;
2. **Intake/Assessment** including general intake and early engagement for veterans presenting to the addictions programs or to the primary care or other healthcare clinics in the medical center.

**-AND-**

- ***Intensive Primary Treatment Programs (Elect one of the following; 24 hrs/week):***
  - 1. Women's Addiction Treatment Program**
  - 2. Residential Primary Substance Abuse Treatment Program**
  - 3. Intensive Outpatient Program**

The *Women's Addiction Treatment Program (WATP)* 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 Axis 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 *Residential Primary Treatment Programs* and *Intensive Outpatient Treatment Program* are primary addiction treatment programs that offer a full-range of services to for veterans in recovery from primary addictive disorders. In addition to primary educational and skills training interventions, these programs offer programming that emphasizes social skills training, other coping strategies, and brief motivational interventions.

***D. 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.

***E. Optional Supplemental Training Experiences***

The following professional development, training and educational activities and opportunities are available:

- 1. Smoking Cessation Program (1 hour/week, 6-week duration):** Smoking cessation is offered in a variety of settings at this facility. The Resident may elect to participate in a primary smoking cessation intervention program, as an adjunct to training during one primary rotation.
- 2. Ohio Council on Problem Gambling (1 or more site visits):** The Ohio Council on Problem Gambling is a state advocacy organization. The Resident may elect to attend one or more community advocacy activities or training events.
- 3. Criminal Justice Outreach (1 or more site visits):** Community outreach for veterans with forensic Issues through the Cuyahoga County Justice Center.
- 4. Homeless Shelter Veteran Outreach (1 or more site visits):** Community outreach for homeless veterans.

## CLINICAL 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 (TBI), OIF/OEF Needs, Interprofessional Care, and PTSD. The Resident is accepted for a two-year program, but reappointment of the Resident for the second year is contingent upon satisfactory performance during the first year.

The Clinical Neuropsychology Residency program is not yet accredited by APA. The APA Office of Program Consultation and Accreditation has advised that it is permissible to apply for accreditation of a two-year postdoctoral program if the Site Visit is 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 initial seven-year accreditation. We have a timeline for submission of the Neuropsychology Residency for APA-accreditation at the earliest possible date of July, 2010.

The Clinical Neuropsychology Residency operates in accordance with 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 relevant educational opportunities within the context of a nationally known tertiary medical center.

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. Our rich clinical referral base and an innovative service delivery model have created a strong trajectory of growth for Neuropsychology in this setting. 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. The LSCDVAMC has been designated as a Polytrauma Network Site, designed to provide long-term rehabilitative care to veterans and service members who experienced multiple injuries to more than one organ system. Neuropsychology has a critical role in this Polytrauma initiative in assessing veterans with subacute TBI, and Posttraumatic Stress Disorder (PTSD), in conjunction with the Center for Stress Recovery (CSR).

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.

**Specific Competencies for the Resident in Clinical Neuropsychology:**

1. Effectively clarify differential diagnoses of psychiatric disorders and medical/neurologic disorders, such as 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 neuropsychological skills and knowledge to issues of treatment disposition and placement.
4. Provide feedback to treatment providers and patients and/or families.
5. Work effectively with multiple disciplines to facilitate an understanding of the role of Neuropsychology and to enhance patient care.
6. Develop research skills with a focus upon traumatic brain injury and Posttraumatic Stress Disorder.

**REQUIRED CLINICAL EXPERIENCES**

On average, a minimum of 70% of the Resident's time will be devoted to direct clinical service, which fulfills ABPP's Clinical Neuropsychology 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. 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 Neuropsychology activities (e.g., testing, report writing, case conceptualization, etc.), the Resident will receive training in provision of

education and feedback about diagnostics and 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 the number of patients seen during the second year will double compared to the first year. As a frame of reference, because of case complexity and the intensity of supervision on each case, our neuropsychology track predoctoral interns complete an average of 20 neuropsychological evaluation reports per 4-month rotation.

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.

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.

During placement with each of the Core Training Areas, the Resident will meet weekly for supervision with the Major Preceptor, in addition to supervision with the psychologist supervisor for that site of training (described below). 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.

The Neuropsychology Residency utilizes a vertical supervision model, wherein staff neuropsychologist supervisors, Resident, Neuropsychology Intern, and occasionally a Geropsychology Resident and/or Intern are all present during the supervision on each case.

## **CORE TRAINING AREAS**

The Resident in Clinical Neuropsychology will be active in core clinical training, receiving cases from each of the Core Training Areas below, in sequence. If the Resident elects, Optional Clinical Training choices are also available for one day per week for 6-month or 12-month rotations, as described below. In addition, Research activities for one day per week are part of the curriculum across the first and second year.

### ***CORE TRAINING FIRST YEAR:***

#### ***A. Neuropsychiatric Neuropsychology (24 or 32 hours/week; 6-month duration)***

Neuropsychiatric Neuropsychology training provides evaluation experience with veterans referred from one of the four acute/subacute psychiatric units, and from the outpatient psychiatric programs, such as the Day Hospital Program for 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.

***B. Neurology (24 or 32 hours/week; 6-month duration)***

The Neurology Service is a tertiary referral center for VISN-10 and portions of western Pennsylvania and West Virginia, serving veterans with a full spectrum of neurological disorders. Neuropsychology primarily sees veterans on an outpatient basis, including those with any of the variety of dementias, stroke, head injuries, epilepsy, multiple sclerosis, etc. Inpatients from general medicine, psychiatry, rehabilitation and spinal cord services are also seen. The approach is based upon history (input when available from family and patient) as well as record review and testing using a flexible battery approach. We are focused on 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 medical residents and staff. The Resident may also attend rehabilitation rounds, as appropriate. VA medical records provide access to a full selection of radiological data (CT, MRI, PET, and angiography) and EEGs.

***C. Research Activities (8 hours/week)***

Although the focus of this program is the development of evidence-based clinical skills for clinical service delivery, research is also 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 Residency. It is anticipated that the culmination of this activity will be the presentation of results at Grand Rounds and at one of the major neuropsychological professional meetings (AACN, INS, NAN) and publication in a peer-reviewed journal.

Within the first month of the first year, 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 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 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 is the emerging area of Polytrauma evaluations, such as the effect of blast injuries on neurocognitive functioning.

***CORE TRAINING SECOND YEAR:***

***A. Geriatric Neuropsychology (24 or 32 hours/week; 6-month duration)***

Geriatric Neuropsychology training provides experience in the evaluation of elderly patients with possible compromised brain functioning referred from one of the five 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 healthcare and financial management. The Resident will also develop skills in offering placement recommendations, such as independent living *versus* nursing home placement, etc.

***B. Polytrauma/TBI Evaluations and Compensation & Pension (24 or 32 hours/week; 6-month duration)***

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, which result in medical, cognitive, psychological, and/or psychosocial impairments and

functional disability. The LSCDVAMC 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.

Compensation and Pension (C&P) training provides experience 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, such as 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 the 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.

***C. Research Activities (8 hours/week)***

As detailed above.

**OPTIONAL CLINICAL TRAINING AREAS**

Comprehensive exposure to the Core Training Areas described above is a requirement. However, the Resident may also choose to expand their experience by electing one 12-month, or two 6-month rotations in the following areas:

***A. MetroHealth Medical Center Brain Injury Rehabilitation Program (8 hours/week)***

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.

***B. Spinal Cord Injury and Disorders Unit (8 hours/week)***

This is a newly 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.

***C. Summit County Court of Common Pleas Psycho-Diagnostic Clinic (8 hours/week)***

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 cases 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 also provide supervision to the Resident.

## **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 Resident's two-year residency.
- 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.

### **Additional Didactic Opportunities**

- 1. Civil-Forensic (Tort) Didactic Experience:** The Resident will have the opportunity to gain exposure to Civil Tort evaluations in an independent practice setting in the greater Cleveland area. The Resident will not directly assess and/or test clients, but will be exposed to Neuropsychology in practice in civil tort cases via attendance at pre-deposition and pre-trial conferences and review of deposition transcripts. The supervision will be provided by a board certified (ABPP) neuropsychologist and a neuropsychologist who have extensive experience in conducting Civil Tort neuropsychological evaluations. This didactic experience will allow the Resident exposure to an area in which neuropsychology has been in increasing demand over the years. This didactic experience is intermittently available on weekends or weekday evenings.
- 2. 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.
- 3. 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.
- 4. 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.

**5. 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.

**6. Neuropathology Laboratory:** The Resident will have the opportunity to attend a weekly neuropathology laboratory at the University Hospitals Institute of Pathology located on the nearby Case Western Reserve University campus. While at the lab, the Fellow will observe brain dissections performed by an attending physician alongside medical residents, encompassing a range of medical and neurologic disorders from pediatric and adult cases.

**7. National Academy of Neuropsychology Online Neuroanatomy Course (Optional)**

## **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 the Application Address listed below.

### **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.  
(Both of these Federal forms can be found at: <http://federalgovernmentjobs.us/forms.html>)
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.

**Application materials should be received by MONDAY, JANUARY 5, 2009.**

**Offers will start Thursday, February 26, 2009.**

Telephone inquiries about our program are invited at (440) 526-3030 ext. 6901 or ext. 7035. 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.

**BAGLEY, Cherie A., Ph.D.**, University of Illinois, 1989. Assignment: Brecksville and Wade Park Outpatient Clinics. Theoretical orientation: psychodynamic, social learning. Clinical specialization: individual, group, family therapy, multicultural, aging, physical, sexual & emotional abuse women's issues. Publications: infertility, African American families, women and religion, racial identity, problem solving, Africans and African Americans, poetry. Research interests: Ethnicity, Eating disorders, Families Personality, and Aging. Professional Organizations: American Psychological Association (Divisions: Counseling, Ethnic Affairs), Alpha Kappa Alpha Sorority . Teaching and supervision interests: culture, gender, career, family, aging issues. Licensure: 1991 Iowa, 1995 Ohio. Certifications: 1996 Health Service Provider in Psychology (HSPP) (Iowa), 1996 Chemical Dependency Counselor III (Ohio).

**BERMAN, Susan P., Ph.D.**, University at Buffalo, 1991. Assignment: Hematology/Oncology, Renal Services. 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.

**BROWN, Tina, Psy.D.** Xavier University, 2004. Certificate in Organizational Concepts and Management. Assignment: Director of Recovery Resource Center and Family Service Coordinator for serious mental disorders. Theoretical Orientation: Eclectic, contemporary psychodynamic with appreciation for cognitive-behavioral and mindfulness interventions. Clinical specializations: psychosocial rehabilitation for serious mental disorders, utilizing the recovery model within evidence-based programming; group and individual psychotherapy. Clinical and Research Interests: psychosocial rehabilitation process and outcomes; recovery and destigmatization of mental health interventions, application of mindfulness interventions. Presentation/Publications: recovery from serious mental disorders: evidence-based practices in psychosocial rehabilitation. Professional Organizations: American Psychological Association, Ohio Psychological Association: Public Sector Psychologists Representative; OPA Liaison to the Clinical Quality Council of the Ohio Department of Mental Health. Teaching and Supervision Interests: group and individual psychotherapy utilizing recovery model and evidence-based interventions for serious mental disorders; clinical diagnostic assessment, including use of the Rorschach; program development, measurement and outcome.

**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, Diplomate 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: Section Chief, Assessment and Consultation Section, Coordinator for Mental Health Compensation and Pension Evaluations, EAP Coordinator, Smoking Cessation Preceptor, Wade Park and Brecksville Outpatient Clinics, Employee Evaluations. 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.

**DESMARAIS, Karen M., Ph.D.,** University of Akron, 1991. Assignment: Veterans Addiction Recovery Center, Women's Addiction Program team leader. Theoretical Orientation: eclectic, cognitive-behavioral. Clinical specialization: Individual and group psychotherapy, women's issues, substance use issues. Professional organizations: American Psychological Association, Ohio Psychological Association. Teaching and supervision interests: individual and group psychotherapy, cognitive-behavioral interventions, substance use issues, professional issues.

**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.

**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), Distinguished Practitioner in Psychology, National Academies of Practice. Assignment: Team Leader, General Psychiatry Services; Associate Chief, Section Chief, (Academics, Education, & Training), 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.

**HARMON, Julie A., Ph.D.**, Wayne State University, 1992. Assignment: Facility Recovery Coordinator; Major Preceptor, Clinical Psychology Postdoctoral Residency Special Emphasis in Psychosocial Rehabilitation with Seriously Mentally Ill. Theoretical Orientation: cognitive-behavioral with appreciation for holistic approach. Clinical specialization: mental health recovery; psychosocial rehabilitation and evidence-based practices for persons with severe mental illness; psychological assessment (cognitive, personality, projective, and diagnostic); individual and group psychotherapy. Research interests: illness management and recovery outcomes; evidence-based treatment modalities for severe mental illness; treatment outcome in addictive behaviors, classification and treatment outcome in schizophrenia. Presentations/Publications: motivation for change and co-occurring disorders (addiction and severe mental illness) outcomes, mental health recovery and recovery-oriented practice, ethical principles and code of conduct for psychologists, regulatory outcomes for professional psychology in Ohio, professional boundaries, assertive community treatment, treatment outcome in cocaine addicts, neuropsychological functioning in Tourette's Syndrome. Professional organizations/activities: State Board of Psychology of Ohio (President: 2008-2009; Secretary: 2007-2008; Member: 2004-2009); American Psychological Association; Senior Instructor, Case Western Reserve School of Medicine. Teaching and supervision interests: mental health recovery and psychosocial rehabilitation; psychosis and severe mental illness, clinical differential diagnostic assessment, including utility of the Rorschach; individual and group psychotherapy.

**JOLLY, Jacqueline, K. Ed.D.**, University of San Francisco, 2000. Assignment: Wade Park Outpatient Psychiatry Clinic. Theoretical orientation. Cognitive-Behavioral, Family and Organizational Systems, Brief Psychodynamic such as Time-Limited Dynamic Psychotherapy (TLDP). Clinical Specialization: Expressive Arts, dual diagnosed and seriously mentally ill, Assessment, counseling & guidance and psychotherapy with individual, family, couples and groups. Research: Nonverbal Creative Abilities in Cognition as Predictors of Coping Response Patterns in Schizophrenia and in Schizoaffective and Bipolar disorders, Dissertation, NIMH-funded study of psychotic spectrum disorders focused on the neurocognition, symptom syndrome, electrophysiology, brain imaging, hematology, and biochemical characterization of community-dwelling outpatients with schizophrenia, psychotic mood disorders, and substance-induced psychotic disorders, epidemiological research project implementing and conducting Stanford Violence Prevention and Substance Use/Abuse Prevention Survey and Youth Risk Behavior Survey to middle and high school students funded by the department of public health. Outcomes research focused on the development of computer generated language and learning programs in the area of childhood learning disorders funded by Scientific Learning Corporation and the use of Brief Therapy in treatment of dual or triple diagnosed (major mental illness, substance dependence, HIV positive, terminal) at University of California San Francisco AIDS Health Project, and Brain and Attention in Substance Abusers with Posttraumatic Stress Disorder using neuroimaging and psychophysiological methodology. Teaching and internship supervision interests: prevention, psychotherapy, counseling complex clients,

expressive arts, research topics, clinical skills & Training course, behavioral learning theory, Jung, approaches to dreams & psychodynamic theory/ control mastery copurse.

**KENNY, John T., Ph.D.**, Fordham University, 1975. Diplomate-Clinical Neuropsychology (ABPP). Assignment: Neuropsychology Section. Theoretical orientation: functional systems. Clinical specialization: clinical and neuropsychological evaluation, geriatric assessment, forensic assessment. Academic appointment: Assistant Professor of Psychiatry, Case Western Reserve University. Research interests: neuropsychological functioning in psychosis. Professional organizations: American Psychological Association, International Neuropsychological Society, Cleveland Neuropsychological Society.

**KOZLOWSKI, Neal, Ph.D.**, Loyola University Chicago, 2003. Assignments: Team leader for Psychosocial Skills Program, Brecksville outpatient clinic. Theoretical orientation: experiential, cognitive-behavioral. Clinical specialization: Serious mental illness, dual diagnosis, addictions. Teaching and research interests: Dual diagnosis treatment, cognitive rehabilitation of schizophrenia, management of mentally ill criminal offenders, management of confidentiality and HIV, ethical issues in the training of psychology graduate students.

**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, 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.

**RIDLEY, Josephine, Ph.D.**, West Virginia University, 1997. Assignment: Coordinator, Psychiatry Day Hospital. Theoretical Orientation: Behavioral, cognitive-behavioral, integrative. Clinical specialization: diagnosis and treatment of anxiety disorders, PTSD, treatment of psychotic disorders, background in neuropsychology and behavioral medicine; behavior therapy, diagnosis and treatment of addictions including pathological gambling; treatment of minorities. Publications: Anxiety sensitivity. Research interests: Anxiety Disorders, PTSD, ethnic issues. Professional organizations: Association for the Advancement of Behavior

Therapy (AABT). Teaching and supervision interests: assessment and treatment of the seriously mentally ill, anxiety disorders, cross-cultural and ethnic therapy.

**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.

**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 (NHeFT). 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.

**SHURELL, Richard, J., Ph.D.**, Kent State University, 1979. Assignment: Brecksville Outpatient Psychiatry Clinic. Theoretical orientation: eclectic, combining cognitive and psychodynamic perspectives. Clinical specialization: individual assessment and treatment, forensic psychology, suicidology, consultation in high-risk and disruptive patients. Educational activities: team building, stress management, prevention and management of disruptive behavior, dealing with anger and aggression, coping with difficult people. Academic Appointment: Adjunct Assistant Professor, Kent State University. Professional activities outside of the VA: Private practice. Internship supervision interests: individual therapy, psychological assessment.

**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: Pain Management Center. Theoretical orientation: eclectic. Clinical specialization: Chronic pain, assessment of PTSD, group and individual psychotherapy. Research interests: Pain management, PTSD, addiction, stress management. Professional organizations: American Psychological Association. Teaching and supervision interests: assessment, individual and group psychotherapy.

**WEISS, Kenneth M., Ph.D.,** University of Exeter (England), 1969. Assignment: Brecksville Outpatient Psychiatry Clinic. Theoretical orientation: cognitive/behavioral/experimental. Clinical specialization: cognitive function in schizophrenia. Academic appointment: Adjunct Assistant Professor, Department of Psychology, Case Western Reserve University; Publications: conditioned emotional behavior, behavior chains, cognitive function in schizophrenia, conceptual approaches to research and treatment in schizophrenia. Research interests: cognitive performance and rehabilitation in schizophrenia. Professional organizations: American Psychological Association, American Psychological Society, American Association of Applied and Preventative Psychology, Society for Research in Psychopathology. Teaching and internship supervision interests: Schizophrenia. research.

**YAHNEY, Eric, Ph.D.** University of Akron, 1999. Assignment: Veterans Addiction Recovery Center. Theoretical Orientation: Cognitive Behavioral Theory, Strategic & Social Learning Theory. Clinical specialization: individual, couples and group therapy, assessment, general addictions. External to the VA interests: private practice, vocational counseling, professional consultation, community outreach programming. Research and Publications: Instructional models of teaching and communication. Teaching and special interests: individual psychotherapy, brief & solution-focused therapy, addictions.

**YOUNG, Graham D., Ph.D.,** University of Akron, 2003. Assignment: Wade Park Outpatient Psychiatry Clinic. Theoretical orientation: contemporary psychodynamic, cognitive-behavioral. Clinical specialization, individual assessment and psychotherapy, couples psychotherapy. Research and publications: Transtheoretical Model of change, help-seeking behavior, vocational behavior. Teaching interests: individual psychotherapy, personality theory, psychopathology, and professional issues.