Louis Stokes Cleveland Veterans Affairs Medical Center
Psychology Service 116B (W)
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Cleveland, Ohio 44106
This is the back of the cover page.
# TABLE OF CONTENTS

**Cleveland Living** ............................................................................................................................................. 1

**The Louis Stokes Cleveland VA Medical Center** .............................................................................................. 3

**Psychology Service at the LSCVAMC** .............................................................................................................. 5

**Psychology Internship Program** ..................................................................................................................... 6

**Stipend and Benefits** ......................................................................................................................................... 7

**Supervision** ....................................................................................................................................................... 7

**Educational Opportunities** ................................................................................................................................ 9

**Emphasis Tracks and Rotations** ........................................................................................................................ 11

  - **Clinical Psychology** ................................................................................................................................. 12
  - **Health Psychology** ...................................................................................................................................... 19
  - **Geropsychology** ........................................................................................................................................... 22
  - **Neuropsychology** ....................................................................................................................................... 24
  - **Rehabilitation Psychology** ........................................................................................................................ 25
  - **Enrichments** ............................................................................................................................................... 27
  - **Research Opportunities** ............................................................................................................................. 28

**Application Procedures** ................................................................................................................................... 31

**Selection Procedures** ......................................................................................................................................... 34

**Admissions, Support, & Placement Data - CoA C27-I Tables** ........................................................................... 33

**Qualifications and Interests of Participating Staff** ............................................................................................ 35
This is the back of the contents page.
Cleveland and northeast Ohio are rich with cultural, educational, culinary, and recreational opportunities. Louis Stokes Cleveland VA is located in University Circle, at edge of the Rockefeller Cultural Gardens, along with such esteemed neighbors as Cleveland’s renowned and newly expanded Museum of Art, Cleveland Botanical Gardens, Museum of Natural History, Western Reserve Historical Society, Case Western Reserve University, Cleveland Institute of Art, and Cleveland Institute of Music. Kent State University, Cleveland State University and the University of Akron are major educational institutions within easy driving distance.

Severance Hall at University Circle is the winter home of the Cleveland Orchestra, one of the world’s finest. In the summer the orchestra plays at Blossom Music Center, alternating with other popular music concerts. Cleveland’s music scene stretches across a multitude of genres and venues including the Rock and Roll Hall of Fame, Cain Park Arts Center, Beachland Ballroom, House of Blues and many other intimate nightclubs featuring big name acts. The Scene Magazine keeps the pulse of the local entertainment scene, reporting on venues and styles to suite many different tastes. Playhouse Square is the largest performing arts center outside of New York, and hosts dozens of productions yearly including Broadway greats and nationally touring celebrities.

Sports fans have their choice of excitement with the Cleveland Browns, Indians, and Cavaliers, as well as numerous opportunities for other affordable second tier professional sports. Outdoor recreation opportunities abound including beaches and boating on Lake Erie, hiking, running, and biking in the Cleveland Metropark’s “Emerald Necklace”, Cuyahoga Valley National Park, and numerous nearby state parks and recreational sites. There is a Nordic skiing center in the just east of Cleveland in the Metropark, four alpine ski areas within an hour’s drive, and more alpine and Nordic skiing within three hours. Canoeing and kayaking have become increasingly popular, with several livers around Cleveland.

History, diversity, and culinary delights are found in Cleveland neighborhoods such as Slavic Village, Detroit Shoreway, Warehouse District, Little Italy, Collinwood, Ohio City, Shaker Square, Stockyards, and Tremont. The diversity of ethnic groups established in the Cleveland area adds to the community’s charm as well as to its culinary pleasures. These neighborhoods and the nearby suburban areas offer a wide range of accommodations, including apartments, condominiums, and single-family dwellings. Many trainees have been pleasantly surprised by lower housing costs and living expenses than are found in many metropolitan areas, and have remained in the community to begin their professional careers.
Live Cleveland stated it well: “The City of Cleveland is an exceptional Midwestern community . . . made up of many vibrant neighborhoods, each offering fantastic amenities and various lifestyle opportunities. Diversity is evident throughout, as Cleveland is home to more than 75 different nationalities and ethnic communities . . . Our wonderful neighborhoods are filled with engaging residents, a thriving business community with an energetic workforce, and an amazing collection of arts, culture, entertainment and recreational opportunities.”

Northeast Ohio suburbs lead state in ethnic diversity, census numbers show. By Dave Davis, Cleveland Plain Dealer, October 27, 2011. “Northeast Ohio is hands-down the most ethnically diverse area in the state . . . Six of Ohio's seven most ethnically diverse cities were Cleveland-area suburbs - Solon, Brunswick, Parma, North Olmsted, Avon and Wadsworth. . . . The current challenge is to be American,” said Kenneth Kovach, executive director of the International Community Council, an umbrella organization for the 117 ethnic groups that call northeast Ohio home. . . . Kovach added that the ethnic fabric remains strong . . . [through] cultural organizations [that] continue to teach the language and traditions of their homeland.” PD Article

The Medical Center is an HEI 2013 Leader in LGBT Healthcare Equality. Chaplain Service supports religious diversity with staff spiritual consultation in major religions and through community partnerships for religions not represented among staff. They have won a Best Practices Award in spiritual assessment.

The Cleveland-Akron-Elyria Metro area is the 18th largest urban area in the U.S. based on 2010 census data with 20.1% African-American, 4.7% Hispanic, 2.0% Asian, .2% American Indian/Native Alaskan, and 2.0% multiracial. Psychology Service staff consists of 30% ethnic minority, with approximately the same percentage among trainees. The Cleveland Cultural Gardens commemorate ethnic groups whose immigrants have contributed to national and local heritage. Festivals celebrating Cleveland diversity and inclusion include the Cleveland One World Festival (September), and Annual Latino Heritage Festival (Fall), and Freedom Festival.

Psychology Service sponsors the Diversity Committee whose aim is to develop, recruit, and promote diversity in the Psychology Department and in the training. We encourage people with disabilities and from other diverse backgrounds to apply. We do not discriminate based on disability. We provide reasonable accommodations as needed to people with disabilities. Our site is wheelchair accessible and ASL interpreters are available as needed. Our trainees and staff reflect a wide range of socioeconomic, cultural, and religious affiliations, including people with disabilities.
The LSCVAMC is the third largest and diverse in the VA system, with a full array of services consolidated at our renovated and greatly expanded Wade Park Campus in University Circle. The hospital complex houses over 600 inpatient beds and provides comprehensive inpatient and outpatient care to medical and psychiatric patients. In spring 2012, an entirely new facility with comprehensive primary and specialty outpatient care services was opened in the nearby suburb of Parma. The Medical Center includes thirteen community-based satellite outpatient clinics situated across Northeast Ohio. Under the umbrella of one coordinated healthcare system, it provides comprehensive health care services to veterans and their families from a broad spectrum of socioeconomic and ethnic groups in this large catchment area. For mental health services alone, 20,000 veterans amass over 100,000 visits per year at our facility.

The Medical Center is heavily invested in training health care professionals and in basic and applied research, and supports several Centers of Excellence in healthcare. Residents and medical students from affiliated Case Western Reserve University School of Medicine train at the Medical Center in all major specialties. Affiliations are maintained with a large number of universities for professional training in a number of other health care disciplines including psychology, social work, nursing, dentistry, audiology and speech pathology, optometry, pharmacology, physical and occupational therapy, and nutrition. Over 1,000 health care profession students per year train at the Medical Center.

The VA is the largest provider of health care training in the United States, including the nation’s most extensive psychology training program. VA medical facilities are teaching hospitals affiliated with 107 of the nation’s 126 medical schools. Training programs address critical training needs for skilled health care professionals who serve the entire nation. In recent years, support for education increased greatly and new internship and residency training program positions have been created. These additional positions have encouraged innovation in education to improve patient care, promote interdisciplinary training, and incorporate state-of-the-art models of clinical care. These include emphasis on evidence based practices, quality improvement, patient safety programs, and an unparalleled electronic medical record system.

During Public Service Recognition Week our medical center Director and Chief of Staff noted that the LSCVAMC provided “excellent care to more than 112,000 Northeast Ohio Veterans . . . you place the mission first, caring for our nation’s heroes. As a result of great, compassionate teamwork, Louis Stokes Cleveland VA:

• Has more Centers of Excellence in Care, Research and Education than any other VA;
• Cares for more than 5,500 unique Veterans each day;
• Maintains a 5 Star Quality Rating;
• Leads VHA in virtual/telehealth;
• Maintains the largest HBPC and MHICM programs;
• Is 1st VHA to receive Center of Excellence for ALS”
In 2016 surveyors from Joint Commission reviewed the outpatient and inpatient locations of care, made visits to Veteran’s homes, and talked to many Veterans and staff. LSCVAMC was reviewed under four different Joint Commission Manuals: Hospital, Home Care, Behavioral Health, and Long Term Care. Together these four manuals encompass more than 1,200 elements of performance, and the only findings were a small number of easily correctable items. The surveyors all expressed their acknowledgement and sincere appreciation for the safe, quality and efficient care provided to veterans at the LSCVAMC. In July 2017 the Cleveland VA underwent an accreditation survey by the Commission on Cancer, American College of Surgeons and received a Full Accreditation with silver level of commendation until 2020. Our research program is among the largest in the Department of Veterans Affairs, with clinical and basic researchers known nationally and internationally for their contributions to science. The total research budget from all sources is ten million dollars.

The Wade Park facility is the main hospital located five miles east of downtown Cleveland within University Circle, a major healthcare, educational, and cultural area of the city. Services include inpatient and partial hospitalization units treating serious mental illness and dual diagnosis conditions, a psychiatric emergency room, the Veterans Addiction Recovery Center - a comprehensive inpatient and outpatient substance abuse program including a national Gambling Addiction Program, our PTSD Clinical Team residential unit, acute and intermediate medicine, surgery, spinal cord injury, geriatrics, neurology, and physical medicine and rehabilitation. Outpatient services focus on mental health and on primary medical care with psychologists as full participants on these teams. Special clinical programs and services include a Pain Management Center, the Day Hospital partial hospitalization program, cardiothoracic surgery, a Women’s Health Clinic, radiology service, and an innovative ambulatory surgery short stay unit. The Campus also includes the Community Living Center (our nursing home) and Domiciliary, both housed in newly constructed buildings. There are also two community-based Vet Centers which provide readjustment counseling for Vietnam, Korea, Desert Storm, and OEF/OIF veterans.

The Parma Outpatient Clinic is located southwest of Cleveland in an adjacent suburb. It provides comprehensive outpatient primary care, mental health, and substance abuse services, with psychologists involved in all of the programs. Specialized neuropsychological services are also available.

The community-based satellite outpatient clinics (CBOCs) including Akron, Canton, and Youngstown provide a range of outpatient medical, dental, mental health, and rehabilitation services to patients in those geographical areas. All locations are connected by high capacity broadband networking capable of providing real time conferencing and Clinical Video Telehealth (CVT) connections. Clinical Video Telehealth, Telemental Health, and Home Telehealth operations are being implemented across the system. Telehealth educational and evidence-based intervention practices are being implemented via CVT to better serve our rural and home-bound veterans, and to continue to provide services during extreme weather events that interrupt services.
The Medical Center is organized around both service delivery and professional identity, with mental health programs in Outpatient Psychiatry, the Veterans Addiction Recovery Center, PTSD Clinical Team, Recovery Resource Center, Neuropsychology, General Medicine, Geriatrics, Cardiology, Pain Management, Spinal Cord Injury, Infectious Disease clinics, and Rehabilitation services. Over 60 psychologists in our service provide comprehensive services to patients and their families in these areas and other specialty clinics throughout the Medical Center. They serve as members of interdisciplinary treatment teams in psychiatric care, as consulting and unit psychologists in specialized medical units, and as coordinators or program managers of several patient care programs. In addition to clinical and administrative duties, psychologists are also actively involved in research and training. The variety of program involvement creates a wide range of professional activities in which an intern may engage, and a large, diverse, and experienced staff with whom to interact. Psychology Service is the direct administrative umbrella for most psychologists in the main medical centers. The Chief of Psychology Service is ultimately responsible for discipline-specific professional activity including hiring, credentialing and privileging, program assignments, performance and peer reviews, and training programs. The Director of Psychology Training manages the day-to-day operation of the Psychology Internship Program and Psychology Postdoctoral Residency Training Program.

The Louis Stokes Cleveland Veterans Affairs Medical Center (LSCVAMC) provides internship training in Professional Psychology and is fully accredited by the American Psychological Association. Qualified candidates who are enrolled in APA accredited doctoral programs in clinical or counseling psychology are eligible to apply at the doctoral level. Our internship provides a wide range of training opportunities because of the complexity of the Medical Center.
MISSION
The mission of the LSCVAMC Psychology Training Programs is to provide the highest quality general, emphasis area, and specialty training to diverse cohorts of doctoral and postdoctoral psychology trainees to prepare them for independent professional practice.

VISION
Our programs will be recognized for their scope, depth, and quality by virtue of (1) achieving and maintaining APA Accredited status, (2) embodying and modeling leadership through the introduction and implementation of innovative and empirically validated treatments, and (3) acknowledgment by national, regional, and local administrative entities both within and outside the VA.

VALUES
Providing supervised clinical experiential training, the delivery of which serves the holistic needs of the diverse Veteran population, by (a) evaluating presenting issues with the most valid techniques, (b) preventing and ameliorating health care problems, (c) empowering Veterans with coping skills for behavior change, (d) providing person-centered care, and (e) fostering recovery. Developing, enhancing, and maximizing trainee competencies including diversity competence, appropriate to their program of study and level of training. Recruiting and selecting the highest quality trainees, emphasizing appointment of maximally diverse cohorts as a core value to provide multiple perspectives. Imparting knowledge to trainees in (a) the application of psychological science to practice, (b) professional comportment and decorum, and (c) ethically responsible judgment in decision-making. Maintaining and enhancing the competencies of supervisors through support of their continuing professional development.

Training Model
The Psychology Internship Program follows a practitioner-scholar model. With respect to the ‘practitioner’ aspect of the training model, we focus on the acquisition and extension of clinical skills; development of the intern’s professional role, identity, and demeanor; and socialization into the health service delivery environment. This is actualized by the intern’s participation in experiential learning on three rotations, an optional enrichment (if elected and approved by the Director of Training), and case presentations. With respect to the ‘scholar’ aspect of the model, we believe that sound practice is built on a foundation of psychological science, with the intern gaining systematic experience in the critical evaluation of clinical and research literature. Accordingly, interns participate in a monthly journal club presenting, discussing, and critically evaluating psychology literature. Scholarly research background is incorporated into case presentations when appropriate. Opportunities for clinical research are available including the possibility of developing outcome-based innovations in care and program development.

Goals
The overall goal of the Psychology Internship Program is to produce competent entry level professionals who are able to apply their knowledge of psychological science in a clinical context. Professional development is accomplished by facilitating the acquisition of foundational competencies, skills, attitudes, and behaviors consistent with the evidence base in psychological science. Specific objectives
are organized under the professional competency domains of the science of psychology, ethics, diversity, professionalism, interpersonal skills, assessment, intervention, supervision, and consultation.

The Psychology Internship Program is designed to provide a sound basis for career development whether that will be as a generalist practitioner in clinical or counseling psychology or through subsequent postdoctoral training and specialization. By the end of the internship, it is expected that the intern will be able to function at the beginning professional level in the psychologist’s profession-wide foundational competencies, as well as demonstrate awareness of the strengths and limitations of the discipline’s knowledge and techniques.

Training Assignments
Although committed to generalist training, experiences are available in the specialty areas of Clinical Psychology, Geropsychology, Clinical Health psychology, Clinical Neuropsychology, and Rehabilitation Psychology are offered. Rotation options within these areas enable the intern to gain experience in settings to which he or she has not been previously exposed. All rotations provide training in the core areas of assessment, individual, group, and/or family interventions, and staff consultation. The emphasis varies with specific assignments. Focused assessment, crisis intervention, brief therapeutic approaches, and consultation are more characteristic of the acute treatment settings, while therapeutic programming, psychosocial rehabilitation, behavioral and social learning approaches, reeducation and staff development are more characteristic of the extended care settings. We have many staff with specific training in evidence-based techniques that they incorporate into the intern’s experience. An intern’s individual internship program is formulated with consideration of information from the student and his or her university Director of Training. Experiences are designed to meet the intern’s training needs, assure a breadth of experience, and encourage developing professional interests. The Director of Training and supervisors are available to discuss rotations and options in which the intern is interested. An overall individual program will consist of three assignments lasting four months each, with the option of supplemental experiences. Interns may be permitted to pursue an enrichment option during the year, once the intern has sufficiently familiarized him or herself with the range of training opportunities and demonstrated the basic required competencies.

STIPEND AND BENEFITS
Interns receive $24,963 for the year. Interns are eligible for health and other benefits. Interns accrue annual (personal) and sick leave at the rate of 4 hours each for a two week pay period, and are not on duty for paid Federal holidays. Health insurance benefits are available for families and domestic partners with trainees paying the employee portion.

SUPERVISION

Our approach to supervision is by apprenticeship during which clinical experiential learning is acquired. The intern is assigned to one primary staff psychologist supervisor during each rotation. Supervision is individualized to meet the intern’s needs and level of competency development. Throughout the internship, we strive to treat interns as emerging professionals and colleagues. Our half century tradition of internship training ensures ready acceptance of interns by Medical Center staff.
At the outset of each rotation, the intern and his or her supervisor establish the specific rotation competencies to be attained, which may include supplementary individual training objectives appropriate to the setting and the intern's individual needs.

Individual supervision is scheduled for at least two hours weekly to review the intern's work, and it is provided at other times as necessary for immediate issues and concerns. An additional 2 hours of supervision is provided among individual, curbside, group, umbrella, and case presentations to total four hours weekly. Ongoing feedback and observational learning throughout the workday are also afforded by the presence of the supervisor actively engaged in clinical work in the rotation setting. At mid-rotation, the intern and supervisor meet to discuss the intern's progress on the specific rotation competencies, complete a written mid-rotation evaluation, and to revise the goals as appropriate.

Toward the end of the first two rotations, the intern makes a case presentation to a consultant, other interns, and staff to strengthen his or her ability to formulate cases clearly and develop appropriate interventions. At the conclusion of the rotation, the supervisor prepares a final written evaluation of the intern's performance, which is discussed with him or her before a copy is forwarded to the university Director of Training. The evaluation becomes part of the permanent record and is available to certifying agencies or prospective employers as appropriate. All training is under the supervision of a licensed psychologist and certified with the Ohio State Board of Psychology, as required by Ohio law.

**EVALUATION**

Successful completion of the internship program entails demonstrating competency attainment across nine domains of profession-wide foundational competencies, completing the minimum number of hours on duty, and all assigned surveys and tasks. The following activities are required and evaluated:

1. **Assessment Module.** Each intern must write a satisfactory diagnostic report on an initial case.

2. **Rotation Performance:** The intern must satisfactorily complete the three clinical experiential rotations, and any supplemental Enrichment opportunity that is elected.

3. **Case Presentations:** The intern gives two Intern Case Presentations, at the conclusion of each of the first two rotations.

4. **Journal Club Presentations:** The intern must demonstrate satisfactory skill in presenting and moderating discussions of scholarly articles.

5. **Oral Final Examination:** During the third rotation, the intern must successfully pass a competency-based oral examination on a clinical case.
Assessment
At the outset of the internship year, each intern must demonstrate beginning competence in diagnostic assessment, interpretation of psychological tests, and report writing. The intern interviews, tests, and evaluates a veteran, then writes a clinical report. If the report is deemed adequate, the intern has completed the requirement. Additional cases with supervision may be required until an acceptable assessment is completed.

Case Presentations
At the conclusion of each of the first two rotations, the intern must present a case study from that rotation. The case study must include at a minimum a basic developmental history, psychological testing, diagnosis, and treatment recommendations. The intern presents the case to other interns, the training director, and a consultant. After discussion the consultant provides evaluative feedback to the intern and training director.

Didactic Seminars
Two series of didactic presentations are offered on a weekly basis throughout the year, one emphasizing Health Psychology (Thursday mornings) and one emphasizing Mental Health topics (Friday afternoons). Taught by staff and consultants, these seminars are designed to educate interns about current developments in clinical practice and research. All interns are required to attend both seminars. The Health Psychology Seminars cover areas such as the use of medical chart review in differential diagnosis, consultation, neuropsychological assessment, management of chronic and terminal illness pain, geropsychology, use of psychotropic medication in the medical setting, eating disorders, and bioethics. The Mental Health Seminars address issues in substance abuse, post-traumatic stress, evaluation of suicide potential and dangerousness, current trends in conceptualization and treatment of schizophrenia, training in several evidence based intervention techniques, psychopharmacology, and professional issues. Intern input during the year permits addition of timely topics as training needs emerge.

Group Case Conference
Throughout the year, interns participate in a monthly Group Case Conference discussion with their peers. Interns are scheduled to present multiple times to allow for practice presenting a case focused on a specific treatment question. The group is moderated by our Postdoctoral Residents with umbrella supervision oversight from two staff psychologists.

Journal Club
Interns rotate leading a monthly 'brown-bag' style scholarly discussion of a research article. This affords the opportunity to summarize and critically evaluate the literature and to conduct and moderate a seminar experience.

Oral Examinations
Near the end of the internship year, interns are required to present a case study to a board of two psychologists. At the close of this examination, the intern must achieve a rating of being ready for independent practice of psychology. This follows the trend in psychology to eliminate the post-doctoral
supervised year as a licensure requirement, making the internship the final supervised clinical experience before licensed independent practice. The Psychology Training Committee recognizes it has a responsibility to ensure that trainees are prepared for licensure by holding our program to high standards. It is expected that all interns will be able to pass this examination.

**Psychology Service Events**

Psychology Service annually sponsors Continuing Education events featuring nationally prominent presenters. These are offered for continuing education credits for several professions and are open both to VA and non-VA staff and students. In recent years, the following experts have presented workshops or lectures in this series:

- **2008** Morgan Sammons, M.D., Ph.D. on Prescriptive Authority for Psychologists
- **2009** William Miller, Ph.D. on Motivational Interviewing
  - James Prochaska, Ph.D. on Stages of Change
  - Stephen Behnke, J.D., Ph.D. on Multidisciplinary Professional Ethics
- **2010** Steven Hayes, Ph.D. on Acceptance and Commitment Therapy
  - Stephanie Covington, Ph.D. on Addiction and Trauma in Women
- **2013** Scott Stuart, M.D. on Interpersonal Psychotherapy
- **2014** Kenneth Adams, Ph.D. on Ethical Treatment Across the Lifespan
- **2014** Yossef Ben-Porath, Ph.D. on the MMPI-2-RF
- **2015** Bob Stinson, Psy.D., ABPP on Mandatory Reporting
- **2015** Frederick Leong, Ph.D., Cross Cultural Psychotherapy Part I
- **2016** Frederick Leong, Ph.D., Cross Cultural Psychotherapy Part II
- **2016** Melinda Moore, Ph.D. Collaborative Assessment and Management of Suicidality
The Internship Emphasis Tracks described here provide the overall training framework within which specific training rotations are developed in accordance with training needs and interests. While the Emphasis Tracks are aligned with postdoctoral specializations, the program is committed to providing experiences that will assist the intern in developing profession-wide foundational competencies.

The training year is structured around three rotations that last four months. Two rotations are generally assigned in accord with the applicants’ stated preferences or emphasis area. The third rotation may be assigned for breadth or complimentary training needs. LSCVAMC is dedicated to providing recovery oriented care for people with serious mentally illness. When this experience is absent from an intern’s background, the Training Committee will often assign a rotation where they will receive it.

The specific descriptions of the four-month rotations should be consulted when considering the model tracks. We make every effort to provide interns’ with their initially assigned rotations, however training needs or unforeseen circumstances may necessitate rotation substitutions. The enrichments outlined below are ordinarily available each year. Updated information on availability, new rotations, and enrichment opportunities will be provided as it develops. The expected site of a training rotation is indicated as Parma or Wade Park, with some rotations organized across both hospital locations.

In our literature, the term EMPHASIS TRACK refers to the intern’s overall focus of the year’s study. APPIC refers to these as “Programs” on the applications. Applicants apply to a SINGLE Emphasis Track, i.e. one of the five overall focus areas: (1) Clinical Psychology, (2) Geropsychology, (3) Clinical Health Psychology, (4) Clinical Neuropsychology, or (5) Rehabilitation Psychology.

The term ROTATION refers to a clinical assignment lasting four-months. The sequence of rotations varies with the track, program location and demands, and availability of supervisors. Typically an intern completes two rotations in their primary Emphasis Track, with a third rotation determined by training needs and breadth of experience. Applicants should indicate in their cover letter their preferences for three rotations and an alternate (enrichments are determined on-site during the first rotation). The final determination of rotation sequences is made by the Training Committee.

An ENRICHMENT, is a supplementary clinical assignment of up to 300 hours, usually pursued on a one-day per week basis over eight months, concurrent with the regular second and third rotations. Some Tracks specify potential Enrichments, as well as the basic three-rotation sequences. Enrichment placements are arranged by petition near the end of the first four-month rotation.
The Clinical Psychology Emphasis Track provides training in assessment and intervention with a wide variety of psychiatric, behavioral, and environmental problems. It is designed to enable the intern to develop adequate skills in the differential diagnosis of psychopathological disorders, and to develop and implement individualized treatment plans essential for successful intervention. Theoretical and therapeutic approaches will vary with the training setting and types of problems typically encountered, but most rotations provide experience in (1) psychological assessment, (2) individual interventions including psychotherapy, cognitive approaches, and evidence based practices, (3) group, marital, and/or family interventions, (4) case management, (5) vocational screening, (6) multidisciplinary treatment team planning, and (7) patient education. We prefer interns concentrate in areas in which they have not gained extensive prior experience to broaden the scope of their diagnostic and treatment skills. The Clinical Psychology Emphasis Track usually consists of two different rotations from the mental health area (Appendix A) that do not duplicate previous experience. The remaining assignment may be assigned or selected from among other rotations to assure a manageable schedule and breadth of experiences. Our program won the 2016 APA Division 18 Excellence in Training Award for providing recovery-oriented, evidence-based services to adults diagnosed with serious mental illnesses.

MENTAL HEALTH AMBULATORY CARE CLINIC (MHACC) SERVICES
Wade Park and Parma

Interns in the MHACC have opportunity to engage in group and individual psychotherapy with male and female veterans who have a wide array of presenting problems. Clinicians in the MHACC belong to multidisciplinary teams with psychologist, psychiatrist, and social work members. Patients may be assigned to any team regardless of diagnosis. The MHACC clinic members at both Wade Park and Parma have team members specializing in general outpatient work, psychosis spectrum disorders, OIF/OEF (Afghanistan and Iraq) veterans, Women’s issues, geriatrics, and trauma issues including men and women with sexual trauma. All teams have patients with a range of ages, military eras, and diagnoses.

Interns assigned to one of the MHACC teams will focus on doing individual and group psychotherapy utilizing evidence based techniques and have the option to sharpen assessment skills. In addition to traditional CBT and psychodynamic approaches, we have staff training in evidenced-based therapies such as Acceptance and Commitment Therapy, Dialectical Behavior Therapy, Mindfulness-Based Cognitive Therapy, Cognitive Processing Therapy, Prolonged Exposure, and Cognitive Therapy for Insomnia, and Cognitive Behavior Therapy for Depression. There are groups that focus on PTSD and addiction (Seeking Safety modules), men with sexual trauma,
depression, anxiety conditions, anger, and veterans in recovery from serious mental illness and comorbid addictions.

There is the unique opportunity to work with patients at all stages of recovery: from initial contact to longer-term working-through, using short-term protocols (PE and CPT, CBT for depression) as well as other modes of psychotherapy. Many veterans have comorbid Axis I and Axis II diagnoses, and provide ample opportunity to work with complex cases. The intern will be encouraged to complete assessments, deepen abilities to make integrated case conceptualizations, develop and implement meaningful treatment plans, conduct individual psychotherapy, and function as a co-therapist in different group therapy formats.

**PROGRAM FOR RECOVERY SKILLS**

*Wade Park*

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, and an integrated dual disorder treatment component for those veterans with SMI and co-occurring addiction. The 20-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 motivational enhancement interventions. Primary professional training experiences include clinical interviewing and psychological assessment, treatment/rehabilitation planning, case coordination, and individual/group interventions with persons with severe mental illness. Each intern also has the option of participating in a program development project. Comprehensive, recovery-oriented psychosocial assessment, motivational enhancement, cognitive-behavioral psychotherapy, and group facilitation skills are emphasized.

**PSYCHIATRY DAY HOSPITAL**

*Wade Park*

The Psychiatry Day Hospital is a CARF Accredited partial hospitalization program for individuals with serious or severe mental illness (e.g., schizophrenia, bipolar or other mood disorders, severe anxiety disorders, or psychotic disorders) who need short term intensive outpatient care. The program is staffed by a multidisciplinary team including a psychologist coordinator, consulting medication provider, two clinical nurse specialists, and a social worker. The intern is considered a full member of the team, with responsibilities that include: individual therapy, treatment planning, discharge planning, crisis intervention, facilitation and co-facilitation of group therapy, consultation with inpatient wards, differential diagnosis via psychological evaluations and report writing, providing feedback to the team and patients on the results, as well as intake assessments.

The Day Hospital can accommodate a range of 10-16 patients at a time. The Day Hospital strives to help the severely mentally ill patient reduce the frequency of inpatient hospitalizations, decrease the length of stay on acute psychiatry wards, transition from inpatient to outpatient status, and improve
compliance with medical interventions. Group therapies offered include: Cognitive-Behavioral Therapy for the SMI (CBT), Bellack’s Social Skills Training (SST), anger management, coping skills training, medication management, and stress management with relaxation skills training.

Psychology interns have an excellent opportunity to strengthen clinical skills while being exposed to a broad psychiatric population. Interns engage in program evaluation and development through the construction of a Stress Management and Relaxation Group, and have the opportunity to increase knowledge of psychotropic medications and interventions with individuals in active psychosis. Day Hospital is a flexible rotation offering opportunities for interns to select groups for co-facilitation and to incorporate new and previously utilized materials and interventions for group and individual therapy.

**PSYCHIATRY UNIT - Wade Park**

The inpatient, locked acute psychiatric unit in the new Cares Tower serves both men and women veterans. It is part of the LSCVAMC continuum of care for veterans with psychiatric illnesses, and is the most restrictive environment of care. The goals of treatment on this unit are rapid diagnosis, stabilization, and treatment for veterans experiencing psychiatric crises. Therefore staff utilizes a medical model of care, while integrating some aspects of the Recovery Model. Acute schizophrenic episodes, drug-induced psychosis and/or mood disorders, major depressive episodes, manic episodes, underlying personality pathology, and suicidal behaviors are amongst the most frequently encountered admitting diagnoses. Upon admission to the inpatient unit, veterans are assigned to an interprofessional treatment team comprised of an attending psychiatrist, medical provider, pharmacist, social worker, nurse, and learners from each of those disciplines. The rotation supervisor is the only psychologist on the unit and functions as a consultant to the teams, unit as a whole, and veterans. Interns on this rotation function as integral members of the interprofessional teams and work with veterans from admission through discharge. By following a veteran’s course of inpatient care, interns are able to observe and help veterans demonstrating symptom acuity atypical of most outpatient and even residential treatment settings, while also observing and being a part of treatment focused on symptom reduction and ultimately, a return to functioning.

Specific skills obtained by interns on this rotation include: 1) Functioning as a team member during rounds, frequently providing treatment recommendations specific to life after discharge and community inclusion, 2) Advancement of assessment skills with attention to how to differentially diagnose, develop skills for inquiring about psychotic symptoms, learn how to conduct assessments when an individual is experiencing significant problems in mood and/or thinking, judiciously use both objective and projective testing, and provide both the team and veteran with testing/diagnostic feedback and education, 3) Facilitate and create Recovery-focused process and psychoeducation groups for individuals who vary in their level of symptom management, and 4) Conduct time-limited and problem focused one-to-one interventions. Interns are also expected to attend scheduled didactics and clinical case observations offered to the other learners on the team, and present their own treatment focused lecture. Typically, there are also opportunities to attend family meetings and probate court hearings – both of which are conducted on the unit. Working on the inpatient unit affords the opportunity to observe services and treatments across the continuum of psychiatric care, including observation of the psychiatric emergency
room, attending a session of electroconvulsive therapy (ECT), and spending a half day in the PRRTP and Day Hospital.

PTSD CLINICAL TEAM - Wade Park and Parma

The PTSD Clinical Team (PCT) provides specialized, time-limited, evidenced based treatments for victims of trauma. Veterans working within the PCT have been referred by an outpatient provider in order to engage in trauma-processing treatment utilizing primarily Cognitive Processing Therapy (CPT), Prolonged Exposure for PTSD (PE) and Nightmare Resolution Therapy (NRT). The PCT treatment is provided on both an outpatient basis and through the eight-week Residential Treatment Program (RTP). Upon completion of trauma-processing work, veterans requiring ongoing mental health care are referred back to their MHACC provider. Psychological assessment and the delivery of evidence-based practices (in both group and individual therapy formats on outpatient and residential basis) are the focus of training in the PCT. Interns are expected to hone their skills as a practitioner-scholar by functioning as an informed consumer of relevant research and utilizing research to inform their clinical practice. Training is provided in various empirically-supported treatments for PTSD with veterans. Interns are supervised in incorporating elements of these treatments into their clinical practice to various degrees, depending upon their previous therapy experiences. Opportunities for program development and evaluation are also available to interns.

RECOVERY RESOURCE CENTER (PRRC)
7000 Euclid Ave

The Recovery Resource Center is a Psychosocial Rehabilitation and Recovery Center (PRRC) that offers intensive outpatient mental health services to veterans who experience serious and persistent mental illness. The PRRC is a transitional learning environment that is designed to empower veterans using an individualized, person-centered approach. The PRRC strives to support mental health recovery and integrate veterans into meaningful community roles. Our center is located in the Greater Cleveland community and provides a unique set of training experiences for interns and residents. For additional information on the program please visit the PRRC Website.

In this rotation, trainees will partner with a multidisciplinary team to provide a full range of psychological services to veterans with serious mental illness (Schizophrenia Spectrum Disorders, Severe PTSD, and Major Affective/Depressive Disorders) and co-occurring addictions. Individuals on this rotation will refine or further develop skills in clinical interviewing, psychological assessment, individual, group and family therapy, as well as psychosocial rehabilitation planning and care coordination. Trainees will learn how to effectively engage, assess, and intervene with clients in their natural environment. Trainees will have opportunities to participate and learn more about Telehealth services, Integrated Dual Diagnosis Treatment (IDDT), Motivational Interviewing, Equine (Horse) Assisted Psychotherapy, and a number of other evidenced based interventions to treat individuals who experience SMI. Finally, this rotation offers ample opportunity to gain experience with designing and implementing skills and/or psycho-educational groups, and participating in ongoing performance improvement and program evaluation projects.
The Recovery Resource Center (PRRC) also offers a number of “enrichment” opportunities (see “Enrichment Opportunities” section for explanation). As a program that is accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF), the PRRC has ongoing projects in performance improvement and program evaluation. Interns would have the opportunity to develop, implement and evaluate a psycho-educational or skills-based group interventions. A program development enrichment would provide trainees who are interested in becoming program managers, team leaders or clinical directors with foundational experiences/skills that are critical to those positions. The PRRC also offers Family programming, IDDT, telehealth services and a variety of other specialized interventions that could be potential enrichment opportunities for trainees that have interests in those areas.

MARRIAGE AND FAMILY SERVICES
Wade Park

The Couples and Family program is an interprofessional training program comprised of practitioners and trainees from Psychology, Chaplain Service, and Social Work. The intern will participate in collaborative work across these disciplines including independent and conjoint treatments, therapy, pastoral counseling, family education and consultation to our Behavioral Health Interdisciplinary Program (BHIP) Teams, the Posttraumatic Stress Disorder (PTSD) Clinical Team (PCT) and the Gerontology Team in the General Mental Health Clinic. The training experience emphasizes systems and communication interventions designed for couples and families, as well as clinical pastoral counseling and family education within an interprofessional framework.

Training emphasis is given to evidence-based practices. Currently, our professionals include practitioners trained and practicing all of the VA endorsed evidence-based practices for families and couples: Behavioral Family Therapy (BFT), Integrated Behavioral Couples Therapy (IBCT), Family Education/Psychoeducation through Veterans Support and Family Education (VSAFE), and VA-NAMI Family to Family Education Program Partnership. Additionally, we offer other evidence-based couples interventions derived from the work of John Gottman, Strategic Family Therapy, Emotionally Focused Couples Therapy, and Warrior 2 Soulmate (W2SM) couples workshop.

Interventions are designed to assist veterans, their partners, and/or families through direct work on relationship struggles, as well as family and couples counseling that assists in managing factors that can significantly impact relationship dynamics and quality, such as serious mental illness (SMI) and Posttraumatic Stress Disorder (PTSD). The rotation is designed to allow for flexibility in experiences and attention to the service delivery over extended periods of time. Attention is also given to multicultural issues, including same-sex and transgendered relationships.
VETERANS ADDICTION RECOVERY CENTER
Wade Park

Substance abuse rotations are in the Veterans Addiction Recovery Center (VARC). VARC offers a variety of programs for veterans who have a substance dependence or impulse control disorder. Veterans participating in VARC programming complete an initial assessment tailored to the patients’ needs, treatment recommendations, and subsequent treatment aligned with their assessment results. Treatment modes range from brief intervention to intensive residential programming. In addition to primary treatment for substance dependence, the VARC unit has specialized programs in Gambling Treatment, Opioid Substitution, and Women Veterans Addictive Behavioral Treatment program. Both residential and outpatient treatment are available, with ongoing aftercare following the initial intensive phase of treatment.

One of the largest and most comprehensive addiction treatment programs in the VA Healthcare System, The Veterans Addiction Recovery Center (VARC) offers a unique opportunity for psychology interns to work on one of a number of interprofessional teams made up of a psychologist, psychiatrist, physician, addiction therapist, licensed counselor, social work, nursing, recreation therapist, and chaplain. Interns have the opportunity to participate in screening, assessment, and group and individual evidenced based treatment of a wide range of substance and process addictions. The training offers experience with the full range of care as defined by the American Society of Addiction Medicine: brief intervention, outpatient, intensive outpatient, residential and inpatient care.

Specific training experiences include:
• The Men’s Residential Treatment Programs (Wade Park),
• Men’s Intensive Outpatient Treatment Programs (Wade Park and Parma)
• Women’s Addiction Treatment Program (Wade Park; a program with a national referral base specifically designed for women), and
• Gambling Treatment Program (Wade Park; the first gambling program in the world, with a national referral base with focus on gambling and other process addictions).

The training program in VARC facilitates the learning of evidenced based treatment including Motivational Interviewing and Motivational Enhancement Therapy, Cognitive Behavioral Therapy, Mindfulness Based Relapse Prevention, 12-Step Facilitation, and Contingency Management. Intern responsibilities include group facilitation, individual interventions, diagnostic assessment, and treatment planning. The intern’s learning plan is individualized keeping in mind the intern’s needs and goals, allowing for involvement in program development, leadership, intensive assessments, measurement based care, and specialized trainings in addiction.

Enrichment opportunities include intensive training in Motivational Interviewing or Motivational Enhancement Therapies, and research participation.
WOMEN’S ADDICTION TREATMENT PROGRAM
Wade Park

Our Women’s Addiction Treatment Program offers residential and outpatient treatment for female veterans nationwide diagnosed with drug or alcohol use disorders. The program places special emphasis on issues unique to women and concurrently offers treatment for comorbid disorders such as process and other addictions, mood disorders, anxiety disorders (predominantly Post Traumatic Stress Disorder), and personality disorders. Treatment staff includes clinicians in a variety of disciplines including psychology, psychiatry, mental health counseling, nursing, social work, internal medicine, recreational therapy, art therapy, occupational therapy, etc. The program has a six-month aftercare component, onsite women’s twelve-step meetings, and strong linkages with other medical center programming for coordinated care of trauma and other related concerns. Therapeutic interventions consist of evidence-based treatments, including but not limited to motivational interviewing and enhancement, cognitive-behavioral techniques, skill-building and mindfulness enhancement strategies. The treatment program is implemented through the use of structured NIDA and MATRIX program materials and includes many gender-specific interventions. Intern responsibilities include group facilitation, individual patient interventions, diagnostic assessment, and treatment planning. Trainees may be involved in the treatment program’s equine therapy component if interested. There are also opportunities to incorporate particular interest areas into the rotation, such as involvement in program development, participation in leadership opportunities, conducting personality assessments, and attending specialized trainings in substance use disorder treatment.

GAMBLING TREATMENT PROGRAM
Wade Park

Operating for over 40 years, this was the first program in the world addressing gambling as an addictive disorder, draws referrals nationally, including from the Department of Defense. It includes eight to ten residential rehabilitation beds with a 5-6 week length of stay, and includes aftercare and outpatient services. Programming follows a structured evidenced-base manual and incorporates peer support and Gamblers Anonymous. Interns serve as co-therapists in daily group psychotherapy and provide individual therapy according to veterans’ needs. The program is headed by a psychologist and has its own program evaluation staff. The psychologist lead is a national trainer in motivational interviewing, a primary modality in individual intervention. Research and scholarly activity on gambling has been presented at national and international forums. Interns are encouraged to participate in research and program evaluation.
The Health Psychology Track encompasses clinical health psychology applications and meets the Council of Directors of Health Psychology Training Programs requirements for health psychology internships. It offers training experiences in a variety of inpatient medical settings, including acute, intensive care, and rehabilitation units. In addition, participation in Primary Care Medical Clinics provides interns with broad experience in assessment and short and long-term care of medical outpatients and their families. Interns interested in this track must have adequate prior experience in mental health settings so that they will be able to recognize and manage common psychiatric syndromes, since they may coexist with medical problems. Emphasis areas are coping with illness as well as modifying health-related behaviors through direct and focused interventions. Depending upon the rotations chosen, training experiences may include the following: (1) differential diagnosis of functional and organic contributions to symptoms, (2) crisis intervention with patients and families, (3) consultation-liaison activities with multi-disciplinary staff, (4) pain and stress management, (5) counseling for adjustment to chronic disease and disability, (6) individual and marital therapy, and (7) group intervention aimed at primary and secondary prevention. Interns who elect the Health Psychology Track generally complete two rotations from the Health Psychology group (see Appendix A) and a third from the Mental Health group.

CARDIOLOGY/ORGAN TRANSPLANT
Wade Park

The Cardiology rotation provides interns with a broad range of integrative healthcare experiences including the opportunity to work as a member of an interdisciplinary team with cardiologists, cardiology fellows/residents, nurse practitioners, social workers, and rehabilitation professionals. Interns on this rotation are encouraged to learn about both the psychological and medical aspects of illness by participating in inpatient cardiology rounds and outpatient heart failure shared medical clinics. Interns will address a variety of psychosocial issues including assessment and treatment of cardiac risk factors such as obesity and tobacco use, treatment of adherence problems, evaluation of cognition, behavioral management of delirium, and assessment of mental health issues that impede patient and clinical management of cardiac related health problems. The rotation also provides exposure to the problems of hospitalized, critically ill patients, and their families such as end of life issues and bereavement.

As members of the transplant and advanced heart failure teams, interns prepare comprehensive psychosocial evaluations of veterans referred for a ventricular assist device or solid organ transplant (heart, lung, liver, and kidney). The assessment focuses on factors affecting clinical outcomes such as coping/motivation, social support, mental health issues, and adherence to treatment regimens. The intern presents the assessment during interdisciplinary selection committee meetings, co-lead a
transplant specific substance abuse treatment group, and provide short-term individual psychotherapy that focuses on psychosocial issues impeding candidacy or adjustment pre/post-transplant. Interns also gain experience in objective assessment measures including the MMPI-2, MMPI-RF, Montreal Cognitive Assessment (MOCA), and Repeatable Battery for the Assessment of Neuropsychological Status (RBANS).

Research is required on the cardiology/transplant rotation and interns may elect to join other professionals on existing projects or choose to develop their own areas of scholarly interest.

**ONCOLOGY/HOSPICE**

**Wade Park**

As a member of the interdisciplinary oncology team, the psychologist receives referrals from numerous sources that include oncologists, general surgeons, oncology nurses, oncology dieticians, oncology social worker, and advanced practice nurses. As such, trainees have the opportunity to collaborate and interact with multiple disciplines to ensure that the psychosocial and psychological needs of the individual and family are addressed along with their medical needs. Interventions include group intervention, behavioral modalities such as relaxation training, stress management and mindfulness and cognitive-behavioral therapy to facilitate the adaptation and adjustment to new roles within the system. In addition, there may be the need to identify and process the grief that is inherent in losses associated with a major medical illness diagnosis.

Veterans and their families are followed in multiple settings including outpatient, infusion settings and inpatient hospital stays throughout the medical center. The intern will have the opportunity to participate in multiple weekly and bi-weekly interdisciplinary tumor boards that discuss evidenced based treatment for newly diagnosed gastrointestinal cancer, head and neck cancer and diverse cancers such as melanoma, lung, breast and prostate cancers.

Finally, there may be opportunities to conduct a Psychological Evaluation for a Bone Marrow Transplant Candidate. This evaluation requires gathering past and current family, psychiatric, medical, and substance use history in order to identify potential risk factors associated with maladaptive coping skills or the patients’ available support systems during and post the transplant process.

Working in the Inpatient Hospice Unit the intern will serve as a member of an interdisciplinary team that includes the hospice social worker, nurse practitioner, pharmacist, dietician, chaplain, medical director, nursing staff, recreational therapists and art therapist. Within this setting there may be the opportunity to work with the family as well as to conduct individual therapy to facilitate the veteran’s transition to this final developmental phase of the patient’s life.

Learning objectives:

1. Interns will develop clinical skills and acumen needed to work with individuals through the continuum of diagnosis, treatment and survivorship with a major medical illness.
2. Interns will gain experience working with people at the end of life.
3. Interns will gain exposure to individuals as they transition through different stages in the end-of-life process.
PAIN MANAGEMENT CENTER
Wade Park

The Pain Management Center operates under Anesthesiology Service at the Wade Park medical facility. The Psychology Section of the program is typically comprised of two full time psychologists, one postdoctoral resident, and a predoctoral psychology intern. Trainees interact daily with health psychologists, Board certified anesthesiologists, physician extenders, and nurses with specialized training in pain management. Services are provided to outpatients with a variety of chronic pain disorders; co-morbid mood disorders and substance use disorders are common.

Although the model of the Center is primarily consultative, there is opportunity for the psychology intern to follow select patients on a time-limited basis for behavioral management of pain utilizing techniques such as relaxation training, biofeedback, cognitive-behavioral therapy, family counseling, and telehealth interventions. Interns will conduct behavioral/psychometric assessments of new patients for the purpose of evaluating potential contraindications for opioid analgesics, spinal cord stimulation, and other implantable devices. The intern will be involved in co-facilitating psychoeducation groups for shared medical appointments and for the CARF accredited Intensive Outpatient Program. Typical topics covered are the chronic pain cycle, cognitive restructuring, stress management, activity pacing, anger management, and effectively communicating with providers or family. Arrangements can be made for interns to observe invasive interventions, such as epidural steroid injections. Interns also have the opportunity to participate in the Cleveland VA’s Pain Specialty Care Access Network (SCAN) team meetings. These weekly meetings, held via video conferencing technology, involve interdisciplinary presentations and case discussions that aim to educate primary care providers in rural settings to be more proficient in treating chronic pain conditions. The Pain Management Center rotation focuses on providing a variety of psychological services within a well-integrated multidisciplinary team.

PRIMARY CARE CLINICS
Wade Park

Psychologists serve as staff members in the Primary Care Clinics, an interdisciplinary, primary care, preventive health model. The psychology intern is instrumental in assessment and treatment of biobehavioral problems such as gastrointestinal disorders, tobacco abuse, obesity, impotence, somatoform disorders, and other psychological problems. The intern will be expected to apply behavioral health interventions such as motivational interviewing to enact health promotion and disease prevention, and to follow a small number of outpatients for short-term psychotherapy. Interns work very closely with medical attending physicians, residents, nurse practitioners, podiatry residents, and social workers. The intern participates as a facilitator in interdisciplinary Shared Medical Appointments for both hypertension and diabetes. There is also opportunity to participate in the Morbid Obesity Clinic (an interdisciplinary psychoeducational group for weight loss), Preventive Medicine Clinic (a resident teaching clinic where patients are assessed and treated for tobacco abuse, pre-diabetes, diabetes, obesity, and non-adherence), and evaluating potential candidates for bariatric surgery. Interns are also invited to attend various lectures, case conferences, and journal clubs sponsored by the Department of Medicine. Research is a requirement of the rotation.
Interns in the Geropsychology Emphasis Track receive training experience that includes both specific geropsychological work and more general training appropriate to the doctoral level, following a Pike’s Peak model of training using evidence-based interventions. The focus is on lifespan development, normative changes, and the interaction between the mental and physical problems which may occur in older persons. The intern will explore beliefs about aging, ethical issues related to this population, biology and the mind-body connection, and the social dynamics of aging. Methods of efficient yet thorough evaluation, testing, and intervention appropriate to this population will be applied with consideration of diversity issues. This will occur in several contexts, including membership in an interdisciplinary team in inpatient rehabilitation and outpatient medical settings, as well as in long-term care settings. The other rotations and enrichment experiences will be selected to insure breadth of training without duplicating previous experiences. Typical programmatic options would be: (1) rotations in Geropsychology, Neuropsychology or the Community Living Center, and a third rotation for breadth of training, or (2) Geropsychology, two additional rotations, and enrichment in Oncology and Hospice Care.

In the Geropsychology rotation gain experience in the assessment, care, and management of the elderly veteran, and provide services in varied settings as a valued member of the geriatric interdisciplinary treatment team. Services are provided in the Geriatric Outpatient Primary Care Medical Clinic and to an 8-bed inpatient Geriatric Evaluation and Management (GEM) Unit. Interns provide psychological assessment, cognitive assessment, and treatment interventions for patients. Individual, marital, and family therapy are frequently utilized to help veterans and their families cope with a wide variety of difficulties including medical, neurological, and psychiatric illness. Interns also help staff manage and treat patients more effectively by direct intervention or staff training. Interns are able to build and maintain therapeutic relationships with patients in this rotation. They learn to evaluate and address issues specific to the aging population, including issues such as capacity, placement, grief and loss, end-of-life issues, social dynamics, dementia, delirium, behavioral issues, loss of driving privileges, and psychosis. Interns gain understanding of medical conditions, procedures and medications, and the impact they have on elder patients’ cognition and emotional status. Interns also explore issues of diversity and ethics related to this population and the resulting impact on treatment. Interns work directly with medical staff and various other disciplines on the treatment team, and learn to function as team members. Research opportunities are available and encouraged.
COMMUNITY LIVING CENTER
Wade Park

The rotation at the Community Living Center (CLC), our facility’s nursing home unit, addresses mental, physical, cognitive and emotional issues as pertains to adults and older adults residing in a long term care community. Interns will learn to: (1) recognize age-related physical and psychosocial changes and stressors such as adjustment disorders, mood disorders, behavioral health, substance abuse, and serious mental illness, (2) describe the assessment of physical and psychosocial function in the older adult, (3) develop and implement behavioral plans and other long term care interventions, (4) identify factors that distinguish between reversible confusion and dementia, (5) recognize the altered effects of medication on the older adult population and the implications of care with regards to medical conditions and medical interventions, (6) learn principles of hospice and palliative care, and (7) conduct cognitive assessment and decision making capacity evaluations. In addition to individual and group interventions, the rotation also provides experience with techniques and coping skills for family caregivers who are going through life role transitions of their loved ones. Further, the intern will be a valued part of the interdisciplinary team and will have ample opportunity for staff consultation and training.
The Neuropsychology Track affords both general clinical training and preparation for subsequent specialization at a postdoctoral level. The program offered meets the Division 40 and International Neuropsychological Society criteria for doctoral Neuropsychology internships. Interns in the Neuropsychology Track are assigned rotations appropriate to prior training and experience. Typically an intern completes two Neuropsychology rotations with different supervisors and pursues a third rotation in one of the other emphasis areas for breadth of training. Occasionally, when the intern has a strong background in neuropsychology, the intern may substitute a Neuropsychology rotation for one in which there is substantial experience with neuropsychologically impaired populations, such as Geropsychology, Spinal Cord Injury Service, or the Pain Clinic.

**NEUROPSYCHOLOGY ROTATIONS**

Wade Park and Parma

Neuropsychology rotations are arranged at the Wade Park or Parma Campuses. At the Wade Park Campus the emphasis is on providing evaluations for Neurology, rehabilitation, and case management. At the Parma Campus there is greater emphasis on differential diagnosis in patients with a primary psychiatric diagnoses and comorbid neurological complications. On both rotations 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. Research and specialized didactic opportunities such as Neurology Grand Rounds, brain cutting, and epilepsy case conferences are available at nearby Cleveland hospitals.

Neuropsychological referrals typically consist of questions concerning delineation of spared and impaired cognitive functions secondary to central nervous system dysfunction related to traumatic brain injury, stroke, differential diagnosis of depression and dementia, 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, and evaluation of cognitive status for capacity evaluation.

The Clinical Neuropsychology Emphasis Track operates in accordance with the INS-Division 40 guidelines and the goals espoused by the Houston conference. It is designed to provide interns with the didactic and experiential opportunities necessary to develop evidence-based neuropsychological assessment, clinical interpretative, and consultation skills. Interns are assigned research literature pertinent to issues related to the people they evaluate. 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 practice of Rehabilitation Psychology involves improving the quality of life and functioning of people with acquired disabilities. The Rehabilitation Psychology Emphasis Track provides interns with training to develop foundational and functional competencies for professional rehabilitation psychology practice consistent with the American Board of Rehabilitation Psychology (i.e., ABPP specialty certification in Rehabilitation Psychology). Interns will have the opportunity to learn about rehabilitation diagnoses including spinal cord injury, traumatic brain injury (TBI), amputation, stroke, multiple sclerosis, and orthopedic disorders. Interns provide assessment and intervention to veterans as well as consultation to members of the interdisciplinary rehabilitation team. Interns who elect the Rehabilitation Psychology Emphasis Track will complete the SCI rotation and a rotation from the Mental Health Group. They will have a choice of Pain Management, Neuropsychology, or Cares Tower Residential and Outpatient Rehabilitation. It is our goal to provide an engaging, educational, and enjoyable internship experience!

**REHABILITATION ROTATIONS**

**SPINAL CORD INJURY AND DISORDERS UNIT (Required)**

Wade Park

The Spinal Cord Unit is a designated Center of Excellence for comprehensive medical care and rehabilitation of veterans with spinal cord injuries (SCI). There is a forty-year history of intern training on the spinal cord unit. This rotation offers experience in providing psychological services to people with disabilities, including diagnostic evaluation, psychotherapy, group psychotherapy, and behavioral contracting. Interns 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. Our center has a 32 bed inpatient unit and an outpatient clinic that serves 500 veterans with SCI/D annually. Our inpatient acute rehabilitation program and outpatient rehabilitation program are both CARF accredited. The LSVAMC has one of the biggest VA SCI Telehealth programs in the country and interns may have opportunities to do telehealth. Primary supervisors on this rotation are Thomas Dixon, Ph.D., ABPP (Rp) and Angela Kuemmel, Ph.D., ABPP (Rp).

**CARES TOWER-RESIDENTIAL AND OUTPATIENT REHABILITATION**

Wade Park

In addition to Physical Medicine & Rehabilitation Services, the state of the art CARES Tower building enables the Cleveland VAMC to provide care to Veterans needing inpatient blind rehabilitation and long term spinal cord injury care. This rotation offers rehabilitation psychology trainees the opportunity to gain diverse residential and outpatient rehabilitation experience through participation in clinical activities across 2 part-time clinics. The CARF accredited Cleveland Blind Rehabilitation Center (BRC) is 1 of 13 national inpatient VA centers that provide comprehensive rehabilitation services and skills training.
for management of visual impairment and blindness. The Cleveland BRC has 15 beds and an average admission lasts four to six weeks.

Trainees have the opportunity to develop skills in comprehensive biopsychosocial assessment and in use of screening measures for assessment of cognitive functioning. Recommendations stemming from these assessments are offered during weekly interdisciplinary team meetings. The trainee will gain experience with regular team consultation and care coordination that is provided on an as-needed basis, regarding behavioral management and management of mental health or cognitive issues. Trainees will provide short-term individual psychotherapy to address a wide range of mental health symptoms and disorders, individual adjustment to disability and chronic illness, and health behavior modification. There is opportunity for conjoint family member or caregiver sessions that emphasize adjustment to disability for the patient and the family. Trainees will also lead a weekly psychoeducational/support group that addresses adaptation to and management of visual impairment, disability, and social disability issues.

The Spinal Cord Injury Long Term Care (SCI LTC) Unit, is a 26 bed residential care facility addressing psychological needs for individuals with Spinal Cord Injury and neurological disorders such as multiple sclerosis and amyotrophic lateral sclerosis. Trainees will have the opportunity to evaluate and treat a variety of complex psychiatric concerns and adjustment concerns, as well as problematic health behaviors such as tobacco use and weight management. Rehabilitation psychology currently offers long-term individual psychotherapy, a weekly support/behavioral activation group, evaluation of all patients annually, and cognitive testing. Also serving as an active participant in weekly interdisciplinary teams, admission decisions, and administratively participates in development of policy.

OTHER ROTATION OPTIONS

PAIN MANAGEMENT CENTER
Wade Park

Please see the description under the Clinical Health Psychology Emphasis Track.

NEUROPSYCHOLOGY
Wade Park/ Parma

Please see the description under the Clinical Neuropsychology Emphasis Track.
ENRICHMENT OPPORTUNITIES

Interns may be permitted to pursue an internal or external enrichment in addition to the three four-month rotations. Enrichments are scheduled four to eight hours per week starting in the second rotation and continuing through the third rotation. Internal enrichments may be petitioned for in October of the training year, after the intern has sufficiently familiarized him or herself with the range of training opportunities. Many of the regular rotations can be pursued as an internal enrichment if the supervisor is available and agreeable to providing the training experience. External enrichment options are best negotiated during the application process so that suitable arrangements with other training sites can be completed. Applicants interested in pursuing external enrichment possibilities should provide their own liability insurance. In most instances, outside agencies are now requiring this as a condition of accepting any student from an outside program.

INTERNAL ENRICHMENT
Up to eight hours per week may be authorized for approved training with an appropriate staff member outside the current rotation. For example, interns who require experience in long-term therapy may see selected patients throughout the internship year through outpatient mental health or other settings. In recent training years, enrichments have been pursued in Acceptance-Based Psychotherapies and in Evidence-Based Psychotherapies for PTSD, as well as the Gambling Treatment Program, Palliative Care Team, Bariatric Surgery, Oncology/Hospice, Women Veterans PTSD Program, and Smoking Cessation Group.

EXTERNAL ENRICHMENT
Interns with a training need which will not otherwise be met in the remainder of their doctoral program may be placed in an external (non-VA) assignment. Up to 300 hours of such training at a designated community agency may be credited towards the intern’s training year requirement.

DISSERTATION RESEARCH
Interns not utilizing another enrichment option may be authorized up to 300 internship hours for doctoral Dissertation research if that research involves the hospital’s veteran population. A number of former interns have conducted their research at our facility, and the variety of settings and patients here facilitates data collection. Psychology Service maintains voluminous psychological testing archives in hard copy and electronic files, with a particularly large database available in the Veterans Addiction Recovery Center. Research projects are also active in Neuropsychology, General Medicine Clinic, and Psychiatry. Interns contemplating dissertation research should confer with the Director of Psychology Training immediately after the NMS APPIC Match, to facilitate timely implementation of a research proposal and plan and fulfill the needs of the local IRB approval process.
APPLIED CLINICAL RESEARCH
Research opportunities are available on most rotations. Interns may devote up to eight hours per week to developing and implementing a clinical research project pertinent to their assignment or to participating in ongoing research. Consultation and assistance are regularly available from the Psychology staff, a research psychologist at the Medical Center, and faculty from nearby affiliated universities. Outcomes for the research must be procedural and well defined. Major research areas include substance abuse, gambling disorders, pain management, chronic health care, shared medical appointments, tobacco abuse, spinal cord injury, cardiology, obesity, neuropsychology, schizophrenic cognition, and in geriatrics driving evaluation clinic.

ACCEPTANCE-BASED THERAPIES
Parma
Dr. Kevan McCutcheon is a national trainer in Acceptance and Commitment Therapy (ACT), and can provide training in acceptance-based approaches. The enrichment experience is aimed at advancing the intern’s proficiency at conceptualizing patient functioning and intervening effectively. There is the opportunity to develop skills in Acceptance and Commitment Therapy (ACT), Dialectical Behavior Therapy (DBT), and Mindfulness-Based Cognitive Therapy (MBCT). Acceptance-based therapies seek to alter clients’ relationships to and avoidance of internal experience as the central mechanisms of change, with a goal of enhancing quality of life through actively pursuing value-based actions. Interns may participate in both individual and group interventions including: ACT (1) clinical targets such as depression, anxiety, anger, and substance, (2) open-ended psychotherapy for Male Sexual Trauma integrating acceptance-based therapies, and (3) DBT program for Borderline Personality Disorder. Mindfulness interventions are an integral part of all groups.

BLIND REHABILITATION CENTER
Wade Park
The Cleveland Blind Rehabilitation Center (CBRC) was recently added as one of 14 VA inpatient treatment centers offering intensive blind rehabilitation training to Veterans with legal blindness or excess disability due to sight loss. The CBRC is a 14 bed residential treatment center that provides blind rehabilitation skills training to Veterans who are referred from 5 neighboring states. Patients range in age from the late 20s to mid-90s but the majority are in their 60s and 70s. Veterans who complete the full treatment program attend 5, 1 hour classes per week day. The training includes lessons in Orientation and Mobility, Living Skills, Manual Skills, Communication Skills, and Low Vision Skills, and will typically last from 4-6 weeks depending on the needs and abilities of the patient. This rotation offers experience in providing psychological services within a medical rehabilitation setting. The Psychologist assesses all new patients for psychosocial functioning, adjustment to disability, psychiatric status, and cognitive issues. Treatment plans are objectively data driven and are tailored to specific patient needs. Recommendations for adapting the rehabilitation program to adjust for patient limitations are offered. The Psychologist provides individual psychotherapy and psychoeducational groups to help with emotional adjustment to sight loss and facilitate rehabilitation gains. Family members are invited to participate in family education as well.
Interns will become familiar with common causes and presentations of visual impairment (e.g., Macular Degeneration, Retinitis Pigmentosa, Diabetic Retinopathy, Glaucoma, Cataracts, and Detached Retina due to trauma). The Intern will become knowledgeable about psychiatric conditions, medical conditions, and cognitive deficits which influence the patient’s experience of vision impairment and can affect rehabilitation progress. The CBRC is an active medical rehabilitation setting that offers opportunity for enrichment in application of training related to general mental health, geropsychology, health psychology, and neuropsychology.

COGNITIVE PROCESSING THERAPY
Wade Park

Dr. Kerry Renner is a national trainer for Cognitive Processing Therapy (CPT) and works in conjunction with PTSD Clinical Team. For this enrichment, the intern will gain exposure to and training in CPT, an evidence-based approach to the treatment of PTSD. Training will be designed to start at the intern’s experience level and advance their skills for conceptualizing patient functioning and intervening effectively. The enrichment begins with participation in a regional CPT workshop near the start of the training year, participation in CPT group, and individual work. If duties allow for all requirements to be completed, the intern can gain eligibility for VA provider status in CPT. Veterans and trauma history will be considered in assigning cases to the intern and include Vietnam and OEF/OIF/OND era veterans as well as combat, MST, CSA, and other trauma history. There may be opportunity to participate in other evidence-based work for PTSD such as assessment or Seeking Safety as part of this enrichment.

FAMILY AND COUPLES THERAPY
Wade Park

The Louis Stokes Cleveland VAMC offers family and couples therapy within the outpatient mental health clinic for veterans already enrolled in other individual mental health services. Providers privileged in couples and family work have a range of experience and training. ranges to over twenty years experience with a variety of approaches. Strategic Family Therapy addresses couples’ specific problems through brief, pointed interventions for which the therapist has a directive role. Interventions and orientations also used are Behavioral Family Therapy (BFT), Integrated Behavioral Couples Therapy (IBCT), and the Gottman Method of couples therapy. BFT is a psychoeducation approach for veterans with an SMI diagnosis and their identified family member(s) to address relationship problems that co-occur with an SMI diagnosis. IBCT, developed by N. Jacobson and A. Christensen, focuses on the goal of behavioral change through the use of acceptance and accommodation of differences. The Gottman Method, developed by Drs. John and Julie Gottman, is an applied approach for helping couples develop better, more meaningful relationships by enhancing their engagement in seven areas thought to contribute to healthy marriages. This VA is also one of several VA facilities that provide the couples workshop, Warrior 2 Soulmate (W2SM), an intensive two-day workshop facilitated by an interprofessional team that focuses on enriching committed relationships through specific strategies for new approaches to problem solving and communication. In this enrichment experience, an intern will have the opportunity to work as a co-therapist with one to two couples or families (treatment dependent) for approximately nine months allowing for experience in engagement, evaluation, conceptualization, and treatment of couples with a variety of presenting concerns, including, PTSD, SMI, anxiety, personality disorders, or primary relationship concerns.
MILITARY SEXUAL TRAUMA AND INTIMATE PARTNER VIOLENCE
(Wade Park)

The MST/IPV Enrichment offers the opportunity for specialized training in assessment, individual, and group psychotherapy with Veterans who have trauma related sequelae or whom are using or experiencing intimate partner violence. The enrichment is housed in outpatient Mental Health Ambulatory Care Clinic (MHACC) and the Women Veteran’s Health Care Clinic (WHC) within a Patient Aligned Care Team (PACT.) Trainees in the WHC have the opportunity for experiences with comprehensive assessment, brief treatments within a primary care mental health integration (PC-MHI) model, and consultation to other providers within the medical center. In the MHACC trainees will have the opportunity to provide services as part of a women’s intensive outpatient program for those who have experienced interpersonal trauma. This program integrates mindfulness, ACT, DBT skills, Cognitive Processing Therapy, and other cognitive behavioral interventions. If interested, trainees may receive supervision in Cognitive Processing Therapy and STAIR, and work on program development with the MST/IPV coordinator. Goals include gaining experience with group psychotherapy, consultation within a primary care mental health integration setting, intervention with trauma related sequelae and intimate partner violence, MST/IPV related program development, training, and outreach. A significant aspect of increasing your proficiency with this population involves a mindful awareness of countertransference, healthy boundary setting, and other aspects of self-care. An open dialogue about these issues will be critical to increasing your effectiveness with this population.

MOTIVATIONAL INTERVIEWING - Wade Park

Dr. Heather Chapman is an international trainer in Motivational Interviewing. Enrichment opportunities include intensive training in Motivational Interviewing or Motivational Enhancement Therapies. Please see further description of addictions rotations in the Clinical Psychology Emphasis Area.
Eligibility: Applicants must be citizens of the United States who are performing satisfactorily in an APA accredited clinical or counseling psychology doctoral program. We have rarely accepted anyone with under 300 hours of doctoral supervised psychological experience (on the APPI it is listed as “Practicum Hours Information- Doctoral Hours to Nov. 1).

Complete the APPIC application at the APPIC website: http://www.appic.org/

Internship programs and applicants must abide by the APPIC AAPI Online Supplemental Materials policy. The only allowable supplemental materials are (a) a treatment or case summary, and (b) a psychological evaluation report. Submitting a case summary or report is OPTIONAL.

We are committed to providing an overall generalist training that focuses on developing profession-wide foundational competencies. In our literature, the term “emphasis track” refers to a secondary overall focus for internship. For the purposes of APPIC and matching, these are referred to as “Programs.” Interns usually complete two rotations specific to their emphasis track, and a third rotation that insures breadth of training. Final determinations are at the discretion of the Training Committee.

IN YOUR COVER LETTER
Indicate the primary emphasis track to which you are applying. If you would like to be considered for second track, you may do so and we will rank you in both tracks. You must also rank us using both APPIC programs numbers if you want to be considered in both programs/emphasis tracks.

<table>
<thead>
<tr>
<th>Emphasis Track</th>
<th>APPIC Program Match Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Psychology</td>
<td>150812</td>
</tr>
<tr>
<td>Health Psychology</td>
<td>150813</td>
</tr>
<tr>
<td>Neuropsychology</td>
<td>150814</td>
</tr>
<tr>
<td>Geropsychology</td>
<td>150815</td>
</tr>
<tr>
<td>Rehabilitation Psychology</td>
<td>150816</td>
</tr>
</tbody>
</table>

Also indicate your preferences for three rotations and an alternate (enrichments are determined on-site during the first rotation).

REQUEST FORMAT EXAMPLE FOR COVER LETTER
I am applying to: Clinical Psychology Emphasis Track (APPIC Program #150812)
My preferred rotations are:
1. Recovery Resource Center
2. Women’s VARC
3. Primary Care Clinic
Alternate: Mental Health Outpatient Clinic

APPLICATION DEADLINE: WEDNESDAY NOVEMBER 1rst, 2017
Applicant Interview and Open House Days
We will conduct visit days January 11, 12, and 13, 2017 for the purposes of interviewing and acquainting applicants with our facility and programming. There will be an emphasis area focus for each visit day, however prospective interns may schedule for any day available. The emphasis area for January 11, 12, and 13 will be Clinical Psychology, Health Psychology, and Neuropsychology/Rehabilitation Psychology respectively. Applicants whom we invite will be provided with further details and the opportunity to schedule a visit day. We do not require applicants to attend. As an alternative a phone interview may be arranged.

Requirements for Final Appointment
As is true at all VA internships, final appointment to the internship subsequent to the NMS APPIC Match is contingent upon passing a routine physical examination, background security check, a possible random drug screening, and standard employment forms OF 612 and OF 306. An oath of office is required at the beginning of the internship.

Questions regarding the accreditation of the internship may be addressed to:
Office of Program Consultation and Accreditation
American Psychological Association
750 First Street N.E.
Washington, D.C. 20002-4242
Phone: (202) 336-5979 Email: apaaccred@apa.org
Web: www.apa.org/ed/accreditation

This internship site agrees to abide by the Association of Psychology Postdoctoral and Internship Centers (APPIC) policy that no person at this training site will solicit, accept, or use any ranking–related information from any intern applicant.

Telephone inquiries about our program are invited at (216) 791-3800, x6822. We encourage diversity among our applicants, including qualified ethnic minority group members. We participate in the current Association of Psychology Postdoctoral and Internship Centers Match Program and observe their policies, practices, and deadlines. We do not pre-allocate any internship positions to particular universities.

Program Address
Director of Psychology Training
Psychology Service 116B (W)
Louis Stokes Cleveland VAMC
10701 East Boulevard
Cleveland, OH 44106
216-791-3800 ext 6821
INTERNSHIP ADMISSIONS, SUPPORT, AND INITIAL PLACEMENT DATA

Internship Program Admissions
Date Program Tables are updated: August 20, 2017
Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program’s policies on intern selection and practicum and academic preparation requirements:

Our selection process is a rational one, guided by number of hours of experience indicated on the APPI. We look for applicants whom have well-rounded experience in assessment, intervention, integrated psychological reports, a diverse array of clients, and settings pertinent to the VA such as experience with severe mental illness or veterans.

Does the program require that applicants have received a minimum number of hours of the following at time of application? If Yes, indicate how many:
- Total Direct Contact Intervention Hours: NO Amount: see above guidelines
- Total Direct Contact Assessment Hours: NO Amount: see above guidelines

Describe any other required minimum criteria used to screen applicants:
We have no specific required minimum criteria, it is dependent on the applicant pool. Please see selection procedures description above.

Financial and Other Benefit Support for Upcoming Training Year*
- Annual Stipend/Salary for Full-time Interns: $24,963
- Annual Stipend/Salary for Half-time Interns: N/A
- Program provides access to medical insurance for intern?: Yes

If access to medical insurance is provided:
- Trainee contribution to cost required?: Yes
- Coverage of family member(s) available?: Yes
- Coverage of legally married partner available?: Yes
- Coverage of domestic partner available?: Yes
- Hours of Annual Paid Personal Time Off (PTO and/or Vacation): 104
- Hours of Annual Paid Sick Leave: 104

In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?: Yes

Other Benefits (please describe): We follow Family Friendly Medical Leave guidelines for extended leave without pay. Extended leave beyond above will require an extension of internship.

*Note. Programs are not required by the Commission on Accreditation to provide all benefits listed in this table
Initial Post-Internship Positions

<table>
<thead>
<tr>
<th>Setting</th>
<th>2013-2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community mental health center</td>
<td></td>
</tr>
<tr>
<td>Federally qualified health center</td>
<td></td>
</tr>
<tr>
<td>Independent primary care facility/clinic</td>
<td></td>
</tr>
<tr>
<td>University counseling center</td>
<td></td>
</tr>
<tr>
<td>Veterans Affairs medical center</td>
<td>0</td>
</tr>
<tr>
<td>Military health center</td>
<td>19</td>
</tr>
<tr>
<td>Academic health center</td>
<td>1</td>
</tr>
<tr>
<td>Other medical center or hospital</td>
<td></td>
</tr>
<tr>
<td>Psychiatric hospital</td>
<td></td>
</tr>
<tr>
<td>Academic university/department</td>
<td>3</td>
</tr>
<tr>
<td>Community college or other teaching setting</td>
<td></td>
</tr>
<tr>
<td>Independent research institution</td>
<td></td>
</tr>
<tr>
<td>Correctional facility</td>
<td></td>
</tr>
<tr>
<td>School district/system</td>
<td></td>
</tr>
<tr>
<td>Independent practice setting</td>
<td>2</td>
</tr>
<tr>
<td>Not currently employed</td>
<td></td>
</tr>
<tr>
<td>Changed to another field</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
</tr>
<tr>
<td>Unknown</td>
<td>7</td>
</tr>
</tbody>
</table>

PD = Post-doctoral residency position; EP = Employed Position. Individuals represented in this table are counted once. For former trainees working in more than one setting, the setting represents their primary position.

INTERNSHIP SELECTION PROCEDURES

Overall, our selection process is a rational review of applications guided by metrics. We have a formula for selecting the first round of applications for review. Rarely have we accepted anyone with less than 300 hours of doctoral supervised practicum experience. The formula for inviting applicants for interview uses numbers from the APPI including adult intervention hours, assessment hours, number of integrated reports, number of publications, hours in settings relevant to the VA, and diversity hours, all normalized to a rank order total. Staff ratings of the application are added to arrive at an initial rank. The top 100 applications are considered along with any other applications staff thought had merit including consideration of individual diversity. About 90 people are invited to interview. Interview ratings from a standard set of questions are added to the total score. Finally, a core group of the training committee considers each applicant for their merits, and arrives a final rank order list for each track. Consequently we have no set formula for number of required hours or total ranking points. Rating totals are determined by the applicant pool characteristics and final rankings are set by the training committee members. An applicant has the best chance of matching with us by having a well-rounded background
pertinent to working at the VA, attention to diversity issues, and professional presentation of themselves.


BIGGIE, Brigette M., Ph.D. The University of Akron, 2012. Assignments: Mental Health Ambulatory Care Center (MHACC), Staff Psychologist. Theoretical orientation: Eclectic: CBT, IPT, MI, insight-oriented, and others. Clinical specializations: Individual psychotherapy, CBT I, group therapy, (not currently facilitating groups), health psychology, assessment. Publications and research interests: Lexical impact on expectations about and intentions to seek psychological services. Professional organizations: Ohio Psychological Association; Hope Over Heroin Board Member. Teaching and research interests: Individual, group psychotherapy, spirituality.

BISCARO, Michael, J., Psy.D, ABPP. Xavier University, 2005. Assignments: Program Coordinator, Recovery Resource Center (PRRC); Major Preceptor, Community Inclusion & Serious Mental Illness (SMI); CARF Behavioral Health Continuous Readiness Committee Chair. Theoretical Orientation:
Integrative with emphasis on cognitive behavioral, dynamic, and systems theories. Clinical specializations: Board Certified (ABPP) in Forensic Psychology; Psychological Assessment; Psychosocial Rehabilitation; Serious and Persistent Mental Illness. Publications and Research Interests: Evidence-based practices in treating serious mental illness; process/outcomes in psychosocial rehabilitation and recovery, and identifying predictors for problem drinking. Professional Organizations: American Board of Professional Psychology, American Academy of Forensic Psychology. Teaching and Supervision Interests: Psychosocial rehabilitation and the recovery model; Evidence-based practices in treating SMI, Group and individual psychotherapy, Psychological assessment and forensic psychology; Program development, implementation, & evaluation.


Council. Teaching, supervision, and mentoring interests: assessment and evaluation, individual and group psychotherapy, navigating a professional career path.


DILLON, Gina, Psy.D., Xavier University, 2010. Assignments: Parma Mental Health Ambulatory Care Center. Theoretical orientation: Eclectic, with emphasis on Acceptance and Commitment Therapy (ACT); Dialectical Behavior Therapy and Evidence Based Treatments for PTSD. Clinical specializations: Treatment and assessment of PTSD; individual and group psychotherapy; provider status in Cognitive Processing Therapy for PTSD. Publications/research interests: PTSD; the role of supportive/adjunctive groups during intensive PTSD treatment; attitudes of providers working with the SMI population. Professional organizations: Ohio Psychological Association. Teaching and supervision interests: treatment and assessment of PTSD; individual and group psychotherapy; professional identity/development issues.


GIDEON, Clare, Ph.D., Case Western Reserve University, 2007. Assignments: Section Chief of Behavioral Medicine; Health Psychologist on Consult-Liaison Psychiatry Team. Theoretical orientation: Cognitive Behavioral. Clinical specializations: Assessment and treatment of psychological conditions in older adults; behavioral medicine; clinical supervision; capacity evaluations. Publications and research interests: Geriatric driving evaluations, dementia and sleep apnea, pharmacological intervention for dementia. Professional organizations: American Psychological Association; National Register of Health
Service Psychologists. Teaching and supervision interests: Capacity evaluation, group/umbrella supervision.


HEINZ, Sara E., Psy.D., La Salle University, 2011. Board Certified in Rehabilitation Psychology (ABPP). Assignments: Blind Rehabilitation Center, TBI/Polytrauma Program, and Outpatient Stroke Team— all of the Physical Medicine and Rehabilitation Service. Theoretical orientation: Cognitive-behavioral and Acceptance-based approaches though primarily integrative. Clinical specializations: Rehabilitation Psychology (individual and group psychotherapy that emphasize assessment of and treatments for adjustment to disability and management of chronic illness, and abbreviated neurocognitive


**HRITZ, Elizabeth, Ph.D.,** Duquesne University, 2011. Assignment: Primary Care Mental Health Integration, Parma clinic; Theoretical Orientation: Integrative humanistic and existential-phenomenological utilizing Acceptance and Commitment, mindfulness, cognitive-behavioral, and Motivational Interviewing methods. Clinical specialization: Diagnostic assessment; individual and group psychotherapy, particularly recovery for enhancing collaborative self-management of complex pain, metabolic, and sleep disorders within a rehabilitative model of care. **Slater***

**HUCKINS-BARKER, Jamie, Ph.D.,** Ohio University, 2014. Assignments: Pain Management Center; Co-Chair Pain Care Advisory Board, Facilitator VARC Pain Management Group. Theoretical orientation: Integrative, cognitive-behavioral. Clinical specializations: health psychology, currently assessment and treatment of contributors to chronic pain through in person or telehealth sessions, group supportive therapy, relaxation and stress management, chronic disease management & health promotion, multidisciplinary teams and provider education. Publications and research interests: clinical utility of therapeutic interventions, behavioral and cognitive therapies for chronic disease management and health promotion, psychological factors that affect chronic disease self-management (promote or inhibit). Professional organizations: American Psychological Association, Ohio Psychological Association, Society of Behavioral Medicine. Teaching and supervision interests: Evidence-based therapies for chronic disease management, health psychology assessment, brief assessment, individual and group psychotherapies, supervising learners and supporting them in developing fundamental competencies to succeed as healthcare providers in a medical setting as part of a multidisciplinary team.

**JOHNSON, Diane, PhD.,** University of North Carolina, 1994. Assignment: Supervisory Psychologist; Assistant Chief of Consultation and Assessment (Neuropsychology, Employee Assistance Program, Police Evaluation Committee, Comp. and Pen. Mental Health Evaluations; Wade Park Outpatient Mental Health Psychology); Co-Chair, Disruptive Behavior Board; Co-Chair VISN-10 Disruptive Behavior Committee. Theoretical orientation: Cognitive-Behavioral Therapy; Mindfulness-Based Cognitive Therapy. Clinical Specialization: Risk assessment and threat management; CBT for depression, dual diagnosis. Publications and research interests: Translating evidence-based treatment into the community; neuropsychological functioning in adults with ADHD; pharmacological and/or psychotherapy clinical trials. Teaching and supervision interests: Threat assessment/management; individual psychotherapy and assessment
KNETIG, Jennifer, Ph.D. Fielding Graduate University, 2012. Assignment: Military Sexual Trauma Coordinator; Domestic Violence/Intimate Partner Violence Program Assistance Coordinator; Women’s Health Clinic; Mental Health Ambulatory Care Center. Theoretical orientation: Psychodynamic. Clinical Specializations: Sexual Trauma; PTSD; Complex Trauma; Dialectical Behavioral Therapy; Cognitive Processing Therapy; Group Psychotherapy. Publications and Research Interests: Psychotherapy; Complex Trauma. Professional Organizations: American Psychological Association; Ohio Psychological Association (Advocacy Committee.) Teaching and Supervision Interests: Psychodynamic Psychotherapy.


KUEMMEL, Angela, Ph.D., ABPP, Nova Southeastern University, 2009. Diplomate – Rehabilitation Psychology (ABPP). Assignment: SCI Unit; Assistant Director of Psychology Training and Education, Program Director of Rehabilitation Psychology Internship Track, Diversity Committee Member. Theoretical orientation: Eclectic. Clinical specialization: Rehabilitation Psychology. Publications: Training and supervision, international accessibility, and abuse of people with disabilities. Research interests: Supervision of students with disabilities, disability and sexuality, adjustment to disability, and chronic pain management in patients with SCI. Professional Organization Leadership Roles: American Psychological Association, Policy and Planning Board member; Division 22 (Rehabilitation Psychology), Past Awards Committee Chair, Past Co-Chair and Public Interest Representative on APA’s Committee for Early Career Psychologists. Teaching and supervision interests: Supervision of students with disabilities, post-doctoral training guidelines for rehabilitation psychology.

LEA, Erin, Ph.D., Case Western Reserve University, 2013. Assignments: Clinical Health Psychologist for HIV PACT and HCV Clinics; Rotation Supervisor for HCV/HIV; Member of Bioethics Committee. Theoretical orientation: ACT, Behavioral and Interpersonal. Clinical specializations: Behavioral Medicine, harm reduction, psychological assessment, capacity evaluations, chronic pain management, brief interventions for SUD, smoking cessation and geropsychology. Current research and grants: Identifying cognitive impairment in HIV-positive population, developing novel interventions to manage complex medical and psychosocial factors, predictive utility of assessments, & harm reduction. Teaching and supervision interests: Integration of behavioral medicine in interdisciplinary teams; Teaches graduate level Adult Cognitive Assessment at Case Western Reserve University.


MERBITZ (HANSEN), Nancy K., Ph.D., University of Notre Dame, 1993. Assignments: Spinal Cord Injury Long Term Care; Transitional Care Unit. Theoretical orientation: Integrative (humanistic-existential and behavioral). Clinical specialization: Rehabilitation Psychology, with emphasis on behavioral medicine, person-centered psychotherapy, geropsychology, and neuropsychology (assessment, monitoring and patient/team/family education regarding conditions with acute or chronic CNS effects). Publications:
rehabilitation after critical illness and intensive care, adherence, benefits of assistance dogs, measurement of rehabilitation process and outcomes, quality improvement. Research interests: assistive technologies and access to digital communication, measurement and research design in rehabilitation interventions, the impact of diminished cognitive abilities on learning, coping and adherence. Professional organizations: APA Division 22: Rehabilitation Psychology (member Executive Board 2014 - present; member Strategic Planning Task Force 2015 - present), APA Division 38: Health Psychology (member APA Interdivisional Health Care Committee 2007-2012), Association of Spinal Cord Injury Professionals, Standard Celeration Society (Precision Teaching), Association for Behavior Analysis International. Teaching and supervision interests: adapted psychotherapy, team collaboration and education, assessing and responding to reduced cognitive abilities in medically-complex patients.


violence, and empowerment as a resiliency factor in the face of traumatic events. Teaching and supervision interests: Empirically based treatments for PTSD, DBT, individual and couples therapy.

PRZYBYSZ, Jeff, Psy.D. Immaculata University, 2014. Assignments: Community Living Center, Mental Health Outpatient Clinic- Geriatrics, Rotation Supervisor for CLC, Compensation and Pension evaluations. Theoretical Orientation: Integrative with emphasis on cognitive-behavioral and humanistic orientations. Clinical Specializations: Geropsychology, long term care psychology, CBT-I, evaluation of decision making capacity, individual and group psychotherapy with geriatric population, caregiver burden along with assessment and interventions, dementia education, neuropsychological assessment, personality assessment, and behavior management interventions for individuals with neurocognitive disorders. Publications and research interests: Older LGBT population, aging and subjective-wellbeing, assessment of caregiver burden. Professional Organizations: Psychologists in Long Term Care. Teaching and supervision interests: individual psychotherapy, cognitive and personality assessment, behavior management including STAR-VA.

PURDUM, Michael, Ph.D., ABPP, University of North Texas, 2010. Assignments: Primary Care Mental Health Integration (PCMHI). Theoretical orientation: CBT, brief problem-focused psychotherapy, health behavior change. Clinical specializations: Health psychology, primary care mental health, chronic disease management & health promotion, motivational interviewing, smoking cessation. Publications and research interests: Psychological factors that complicate chronic disease management, psychological factors that promote chronic disease self-management, PCMHI quality improvement & implementation, smoking cessation outcomes. Professional organizations: American Psychological Association; American Board of Professional Psychology in Health Psychology. Teaching and supervision interests: Motivational interviewing, behavioral therapies for chronic disease, supervising trainees on developing the fundamental competencies (collaboration & MH integration) to succeed as a health care providers in primary care.


RENNER, Kerry, Ph.D., Northern Illinois University, 2 residential treatment programming 008. Assignments: Clinical Psychologist on the Posttraumatic Stress Disorder Clinical Team; Local Evidence-based Psychotherapy Coordinator; Regional Cognitive Processing Therapy Trainer/Consultant and National Consultant. Theoretical orientation: Cognitive-Behavioral integrated with Interpersonal. Clinical Specialization: Assessment and treatment of PTSD, Trauma, and Anxiety disorders; Evidence-Based Practice in general and the use/development of Evidence-Based Psychotherapies (e.g., CPT, PE, CBT-Insomnia, etc.), veteran reintegration/adjustment post-service, understanding the impact of moral injury on recovery. Publication/Research Interests: Effective treatments for PTSD (Current research includes CERV-PTSD Study examining PE and CPT in veteran population; Local Site Investigator for this 17-site Cooperative Studies Program research), integrated treatments for PTSD/SUD, patient satisfaction & program development, integrated care for OEF/OIF veterans, persistent guilt/moral injury. Professional Membership: American Psychological Association, International Society for Traumatic
Stress Studies. Training/Supervision Interests: Individual and group psychotherapy, evidence-based treatments for PTSD (CPT/PE), program development, evidence-based practice through an information scientist approach, diagnostic assessment.

RIDLEY, Josephine, Ph.D., Clinical Psychology, West Virginia University, 1997. Assignments: Program Manager, Psychiatry Day Hospital; Associate Professor, Dept. of Psychological Sciences, Case Western Reserve University; Chair, Psychology Service Diversity Committee; Program Director, Clinical Psychology Postdoctoral Residency; Major Preceptor, Psychosocial Rehabilitation for the Seriously Mentally Ill Residency; Member, LSCVAMC Institutional Review Board. Theoretical Orientation: Cognitive-Behavioral; Behavioral; Integrative. Clinical Specialization: Hospital Privileged in Nicotine Replacement Therapy; individual and group therapy with seriously mentally ill; CBT for Psychosis; Master Trainer for the Suicide Prevention Resource Center’ Assessment and Management of Suicide Risk (AMSR) Workshop. Publications and Research Interest: Depression, Suicide, Anxiety Disorders, PTSD. Professional Organizations: Association of Black Psychologists (ABPs); Ohio Suicide Prevention Foundation Advisory Committee. Teaching & Supervision Interests: Differential Diagnosis/Psychological Assessment; Assessment & Management of Suicide Risk; Cognitive-Behavioral Therapy (CBT); CBT for Psychosis; Individual and Group Psychotherapy.

ROUSH, Laura E., Ph.D., University of Cincinnati, 2008. Assignments: Polytrauma, Neurology; Program Director, Clinical Health Psychology Postdoctoral Residency Program; Major Preceptor, Infectious Disease Psychology Postdoctoral Fellowship; health psychologist, Cleveland VA SCAN-ECHO Diabetes team; member, Diabetes Advisory Board. Theoretical Orientation: Cognitive-behavioral. Clinical specializations: Health psychology with emphasis in headaches, mTBI, pain management, stress management, relaxation training, promotion of healthy behaviors, coping with chronic medical conditions, individual therapy, treatment of psychological factors affecting physical health, and biofeedback. Publications and research interests: Psychological factors in the assessment and treatment of chronic pain, non-pharmacologic headache treatments, interdisciplinary treatment or training delivery formats including shared medical appointments and SCAN-ECHO. Professional organizations: Ohio Psychological Association, APA Division 38. Teaching and supervision interests: Health psychology, individual psychotherapy, biofeedback, working with a multidisciplinary team, work-life balance.


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 in 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.


SLEPECKY, Rachel, Ph.D., University of Akron, 2007. Assignments: Inpatient Psychiatry (WCT6), ward psychologist; Mental Health Outpatient Clinic – individual and couples and family therapy; Major preceptor for Family and Couples Counseling Services Postdoctoral Residency; Co-coordinator of the VA Psychology Training Mentorship Program. Theoretical Orientation: Integrative with components of cognitive-behavioral and humanistic orientations. Clinical Specializations: Individual, couples, and family therapy; Diagnostic assessment; Consultation; Consultation and interprofessional team dynamics; group psychotherapy. Publications and Research Interests: Severe Mental Illness (SMI) and personality disorders. Professional Organizations: Ohio Psychological Association. Teaching and supervision interests: Differential diagnosis and use of psychological testing for this purpose; Mentorship; Umbrella supervision and supervisor support/growth; Group psychotherapy; Interprofessional consultation; professional development issues.

STAFFORD, Kathleen P., Ph.D., Kent State University, 1977. Diplomate – Forensic Psychology (ABPP). Assignments: Wade Park Mental Health Ambulatory Care Clinic; Thursday Evening Primary Care Mental Health Integration Clinic. Theoretical orientation: Cognitive-Behavioral. Clinical specializations: Assessment, individual/group psychotherapy, forensic psychology, addictions, risk assessment, evaluation of competencies. Academic appointment: Adjunct Associate Professor of Psychology, Kent State University. Publications and research interests: Chapters on civil commitment, mandated outpatient treatment, trial competency, criminal responsibility, psychological testing. Articles in refereed journals on mental health courts, symptom validity tests, and personality inventories. Professional organizations: American Psychological Association, Divisions 12 and 41; Past Chair, APA Ethics Committee; Past President - American Board of Forensic Psychology/ American Academy of Forensic Psychology. Teaching and supervision interests: Psychological assessment, forensic psychology, psychotherapy, risk assessment, professional standards and ethics.

THOMAS, Farrah, Psy.D., Chicago School of Professional Psychology, 2005. Assignments: Physical Medicine & Rehabilitation Service – inpatient Acute Rehabilitation and Amputation System of Care (inpatient and outpatient) including Amputation Shared Medical Appointment; Primary Care - facilitator for Hypertension Shared Medical Appointment; Health Behavior Coordinator, Cleveland VA system; Co-Chair, Health Promotion Disease Prevention Committee; Assistant Clinical Professor of Medicine, Case Western Reserve University School of Medicine. Theoretical orientation: Behavioral and Cognitive
Behavioral. Clinical specializations: health psychology/behavioral medicine and rehabilitation psychology; individual and group psychotherapy; coping with chronic medical conditions; stress management; relaxation training; adherence; self-management. Publications and research interests: Caffeine use and epilepsy, self-management with the amputee population, coping and adjusting to chronic medical issues. Professional organizations: American Psychological Association, Division 38 – Health Psychology, Ohio Psychological Association, National Register for Health Service Providers in Psychology. Teaching and supervision interests: Motivational Interviewing and behavior change, coping and adjusting to chronic medical issues, working with multidisciplinary/interdisciplinary teams, the difficult patient, and professionalism.


WHITE, Karen P., Psy.D., Indiana State University in Clinical Psychology, 2009. Assignments: Geriatric Evaluation and Management Unit and Dementia Care Coordination Team, Rotation Supervisor and Pre-doctoral Training Committee Member, Major Preceptor for the geriatric fellowship and Post-doctoral Training Committee member, Member of the Bioethics Committee, Chair of the Geriatric Ethics Task Force- Subcommittee of the Louis Stokes Cleveland VA Bioethics Committee, Member of the Cleveland VA Dementia Committee, Member of the Psychology Professional Standards Board, Cuyahoga County Adult Protective Services Interdisciplinary Team and Steering Committee Member. Theoretical orientation: Integrative with emphasis on cognitive-behavioral, evidence based, and humanistic orientations. Clinical specializations: Geropsychology, Dementia Care and Education, long term care psychology, health/behavioral medicine, capacity evaluation, and coping with chronic illness. Publications and research interests: Dementia Care Coordination program evaluation. Teaching and supervision interests: Psychology training recruitment and selection, Professional development, and comprehensive geriatric care aligning with the Pike’s Peak Model.

YAMOKOSKI, Cynthia, Ph.D., University of Akron, 2006. Assignment: Program Manager (outpatient PTSD and residential PTSD/SUD program; specialty mental health); Supervisory Psychologist; National Center for PTSD mentor; VISN 10 PTSD community of practice workgroup lead; major preceptor of Clinical Psychology Postdoctoral Residency Special Emphasis in PTSD; Senior Clinical Instructor, Case Western Reserve University, School of Medicine. Theoretical orientation: integrative with predominant components of cognitive-behavioral and humanistic orientations. Clinical specialization: PTSD assessment and treatment, combat-related guilt and moral injury, suicidology. Publication/research interests: PTSD, moral injury, suicidal thoughts and behaviors, interaction of cognitive processes and affect/emotions in psychological disorders, therapist self-care. Training/supervision interests: individual and group psychotherapy, evidence-based practices, diagnostic assessment.


psychometric properties of addictions assessment instruments, training outcomes measurement, risk
management, diabetic treatment outcomes, MMPI-2 interpretation techniques. Teaching interests:
psychometrics and statistics, integration of research into clinical practice, substance abuse treatment
modalities, clinical assessment.
AUTHORITIES

Administrative
Administrative issues include such things as terms of employment, leave, benefits, computer access, security, privacy, clinical privileges, and business ethics. Administrative authority is the bailiwick of the Psychology Service administrative staff, administrative supervisors, the Director of Psychology Training Programs (DoT), the Chief of Psychology, and successively higher VA administrative offices such as the Office of Personnel Management. All employees, including psychology trainees, are bound by VA policy and Federal rules.

Clinical
Clinical supervisors have the immediate and direct responsibility for your clinical work and professional psychology clinical training experience. Your clinical supervisor oversees the quality of clinical work, training experiences, and acceptability of professional comportment. Note that most clinical supervisors are not administrative supervisors, but have limited daily operational authority for trainee work life.

Terms of Appointment
Trainees are granted one-year appointments that include leave, health, and life insurance benefits. For two-year residencies the appointment is renewed after successful completion of the first year. Trainee appointments are for a calendar year, eight hours per day, five days per week, for a total of 2,080 hours. Trainees cannot be credited for experience in excess of eight hours per day or 40 hours per week.

ATTENDANCE, TIME, and LEAVE

For leave questions, your timekeeper is Ms. Judith Rosen at extension 820-6821.

Trainees are employees of the VA and subject to VA time, leave, and attendance rules. Appropriate adherence to attendance rules is part of the foundation upon which your training experience depends.

The trainee workday or ‘tour of duty’ is from 8:00am to 4:30pm, which includes a 30 minute unpaid lunch break. Hours worked beyond the regular workday cannot be credited toward your 2,080 hours, and trainee appointments do not include provision for “overtime” remuneration. Any departure from the 8:00am to 4:30pm tour of duty must be discussed with your supervisor,
requested in writing, and approved by the DoT. If approved, The DoT will convey this to the
timekeeper. The timekeeper is not authorized to make changes to trainee schedules.

**Calling Off Work**
If you are ill or late, you must call Psychology Service at 820-6822, and also notify your clinical
supervisor. Calling off in excess of three days for sick leave requires a doctor’s verification of
your illness. Annual leave may be used in lieu of sick leave, but you must indicate that when you
call.

**Leave Accrual**
Trainees accrue four hours of paid annual leave (AL, vacation, or personal time) and four hours
of paid sick leave per two-week pay period. Planned leave should be requested 45 days in
advance. For leave requests under that timeframe, work with your clinical supervisor to ensure
patient care policies are followed. The hospital policy for cancelling patient care is quite strict.
Trainees may only use leave they have accrued, they may not be granted advanced leave.

**Authorized Absence**
Trainees can be granted a limited amount of authorized absence to attend professional
psychology events. Interns are allowed up to three days (24 hours) for professional events and
five days (40 hours) for job interviews. Residents are allowed up to five days (40 hours) for
professional events and five days (40 hours) for job interviews. Requests for authorized absence
must be made in writing to the DoT and include documentation of the event.

**Extended Leave for a Health Condition**
For trainees with qualified health conditions and/or serious family circumstances, the Chief of
Psychology and DoT may elect to approve up to 12 weeks (480 hours) of combined paid (annual
and/or sick leave) and unpaid (leave without pay) leave. Leave in excess of 208 hours will
require an extension of training beyond one calendar year. In non-emergency circumstances,
trainees should submit a plan to the DoT in writing at least 30 days in advance of the
anticipated absence. The plan should include a formal request for the leave, dates for the leave,
the type of leave requested, the intended completion date for any extension of training, and
with supporting documentation. Since stipends are based on the training year, extensions of
the training year might not be paid.

**Terminal Leave**
If a trainee has annual leave remaining at the end of the training year and all other
requirements are completed, the trainee may elect to take up to one week of terminal leave.
The trainee may also elect to continue working to the end of the training year and will be paid
for any remaining annual leave. In the past trainees were able to carry over leave balances to
new VA appointments, but this is dependent on the human resources department in the
receiving VA facility. Inquire with your timekeepers and Human Resources contacts at both
locations to coordinate any possible transfer of leave. Sick leave may not be used at the end of
the training year except as defined in human resources policy.
**Hours Credited**

Our training programs are defined as one calendar year, or 2,080 hours, and we make allowances for leave. Trainees are granted four hours of sick leave, four hours of annual (personal) leave per two-week pay period, and 10 Federal holidays. If you were to use all your leave during residency, here is the result:

- Calendar year: 2,080
- Federal holidays: 80
- Annual leave: 104
- Sick leave: 104
- Total hours: $2,080 - 80 - 104 - 104 = 1,792$ hours

**Trainees must be on duty for at least 1,792 hours to successfully complete a program year.**

**Licensing Hours**

State board requirements for licensure are unique to each state and vary greatly. Some licensing boards require a year of supervised post-doctoral experience, and others allow all experience to be pre-doctoral. When verifying hours for licensure, pre-doctoral internship is generally credited as a full year as part of your degree requirements.

The number of post-doctoral supervised hours required for licensure ranges from 1500 to 2000 hours, and licensing rules often do not contain clear direction about how to account for leave. When verifying post-doctoral hours of experience, some licensing boards ask only for the total hours; however some ask for an accounting of hours such as leave, supervision received, and client contact hours. If a licensing board asks for an accounting of hours, we will report it. It is your responsibility to determine the requirements for licensure and ensure you accrue enough supervised hours to meet them. If you have carried over leave from internship and you take this leave during residency, there is the possibility that you will not accrue enough hours to meet state licensure requirements.

**REQUIRED ACTIVITIES**

Trainees are required to attend the specified meetings and seminars. Timeframes vary for each, check the curriculum description for details and training calendar for final schedules. Clinical supervisors do not have the authority to exempt a trainee from attendance or to schedule conflicting clinical activities during these times. You must clear anticipated absences personally with the DoT. **Detailed description of curriculum components is provided in the operating procedures.**
Intern Required Seminars
- Weekly Training Didactic Seminar
- Diversity Rounds
- Grand Rounds as assigned
- Journal Club
- Group Discussion Case Conference
- Service Trainings as assigned

Intern Required Clinical Cases
- Initial Assessment Case Report
- Intern Case Presentations
- Oral Final Competency Examination
- Monthly Meeting with the Director of Psychology Training

Residency Seminars Required for ALL Residents
- Professional Issues Seminar
- Supervision Seminar
- Group Case Conferences

Residency Specialty and Focus Area Seminars
The following seminars are required for the specialty program or focus area in which you are enrolled. These seminars are not required for other residents, although residents are welcome at many of them. For seminars outside your specialty area, check with the preceptor organizing the seminar to inquire about attendance.
- Clinical Psychology Seminar
- Inter-Professional Residencies Seminar
- Clinical Health Psychology Seminar
- Geropsychology Seminar
- Rehabilitation Psychology Seminar

REQUIRED DOCUMENTATION
In addition to clinical documentation, trainees and their supervisors are required to complete documentation of training activities. Timeframes and specific document formats are in a table in the appendices. At the beginning of the rotation, the trainee and supervisor should collaborate on developing a learning plan with a few personalized goals specific to the training rotation. The learning plan should be a compliment to the development of profession-wide, specialty, and focus area competencies that supervisors evaluate. Trainees are required to track their weekly hours of leave, supervision, patient contact hours, and other supplemental activities. Most didactic presentations will have some form of evaluation, either for the speaker or other participants. Other surveys are very important for feedback to the supervisors, to inform program development, or to satisfy the requirements of accreditation. We appreciate your diligence in completing all documents in timely fashion.
Clinical supervision in psychology training programs is managed in accord with policy outlined in VHA Handbook 1400.04, Ohio law, and applicable accreditation regulations. Clinical supervisors are required to maintain current independent licensure as a psychologist. Trainees are registered with the State of Ohio Board of Psychology as a psychology trainee practicing under an Ohio licensed psychologist. At the end of the year, documentation of your completed training experience is sent to the Board. We verify residency experience to other state boards when requested.

Your clinical supervisor is responsible for your clinical work and provides frequent professional consultation to foster professional competency learning. Many other administrative concerns have different lines of authority as outlined elsewhere in this document. Supervision serves to maintain the quality of training experiences and foster ongoing development of clinical competencies. Clinical supervisors should at a minimum:

a. ensure that trainees are aware of the program standards and operating procedures contained in this document.

b. ensure that trainees are aware that clinical staff is obligated to report to the DoT or Chief of Psychology all incidents of unacceptable professional conduct, care below an accepted standard, professional ethical transgressions, violation of law, possible sexual harassment, discrimination against a protected group, or patient abuse.

c. ensure that trainees receive at least two hours per week of individual in-person supervision, and arrange for two hours of other supervision. If there are multiple supervisors, ensure that individual supervision is coordinated to total at least two hours. Supervisors must be proximally available for consultation as stipulated in hospital policy, and provide an intensity and content appropriate to the trainee’s professional development in compliance with VHA Handbook 1400.04, Ohio Law, and APA accreditation standards.

d. designate supervisory coverage for absences. Clinical supervisors should make clear who will be the clinical supervising psychologist during their absence. For unexpected absences in which there is a question about the designated clinical supervisor, trainees should clarify with Psychology Service.

e. collaborate on a written learning plan that stipulates training goals, and provide regular progress review and clear performance feedback in relation to those goals.

f. document supervision in accordance with state law and applicable program standards to include the number of hours spent in supervision, types of supervision provided, activities supervised, and clients reviewed.
g. regularly evaluate the trainees’ professional competencies and provide feedback regarding the content of the evaluations. For interns, this is at the mid-point and endpoint of the rotation. For residents it is at least every three months.

h. address problems in performance and professional conduct by providing specific objective feedback, guidance to assist with improvement, or a formal remediation plan.

Trainees ordinarily establish a productive working relationship with their supervisors. In the event that relationship difficulties emerge or evolve, we encourage the trainee and supervisor to resolve the issues in the context of the supervisory relationship. If the pair cannot reach a satisfactory resolution and working relationship, the DoT should be consulted. The DoT or another designee may serve as a mediator. If mediation fails, the trainee may pursue formal grievance procedures outlined in this document.

Communication with clinical staff cannot be considered confidential. Clinical staff is obligated to report instances of information regarding potential EEO concerns, sexual harassment, patient abuse, or other matters seriously affecting training or patient care. There are also formal civil service EEO and sexual harassment procedures that may be pursued through the EEO office or Human Resources. We hope that you consult with clinical supervisor or Psychology Service administration before pursuing other avenues of complaint; however, you are free to consult with Human Resources or the EEO office for advice on appropriate administrative offices for your concern.

**Self-Care Responsibility**

Adequate mental health is part of the foundation for successful functioning as a psychologist. Supervisors should support self-awareness and self-care that foster good mental health. Trainees should accept personal responsibility for self-care that fosters good mental health, including behavior change or obtaining professional help. In emergency situations or instances in which patient care is substantially affected, the clinical supervisor should inform their administrative supervisor, DoT, or Chief of Psychology Service, and the trainee may be removed from patient contact. If the aforementioned determine that the problems are substantial enough to suggest professional impairment, the trainee may be referred to Employee Health or for a ‘fitness for duty’ examination as required in human resources policy. Results of such evaluation will determine subsequent action by the program, which may include termination.

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**MENTORING PROGRAM**

We recognize that professional development benefits from consultation with someone who has no direct evaluative role with the trainee. All trainees will have the opportunity to be paired with someone who will serve as a mentor who is not their direct supervisor and has no evaluative role. Residents may elect to have a psychologist, and interns may choose either a
staff member or a postdoctoral resident. Mentors serve as a nonjudgmental source of support and often help mentees develop personally and professionally. Mentorship consultation might include career planning, leadership development, administrative skills, balancing work and family, or other professional development skills.

Mentee and mentor participation is voluntary. At the beginning of the year trainees will be provided a list of staff names, biographical information, areas of mentoring interest, and availability. During the second round of matching, the names of postdoctoral trainees interested in being a mentor will also be provided. Trainees will submit their top two selections to the mentorship program coordinators who will attempt to match each trainee with their choices. The coordinators will facilitate the initial email meeting and act as liaisons in the mentoring program. We welcome all trainees to participate in the mentoring program; however, participation is not required.

PROFESSIONAL PRACTICE EVALUATION

Professional practice evaluation and feedback is an integral part of professional psychology training. It is the method through which trainee progress is tracked and provides a source of data to inform program improvement. All training programs use competency focused evaluation instruments and may rate trainees on profession-wide foundational, specialty, or focus area competencies. Supervisors also collaborate with the trainee to set individualized training goals that are a source of progress review.

We expect that each individual trainee possesses a unique combination of skills, abilities, knowledge, and experience commensurate with their professional developmental level. We also expect that trainees will work to improve competencies that fall below a level sufficient for independent practice. Acceptable performance ratings are required for successful completion of a training experience.

COMPETENCY AND WORKLOAD

The practice of professional psychology requires a person possess the skills, abilities, knowledge, and experience necessary for competent general practice. Practice competencies do not include a description of the volume of work a psychologist is expected to complete. We recognize that the amount of work a person can complete is dependent on skill level, situational experience, task complexity, and personal drive. Trainees are expected to devote energy to the tasks assigned; however, we recognize that excessive workload demands are counterproductive to learning. Professional practice evaluation is based on the quality of work a trainee produces while maintaining a reasonable quantity of work. A general guideline is that 25% of trainees’ time should be in direct patient contact.
**INTERNSHIP PERFORMANCE REQUIREMENTS**
Interns are evaluated using rating scales for a list of profession-wide foundational competencies. Other training goals developed with a clinical supervisor may relate directly to the profession-wide competencies, but are not required. Goals other than the profession-wide competencies have no minimum performance requirement for successful completion of the internship.

Performance evaluation and feedback are completed midway through and at the end of each rotation. The rating scales are anchored to professional developmental level (see rating anchors in appendices). To successfully complete the internship, interns must receive a year-end rating of 5-competent on all profession-wide foundational competencies.

**INTERN Acceptable Minimum End-of-Year Rating on Foundational Competencies**
5 – COMPETENT in all but non-routine cases, with supervisor providing overall management of trainee’s activities. Trainee demonstrates increasing ease and integration of advanced skills, and proficiency is emerging in routine cases or area of specialty interest. Supervision/consultation may be necessary in non-routine situations, though depth of supervision varies as clinical needs warrant. While the trainee may not possess the specific skill set required for independent practice in a specific rotation setting, this level represents the minimum competency for independent general psychological practice.

**Intern Acceptable Progress**
Interns are expected to maintain acceptable progress on all professional competencies. Difficulties with progress on items rated below 5-competent should be addressed during performance feedback. Ratings of 2-3 are acceptable in the first rotation if it is demonstrated that progress is being made. However ratings of 2-3 at the mid-point of the second rotation are problematic. At that point there must be a written plan for skill development that will result in end-of-the-year ratings of 5-competent. The intern should be achieving a significant majority of ratings at 4 or above on all profession-wide foundational competencies by the end of the second rotation. Failure to achieve those ratings, after sufficient opportunity for improvement or remediation has been given, constitutes one basis for termination from the program.

**Intern Remediation Plan**
Ratings of 1-skill deficit at any time during the year require a written remediation plan. The written remediation plan should include description of the methods the intern will use to improve the deficiency, the supervisor participation in those methods, and a reasonable timeframe to achieve sufficient ratings on the competencies. The plan should be developed by the supervisor with concurrence among the supervisor, preceptor, coordinators, and DoT within 10 business days of receiving written notification of the deficiency.
RESIDENCY PERFORMANCE REQUIREMENTS
Residents are expected to have prior satisfactory performance on all profession-wide foundational competencies. Specialty and focus area performance is evaluated using rating scales for the related competencies. Other training goals may be developed with a clinical supervisor and relate directly to the specialty and focus area competencies.

Performance evaluation and feedback for residents are completed at least quarterly, but may take place midway through and at the end of each rotation. The rating scales are anchored to professional developmental level (see rating anchors in appendices). To successfully complete the residency, residents must receive a year-end rating of 6-proficient on all specialty and focus area required competencies.

RESIDENT Acceptable Minimum End-of-Year Rating on Required Competencies
6 – PROFICIENT Emerging proficiency even in non-routine cases. Supervisor oversees trainee’s activities, but trainee manages day-to-day activities with emerging autonomy. Supervision resembles peer consultation with in-depth supervision necessary only in unusually complex situations.

While we accept a rating of “6-Proficient” as passing, we expect that residents will work to achieve a rating of “7-Emerging Advanced” rating by the end of the residency year.

Expected Achievable End-of-Year Rating on All Required Competencies
7 – EMERGING ADVANCED Proficiency in a skill or area of specialty interest is developing. Competency in all global competency areas at full VA psychology staff privilege level is achieved; however, as an unlicensed trainee, supervision is required while in training status. Supervisor remains responsible for trainee’s activities, but trainee demonstrates autonomy in all routine day-to-day activities. In-depth supervision is required infrequently and occasional discussion of advanced topics.

Resident Acceptable Progress
It is recognized that residents may attain variable levels of competency depending on previous experience, rotations pursued, the modalities they entail, and prior experience on similar rotations. Residents receive a formal evaluation at least quarterly and should be able to demonstrate progress toward developing an acceptable performance level. Difficulties with making progress toward achieving the required minimum ratings should be addressed during formal evaluations. If performance difficulties include a formal rating of 3-skilled or below, formal written remediation plan is required.

Resident Rating on a Required Competency that Warrants a Remediation Plan
3 – SKILLED Basic skills have been acquired and trainee implements them with increasing ease, but continues to require routine supervision of each activity.
Resident Remediation Plan
For items rated at 3 or below, the written remediation plan should include description of the methods the resident will use to improve the deficiency, the supervisor participation in those methods, and a reasonable timeframe to achieve sufficient ratings on the competencies. The plan should be developed with concurrence among the supervisor, preceptor, coordinators, and DoT within 10 business days of receiving written notification of the deficiency.

Resident Acceptable Progress and Advancement
Residents are expected to maintain acceptable progress on all specialty competencies. Difficulties with progress should be addressed during performance feedback. Failure to maintain sufficient performance on all profession-wide foundational competencies is one basis for termination from the program. Failure to achieve reasonable progress on specialty and focus area competencies, after sufficient opportunity for improvement or remediation has been given, constitutes another basis for termination from the program.

For the Clinical Neuropsychology and Rehabilitation Psychology Residencies, successful performance in the first year of the residency is a prerequisite for being retained for the second year. In addition to the above criteria for the one-year residencies, the Clinical Neuropsychology and Rehabilitation Psychology residents must achieve a rating of “5-Competent” on all specialty and focus area competencies to progress to the second year of residency.

PROFESSIONAL PERFORMANCE DUE PROCESS
Training programs follow due process guidelines in managing problematic trainee performance to ensure fair and nondiscriminatory decisions. Professional performance guidelines are outlined in the evaluation section and other problematic behavior is described here.

Definition of Problematic Behaviors
Problematic behaviors are those that are unacceptable in a trainee’s professional role and risk the trainee’s ability to perform required job duties such as acceptable quality of the clinical services, positive relationships with peers, supervisors, or other staff, and ability to comply with appropriate professional standards. Behaviors become problematic when the trainee does not acknowledge, understand, or address an issue, the behavior cannot be rectified by training, the behavior does not improve with remediation, or remediation of the problem requires unreasonable amounts of supervisor time. In addition to performance issues described in the Professional Practice Evaluation section, examples of problematic behavior are (but not limited to): acts prohibited by APA ethics code, violation of patient confidentiality, failure to identify and report patients' high risk behaviors, failure to appropriately complete written work, disrespect of patients, peers, or supervisors, plagiarizing, repeated tardiness, or unauthorized absences.
Notice of Problem
When a supervisor rates the trainee below minimum acceptable standards on a competency, the supervisor must inform the trainee and DoT in writing of the deficiency along with the intended course of action. When a staff member notes other problematic trainee behavior they should report it in writing to the DoT or Chief of Psychology, who will coordinate notification of appropriate training team or committee members. An outline of intended course of action (e.g., a remediation plan) and notice to the trainee should be completed within 10 business days of the formal evaluation or written notification of the behavior to the DoT. The trainee will be allowed the opportunity for remediation of the problematic behavior or deficiency. Written remediation plans should be developed in coordination with the training team including as needed supervisor, preceptor, coordinators, and DoT.

Hearing
The supervisor will usually provide feedback about the problematic behavior or deficiency. If the trainee contests the deficiency or problematic behavior, the trainee may request a hearing. The supervisor will collaborate with team coordinator, one other team member, and the DoT to arrange a hearing about the deficiency within 10 business days of the request. For problematic behaviors noted by other staff, the reporting staff member will be included in the hearing. The coordinators and DoT should always be apprised of the request for a hearing. The trainee will be provided a written decision from the hearing within 10 business days of the hearing. If the discussion confirms the supervisor’s rating or problematic behavior, the trainee may appeal that decision.

Appeal
Trainees may appeal hearing decisions through higher levels of authority outlined in the Training Programs Structure section. Appeals should be formally requested within 10 business days of the hearing result notification. We believe it would be very unusual for a supervisor to rate as unacceptable a trainee’s overall performance or clinical competence for an entire rotation. If that should occur, there will be a mandatory review of the ratings by the specialty area training team, DoT, and two representatives from other training teams. Written appeal may be made through the Chief of Psychology Service, who may convene Training Committee members or other service psychologists as needed to fairly consider the appeal. This procedure will also be utilized if a trainee was being considered for termination from the program. The trainee may further appeal a termination decision to higher administrative levels outlined in the Program Structure section, but these authorities may choose to decline further review.

Resolution
Trainees should be formally evaluated on their progress in accomplishing the objectives of the remediation plan twice if necessary. The plan and subsequent ratings should contain the supervisor’s narrative comments about the outcome of remediation efforts. It should describe any further recommendations for training in the competency area, including recommendations for changes in rotation assignments or other features of the curriculum.
Consultation
Trainees may request assistance or consultation from outside of the program. Resources for outside consultation include:

Department of Veterans Affairs Office of Resolution Management (08)
810 Vermont Avenue, NW
Washington, DC 20420
1-202-501-2800 or Toll Free 1-888-737-3361
http://www4.va.gov/orm/

ORM provides a variety of services to prevent, resolve, and process workplace disputes including prevention, early resolution, and Equal Employment Opportunity (EEO) complaint processing. Alternative dispute resolution (ADR) mediation is available to all VA employees. Mediation is a process in which an impartial person, the mediator, helps people having a dispute to talk with each other and resolve their differences. The mediator does not decide who is right or wrong but rather assists the persons involved create their own unique solution to their problem. VA mediators are fellow VA employees who have voluntarily agreed to mediate workplace disputes. They are specially trained and skilled in mediation techniques and conflict resolution. In electing to use mediation, an employee does not give up any other rights.

The Association of Psychology Postdoctoral and Internship Centers (APPIC) provide both an Informal Problem Consultation process and a Formal Complaint process in order to address issues and concerns that may arise during the internship training year.

http://appic.org/Problem-Consultation

- Informal Problem Consultation (IPC) Chair, APPIC Board of Directors
  Jason Williams, Psy.D. (720) 777-8108

- Formal Complaints Chair, APPIC Standards and Review Committee
eilihu turkel, Ph.D. turkel@lij.edu

APA Office of Program Consultation and Accreditation:
750 First Street, NE
Washington, DC 20002-4242
(202) 336-5979
http://www.apa.org/ed/accreditation

Please note that union representation is not available to trainees as they are not union members under conditions of their VA term-appointment. Documentation related to remediation and formal counseling becomes part of the trainee’s permanent file with Psychology Service.
The DoT may also consult with the Chief of Staff, Human Resources, regional counsel, other members of hospital leadership (e.g., Privacy Officer, Safety Officer, EEO Officer, or Facility Director), VA OAA, APA, APPIC, or an intern’s graduate program. Verified ethical or criminal violations may be grounds for immediate dismissal. The DoT may limit the trainee to administrative duties or place them on administrative leave while the infraction is being investigated. The program may be required to alert our accrediting body (APA) or other professional organizations (e.g., APPIC, state licensing boards) regarding unethical or illegal behavior on the part of a trainee. If information regarding unethical or illegal behavior is reported by an intern’s graduate program, the internship program may have to follow their policies and procedures regarding clinical duties, probation, and/or termination.

**COMPLAINTS AND GRIEVANCES**

Trainees may encounter other problematic situations about which they have a complaint. A grievance is a trainee complaint against the training program. The grievance process is used when a trainee has a specific complaint or problem with a supervisor, other resident, preceptor, team coordinator, DoT, or with the program itself. Examples of such situations include, but are not limited to, failure to provide adequate supervision or perceived improper conduct by a supervisor, perceived incompetent administration, or failures to provide formally promised training that are not a result of unforeseen medical center changes or unsatisfactory trainee performance. Trainees who have an issue which they feel must be addressed should proceed as follows:

1. **Informal Problem Resolution** - Initially the trainee should seek to discuss the issue with the individual(s) involved. If this effort is not feasible or does not result in a satisfactory outcome for the trainee, the trainee may consult with other training team members or higher levels of authority as professionally deemed necessary. Trainees may consult the DoT or Chief of Psychology at any point in the process, and have confidence that they will be respectful of professional autonomy and privacy.

   In any matters of potential EEO concerns, sexual harassment, patient abuse, or other issues seriously affecting training or patient care, the matter should be discussed immediately with the DoT, or if the complaint is against the DoT, with the Chief of Psychology. Formal EEO and sexual harassment procedures may need to be pursued through the EEO office or Human Resources. We hope that a trainee will confer with Psychology Service administration before pursuing other avenues of complaint; however, trainees are free to consult with Human Resources or the EEO office for advice on appropriate administrative offices for their concern.

2. **Formal Grievance** - If informal means do not resolve the issue to the trainee’s satisfaction, the trainee may submit a written grievance to the Director of Training. If the grievance is with the DoT, it should be submitted directly to the Chief of Psychology Service.
The DoT or a designee will convene a meeting of the individual(s) involved in an attempt to resolve the matter to the satisfaction of all involved. The DoT will provide a determination of the outcome of the grievance meeting in writing to the trainee and involved individuals.

If the written determination is unsatisfactory to the trainee, or if a satisfactory recommendation is not implemented, the trainee may appeal in writing to the Chief of Psychology. The Chief may choose to resolve the grievance with the trainee or convene a grievance meeting with at least four representatives from the Training Committee. If individual(s) who are the object of the grievance are Training Committee members, they will recuse themselves from the deliberations and decision.

The Chief of Psychology Service will ordinarily be the last level of appeal. In very extraordinary circumstances when the written decision from the Chief of Psychology or grievance meeting is unsatisfactory to the trainee, a trainee may appeal to higher administrative levels described in Training Program Structure, but those parties may choose to decline further review.

<table>
<thead>
<tr>
<th>PROGRAM COMPLETION REQUIREMENTS</th>
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<tbody>
<tr>
<td><strong>INTERNSHIP COMPLETION REQUIREMENTS</strong></td>
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<tr>
<td>1. Successful completion of the initial assessment module prior to the end of the first rotation.</td>
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<tr>
<td>2. Satisfactory performance on the two end-of-rotation case presentations, journal club presentations, and the final case presentation oral examination.</td>
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<tr>
<td>3. Acceptable overall minimum level of performance rating on end-of-the-year profession-wide foundational competency ratings. Failure to achieve interim required levels on any one rotation, after sufficient opportunity for remediation is given, constitutes a possible basis for termination from the program.</td>
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<tr>
<td>4. Completion of all required hours tracking, rotation evaluations, surveys, and exit interview.</td>
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<tr>
<td>5. Completion of a training year consisting of at least 1,792 hours on duty.</td>
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<tr>
<th>RESIDENCY COMPLETION REQUIREMENTS</th>
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<tbody>
<tr>
<td>1. Acceptable maintenance of competency on all profession-wide foundational competencies and acceptable minimum performance ratings on all specialty and focus area required competencies. Failure to achieve the required levels on any one rotation, after sufficient opportunity for remediation is given, constitutes a possible basis for termination from the program.</td>
</tr>
<tr>
<td>2. An overall rating of successful minimum performance accounting for individual program requirements.</td>
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<tr>
<td>3. Completion of all required hours tracking, rotation evaluations, surveys, and exit interview.</td>
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<tr>
<td>4. Completion of a training year consisting of at least 1,792 hours on station.</td>
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<th>INCOMPLETE TRAINING YEAR</th>
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<td>If for any reason a trainee is unable to fulfill the requirements above, the individual circumstances will be considered by the DoT and Chief of Psychology. In some circumstances a trainee can receive credit</td>
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</table>
for supervised hours toward licensure. A trainee who has been terminated from a program because of unethical or unacceptable professional behavior cannot be credited for those supervised hours toward licensure.
TRAINING PROGRAM STRUCTURE

LSCVAMC has an APA accredited internship program and four accredited residency programs in specialty practice areas recognized by the American Board of Professional Psychology (ABPP) and Commission for the Recognition of Specialties and Proficiencies in Professional Psychology. The postdoctoral residency specialty practice areas are Clinical Health Psychology, Clinical Neuropsychology, Clinical Psychology, and Rehabilitation Psychology. Geropsychology is currently a focus area within the Clinical Health Psychology program, and is seeking independent accreditation.

<table>
<thead>
<tr>
<th>Program</th>
<th>Accredited</th>
<th>Next Site Visit</th>
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<tbody>
<tr>
<td>Internship</td>
<td>7 years 2012</td>
<td>2019</td>
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<tr>
<td>Clinical Health</td>
<td>5 years 2013</td>
<td>2018</td>
</tr>
<tr>
<td>Clinical Neuropsychology</td>
<td>7 years 2011</td>
<td>2018</td>
</tr>
<tr>
<td>Clinical Psychology</td>
<td>5 years 2013</td>
<td>2018</td>
</tr>
<tr>
<td>Geropsychology</td>
<td>Seeking accreditation</td>
<td>2018</td>
</tr>
<tr>
<td>Rehabilitation</td>
<td>5 years 2013</td>
<td>2018</td>
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Authorities

The Director of Psychology Training Programs (DoT) has overall responsibility for administrative operations, program quality, instructional effectiveness, trainee conduct, regulatory adherence, and implementation of accreditation standards for all residencies. The Chief of Psychology Service, Associate Chief of Staff for Education, Chief of Staff, and Medical Center Director are successively higher levels of oversight and authority.

Psychology Training Committee

The Psychology Training Committee is made up of psychology staff with a stake in the training of health service psychologists. Stakeholders are organized into training teams that serve the pre-doctoral internship and postdoctoral specialty practice residencies. Training teams have some combination of coordinator, preceptor, clinical supervisors, and other contributors as needed to accomplish specific program needs. Team member expertise is representative of the team focus.

The DoT serves as the chair of the Psychology Training Committee and ensures training staff have the resources and support needed to effectively accomplish training program operations. Training Committee members are appointed by the Chief of Psychology with recommendation from the DoT and are selected to best serve supporting the program mission, vision, and values.
Training staff are selected to ensure effective program operations, procedure implementation, quality curriculum, effective instruction, selection of qualified trainees, program evaluation, program improvement, and valuing of diversity in staff, trainees, and programming. Training staff role commitments are for three years staggered as is practical to encourage staff participation in training, encourage diversity in membership, maintain specialty expertise, and preserve institutional knowledge. Psychology Training Committee members will normally be solicited and selected at the beginning of the training year, but may be appointed as needed to enhance programming or fill vacancies. Committee members may serve consecutive terms at the discretion of the DoT and Chief of Psychology.

Decisions regarding program content are reached by team consensus. For programming issues that cannot be resolved by consensus, the coordinators and preceptors have a formal voting role on the committee. All decisions and votes made by the committee are subject to approval in the larger contexts of Psychology Service and administrative structure of the VA, including the DoT, Chief of Psychology, Office of Academic Affiliations, Human Resources, and other federal administrative authorities. Program issues that affect all programs must have concurrence with the DoT and Chief of Psychology.

Program Responsibilities
Training staff share responsibility for acting in the spirit of the program mission, vision, and values. Staff strives to insure program quality, fidelity in professional training, integrity of policy and procedures, quality content and programming, effective instruction, selection of qualified trainees, and valuing diversity in staff, trainees, and program content. Training team members offer unique contributions and share responsibility for maintaining an inclusive, supportive, and effective learning environment.

Team members assume responsibility for program tasks that ensure quality programming. Coordinators coordinate task completion and facilitate team communication. Teams are responsible for ensuring that specialty area focus, comprehensiveness, supervision emphasis, and evaluative components are consistent within and across specialty areas. Staff strive to clarify their specific contributions and responsibilities both within the team and with the Director of Training.

Coordinators
Program coordinators (previously called program directors or program heads) work with the DoT and preceptors to assure an appropriate sequence, intensity, duration, pattern, and frequency of training experiences. They help ensure that training seminars are planned and implemented, and help coordinate the applications and selection process. Residency program coordinators have the responsibility to collaborate with preceptors, supervisors, and the DoT to reach the final end-of-the-year evaluation that determines residency completion status.

Preceptors
Preceptors are content experts in their focus area. They develop and document the resident’s individual training plan, including learning and competency objectives, training rotation dates,
schedules, and responsible supervisors. They ensure that a resident completes required activities and research projects. They collaborate with coordinators, supervisors, and DoT as needed to adjust training plans, performance evaluation, and preferences.

The preceptor will meet with the resident at least quarterly to ensure training experiences are fostering development of required competencies. They coordinate with clinical supervisors in developing the learning plan, rotation transitions, and evaluations. They ensures that professional performance evaluations are completed and collected from supervisors and site of training evaluation forms are completed at the conclusion of each rotation.

**Clinical Supervisor**
The clinical supervisor is directly responsible for the trainee’s clinical work including co-signing clinical documentation. Clinical supervisors oversee the rotation training experience during a defined time period and medical center location, and ensure that trainees have professional experiences appropriate to their program and developmental stage. Trainees are provided with two hours of in-person individual supervision and two hours of group or other supervision experience. The clinical supervisor completes periodic professional competency evaluations and ensures timely discussion of identified training needs, professional development, and performance targets. They communicate the competencies evaluations to the preceptor, coordinators, training committee, and DoT as needed to ensure success in professional training.

**Trainee Representatives**
While any trainee may approach the DoT with an issue they desire to be resolved, we recognize the need for formally designated representatives. The intern and residency cohorts will elect by consensus a primary and alternate representative to the training committee. The representatives serve as an additional liaison between the trainee cohorts and the training committee, and strive to facilitate communication. The DoT may assign duties to the representatives such as facilitating the collection of seminar feedback forms. Trainees should not expect the representatives to solve trainee problems or be the sole source of communication with the training committee. Representatives should encourage trainees to be assertive and instrumental in communicating concerns directly to appropriate resources described herein.

**Communication**
Open communication is encouraged among the training committee members and trainees, and trainee input is essential for program improvement and development. If trainees have ideas for improvement, they are welcome to communicate it directly to any committee member. The program exists, however, within large federal agency with many regulations. There may be a myriad of issues to consider when making program changes. A particular training committee member may not have the answer to your question or the authority to make a change. The DoT maintains, as is practical, an open door policy regarding communication. Training committee members should strive to clarify duties and manage responsibilities by consensus with
concurrence from the Director of Training. Program resource needs are determined by consensus among the program staff, consultation with the DoT, and concurrence from the Chief of Psychology. The DoT communicates program issues and changes to the Education Office, Office of Academic Affiliations, Commission on Accreditation, and other regulatory bodies as required by those agencies.

**INTERNSHIP CURRICULM**

**REQUIRED SEMINARS AND MEETINGS**
Interns are required to attend the following meetings and seminars. Your supervisor does not have the authority to exempt an intern from attendance or to schedule conflicting clinical activities for you during these times. You must clear anticipated absences personally with the DoT.

**Weekly Intern Didactic Seminars**
Thursday, 8:00am to 10:00am
*Usually* in Room 3AC-344A
Check training calendar for final topics, times, and place.

**Monthly Journal Club**
Journal Club meets once per month and all interns are required to attend. At the beginning of each rotation, the interns will caucus with the moderators to devise a schedule. The moderators complete an evaluation form of the competencies demonstrated and provide feedback to the presenter.

**Group Discussion Case Conference**
Monthly case discussion groups are conducted with two subgroups of interns who bring clinical material suitable for presentation and discussion. Staff supervisors coordinate these groups and serve as initial moderators, after which Postdoctoral Residents conduct the group. To encourage frank sharing of clinical data and opinions, no formal evaluation of intern performance accompanies this activity.

**In-service Training**
Occasionally, we have special educational events that interns are required to attend.

**REQUIRED CLINICAL CASES**

**Initial Assessment Case Report**
Near the beginning of the year, you will be assigned a staff member to supervise an assessment case. The format and requirements will be stipulated in detail elsewhere. The purpose of the assessment case is to evaluate your basic skills in performing an intake assessment interview and integrating the results of a major psychological test into the assessment report. To successfully complete the exercise, the supervisor must judge the interview and case report as being of sufficient quality for a beginning intern. This must be completed before the end of the first rotation.

**Intern Case Presentations**
Toward the end of the first two rotations, each intern makes a case presentation with one of our other staff psychologists serving as consultant. Interns attend a subset of these presentations, depending on
the Emphasis Area being pursued. The consultant will complete an evaluation form of the competencies demonstrated, and feedback will be provided to the intern.

**Oral Final Competency Examination**
In lieu of a third rotation Intern Case Presentation, interns will take a Final Oral Competency Examination in June, at the halfway point of the third rotation. The intern is expected to demonstrate entry level psychological knowledge, skills, behaviors, and attitudes across a range of professional competencies.

**Meetings with the Director of Psychology Training**
The DoT schedules a monthly meeting with the interns as a group. The purpose is to communicate any collective issues or concerns and share reflections on the internship experiences. Interns are always welcome to talk to the DoT individually by dropping in to the office, calling, sending an e-mail, or requesting a meeting in person.

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**RESIDENCY CURRICULM**

Curriculum is designed to best accomplish the development of professional competences. Residents are expected to be independent with foundational profession-wide competencies. For residency, the focus is the development of advanced competencies in a specialty practice area.

**Required Common Seminars**
All residents are required to attend the monthly seminars numbered 1-3 below. Your rotation supervisors and major preceptors do not have the authority to exempt you from attendance, nor should they schedule conflicting clinical activities during seminar times.

1. **Professional Issues Seminar** - This seminar is moderated by the Director of Psychology Training and incorporates both discussion of preselected topics on professional issues and an update on administrative details of the program. The seminar is also open to supervisors and staff.

2. **Supervision Seminar** - This seminar encompasses both didactic and experiential components of supervision. For the first four months, staff present didactic material and moderate a discussion of the issues raised. For the remainder of the year, residents rotate responsibility for presenting a case example of trainee supervision and facilitating a discussion of relevant supervision issues. The seminar is open to supervisors and staff.

Learning in the intern/resident Case Conferences and Residency Seminar is built upon the idea that confidentiality is practiced as it promotes safety and self-disclosure. Confidentiality of veteran information and trainee self-disclosures should be maintained by all participants. This would include being mindful when offering feedback if you are aware of extenuating case circumstances or personal information from other contexts. It, also includes being able to speak openly and freely about experiences knowing your privacy and confidentiality are being
maintained. One notable exception, though, is the case when ethical boundaries or incompetence become apparent in these discussions. In those cases, the staff, trainee supervisors, or trainees involved should seek consultation regarding the need to approach the DOT with such information. If a case was made for doing so, please also know this would be discussed with the individual(s) involved prior to going to the DOT.

We have all been impressed by everyone’s openness to sharing about their cases and readiness to give and receive feedback. This reminder is meant as a formal means of stating something we have all been implicitly practicing.

3. **Group Case Conference** – Clinical Health, Rehabilitation, and Clinical Neuropsychology residents rotate moderating the group of Health, Geropsychology, Rehabilitation and Neuropsychology track interns; Clinical Psychology residents moderate the group of Clinical Psychology Track interns. Interns select cases to present, and are not evaluated on their case presentation within this conference.

**Specialty and Focus Area Seminars**
The following seminars are required for the specialty program or focus area in which you are enrolled. These seminars are not required for other residents, although residents are welcome at many of them. For seminars outside your specialty area, check with the preceptor organizing the seminar for those you may attend.

1. **Clinical Psychology Seminar** - Residents from the Clinical Psychology Specialty (SMI, PTSD, and Addictions) are required to attend this monthly seminar. It includes staff presentations on general and clinical special emphasis area topics, resident case presentations entailing group supervision, and resident presentations on self-generated clinical or professional topics.

2. **Inter-Professional Residencies Seminar** - The Inter-professional residents (SMI Inclusion, Couples & Family) attend this seminar moderated by staff involved in the inter-professional training programs including Psychology, Social Work, and Chaplain Services. The two inter-professional residencies will meet as a group to review administrative issues related to the fellowship programs and participate in inter-professional didactics. Special emphasis will be placed on case reviews conducted by the various disciplines from the two programs.

3. **Clinical Health Psychology Seminar** - Residents from the Clinical Health Psychology Specialty (Primary Care, COE, and Specialty Medical Clinics) are required to attend this seminar moderated by the Program Director of the CHP residency. It includes didactic and practice-oriented content specific to clinical health psychology, as well as resident case presentations and related articles for discussion. The seminar is open to preceptors, residents, and staff.

4. **Geropsychology Seminar** – Geropsychology and COE residents attend this seminar moderated by the geropsychology major preceptor.
5. Rehabilitation Psychology Seminar – The Rehabilitation Psychology resident is required to attend this seminar, but it is open for other residents and staff to attend. The resident and program faculty rotate in making presentations on rehabilitation-specific competency areas, such as the history of the Rehabilitation Psychology specialty, adjustment to disability, assessment, and case conceptualization.

**SELECTION PROCEDURES**

**Application**
- Applications are submitted to APPIC for interns and APPA-CAS for residents
- Application deadlines:
  - Internship the first week of November
  - Residency the first week of January

**Initial Ranking**
- Two training staff rate materials using the applicant rating form.
- Selection workgroup creates an initial rank order of applicants.
- Selection workgroup determines who to interview and/or invite to an open house.

**Interviews**
- Interviews may be in-person, by video, or telephone.
- Applicants are given at least two weeks’ notice for in-person interviews.
- Staff conducts a performance based interview, using a standard interview ratings form.
- Selection workgroups collaborate to coordinate multiple interviews.

**Final Rankings**
- Selection workgroup creates final rank order based on the entire application and interview.
- For Residency, leads meet with DoT to create a final plan for order of offers across all programs, since applicants may be considered for more than one residency and focus area.

**Internship**
- Final rank order lists submitted to National Matching service
- APPIC Friday match results received
- DoT contacts matched interns for formal offer

**Residency**
- After ranking, be prepared for a possible reciprocal offer to our top ranked applicant if they have an offer from another program. We may require validation of the offer.
- Preceptors or team representative begins offers 10:00am Eastern Time on APPIC Monday.
- Avoid making concurrent competing offers to the same applicant.
- Applicants may hold offers for 24 hours.
- Notify applicants whom are no longer in consideration and when all positions are filled.