

Accredited by the
American Psychological
Association

2021-2022

PSYCHOLOGY INTERNSHIP PROGRAM



VA Northeast Ohio Healthcare System
Louis Stokes Cleveland VAMC

Psychology Service 116B (W)
10701 East Boulevard
Cleveland, Ohio 44106



This is the back of the cover page.

TABLE OF CONTENTS

Cleveland Living	1
VA Northeast Ohio Healthcare System	3
Psychology Service at VANEOHS	5
Psychology Internship Program	6
Stipend and Benefits	7
Educational Opportunities	8
Application Procedures	9
Selection Procedures	11
Admissions, Support, & Placement Data - CoA C27-I Tables	12
Supervision	14
Emphasis Tracks and Rotations	17
Clinical Psychology	18
Health Psychology	25
Geropsychology	27
Neuropsychology	29
Rehabilitation Psychology	30
Enrichments	32
Qualifications and Interests of Participating Staff	35

This is the back of the contents page.



**VA NORTHEAST OHIO HEALTHCARE SYSTEM
10701 EAST BOULEVARD
CLEVELAND, OH 44106**

August 21, 2020

In Reply Refer To: 116B (W)

On August 5, 2020 we received the disheartening news that the American Psychological Association (APA) Commission on Accreditation (CoA) placed our internship into “Accredited, on probation” status. We have verified with CoA and want to assure you that the Louis Stokes Cleveland Veterans Affairs Medical Center (LSCVAMC) Psychology Internship in the VA Northeast Ohio Healthcare System **is currently an APA-accredited internship program.**

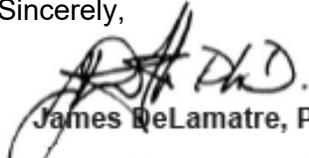
The Psychology Internship at LSCVAMC has been continuously accredited since 1979 and has had the privilege of successfully graduating over 400 interns. Psychology Service at LSCVAMC remains dedicated to providing quality training in psychology through our internship, and our associated APA-accredited residencies in Clinical, Clinical Health, Clinical Neuropsychology, and Rehabilitation Psychology, all of which recently received full ten-year accreditation (2028).

The four cited concerns leading to this action were: (1) The supervision information submitted did not clearly reflect the full 4.0 hours of supervision that occurs every week across the year for each intern; (2) The internship competency evaluation tool did not clearly reflect the evaluation of all required elements for each competency area; (3) The presentation of internship training outcomes data did not clearly reflect ranges of scores for each of the required elements for each competency area; and (4) The information submitted did not clearly demonstrate that Psychology Service is assessing the effectiveness of our ongoing efforts to recruit and retain diverse faculty/staff.

We take the feedback from CoA with the utmost seriousness and appreciation of the concerns that led to this adverse action. We have been in intensive consultation and are actively addressing the four issues cited above. The CoA will not review our changes until Spring 2021, so the “Accredited, on probation” status will be in effect until the CoA issues a final opinion after that time.

Most importantly, we have been and remain dedicated to the highest standards of psychology training and the professionalism ensured by the APA Standards of Accreditation. Please feel free to reach out if you have any questions.

Sincerely,



James DeLamatre, Ph.D.

Director of Psychology Training Programs
Psychology Service 116B(W)
VA Northeast Ohio Healthcare System
Louis Stokes Cleveland VAMC
216-791-3800 x66822
james.delamatre@va.gov



Julie Harmon Aronoff, Ph.D.

Chief, Psychology Service
VA Northeast Ohio Healthcare System
216-791-3800 X 66814
julie.aronoff@va.gov

Accreditation Status Questions and Answers

What happened to your accreditation status? August 5, 2020 APA Commission on Accreditation (CoA) placed our internship into “Accredited, on probation” status.

What does “Accredited, on probation” mean? Our self-study did not satisfy the Commission that all program elements met the Standards of Accreditation (SoA) and Implementing Regulations (IRs). During probation the **internship remains an APA-accredited program.**

You were placed on probation, something must be wrong! It is certainly not a good thing, but we were placed on probation for SoA issues that have little to do with our curriculum, program environment, training, or quality of supervision provided (see next page for details).

Doesn't being put on probation mean this is a bad internship? One could conclude that, but to the contrary, we had an exemplary site visit in which CoA verified all curriculum components, supervision quality, programming, and trainee satisfaction. All our Psychology Training Programs have strong support as part of Psychology Service including our APA-accredited residencies in Clinical, Clinical Health, Clinical Neuropsychology, and Rehabilitation Psychology, which all received ten-year accreditation in 2019. We believe that internship being placed on probation was more related to improperly presenting our data than substantive problems with programming. The most serious issue was with scheduling of supervision (see page 2), and we have already made changes that we believe effectively correct the issue.

What if you don't get accreditation restored? We are confident that we have already corrected the issues and will be restored to fully accredited status in the spring. However, CoA makes the decision and we cannot provide 100% assurance of an outcome. Consequently, we are keenly aware of the anxiety created by unknown outcomes.

What happens to my career if I don't have an APA accredited internship? There is no denying that lack of an APA accredited internship closes some doors. From a VA perspective, the VA requires all VA internships seek accreditation. If a program has applied for accreditation, the VA accepts having applied as meeting the internship criteria for employment. If it becomes necessary, we will re-apply for accreditation to ensure your eligibility for a VA career.

If it's risky, why should we consider applying to your internship? Our Internship has been continuously accredited since 1979 and graduated over 400 interns. The vast majority of interns report that their training was excellent and their time here enjoyable. Graduates are employed in many industry sectors including the VA, private hospitals, community agencies, and academia. We remain dedicated to providing high quality training in psychology, and most importantly, we remain dedicated to the highest standards of professionalism and training ensured by the APA Standards of Accreditation.

So that you may judge for yourself our response to CoA, the following outlines specific items cited as reasons for placing the internship on probation, and our actions to correct these.

Standard II. 11.A.I-2.

Our evaluation instrument “was not seen as adequately assessing interns' attainment of the elements required for each profession-wide competency. . . In the professional judgment of the CoA . . . the program's evaluation tool does not reflect all of the required elements from IR C-8 I.

CoA cited three (out of nine) competencies in which they thought we evaluated some, but not all, of the elements required in IR C-8 I. We have already corrected this by creating a new evaluation instrument that uses the precise language for all elements described in IR C-8 I.

Standard II. 11.C.3

CoA stated “The description of supervision provided to interns clearly demonstrated that 2 hours of regularly scheduled individual supervision with a primary supervisor is occurring. However, it has not been made clear that the additional 2 hours of supervision, consistent with the definition of supervision found in IR C-14 I, is being delivered. This area was the primary concern . . .” [for being placed on probation].

Our training includes apprenticeship in which interns work directly with their supervisors and attend multiple activities in which they receive professional feedback. Many interns report that the supervision they received in our internship was the best supervision of their training. However, to clearly and concretely meet the SoA and IR requirements for the required additional 2 hours of supervision, we have scheduled a separate weekly 2 hour group supervision experience across the entire training year.

Standard II. 11. D.1.a

CoA stated that “interns progressing through and completing the program (proximal data) were not seen as showing that all interns are meeting the minimum levels of achievement (MLA), as required by Standard I 1.O.1.a and IR C- 16 I Outcome Data.for Internship Programs. . . Given such, it is unclear if the program calculates global scores/averages all of the items . . . or only those items listed in a given competency category on the evaluation tool.”

This is a technical issue regarding our presentation of data, which CoA felt did not clearly illustrate all the SoA requirements. We have been advised that a more detailed presentation of data will correct the issue by illustrating that we evaluate each element for every competency, as well as ensure that each intern meets the required minimum level of achievement (MLA).

Standard IV. B

CoA stated in “IR C-19 I . . . The Commission appreciates the response received . . . however, the data cited, while illustrative of actions, does not demonstrate a method to determine the program's efforts . . . to examine its actions to recruit/retain diverse faculty/staff, consistent with IR C-19 I.”

We have been advised that CoA's primary concern was that we were missing a description of methods used to monitor efforts in recruiting and retaining diverse staff. In our response we will further describe our methods for evaluating the effects of our Diversity Plan on recruitment and retention of diverse staff.

COVID-19 Procedures

We of course cannot predict the course of the pandemic and procedures we will need for the 2021-2022 class. We certainly hope that the worst will be behind us and we will have returned to a better sense of normalcy. Until that time we want to ensure you that we have implemented appropriate health and safety procedures and precautions that help protect our trainees. At declaration of pandemic the hospital activated incident command emergency management procedures that include pandemic response procedures. We quickly worked to reduce risk of exposure by screening all employees and hospital visitors for symptoms, reducing foot traffic, limiting contact with our most vulnerable populations, segregating inpatient from outpatient, prohibiting providers from working serially across areas, and prohibited psychology trainees from working in-room with COVID-19 positive patients. We leveraged the existing telehealth infrastructure and were quickly able to convert most outpatient visits to telehealth. We rapidly increased technology availability for working with inpatients by providing patients with iPads and didn't allow trainees to work directly with patients who were infected. We placed many employees on part-time telework from home and made adaptations to supervision and rotations.

At the time of this writing all people entering the hospital must pass through a daily screening process for fever and other COVID-19 related symptoms. Anyone with symptoms may be sent immediately to secondary screening, denied entry, or referred to drive-through testing. For employees (including trainees), Personnel Health then directs testing and quarantine requirements. All persons are required to wear a mask while in the public areas of the hospital and while in close proximity to others. At the direction of Personnel Health, we allow one of several categories of leave forgiveness for COVID-19 related symptoms and quarantine.

The hospital reopening process has allowed some specialty clinics to schedule 50% of their patients in-person, however mental health appointments remain primarily by telephone and video. We expect mental health appointments to continue primarily by telehealth for the duration of the pandemic. In-person appointments are allowed with both provider and patient wearing masks, goggles, and in properly sanitized offices with appropriate space. We have all office space reviewed for appropriate use by consulting with infectious disease and environment of care. We have mapped out workspace for the incoming trainees that will maintain appropriate social distancing, and are planning for onsite management of clinical telehealth supervision and general in-person professional supervision.

We understand that this is an emotionally trying time and know that professional training presents some unique challenges. We expect that in the coming year we will continue to adjust programming as needed to address issues created by the pandemic. We want to ensure you that we focus on the health and safety of our trainees as well as continuing to provide effective professional training. We are striving to engineer experiences that will serve our trainees and the profession well into the future.

CLEVELAND LIVING

Cleveland and northeast Ohio are rich with cultural, educational, culinary, and recreational opportunities. VA Northeast Ohio Healthcare System 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, also a major outdoor venue for rock 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 are popular launching from 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.



View of Cleveland Botanical Garden and Case Western Reserve at University Circle



View of Downtown Cleveland by Kristin Cassidy (with permission)

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](#)



Dance Afrika performs the Samba at the Children's Games. With permission from Lynn Ischay, Plain Dealer

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.

VA NORTHEAST OHIO HEALTHCARE SYSTEM

The **VA Northeast Ohio 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 VA Northeast Ohio Healthcare System's quality services are easily accessible to Veterans in 24 counties. The VA Northeast Ohio 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 VA Northeast Ohio Healthcare System the 3rd largest in the VA.



The Medical Center is heavily invested in training health care professionals 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-base practices, quality improvement, patient safety programs, and an unparalleled electronic medical record system.

EXCELLENCE IN HEALTHCARE

During Public Service Recognition week our Healthcare System Director and Chief of Staff noted that the Northeast Ohio Healthcare System provided "excellent care to more than 112,589 VA Northeast Ohio Veterans . . . you place the mission first, caring for our nation's heroes. As a result of great, compassionate teamwork, the VA Northeast Ohio 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 VA Northeast Ohio Healthcare System 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 VA Northeast Ohio 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.

FACILITIES AND PROGRAMS

The Cleveland VA Medical Center 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 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.



PSYCHOLOGY SERVICE

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 70 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 are encouraged to 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 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 DCT. Experiences are designed to meet the intern's training needs, assure a breadth of experience, and encourage developing professional interests. The DoT 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 2021-2022 is \$27,318. Interns are eligible for health and other benefits. Interns accrue 4 hours each of annual (personal) and sick leave for each 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.

CURRICULUM COMPONENTS

Internship programming contains a variety of experiences designed to support learning and guide the intern through a progressively responsible and complexity of professional activities.

EXPERIENCES

Cases

At the outset of the internship year interns 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.

Interns make a formal case presentation near the end of each of rotation presenting a case study from their clinical experience on rotation. The case studies include a psychosocial history, psychological testing, diagnosis, applicable research, and treatment recommendations. The intern presents the case to a group consisting of a combination of their peers, supervisor, the DoT, and a consultant. After discussion the consultant provides the intern with evaluative feedback.

Didactic Seminars

Interns attend weekly didactic presentations on topics in clinical, clinical health, neuro, and rehabilitation psychology. The seminars are presented by staff who teach the evidence base, research, ethics, and diversity issues that relate to professional practice. Topics may include issues in diversity, assessment, substance abuse, post-traumatic stress, risk assessment of suicide potential and dangerousness, conceptualization and treatment of psychosis disorders, evidence-based intervention techniques, psychopharmacology, professional issues, medical chart review, differential diagnosis, consultation, management of chronic and terminal illness, pain, neuropsychology and geropsychology assessment and intervention, psychotropic medications, and ethics.

Mentoring Program

The Mentoring Program complements the Psychology Training Program by providing a nonjudgmental source of support who can help with personal and professional development. The Mentoring program is voluntary and offers trainees opportunity for a staff mentor (or for interns a postdoctoral resident) who is not their direct supervisor or evaluator. Trainees have used mentoring for career planning, leadership development, learning administrative skills, balancing work and family, navigating interdisciplinary staff relationships, and support for diversity issues. Mentored individuals report higher satisfaction and commitment to their profession and mentors often report personal and career satisfaction (O'Neil et al., 2014). Trainees are provided participating staff bios, areas of mentoring interest, and availability. A second round of matching provides the opportunity to match with an interested postdoctoral resident. The Mentoring Program leadership coordinates and act as a liaison.

APPLICATION PROCEDURES

ELIGIBILITY REQUIREMENTS FOR PSYCHOLOGY INTERNSHIP PROGRAMS

- Applicants must be U.S. citizens; applications from non-citizens cannot be considered, and 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.
- Federal law requires that most males between the ages of 18 and 26 register with the Selective Service System. Male, for this purpose, is any individual listed as male on their birth certificate regardless of current gender. Males who were required to register, but who failed to do so by their 26th birthday, are barred from any position in any Executive Agency. Visit <https://www.sss.gov> to register, print proof of registration or apply for a Status Information Letter. Male applicants must sign a pre-appointment Certification Statement for Selective Service Registration before they can be admitted into a training program. Exceptions can be granted only by the US Office of Personnel Management and are very rarely granted.
- Applicants must be a doctoral student in good standing at an APA, CPA, or PCSAS accredited graduate program in Clinical, Counseling, or Combined psychology, and approved for internship by the graduate program director of clinical training

Requirements for Final Appointment

For any VA internship, final appointment is contingent upon passing a routine physical examination, background security check, 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.

- Appointees must undergo fingerprinting, passing a background check, and possible pre-employment drug and alcohol screening. We are a federal facility with a zero-tolerance policy for substance use at work. Cannabis use even with prescription is not permitted.
- Onboarding requires a hepatitis B vaccination, tuberculosis screening, and acknowledgement of VA healthcare policy for influenza vaccination. Hospital policy requires all staff to have a current flu vaccination or wear a barrier mask in lieu of vaccination to limit patient exposure to the flu.

Training occurs in a health care setting where patients may have an elevated risk of contracting common illnesses like influenza. You must document that your vaccinations are up to date and you have been screened for active tuberculosis prior to starting your training. The Office of Academic Affiliations requires a Training Qualifications and Credentials Verification Letter (TQCVL) that documents requirements for Hepatitis B vaccination (or signing a declination form), TB screening, screening against the List of Excluded Individuals and Entities database. In lieu of the VA physical, you may provide a TQCVL statement from a university student health center, your regular health provider, or an urgent care clinic. Doing so can expedite your appointment. Additionally, maintaining a current flu vaccination during the training year or additional preventative measures will be required, or a mask must be worn in lieu of vaccination.

You should include in the APPI two letters of reference on the standard form, in addition to the APPI DCT verification of good standing in the doctoral program. 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.

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

APPLICATION DEADLINE: FRIDAY NOVEMBER 1rst, 2020

We are committed to providing an overall generalist training that focuses on developing profession-wide foundational competencies. We ask you to apply to ONE “emphasis track” for a secondary focus for internship with a unique APPIC Program Match Number. Your choice of an emphasis track still allows flexibility in rotation choices, and all experiences include assessment, individual, group, and consultation. Interns often complete two rotations in their emphasis track, but we usually require one rotation to be in a different area. **Final determinations are at the discretion of the Training Committee.**

To match with us, you must rank us using the APPIC program number. This internship site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any intern applicant.

Emphasis Track	APPIC Program Match Number
Clinical Psychology	150812
Health Psychology	150813
Neuropsychology	150814
Geropsychology	150815
Rehabilitation Psychology	150816

In your cover letter indicate ONE emphasis track (APPIC program) to which you are applying AND your preferences for three rotations and an alternate.

WE CANNOT GUARANTEE SPECIFIC ROTATIONS or rotation order due to the changing demands of staffing and program needs. Scheduling rotations is a complex dynamic process that may be adjusted due to staffing considerations. Enrichments are determined on-site during the first rotation.

FORMAT FOR COVER LETTER INDICATING ROTATION PREFERENCES

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
- Alternate: Spinal Cord Injury Unit

Interviews

To make it easier for everyone to interview, all interviews will be conducted by video or phone.

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.

We invite telephone inquiries at (216) 791-3800, x66822. We welcome 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)
VA Northeast Ohio Healthcare System
Louis Stokes Cleveland VA Medical Center
10701 East Boulevard
Cleveland, OH 44106
216-791-3800 ext 66822

INTERNSHIP SELECTION PROCEDURES

Overall our selection process is a rational review of applications, although we use a formula for selecting the first round of applicants to review and invite for interviews. The formula extracts numbers from the APPI that represent experiences we consider important for internship success. The numbers are normalized to a rank order total based on the selection pool, so that there are no minimum required number of hours or experiences. However, rarely have we accepted anyone with less than 300 hours of doctoral direct clinical contact hours in supervised practicum experience. The formula contains adult intervention hours, assessment hours, number of integrated reports, number of publications, hours in settings relevant to the VA, and diversity related experience hours. Staff ratings of the application are added to arrive at an initial rank. All reasonably qualified applicants are reviewed for individual diversity characteristics that merit consideration. In recent years we have invited about 90 people for an open house and interview. Interview ratings from a standard set of questions are added to the total score that the training committee considers when creating the final rank order lists for each track. An applicant has the best chance of matching with us by having a well-rounded background pertinent to working at the VA, a solid interest in a VA internship, careful attention to diversity issues, and an overall professional presentation of themselves.

INTERNSHIP ADMISSIONS, SUPPORT, AND INITIAL PLACEMENT DATA

Internship Program Admissions Program Tables updated: August 2019

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	\$27,318	
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)

	2017 -	2019
Total # of interns who were in the 3 cohorts	33	
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree		
	PD	EP
Community mental health center	1	0
Federally qualified health center	7	0
Independent primary care facility/clinic	0	0
University counseling center	0	0
Veterans Affairs medical center	15	2
Military health center	0	0
Academic health center	2	0
Other medical center or hospital	3	0
Psychiatric hospital	0	0
Academic university/department	0	2
Community college or other teaching setting	0	0
Independent research institution	0	0
Correctional facility	0	0
School district/system	0	0
Independent practice setting	0	1
Not currently employed	0	0
Changed to another field	0	0
Other	0	0
Unknown	0	0

Note: "PD" = Post-doctoral residency position; "EP" = Employed Position. Individuals represented in this table are counted once in the setting that represents their primary position.

SUPERVISION

Interns are assigned to a staff psychologist to be their primary clinical supervisor for each 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.

Clinical supervision and experiences are designed to support the intern in learning profession-wide foundational competencies. The intern and their supervisor collaborate at the beginning of each rotation and form learning plan goals that support acquisition of professional competencies and individual learning needs.

Individual supervision is scheduled for at least two hours weekly and at other times as needed to address emergencies, crises, immediate issues and concerns. An additional 2 hours of supervision is scheduled in a group setting. Ongoing collaboration, consultation, clinical observation, and supportive feedback are provided through working alongside the clinical supervisor engaged in professional work on 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 each rotation, 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 provides a progress report to the university Director of Clinical Training at mid-year. All training is under the supervision of a licensed psychologist and consistent with Ohio State Board of Psychology Rules for Psychologists.

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 each rotation the intern presents a case to peers and a psychologist consultant. The consultant rates the intern's performance on the case.

COMPETENCY DEVELOPMENT

Program elements and clinical supervisors contribute to intern development of professional identity and foundational competencies. Intern learning and evaluation are organized around the APA foundational competency domains:

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: Adheres to professional roles, appropriate comportment, communication, physical conduct, and self-directed management of demeanor across situations. Understands and safeguards the welfare of others, manages time well, keeps appointments, and has timely documentation. Considers resources for self-development and displays developmentally appropriate professional identity as psychologist. Possesses personal and professional self-awareness, reflection, and awareness of professionalism. 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. 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

The program is committed to providing experiences that develop generalist skills and profession-wide foundational competencies. However, we allow internship emphasis tracks as a method to focus training in an area aligned with established accredited specializations. The training year is structured around three rotations that last four months. All experiences are focused on acquiring independent skills in the basics of assessment, intervention, and professionalism.

The information here was current when finalizing this brochure, however operational changes were quite fluid in response to the COVID-19 pandemic. Medical center operations changed dramatically due to the pandemic with most outpatient appointments are being accomplished through telehealth. Some in-person visits had resumed for lower risk specialty clinics. Inpatient and residential ward restrictions required increased use of technology to deliver care to vulnerable populations. For the coming year we expect mental health appointments to be primarily through telehealth. We expect a continued requirement for patients and staff to wear cloth masks in the public areas of the hospital.

You can have confidence that we are committed to maintaining both your safety and professional development during internship. We intend to keep the structure of rotations the same, but fully expect there will be changes to practice that include telehealth. It will help you to have some flexibility and you may need to employ radical acceptance for unforeseeable but necessary changes. We make every effort to consider intern preferences for rotations, however training needs, scheduling, and staffing issues constrain training committee decisions on rotation assignments.

We attempt to assign two rotations that align with the applicants' stated preferences or emphasis area and then assign the third rotation based on training needs for breadth and complimentary experiences. In addition, VA Northeast Ohio Healthcare System is dedicated to recovery-oriented care for people with serious mental illness. When this experience is absent from an intern's background, the Training Committee will likely assign a rotation where they will receive it.

In our literature, the term **EMPHASIS TRACK** refers to a focus for the year's study, which has a distinct **APPIC Program** match number. Applicants should apply to a SINGLE Emphasis Track: (1) Clinical Psychology, (2) Geropsychology, (3) Clinical Health Psychology, (4) Clinical Neuropsychology, or (5) Rehabilitation Psychology. Curriculum emphasis is often available as part of a major area of study (two rotations or eight months); a secondary emphasis (one rotation or 4 months); or as an enrichment experience.

The term **ROTATION** refers to a clinical assignment lasting four-months, in a designated hospital location with a specific supervisor. The sequence of rotations varies with location, demands, and availability of supervisors. We generally schedule an intern with two rotations in their primary Emphasis Track, and a third rotation for breadth of experience determined by training needs. Applicants should indicate their preferences in their cover letter as described in the application procedures. The final rotation schedule and sequence is determined by the Training Committee and the constraints of staffing. Updated information on availability, new rotations, and enrichment opportunities will be provided as it develops.

An **ENRICHMENT** is a supplementary clinical assignment, four to eight hours per week basis over eight months, concurrent with the regular second and third rotations. Enrichment placements are arranged by petition near the end of the first four-month rotation.

CLINICAL PSYCHOLOGY EMPHASIS ROTATIONS

Interns in the Clinical Psychology Emphasis Track will learn assessment and intervention for a wide variety of psychiatric, behavioral, and environmental problems. Rotation experiences enable the intern to learn skills in the differential diagnosis of psychopathological disorders and development of individualized treatment plans. Theoretical and therapeutic approaches vary with the training setting and 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) multidisciplinary treatment team planning, and 7) patient education. We encourage interns to explore areas in which they have not gained prior experience so that they broaden the scope of their diagnostic and treatment skills. Our program won a 2016 APA Division 18 Excellence in Training Award for providing recovery-oriented, evidence-based services to adults diagnosed with serious mental illnesses.

ADDICTION RECOVERY CENTER

Substance abuse rotations are in the Veterans Addiction Recovery Center (VARC) that offers a variety of programs for veterans with a substance dependence or impulse control disorder. Veterans participating in VARC programming complete an initial assessment tailored to the patients' needs, receive treatment recommendations, and participate in treatment guided by 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.

The Veterans Addiction Recovery Center (VARC) is one of the largest and most comprehensive addiction treatment programs in the VA Healthcare System. It 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.

Training experiences available:

- The Men's Residential Treatment Programs,
- Men's Intensive Outpatient Treatment Programs
- Women's Addiction Treatment Program (a program with a national referral base specifically designed for women), and
- Gambling Treatment Program (the first gambling program in the world, with a national referral base with focus on gambling and other process addictions).

Training in VARC facilitates learning 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

The Gambling Treatment Program has been in operation for over 45 years and was the first program in the world addressing gambling as an addictive disorder. It draws referrals nationally, including from the Department of Defense. The program includes eight to ten residential rehabilitation beds with a five to six-week length of stay, aftercare, and outpatient services. Programming follows a structured evidenced-base manual that incorporates the spirit of Motivational Interviewing and works alongside of peer support and Gamblers Anonymous. Interns serve as co-therapists in daily group psychotherapy and provide individual therapy according to veterans' needs. The program's interprofessional staff is headed by a psychologist, who is a national trainer in the treatment of gambling disorder, cooccurring with complex medical and psychiatric issues. Interns are invited to participate in research and scholarly activity on gambling disorder, which is regularly presented regionally, and nationally.

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.

HOMELESS & MENTAL HEALTH RESIDENTIAL REHABILITATION TREATMENT CENTER

The Homeless & Mental Health Residential Rehabilitation Treatment Center (HMHRRTC; formerly the Domiciliary) is a 122-bed residential unit with a mission to provide state-of-the-art, high-quality, trauma informed residential rehabilitation and treatment services. Veterans in the HMHRRTC have multiple complex medical conditions, mental health issues, addictions, and psychosocial deficits. 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 HMHRRTC is accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF) in the area Residential Mental Health care and is the only Domiciliary (national program) that is a collaboration between two organizations - VA Northeast Ohio Healthcare System and Volunteers of America (VOA).

In the HMHRRTC interns 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 across treatment specialties but predominantly with those in the Comprehensive Homeless Veterans (CHV) program. Veterans in CHV matriculate through a Four Pillar recovery-based model of programming – Hope, Discovery, Engagement, and Sustainment – that includes individual and group. Individuals in the CHV program typically have multiple diagnoses and complex presentations which leads to a unique training environment. Training experiences may include screening for individualized treatment planning or discharge planning, cognitive assessment, personality assessment, individual therapy, grief counseling, evidence-based trauma therapies, interdisciplinary team meetings, or supportive therapies. Group therapy opportunities may include anger management, active listening, recovery and wellness, Problem Solving Training, 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/PTSD, and medical concerns in an aging population and to learn to work flexibly within this challenging environment.

Family services clinicians have training in evidence-based family and couples practices including Behavioral Family Therapy, Cognitive-Behavioral Conjoint Therapy for PTSD, and Integrative Behavioral Couples Therapy, as well as Strategic Family Therapy and Emotion-Focused Therapy. Assessments and interventions integrate diverse needs including multicultural, same-sex, and transgender relationship issues to assist veterans, their partners, and families in their relationship struggles.



Souls Divided by Rosalie Diaz

INPATIENT PSYCHIATRY UNIT

The inpatient psychiatric unit is a locked facility that provides a controlled environment for veterans needing acute psychiatric care. It is the most restrictive environment of care in NEOHCS continuum of care. The goals of treatment 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. The most frequently encountered admitting diagnoses are acute psychotic episodes, drug-induced psychosis and/or mood disorders, major depressive episodes, manic episodes, underlying personality pathology, and suicidal behaviors. 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, 2) providing discharge treatment recommendations specific community inclusion, 3) assessment skills for differential diagnosis, psychotic symptom inquiry, and inquiry with a person experiencing significant symptoms, 4) objective and projective testing, 5) effectively communicating assessment results, 6) facilitating recovery-focused process and psychoeducation groups for people with varying degrees of symptom management, and 7) conducting time-limited and problem focused one-to-one interventions. Interns also attend 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. The inpatient unit may afford the opportunity to observe services and treatments across the continuum of psychiatric care, observation of the psychiatric emergency room, attending a session of electroconvulsive therapy (ECT), or spending a half day in the PR RTP or Day Hospital.

MENTAL HEALTH AMBULATORY CARE CLINIC

The Mental Health Ambulatory Care Clinic (MHACC) is an outpatient psychiatry clinic that helps veterans with a wide array of presenting problems, ages, military background, and diagnoses. Clinicians in the MHACC include a multidisciplinary staff of psychologists, psychiatrists, and social workers. Team members specialize 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 and individual intervention with some opportunity for group psychotherapy. 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. The variety of clientele provides ample opportunity to work with complex cases including comorbid Axis I, personality, substance abuse, and medical problems. 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 group therapy formats.

PROGRAM FOR RECOVERY SKILLS

The Psychosocial Residential Rehabilitation Treatment Program (PRRTP) 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 psychosocial skill development, illness management and recovery training, and an integrated dual disorder treatment component for those veterans with SMI and co-occurring addiction. PRRTP is a 20-bed residential unit that offers an enhanced rehabilitative milieu facilitating recovery for veterans with mental health and/or addiction rehabilitation goals. This program utilizes the recovery model for SMI and 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. Comprehensive, recovery-oriented psychosocial assessment, motivational enhancement, measurement-based care intervention, cognitive-behavioral psychotherapy, and group facilitation skills are emphasized. Intern would function as a member of the PRRTP interdisciplinary team. Each intern also has the option of participating in a program development project.

PSYCHOSOCIAL REHABILITATION AND RECOVERY CENTER

The Recovery Resource Center is a Psychosocial Rehabilitation and Recovery Center (PRRC) located at 7000 Euclid Avenue, about a mile from the main Medical Center. The PRRC has a unique set of training

experiences providing 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. Additional information is available on the PRRC Website <https://www.cleveland.va.gov/services/PRRC>.

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 survivors 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, an intensive outpatient program (massed delivery of EBP 3-5 times per week) and through the ten-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.



HEALTH PSYCHOLOGY EMPHASIS ROTATIONS

The Health Psychology rotations encompass clinical health psychology experiences that meets the Council of Directors of Health Psychology Training Programs requirements for health psychology internships. Rotations 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 will provide direct and focused interventions that increase experience recognizing and managing common psychiatric syndromes that may coexist with medical problems, assist veterans coping with illness, and help them modify health-related behaviors. 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 7) primary and secondary prevention groups.

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 dietitians, 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 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 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.

The psychologist on the Palliative Care team provides services to all veterans that have inpatient Palliative care consults and, when appropriate, meets with veterans and their families in the outpatient setting. Trainees will have the opportunity to conduct Palliative care assessments to determine mood, level of distress, social support, Goals of Care and identify coping skills. When appropriate, there are opportunities to offer interventions and strategies such as stress reduction and values-based interventions.

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, dietitian, 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 (PMC) operates under the Anesthesiology Service and typically has two full time psychologists, a psychology postdoctoral resident and predoctoral 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 PMC is primarily consultative, there is opportunity for the psychology intern to follow select patients on a time-limited basis. Interns will utilize a variety of techniques in terms of behavioral management, such as biofeedback and cognitive-behavioral therapy for chronic pain. Care will occur in multiple formats, including individual psychotherapy, group sessions, and telehealth clinics. Interns will conduct behavioral or psychometric assessments of new patients to evaluate potential contraindications for opioid analgesics and to assess candidacy for spinal cord stimulation and other implantable devices. The intern may be involved in co-facilitating psychoeducation groups for the CARF accredited Intensive Outpatient Program. 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. Further, there is also opportunity to observe the Pain Care Advisory Board where intra-facility, complex cases are presented. 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 part of an interdisciplinary Primary Care Team, and provide co-located, Primary Care - Mental Health Integration consultation. It is expected that pre-doctoral interns will become proficient with providing rapid consultation, and treatment of biopsychosocial problems such as depression, PTSD, anxiety, health illness anxiety, tobacco use, substance misuse, diabetes, obesity, and adherence 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, psychology preceptors, residents, nurses, nurse practitioners, pharmacy, and social workers. The intern participates as a facilitator in an interdisciplinary Shared Medical Appointment for hypertension. There is also opportunity to participate in the Morbid Obesity Clinic (MOVE, 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. Interns will gain knowledge and experience regarding social and cultural impact on health and wellness. Research is a requirement of the rotation.

GEROPSYCHOLOGY EMPHASIS ROTATIONS

Geropsychology emphasis rotations focus on training experience that includes both specific geropsychology work and more general developmentally appropriate training. The geropsychologists follow the a Pike's Peak model of geropsychology training using evidence-based interventions. The focus is on lifespan development, normative changes, and the interaction between the mental and physical problems that 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. with Consideration of diversity issues is a key component of learning efficient and thorough evaluation, testing, and intervention appropriate to this population. The intern gains professional experience by being an active member of the interdisciplinary team providing services to inpatient rehabilitation, outpatient medical, and long-term care settings.

GEROPSYCHOLOGY

Interns in the Geropsychology rotation gain experience in the assessment, care, and management of the elderly veteran, and provide services in geriatric primary care and dementia care clinics as a valued member of the geriatric interdisciplinary treatment team. Services are provided directly in the Geriatric Outpatient Primary Care Medical Clinic and via telehealth with the Dementia Care Coordination Team. 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 pertaining to adults and older adults residing in a short-term skilled nursing and rehabilitation care community. The intern will function as part of the geropsychiatry team, which is the consultation service for mental health needs in the CLC. Interns will learn to: (1) recognize age-related physical and psychosocial changes and stressors such as adjustment disorders, mood disorders, cognitive impairment, 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 potential effects of medication on the older adult population and the implications of care in regard 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 interventions and facilitating a behavior management

group with direct care staff, the rotation also provides experience with techniques and coping skills for 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

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 usually complete two rotations in neuropsychology (four months each with different supervisors) and a third rotation in a different emphasis area for breadth of training. Interns that have a strong background in neuropsychology 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 cases and their relevant differential diagnostic issues. Relevant didactic and experiential opportunities include a regular Neuropsychology seminar and optional seminars in Rehabilitation Psychology, attendance at a Polytrauma interdisciplinary case conference overseen by Neurology and participation in research activities with the Neuropsychology postdoctoral fellow. 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 ROTATIONS

The practice of Rehabilitation Psychology involves improving the quality of life and functioning of people with acquired disabilities. Rehabilitation rotations provide 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 generally complete the SCI rotation and Cares Tower Residential and Outpatient rotation.

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. Interns may petition for enrichments in October of the training year after the intern has sufficiently familiarized him or herself with the range of training opportunities.

ROTATION ENRICHMENTS

Many of the regular rotations described above can be pursued as an additional experience when the rotation supervisor is available and agreeable to providing the training experience. In addition, interns who desire experience with longer-term therapy may petition to follow one to two patients beyond the end of a rotation. Interns have also pursued enrichments Acceptance-Based Psychotherapies, Evidence-Based Psychotherapies for PTSD, Gambling Treatment Program, Palliative Care Team, Bariatric Surgery, Oncology/Hospice, Women Veterans PTSD Program, and Smoking Cessation Group.

BLIND REHABILITATION CENTER

The Cleveland Blind Rehabilitation Center (CBRC) is a 14-bed residential treatment center that provides blind rehabilitation skills training to Veterans from five neighboring states. The CBRC was recently added as one of 14 VA inpatient blind rehabilitation centers offering intensive training to Veterans with legal blindness or excess disability due to sight loss. Patients typically are 60 to 80 years old but range in age from the late 20's to mid-90's. Veterans who attend the full treatment program have five one-hour classes per week day and complete lessons in Orientation and Mobility, Living Skills, Manual Skills, Communication Skills, and Low Vision Skills. Tenure will typically last from 4-6 weeks depending on the needs and abilities of the patient.

This enrichment 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 Regional Trainer and Consultant for Cognitive Processing Therapy (CPT) and works collaboratively with the PTSD Clinical Team. For this enrichment, the intern will gain exposure to and training in CPT, an Evidence-Based Psychotherapy (EBP) for the treatment of PTSD. Training is designed to start at the intern's experience level and advance their skills for conceptualizing patient functioning and intervening effectively through a CPT framework. The enrichment begins with participation in a 3-day regional CPT workshop near the start of the training year and requires the intern work with patients in individual (and if available) group CPT modalities. Case consultation with a Regional Trainer (Dr. Renner) is an essential component of the enrichment and is required for VA Provider Status. If duties allow for all national 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 are limited slots for this enrichment due to logistical issues, and in order to aid patient flow, CPT enrichment interns also usually complete a rotation in the PCT. In some years the CPT training workshop has been hosted at another VA within the region, and VANEOSH cannot pay travel expenses. There may be additional opportunities during this enrichment (should time allow) such as assessments or exposure to another EBP.

FAMILY and COUPLES COUNSELING SERVICES

Interns on the Family and Couples Counseling Services (FCCS) rotation work in the outpatient clinic and focus on referrals for family and couples work. The intern will have an opportunity to observe outpatient couple and family therapies, work towards leading couples and family therapy sessions, and participate in family-oriented treatment groups. Couples and families typically present with issues related to communication, emotional intimacy and closeness, parenting, major life events, and the impact of trauma, substance use, and/or serious mental illness on their relationship. In addition to learning traditional family therapy modalities, interns may also be able to participate in a Warrior to Soulmate (W2SM) training and use the W2SM tools during couple retreats. Furthermore, there may be opportunities to participate in the Intimate Partner Violence (IPV) and Military Sexual Trauma (MST) programs. Practitioners and trainees from Psychology, Chaplain, and Social Work services participate in interprofessional care groups when possible.

INTIMATE PARTNER VIOLENCE

The IPV enrichment offers the opportunity for experience in assessment, individual, and group psychotherapy with Veterans impacted by intimate partner violence. Trainees may gain experience with modalities focused on the experience of intimate partner violence including comprehensive assessment of IPV, provider consultation, individual and group psychotherapy, and Cognitive Processing Therapy. Specific enrichment goals include gaining experience with group psychotherapy, IPV assessment, consultation, intervention with intimate partner violence, IPV related program development, training, and outreach. Working with this population involves mindful awareness of personal reactions, interpersonal boundaries, and effective self-care. Maintaining an open dialogue regarding these issues will facilitate your effectiveness with this population, and this will also be explored during the enrichment.

MILITARY SEXUAL TRAUMA

The MST enrichment offers the opportunity for specialized experience in assessment, individual, and group psychotherapy with Veterans who have sexual trauma related sequelae. Trainees may participate in comprehensive assessment, group therapy, provider consultation, and services in the women's intensive outpatient program for those who have experienced interpersonal trauma. The women's program integrates mindfulness, ACT, DBT skills, Cognitive Processing Therapy, and other cognitive behavioral interventions. Trainees may have opportunity for supervision in Cognitive Processing Therapy and STAIR, or work on program development with the MST coordinator. Goals include gaining experience with group psychotherapy, intervention with trauma related sequelae, MST 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. See further description of addictions rotations in the Clinical Psychology Emphasis Area. The enrichment experience can be completed within current rotations with the addition of 8 hours of classwork, a monthly group, and monthly individual supervision. Interns must have their current supervisor's consent to participate. While the goal is to increase competency in the utilization of MI, the experience can lead to VA Motivational Interviewing Certification.

STAFF QUALIFICATIONS

ARONOFF, Julie Harmon, Ph.D., Wayne State University, 1992. Assignments: Chief, Psychology Service. Theoretical orientation: Cognitive-Behavioral. Clinical specializations: severe mental illness; psychosocial rehabilitation and recovery; psychological assessment for differential diagnosis, including projectives. Publications and research interests: program evaluation and outcomes monitoring. Professional organizations: Past President, State Board of Psychology of Ohio. Teaching and supervision interests: Psychological assessment; mental health recovery; professional ethics.

BERMAN, Susan P., Ph.D., University at Buffalo, 1991. Assignments: Oncology; Hospice; Palliative Care Team; Genitourinary. Theoretical orientation: Psychodynamic. Clinical specialization: Health psychology. Publications and research interests: Oncology and interprofessional care. Professional organizations: American Psychosocial Oncology Society. Teaching and supervision interests: Individual therapy, Life Review therapy and group therapy.

BIGGIE, Brigitte 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.

BREGLIA, Daniel, Psy.D., Widener University, 2005. Assignment: Couples and Family Services Program at Wade Park. Theoretical Orientation: eclectic, cognitive-behavioral, experiential, and systems theory. Clinical Specialization: PTSD Treatment; CPT & PE certified therapist; Sexual trauma & compulsivity; family & couples therapy; forensic psychology; general biofeedback. Research interests: emotion theory; redefining clinical outcomes. Supervision interests: psychotherapy, case conceptualization, and therapeutic alliance.

CHAPMAN, Heather A., Ph.D., Kent State University, 1997. Assignment: Deputy Director, Veterans Addiction Recovery Center; Director Gambling Treatment Program; Preceptor, Clinical Psychology Postdoctoral Residency Special Emphasis in Substance and Process Addictions. Theoretical Orientation: Eclectic: biopsychosocialspiritual model, utilizing cognitive-behavioral, motivational interviewing, mindfulness interventions. Clinical specialization: Gambling Disorder, process and substance addictions, dual-diagnosis, group and individual psychotherapy, and motivational interviewing, clinical training and clinical research. Publications: Addictions, Dual-Diagnosis, Depression, and Schizophrenia. Current research interests: Gambling disorder, treatment retention, integrated treatment, suicidality. Professional Organizations: International Certified Gambling Counselor and Board Certified Clinical Consultant with the National Council on Problem Gambling, Member/Trainer Motivational Interviewing Network of Trainers. Other professional activities outside VA: independent practice, national leader in professional training, consultation and supervision (gambling disorder, motivational interviewing and

evidenced based addictions treatments, military and veteran culture). Teaching and supervision interests: Gambling disorder/Addictions, motivational interviewing, group dynamics, individual and group psychotherapy.

DELAMATRE, James, Ph.D., University of Akron, 1995. Assignments: Director of Psychology Training Programs, Assistant Chief of Psychology. Theoretical orientation: Integrative eclectic. Clinical specializations: assessment, health psychology. Publications and research interests: clinical use, theoretical validity, and psychometric properties of assessment instruments. Professional organizations: American Psychological Association, APA Division 18, Association of VA Psychology Leaders, VA Psychology Training Council. Teaching, supervision, and mentoring interests: assessment and evaluation, individual and group psychotherapy, navigating a professional career path.

DIAZ, Rosalie C., Psy.D., Adler School of Professional Psychology, 2004. Assignments: Wellness Coordinator; 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; 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.

DIXON, Thomas, Ph.D., ABPP. Case Western Reserve University, 1989. Board certification: Rehabilitation Psychology. Assignment: SCI Unit. Rehabilitation Psychology Residency Program Coordinator. Theoretical orientation: Eclectic. Clinical specialization: Rehabilitation Psychology. Publications: spinal cord injury, traumatic brain injury. Research interests: community integration following disability, applied personality and social psychology. Professional organizations: Academy of Spinal Cord Injury Professionals, APA Division 22 (Rehabilitation Psychology), Teaching and supervision interests: adaptation to disability, working on interdisciplinary teams, co-occurring SCI/TBI, and vocational rehabilitation.

FLORES, Heather, Psy.D., La Salle University, 2007. Assignment: Assistant Chief of Psychology for the PTSD Clinical Team and Specialty Mental Health; PCT Program Manager; Disruptive Behavior Board, Chair. Theoretical orientation: Cognitive behavioral. Clinical specialization: PTSD assessment and treatment, combat-related guilt and moral injury, substance use disorders, workplace violence risk assessment, dialectical behavior therapy. Publication/research interests: PTSD, evidence-based treatments, massed delivery of evidence based therapies for treating PTSD, suicidology, resiliency, clinical program development. Professional membership: International Society for Traumatic Stress Studies. Training/supervision interests: Individual and group psychotherapy, treatment of PTSD and PTSD/SUD, professional development issues, umbrella supervision.

GIDEON, Clare, Ph.D., Case Western Reserve University, 2007. Assignments: Assistant Chief of Psychology for Behavioral Medicine Section; 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.

GOLDEN, Catherine, Ph.D., Ohio University, 2009. Assignments: Assistant Chief of Psychology for Peer Support Services; Local Recovery Coordinator. Theoretical Orientation: Cognitive Behavioral. Clinical Specializations: Severe mental illness and cooccurring substance disorders (Dual-disorder treatment); Psychosocial rehabilitation and recovery. Publications and research interests: Self-perception in people with mental illness; Program evaluation. Professional organizations: American Psychological Association; Ohio Psychological Association; Division 31 (State, Provincial and Territorial Psychological Association Affairs). Teaching and supervision interests: Differential diagnosis and treatment of severe mental illness and dual-disorders; Recovery oriented systems based treatment; Mental health advocacy.

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 PCMHI. 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.

HABERMAN, Jessica, Ph.D., Cleveland State University, 2013. Assignments: Geriatrics Outpatient Clinic, Consultation-Liaison Psychiatry. Theoretical orientation: Primarily Cognitive-Behavioral and Humanistic. Clinical specializations: Health psychology, assessment and treatment of psychological and neurocognitive disorders in older adults, capacity evaluations, caregiver support, grief and bereavement. Publications and research interests: Non-pharmacologic interventions for dementia, effective management of chronic illness, resiliency in late life, religiosity and successful aging, positive psychology. Professional organizations: American Psychological Association, Divisions 17, 20, 38; Ohio Psychological Association. Teaching and supervision interests: Geropsychology, grief and bereavement work, behavioral medicine.

HARVEY, Daniel J., Ph.D., ABPP-CN. Nova Southeastern University, 2007. Assignments: Neuropsychology Section; Neuropsychology Representative to the Internship/Pre-Doctoral Training Subcommittee. Theoretical orientation: Disease impact/syndrome oriented approach employing fixed/flexible assessment strategies. Clinical specialization: Neuropsychological assessment of neurological disorders, geriatric/capacity assessment, polytrauma assessment. Research interests: Neuropsychology of mild traumatic brain injury and sports concussion, neurodegenerative disorders, HIV-related neurocognitive impairment, and normal aging; neurobehavioral basis of PTSD; performance validity testing. Professional Organizations: American Academy of Clinical Neuropsychology – Full Member. Teaching and supervision interests: Neuropsychological assessment, research supervision, neuropathology and functional neuroanatomy, statistical issues in assessment, cognitive screening in the hospital setting, psychological assessment.

HEINZ, Sara E., Psy.D., ABPP. La Salle University, 2011. Board Certified in Rehabilitation Psychology (ABPP). Assignments: Blind Rehabilitation Center, TBI/Polytrauma Program, and Outpatient Stroke Team--all the Physical Medicine and Rehabilitation Service. Theoretical orientation: Cognitive - behavioral and Acceptance-based approaches though primarily integrative. Clinical specializations: Rehabilitation Psychology (individual and group psychotherapy that emphasize assessment of and treatments for adjustment to disability and management of chronic illness, and abbreviated neurocognitive assessment). Additional clinical specializations in Cognitive Behavioral Therapy (CBT), Motivational Interviewing, grief/bereavement, obesity/weight loss, Problem-Solving Therapy, behavioral management for brain injury, supportive family/caregiver interventions for family adjustment to disability and caregiver support, CBT for chronic pain management, smoking cessation and use/prescription of Nicotine Replacement Therapies. Research interests: Neurocognitive assessment and neurorehabilitation following brain injury, and response to disability and its effect on treatment adherence and clinical outcomes.

HOAG, Megan, Psy.D., MSCP, Indiana University of Pennsylvania, 2012. Assignments: VARC Women's Treatment Program, Team Leader. Theoretical Orientation: Cognitive behavioral. Clinical Specializations: Substance use treatment, women's specific mental health treatment, health psychology, clinical psychopharmacology. Publications and Research Interests: Body image and disordered eating, women's substance use treatment considerations, law enforcement selection. Professional organizations: American Psychological Association, Division 35 (Psychology of Women), Ohio Psychological Association. Teaching and supervision interests: Group dynamics and psychotherapy, motivation, substance use treatment for women, psychopharmacology.

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.

KNETIG, Jennifer, Ph.D. Fielding Graduate University, 2012. Assignment: 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.

KOZLOWSKI, Neal, Ph.D., Loyola University Chicago, 2003. Assignments: Team Leader – Program for Recovery; National Training Consultant for Cognitive Behavioral Therapy for Depression Training Program. Theoretical orientation: Cognitive-behavioral, experiential. Clinical specialization: Serious

mental illness, dual diagnosis, addictions. Publication and research interests: Management of confidentiality and HIV serostatus in psychotherapy, ethical issues in the training of psychology graduate students. Teaching and supervision interests: CBT case conceptualization, dual diagnosis treatment, social-cognitive rehabilitation of schizophrenia, management of mentally ill criminal offenders.

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, Chair, Diversity Committee. 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.

LAMOUREUX, Brittain, Ph.D., Kent State University, 2011. Assignments: PTSD Clinical Team; PTSD/SUD Residential Treatment Program, Lead Therapist and Programmatic Coordinator. Theoretical orientation: Integrative, evidence-based. Clinical specializations: the assessment and treatment of trauma-related psychological issues. Publications and research interests: developing and evaluating evidence-based interventions for addressing trauma-related issues, the impact of childhood trauma on functioning in adulthood, resilience, assessment of depression/suicide in primary care settings. Professional organizations: Ohio Psychological Association, International Society for Traumatic Stress Studies. Teaching and supervision interests: Assessment and treatment of PTSD and co-occurring disorders, individual and group psychotherapy.

LAVECK, Lindsey M., Ph.D., Cleveland State University, 2018. Assignments: Pain Management. Theoretical Orientation: Cognitive-behavioral. Clinical specializations: Health and Rehabilitation psychology with emphasis in pain management, stress management, relaxation training, promotion of healthy behaviors and self-management, coping with chronic medical conditions, acute crisis management focused on traumatic brain and spinal cord, and burn injuries. Professional organizations: American Psychological Association, Division 22; Ohio Psychological Association; Ohio Women in 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.

MANNARINO, Michael, Psy.D., Arizona School of Professional Psychology at Argosy University, 2015. Assignments: Staff Psychologist -Pain Management. Theoretical orientation: Existential, Humanistic, Cognitive

Behavioral. Clinical specializations: Assessment and treatment of psychological conditions in individuals with serious mental illnesses and personality disorders; behavioral medicine; correctional health and forensic; trauma informed care; clinical supervision; crisis intervention; suicide risk assessment and intervention; risk assessments; pain management. Publications and research interests: Suicide prevention, intervention, and assessment; assessment and treatment of chronic pain; treatment of diverse populations; improving mental health outcomes and program development. Professional organizations: American Psychological Association. Teaching and supervision interests: Suicide risk assessment and intervention; trauma informed care; strength-based approaches; group/umbrella supervision; interdisciplinary teams.

NOCE, Maria, Psy.D., Wright State University, 2008. Diplomate - Clinical Psychology (ABPP). Assignment: Community Outpatient Services, National/Regional Trainer and Consultant for Motivational Interviewing (MI) and Motivational Enhancement Therapy (MET). Theoretical orientation: Cognitive-Behavioral, Humanistic, and MI. Clinical specializations and interests: Individual and group psychotherapy, PTSD, co-occurring PTSD and substance use disorder, provider of Cognitive Processing Therapy, Prolonged Exposure, MI and MET, measuring treatment outcomes, and common factors in psychotherapy. Professional organizations: APA, Division 56 (Trauma Psychology), Motivational Interviewing Network of Trainers (MINT). Teaching and supervision interests: Individual and group psychotherapy, motivational interviewing.

PAINTER, Elizabeth, Psy.D., MSCP, Xavier University, 2011. Assignments: Pain IOP. Theoretical orientation: Integrative; cognitive-behavioral. Clinical specializations: Health psychology with an emphasis on the role of psychological factors in inpatient cardiac care, interdisciplinary approaches to treatment, as well as the impact of psychosocial issues on organ transplant outcomes. Publications and research interests: Developing curriculum for interdisciplinary primary care trainees, primary care-mental health integration, adherence, and quality improvement in processes of medical care. Professional organizations: American Psychological Association, Ohio Psychological Association, Society of Behavioral Medicine. Teaching and supervision interests: Behavioral medicine education and supervision, chronic care model, adherence, and interdisciplinary training.

PEREZ, Sara, Ph.D., Kent State University, 2008. Assignment: PTSD Clinical Team; Military Sexual Trauma Coordinator. Theoretical orientation: Cognitive-behavioral, integrative. Clinical specialization: Individual and group psychotherapy, assessment, women's mental health, trauma. Intensive training and experience in Dialectical Behavior Therapy (DBT), Prolonged Exposure (PE), Cognitive Processing Therapy (CPT), and Cognitive Behavioral Conjoint Therapy for PTSD (CBCT-P). Publications/Presentations: PTSD and intimate partner violence, cognitive behaviorally based treatments for PTSD secondary to intimate partner violence, and empowerment as a resiliency factor in the face of traumatic events. Teaching and supervision interests: Empirically based treatments for PTSD, DBT, individual and couples therapy.

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.

PREWITT, Kia-Rai M., Ph.D. Loyola University Chicago, 2015. Assignments: Family Services Program, Wade Park Mental Health and Ambulatory Care Clinic, Major Preceptor for Family and Couples Counseling Services Postdoctoral Resident, Co-Preceptor for Residency Supervision Seminar, Coordinator for Trainee Mentoring Program. Theoretical Orientation: Multicultural, systems, psychodynamic, integrative. Clinical Specializations: Integrative Behavioral Couple Therapy (IBCT), Cognitive Behavioral Conjoint Therapy for PTSD (CBCT-P), facilitating support groups for family members of veterans with PTSD, assessment and treatment of individuals with depression, anxiety, trauma, relationship issues, race-related stress, issues specific to women veterans, spirituality/religion, and integrating mindfulness into individual and group therapy. Publication and research interests: Impact of community violence on African American youth, promoting positive self-identity among African American youth and adolescents, racial identity development, retention and persistence of underrepresented populations in postsecondary education and the workplace. Teaching and supervision interests: Integrating multicultural competence into therapy and supervision, couple therapy assessment and intervention.

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: Homeless & Mental Health Residential Rehabilitation Treatment Center (HMHRRTC) – Clinical Program Coordinator; Local Evidence-Based Psychotherapy (EBP) Coordinator; VISN Chair – EBP Community of Practice; Regional Cognitive Processing Therapy (CPT) Trainer/Consultant; PTSD Clinical Team (Adjunct). 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 and Program Manager for the Residential and WP Intensive Outpatient Psychology Section, Assistant Chief of Psychology; Associate Professor, Dept. of Psychological Sciences, Case Western Reserve University; Chair, Psychology Service Diversity Committee; Program Director, Clinical Psychology Postdoctoral Residency; 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.

ROSS, Amanda, Psy.D., American School of Professional Psychology, 2017. Assignments: Program Manager, Psychosocial Residential Rehabilitation Treatment Program (PRRTP). Previous assignment in Veterans Addiction Recovery Center (VARC). Theoretical orientation: Integrative, with foundations in Humanistic and Psychodynamic theory. Clinical specializations: Severe mental illnesses, LGBT+, substance use disorders and process addictions, including gambling and sexual behaviors, and HIV+ populations. Psychological assessment, including testing for diagnostic differential decisions, projective personality assessment, learning disability assessment for ADA accommodations, and violence and sexual recidivism risk assessments. Publications and research interests: The utility of addressing unmet core emotional needs for substance use disorders; mediating factors of gambling disorder and suicidality; Ohio Psychological Association's strategic plan for psychologists' practice in the opioid epidemic. Professional organizations: American Psychological Association Division 12 and Section 10, the Ohio Psychological Association, Early Career Psychologist committee and the Women in Psychology committee, OPA Leadership Development Academy, Federal and State advocacy efforts through OPA. Teaching, supervision, and mentoring interests: Women in psychology; early career psychologists; the importance of psychological assessment and evaluation; patient-centered, relationship-based treatment; Yalom group therapy; advocacy and involvement in community organizations; program leadership skills.

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: American Psychological Association, APA Division 38. Teaching and supervision interests: Health psychology, individual psychotherapy, biofeedback, working with a multidisciplinary team, work-life balance.

SCHROEDER, Emily K., Psy.D., Spalding University 2016. Assignments: Sleep clinic, geriatrics, pain management. Theoretical orientation: Cognitive behavioral. Clinical specialization: Health psychology. Publications and research interests: Risks associated with medical non-adherence and medical risk stratification. Professional organizations: Division 38, American Psychosocial Association. Teaching and supervision interests: Integrative management of health-related conditions, interdisciplinary team efficiency, professional development, and intervention quality improvement.

SERNA, George S., Ph.D., University of Akron, 2004. Assignment: Neuropsychology. Program Director of the Neuropsychology Post-Doctoral Residency Program. Neuropsychological orientation: Disease Impact/Syndrome Oriented approach. Clinical Specialization: Neuropsychological assessment, geriatric/competency assessment, and Assessment of TBI. Research interests: Biological versus socially-influenced structure of personality, TBI and PTSD in OEF/OIF veterans exposed to blast wave injuries. Professional Organizations: American Psychological Association (Division 6 – Behavior Neuroscience and Comparative Psychology & Division 40 - Clinical Neuropsychology), International Neuropsychological Society, National Academy of Neuropsychology. Academic Appointment: Clinical Instructor in Psychiatry, Case Western Reserve University School of Medicine. Teaching and supervision interests: Cognitive/neuropsychological assessment with geriatric patients with comorbid psychiatric illness and/or dementia.

SHARKANSKY, Erica J., Ph.D., Indiana University, 1995. Assignments: Employee Assistance Program, Compensation and Pension Examinations, PTSD Clinical Team. Theoretical orientation: Cognitive-behavioral and interpersonal. Clinical specializations: Individual and group psychotherapy, assessment, trauma. Intensive training and experience in Dialectical Behavior Therapy (DBT), Prolonged Exposure (PE) and Cognitive Processing Therapy (CPT). Publications/Presentations: Impact of mental illness on healthcare utilization, identification and management of sexual-trauma related disorders in the primary care setting, impact of coping on development of PTSD, PTSD and substance use comorbidity. Teaching and supervision interests: PTSD.

WHITE, Joshua, Psy.D. Indiana State University, 2009. Assignments: Team Leader - Veterans Addictions Recovery Center (VARC) - Men's Residential Treatment Program. Theoretical orientation: Cognitive-Behavioral/Integrative. Clinical specializations: Psychological Assessment; Group and Individual Psychotherapy; Addictions Treatment; VA certified provider of Motivational Enhancement Therapy (MET), consultant for local Motivational Interviewing/Enhancement Training. Publications and research interests: Addiction assessment/treatment, forensic psychology, motivational interviewing, Transtheoretical Model of Change. Teaching and supervision interests: Individual and group psychotherapy focused on treatment of addiction utilizing cognitive-behavioral, mindfulness, and motivational approaches; Early career professional issues; Screening, Brief Intervention, and Referral to Treatment (SBIRT).

YAHNEY, Eric Ph.D., University of Akron, 1999. Assignment: Parma Veterans Addiction Recovery Center. Theoretical Orientation: Cognitive Behavioral Theory, Existentialism, Strategic & Social Learning Theory. Clinical specialization: individual and group therapy, assessment, general addictions treatment and suicide prevention. External to the VA interests: vocational counseling, professional consultation and community outreach programming. Research and Publications: Instructional models of teaching and communication, suicide prevention for individuals with substance use disorders and initiating organizational change. Teaching and special interests: individual psychotherapy, brief & solution-focused therapy, addiction treatment.

YOUNG, Graham D., Ph.D., University of Akron, 2003. Assignment: Veterans Addiction Recovery Center (VARC) Intensive Outpatient Program (IOP). 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.

YOUNG, Kevin R., Ph.D., Central Michigan University, 2008. Assignment: Veterans Addiction Recovery Unit. Theoretical orientation: primarily cognitive-behavioral. Clinical specialization: assessment, individual psychotherapy, group psychotherapy. Current research: Predicting treatment outcomes in opioid replacement therapy patients, training outcomes measurement, Alexithymia reduction treatment, motivational interviewing (and permutations thereof). Recent publications: psychometric properties of addictions assessment instruments, training outcomes measurement, risk management, diabetic treatment outcomes, MMPI-2 interpretation techniques. Teaching interests: psychometrics and statistics, integration of research into clinical practice, substance abuse treatment modalities, clinical assessment.

