Accredited by the American Psychological Association

2019-2020

Psychology Internship Program

VA Northeast Ohio Healthcare System
Louis Stokes Cleveland Veterans Affairs Medical Center
Psychology Service 116B (W)
10701 East Boulevard
Cleveland, Ohio 44106
Cleveland Living

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 liveries 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.
Northeast Ohio Diversity

*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 2017 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 a Diversity Committee whose aim is to develop, recruit, and promote diversity in Psychology Service and the training programs. We encourage people with disabilities and from other diverse backgrounds to apply. 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.
Northeast Ohio VA Healthcare System

The Northeast Ohio VA Healthcare System focuses on treating the whole Veteran through health promotion and disease prevention, and provides comprehensive, seamless health care and social services for more than 112,000 Veterans across Northeast Ohio. With 18 locations of care, including 13 outpatient clinics, two community resource and referral centers, a psychosocial rehabilitation and recovery center, a chronic dialysis center and an ambulatory surgery center, the Northeast Ohio VA Healthcare System's quality services are easily accessible to Veterans in 24 counties. The Northeast Ohio VA Healthcare System also contributes to the future of medicine through education, training, and research programs. The number of unique patients and complexity of care provided makes the Northeast Ohio VA Healthcare System the 3rd largest in the VA.

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 Case Western Reserve University School of Medicine train at the Medical Center in all major specialties. The Medical Center maintains many university affiliations for professional training in 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 professional 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 Healthcare System Director and Chief of Staff noted that the Northeast Ohio VA Healthcare System 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, the Northeast Ohio VA Healthcare System:

- Has more Centers of Excellence in Care, Research and Education than any other VA;
- Cares for more than 7,928 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. The Northeast Ohio VA 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 throughout the Northeast Ohio VA Healthcare System. 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. Psychologists are involved in the care of Veterans in outpatient primary care, mental health, substance abuse, and neuropsychological services. 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 unanticipated extreme weather events.
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 Programs.
Psychology Internship Program

VA Northeast Ohio Healthcare System Psychology Service provides internship training in Health Service 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.

A student handbook and detailed program operating procedures are provided on matriculation and available upon request.

Mission

The mission of the VA Northeast Ohio Healthcare System Psychology Training Programs is to provide the highest quality general, focus 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: (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.

Goals

The overall goal of the Psychology Internship Program is to produce competent entry level professionals 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 Model
The Psychology Internship Program follows a practitioner-scholar model focused 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 in the clinic along with case presentations. The ‘scholar’ aspect of the model is the foundation of psychological science needed for successful practice. Interns gain experience in the critical evaluation of clinical and research literature, and 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.

Training Assignments
We believe that all psychologists should develop foundational skills acquired through generalist training. Our clinical staff also has expertise in the specialty areas of Clinical Psychology, Geropsychology, Clinical Health psychology, Clinical Neuropsychology, and Rehabilitation Psychology, and we organize the training assignments under those specialty areas. Interns can gain experiences in settings and specialties in which they have not previously worked. All rotations provide training in foundational skills in assessment, individual, group, and staff consultation, however the emphasis varies with specific assignment. 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
The intern yearly stipend for 2018-2019 is $27,234. 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. We follow federal Family Friendly Medical Leave guidance for accommodating the need for extended medical leave.
Educational Curriculum

Assessment Case
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 a Veteran, completes psychological testing, and writes an integrated clinical report. The interview and report must be rated as adequate by the supervisor to complete the requirement. Additional cases with supervision may be required until an acceptable assessment is completed.

Case Presentations
Interns present a case study from their clinical experience at the end of each of the first two rotations. The case study includes a basic psychosocial 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
Interns attend weekly didactic presentations that emphasize both health psychology and mental health topics. Taught by staff and consultants, these seminars are designed to educate interns about current developments in clinical practice and research. Residents are welcome to attend with their supervisor’s permission. The health psychology topics 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 topics address issues in diversity, substance abuse, post-traumatic stress, evaluation of suicide potential and dangerousness, current trends in conceptualization and treatment of schizophrenia, training in evidence based intervention techniques, psychopharmacology, and professional issues.

Group Case Conference
Interns participate in a monthly Group Case Conference discussion with their peers. This is an open forum without formal evaluation in which the intern may work on any pertinent case-focused practice issues or treatment questions. The group is moderated by a postdoctoral resident and has oversight by a staff psychologist.

Journal Club
Interns rotate leading a monthly ‘brown-bag’ style scholarly discussion of a research article. Interns summarize an article and critically evaluate the literature.

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. The examination was established in part because some state boards allow for all supervised experience to occur before the award of the degree, making the internship the final supervised clinical experience before licensed independent practice. The examination is styled on the previous two case presentations so that 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 APA and Ohio Board approve education credits. In recent years, the following experts have presented workshops or lectures in this series:

2008  Morgan Sammons, Ph.D., ABPP 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
2017  Peter Gutierrez, Ph.D. Suicide Assessment, Safety Planning, & Treatment Planning
2018  Morgan Sammons, Ph.D., ABPP Update on Prescriptive Authority for Psychologists
2018  John Queener, Ph.D. Ethical Considerations in Cultural Competence
Application Procedures

Eligibility Requirements for Psychology Internship Programs

1. U.S. citizenship. The VA is unable to consider applications from anyone who is not currently a U.S. citizen. Verification of citizenship is required following selection. All interns and fellows must complete a Certification of Citizenship in the United States prior to beginning VA training.

2. Male applicants born after 12/31/1959 must have registered selective service.

3. Fingerprinting and passing a background check. Psychologists and trainees are also subject to possible pre-employment and random drug and alcohol screening. We are a federal facility and cannabis use even with prescription is not permitted.

4. Hepatitis B vaccination, tuberculosis screening, and acknowledgement of VA healthcare policy for influenza vaccination. The VA offers a physical to fulfill these requirements upon acceptance. VA training occurs in a health care setting where patients may be easily susceptible to influenza. Hospital policy states you must have a current flu vaccination during the training year, or wear a barrier mask to limit patient exposure to the flu.

5. Doctoral student in good standing at an APA, CPA, or PCSAS accredited graduate program in Clinical, Counseling, or Combined psychology.

6. Approved for internship by graduate program director of clinical training.

Complete the APPIC application at the APPIC website: [http://www.appic.org/](http://www.appic.org/)
Application Deadline: Wednesday October 31st, 2018

The APPIC should include two or three letters of reference on the standard form. The only supplemental materials allowed by the APPIC AAPI Online Supplemental Materials policy are a case summary, and/or a psychological evaluation report. We do not require a work sample or case summary, it is optional.

We believe a variety of individual differences enhances your experience as trainees and ours as trainers. If you would like to disclose your unique background, personal characteristics, or cultural heritage in your cover letter or essays, we will consider it when reviewing your application.

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 with a unique APPIC Program Match Number. Your choice of an emphasis track still allows some flexibility in rotation choices and available experiences. 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. Due to the changing demands of staffing and treatment program needs, we cannot guarantee a specific rotation.

In your cover letter please indicate the emphasis track (APPIC program) to which you are applying. To match with us, you must rank us using the APPIC program number.

<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).

**Format For Requesting Rotations In Cover Letter**

I am applying to: Clinical Psychology Emphasis Track (APPIC Program #150812)

My preferred rotations are:

1. Psychosocial Rehabilitation Resource Center
2. Women’s Addiction Recovery
3. Primary Care Clinic
4. (Alternate:) Spinal Cord Injury Unit

**Applicant Interview and Open House Days**

We will conduct visit days January 9, 10, and 11, 2019 for the purposes of interviewing and acquainted applicants with our facility and programming. 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 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, x6821. 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 specific 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 Selection Procedures

Overall, our selection process is a rational review of applications and 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 related experience 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.
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 selection guidelines |
| Total Direct Contact Assessment Hours:   | No | Amount: see selection 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 | $27,234 |
| 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? | No |
| 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

(An Aggregated Tally for the Preceding 3 Cohorts)

<table>
<thead>
<tr>
<th></th>
<th>2016-2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total # of interns who were in the 3 cohorts</td>
<td>33</td>
</tr>
<tr>
<td>Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree</td>
<td>0</td>
</tr>
<tr>
<td>PD</td>
<td>EP</td>
</tr>
<tr>
<td>-------------------------------------</td>
<td>-----------</td>
</tr>
<tr>
<td>Community mental health center</td>
<td>1</td>
</tr>
<tr>
<td>Federally qualified health center</td>
<td>11</td>
</tr>
<tr>
<td>Independent primary care facility/clinic</td>
<td>0</td>
</tr>
<tr>
<td>University counseling center</td>
<td>1</td>
</tr>
<tr>
<td>Veterans Affairs medical center</td>
<td>14</td>
</tr>
<tr>
<td>Military health center</td>
<td>1</td>
</tr>
<tr>
<td>Academic health center</td>
<td>0</td>
</tr>
<tr>
<td>Other medical center or hospital</td>
<td>0</td>
</tr>
<tr>
<td>Psychiatric hospital</td>
<td>0</td>
</tr>
<tr>
<td>Academic university/department</td>
<td>0</td>
</tr>
<tr>
<td>Community college or other teaching setting</td>
<td>0</td>
</tr>
<tr>
<td>Independent research institution</td>
<td>0</td>
</tr>
<tr>
<td>Correctional facility</td>
<td>0</td>
</tr>
<tr>
<td>School district/system</td>
<td>0</td>
</tr>
<tr>
<td>Independent practice setting</td>
<td>0</td>
</tr>
<tr>
<td>Not currently employed</td>
<td>0</td>
</tr>
<tr>
<td>Changed to another field</td>
<td>0</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
</tr>
<tr>
<td>Unknown</td>
<td>0</td>
</tr>
</tbody>
</table>

Note: “PD” = Post-doctoral residency position; “EP” = Employed Position. Each individual represented in this table should be counted only one time. For former trainees working in more than one setting, select the setting that represents their primary position.
Supervision

The intern is assigned to a staff psychologist supervisor for each clinical rotation. Supervision is individualized to meet the intern’s learning needs and developmental level. We strive to treat interns as emerging professionals and colleagues. The long history of allied health trainees at the medical center helps ensure that trainees are accepted as active participant in interdisciplinary care.

All supervision and clinical experiences are expected to support the intern in learning profession-wide foundational competencies. At the outset of each rotation, the intern and their supervisor collaborate on a learning plan with more specific tasks that will support learning those competencies, as well as any 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 in a group that consists of a consultant, other interns, and staff. The case presentation is structured to strengthen the intern’s ability to formulate cases clearly and develop appropriate interventions. The primary supervisor prepares a final written evaluation of the intern’s performance. The DoT forwards progress reports and evaluations to the university Director of Clinical Training at mid-year. All training is under the supervision of a licensed psychologist and certified with the Ohio State Board of Psychology.

Evaluation

Assessment of competencies and training needs is a required component at each stage of our evaluation process. Supervisor and intern collaborate on formal written evaluations of the intern’s progress. Interns whose performance are not at an expected level of competence will be advised regarding the problem areas in their performance, and a specific plan to remediate those weaknesses will be developed. At the end of each training rotation, interns participate in final ratings, including evaluation of the rotation.

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:

• Assessment Module. Each intern must write a satisfactory diagnostic report on an initial case.
• Rotation Performance: The intern must satisfactorily complete the three clinical experiential rotations, and any supplemental enrichment experiences.
• Case Presentations: Near the end of the first two rotations the intern presents a case to peers and a psychologist consultant. The consultant rates the intern’s performance on the case.
• Journal Club Presentations: The intern must demonstrate satisfactory skill in presenting and moderating discussions of scholarly articles.
• Oral Final Examination: During the third rotation, the intern must successfully pass a competency-based oral examination on a clinical case similar to other case presentations.
Competency Development

Interns are expected to develop facility in profession-wide foundational competencies and solidify their emerging professional identities. The foundational competency domains that are included in evaluations are as follows:

I. Science of Psychology: The scientific knowledge and methods for understanding of research, research methodology, techniques of data collection and analysis, biological bases of behavior, cognitive-affective bases of behavior, and development across the lifespan.

II. Ethical and legal standards: The APA Ethical Principles and Code of Conduct and other relevant ethical/professional codes, standards and guidelines, laws, statutes, rules, and regulations.

III. Individual and cultural diversity: Professional awareness, sensitivity, and skill in working with diverse individuals and groups who represent broadly defined cultural and personal background characteristics that include age, disability, ethnicity, gender, gender identity, language, national origin, race, religion, culture, sexual orientation, and socioeconomic status.

IV. Professional values, attitudes, and behaviors: Roles, appropriate comportment, and self-directed management of demeanor across situations. Communication and physical conduct is professionally appropriate in varied roles, and understands and safeguards the welfare of others. Manages time well, keeps appointments, and has timely documentation. Considers resources for self-development and displays emerging professional identity as psychologist. Possesses personal and professional self-awareness, reflection, and awareness of professional role and competencies. Monitors own actions and effects on others. Understands the importance of personal health, monitors and attends to well-being to assure effective professional functioning and positive coping strategies.

V. Interpersonal and Communications Skills: Demonstrates knowledge of interpersonal and interventional skills, establishes and maintains effective, cordial, and respectful task-oriented working relationships with multidisciplinary staff and trainees. Negotiates differences and handles conflict effectively, receives feedback nondefensively. Forms empathic and effective working alliance with patients with appropriate maintenance of professional boundaries. Expresses and conveys relevant information to patients and other professionals in a coherent, comprehensible fashion using appropriate language for the circumstances. Writes consultations, test reports, progress notes, treatment summaries, and other professional communications in a coherent and understandable manner.

VI. Assessment: Demonstrates knowledge of interviewing issues and the strengths and limitations of administration, scoring, and interpreting psychological test measures. Selects methods of data gathering appropriate to and adequate for the purpose and setting of the assessment. Considers psychometric issues in selecting tests; organizes the assessment. Conducts individual interviews including symptom appraisal, mental status, and psychosocial history for diagnostic assessment and treatment planning. Accurately interprets common self-report personality tests with respect to psychopathology, personality structure, and determination of diagnosis. Synthesizes data from multiple sources including individual cultural differences, and reconciles inconsistencies to form conclusions. Plans for and accurately and sensitively communicates the data to the client in appropriate language both verbally and in writing.

VII. Intervention: Demonstrates knowledge of theory, practices, and modalities of affecting change. Conducts individual interventions utilizing accepted theories and practices of psychotherapy. Integrates information about patients and circumstances, weighs alternatives, and chooses appropriately among diagnostic and treatment strategies or other courses of action. Formulates realistic treatment plans, goals, and recommendations by considering individual client characteristics, problems, and capacities.

VIII. Supervision: Demonstrates knowledge and appropriate use of supervision skills. Is collaborative and participative in supervision, spontaneously seeks assistance when needed, raises appropriate questions and issues, and effectively attends to implementing supervisor suggestions.
IX. Consultation and interdisciplinary skills: Demonstrates knowledge of the consultant’s role and its unique features as distinguished from other professional roles (such as therapist, supervisor, teacher) and has basic knowledge of the viewpoints and contributions of other professionals. Clarifies the referral question, identifies relevant research, and clinical knowledge and communicates effectively with stakeholders. Develops and maintains collaborative relationships and respect for other professionals.

**Internship Emphasis Tracks And Rotations**

We offer the internship emphasis tracks as a method to align some training with established accredited specializations. However, the program is committed to providing generalist experiences that help in developing profession-wide foundational competencies.

The training year is structured around three rotations that last four months. We generally assign two rotations in the applicants’ stated preferences or emphasis area. The third rotation may be assigned for breadth or complimentary training needs. **We make every effort to provide interns with their preferred rotations, however training needs or unforeseen circumstances may necessitate rotation substitutions.** In addition, LSCVAMC is dedicated to 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 emphasis areas. 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.

**Clinical Psychology Emphasis Track**

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 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.

Clinical Psychology Rotations

Addiction Recovery Center

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 inter-professional teams with a psychologist, psychiatrist, physician, addiction therapist, licensed counselor, social work, nursing, recreation therapist, and chaplain. Interns may 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.

Addictions - Gambling Treatment Program

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 five to six-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.

**Addictions - Women’s Treatment Program**

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 include clinicians in a variety of disciplines including psychology, psychiatry, mental health counseling, nursing, social work, internal medicine, recreational therapy, art therapy, and occupational therapy. 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 using 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. There may be opportunity to participate in the treatment program’s equine therapy component, program development, leadership opportunities, conducting personality assessments, and attending specialized trainings in substance use disorder treatment.

**Domiciliary**

The Veterans’ Domiciliary at the Wade Park facility is a 122-bed Residential Rehabilitation Treatment Program (RRTP) with a mission to provide state-of-the-art, high-quality, trauma informed residential rehabilitation and treatment services for Veterans with multiple complex medical conditions, mental health issues, addictions, and psychosocial deficits. Domiciliary staff identify and address global goals of wellness, recovery, rehabilitation, health maintenance, improved quality of life, and community integration in addition to specific individualized goals for mental health issues, addictions, medical problems, homelessness, and occupational/financial needs. The DOM is accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF) in the area Residential Mental Health care and is the only Domiciliary in the nation that is a collaboration between two organizations - LSCVAMC and Volunteers of America (VOA).

During a rotation at the Domiciliary, trainees will work as part of an interdisciplinary treatment team that includes clinical and supportive service case managers, physicians, nurses, occupational therapists, recreation therapists, chaplains, and other mental health providers. Trainees will work with Veterans within a Four Pillars model of programming – Hope, Discovery, Engagement, and Sustainment that includes individual and group. Experiences may include screening for individualized treatment planning or discharge planning, cognitive assessment, personality assessment, individual therapy, grief counseling, evidence-based trauma therapies, problem solving therapy, or supportive therapies. Group therapy opportunities may include anger management, active listening, recovery and wellness, problem solving training, Seeking Safety, or a process group related to transitions. Trainees may have opportunity to co-facilitate with a provider from a different discipline or create a new group that meets a population need. A main goal of this rotation is for trainees to understand the complex interaction of substance use, homelessness, mental health issues, trauma, and medical concerns in an aging population and to learn to work flexibly within this challenging environment.
Family and Couples Counseling Services

Interns on the FCCS rotation work in the outpatient clinic with a focus on referrals for family and couples work. The intern will have opportunity to observe outpatient couples and family therapies, work towards leading couples and family therapy sessions, and participate in family oriented treatment groups. Families are typically addressing issues with anger management, emotional communication, PTSD, depression, intimacy, closeness, and communication. They may be able to participate in a Warrior to Soulmate brief training and use the W2SM tools during patient educational seminars. They may also be able to participate in PTSD residential group, intensive outpatient, interpersonal violence program, or the women’s treatment program.

Practitioners and trainees from Psychology, Chaplain Service, and Social Work participate in the interdisciplinary care groups. Clinicians have training in evidence-based family and couples practices including Behavioral Family Therapy, Integrated Behavioral Couples Therapy, Family Education/Psychoeducation through Veterans Support and Family Education (VSAFE), VA-NAMI Family to Family Education Program Partnership, Strategic Family Therapy, Emotionally Focused Couples Therapy, and Warrior 2 Soulmate (W2SM) couples workshop. Attention is given

Interventions are designed considering multicultural, same-sex, and transgendered relationship issues to assist Veterans, their partners, and families on their relationship struggles. Family and couples counseling assists in managing other factors that can significantly impact relationship dynamics and quality, such as serious mental illness and PTSD.

Inpatient Psychiatry Unit

The inpatient, locked, acute psychiatric unit in the 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. 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. Veterans are assigned on admission to an inter-professional treatment team comprised of an attending psychiatrist, medical provider, pharmacist, social worker, nurse, and learners from each of those disciplines. The rotation supervisor functions as a consultant to the teams, other unit staff, and Veterans. Interns on this rotation function as integral members of the inter-professional teams and work with Veterans from admission through discharge. By following a Veteran’s course of inpatient care, interns can observe and help Veterans demonstrating symptom acuity atypical of most outpatient and residential treatment settings, while participating in treatment focused on symptom reduction and return to community 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 PRRTTP and Day Hospital.
Mental Health Ambulatory Care Clinic (MHACC) Services

Interns in the MHACC engage in treatment with Veterans who have a wide array of presenting problems, ages, military eras, and diagnoses. Clinicians in the MHACC work alongside a multidisciplinary staff that includes psychologists, psychiatrists, and social workers. The MHACC clinics 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.

Interns will focus on assessment, individual interventions, and as available group psychotherapy, with experience availability dependent on the assigned supervisor. Staff have training in CBT, psychodynamic approaches, and 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. Opportunities for group work are in 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. 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

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

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 participates in 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.

Programming at the Day Hospital is designed 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.

Interns have opportunity to strengthen clinical skills and experience working with a broad psychiatric population, engage in program evaluation and development, and 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.

**Psychosocial Rehabilitation and Recovery Center (PRRC) at 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. PRRC staff strive to support mental health recovery and integrate Veterans into meaningful community roles. The program is located a short distance from the main hospital in the Greater Cleveland community and provides a unique set of training experiences. Additional information is available on the PRRC Website.

Trainees in the PRRC 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. Interns 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 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 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.

**PTSD Clinical Team**

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 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 return to their outpatient 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.
Clinical Health Psychology Emphasis Track

The Health Psychology Track encompasses clinical health psychology experiences 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 and a third from the Mental Health group.

Health Psychology Rotations

Oncology/Hospice

The psychologist in oncology is a member of the interdisciplinary oncology team, and receives referrals from numerous sources that include oncologists, general surgeons, oncology nurses, oncology dieticians, oncology social worker, and advanced practice nurses. Trainees 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 room, 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 opportunity 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 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.

Pain Management Center

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 or psychometric assessments of new patients to evaluate 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 may 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
Psychologists serve as staff members in the Primary Care Clinics, that use an interdisciplinary, primary care preventive health model. The 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.

Geropsychology Emphasis Track
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.
Geropsychology Rotations

Geropsychology

Interns 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 can 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

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.

Neuropsychology Emphasis Track

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. Interns usually complete 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.

Emphasis is on providing evaluations for Neurology, rehabilitation, case management, and differential diagnosis in patients with a primary psychiatric diagnoses and comorbid neurological complications. 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.

**Rehabilitation Psychology Emphasis Track**

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**

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 to promote positive treatment outcomes and program development. The center has a 32-bed inpatient unit and an outpatient clinic that serves 500 Veterans with SCI/D annually. The 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

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 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.

Enrichment Opportunities

Interns may be permitted to pursue an enrichment experience 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. 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
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**

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.

**Military Sexual Trauma And Intimate Partner Violence**

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**

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.
**Staff Qualifications**


Barach Peter M., Ph.D., Case Western Reserve University, 1982. Assignments: Compensation & Pension examinations. Theoretical orientation: Psychodynamic, experiential, EMDR, eclectic. Clinical specializations: Dissociative disorders, PTSD, adult survivors of childhood sexual abuse. Academic Appointment: Senior Clinical Instructor in Psychiatry, Case Western Reserve University School of Medicine. Past President: International Society for the Study of Trauma & Dissociation. Ad hoc reviewer for several journals. Publications and research interests: Treatment guidelines for dissociative identity disorder; disordered attachment and chronic dissociation


Biggie, Brigette M., Ph.D. The University of Akron, 2012. Assignments: Mental Health Ambulatory Care Center (MHACC, Team 2 Geropsychology), Staff Psychologist. Theoretical orientation: Integrative: CBT, IPT, MI, insight-oriented, values-based, and others. Clinical specializations: Individual psychotherapy, Evidence Based Practice for CBT I in the treatment of Insomnia (National Certification 2017), and CBT D in the treatment of Depression (National Certification 2018); group therapy, health psychology, and assessment. Publications: Lexical impact on expectations about and intentions to seek psychological services. Professional organizations: Ohio Psychological Association. Teaching and research interests: Individual, group psychotherapy, spirituality. Development and implementation of a Chronic Pain Shared Medical Appointment (SMA) at the Cleveland VAMC with a psychology resident colleague during post-doctoral residency with an emphasis on introductory chronic pain education and management (e.g., gate-control theory; impact of positive emotions/mood, active lifestyle, pacing) still used in Primary Care for Veteran patients suffering with chronic pain.

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.


Diaz, Rosalie C., Psy.D., Adler School of Professional Psychology, 2004. Assignments: Primary Care-Mental Health Integration in Women’s Veterans Health Clinic, G.I.V.E. (Gender Identity Veteran’s Experience) Clinic, and Mental Health Ambulatory Care Center. She provides individual and group therapies (Chronic Pain SMA, iRest Yoga Nidra, LGBTQI Veterans Group, GIVE Support Group, Taking Charge of My Life!). Theoretical orientation: Integrative, Adlerian, Cognitive-Behavioral. Clinical specializations: Primary Care/Health Psychology; Chronic Pain; iRest Yoga Nidra and Mindfulness. Publications and research interests: Psychological factors in the assessment and treatment of chronic pain, use of Yoga, Meditation and QiGong interventions, and Women’s mental health issues. Professional organizations: American Psychological Association. Teaching and supervision interests: Individual and group psychotherapy, somatic experiencing and mind-body interventions. Dr. Diaz also serves as the Whole Health POC and as Member/Co-Editor for the Psychology Service Diversity Committee.

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.


Graber, Joseph Ph.D., Fairleigh Dickinson University, 2016. Assignments: Primary Care Mental Health Integration (PCMHI). Theoretical orientation: ACT, CBT, motivational interviewing, evidence based psychotherapy. Clinical specializations: Primary care mental health, health psychology w/ emphasis on chronic disease management, sleep, smoking cessation, brief individual and group therapy, bariatric surgery evaluations: Publications and research interests: Effectiveness of brief interventions in PC-MHI, psychological factors relevant to diabetes self-management, focused acceptance and commitment therapy, and quality improvement within PCMH. Professional organizations: Ohio Psychological Association, American Psychological Association, Association for Behavioral and Cognitive Therapies: Teaching and supervision interests: focused assessment and solution focused therapy, professional development, motivational interviewing.


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 Organization: American Psychological Association, 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 Adult Cognitive Assessment at the graduate level and Adulthood & Aging for undergraduates at Case Western Reserve University.


Teaching and supervision interests: adapted psychotherapy, team collaboration and education, assessing and responding to reduced cognitive abilities in medically-complex patients.


**Pierce, Jenna, Psy.D.**, University of Indianapolis, 2014. Assignments: Primary Care Mental Health Integration (PCMHI), psychodermatology, and intensive management psychologist on interdisciplinary team for high-risk medical patients. Theoretical orientations: CBT; solution-focused therapy; ACT. Clinical specializations: primary care mental health, chronic disease management & health promotion, motivational interviewing, smoking cessation. Professional organizations: American Psychological Association; American Board of Professional Psychology in Health Psychology. Research and clinical interests: PCMHI quality improvement & implementation; harm reduction strategies for persons with chronic mental health and substance use disorders; ACT-based interventions in health behavior change.

**Przybysz, Jeff, Psy.D.** Immaculata University, 2014. Assignments: Community Living Center, Mental Health Ambulatory Care Clinic- Geriatrics, Rotation Supervisor for CLC, Compensation and Pension evaluations, team lead for CLC area based bioethics committee. 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, cognitive 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 interventions.
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 provider in primary care.


Renner, Kerry, Ph.D. Northern Illinois University, 2008. Assignments: Comprehensive Homeless Domiciliary; PTSD Clinical Team; Local Evidence-Based Psychotherapy Coordinator; VISN Chair – EBP Community of Practice; Regional Cognitive Processing Therapy Trainer/Consultant and National Consultant. Theoretical orientation: Cognitive-Behavioral and Interpersonal. Clinical Specialization: Assessment and treatment of PTSD/Trauma and Anxiety disorders; Evidence-based care including utilization of structured empirically supported treatments such as CPT, PE, DBT, PST, and PCT; Trauma-informed approaches for homeless Veteran recovery and community reintegration. Publication/Research Interests: Effective treatments for PTSD, integrated treatments for PTSD/SUD, patient satisfaction & program development, trauma informed care for homeless Veterans, persistent guilt and 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), diagnostic and psychosocial assessment, trauma informed approaches to non-trauma interventions, program redesign and evaluation, implementation of measurement-based care.

Ridley, Josephine, Ph.D., Clinical Psychology, West Virginia University, 1997. Assignments: Supervisory Psychologist/ Psychology Program Manager for the Residential and WP Intensive Outpatient Psychology Section; 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 (ABPsi); Ohio Psychological Association (OPA); Association of VA Psychologist Leaders (AVAPL); 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., ABPP, University of Cincinnati, 2008. Board Certified in Clinical Health Psychology. Assignments: Polytrauma, Neurology; Program Coordinator, Clinical Health Psychology Postdoctoral Residency Program; 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.


Slepecky, Rachel, Ph.D., University of Akron, 2007. Assignments: Inpatient Psychiatry (WCT6), ward psychologist; Local Recovery Coordinator; 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 specifically with individuals with serious mental illness; 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., MSCP Chicago School of Professional Psychology, 2005 and Alliant International University, 2017 (Masters of Science in Clinical Psychopharmacology). Assignments: Physical Medicine & Rehabilitation Service – inpatient Acute Rehabilitation and Amputation System of Care (inpatient and outpatient) including Amputation Shared Medical Appointment. Program Manager for Comprehensive Integrated Inpatient Rehabilitation Program and Amputation System of Care. 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., ABPP. Indiana State University in Clinical Psychology, 2009. Pre-doctoral internship in health psychology track at the Cleveland VA (2008-2009) and Post-doctoral fellow in the special emphasis area of Primary Care and the Cleveland VA (2009-2010). Board Certified in Geropsychology in 2017. Assignments: Geriatric Evaluation and Management Unit and Dementia Care Coordination Team, Gero Rotation Supervisor, Major Preceptor for the geriatric fellowship and Post-Doctoral Training Committee member, Member of the Bioethics Committee, Member of the Cleveland VA Dementia Committee, and Secretary of the Psychology Professional Standards Board. I am also involved with the Cuyahoga County Adult Protective Services Interdisciplinary Team and serve on the APS Steering Committee. Adjunct Professor at Case Western University teaching undergraduate adult development and aging and serve as a practicum supervisor. 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: Depression in the geriatric population, 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.


Young, Graham D., Ph.D., University of Akron, 2003. Assignment: Veterans Addiction Recovery Center (VARC) Intensive Outpatient Program (IOP) at the Wade Park Campus. Member of the Psychological First Aid (PFA) Team. Past member of the Police Officer Evaluation Board. Past member of the Psychology Professional Standards Board. Theoretical orientation: contemporary psychodynamic, motivational/humanistic, behavioral. Clinical specialization: psychological assessment (differential diagnosis, civil forensic evaluations, vocational assessment) and individual psychotherapy. Certified in the Clinical Practice of Cognitive Therapy from The Cleveland Center for Cognitive Therapy (2008). Trained in Motivational Enhancement Therapy (MET) (2015). Research and publications: Transtheoretical Model of Change, help-seeking behavior, vocational behavior, employability assessment. Teaching/Professional interests: professional issues (e.g., the empirically-supported treatment movement/controversy; the scientific status of psychology in general and psychological intervention in particular), individual psychotherapy, personality theory/research (the impact of personality on problems of everyday living and the expression of psychopathology; implications of personality for differential diagnosis and treatment), psychological assessment and psychopathology. Professional activities: private practice.
