

Accredited by the
American Psychological
Association

2021-2022

PSYCHOLOGY RESIDENCY PROGRAMS



**VA Northeast Ohio Healthcare System
Louis Stokes Cleveland VAMC**

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



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COVID-19 Procedures

We of course cannot predict the course of the pandemic and any new related procedures we might 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 then 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 the incident command emergency management group and 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 patient care 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 the adaptations needed for supervision and rotation experiences.

At the time of this writing all people entering the hospital pass through a daily screening process for fever and other COVID-19 related symptoms. People 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 when working in close proximity. 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 trainees that will maintain appropriate social distance and allow appropriate management of clinical services including in-person and telehealth 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 are striving to engineer experiences that will serve our trainees and the profession well into the future. 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 remiss that the showcase of Cleveland that follows has also been significantly disrupted! We know our trainees have found ways to take advantage of some of the wonderful arts, entertainment, and dining that are still accessible. We hope most of this is behind us and all the venues are fully open by the time you arrive.

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.



View of Downtown Cleveland by Kristin Cassidy (with permission)

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. 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.



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

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 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 trainee 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 TRAINING PROGRAMS

VA Northeast Ohio Healthcare System Psychology Service provides pre-doctoral internship and post-doctoral training in professional psychology. All programs are fully accredited by the American Psychological Association.

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 goal of the Postdoctoral Residency Programs in Clinical Health Psychology, Clinical Psychology, and Rehabilitation Psychology is to provide an intensive and extensive core of specialized expertise in clinical work with the relevant populations, including assessment, intervention, consultation, and interdisciplinary team experience, as well as scholarly, teaching, and research activities. The goal of the Postdoctoral Residency Program in Clinical Neuropsychology is to provide science and research based specialized expertise in clinical work with the relevant populations, including assessment, consultation, intervention, and interdisciplinary team experience, as well as scholarly, teaching, and research activities.

RESIDENCY PROGRAMS

VA Northeast Ohio Healthcare System Psychology Service offers APA accredited residency programs in the APA Council of Specialties defined professional practice areas of Clinical Psychology, Clinical Health Psychology, Clinical Neuropsychology, and Rehabilitation Psychology. Geropsychology is currently a focus area in Clinical Health Psychology, and we have completed our site visit for obtaining separate accreditation in Geropsychology. Psychology Service recognizes that specialty area practice requires advanced knowledge, skills, attitudes, and behaviors applicable to these distinct populations and problem areas. The programs seek to provide supervised experience that fosters advanced professional development of competencies applicable to the respective areas. Training curriculum is organized within each specialty area and informed by the associated professional training guidelines.

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

SUPERVISION

Formal individual in-person supervision is provided to the resident by the rotation supervisor for a minimum of two hours weekly, with further consultation readily available. Residents also develop supervisory skills by participating in umbrella supervision of interns or practicum students consistent with their respective level of training. When practical, residents will be paired with supervisees providing psychological services within the same specialty or focus areas as the resident. Residents have opportunity to facilitate small group didactic and case presentations with psychology interns.

Supervisors and residents develop a learning plan at the beginning of a training experience, including discussion of foundational and advanced competencies to be developed. Opportunity is provided for residents to develop more detailed training objectives building on the competencies. This permits the residents to tailor the training experience to allow more individualized professional goals.

EVALUATION

Assessment of competencies and training needs is a required component at each stage of our evaluation process. Supervisor and resident collaborate on formal written evaluations of the resident's progress. Residents 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, residents participate in final ratings, including evaluation of the Site of Training.

COMPETENCY DEVELOPMENT

Residents should already possess an independent practice level of competence in profession-wide foundational competencies. Program training objectives include the continued development of foundational profession-wide competencies, as well as specialty competencies and advanced competencies in individual focus areas. Programming is designed to encourage continued development of foundational competencies, provide the opportunity to solidify their emerging professional identities, and acquire advanced specialized skills. Advanced specialty and focus area competencies are described

within the focus areas. The foundational competency domains that are included in evaluations are as follows:

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

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

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

IV. Specialty and Focus Area Competencies: Each specialty area has competencies that align with the respective specialty competencies modeled after ABPP specialty competencies.

SCHOLARLY RESEARCH PROJECT

All residents must complete a scholarly research or program evaluation project and are allowed eight hours per week to develop, implement, and create the presentation of their projects. The projects may be original scientific research, program evaluation, quality improvement, or a program development project. All projects must involve literature review, research design, methods, data, and data analysis similar to a publication submission. Some projects require the resident to complete mandatory training in good clinical practice and human subject protection and VA research credentialing for the local Institutional Review Board. By the third month of the residency, the resident should have a plan for a defined research or program evaluation project. The finished project must be presented in a venue open to all staff, usually Psychiatry Grand Rounds, and be sufficiently thorough and rigorous to qualify for State of Ohio Psychologist Continuing Education credits.

CORE CURRICULUM REQUIREMENTS

- **Professional Issues Seminar:** A monthly seminar for all residents on topics related to professional development and content areas of shared interest. This seminar is open to supervisors and staff.
- **Supervision Seminar:** A monthly seminar for all residents is with both didactic and experiential components of supervision. Residents rotate responsibility for presenting a case example of trainee supervision and facilitating a discussion of relevant supervision issues. This seminar is open to supervisors and staff.
- **Specialty Seminars and CE Events:** Ongoing education is integral to the residency program. In addition to the monthly Professional Issues and Supervision Seminars, attendance at least one other formal continuing education activity is required each month. The resident and Preceptor will discuss training needs and preferences throughout the residency year.

TEACHING AND SUPERVISION EXPERIENCES

- **Colloquium/Staff Education Presentation:** As indicated above, each resident prepares a Continuing Education-level presentation in an area of expertise acquired during the residency year. This will be presented at a suitable venue, such as a regularly-scheduled Grand Rounds, in the latter months of the residency year.
- **Umbrella Training Supervision of Predoctoral Interns:** The residents have opportunity to provide formal supplementary “umbrella” training supervision to a professional learner. This umbrella supervision training experience occurs under the direct supervision of a rotation supervisor, with feedback both from the supervisor and supervisee.
- **Group consultation with interns:** Residents rotate in moderating a biweekly group case consultation discussion with Psychology Interns, affording experience with this supervision modality.

MENTORING PROGRAM

The VA Psychology Mentorship Program is a complement to the VA Psychology Training Program. Trainees are offered the opportunity to choose a staff mentor (or for interns a postdoctoral resident), who does not evaluate or supervise the trainee. Mentors serve as a nonjudgmental source of support and often help mentees develop personally and professionally. This may include career planning, developing leadership and administration skills, balancing work and family, etc. Mentored individuals report higher satisfaction and commitment to their profession and mentors often report personal and career satisfaction (O'Neil et al., 2014). Mentorship participation is voluntary. Trainees will be provided a list of names, professional and/or personal bios, areas of mentoring interest, and meeting availability for staff psychologists. During the second round of matching we will also supply the names of postdoctoral residents interested in being a mentor. Trainees provide their top two selections to the Mentorship Program coordinators who will attempt to match each trainee with their choices. The Mentorship Program coordinators will facilitate the initial email meeting and act as liaisons in the mentoring program.

ADDITIONAL AVAILABLE DIDACTIC EXPERIENCES

- **The VA Northeast Ohio Healthcare System GRECC:** The GRECC was established to develop, implement and disseminate innovative programs to maintain independence, prevent disability, and improve quality of life for older veterans. Clinical demonstration programs include preventive and rehabilitative interventions, as well as new protocols to improve medication compliance, and other successful initiatives including the Hospice/Palliative Care Initiative. The education arm of the GRECC strives to advance quantity and quality of education in geriatrics and gerontology across the disciplines, with continued emphasis on training of medical and associated medical trainees. The GRECC cosponsors the Topics in Geriatric Medicine Series (See 3, below). Considerable interaction among the disciplines occurs.
- **Psychiatry Grand Rounds:** This series provides a variety of content relevant to mental health. It is approved for continuing education credit by the Ohio Psychological Association, as well as for most healthcare professions within the state. Presenters include local and national VA staff, affiliated university educators, and outside consultants.

- **Topics in Geriatric Medicine Series:** This series offers weekly seminars on subjects relevant to working with the elderly. Local experts as well as nationally renowned figures present on topics such as dementia, delirium, older persons' capacity to drive, perceptual functioning and information processing, affective disorders and substance abuse.
- **Psychology Intern Seminars:** Interns attend a weekly two-hour seminar that provides in-depth treatment of a range of topics across all specialties. The seminars are primarily by psychologist expert staff, with occasional speakers from other medical disciplines.
- **Institutional Review Board:** Residents may observe a meeting of the local Institutional Review Board (IRB). The IRB is comprised of professional and community members who share the responsibility for insuring that human studies research at this medical center is conducted under the most rigorous ethical standards to assure the protection of the rights, welfare, and safety of the veteran patients under our care. Psychologists' roles within the Human Studies Subcommittee will be discussed with an active IRB psychologist member.
- **Educational Events:** Psychology Service sponsors continuing education events featuring nationally prominent presenters. In recent years, the following experts have presented workshops or lectures in this series:

2009 William Miller, Ph.D. on Motivational Interviewing
James Prochaska, Ph.D. on Stages of Change
Stephen Behnke, J.D., Ph.D. on Multidisciplinary Professional Ethics

2010 Steven Hayes, Ph.D. on Acceptance and Commitment Therapy
Stephanie Covington, Ph.D. on Addiction and Trauma in Women

2013 Scott Stuart, M.D. on Interpersonal Psychotherapy

2014 Kenneth Adams, Ph.D. on Ethical Treatment Across the Lifespan

2014 Yossef Ben-Porath, Ph.D. on the MMPI-2-RF

2015 Bob Stinson, Psy.D., ABPP on Mandatory Reporting

2016 Frederick Leong, Ph.D., Cross Cultural Psychotherapy Part II

2016 Melinda Moore, Ph.D. Collaborative Assessment and Management of Suicidality

2017 Peter Gutierrez, Ph.D. Suicide Assessment, Safety Planning, & Treatment Planning

2018 Morgan Sammons, Ph.D., ABPP Update on Prescriptive Authority for Psychologists

2018 John Queener, Ph.D. Ethical Considerations in Cultural Competence



APPLICATION PROCEDURES

ELIGIBILITY REQUIREMENTS FOR PSYCHOLOGY RESIDENCY PROGRAMS

- U.S. citizenship. Verification of citizenship is required. The VA is unable to consider applications from anyone not currently a U.S. citizen. 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 applicants born after 12/31/1959 must have registered for the draft by age 26 to be eligible for any US government employment, including as a paid VA trainee. Male, for this purpose, is any individual born male on their birth certificate regardless of current gender. Males who are required to register, but who failed to do so by their 26th birthday, are barred from any position in any Executive Agency. You may 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 processed into a training program. Exceptions can be granted only by the US Office of Personnel Management; exceptions are very rarely granted.
- Fingerprinting, passing a background check, and possible pre-employment random drug and alcohol screening. We are a federal facility with zero tolerance for substance use at work. Cannabis use even with prescription is not permitted.
- Hepatitis B vaccination, tuberculosis screening, and acknowledgement of VA healthcare policy for influenza vaccination. The VA offers a physical to fulfill these requirements upon acceptance. VA training occurs in a health care setting where patients may be easily susceptible to influenza. Hospital policy states you must have a current flu vaccination, or wear a barrier mask during flu season to limit patient exposure to the flu.
- Successful completion of an APA or PCSAS accredited doctoral program in Clinical, Counseling, or combined Psychology, including APA accredited or VA sponsored doctoral internship.
- All requirements for the doctoral degree must be completed prior to the start date.

Prospective residents may apply to, and be considered for, more than one residency specialty program and for more than one focus area within a residency specialty program. Applicants must submit separate applications if they are applying to more than one specialty program. Health and Clinical specialties may allow for a single application when applying to different focus areas. Clarify your intent with the program staff and in your letter of interest, as well as the requirements for each.

The Clinical Health, Clinical Psychology, and Rehabilitation residency Programs follow the [APPIC Postdoctoral Selection Guidelines](#). **Please carefully review the guidelines, we will begin making offers at 10 a.m. Eastern time Monday February 22, 2021.** If you receive an offer prior to that time and our program is your top ranked choice, contact us immediately. The guidelines allow us to make a reciprocal if you are our top ranked applicant. Applicants may hold offers for two hours and will be notified when they are no longer in consideration. We ask the same consideration from applicants - please notify us when you are no longer considering coming to the VA Northeast Ohio Healthcare System.

The Clinical Neuropsychology residency and Rehabilitation Psychology Programs **are two-year programs. We will not be accepting applications for Neuropsychology program for the 2021-2022 year.** The Clinical Neuropsychology residency participates in the Association of Postdoctoral Programs in Clinical Neuropsychology Residency Match that releases results on APPCN Match Day February 2022. **We WILL be accepting applications for the Rehabilitation Psychology program for the 2021-2022 year.**

Application Requirements

- Curriculum Vitae
- Cover letter with statement of interest in the specialty and focus area(s) to be pursued. Please be clear about your priorities if applying to more than one focus area
- Letter of good standing from the Director of Training of your internship program
- Two letters of recommendation from supervisors who can address your clinical capability in the specialty area to which you are applying
- A work sample of psychological assessment related to the specialty area of interest
- Official transcripts of graduate work

You may want to be considered for more than one focus area within a specialty. You may submit one application package per specialty area, however you must make clear your intentions and desired priorities for focus areas. If you are applying to more than one specialty area (e.g. Health and Clinical) you must submit two separate applications.

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. Securing a statement from university student health center, your regular health provider, or an urgent care clinic 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.

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 application, we will consider it during application review and ranking.

APPA - CAS Online

The Clinical Psychology, Clinical Health Psychology, and Rehabilitation Psychology Residencies are registered with the online APPIC Psychology Postdoctoral Application Centralized Application System. Applicants should use that system for their applications, and may include all application materials with the APPA. **If there is any problem with completing the online application, please scan and submit documents directly by email to Ms. Rosen and the Director of Training.**

Applications Due

January 8, 2021

Application materials should be received by FRIDAY JANUARY 8, 2021.

Application Address

James DeLamatre, Ph.D., Director of Training
Louis Stokes Cleveland VAMC
Director of Psychology Training 116B (W)
VA Northeast Ohio Healthcare System
10701 East Blvd.
Cleveland, Ohio 44106
james.delamatre@va.gov

Judith Rosen, Program Assistant
Judith.Rosen2@va.gov
216-791-3800 x6821

Web: <http://www.cleveland.va.gov/internship/psychology/>

Questions regarding the accreditation of the Residencies 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

Telephone inquiries about our program are invited at (216) 791-3800, x6822. We encourage diversity in our residency cohort and invite application by qualified ethnic minority group members.

Start Date

August 30, 2021

Stipend

\$ 48,132	First Year
\$ 50,734	Second Year

Benefits

Health insurance benefits, 13 days paid Annual Leave and up to 13 days of Sick Leave, 5 days if Authorized Absence with pay for attendance at approved conferences. We follow federal Family Friendly Medical Leave guidance for accommodating the need for extended medical leave.

RESIDENCY SELECTION PROCEDURES

Training staff rate application materials on standard criteria and conduct a performance-based interview (PBI). The PBI consists of a standard set of questions for all residents, and additional questions unique to the specialty and focus area. Applicants are then ranked and the top applicant is offered the residency on the APPIC uniform notification day. We use the APPA-CAS application system and follow all APPIC guidelines for application including honoring the uniform notification day. An applicant has the best chance of matching with us by having a well-rounded background pertinent to working at the VA, strong justification or experience for the specialty and focus area, attention to diversity issues, and professional presentation of themselves.

CLINICAL PSYCHOLOGY PROGRAM

Reaccredited for 10 years in 2019

The Clinical Psychology Residency Program provides advanced training in the foundation of the knowledge, skills, and professional competencies that define clinical psychology, including assessment and intervention with a wide variety of psychiatric, behavioral, and environmental problems. The program fosters the development of advanced skills in the differential diagnosis of psychopathological disorders, treatment planning, and evidence-based intervention. Theoretical and therapeutic approaches will vary with the training setting and types of problems typically encountered. Supervisors work with the resident to develop an individual learning plan for developing advanced skill in focus areas such as psychological assessment, individual and group interventions, marital or family interventions, case management, vocational screening, multidisciplinary treatment team planning, supervision, and patient education.

We are especially proud that our program was honored with the 2016 APA Division 18 Excellence in Training Award for providing recovery-oriented, evidence-based services to adults diagnosed with serious mental illnesses. In addition to the seminars required of all residents, clinical psychology residents are also required to attend:

Clinical Psychology Resident Seminar. Residents in all clinical focus areas attend the monthly Clinical Psychology Residency Seminar, focusing on specialized content areas, advanced techniques, and presentation of scholarly topics.

Please note that outpatient mental health services were transitioned to primarily virtual care during the global pandemic, and residential services were significantly disrupted. At the time of this writing the Day Hospital and Program for Recovery Skills were operating as a combined unit of primarily virtual care, and the Recovery Resource Center, addiction units, outpatient mental health, and PTSD services were primarily telehealth. The general structure of care delivery was fashioned after the descriptions below. Responsible reopening of outpatient care had allowed some in-person services and the longer-term plan was for restoration of residential services. We cannot predict exactly how services will look at the start of residency, but we can ensure that your training experiences will reflect the start of the art in mental health care.

CLINICAL PSYCHOLOGY SPECIALTY COMPETENCIES

- **Assessment:** Demonstrates an in-depth understanding of assessment methods, the constructs being assessed, standardized assessment issues, psychometrics, and appropriate normative data. Provides articulate written reports that effectively convey assessment information and appropriate limitations of scope, application, diagnostic clarity, and conceptualization.
- **Intervention:** Demonstrates knowledge of evidence-based practice and performs evidence-based modality psychotherapy or environmental modification interventions.
- **Consultation:** Demonstrates knowledge of science base of consultation and the ability to serve as a consultant for other professionals such as those who provide psychological services, health

care professionals from other disciplines, or educational personnel, and individuals in other institutions and settings.

- **Research:** Successfully engages in research designed to systematically improve the knowledge base of the profession or evaluates the effectiveness of programs and activities.
- **Supervision:** When supervising other trainees, demonstrate the ability to communicate and apply knowledge of the purpose, roles, and procedures in the practice of supervision.

I. PSYCHOSOCIAL REHABILITATION OF THE SERIOUSLY MENTALLY ILL

The resident will gain experience in the full continuum of care for the veterans with severe mental illness. Rotations are designed to maximize both breadth and depth of training in assessment, evidence-based treatment, and rehabilitation with persons living with severe mental illness. Residents complete rotations on the acute inpatient psychiatric unit, medical consultation and evaluation, and partial hospitalization program (Day Hospital), and have a final choice between residential care and outpatient community integration-focused care. Training emphasis is given to evidence-based practices for persons with severe mental illness such as Integrated Dual Diagnosis Treatment (IDDT), Social Skills Training (, Cognitive Behavioral Therapy, and CBT for Psychosis (CBTp), with primary training rotations offering competency development in psychosocial skills training and cognitive-behavioral psychotherapy. Supplemental training experiences may include experience with other evidence-based practice programs such as assertive community treatment, supported employment, family psychoeducational programs, or Behavioral Family Therapy.

Our psychosocial rehabilitation programs assist veterans as they progress toward their individual recovery goals through enhanced empowerment, community integration, work and meaningful activity, and familial and social supports. Rotations and supplemental training sites offer experience across the domains of treatment and recovery. The training curriculum includes a site visit with the Summit County Recovery Project and community-based consumer-run activities. The preceptor for this residency is a voting member of the IRB, which provides the resident with the opportunity to directly experience the VA research review process. The residency incorporates enhanced professional role development, teaching, and supervisory activities.

PSR-SMI FOCUS AREA COMPETENCY COMPONENTS

- **Cognitive Behavioral Therapy (CBT) and Cognitive Behavioral Therapy for Psychosis (CBTp):** Demonstrates understanding and skills in individual and/or group cognitive-behavioral interventions for persons with SMI, including knowledge related to selection and effective implementation of specific interventions, and monitoring of progress and outcomes.
- **Psychosocial rehabilitative skills training:** Demonstrates competence in rehabilitative skills training for persons with SMI (e.g. illness management and recovery, communication and social skills, relapse prevention and planning, stress management, cognitive re-training, etc.), including incorporation of assessed needs and preferences, effective implementation, and monitoring of progress and outcomes.
- **Advanced SMI assessment:** Demonstrates competence in risk assessment and assessment of psychotic symptoms and related expressions of SMI, including utilization of holistic biopsychosocial and differential diagnostic psychological assessment techniques.

- **Consult-Liaison in Acute Medical Setting:** Demonstrates skill consulting on psychological assessment, diagnosis, and treatment planning in acute medical settings, with an emphasis on brief cognitive screening, capacity evaluation, and treatment of mental health disorders related to medical diagnoses.
- **Integrated Dual Diagnosis Treatment (IDDT):** Offered on both of the final rotation choices, this is an opportunity to develop competence in the administration of the manualized treatment for individuals with co-occurring serious mental illness and addiction.

CLINICAL TRAINING EXPERIENCES

A. Inpatient Psychiatry

The resident initially gains intensive treatment and evaluation experience with veterans in an acute phase of illness on a 30-bed locked inpatient psychiatric unit. The primary training focus of this rotation is to provide the resident with both experience and comfort with the acute phases of psychopathology of severe mental illnesses. This rotation includes diagnostic evaluation of psychopathology and psychosocial issues, rapid assessment training, interdisciplinary care planning, and individual and group psychotherapeutic interventions. The resident's training includes:

- Screening assessments including mental status, cognitive and neuropsychological screening, psychiatric symptom inventory, substance use, functional status, and psychosocial support system review.
- Psychological evaluation of hospitalized veterans including clinical interviewing, psychosocial history, collateral family/support interviews, personality evaluation, and assessment of psychopathology. Training includes rapid psychological assessment techniques.
- Differential diagnosis of psychotic spectrum conditions utilizing traditional psychological assessment techniques.
- Interdisciplinary team participation, including staffing and development of multidisciplinary treatment plans.
- Acute psychological interventions including individual and group psychotherapy, and behavioral management planning.
- Capacity evaluations for competency hearings and risk assessment for civil commitment hearings.

B. Consultation/Liaison Team

This supplementary rotation coincides with the Inpatient Psychiatry experience, to broaden the resident's exposure to severe mental illness and acute psychopathology as it is encountered in a diverse healthcare system. The resident serves as a psychologist on this multidisciplinary team (including psychiatrists). The Consultation/Liaison Team provides mental health consultation to medical units at the Wade Park campus for hospitalized veterans presenting with emergent psychiatric issues. The resident conducts bedside assessments of the veteran's conditions, including diagnosis and recommendations for management or triage to alternative level of care. These assessments include rapid psychological assessment methodology, and training in evaluation of functional capacities relative to legal competency is offered. Interprofessional consultation and communication skills are emphasized.

C. Day Hospital

The Psychiatry Day Hospital is a four-week intensive partial hospitalization program for veterans with serious mental illness, and is fully accredited by *the Commission on Accreditation of Rehabilitation Facilities* (CARF) under Partial Hospital standards. Opened in 1996 in response to the closing of several inpatient psychiatric units, the Day Hospital was given three primary tasks: 1) prevent hospitalization; 2) reduce length of stay for inpatient psychiatric hospitalization; and 3) aid in and improve transition from an inpatient stay back into the community. The Day Hospital has continued success in meeting these goals by employing a multidisciplinary team consisting of a psychologist program manager, clinical nurse specialist, social worker, peer support specialist, and a part-time prescriber. Fully embracing the recovery model, veterans are provided with education, information, and psychotherapy along with psychopharmacological interventions. The psychiatric population of the Day Hospital consists primarily of individuals with schizophrenia, schizoaffective disorder, major depression, bipolar disorder, and PTSD. Residents are integrated team members and develop professional identity through experiences in multidisciplinary team consultation on assessment, psychotherapy, and diagnosis. The resident will also have opportunity to enhance skills in differential diagnosis and implementation of CBT/CBTp in both group and individual formats. Residents gain supervision experience through umbrella supervision of interns or practicum students. The resident will develop skills in:

- Initial psychosocial assessments, including triage for Day Hospital versus other levels of care (e.g. inpatient).
- Full psychological evaluations and report writing including the use of MMPI-2 and other measures, usually for diagnostic purposes.
- Opportunities for coordinating the involvement of family and other support networks.
- Training in CBT and CBTp with persons with severe mental illness in both individual and group modalities.
- Skills-based group facilitation and individual psychotherapy.
- Clinical training supervision through umbrella supervision opportunities.
- Daily interdisciplinary rehabilitation planning.
- Outreach and liaison with community resources.
- Leadership with the Psychologist Program Manager will be emphasized.
- Opportunity for program evaluation and development experience.

D. Program for Recovery Skills and Recovery Resource Center

- ***The Program for Recovery Skills*** is fully CARF accredited (under Residential standards) intensive residential rehabilitation program for persons with severe mental illness (SMI). This is a comprehensive program that employs evidence-based strategies for this population, including illness management and recovery skills training, with an empirically supported integrated dual disorders treatment (IDDT) component for those veterans with SMI and co-occurring addiction. The training rotation emphasizes program development opportunities in the areas of the evidence-based practice recommendations for illness management and recovery, and integrated dual disorder curricula from the Substance Abuse and Mental Health Services Administration (SAMHSA). The 20-bed general psychiatric *Psychosocial Residential*

Rehabilitation and Treatment Program (PRRTP) is the residential component, housed within a 37-bed unit, offering an enhanced rehabilitative milieu facilitating recovery for veterans with mental health and/or addiction rehabilitation goals. This model program applies stage-wise intervention strategies for addiction and illness management issues, with an emphasis on early engagement, individual values and goals, and persuasion interventions. Comprehensive, recovery-oriented psychosocial assessment, motivational enhancement, cognitive-behavioral psychotherapy, and group facilitation skills are primary training opportunities in this setting. The resident is a full member of the interdisciplinary team including a psychologist team leader, psychiatrist, social worker, counselor and rehabilitation providers, peer support specialist, and 24-hour residential nursing staff.

- **The Recovery Resource Center** is a fully CARF accredited (under Community Integration standards) Psychosocial Rehabilitation and Recovery Center (PRRC) that offers intensive outpatient mental health services to veterans with serious mental illness. The PRRC is a transitional learning environment that is designed to empower veterans using an individualized, person-centered approach. The PRRC strives to support mental health recovery and integrate veterans into meaningful community roles. This program offers wellness and recovery programming with an emphasis on realizing individualized recovery goals and full community integration. Programming includes social skills training, integrated dual disorders treatment (IDDT) and Cognitive Enhancement Therapy (CET). The program also offers individualized recovery planning and recovery-oriented services coordination. As a member of the fully engaged interdisciplinary team based in the community, the resident works with the psychologist team leader, advanced practice nurse, social workers, and certified peer support specialist providers, and gains experience in learning to effectively engage, assess, and intervene with clients in their natural environment.

In this four-month rotation, the resident gains extensive experience in evidence-based psychosocial skills training interventions across a range of rehabilitative milieus and modalities; as well as professional psychological experience as a full-member of multidisciplinary teams. The resident's training includes, but is not limited to, the following:

- Comprehensive initial and ongoing recovery-oriented biopsychosocial assessments.
- Interdisciplinary rehabilitation and recovery planning based upon the veterans' assessed needs, preferences and goals across psychosocial domains.
- Psychosocial skills training and psychoeducation in individual and group formats, also including integrated dual disorders treatment and social skills training.
- Individual psychotherapy, including cognitive behavioral psychotherapy interventions.
- Psychological assessment, including differential diagnosis of psychotic spectrum conditions utilizing traditional psychological assessment techniques.
- Program development and outcomes evaluation.

E. Scholarly Research Project

The research requirement is described [here](#).

F. Supplemental Training Experiences

- **Summit County Recovery Project (Optional: 1 site visit).** The residency has partnered with the Summit County Recovery Project, which was developed to assist persons who are recovering from mental illness to return to dignified, contributing roles in the local community, to the best of their ability. This training experience will afford the residents both exposure to selected consumer-run activities and initiatives in the community with consumers who are in the later phases of the recovery process. The site visit includes Choices (a drop-in, consumer-operated community center) and the Consumer Educational Outreach Center (a reading room/lending library).
- **Evidence-Based Practices for Persons with Severe Mental Illness (Optional: 1-3 site visits each).** The LSCVAMC offers a spectrum of interventions for veterans with severe mental illness, in accordance with nationally recognized clinical guidelines and recommendations. In primary training rotations, the resident gains competence in two widely recommended evidence-based practices for this population: CBT and psychosocial skills training, as well as practical experience in best practice recommended integrated dual diagnosis treatment approaches. The residency curriculum includes required literature review relevant to evidence-based practice areas. Clinical experiences across the year include interface and referral of veterans to supplementary rehabilitation programs in accordance with veterans' personal rehabilitation and recovery goals. To enhance the resident's practical exposure to additional evidence-based interventions, one to three site visits are optionally scheduled with each of the following programs:
 - **Mental Health Intensive Case Management (MHICM).** An assertive community treatment-model case management program offered through community-based outpatient clinics for veterans with severe mental illness. This program has also instituted an Integrated Dual Disorders Treatment case management initiative.
 - **Supported Employment.** Our supported employment program achieves excellent fidelity ratings for best-practice in this evidence-based employment services for persons with severe mental illness. Vocational employment specialists work closely with numerous clinical programs for persons with severe mental illness.
 - **Family Education/Psychoeducation.** Family psychoeducation and education programs are intermittently offered for veterans with severe mental illness and their supports through a community-based outpatient clinic and/or in partnership with the National Alliance on Mental Illness (NAMI).
- **Ohio Suicide Prevention Foundation (Optional; 1 or more site visits):** The Ohio Suicide Prevention Foundation (OSPF) was established in 2005 to promote suicide prevention as a public health issue and to advance awareness to support suicide prevention activities. Ohio Department of Mental Health partnered with Ohio State University, the state Suicide Prevention Team, suicide survivors and advocacy groups, and numerous private and public agencies in this initiative. The resident has the opportunity to attend an OSPF Advisory Committee meeting with a residency Preceptor who serves on this state panel. Education regarding suicide prevention initiatives and expanded professional roles for psychologists in public health policy is the focus of this experience.

II. COMMUNITY INCLUSION FOR THE SERIOUSLY MENTALLY ILL

This Interprofessional Post-Doctoral residency in Clinical Psychology is in partnership with Social Work and Chaplain Service, and is focused on Community Inclusion with Veterans who experience SMI. Residents in this program will learn and work alongside other social work and chaplain trainees to assist individuals with attaining self-determined goals and roles in their communities of choice. In general, interprofessional care requires providers to demonstrate in-depth understanding of various professional disciplines on the team and effectively involve, engage, and integrate those other providers to improve case-specific client outcomes. Inter-professional collaboration also aims to bring disciplines together to address needs within a system of care.

The resident will develop competency in or have significant exposure to many of the traditional and evidence-based psychosocial interventions for individuals who experience serious and persistent mental illness (i.e., schizophrenia spectrum disorders, bipolar disorder, severe PTSD, major depressive disorder), co-occurring addictive disorders, homelessness and various health or life challenges. Fellows will learn or be exposed to interventions in Illness Management and Recovery, Integrated Dual Diagnosis treatment, Assertive Community Treatment, Supported Employment, Cognitive-Behavioral Therapy, Social Skills Training, just to name a few.

The primary focus for the resident in this fellowship is to develop skills and competencies that help individuals with complex psychosocial challenges flourish in their natural environments. Residents will hone assessment skills using various cognitive, personality (projective, objective) and recovery-oriented measures and use those findings to develop meaningful treatment recommendations. Residents will also develop skills in stage-wise assessment and treatment of co-occurring addictive disorders. Special emphasis will be placed on developing measurable, person-centered care plans that address an individual's needs and reflect an understanding of the various stages of change. In addition to improving knowledge of community-based work and interventions, residents will engage in rotations and clinical experiences that expose them to the entire continuum of psychiatric care. The PRRC, a year-long primary rotation site, also offers telehealth services at a remote location so residents will obtain valuable experience conducting mental health assessments and session by video. During the SMI Inclusion Inter-professional residency, residents will learn a great deal about organizational systems, program design, implementation, evaluation, developing community partnerships, and managing a mental health program. As you can see from the available training experiences, our goal is to offer a menu of options to help residents develop a training experience that is specific to their individual needs and career goals in working with individuals who experience SMI.

CI-SMI FOCUS AREA COMPETENCY COMPONENTS

- **Community Inclusion and Community-Based Interventions:** Demonstrates understanding of community inclusion domains and principles. Utilizes effective intervention strategies that increase opportunities for community participation and include resources within the person's community of choice. Interventions are community-based when feasible and aim to increase independence. Able to mutually problem-solve barriers to engaging in meaningful activity with veterans, families, and other community supports.
- **Psychosocial rehabilitative skills training:** Demonstrates knowledge of Psychosocial Rehabilitation (PSR) principles and competence in PSR skills training for persons with SMI (e.g. illness management and recovery, communication and social skills, relapse prevention and planning, cognitive re-training,

motivational interventions, etc.). Incorporates strengths, needs, abilities and preferences into care plans and interventions. Appreciates and understands the various stages of change and treatment, and effectively implements interventions accordingly.

- **Advanced SMI assessment:** Demonstrates competence in risk assessment and assessment of psychotic symptoms and related expressions of SMI, including utilization of holistic biopsychosocial and differential diagnostic psychological assessment techniques.
- **Person-Centered Care Planning:** Incorporates strengths, needs, abilities and preferences of the individual into the care plan. Goals are veteran-centered, measurable and attainable. Able to appreciate and understand the various stages of change and treatment, and effectively implement PSR/COI interventions accordingly. Demonstrates understanding of the holistic needs of the individual and effectively monitors progress/outcome. Collaboratively engages other disciplines, advocates, services, families and supporters in the individual's recovery process when warranted.
- **Inter-Professional Collaboration and Consultation:** Demonstrates in-depth understanding of various professional disciplines on the team and can effectively involve, engage, and integrate other providers to improve case-specific client outcomes. Demonstrates a flexible, holistic and comprehensive view of treatment, rehabilitation, mental health recovery and wellness. Possesses the ability to work with other disciplines on a common project to improve systems of care for individuals with SMI.

CLINICAL TRAINING EXPERIENCES

A. Psychosocial Rehabilitation & Recovery Center (PRRC), 12 months, 2-5 days:

- Individual interventions focused on engagement strategies and longer-term therapeutic interventions, as individuals are usually in PRRC for a year or longer, as opposed to much shorter duration in other VA programs.
- Projective & Objective personality assessment.
- Groups focusing on Evidenced Based Practices for individuals with SMI, as well as those with Co-occurring Addictive Disorders.
- Community-based interventions to increase skills in the community (In-vivo skills training, home evaluation when appropriate, etc.).
- Telehealth assessments and interventions (group, individual).
- Conducting Bridge Groups on the Inpatient Psychiatry and Residential Units and participating in treatment teams when appropriate.
- Additional opportunities may include family programming, program development and evaluation, Equine-Assisted Psychotherapy, other evidence-based therapies (Cognitive Processing Therapy (CPT), Behavioral Family Therapy (BFT), Social Skills Training (SST), Motivation Interviewing (MI).

B. Other Homeless and Community-Based Experiences, 3-4 months, 1-2 days:

- Home-Based Primary Care – HBPC: Individual home-based assessments, care planning, and interventions on a multidisciplinary team of health professionals.

- Homeless Domiciliary: Program development focused on individuals with SMI who are homeless. Brief therapy and assessments aimed at helping veterans manage psychosocial issues/problems and plan for transition to the community.

C. Minor Rotation Experiences, 3-4 months, 1-2 days:

- Mental Health Intensive Case Management/Integrated Dual Diagnosis Treatment – MHICM: Perform screenings/assessments, assist with care planning, brief interventions, assertive outreach for those with dual disorders.
- Comprehensive Homeless Center Outreach Program – Hud/Vash, Housing First, Veterans Justice Outreach, Grant & Per Diem, Community Resource & Referral Center - Assist with specialized assessments, care planning and outreach w/ emphasis on brief interventions for veterans who are formerly homeless, homeless or at risk of homelessness.
- Supported Employment - Emphasis on vocational assessment, care planning and interventions to increase skills to maintain employment.
- Other SMI Continuum Programs – Inpatient Psychiatry, Psychosocial Residential Rehabilitation Treatment Program (PR RTP), and the Psychiatry Day Hospital

D. Additional Experiences as available:

- Developing 1-2 groups based on needs/preferences of person served with rationale that is based on relevant literature and PRRC model of care.
- Developing a community partnership and gaining exposure to local mental health and homeless continuum of care (attending meetings at the local mental health board or office of homeless services with preceptor), including providing presentations to one of the local boards, programs, and continuum of care.
- Providing umbrella supervision to psychology interns.

E. Scholarly Research Project (8 hours per week; full year duration)

The research requirement is described [here](#).

III. TRAUMA/POSTTRAUMATIC STRESS DISORDER

The Trauma/Posttraumatic Stress Disorder (PTSD) resident will gain experience in the full continuum of care for veterans with PTSD and other trauma-related mental health issues. Rotations are designed to maximize both breadth and depth of training in assessment, evidence-based treatment, and broader recovery from trauma. Residents complete rotations in the PTSD Clinical Team (PCT) and Specialty Mental Health, including outpatient, intensive outpatient, and residential levels of care. All residents will spend the year in these main rotations, with the length of time and activities within each to be individualized according to the resident's training plan. The intention is to maximize the scope and depth of expertise obtained from working with men and women of all eras who present with a broad range of stress disorders, including complex cases who struggle with comorbid conditions.

The PCT is a Specialty Mental Health Clinic that offers short-term (on average 3-6 months) evidenced-based therapies in individual and group formats, including Intensive Outpatient and integrated PTSD/SUD Residential programs. Within the PCT, training emphasis is given to evidence-based practices

(EBPs) for veterans with PTSD including Prolonged Exposure (PE), Cognitive Processing Therapy (CPT), and other interventions recommended in the current Clinical Practice Guidelines (CPG) for PTSD. Staff provide a wide variety of long and short-term individual and group therapies for veterans who have experienced trauma and have a variety of mental-health related sequelae. Specialty Mental Health also provides training opportunities working with veterans who have experienced Military Sexual Trauma (MST) or who are using or experiencing intimate partner violence (IPV). The resident will work directly under the supervision of the facility MST and IPV coordinators. Training experiences for these opportunities involve assessment, consultation, and both individual and group interventions. Residents may also elect to engage in supplemental training with the Polytrauma Clinic, which provides exposure to assessment and individual psychotherapy with veterans suffering from mild traumatic brain injuries and PTSD.

Our training model encourages assessment of physiological, psychological, familial, and resilience factors to guide creation of an integrated, interdisciplinary treatment plan emphasizing empirically-based treatments. We begin by carefully designing the resident's learning plan by arranging experiences that meet learning needs and interests for the training year. Initially we include focused training in assessment (which may include Compensation and Pension Examinations) and EBPs for PTSD, along with other evidence based approaches such as Image Rehearsal Therapy/Nightmare Resolution, Dialectical Behavior Therapy (DBT), and Acceptance and Commitment Therapy (ACT). These core skills will then be tailored to fit the veteran population and clinical conditions during subsequent rotations. Subsequent experiences will include exposure to OIF/OEF/OND veterans of the Afghanistan and Iraq wars, men and women with military and/or childhood sexual trauma, traumatic brain injuries, Vietnam and WWII veterans, as well as the wide range of PTSD from non-military traumas, many of which entail widely varying combinations of mental health disorders. Treatment modalities will include an array of group formats along with individual and family psychotherapy. With the core evidenced-based therapy skills mastered, residents will be able to apply themselves to each of the rotations described below in a flexible manner, individually creating a combination of training experiences to meet their training needs and interests.

Please note that at the time of this writing mental health treatment had primarily transitioned to telehealth due to the COVID-19 pandemic. The transition primarily impacted training opportunities at the residential level of care. Outpatient training opportunities described continued with little interruption. At the time of this writing we had adapted and continued most training opportunities, however we cannot predict changes needed for the 2021-2022 training year. We hope the pandemic will resolved and we have returned to increased service delivery. The Trauma/PTSD residency major preceptor and supervisors will follow the current guidance of our facility with regard to training experiences offered to the resident, with the understanding that these offerings may be adapted as facility guidance is revised.

TRAUMA FOCUS AREA COMPETENCY COMPONENTS

- **Evidence-based psychotherapy:** Demonstrates understanding of research-base and skills in delivery of Prolonged Exposure for PTSD, and Cognitive Processing Therapy, in both individual and group formats.
- **Assessment and treatment planning for commonly co-occurring disorders:** Able to recognize, assess and make treatment recommendations regarding commonly co-occurring disorders, including traumatic brain injury (TBI), substance use disorders, and depressive disorders. Demonstrates

familiarity with the clinical practice guidelines for these co-occurring conditions, and consistently consults with appropriate providers.

- **Adjunctive treatments for PTSD:** Demonstrates knowledge of the Clinical Practice Guidelines (CPG) for PTSD and the role of adjunctive therapies. Demonstrates skills in delivery of a minimum of two adjunctive therapies for PTSD outlined in the CPG.

Optional Learning Experiences

- Consultative-level knowledge and skills in basic psychopharmacology and psychopharmacotherapy for PTSD.
- Family psychoeducation and/or couples-based therapy for those with PTSD.
- Skill in the delivery of Dialectical Behavioral Therapy (DBT) for persons with histories of severe trauma, productively participates in weekly group consultation, and functions as a group and individual therapist within a full DBT program.
- Polytrauma Clinic assessment and treatment planning for veterans with PTSD and co-occurring medical issues, including traumatic brain injury (TBI). Demonstrates ability to provide brief individual psychotherapy with veterans as a behavioral health provider embedded in a multidisciplinary treatment team.
- Women's trauma treatment environments for women veterans who have experienced trauma. Skills in short term treatments within the behavioral health setting of the within the Women's Health Clinic and consultation to providers within the Medical Center.

CLINICAL TRAINING EXPERIENCES

A. PTSD Clinical Team

The PCT provides time-limited and empirically supported treatments for PTSD at multiple levels of care, including outpatient, intensive outpatient, and residential. Residents work within an interdisciplinary team comprised of psychologists, social workers and psychiatrists. The client population includes men and women whose military experiences span all service eras. The PCT gives treatment priority to those who have sustained traumatic experiences in the military, including but not limited to combat and military sexual trauma. Patients may have severe, acute, and/or treatment-resistant PTSD as well as co-morbid diagnoses including substance use disorders. Treatments are offered in both individual and group format, and include: Cognitive Processing Therapy, Prolonged Exposure Therapy (including COPE), Cognitive Behavioral Conjoint Therapy for PTSD, Nightmare Resolution Therapy and several approaches to integrated care for PTSD/SUD (Seeking Safety, Motivational Interviewing, Relapse Prevention, and psychoeducation). Patient care and support services are tailored to meet the individuals' needs, taking into account their cultural, ethnic, gender and age-related characteristics. The resident conducts comprehensive assessments to arrive at accurate diagnosis, appropriate disposition for level of care, and referrals if indicated. Team members are involved in empirical research and outcome studies, and residents are encouraged to participate.

Outpatient treatment in the PTSD clinical team consists primarily of weekly, evidence-based treatment on an individual basis and various outpatient groups. Current and recent outpatient group offerings

include PTSD Symptom Management, Seeking Safety, and Contingency Management for PTSD and Substance Use Disorders. Residents will have the opportunity to supervise interns as part of the outpatient rotation. The PTSD Clinical Team also provides Intensive Outpatient options for treatment that consist of massed treatment using Prolonged Exposure or Cognitive Processing Therapy. Veterans participate either as outpatients or while admitted into a residential bed, and complete CPT or PE sessions 3-5 times per week.

The PTSD Clinical Team also provides a ten-week cohort-based residential integrated PTSD/SUD program that involves therapeutic interventions 4+ hours per day, five days per week. The resident can gain competence in working intensively using empirically based therapies (PE and CPT) with male veterans who suffer from PTSD and multiple social and personal coping skills deficits. The treatment program is open to male veterans from all eras whom have experienced combat or non-combat traumatic events during their service. The resident works with a psychologist on a multidisciplinary team that includes a psychiatrist, social worker, chaplain, peer support specialist, and occupational therapist. The resident conducts intake assessments, facilitates trauma-focused and educational groups, and provides case management, along with individual and family counseling, as needed. Clients accepted into the Program suffer from chronic PTSD and co-morbid substance abuse, as well as other mental health issues (most commonly mood and personality disorders). The Program strives to help individuals manage the social, vocational, and physical effects of their stress disorder. Interventions focus on resolution of interpersonal, social, and vocational problems associated with addiction and chronic PTSD through the integration of exposure-based, cognitive restructuring, and mindfulness techniques. Residents typically complete this rotation in the latter half of their training year.

B. Specialty Mental Health Rotations

The Mental Health Ambulatory Care Clinic (MHACC) is often the veteran's first encounter with treatment in the VA system, and provides a unique opportunity to work with patients at initial contact, in protocol-driven treatments, and longer-term working-through modalities of psychotherapy. The resident will be involved in assessment, advanced case conceptualization, development and implementation of meaningful treatment plans, individual psychotherapy, and as a co-therapist in group therapy formats. These outpatient rotations are focused on doing multifaceted assessment and psychotherapy with opportunities to engage in group and individual psychotherapy with male and female veterans. Veterans present with complex cases of PTSD, including sexual trauma, OIF/OEF/OND veterans at all stages of recovery, and comorbid diagnoses.

Military Sexual Trauma (MST): Supplemental MST training experiences may include assisting with in-depth assessments for veterans who are referred for services specifically related to their experience of MST. Residents may also gain experience with our intensive outpatient program for women veterans who have experienced interpersonal violence. This is a 9 hour/week program for veterans who require further stabilization and coping skills prior to engaging in more in-depth psychotherapy (i.e. trauma focused therapy or other EBTs). This program integrates mindfulness/body work, DBT skills and cognitive behavioral interventions. Residents may also co-facilitate Skills Training in Affective and Interpersonal Regulation (STAIR), a group currently offered to male veterans who have experienced MST, and/or an ACT-based group for male veterans who have experienced MST. Additional opportunities include working on special projects, program development, and initiatives with the Military Sexual Trauma coordinator.

Interpersonal Violence (IPV): Residents interested in advanced IPV training may obtain experience in assessment and interventions, including individual and group protocols. Group experience offers treatment for Veterans who have experienced and are using violence, including a relationship health and safety program for male Veterans; “THRIVE” (an interdisciplinary program for women who have experienced IPV-in coordination with Chaplain Service, OT, and Peer Support) and “Strength at Home,” an evidenced based program that treats the use of violence and PTSD. Depending upon their learning needs/interests Residents may also obtain experience in program development, consultation, and community engagement.

C. Scholarly Research Project

The research requirement is described [here](#).

D. Additional Experiences as available:

- Providing umbrella supervision to psychology interns.
- Developing additional programming based on needs/preferences of person served with rationale that is based on relevant literature and is consistent with the mission of the rotation.
- Participating in community partnership events and outreach that benefit veterans with Trauma/PTSD.

IV. SUBSTANCE ABUSE and PROCESS ADDICTIONS

The resident participates in a series of rotations to maximize the scope and depth of training in the assessment and treatment and rehabilitation of individuals coping with a broad range of substance use disorders and behavioral addictions. Training emphasizes the use of empirically-validated approaches to conceptualizing, assessing and treating individuals with addictive disorders. Residents are afforded the opportunity to develop and enhance their competence in motivational interviewing and enhancement techniques, cognitive-behavioral interventions, relapse prevention skills training, mindfulness based relapse prevention, and use of Twelve-Step facilitation approaches. The Substance Abuse interdisciplinary approach also offers the resident the opportunity to gain experience with developing comprehensive, integrated treatment plans based upon individual recovery goals. Training rotations offer the development of competence in diagnosis of substance use disorders and gambling disorder, as well as differential diagnosis of complex co-occurring psychiatric disorders and their relationship to the addictive disorder. The residency experience also incorporates enhanced professional psychological role development, teaching, and supervisory activities. Special emphasis is placed on gaining experience in program development, implementation, and outcomes monitoring.

A broad range of addiction programming is available in this setting, across the spectrum from clinical detoxification interventions, early engagement, outpatient and residential primary addiction rehabilitation services, and aftercare. The addiction recovery programs at LSCVAMC are among the largest in the VA healthcare system, and include the only veterans’ residential treatment program for gambling disorder in the nation for both the VA and Department of Defense (DOD). Psychology training has been an emphasis within our addiction services for over 35 years. The Substance Abuse resident participates in training rotations to maximize the breadth and depth of experience in assessment, treatment, and rehabilitation of veterans with the range of addictive disorders.

SUBSTANCE ABUSE FOCUS AREA COMPETENCY COMPONENTS

- **Psychosocial Intervention- Cognitive Behavioral Treatment:** Demonstrates understanding and skills in individual and/or group cognitive-behavioral interventions for persons with addictions, including knowledge related to selection and effective implementation of specific interventions, and monitoring of progress and outcomes.
- **Psychosocial Intervention-Motivational Interviewing:** Demonstrates MITI competence (achieving an average score of 4 on a 5-point scale) scoring on taped and/or live therapeutic interactions. This would include competence in MI scales measuring autonomy, direction, empathy, spirit, and responding to and inviting change talk.
- **Advanced Addictions Screening and Assessment:** Demonstrates competence in the selection and implementation of screening and assessment tools, including competencies in risk assessment, and utilization of biopsychosocial assessment instruments to then inform treatment plans and prioritize a complex set of problems and goals.
- **Care coordination and consultation:** Demonstrates competence to collaborate and consult with other disciplines, service recipients, advocates, families and agencies, demonstrating a flexible and comprehensive view of treatment, rehabilitation, and recovery.

SUBSTANCE ABUSE CLINICAL TRAINING EXPERIENCES

Several rotation options are available for trainees, designed to meet their individual training needs and preferences. Each rotation is available for two 6-month rotations or three 4-month rotations. As such, the resident may choose two or three of the following experiences:

A. Gambling Treatment Program (GTP)

The GTP was the first program of its kind in the nation and remains the only residential program for treatment of pathological gambling within the VA system, receiving national referrals of veterans and active duty military service members for this specialty treatment program. Veterans and active duty service members present with a broad array of complex comorbid conditions. The resident is an interdisciplinary team member, utilizing empirically-validated approaches to the treatment of pathological gambling including motivational enhancement and motivational interviewing, cognitive-behavioral strategies, mindfulness, relapse prevention, money protection and harm reduction, and Twelve Step integration. Intensive motivational interviewing training including taping and coded feedback is available. The resident may be assigned four to six months four days per week.

The resident's training includes:

- Screening, assessment and diagnosis of gambling disorder and comorbid disorders using interviewing and psychological testing.
- Interdisciplinary team staffing and treatment planning.
- Individual therapy, group facilitation, family interventions, and development of continuing care plans.
- Program development, implementation, and outcomes monitoring.

B. PR RTP/Program for Recovery Skills

The Program for Recovery Skills is an intensive residential program for persons with severe mental illness (SMI). The resident is an interdisciplinary team member in this comprehensive residential rehabilitation program that employs evidence-based strategies for veterans with SMI, including illness management and recovery skills training, with an empirically supported integrated dual disorders treatment (IDDT) component for those veterans with SMI and co-occurring addiction. The resident may be assigned four to six months four days per week.

The resident will develop skills in:

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

C. Primary Substance Abuse Programs

One of the largest substance abuse programs in the VA Healthcare System, we offer a broad range of experiences ranging from brief intervention to Intensive Outpatient Programming (IOP), and Residential Treatment. Experience includes options for Early Intervention, Acute Detoxification, the Women's Addiction Treatment Program, the Residential (Male) Primary Substance Abuse Treatment Program, and/or the Intensive Outpatient Program. The resident may be assigned four to six months four days per week.

Primary Substance Use Disorder Treatment Programs Options:

- **Women's Addiction Treatment Program.** The Women's Addiction Treatment Program (WATP) is a residential program that was created exclusively for women to eliminate typical treatment barriers including shame, hopelessness, fear and despair through providing a safe, non-confrontive environment that helps women explore the discrepancy between their sober values and continuation of substance abusing behaviors. Our focus is addiction recovery integrated with consideration of other psychopathology. This program's goal is to help women veterans achieve and maintain a sober lifestyle through the evidence-based treatment model Helping Women Recover (Covington), supplemented by Motivational Interviewing and Enhancement, Mindfulness, and Dialectical Behavior Therapy.
- **Residential Primary Substance Abuse Treatment Program or Intensive Outpatient Program.** The Residential Primary Treatment Programs and Intensive Outpatient Treatment Program are primary addiction treatment programs that offer a full-range of services to for male veterans in recovery from primary addictive disorders. In addition to primary educational and skills training interventions, these programs offer programming that emphasizes social skills training, other coping strategies, and brief motivational interventions.

Residents in this rotation gain experience across a range of recovery services and populations. The resident has opportunity to elect from a range of sites and populations, to support their personal training goals. The resident's training on these rotations includes:

- Screening for substance use, gambling and other process addictions, psychiatric symptoms, and support network problems;
- Comprehensive biopsychosocial/spiritual assessment;
- Differential diagnosis of comorbid psychiatric disorders;
- Motivational enhancement, relapse prevention skills training, 12-Step facilitation, mindfulness based relapse prevention and cognitive behavior therapy;
- Interdisciplinary team participation, including staffing and development of multidisciplinary treatment plans.

These programs may include the following experiences in both acute detoxification and intake/assessment, again depending on the resident's training needs:

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

D. Optional Supplemental Training Experiences

The following professional development, training and educational activities and opportunities are available as part of options A, B and C above:

- **Smoking Cessation Program.** Smoking cessation is offered in a variety of settings at this facility. The resident may elect to participate in a primary smoking cessation intervention program, as an adjunct to training during one primary rotation.
- **Ohio Council on Problem Gambling.** The Ohio Council on Problem Gambling is a state advocacy organization. The resident may elect to attend one or more community advocacy activities or training events, and may be afforded the opportunity to co-present at state or national conferences.
- **Criminal Justice Outreach.** Community outreach for veterans with forensic Issues through the Cuyahoga County Justice Center.
- **Homeless Shelter Veteran Outreach.** Community outreach for homeless veterans.
- **Organ Transplant.** Participate in the recovery skills group for veterans referred to the organ transplant list due to substance use concerns.

E. Scholarly Research Project

The research requirement is described [here](#).

V. FAMILY AND COUPLES COUNSELING SERVICES

The FCCS focus resident participates in family and couples' services with opportunities for collaborative work with Chaplain and Social Work Services. Work across disciplines enhances the provision of Family and Couples Counseling Services (FCCS). The FCCS services will be independent and conjoint treatments that include therapy, family education, and consultation to our Behavioral Health Interdisciplinary Program (BHIP) Teams, the Posttraumatic Stress Disorder (PTSD) Clinical Team (PCT), Gerontology Team in the General Mental Health Clinic, Interpersonal Violence (IPV), and Military Sexual Trauma (MST) Teams. The training curriculum and experiences for the FCCS resident will emphasize systems and communication interventions designed for couples and families, as well as family education and consultation.

Participants have included practitioners trained in and practicing VA endorsed evidence-based practices for families and couples including Behavioral Family Therapy (BFT), Integrated Behavioral Couples Therapy (IBCT), Cognitive Behavioral Conjoint Therapy for PTSD (CBCT-P), Family Education/Psychoeducation through Veterans Support and Family Education (VSAFE), and VA-NAMI Family to Family Education Program Partnership. Additionally, we offer other evidence-based couples interventions derived from the Strategic Family Therapy, Emotionally Focused Couples Therapy, and Warrior 2 Soulmate (W2SM) couples' workshop. Our current FCCS assists veterans, their partners, and/or families (family "members" are identified and defined by the veteran) through direct work on relationship struggles, as well as family and couples counseling that assists in managing factors that can significantly impact relationship dynamics and quality, such as serious mental illness (SMI) and Posttraumatic Stress Disorder (PTSD).

FCCS FOCUS AREA COMPETENCY COMPONENTS

The educational objectives of this training program are expected to produce practitioners well-versed in evidence-based models of care for families and couples undergoing debilitating stress to the family system. Objectives will be for trainees to:

- Gain an understanding of how couples and family systems operate and maintain equilibrium in behaviors and cognitions that either promote or hinder well-being among family members.
- Gain an understanding of how evidence-based interventions can modify family and couples' communication and behaviors to establish or restore beneficial interactions.
- Gain expertise, through practice and pedagogy, in utilizing appropriate couples and family interventions to change disabling couples and family dynamics.
- Develop knowledge and skills in treatment planning and strategic goal setting for couples and families in therapy.

Core Competency Components

Specific core competencies are in accordance with the American Association for Marriage and Family Therapy's December, 2004 Marriage and Family Therapy Core Competencies, and are recommended by the American Psychological Association as guidelines for psychologists who practice family and couples therapy.

- Utilization of systems concepts, theories, & techniques: Demonstrate competence in understanding and utilizing systems concepts, theories, and techniques that are foundational to the practice of marriage and family therapy. This will include development of hypotheses regarding relationship patterns, examination of extra therapeutic factors that can influence treatment, and contextual assessment of systemic problems.
- Assessment: Demonstrate competence in the utilization of individual, couple, and family assessment instruments appropriate to the presenting concerns, practice setting, and cultural context. Effectively employ systemic interview techniques and strategies, and administration and interpretation of appropriate assessment instruments. This will include utilization of models and instruments related to the assessment and diagnosis of mental health disorders, substance use, and relational functioning, as well as assessment of safety issues (interpersonal violence (IPV); child, elder, and/or abuse of a vulnerable person; suicidality; risk to others).
- Evidence-based FCCS techniques: Demonstrates competence in the application of techniques from a variety of evidence-based family and couples treatment modalities (IBCT, BFT, Gottman methods) and culturally sensitive approaches that match the family or couple's needs, goals, and values.
- Interprofessional Collaboration: Collaboratively develop treatment goals, treatment plans, measurable outcomes, and aftercare plans utilizing a systemic perspective. This will include prioritization of treatment goals, continual subjective and objective evaluation of progress towards treatment goals, recognition when and how treatment goals and plans should be renegotiated, and development of termination and aftercare plans. Collaborate and consult with other disciplines, service recipients, advocates, families and agencies, and attend to the potential need for referral(s) to other VA and non-VA resources and/or professionals.
- Ethical Standards & Practice: Work within professional, ethical, and legal boundaries as well as within VA policies and procedures. Recognize ethical dilemmas, appropriately use supervision and consultation, understand the limits of confidentiality in couples and family therapy, and develop needed safety plans.

FCCS Optional Learning Experiences

- Consultative-level knowledge and skills in basic psychopharmacology.
- Interprofessional skills in understanding and appreciation for the services and skills offered by other disciplines working with individuals, couples, and families.

FCCS CLINICAL TRAINING EXPERIENCES

The residency rotations and supplemental trainings are designed to allow for flexibility in experiences and attention to the way FCCS are delivered for extended periods of time. Training emphasis is given to evidence-based practices. Attention is also given to multicultural issues, including same-sex and transgendered relationships. The specific training curriculum includes provision of outpatient FCCS, participation as a presenter at W2SM workshops, and potential collaboration with our intensive outpatient programs (IOPs), residential programs (addiction, Domiciliary, and residential SMI treatment), and the Psychosocial Recovery Resource Center (PRRC). The Preceptor for this residency is a psychologist providing family and couple services in the Cleveland VA Health Care System.

In addition to clinical practice, residents, as practitioner-scholars, are required to conduct a year-long research project or engage in program development in which they develop a project with a definable work product. This provides the opportunity for the resident to experience the VA research review process, identify an area of need in couples and family services, implement some form of treatment or intervention to fulfill this need, and survey the results of the intervention.

Last, the residency also incorporates enhanced professional role development, teaching, and potential supervisory activities. In the spirit of collaboration, the resident can participate in monthly professional and clinical development seminars with residents and interns from our Social Work and Chaplain departments. Learning how to collaboratively work with these other disciplines is crucial to professional development. Residents may also have the chance to supervise predoctoral psychology interns who choose an enrichment in family and couples services.

Supplemental Training Experiences

The resident may elect to devote a portion of their time to working with families and couples in other programs at the Cleveland VA. This may include working with the families of veterans involved in the VA Caregiver Support Program, and creation of supplemental treatments for couples and families, such as parenting skills classes, multifamily counseling, and psychoeducation on mental illness, communication skills, or other topics of professional interest to the resident.

Scholarly Research Project (8 hours per week; full year duration)

The research requirement is described [here](#).

CLINICAL RESIDENCY ADMISSIONS, SUPPORT, AND INITIAL PLACEMENT DATA

POST-DOCTORAL RESIDENCY PROGRAM TABLES**Date Program Tables are updated: September 1, 2018****Postdoctoral residency Program Admissions**

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 resident selection and practicum and academic preparation requirements:
Our selection process is a rational one in which the residency preceptors rate applications on a standard set of criteria that relates to success in our VA residencies. We look for applicants whom have well-rounded experience in assessment, intervention, integrated psychological reports, a diverse array of clients, and settings pertinent to specialty and focus area to which they are applying.
Describe any other required minimum criteria used to screen applicants:
At a minimum, the applicant must have successfully completed APA accredited doctoral and internship programs. We have no specific required minimum criteria, it is dependent on the applicant pool and the judgement of the training committee members. Please see selection procedures description above.

Financial and Other Benefit Support for Upcoming Training Year*

Annual Stipend/Salary for Full-time Residents	\$47,984
Annual Stipend/Salary for Half-time Residents	N/A
Program provides access to medical insurance for resident?	Yes
If access to medical insurance is provided:	
Trainee contribution to cost required?	Yes
Coverage of family member(s) available?	Yes
Coverage of legally married partner available?	Yes
Coverage of domestic partner available?	Yes
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	104
Hours of Annual Paid Sick Leave	104
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	Yes
Other Benefits: 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-Residency Positions
(Aggregated Talley for the Preceding 3 Cohorts)

	2018-2020	
Total # of residents who were in the 3 cohorts	15	
Total # of residents who remain in training	0	
	PD	EP
Community mental health center	0	0
Federally qualified health center	0	1
Independent primary care facility/clinic	0	0
University counseling center	0	0
Veterans Affairs medical center	0	13
Military health center	0	0
Academic health center	0	0
Other medical center or hospital	0	0
Psychiatric hospital	0	0
Academic university/department	0	1
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	0
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. For former trainees working in more than one setting, the setting represents their primary position.

CLINICAL PSYCHOLOGY STAFF

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.

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.

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.

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.

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.

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.

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.

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.

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.

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, 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.

CLINICAL HEALTH PSYCHOLOGY PROGRAM

Reaccredited for 10 years in 2019

Psychologists have been embedded within medical care delivery units at this medical center since 1974, and served as internship supervisors for over 30 years. Health Psychologists assigned to these areas are available for resident supervision.

The philosophy of our program is to foster the ongoing development of a well-versed generalist psychologist and acquire advanced skills in assessment and treatment of a variety of psychological problems that present in the context of the medical clinic. The resident works as a member of an interprofessional health care team with emphasis on the biopsychosocial model of evidence-based clinical care along with quality scholarship and empiricism.

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

The resident participates in a year-long clinical training program in clinical focus areas detailed below. All rotations include teaching, scholarly and intern supervisory activities in addition to clinical experiential training. In addition to the seminars required of all residents, residents in the health psychology focus areas are also required to attend:

Clinical Health Psychology Residents Seminar: residents in Primary Care, Specialty Medical Clinics, Specialized Primary Care, Pain Psychology, Geropsychology, and Rehabilitation Psychology attend an additional monthly Health Psychology Seminar, emphasizing didactics, practical applications, and case discussions relevant to core competency areas of clinical health psychology practice.

In addition to the foundational competencies specified for all residencies, the following competencies are common to all Clinical Health Psychology specialty and focus areas.

Please note that outpatient medicine services were transitioned to primarily virtual care during the global pandemic. The general structure of care delivery was fashioned after the descriptions below. Responsible reopening of outpatient care had allowed some in-person services and the longer-term plan was for restoration of residential services. We cannot predict exactly how services will look at the start of residency, but we can ensure that your training experiences will reflect the start of the art in mental health care.

CLINICAL HEALTH PSYCHOLOGY SPECIALTY COMPETENCY COMPONENTS

I. Professional values appropriate to health psychology settings. Understanding professional values and behaviors relevant to competent practice within interdisciplinary treatment teams.

II. Advanced science and knowledge in health psychology. Acquiring foundational knowledge bases covering the biological, psychological, and social aspects of health conditions and behaviors across the lifespan.

III. Advanced Health Psychology Assessment. Acquiring foundational knowledge bases and clinical skills relevant to empirically supported biopsychosocial assessment strategies, diagnoses, case conceptualizations, and communication of findings.

IV. Advanced Health Psychology Interventions. Acquiring foundational knowledge bases and clinical skills for behavioral interventions relevant to disease management, health promotion, and prevention of health-related issues.

V. Advanced health psychology consultation. Acquiring foundational knowledge bases and skills in psychological consultation within the context of a health care setting.

VI. Advanced Health Psychology Research/Program Evaluation. Understanding the role of health psychology in the development and communication of health-related research and program evaluation in interdisciplinary treatment settings.

VII. Reflective Practice/Self-Assessment/Self-Care. Understanding and utilization of information gained from self-reflection on clinical skills used, boundaries of competence, and impact of one's own well-being.

I. SPECIALTY MEDICINE CLINICS

The resident participates in a year-long clinical training program within specialty medical clinical areas. The resident has two options for training, both of which includes both inpatient and outpatient treatment settings, assessment, intervention, and participation in interdisciplinary specialty teams. Residents engage in interdisciplinary didactics, intern supervisory activities, complex clinical training, and creation of his/her scholarly research project.

SPECIALTY MEDICINE CLINICAL TRAINING EXPERIENCES

The resident chooses ONE of the following two options for his/her core clinical training experiences for the year.

Option 1: Cardiology and Solid Organ Transplant

- **Cardiology:** The resident is part of an interdisciplinary team caring for patients with a range of cardiac problems. The treatment environment includes inpatient settings (cardiology step-down and critical care units), as well as outpatient heart failure clinics. The resident will assess and treat patients individually, during interdisciplinary rounds, and in group formats (e.g., Heart Failure Group, Heart Failure Boot Camp).
- **Solid Organ Transplant:** The resident will complete psychosocial assessments for patients in need of solid organ transplantation or advanced heart failure therapies, such as LVAD or home

inotropes. The resident participates in a transplant specific substance abuse group and attends interdisciplinary transplant selection committee meetings.

Option 2: Hematology-Oncology, Palliative Care, Hospice, and Sleep Clinic

- **Hematology-Oncology, Palliative Care, and Hospice:** Within this portion of this rotation, the resident will provide treatment within three medical areas of the Medical Center and to become well integrated into three interdisciplinary teams. In addition, it is likely that the resident will conduct capacity evaluations within each of the settings.
 - **Hematology-Oncology:** The resident will function as an integral member of the interdisciplinary team that provides treatment to veterans with an oncology diagnosis in inpatient and/or outpatient settings. Additionally, the resident may conduct a Psychological Evaluation of Bone Marrow Transplant Candidacy. The resident will assess and conduct treatment within individual, family, and couple modalities.
 - **Palliative Care:** The resident will conduct comprehensive psychological assessments of veterans for whom Palliative care consults have been placed on the inpatient settings. There will likely be an opportunity to continue to work with veterans, when appropriate, when discharged to the outpatient setting.
 - **Hospice:** The resident will work with veterans who reside on Heroes Harbor Hospice for end of life care. During this aspect of the rotation, the resident will provide individual, couples and family treatment.
- **Sleep Clinic:** Within an interdisciplinary treatment team setting, the resident will assess and treat sleep disorders as well as assist patients coping with other chronic pulmonary conditions that are seen in the sleep clinic. The resident will gain specific familiarity with Cognitive Behavioral Therapy for Insomnia (CBT-I), and Nightmare Restructuring Therapy among other non-pharmacological interventions emphasizing non-pharmacological interventions for sleep conditions. Services may be delivered by multiple modalities including video to home, video to clinic, and in-person appointments.

C. Scholarly Research Project

With either of the above options, the resident will spend one day a week on a research project. The research requirement is described [here](#).

II. CENTER OF OUTPATIENT EDUCATION (COE) - PRIMARY CARE

Seven Centers of Excellence in Primary Care Education (CoEPCE), established by the Veterans Affairs' Office of Academic Affiliations, were created as part of a national initiative to implement and test innovative approaches for interdisciplinary, collaborative, patient-centered practices that provide coordinated longitudinal care. As a foundational CoEPCE site, the Cleveland VA developed an interdisciplinary training program, which has since been adopted by the medical center and is now known as The Center of Outpatient Education (COE). Within this program, psychology fellows train as part of an interdisciplinary cohort working from the core assumption that psychology is an integral participant in the primary care team. This focus area includes both clinical training and supervision, as well as participation in an interprofessional, interactive, weekly didactic series shaped by six pre-defined educational competencies: 1) Shared Decision Making, 2) Interprofessional Collaboration, 3) Continuous Quality Improvement and 4) Leadership 5) Professional Satisfaction and 6) Social Determinants of

Health. This curriculum is designed for learners to develop the skill set and content knowledge needed to participate in interprofessional workplace learning.

The resident participates in a year-long core clinical training in the Outpatient Primary Care Medicine Clinic, a rotation in Primary Care Geriatrics, and eight hours per week in research. Core clinical training and optional rotations also include teaching, scholarly and supervisory activities.

PRIMARY CARE CLINICAL TRAINING EXPERIENCES

A. Primary Center of Outpatient Education

The Center for Outpatient Education (COE) interdisciplinary primary care medicine clinic is staffed by attending physicians, health psychologists, GIM Residents, nurse practitioners, PharmDs, dietitians, nurses, and social workers. The resident is involved in the following activities in the primary care clinic:

- Accepting warm hand-offs in the Primary Care Clinic to complete an initial Primary Care Mental Health Integration (PC-MHI) functional assessment that focuses on the referral problem; This may include health psychology focused assessments (smoking cessation, obesity, adherence, barriers to diabetes self-management) or brief assessment of mental status, substance use, functional status, health and well-being, and mental health. Residents will follow a PC-MHI Consultation model for initial and follow-up appointments (5As, functional assessment, consultation vs psychotherapy, brief time-limited sessions).
- Facilitation of interdisciplinary shared medical appointments as well as MOVE groups.
- Interdisciplinary team meetings and teaching rounds with COE faculty and fellow learners.
- Supportive and time limited psychological treatment (problem solving therapy, behavior activation, CBT, and other health psychology interventions such as cognitive behavioral interventions for sleep, pain, diabetes, and stress-related issues).
- Consultation with nursing and medical staff.
- Performing cognitive evaluations and capacity evaluations.
- Completing psychological evaluations for appropriateness of bariatric surgery.
- Participation in the Preventive Medicine Clinic for smoking cessation, obesity and nonadherence.
- Facilitation of tobacco cessation groups.
- Participation in COE Team Huddles.
- Completion of Yellow Belt Training (Quality improvement methodology) and the completion of an interdisciplinary Quality Improvement Project over the course of the residency.
- Participation in four hours weekly interprofessional COE didactic sessions.

B. Geriatric Outpatient Clinic

Within the COE, residents will participate in a minor rotation in the Geriatric Outpatient Clinic to gain basic foundational skills in working with older patients. Geriatrics functions as an outpatient

consultation service and is also a PACT primary care setting. The resident will participate in the evaluation of medical, cognitive, psychological, and physical functioning of older adults, many of whom are medically compromised and with complex psychosocial histories. The resident will learn how to quickly assess cognitive and mood issues, develop interventions, and integrate findings into an interdisciplinary care plan. There are also opportunities to engage the caregiving network in treatment as well as to provide caregiver support directly to family. The resident manages their own clinic two days a week with supervision and is involved in the following activities:

- Psychological evaluation of new patients including clinical interview; cognitive and psychological screening; history; and interview with the partner, family, caregiver, or other collateral.
- Interdisciplinary staffing of patients to develop a treatment plan.
- Ongoing psychological interventions including individual therapy, couple's and family therapy, management of behavioral problems, cognitive testing, and personality assessment as indicated.
- Capacity evaluations and completion of Statement of Expert Evaluation forms for competency hearings.
- Consultation and treatment of patients who develop emotional or cognitive difficulties once established in the clinic.
- Warm hand-offs of patients with acute psychological concerns.

C. Scholarly Research Project

The research requirement is described [here](#).

III. SPECIALIZED PRIMARY CARE

The resident participates in year-long ongoing involvement in at least two departments: Gastroenterology/Liver specialty medicine clinic and HIV Primary Care clinic. This residency is intended to cultivate competencies needed in both primary care and specialty medicine through training experiences addressing chronic diseases often seen in both primary care and specialty medicine settings. This residency includes opportunities to develop innovative programs, work in rapidly advancing areas of medicine, and collaborate with interdisciplinary teams of medical providers committed to optimizing care for veterans with infectious diseases. Residents will also have opportunity to hone primary care mental health integration skills as the HIV clinic serves as primary care for veterans with HIV. Additionally, this residency provides opportunities to work in health promotion and disease prevention as part of a national telehealth hub. Given the interplay of substance use and risk for HIV and HCV, a goal of this residency is to provide advanced training in these complementary areas to enhance a holistic approach to Veterans' care. There are also multiple opportunities to participate in research and/or program improvement. Current research projects in HIV clinic include focus on screening options for HIV-Associated Neurocognitive D/O (HAND), assessing barriers to pre-exposure prophylaxis (PrEP) prescribing for medical providers, and opportunities to provide education and consultation to primary care providers on tenants of behavioral medicine. Many providers on the Gastroenterology/Liver treatment team are trained in Six Sigma performance improvement, making performance improvement a standard aspect of care in this clinic.

SPECIALIZED PRIMARY CARE CLINICAL TRAINING EXPERIENCES

A. HIV Primary Care Clinic

In this clinic, the psychology resident will collaborate with our interdisciplinary primary care team in assessing and treating behavioral health, mental health, and substance use concerns and disorders in patients with HIV. Common therapeutic concerns include adjustment to HIV, medical adherence, smoking cessation and other substance use disorders, mood issues, stress, partner and family issues, as well as cognitive changes related to HIV. The resident will also participate in regular interdisciplinary treatment team meetings regarding advancements in HIV management.

Within the HIV clinic, the resident will gain supervised experience in these specific modalities:

- Comprehensive biopsychosocial assessment
- Safety (suicide/homicide risk) assessment
- Motivational Interviewing for SUD or medication adherence
- HIV psychoeducational/support group and individual psychotherapy
- Cognitive and other neuropsychological screening assessments
- Psychological evaluations of capacity for medical decision making and independent living
- Weekly interdisciplinary team meetings
- Other aspects of Primary Care Mental Health Integration (PC-MHI) and Patient Aligned Care Team (PACT) interventions and collaborations
- Interprofessional education
- Chronic disease self-management

B. Liver Clinic

In this clinic, the psychology resident will collaborate with interdisciplinary treatment teams to assist in the evaluation and treatment of liver-related diseases, including Hepatitis C virus (HCV), fatty liver disease, cirrhosis and hepatocellular carcinoma (HCC).

Within this clinic, the resident will gain supervised experience in:

- Safety (suicide/homicide risk) assessment.
- Biopsychosocial assessments to assess factors that may impact adherence to HCV medications.
- Assessment and brief interventions/Motivational interviewing for substance use.
- Harm reduction techniques to reduce risk for nonadherence and reinfection.
- Interdisciplinary treatment planning.
- Goals of care discussions.
- Weight loss interventions to assist with treating fatty liver disease.

C. Optional supplemental rotations

In addition to the above major year-long rotations, the resident can individualize their training year by adding one or more optional minor rotations. Options include other specialized primary care treatment

settings (Women's Health, GIVE) and additional training in substance use disorder treatment given the high co-morbidity with HIV and liver disease. Details of those options are as follows:

Women's Health Primary Care Clinic

The resident will gain supervised experience in these specific modalities within the training milieu:

- Same day biopsychosocial assessment, consultation, and triage
- Brief psychotherapy for mild to moderate mood and SUD related concerns
- Evaluation and treatment of disordered eating and binge eating patterns
- Binge Eating Disorder (CBT-based) group, cofacilitated by psychology and dietetics
- Possible Diabetes Shared Medical Appointment (SMA)
- Evaluation of psychological factors affecting adjustment to medical conditions and adherence
- Risk (suicide-homicide) assessment
- Motivational interviewing for medication and medical recommendation adherence
- Psychological evaluation for medical decision-making and independent living
- Cognitive assessments
- Interprofessional collaboration and education
- Chronic disease self-management
- Monthly interdisciplinary team meetings
- Tobacco cessation

F.R.E.E.D.O.M. Clinic (Finding Respect Expressing Everyone's Differences with an Outstanding Medical Team)

This clinic is a specialty primary care setting serving LGBTQIA+ veterans. The resident will gain supervised experience in these specific modalities within the training milieu:

- Comprehensive biopsychosocial assessment
- Evaluation and treatment of veterans exploring Gender Identity and presenting with Gender Dysphoria
- Group work for LGBTQI Veterans Group and G.I.V.E. (Gender Identity Veteran's Experience) Support Groups
- Same day biopsychosocial assessment, consultation, and triage
- Risk (suicide-homicide) assessment, with attention to special risk factors of transgender veterans
- Brief psychotherapy for issues including gender concerns, mild to moderate mood issues, and SUD related concerns
- Possible long term therapy patient for longer-term gender identity exploration and/or more severe, chronic MH/SUD concerns
- Evaluation of psychosocial factors affecting adjustment to medical conditions and adherence
- Motivational interviewing for medication and medical recommendation adherence
- Cognitive and psychological assessments
- Interprofessional collaboration and education
- Chronic disease self-management
- Weekly interdisciplinary team meetings

Veterans Addiction Recovery Center (VARC)

The resident will gain supervised experience in these specific modalities within the training milieu:

- Comprehensive biopsychosocial assessment
- Motivational Interviewing/Motivational Enhancement
- Integrated treatments, such as DBT and Mindfulness, and their utility in treatment
- Social skills training
- Psychoeducation
- Relapse prevention strategies

D. Scholarly Research Project

The research requirement is described [here](#).

IV. GEROPSYCHOLOGY

Geropsychology focus provides curriculum consistent with the Pikes Peak Model (Karel, Knight, Duffy, Hinrichsen, & Zeiss, 2010) standards of practice in geropsychology. Residents are afforded year-long experiences working in multiple geriatric training locations that allow intensive assessment, intervention, and care planning opportunities. They are encouraged to fully embrace taking a developmentally appropriate and advanced professional role in interdisciplinary consultation, education, and team meetings, in-service education for nursing staff, and umbrella supervision for interns and practicum students. For example, the geropsychology resident often oversees the behavioral management interdisciplinary team on the Dementia unit in the Community Living Center. Residents manage their own outpatient clinics, participate in patient/caregiver programming, and administratively manage the outpatient driver evaluation clinic while also working as an integral part of the inpatient psychiatry team in the CLC. The resident functions like a beginning staff member by being engaged with curb-side consultation, risk assessment, and patient care coordination scenarios at a more advanced level of service delivery than is required of internship trainees.

Patient issues provide opportunity for the resident to participate in coordination and outreach with non-VA agencies involved in geriatric care such as the Alzheimer's Association, Adult Protective Services, and Cuyahoga County Probate court. The resident may have the opportunity to serve on the local county adult protective service interdisciplinary team or attend local hoarding connection groups.

The resident participates in year-long ongoing involvement in core clinical training in the Geriatric Primary Care Outpatient Clinic, the Driving Evaluation Clinic, and the Community Living Center. The resident may select one 12-month, or two 6-month optional rotations for one day per week. In addition, there is an eight-hour weekly year-long scholarly research/program development component spent developing a project with a definable and quality work product. Core clinical training and optional rotations also include peer-to-peer teaching and interdisciplinary team consultations, scholarly work, program development, and supervisory activities.

Over the course of the training year the resident develops increasing autonomy in their ability to develop professionally and practice independently, with patient care provided via in-person and telehealth modalities such as phone or video.

GEROPSYCHOLOGY FOCUS AREA COMPETENCY COMPONENTS
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- **Knowledge Base:** Demonstrate knowledge of biopsychosocial development as a life-long process, and including both gains and losses over the lifespan using different theories of late-life development and adaptation based on relevant research on adult development and aging. Ability to understand the unique experience of individuals based upon demographic, sociocultural, and life experiences, including historical influences affecting a cohort. Demonstrate knowledge of normal versus pathological aging processes using the biopsychosocial model.
- **Assessment:** Demonstrates ability to conduct efficient, comprehensive, geropsychology assessment methods using both semi-structured and standardized assessment tools.
 - Demonstrates ability to complete a variety of cognitive screens (RBANS, DRS, MOCA) as clinically indicated. Assessment is specific to older adults using a multi-modal approach considering biopsychosocial factors. Demonstrates the ability to effectively conduct and clarifies differential diagnosis. Demonstrates the ability to communicate (verbally and written) cognitive testing results into practical conclusions and recommendations for patients, families, and other care providers.
 - Demonstrates skill of differential presentation, associated features, age of onset, and course of common psychological and functional disorders and syndromes in older adults (e.g., anxiety, depression, dementia, etc.).
 - Demonstrates ability to conduct evaluation and appropriate treatment of cognitive wellness and mental health as well as safety and risk factors in the geriatric population, including self-neglect (capacity for self-care including ADLs/IADLs and medical decision making), elder abuse (emotional, physical, sexual, financial, and neglect), as well as suicide and homicidal risk and the unique presentation and base rates among the geriatric population.
- **Intervention:** Develops and implements evidence-based individual, couples, and family interventions appropriate to client need relevant to the aging population including interventions to promote cognitive wellness, treat dementia, cope with transitions that may be a part of later life. Demonstrates the ability to prioritize treatment goals and integrate relevant treatment modalities and modify evidence-based and clinically informed intervention strategies to accommodate patient needs.
- **Consultation:** Demonstrates the ability to process a referral question and demonstrate effective translation and communication of relevant findings as they pertain to the consultation/liaison referral question from a geropsychology perspective. Demonstrate the ability to incorporate environmental/milieu and interdisciplinary factors. Demonstrate the ability to work collaboratively with an interdisciplinary team.
- **Research/Evaluation:** Demonstrates research and program development skills including methodological consideration in cross-sectional and longitudinal research, and demonstrates effective presentation of geropsychology research in professional settings.

GEROPSYCHOLOGY CLINICAL TRAINING EXPERIENCES

A. Geriatric Outpatient Clinic

The Geriatric Outpatient Clinic provides interdisciplinary assessment and primary care for an ethnically and culturally diverse population of veterans 65 years of age and older. The resident will participate in evaluation of medical, cognitive, psychological, and physical functioning of older adults, many who are medically compromised and have complex social histories. This rotation will provide an opportunity to experience a real-world primary care setting. The resident will learn how to quickly assess cognitive and mood issues, develop interventions, and integrate findings into an interdisciplinary care plan. There will be opportunities to participate in and even to develop prevention-based programming and to assist caregivers in providing positive support for their family's changing needs. The resident manages their own clinic two days a week with supervision and is involved in the following activities:

- Psychological evaluation of new patients including clinical interview, cognitive and psychological screening, history, and interview with the spouse, family or caregiver
- Interdisciplinary staffing of new patients to develop a treatment plan
- Ongoing psychological interventions including individual therapy, couple's and family therapy, management of behavior problems, cognitive testing, and personality assessment
- Capacity evaluations and completion of statement of expert evaluation forms for competency hearings
- Consultation and treatment of patients who develop emotional or cognitive difficulties once in the clinic
- Warm hand-offs of veterans with acute psychological concerns
- Participate in outpatient programming including education and support groups for caregivers and patients with cognitive impairment, as well as Montessori-based dementia group therapy for persons with more advanced dementias.

B. Drivers Evaluation Clinic

The resident is responsible for receiving referrals, coordinating the clinic, conducting the initial clinical evaluation, and making recommendations to the client, family, and medical team. Drivers' evaluations begin with the resident assessing cognition, visual attention, walking speed, and reaction time. When clinically indicated, the patient is then referred to Physical Medicine and Rehabilitation Service for the second phase of the driving evaluation which includes an on the road evaluation or a driving simulator assessment. Over the course of the year the resident will gain competency in this assessment and experience with ethical aspects associated with driving and the older adult.

C. Community Living Center (CLC)

The CLC provides care to patients needing short-term rehabilitation designed to maintain, restore, or prevent decline in optimal functioning as well as for patients requiring respite care. The geropsychology resident functions as part of the geropsychiatry consultation service, which is the team of psychologists and psychiatry providers responsible for providing comprehensive mental health services for patients in CLC. Patients on the CLC are referred for a variety of issues and range in age and complexity of problems. Presenting issues include complex biopsychosocial histories, multiple comorbidities, and dual psychiatric diagnoses (e.g., serious mental illness, substance use, and dementia). Common medical

conditions include Parkinson's disease, stroke, cancer, chronic physically debilitating conditions, failure to thrive, and complications/continued rehab following amputation. The geropsychology resident may be involved in new patient assessment involving initial clinical interview and cognitive or personality testing. Typical interventions are long-term or brief individual, psychotherapy, group interventions, caregiver support, and family therapy to address coping with chronic illness. Residents participate in hospice and palliative care interventions, consultation with staff regarding behavior management and environmental issues, interdisciplinary treatment and discharge planning meetings, behavior management groups, staff education, and discharge planning.

- New patient assessment including biopsychosocial history, mental status, substance use, functional status, cognitive screening and testing as needed, personality evaluation, and assessment for psychiatric illness.
- Ongoing direct patient care including evidence-based psychotherapy with patients, caregivers, and families.
- Consultation with nursing and medical staff to educate and develop interventions around behavioral and patient management issues. Includes facilitating a weekly behavior management group on dementia care unit.
- Capacity evaluations and completion of Statement of Expert Evaluation forms for competency hearings as needed.
- Attend interdisciplinary family meetings to facilitate family understanding of patient care needs, provide feedback regarding interventions and level of care, and support the patients and their families to enhance wellness and optimal physical, psychological, and cognitive health.
- Attend weekly geropsychiatry team meeting to discuss cases
- Develop and facilitate treatment and discharge plans as a member of the interdisciplinary team

D. Scholarly Research Project

The research requirement is described [here](#).

E. Optional Rotations (pending supervisors availability)

- **Neuropsychological Evaluation:** The resident may elect to train with the neuropsychology team
Geriatric MHACC Team: The resident functions as part of the outpatient mental health team (i.e., psychologists, psychiatrists, social workers) responsible for services to older adult veterans. Primary role is providing individual psychotherapy in a traditional outpatient mental health clinic with treatment via in-person and telehealth modalities such as phone or video. This includes initial assessment, developing treatment plan/goals, and following through to termination of treatment. Interventions are evidence based and geriatric specific. Resident carries a caseload of patients seeing them at clinically indicated intervals. Rotation offers opportunity for continuity of care as resident is able to follow discharged CLC patients for individual psychotherapy as an outpatient. Otherwise, referrals are from the geriatric MHACC team, geriatric outpatient clinic, or other providers in the mental health clinic.
- **Neuropsychological Evaluation:** The resident may elect to train with the neuropsychology team to enhance skill in complex evaluation of elderly patients with compromised brain function. The resident will provide neuropsychological consultation for patients, testing as needed for

competency evaluations, report writing, and patient, family, and clinical provider feedback. There is also small-group didactic supervision/discussion of clinical cases.

- **Hospice/Palliative Care Team:** The Hospice/Palliative Care Team is comprised of a nurse practitioner, psychologist, social worker, geriatrician, and chaplain. Patients are in the end-stages of cancer, dementia, cardiopulmonary, liver, or renal diseases. The resident may work with the patient or family on newly emerging or chronic issues. End of life pain management is a common referral issue. The resident is involved in consultation regarding assessment and treatment of anxiety, depression, delirium, competency with concomitant questions of healthcare-related decisional capacity, surrogacy, and advanced directives. The resident also provides intervention for anticipatory grief and bereavement for patients' families and friends. There are opportunities to provide in-service education to nursing staff and members of the interdisciplinary teams.

V. PAIN PSYCHOLOGY

Chronic pain conditions are prevalent and can be a source of significant distress and functional impairments for patients. This chronic pain focus area incorporates development of core skills and competencies relevant to working with patients with chronic pain conditions. There are several clinics in which this training may occur, with an individualized training plan developed based on resident goals, experience, and supervisor availability. Potential training environments include the Pain Management Clinic, Neurology, and Physical Medicine & Rehabilitation. In each setting, the resident would work with an interdisciplinary team to provide care within the context of a biopsychosocial model of pain management. In addition, there will be opportunities for quality improvement projects and umbrella supervision of a predoctoral intern.

Potential training opportunities include:

- Facilitation of psychoeducation groups as part of the CARF-accredited Pain Intensive Outpatient Program (PM&RS Pain IOP) including weekly interdisciplinary team meetings, admission evaluations, and discharge sessions.
- Training in Cognitive Behavioral Therapy for Chronic Pain (CBT-CP), an evidence-based treatment protocol for patients with chronic pain.
- Biofeedback for chronic pain and/or chronic headache conditions.
- Individual biopsychosocial assessments of new patients with chronic pain and/or headache conditions.
- Relaxation training and behavioral modification.
- Evaluations for appropriateness of implantable devices (e.g., spinal cord stimulator).
- Telehealth sessions to provide better access to care to patients in rural settings.
- Opioid risk assessments.
- Consultation with the medical team to offer recommendations for care. This may include warm handoffs from the medical team.
- Group interventions focused on pain management within other clinics (e.g., Women's Health, VARC).

Scholarly Research Project

The research requirement is described [here](#).

RESIDENCY ADMISSIONS, SUPPORT, AND INITIAL PLACEMENT DATA
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POST-DOCTORAL RESIDENCY PROGRAM TABLES**Date Program Tables are updated: September 1, 2018****Postdoctoral residency Program Admissions**

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 resident selection and practicum and academic preparation requirements:
Our selection process is a rational one in which the residency preceptors rate applications on a standard set of criteria that relates to success in our VA residencies. We look for applicants whom have well-rounded experience in assessment, intervention, integrated psychological reports, a diverse array of clients, and settings pertinent to specialty and focus area to which they are applying.
Describe any other required minimum criteria used to screen applicants:
At a minimum, the applicant must have successfully completed APA accredited doctoral and internship programs. We have no specific required minimum criteria, it is dependent on the applicant pool and the judgement of the training committee members. Please see selection procedures description above.

Financial and Other Benefit Support for Upcoming Training Year*

Annual Stipend/Salary for Full-time Residents	\$47,984
Annual Stipend/Salary for Half-time Residents	N/A
Program provides access to medical insurance for resident?	Yes
If access to medical insurance is provided:	
Trainee contribution to cost required?	Yes
Coverage of family member(s) available?	Yes
Coverage of legally married partner available?	Yes
Coverage of domestic partner available?	Yes
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	104
Hours of Annual Paid Sick Leave	104
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	Yes
Other Benefits: 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-Residency Positions
(Aggregated Talley for the Preceding 3 Cohorts)

	2018-2020	
Total # of residents who were in the 3 cohorts	14	
Total # of residents who remain in training	0	
	PD	EP
Community mental health center	0	1
Federally qualified health center	0	1
Independent primary care facility/clinic	0	0
University counseling center	0	0
Veterans Affairs medical center	0	8
Military health center	0	0
Academic health center	0	2
Other medical center or hospital	0	0
Psychiatric hospital	0	0
Academic university/department	0	0
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	2
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. For former trainees working in more than one setting, the setting represents their primary position.

CLINICAL HEALTH PSYCHOLOGY STAFF

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.

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.

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.

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.

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.

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.

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.

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.

CLINICAL NEUROPSYCHOLOGY PROGRAM

Reaccredited 10 years in 2019

The Clinical Neuropsychology residency program is a TWO-YEAR PROGRAM. We will select a new resident in the 2022 APPCN match for the 2022-2023 training year.

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

The Clinical Neuropsychology residency is accredited by APA and operates in accordance with the INS-Division 40 guidelines (The Clinical Neuropsychologist, 1987, 1, 29-34) and the goals espoused by the Houston conference (Archives of Clinical Neuropsychology, 1998, 2, 203-240). Our program is designed to provide Residents with the didactic and experiential opportunities necessary to develop evidence-based clinical interpretative and consultation skills at a professional level, while under the supervision of experienced neuropsychologists. This is accomplished through an extensive reading of the research literature that is relevant to each of the cases evaluated by the resident. In addition, specific training goals include active involvement in clinical research and relevant educational opportunities within the context of a nationally known medical center.

Please note that outpatient medicine and mental health services were transitioned to primarily virtual care during the global pandemic. Responsible reopening of outpatient care had allowed some in-person services and the longer-term plan was for restoration of residential services.

For neuropsychology, it is not yet clear if the clinical and research experiences below will be offered as described. At the time of this writing it was not clear when in-person test administration would resume, nor if in-person data collection was feasible for research projects. For the first year of residency, the resident will likely complete a lit review project.

We cannot predict exactly how services will look at the start of residency, but we can ensure that your training experiences will reflect the start of the art in mental health care. We will adapt the training plan to provide appropriate clinical experiences and contact hours that meet training standards for oversight organizations and stakeholders.

NEUROPSYCHOLOGY SPECIALTY COMPETENCY COMPONENTS

- **Scholarly Base:** Demonstrates knowledge of the history of Clinical Neuropsychology as well as the recent scientific and scholarly developments in the field and applies that knowledge to clinical practice.
- **Professional Base:** Demonstrates awareness of current issues facing the profession and considers how they identify with and contribute to the profession, (i.e., membership in

professional organizations, teaching and supervision, advocacy, continuing education in the field, etc.).

- **Knowledge Base:** Demonstrates awareness of the common neurological and non-neurological disorders affecting brain functioning and behavior (including etiology and pathology) as well as the relevant neurodiagnostic and biomarker findings associated with those disorders.
- **Neuropsychological Testing:** Understands and chooses the best appropriate assessment battery based upon knowledge of presenting issues/concerns, normative group, and statistical appropriateness of the assessment tools.
- **Neuropsychological Diagnosis:** Effectively integrates neuropsychological findings with the neurological/medical data as well as behavioral data, psychosocial history, and diversity issues, ethical/legal issues, and knowledge of neurosciences in order to clarify differential diagnoses of psychiatric disorders and medical/neurologic disorders (e.g., such as dementia and the various subtypes of dementia as well as the neurocognitive effects of stroke and other neurological conditions).
- **Forensic Neuropsychological Applications:** Applies the knowledge and skills of a neuropsychologist to the forensic arena, (e.g., civil competency of person and estate, veterans' disability determination, police safety evaluation). Understands the differences in approach between clinical and forensically oriented evaluations, opinions, and recommendations.
- **Treatment & Intervention:** Applies neuropsychological skills and knowledge to address the cognitive and behavioral problems revealed on assessment in order to make the most appropriate treatment recommendations for intervention, disposition and placement.
- **Patient Communication:** Helps patients and families understand the meaning and implications of neurological conditions and/or assessment results in a clear and understandable manner.
- **Interdisciplinary Consultation:** Demonstrates the ability to communicate and apply Clinical Neuropsychological knowledge in consultation with other health care professionals across multiple disciplines.
- **Research:** Develop research skills with a focus on neuropsychological topics. Understands and applies relevant research to clinical practice/assessment.

Neuropsychologists employ specialized testing procedures and a nomothetic, disease-impact framework. They strive to integrate medical, neurological, and behavioral data with neuropsychological test findings, based upon the literature, in order to answer complex referral questions. Referrals for services typically consist of, but are not limited to, questions concerning:

- Differential diagnoses (e.g., depression versus dementia (Dementia of the Alzheimer's type, Cerebrovascular Dementia, Frontotemporal Dementia, Lewy-Body Dementia, Huntington's Dementia, etc.).
- Delineation of spared and impaired cognitive functions secondary to known central nervous system dysfunction related to traumatic brain injury (TBI) or stroke, etc.
- Establishment of a neuropsychological baseline against which to monitor recovery or progression of central nervous system dysfunction.

- Assessment of cognitive/behavioral functions to assist with rehabilitation, management strategies, and placement recommendations (i.e., nursing home, group home, etc.).
- Evaluation of cognitive status for the purpose of Compensation & Pension and/or Competency of Person and Estate evaluations.

Neuropsychologists provide inpatient and outpatient consultation and evaluation services for multidisciplinary staff at the Wade Park campus, and consultation services for the Parma Outpatient Clinic and Community Based Outpatient Clinics (CBOC) located throughout the northeast Ohio. The rich clinical referral base and an innovative service delivery model allow them to evaluate more than 500 patients annually, many with complex conditions. Aging Vietnam-era veterans make up the largest VA cohort, and clinicians have increased neuropsychological service requests due to the accompanying higher incidence of dementia. Referrals are also received for evaluation of TBI in younger veterans. The LSCVAMC has been designated as a Polytrauma Network Site, designed to provide long-term rehabilitative care to veterans and service members who experienced multiple injuries to more than one organ system. Neuropsychologists have a role in conjunction with outpatient PTSD treatment and the Polytrauma initiative to assess veterans with mild TBI and Posttraumatic Stress Disorder (PTSD). Neuropsychology has a critical role in the evaluation of patients diagnosed with Parkinson's disease who are undergoing the evaluation process to determine their fitness for the Deep Brain Stimulation surgery to improve some their symptoms.

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

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

During the second year, the resident will further develop sophisticated case conceptualization and report writing skills. Throughout the program, direct patient contact is emphasized in order to develop a strong clinical understanding of process variables and patient behaviors that underlie test performance. In all Neuropsychology activities (e.g., testing, report writing, case conceptualization, etc.), the resident will receive training in how best to provide education and feedback about diagnostics and functional strengths and restrictions to veterans and their families.

With respect to workload, the residency embraces the goals of teaching/training rather than high volume service-delivery. The number of patients seen on a weekly basis depends upon multiple factors

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

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

Consultation with other health-care professionals constitutes another important aspect of this postdoctoral experience. The resident will have multiple opportunities to interact with a broad range of disciplines that utilize the services of the Neuropsychology section, including Neurology, Rehabilitation, Psychiatry, Geropsychiatry, Geriatric Medicine, Primary Care, etc. Some rotation experiences and/or enrichments will provide the resident with the opportunity to work on interdisciplinary treatment teams throughout the two-year residency.

During placement within each of the Core Training Areas, the resident will meet weekly for supervision with the Preceptor, in addition to supervision with the psychologist supervisor for that site of training (described below). Regular meetings will also transpire with a designated research supervisor throughout the residency. The resident will be located at the Parma site while receiving their initial training/supervision in the areas of Geriatric Neuropsychology, Forensics/Compensation & Pension, and TBI. Training in these areas will continue along with increased training/supervision in consultation to Neurology and in the area of Behavioral Medicine area while the resident is located at the Wade Park campus. The resident will spend at least 6 months each in Neurology/Behavioral Medicine, Neuropsychiatric Neuropsychology, and Geriatric Neuropsychology, with the final rotations in Rehabilitation Neuropsychology, TBI, and Compensation & Pension.

The Neuropsychology residency utilizes a vertical supervision model, wherein staff neuropsychologist supervisors, Neuropsychology resident and Intern, and occasionally the Rehabilitation and Geropsychology resident and/or Intern are all present during the supervision of cases.

CLINICAL TRAINING EXPERIENCES

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

NEUROPSYCHOLOGY CORE TRAINING FIRST YEAR

A. Geriatric Neuropsychology

Geriatric Neuropsychology training provides experience in the evaluation of elderly patients with possible compromised brain functioning referred from one of the inpatient long-term care units or one of the outpatient geriatric primary care services. The resident will gain competency in the complex differential diagnosis of the common conditions in this populations (i.e. Alzheimer's Dementia,

Cerebrovascular Dementia, Lewy Body Dementia [LBD], Frontotemporal Dementia [FTD], etc.). The resident will also become proficient in competency/capacity evaluations in terms of decision-making related to healthcare and financial management. The resident will also develop skills in offering placement recommendations, such as independent living *versus* nursing home placement, etc.

B. Neurology

The Neurology Service is a tertiary referral center for VISN-10 and portions of western Pennsylvania and West Virginia, serving veterans with a full spectrum of neurological disorders. Neuropsychology primarily sees veterans on an outpatient basis, including those with any of the variety of dementias, stroke, head injuries, epilepsy, multiple sclerosis, etc. Inpatients from general medicine, psychiatry, rehabilitation and spinal cord services are also seen. We are focused on providing diagnostic and prognostic information, and rehabilitation recommendations. Results may be interpreted and management strategies demonstrated with veterans and their families. VA medical records provide access to a full selection of radiological data (CT, MRI, PET, and angiography) and EEGs.

C. Scholarly Research Project

The research requirement is described [here](#). In addition to the research requirements for all residents, neuropsychology residents must present a research project in both years. The resident may complete one project and present preliminary results during the first year, or present two separate projects. Continuing the project through the second year allows for the resident to develop a more complex project, with consideration for presentation at one of the major neuropsychological professional meetings (AACN, INS, NAN) or publication in a peer-reviewed journal.

NEUROPSYCHOLOGY CORE TRAINING SECOND YEAR

A. Neuropsychiatric Neuropsychology

Neuropsychiatric Neuropsychology training provides evaluation experience with veterans referred from one of the four acute/subacute psychiatric units, and from the outpatient psychiatric programs, such as the Day Hospital Program for severely mentally ill veterans. The resident will gain experience with the neuropsychological evaluation of psychopathology as well as the complex process of understanding the neurocognitive aspects of psychiatric disorders.

B. Rehabilitation Neuropsychology/Spinal Cord Injury and Disorders Unit

This is a newly designated Center of Excellence for comprehensive medical care and rehabilitation of veterans with spinal cord injuries (SCI). This rotation offers experience in providing psychological services to people with disabilities, including neuropsychological assessment of patients with TBI and spinal cord injury (SCI). Residents will become familiar with the medical aspects of SCI as well as the acute and long-term psychological problems associated with this disability, such as depression, anxiety, and substance abuse. The rotation emphasizes working within an interdisciplinary team in order to promote positive treatment outcomes and program development.

C. TBI Evaluation

Traumatic brain injury (TBI) is an acquired condition that can occur via any of a number of mechanisms and result in a broad spectrum of cognitive, psychological, and behavioral symptoms and disabilities. The resident will gain proficiency in understanding the various mechanisms that can result in TBI of

different levels of severity, the expected neurocognitive/behavioral consequences, and the typical course of recovery of these injuries. Since psychiatric comorbidities (e.g., PTSD, Depression, Somatic symptoms) are a common condition in individuals with Mild-Moderate TBI, the resident will gain competency in the recognizing the convergent and divergent factors in TBI and psychological assessment.

D. Compensation & Pension

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

E. Scholarly Research Project

The research requirement is described [here](#). Research activities described above may continue from the first year through conclusion of the program.

NEUROPSYCHOLOGY OPTIONAL CLINICAL TRAINING EXPERIENCES

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

- **Polytrauma Team:** The Polytrauma System of Care specializes in the treatment for veterans and returning service members with injuries to more than one physical or organ system, which result in medical, cognitive, psychological, and/or psychosocial impairments and functional disability. The LSCVAMC has been designated as a Polytrauma Network Site, designed for the assessment, treatment, and rehabilitation of service members and veterans with subacute injuries. Cognitive assessment is critical for those veterans who have, or are suspected to have, received a traumatic brain injury (TBI) due to blast concussions. The resident will gain competency in cognitive and psychological assessment population, as well take an active role on the Polytrauma Treatment Team of interdisciplinary specialists charged with the assessment, treatment and rehabilitation of these injured service members and veterans.

TEACHING ACTIVITIES

- **Colloquium/Staff Education (Required):** Each resident prepares a Continuing Education-level presentation based on an appropriate topic area. This will be presented at the Psychiatry Grand Rounds, toward the end of the Resident's two-year residency.
- **Intern Training Seminar (Required):** The resident presents a neuropsychology-related lecture to the predoctoral psychology interns at one or more of the weekly intern seminars.

- **Umbrella Training Supervision of Predoctoral Interns (Required):** The resident can provide formal supplementary “umbrella” training supervision to predoctoral psychology interns. This umbrella supervision training experience will occur under the direct supervision of a rotation supervisor, with feedback both from the supervisor and supervisee.
- **Psychiatry resident Seminar (Optional):** The resident has the option to prepare and present a Neuropsychology-related lecture to advance psychiatry residents in the CWRU School of Medicine.

Additional Didactic Opportunities

- **Case Western Reserve University.** University Hospitals Neurology Grand Rounds: Weekly Grand Rounds within the Neurology Department at the world-renowned University Hospitals. Presentations focus primarily on neurological topics conducted by world-class researchers and practitioners, as well as case presentations. Past topics have included the role of basal temporal areas in language functions, efficacy of varied medication regimens for the treatment of cerebrovascular disease, and malingering of neurologic disorders.
- **Case Western Reserve University School of Medicine Grand Rounds.** This series provides a variety of content relevant to mental health. It is approved for continuing education credit by the Ohio Psychological Association (OPA) and the American Psychological Association (APA) as well as for most healthcare professions within the state. Presenters include local and national VA staff, affiliated university educators, and outside consultants. In these grand rounds there is a considerable emphasis on issues related to Biological Psychiatry.
- **Psychology Intern Seminars:** Interns attend a weekly two-hour seminar that provides in-depth treatment of a range of topics across all specialties. The seminars are primarily by psychologist expert staff, with occasional speakers from other medical disciplines.
- **Neuroanatomical Dissection Course.** The resident may participate in a three-day intensive course in the anatomical dissection of the brain and spinal cord conducted at the Marquette University Medical College of Wisconsin. The course also includes a review of recent advances in functional neuroscience. Course faculty consists of neuroscientists and clinicians qualified and experienced in the teaching of Neuroanatomy.
- **Neuropathology Laboratory.** The resident has the opportunity to attend a neuropathology laboratory at the University Hospitals Institute of Pathology located on the nearby Case Western Reserve University campus. While at the lab, the Fellow will observe brain dissections performed by an attending physician alongside medical residents, encompassing a range of medical and neurologic disorders from pediatric and adult cases.
- **National Academy of Neuropsychology Online Neuroanatomy Course.** The goal of this course is to provide students with a working knowledge of the basic neuroanatomic structures of the central nervous system as well as the consequences of damage to that system.
- **Civil-Forensic (Tort) Didactic Experience.** The resident will have the opportunity to gain exposure to Civil Tort evaluations in an independent practice setting in the greater Cleveland area. The resident will not directly assess and/or test clients, but will be exposed to Neuropsychology in practice in civil tort cases via attendance at pre-deposition and pre-trial conferences and review of deposition transcripts. The supervision will be provided by a board certified (ABPP) neuropsychologist and a neuropsychologist who have extensive experience in

conducting Civil Tort neuropsychological evaluations. This didactic experience will allow the resident exposure to an area in which neuropsychology has been in increasing demand over the years. This didactic experience is intermittently available on weekends or weekday evenings.

RESIDENCY ADMISSIONS, SUPPORT, AND INITIAL PLACEMENT DATA

POST-DOCTORAL RESIDENCY PROGRAM TABLES

Date Program Tables are updated: September 1, 2018

Postdoctoral residency Program Admissions

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 resident selection and practicum and academic preparation requirements:
Our selection process is a rational one in which the residency preceptors rate applications on a standard set of criteria that relates to success in our VA residencies. We look for applicants whom have well-rounded experience in assessment, intervention, integrated psychological reports, a diverse array of clients, and settings pertinent to specialty and focus area to which they are applying.
Describe any other required minimum criteria used to screen applicants:
At a minimum, the applicant must have successfully completed APA accredited doctoral and internship programs. We have no specific required minimum criteria, it is dependent on the applicant pool and the judgement of the training committee members. Please see selection procedures description above.

Financial and Other Benefit Support for Upcoming Training Year*

Annual Stipend/Salary for Full-time Residents	\$47,984
Annual Stipend/Salary for Half-time Residents	N/A
Program provides access to medical insurance for resident?	Yes
If access to medical insurance is provided:	
Trainee contribution to cost required?	Yes
Coverage of family member(s) available?	Yes
Coverage of legally married partner available?	Yes
Coverage of domestic partner available?	Yes
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	104
Hours of Annual Paid Sick Leave	104
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	Yes

Other Benefits: We follow Family Friendly Medical Leave guidelines for extended leave without pay. Extended leave beyond above will require an extension of internship.	
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*Note. Programs are not required by the Commission on Accreditation to provide all benefits listed in this table.

Initial Post-Residency Positions
(Aggregated Talley for the Preceding 3 Cohorts)

	2018-2020	
Total # of residents who were in the 3 cohorts	3	
Total # of residents who remain in training	1	
	PD	EP
Community mental health center	0	0
Federally qualified health center	0	1
Independent primary care facility/clinic	0	0
University counseling center	0	0
Veterans Affairs medical center	1	1
Military health center	0	0
Academic health center	0	0
Other medical center or hospital	0	0
Psychiatric hospital	0	0
Academic university/department	0	0
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	0
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. For former trainees working in more than one setting, the setting represents their primary position.

NEUROPSYCHOLOGY STAFF

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.

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

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

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.

We were in the process of onboarding another neuropsychologist at the time of this writing and expect them to be on staff by the end of 2020.



REHABILITATION PSYCHOLOGY PROGRAM

Reaccredited for 10 years in 2019

The Rehabilitation Psychology residency program is a TWO-YEAR PROGRAM. We will select a new resident in the 2021 APPIC match for the 2021-2022 training year.

The mission of the Rehabilitation Psychology residency is to implement a biopsychosocial model aimed at improving the health, independence, quality of life, and productivity of people with disabilities, from acute care throughout the lifespan. The program is based on competencies specified by the American Board of Rehabilitation Psychology. Consistent with 2012 APA training guidelines, program duration is two years and provides depth and breadth of experience at a specialist level. Residents will attain competencies to engage in specialty practice focused on core rehabilitation diagnoses, including spinal cord injury, traumatic brain injury (TBI), amputation, stroke, multiple sclerosis, and orthopedic disorders. The resident advances to an independent practice level through a program of supervision and didactics that affords increasing autonomy in decision-making and provision of services.

REHABILITATION SPECIALTY COMPETENCY COMPONENTS

- **Conduct rehabilitation-oriented assessments**, focusing on extent of disability and preserved ability, cognitive functioning, social and behavioral functioning, capacity, personality and emotional functioning, substance use, sexuality, pain, educational/vocational assessment, and veteran and family's adjustment to disability.
- **Gain working knowledge about the medical aspects of various disabilities including**; associated complications, impact on functional status, typical course, prognosis, and treatment.
- **Provide treatment that incorporates disability-specific knowledge** to provide intervention focused on patient and family's adjustment to disability, enhancing behavioral functioning, and addressing concerns related to chronic pain, cognition, vocational considerations, and sexuality.
- **Develop skills to consult with interdisciplinary team on behavioral functioning**, cognitive functioning, vocational and educational considerations, personality/emotional factors, substance use management, and sexuality.
- **Participate in the rehabilitation psychology professional community** including organizational involvement or conference participation. Service on the Psychology Service Diversity Committee as a reside representative is encouraged.
- **Acquire an appreciation for ethical dilemmas in rehabilitation** (e.g., conflicts between beneficence and respect for individual autonomy).
- **Seeks current scientific knowledge and applies it to clinical assessments** and intervention.
- **Develops a plan for research/scholarly inquiry.** Keeps on schedule and appraises all supervisors of progress regularly.

PROGRAM STRUCTURE

The program is divided into four six-month blocks over years one and two. Year one centers on the acquisition of required competencies for serving acute inpatient rehabilitation programs, specifically the Spinal Cord Injury (SCI) Unit and the Physical Medicine and Rehabilitation (PM&R) Service. During both years there are options for eight hours per week enrichments in pain management or neuropsychological assessment or advance experience in pain assessment and rehabilitation. By the end of the first year the resident will have proficiency in providing rehabilitation psychology services in an inpatient context.

Year two offers experience in outpatient and long-term care settings. The first six months develops skills in working with persons who have brain impairment, with clinical time divided between the Polytrauma Rehabilitation program and the Neuropsychology Service. The final six months takes place in the SCI Clinic and Long-Term Care settings. By the end of Year Two, the resident will have experience over the entire continuum of care in rehabilitation and exposure to a wide range of disability diagnoses and clinical situations.

For the entire two years, the resident will have eight hours per week of protected time for research. Presentation of a scholarly project in a Grand Rounds format is required, and at least one poster presentation at a professional meeting during the two years is highly encouraged. Additional activities include postdoctoral seminars on general practice issues, supervision skills, and rehabilitation psychology.

Rehabilitation Psychology Seminar: Rehabilitation Psychology residents and Program Faculty rotate in making presentations on rehabilitation competency areas, such as the history of Rehabilitation Psychology specialty, adjustment to disability, assessment, and case conceptualization.

CLINICAL TRAINING EXPERIENCES

A. Spinal Cord Injury Unit

Cleveland's Spinal Cord Injury Center is one of 24 specialty care hubs within the VA Spinal Cord System of Care. The Center has a lengthy history of service, founded in the early 1970s to treat injured veterans returning from Vietnam, and psychology has been an integral part of the unit since its inception.

The Center consists of an outpatient clinic for primary care of SCI veterans, a 32-bed inpatient unit devoted to a CARF-accredited acute rehabilitation program and sustaining care of long-term secondary complications of SCI, and a 26-bed long term care unit. The unit is served by three full-time psychologists. All patients are evaluated at least annually by psychology, with services ranging from brief screening to intensive inpatient treatment in conjunction with the interdisciplinary team. The resident will provides a mixture of services: annual preventive health screenings; individual psychotherapy; group psychotherapy; and inpatient consultation and treatment, including neuropsychological assessment of co-occurring traumatic brain injury.

The Spinal Cord Center has active research programs on management of pressure ulcers, telehealth, and vocational rehabilitation. The Transitional Care Unit is a post-critical care rehabilitation program serving individuals who are transitioning from the intensive care unit to a more permanent living situation.

B. Physical Medicine and Rehabilitation Service

The Physical Medicine and Rehabilitation Service operates a 10-bed, CARF-accredited general rehabilitation program serving veterans with amputation, TBI, stroke, orthopedic problems, neuromuscular disorders, and debility. The resident will function as an integral team member, assessing every person admitted to the program, addressing psychological barriers such as depression, anxiety, substance use, adherence issues, etc, and attending interdisciplinary rounds. The unit provides an ideal context for broad exposure to typical disability populations in short-term inpatient rehabilitation. In addition, the resident may facilitate a psychotherapy group for veterans with amputation.

C. Pain Management Center

A significant percentage of people with disabilities experience chronic pain, and pain assessment is a competency mandated by the American Board of Rehabilitation Psychology. The resident will receive advanced training in pain evaluation and management. The Pain Management Center is a clinic within the Anesthesia Department. The resident will assess and treat patients with various chronic pain disorders both individually and as part of an interdisciplinary team in a CARF-accredited outpatient program. Treatment modalities include learning to utilize various biofeedback interventions; using evidence-based cognitive behavioral techniques for managing pain; teaching self-regulatory techniques such as self-hypnosis, autogenic training, and progressive muscle relaxation. The resident may participate in a weekly interdisciplinary journal club. Topics include biofeedback, assessment, pain literature updates, treatment approaches, and discussion of challenging cases.

D. Neuropsychology Service

The experience will focus neuropsychological assessment of traumatic brain injury as well as advanced practice in capacity evaluation. The resident will gain expertise in the differential diagnosis of PTSD and cognitive impairments arising from TBI. In addition, residents will develop skill in generating recommendations to guide the rehabilitation process.

E. Blind Rehabilitation Center

Cleveland VA has a residential blind rehabilitation center (BRC) that offers experience in working with veterans who have low vision. Operations of the BRC have been suspended in 2020 due to the COVID-19 pandemic. However, training within the context of this program will be offered if they become available in 2021-2023.

F. Scholarly Research Project

The research requirement is described [here](#).

RESIDENCY ADMISSIONS, SUPPORT, AND INITIAL PLACEMENT DATA**POST-DOCTORAL RESIDENCY PROGRAM TABLES****Date Program Tables are updated: September 1, 2018****Postdoctoral residency Program Admissions**

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 resident selection and practicum and academic preparation requirements:

Our selection process is a rational one in which the residency preceptors rate applications on a standard set of criteria that relates to success in our VA residencies. We look for applicants whom have well-rounded experience in assessment, intervention, integrated psychological reports, a diverse array of clients, and settings pertinent to specialty and focus area to which they are applying.

Describe any other required minimum criteria used to screen applicants:

At a minimum, the applicant must have successfully completed APA accredited doctoral and internship programs. We have no specific required minimum criteria, it is dependent on the applicant pool and the judgement of the training committee members. Please see selection procedures description above.

Financial and Other Benefit Support for Upcoming Training Year*

Annual Stipend/Salary for Full-time Residents	\$47,984
Annual Stipend/Salary for Half-time Residents	N/A
Program provides access to medical insurance for resident?	Yes
If access to medical insurance is provided:	
Trainee contribution to cost required?	Yes
Coverage of family member(s) available?	Yes
Coverage of legally married partner available?	Yes
Coverage of domestic partner available?	Yes
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	104
Hours of Annual Paid Sick Leave	104
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	Yes
Other Benefits: 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-Residency Positions
(Aggregated Talley for the Preceding 3 Cohorts)

	2018-2020	
Total # of residents who were in the 3 cohorts	3	
Total # of residents who remain in training	1	
	PD	EP
Community mental health center	0	0
Federally qualified health center	0	0
Independent primary care facility/clinic	0	0
University counseling center	0	0
Veterans Affairs medical center	1	2
Military health center	0	0
Academic health center	0	0
Other medical center or hospital	0	0
Psychiatric hospital	0	0
Academic university/department	0	0
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	0
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. For former trainees working in more than one setting, the setting represents their primary position.

REHABILITATION PSYCHOLOGY STAFF

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.

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.

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

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.



RESIDENCY CURRICULUM

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

Required Common Seminars

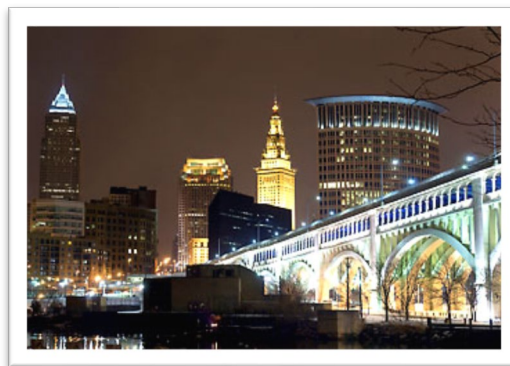
All residents are required to attend the monthly seminars numbered 1-3 below. Your rotation supervisors and major preceptors do not have the authority to exempt you from attendance, nor should they schedule conflicting clinical activities during seminar times.

- **Professional Issues Seminar** - This seminar is moderated by the Director of Psychology Training and incorporates both discussion of preselected topics on professional issues and an update on administrative details of the program. The seminar is also open to supervisors and staff.
- **Supervision Seminar** - This seminar encompasses both didactic and experiential components of supervision. For the first four months, staff present didactic material and moderate a discussion of the issues raised. For the remainder of the year, residents rotate responsibility for presenting a case example of trainee supervision and facilitating a discussion of relevant supervision issues. The seminar is open to supervisors and staff.
- Learning in the intern/resident Case Conferences and residency Seminar is built upon the idea that confidentiality is practiced as it promotes safety and self-disclosure. Confidentiality of veteran information and trainee self-disclosures should be maintained by all participants. This would include being mindful when offering feedback if you are aware of extenuating case circumstances or personal information from other contexts. It, also includes being able to speak openly and freely about experiences knowing your privacy and confidentiality are being maintained. One notable exception, though, is the case when ethical boundaries or incompetence become apparent in these discussions. In those cases, the staff, trainee supervisors, or trainees involved should seek consultation regarding the need to approach the DOT with such information. If a case was made for doing so, please also know this would be discussed with the individual(s) involved prior to going to the DOT.
- We have all been impressed by everyone's openness to sharing about their cases and readiness to give and receive feedback. This reminder is meant as a formal means of stating something we have all been implicitly practicing.
- **Group Case Conference** – Clinical Health, Rehabilitation, and Clinical Neuropsychology residents rotate moderating the group of Health, Geropsychology, Rehabilitation and Neuropsychology track interns; Clinical Psychology residents moderate the group of Clinical Psychology emphasis area interns. Interns present select cases and are not evaluated on their case presentation within this conference.

Specialty and Focus Area Seminars

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

- **Clinical Psychology Seminar** - Residents from the Clinical Psychology Specialty (SMI, PTSD, and Addictions) are required to attend this monthly seminar. It includes staff presentations on general and clinical special emphasis area topics, resident case presentations entailing group supervision, and resident presentations on self-generated clinical or professional topics.
- **Inter-Professional Residencies Seminar** - The Inter-professional residents (SMI Inclusion, Couples & Family) attend this seminar moderated by staff involved in the inter-professional training programs including Psychology, Social Work, and Chaplain Services. The two inter-professional residencies will meet as a group to review administrative issues related to the fellowship programs and participate in inter-professional didactics. Special emphasis will be placed on case reviews conducted by the various disciplines from the two programs.
- **Clinical Health Psychology Seminar** - Residents from the Clinical Health Psychology Specialty (Primary Care, COE, and Specialty Medical Clinics) are required to attend this seminar moderated by the Program Director of the CHP residency. It includes didactic and practice-oriented content specific to clinical health psychology, as well as resident case presentations and related articles for discussion. The seminar is open to preceptors, residents, and staff.
- **Geropsychology Seminar** – Geropsychology and COE residents attend this seminar moderated by the geropsychology major preceptor.
- **Rehabilitation Psychology Seminar** – The Rehabilitation Psychology resident is required to attend this seminar, but it is open for other residents and staff to attend. The resident and program faculty rotate in making presentations on rehabilitation-specific competency areas, such as the history of the Rehabilitation Psychology specialty, adjustment to disability, assessment, and case conceptualization.



SELECTION PROCEDURES

Application

- Applications are submitted to APPA-CAS for residents.
- Application deadline is the first week of January.

Interviews

- Two training staff rate materials using the applicant rating form.
- Program leads determine who to invite for an interview.
- Interviews may be in-person, by video, or telephone.
- Applicants are given at least two weeks' notice for in-person interviews.
- Staff conducts a performance-based interview, using a standard interview ratings form.

Ranking

- Program leads coordinate with DoT to create a final plan for order of offers across all programs, since applicants may be considered for more than one residency and focus area.
- Ranking is ongoing to account for the possibility of making a reciprocal offer

Offers

- We honor the APPIC Uniform Notification Day for Residencies
- We are prepared to make a possible reciprocal offer to an applicant who is our top ranked applicant when they have an early bonified offer from another program. We may require validation of the offer.
- Program leads begin offers 10:00am Eastern Time on APPIC UND Monday.
- Staff will coordinate any concurrent competing offers to the same applicant.
- Applicants may hold ONE offer for 4 hours.
- We notify non-selected candidates of filled positions as soon as feasible.