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We of course cannot predict the course of the pandemic and procedures we will need for the 2022-2023 class. We certainly hope that the worst will be behind us and we will have returned to a better sense of normalcy. Until that time we want to ensure you that we have implemented appropriate health and safety procedures and precautions that help protect our trainees. At declaration of pandemic the hospital activated incident command emergency management procedures that include pandemic response procedures. We quickly worked to reduce risk of exposure by screening all employees and hospital visitors for symptoms, reducing foot traffic, limiting contact with our most vulnerable populations, segregating inpatient from outpatient, prohibiting providers from working serially across areas, and prohibited psychology trainees from working in-room with COVID-19 positive patients. We leveraged the existing telehealth infrastructure and were quickly able to convert most outpatient visits to telehealth. We rapidly increased technology availability for working with inpatients by providing patients with iPads and didn’t allow trainees to work directly with patients who were infected. We placed many employees on part-time telework from home and made adaptations to supervision and rotations.

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

The hospital reopening process has allowed some specialty clinics to schedule their patients in-person again however most outpatient mental health appointments remain primarily by telephone and video. We expect most outpatient mental health appointments to continue primarily by telehealth for the duration of the pandemic. Inpatient appointments are currently being conducted both in person and by telehealth. In-person appointments are allowed with both provider and patient wearing masks and 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 distancing and are planning for onsite management of clinical telehealth supervision and general in-person professional supervision.

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

Cleveland and northeast Ohio are rich with cultural, educational, culinary, and recreational opportunities. VA Northeast Ohio Healthcare System is located in University Circle, at edge of the Rockefeller Cultural Gardens, along with such esteemed neighbors as Cleveland’s renowned and newly expanded Museum of Art, Cleveland Botanical Gardens, Museum of Natural History, Western Reserve Historical Society, Case Western Reserve University, Cleveland Institute of Art, and Cleveland Institute of Music. Kent State University, Cleveland State University and the University of Akron are major educational institutions within easy driving distance.

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

Sports fans have their choice of excitement with the Cleveland Browns, Indians (soon to be Guardians), 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.
Live Cleveland stated it well: “The City of Cleveland is an exceptional Midwestern community . . . made up of many vibrant neighborhoods, each offering fantastic amenities and various lifestyle opportunities. Diversity is evident throughout, as Cleveland is home to more than 75 different nationalities and ethnic communities . . . Our wonderful neighborhoods are filled with engaging residents, a thriving business community with an energetic workforce, and an amazing collection of arts, culture, entertainment and recreational opportunities.”

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

The Louis Stokes Cleveland VA 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 (see page 5 for more information) 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.
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 21 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 one of the largest in the VA.

The Cleveland VA 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 Cleveland VA 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 VA 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 VA Clinic is located southwest of Cleveland in an adjacent suburb. Psychologists are involved in the care of veterans in outpatient primary care, mental health, substance abuse, and neuropsychological services. The community-based satellite outpatient clinics (CBOCs) including Akron, Canton, and Youngstown provide a range of outpatient medical, dental, mental health, and rehabilitation services to patients in those geographical areas. All locations are connected by high capacity broadband networking capable of providing real time conferencing and Clinical Video Telehealth (CVT) connections. Clinical Video Telehealth, Telemental Health, and Home Telehealth operations are implemented across the system. Telehealth educational and evidence-based intervention practices are being implemented via CVT to better serve our rural and home-bound veterans, and to continue to provide services during unanticipated extreme weather events.
PSYCHOLOGY SERVICE

The Cleveland VA Medical Center is organized around both service delivery and professional identity, with mental health programs in Outpatient Psychiatry, the Veterans Addiction Recovery Center, PTSD Clinical Team, Recovery Resource Center, Neuropsychology, General Medicine, Geriatrics, Cardiology, Pain Management, Spinal Cord Injury, Infectious Disease clinics, and Rehabilitation services. Over 70 psychologists in our service provide comprehensive services to patients and their families in these areas and other specialty clinics throughout the Medical Center. They serve as members of interdisciplinary treatment teams in psychiatric care, as consulting and unit psychologists in specialized medical units, and as coordinators or program managers of several patient care programs. In addition to clinical and administrative duties, psychologists are also actively involved in research and training. The variety of program involvement creates a wide range of professional activities in which an intern may engage, and a large, diverse, and experienced staff with whom to interact. Psychology Service is the direct administrative umbrella for most psychologists in the main medical centers. The Chief of Psychology Service is ultimately responsible for discipline-specific professional activity including hiring, credentialing and privileging, program assignments, performance and peer reviews, and training programs. The two Directors of Psychology Training manages the day-to-day operation of the Psychology Internship Program and Psychology Postdoctoral Residency Training Programs.

PSYCHOLOGY SERVICE DIVERSITY COMMITTEE

The Psychology Service Diversity Committee was established in 2014 with the goals of enhancing diversity in recruitment and selection of staff and trainees, training programs’ curricula, awareness in service delivery and supervision, continuing education efforts, and any other areas deemed appropriate by the Committee. This has been accomplished through the following initiatives: monthly Diversity Grand Rounds, Trainee Multicultural Competence Feedback Survey, Diversity Today Newsletter, the Diversity Book Club, the Psychology Service Diversity Cookbook, and various social and community events(in person pre-Covid and virtually post-Covid) including the Multicultural Potluck and Diversity Walk/Run for the Diversity Center of Northeast Ohio. At this time, the committee has nine members. Trainees can apply to be members and are warmly welcomed.
PSYCHOLOGY INTERNSHIP PROGRAM

VA Northeast Ohio Healthcare System Psychology Service provides internship training in Health Service Psychology and is fully accredited by the American Psychological Association. Qualified candidates who are enrolled in APA accredited doctoral programs in clinical or counseling psychology are eligible to apply at the doctoral level. Our internship provides a wide range of training opportunities because of the complexity of the Medical Center.

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

MISSION

The mission of the VA Northeast Ohio Healthcare System Psychology Training Programs is to provide the highest quality general, focus area, and specialty training to diverse cohorts of doctoral and postdoctoral psychology trainees to prepare them for independent professional practice.

VISION

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

VALUES

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

GOALS

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

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

Training Model
The Psychology Internship Program follows a practitioner-scholar model focused on the acquisition and extension of clinical skills, development of the intern’s professional role, identity, and demeanor, and socialization into the health service delivery environment. This is actualized by the intern’s participation in experiential learning in the clinic along with case presentations. The ‘scholar’ aspect of the model is the foundation of psychological science needed for successful practice. Interns gain experience in the critical evaluation of clinical and research literature, and participate in a monthly journal club presenting, discussing, and critically evaluating psychology literature. Scholarly research background is incorporated into case presentations when appropriate. Opportunities for clinical research are available including the possibility of developing outcome-based innovations in care and program development.

Training Assignments
We believe that all psychologists should develop foundational skills acquired through generalist training. Our clinical staff also has expertise in the specialty areas of Clinical Psychology, Geropsychology, Clinical Health Psychology, Clinical Neuropsychology, and Rehabilitation Psychology, and we organize the training assignments under those specialty areas. Interns are encouraged to gain experiences in settings and specialties in which they have not previously worked. All rotations provide training in foundational skills in assessment, individual, group, and staff consultation, however the emphasis varies with specific assignment. Focused assessment, crisis intervention, brief therapeutic approaches, and consultation are more characteristic of the acute treatment settings, while therapeutic programming, psychosocial rehabilitation, behavioral and social learning approaches, reeducation and staff development are more characteristic of the extended care settings.

We have many staff with training in evidence-based techniques that they incorporate into the intern’s experience. An intern’s individual internship program is formulated with consideration of information from the student and his or her university DCT. Experiences are designed to meet the intern’s training needs, assure a breadth of experience, and encourage developing professional interests. The DoT and supervisors are available to discuss rotations and options in which the intern is interested. An overall individual program will consist of three assignments lasting four months each, with the option of supplemental experiences. Interns may be permitted to pursue an enrichment option during the year, once the intern has sufficiently familiarized him or herself with the range of training opportunities and demonstrated the basic required competencies.

STIPEND AND BENEFITS
The intern yearly stipend for 2022-2023 is $27,402. Interns are eligible for health and other benefits. Interns accrue 4 hours each of annual (personal) and sick leave for each two-week pay period and are not on duty for paid Federal holidays. Health insurance benefits are available for families and domestic
partners with trainees paying the employee portion. We follow federal Family Friendly Medical Leave guidance for accommodating the need for extended medical leave.

**CURRICULUM COMPONENTS**

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

**EXPERIENCES**

**Cases**

At the outset of the internship year interns must demonstrate beginning competence in diagnostic assessment, interpretation of psychological tests, and report writing. The intern interviews a veteran, completes psychological testing, and writes an integrated clinical report. The interview and report must be rated as adequate by the supervisor to complete the requirement. Additional cases with supervision may be required until an acceptable assessment is completed.

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

**Didactic Seminars**

Interns attend weekly didactic presentations on the profession wide competencies including assessment, intervention, diversity, and supervision. The seminars are presented by staff who teach the evidence base, ethics, and diversity issues that relate to the weekly topic. Topics may include issues in cultural competence with diverse populations, substance abuse, post-traumatic stress, risk assessment of suicide potential and dangerousness, conceptualization and treatment of psychosis disorders, evidence-based intervention techniques, psychopharmacology, professional issues, differential diagnosis, consultation, management of chronic illness, pain, neuropsychology and geropsychology assessment and intervention, psychotropic medications, and ethics.

**Mentoring Program**

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

ELIGIBILITY REQUIREMENTS FOR PSYCHOLOGY INTERNSHIP PROGRAMS

• Applicants must be U.S. citizens; applications from non-citizens cannot be considered, and verification of citizenship is required following selection. All interns and fellows must complete a Certification of Citizenship in the United States prior to beginning VA training.

• Federal law requires that most males between the ages of 18 and 26 register with the Selective Service System. Male, for this purpose, is any individual listed as male on their birth certificate regardless of current gender. Males who were required to register, but who failed to do so by their 26th birthday, are barred from any position in any Executive Agency. Visit https://www.sss.gov to register, print proof of registration or apply for a Status Information Letter. Male applicants must sign a pre-appointment Certification Statement for Selective Service Registration before they can be admitted into a training program. Exceptions can be granted only by the US Office of Personnel Management and are very rarely granted.

• Applicants must be a doctoral student in good standing at an APA, CPA, or PCSAS accredited graduate program in Clinical, Counseling, or Combined psychology, and approved for internship by the graduate program director of clinical training

• Health Professions Trainees (HPTs) are appointed as temporary employees of the Department of Veterans Affairs. As such, HPTs are subject to laws, policies, and guidelines posted for VA staff members. There are infrequent times in which this guidance can change during a training year which may create new requirements or responsibilities for HPTs. If employment requirements change during the course of a training year, HPTs will be notified of the change and impact as soon as possible and options provided. The VA Training Director for your profession will provide you with the information you need to understand the requirement and reasons for the requirement in timely manner.

Requirements for Final Appointment
For any VA internship, final appointment is contingent upon passing a routine physical examination, background security check, possible random drug screening, and standard employment forms OF 612 and OF 306. An oath of office is required at the beginning of the internship.

• Appointees must undergo fingerprinting, passing a background check, and possible pre-employment drug and alcohol screening. We are a federal facility with a zero-tolerance policy for substance use at work. Cannabis use even with prescription is not permitted.

• Onboarding requires a hepatitis B vaccination, tuberculosis screening, and acknowledgement of VA healthcare policy for influenza vaccination. Hospital policy requires all staff to have a current COVID-19 and flu vaccination or document exemption.

Training occurs in a health care setting where patients may have an elevated risk of contracting common illnesses like influenza or COVID-19. You must document that your vaccinations are up to date and you have been screened for active tuberculosis prior to starting your training. The Office of Academic Affiliations requires a Training Qualifications and Credentials Verification
You will be required to self-certify you have had a physical in the last 12 months and self-certify that you are in satisfactory physical condition to work as an intern at the Louis Stokes Cleveland VA Medical Center during the 2022-2023 training year.

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

Complete the APPIC application at the APPIC website: [http://www.appic.org/](http://www.appic.org/)

**APPLICATION DEADLINE: MONDAY NOVEMBER 1st, 2021**

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

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

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

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

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

**FORMAT FOR COVER LETTER INDICATING ROTATION PREFERENCES**
I am applying to: Clinical Psychology Emphasis Track (APPIC Program #150812)
My preferred rotations are:
1. Psychosocial Rehabilitation Resource Center
2. Women’s Addiction Recovery
3. Primary Care Clinic
Alternate: Spinal Cord Injury Unit

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

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

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

We invite telephone inquiries at (216) 791-3800, x66822. We welcome diversity among our applicants, including qualified ethnic minority group members. We participate in the current Association of Psychology Postdoctoral and Internship Centers Match Program and observe their policies, practices, and deadlines. We do not pre-allocate any internship positions to specific universities.

Program Address
Director of Psychology Training
Psychology Service 116B (W)
VA Northeast Ohio Healthcare System
Louis Stokes Cleveland VA Medical Center
10701 East Boulevard
Cleveland, OH 44106
216-791-3800 ext 66822

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

Internship Admissions, Support, and Initial Placement Data

Date Program Tables are updated: August 31, 2021

Program Disclosures

<table>
<thead>
<tr>
<th>Does the program or institution require students, trainees, and/or staff (faculty) to comply with specific policies or practices related to the institution's affiliation or purpose? Such policies or practices may include, but are not limited to, admissions, hiring, retention policies, and/or requirements for completion that express mission and values?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>If yes, provide website link (or content from brochure) where this specific information is presented:</td>
<td>N/A</td>
<td></td>
</tr>
</tbody>
</table>

Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program’s policies on intern selection and practicum and academic preparation requirements:

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

Does the program require that applicants have received a minimum number of hours of the following at time of application? If Yes, indicate how many:

<table>
<thead>
<tr>
<th>Total Direct Contact Intervention Hours:</th>
<th>NO</th>
<th>Amount: see selection guidelines</th>
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<tbody>
<tr>
<td>Total Direct Contact Assessment Hours:</td>
<td>NO</td>
<td>Amount: see selection guidelines</td>
</tr>
</tbody>
</table>

Describe any other required minimum criteria used to screen applicants:

We have no specific required minimum criteria; it is dependent on the applicant pool. Please see selection procedures description above.

Financial and Other Benefit Support for Upcoming Training Year*

<p>| Annual Stipend/Salary for Full-time Interns | $27,402 |
| Annual Stipend/Salary for Half-time Interns | N/A |
| Program provides access to medical insurance for intern? | Yes |
| If access to medical insurance is provided: | Trainee contribution to cost required? | Yes |
| Coverage of family member(s) available? | Yes |
| Coverage of legally married partner available? | Yes |</p>
<table>
<thead>
<tr>
<th>Coverage of domestic partner available?</th>
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</thead>
<tbody>
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<td>Hours of Annual Paid Personal Time Off (PTO and/or Vacation)</td>
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</tr>
<tr>
<td>Hours of Annual Paid Sick Leave</td>
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</tr>
<tr>
<td>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?</td>
<td>Yes</td>
</tr>
<tr>
<td>Other Benefits (please describe): We follow Family Friendly Medical Leave guidelines for extended leave without pay. Extended leave beyond above will require an extension of internship.</td>
<td></td>
</tr>
</tbody>
</table>

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

### Initial Post-Internship Positions
(An Aggregated Tally for the Preceding 3 Cohorts)

<table>
<thead>
<tr>
<th></th>
<th>2017-2020</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total # of interns who were in the 3 cohorts</strong></td>
<td>33</td>
</tr>
<tr>
<td><strong>Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree</strong></td>
<td>0</td>
</tr>
<tr>
<td><strong>PD</strong></td>
<td><strong>EP</strong></td>
</tr>
<tr>
<td>Academic teaching</td>
<td>1</td>
</tr>
<tr>
<td>Community mental health center</td>
<td>1</td>
</tr>
<tr>
<td>Consortium</td>
<td>1</td>
</tr>
<tr>
<td>University Counseling Center</td>
<td>0</td>
</tr>
<tr>
<td>Hospital/Medical Center</td>
<td>13</td>
</tr>
<tr>
<td>Veterans Affairs Health Care System</td>
<td>13</td>
</tr>
<tr>
<td>Psychiatric facility</td>
<td>0</td>
</tr>
<tr>
<td>Correctional facility</td>
<td>0</td>
</tr>
<tr>
<td>Health maintenance organization</td>
<td>0</td>
</tr>
<tr>
<td>School district/system</td>
<td>0</td>
</tr>
<tr>
<td>Independent practice setting</td>
<td>1</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
</tr>
</tbody>
</table>


### SUPERVISION

Interns are assigned to a staff psychologist to be their primary clinical supervisor for each rotation. Supervision is individualized to meet the intern's learning needs and developmental level. We strive to treat interns as emerging professionals and colleagues. The long history of allied health trainees at the medical center helps ensure that trainees are accepted as active participant in interdisciplinary care.
Clinical supervision and experiences are designed to support the intern in learning profession-wide foundational competencies. The intern and their supervisor collaborate at the beginning of each rotation and form learning plan goals that support acquisition of professional competencies and individual learning needs.

Individual supervision is scheduled for at least two hours weekly and at other times as needed to address emergencies, crises, immediate issues and concerns. An additional 2 hours of supervision is scheduled in a group setting. Ongoing collaboration, consultation, clinical observation, and supportive feedback are provided through working alongside the clinical supervisor engaged in professional work on the rotation setting. At mid-rotation, the intern and supervisor meet to discuss the intern’s progress on the specific rotation competencies, complete a written mid-rotation evaluation, and to revise the goals as appropriate.

Toward the end of each rotation, the intern makes a case presentation in a group that consists of a consultant, other interns, and staff. The case presentation is structured to strengthen the intern’s ability to formulate cases clearly and develop appropriate interventions. The primary supervisor prepares a final written evaluation of the intern’s performance. The DoT provides a progress report to the university Director of Clinical Training at mid-year. All training is under the supervision of a licensed psychologist and consistent with Ohio State Board of Psychology Rules for Psychologists.

EVALUATION

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

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

- Assessment Module. Each intern must write a satisfactory diagnostic report on an initial case.
- Rotation Performance: The intern must satisfactorily complete the three clinical experiential rotations, and any supplemental enrichment experiences.
- Case Presentations: Near the end of each rotation the intern presents a case to peers and a psychologist consultant. The consultant rates the intern’s performance on the case.

COMPETENCY DEVELOPMENT

Program elements and clinical supervisors contribute to intern development of professional identity and foundational competencies. Intern learning and evaluation are organized around the APA foundational competency domains:
I. Science of Psychology: The scientific knowledge and methods for understanding of research, research methodology, techniques of data collection and analysis, biological bases of behavior, cognitive-affective bases of behavior, and development across the lifespan.

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

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

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

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

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

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

VIII. Supervision: Demonstrates knowledge and appropriate use of supervision skills. Is collaborative and participative in supervision, spontaneously seeks assistance when needed, raises appropriate questions and issues, and effectively attends to implementing supervisor suggestions.

IX. Consultation and interdisciplinary skills: Demonstrates knowledge of the consultant’s role and its unique features as distinguished from other professional roles (such as therapist, supervisor, teacher) and has basic knowledge of the viewpoints and contributions of other professionals. Clarifies the referral question, identifies relevant research, and clinical knowledge and communicates effectively with stakeholders. Develops and maintains collaborative relationships and respect for other professionals.
The program is committed to providing experiences that develop generalist skills and profession-wide foundational competencies. However, we allow internship emphasis tracks as a method to focus training in an area aligned with established accredited specializations. The training year is structured around three rotations that last four months. All experiences are focused on acquiring independent skills in the basics of assessment, intervention, and professionalism.

The information here was current when finalizing this brochure, however operational changes may continue in response to the COVID-19 pandemic. Medical center operations changed dramatically due to the pandemic with most outpatient appointments being accomplished through telehealth. At this time most outpatient rotations are seeing patients both in person and via telehealth; though a few have remained completely virtual. Most inpatient rotations are seeing patients in person. We expect a continued requirement for patients and staff to wear paper masks in the hospital.

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

We attempt to assign two rotations that align with the applicants’ stated preferences or emphasis area and then assign the third rotation based on training needs for breadth and complimentary experiences.

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

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

An ENRICHMENT is a supplementary clinical assignment, four to eight hours per week basis over eight months, concurrent with the regular second and third rotations. Enrichment placements are arranged by petition near the end of the first four-month rotation.
Interns in the Clinical Psychology Emphasis Track will learn assessment and intervention for a wide variety of psychiatric, behavioral, and environmental problems. Rotation experiences enable the intern to learn skills in the differential diagnosis of psychopathological disorders and development of individualized treatment plans. Theoretical and therapeutic approaches vary with the training setting and problems typically encountered, but most rotations provide experience in 1) psychological assessment, 2) individual interventions including psychotherapy, cognitive approaches, and evidence based practices, 3) group, marital, and/or family interventions, 4) case management, 5) multidisciplinary treatment team planning, and 7) patient education. We encourage interns to explore areas in which they have not gained prior experience so that they broaden the scope of their diagnostic and treatment skills. Our program won a 2016 APA Division 18 Excellence in Training Award for providing recovery-oriented, evidence-based services to adults diagnosed with serious mental illnesses.

The internship program offers three substance abuse rotations: Men’s Treatment Program, Women’s Treatment Program and the Gambling Treatment Program. All three are in the Veterans Addiction Recovery Center (VARC) that offers a variety of programs for veterans with a substance dependence or impulse control disorder. Veterans participating in VARC programming complete an initial assessment tailored to the patients’ needs, receive treatment recommendations, and participate in treatment guided by their assessment results. Treatment modes range from brief intervention to intensive residential programming. Residential addiction treatment is integrated within the Homeless and Mental Health Residential Rehabilitation Treatment Center (HMHRRTC – see below). Veterans receiving residential treatment for substance use disorders (SUD) within the HMHRRTC are able to simultaneously address co-occurring concerns such as PTSD, SMI, and other psychosocial problems. Trainees involved with residential addiction treatment have opportunity to be part of an interdisciplinary team with providers from multiple mental health specialty areas to address the veterans’ individualized needs.

In addition to primary treatment for substance dependence, the VARC unit has specialized programs in Gambling Treatment, Opioid Substitution, and Women Veterans Addictive Behavioral Treatment program. Both residential and outpatient treatment are available, with ongoing aftercare following the initial intensive phase of treatment.

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

Enrichment opportunities include intensive training in Motivational Interviewing or Motivational Enhancement Therapies, and research participation.
**ADDICTIONS - GAMBLING TREATMENT PROGRAM**

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

**ADDICTIONS - MEN’S TREATMENT PROGRAM**

Our Men’s Addiction Treatment Program offers SUD care for men in the HMHRRTC and the Men’s Intensive Outpatient Treatment Programs for male veterans diagnosed with drug or alcohol use disorders from a local and regional referral base. Training in the Men’s Addiction Treatment Program facilitates learning evidenced based treatment including Motivational Interviewing and Motivational Enhancement Therapy, Cognitive Behavioral Therapy, Mindfulness Based Relapse Prevention, 12-Step Facilitation, and Contingency Management. Intern responsibilities include group facilitation, individual interventions, diagnostic assessment, and treatment planning. The intern’s learning plan is individualized keeping in mind the intern’s needs and goals, allowing for involvement in program development, leadership, intensive assessments, measurement-based care, and specialized trainings in addiction.

**ADDICTIONS - WOMEN’S TREATMENT PROGRAM**

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

**HOMELESS & MENTAL HEALTH RESIDENTIAL REHABILITATION TREATMENT CENTER**

The Homeless & Mental Health Residential Rehabilitation Treatment Center (HMHRRTC; formerly the Domiciliary) is a 122-bed residential unit with a mission to provide state-of-the-art, high-quality, trauma informed residential rehabilitation and treatment services. Veterans in the HMHRRTC have multiple complex medical conditions, mental health issues, addictions, and psychosocial deficits. Staff identify and address global goals of wellness, recovery, rehabilitation, health maintenance, improved quality of life, and community integration in addition to specific individualized goals for mental health issues, addictions, medical problems, homelessness, and occupational/financial needs. The HMHRRTC is accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF) in the area Residential Mental Health care and is the only Domiciliary (national program) that is a collaboration between two organizations - VA Northeast Ohio Healthcare System and Volunteers of America (VOA).

The HMHRRTC houses a fully integrated Mental Health Residential Rehabilitation Program (referred to henceforth as RRTP). Training opportunities for Interns within RRTP are guided by Specialty area (Addiction, SMI, Women’s Treatment, Residential General Mental Health & Homelessness, Trauma, etc.) and Interns work as members of an interdisciplinary treatment team which includes clinical and supportive service case managers, physicians, nurses, occupational therapists, recreation therapists, chaplains, and other mental health providers.

Primary professional training experiences for the GMH/Homeless (General Residential) specialty include screening/assessment of suicide risk and safety planning, individualized treatment planning or discharge planning, cognitive assessment, personality assessment, individual therapy, grief counseling, individual evidence-based psychotherapies, participation in interdisciplinary team meetings, or short-term supportive therapies. Group therapy opportunities may include cognitive-behavioral therapy, mindfulness & distress tolerance skills, anger management, effective communication, or problem-solving therapy. Trainees may have opportunity to co-facilitate with a provider from a different discipline or create a new group that meets a population need. Training in capacity evaluation is often available if it is of interest to the intern. Program development / program evaluation is an ongoing component of the General Residential rotation. A main goal of this rotation is for trainees to understand the complex interaction of addiction, homelessness, serious mental health issues, trauma/PTSD, and medical concerns in an aging population and to learn to work flexibly within this challenging environment.

**HOMELESS & MENTAL HEALTH RESIDENTIAL REHABILITATION TREATMENT CENTER- SMI SPECIALTY FOCUS**

The SMI specialty focuses on persons with severe mental illness from a psychosocial recovery perspective. This specialty employs evidence-based strategies for this population, including psychosocial skill development, illness management and recovery training, and an integrated dual disorder treatment component for those veterans with SMI and co-occurring addiction. This program utilizes the recovery model for SMI and applies stage-wise intervention strategies for addiction and illness management
issues, with an emphasis on early engagement, individual values and goals, and motivational enhancement interventions. Primary professional training experiences include clinical interviewing and psychological assessment, treatment/rehabilitation planning, case coordination, and individual/group interventions with persons with severe mental illness. Comprehensive, recovery-oriented psychosocial assessment, motivational enhancement, measurement-based care intervention, cognitive-behavioral psychotherapy, and group facilitation skills are emphasized. Intern would function as a member of the SMI specialty team and function within the MHRRTP as a member of an integrative interdisciplinary team. Each intern also has the option of participating in a program development project.

**INPATIENT PSYCHIATRY UNIT**

The inpatient psychiatric unit is a locked facility that provides a controlled environment for veterans needing acute psychiatric care. It is the most restrictive environment of care in the VA Northeast Ohio Healthcare System continuum of care. The goals of treatment are rapid diagnosis, stabilization, and treatment for veterans experiencing psychiatric crises. Staff utilize a medical model of care, while integrating some aspects of the Recovery Model. The most frequently encountered admitting diagnoses are acute psychotic episodes, drug-induced psychosis and/or mood disorders, major depressive episodes, manic episodes, underlying personality pathology, and suicidal behaviors. Veterans are assigned on admission to an inter-professional treatment team comprised of an attending psychiatrist, medical provider, pharmacist, social worker, nurse, and learners from each of those disciplines. The rotation supervisor functions as a consultant to the teams, other unit staff, and veterans. Interns on this rotation function as integral members of the inter-professional teams and work with veterans providing a range of care from assessments, time-limited therapies, and support services. By following a veteran’s course of inpatient care, interns can observe and help veterans demonstrating symptom acuity atypical of most outpatient and residential treatment settings, while participating in treatment focused on symptom reduction and return to community functioning.

Specific skills obtained by interns on this rotation include: 1) functioning as a team member during rounds, 2) providing discharge treatment recommendations regarding community inclusion, 3) assessment skills for differential diagnosis, psychotic symptom inquiry, and inquiry with a person experiencing significant symptoms, 4) objective and projective/performance-based testing as well as capacity evaluations, 5) effectively and efficiently communicating assessment results, 6) facilitating recovery-oriented skills groups for patients with varying degrees of symptom management, and 7) conducting time-limited and problem focused one-to-one interventions. Interns also attend didactics and clinical case observations offered to the other learners on the team. Typically, there are also opportunities to attend family meetings and probate court hearings – both of which are conducted on the unit. The inpatient unit may afford the opportunity to observe services and treatments across the continuum of psychiatric care such as observation of the psychiatric emergency room, attending a session of electroconvulsive therapy (ECT), or spending a half day in the MHRRTP.
MENTAL HEALTH AMBULATORY CARE CLINIC

The Mental Health Ambulatory Care Clinic (MHACC) is an outpatient psychiatry service that treats veterans with a wide array of presentations, often complex and high-risk in nature. The MHACC is the second largest service at the Cleveland VA, with 45-50 providers working full or parttime with some evening clinics and utilizing face-to-face and electronic modalities. The MHACC includes a large interdisciplinary staff from psychiatry, psychology, social work, and nursing, as well as trainees in these areas. The MHACC is broken into 3 Teams with their own panel of patients. While each team has a wide variety of patients, each team is somewhat specialized: Team 1: Trauma, personality disorders, psychosis; Team 2: Geriatrics, and Team 3: Trauma (combat and military sexual trauma (MST)). Interns will focus on assessment and individual intervention, including training in VA Evidence-Based Protocols in areas such as, but not limited to, CBT for Depression, CBT for Insomnia, ACT, DBT, Commitment Therapy, Mindfulness-Based Cognitive Therapy, Cognitive Processing Therapy, Prolonged Exposure Therapy, IPT Therapy for Depression, and EMDR. Other therapeutic modalities are also included. Group therapy experience is available outside of the MHACC, including DBT, PTSD and addiction, recovery from serious mental illness, comorbid addictions, men with sexual trauma, and depression, to name a few.

PSYCHOSOCIAL REHABILITATION AND RECOVERY CENTER

The Psychosocial Rehabilitation and Recovery Center (PRRC) is located at 7000 Euclid Avenue, about a mile from the main Medical Center. Trainees of this rotation work within the PRRC multidisciplinary treatment team to provide a full range of psychological services to Veterans diagnosed with serious mental illnesses (Schizophrenia and Bipolar Spectrum Disorders, PTSD and Mood Disorders which have a severe impact on the Veteran’s functioning) and co-occurring substance use disorders. The primary focus of PRRC programming is to promote Veteran progress towards personal recovery and community inclusion goals, which commonly include – improved coping with persisting symptoms of Serious Mental Illness, increasing supports for independent living, reengagement with family/friends or development of other community based social supports outside of the VA, and active involvement in community based organizations, which can include involvement in church or community based organizations, support groups, volunteering, engagement in hobbies, or linkage to resume employment.

During this rotation, interns will further develop skills in clinical interviewing, psychological assessment, individual, group and family therapy, as well as psychosocial rehabilitation planning and care coordination for Veterans with serious mental illnesses. Trainees will learn how to effectively engage, assess, and intervene with clients in their natural environment. Trainees will have opportunities to participate and learn more about the Integrated Dual Diagnosis Treatment model (IDDT), Motivational Interviewing, Illness Management and Recovery, and other evidenced based interventions to treat individuals who experience SMI. Finally, this rotation offers ample opportunity to gain experience with designing and implementing skills and/or psycho-educational groups and participating in ongoing performance improvement and program evaluation projects.
The PTSD Clinical Team (PCT) provides specialized, time-limited, evidenced-based treatments for survivors of trauma. Veterans working within the PCT have been referred by an outpatient provider to engage in trauma-processing utilizing treatments consistent with the VA/Department of Defense Clinical Practice Guidelines for the Management of PTSD. These treatments include Cognitive Processing Therapy (CPT), Prolonged Exposure for PTSD (PE), Cognitive Behavioral Conjoint Therapy for PTSD (CBCT), Written Exposure Therapy (WET), and Nightmare Resolution Therapy (NRT). The PCT treatment is provided on both an outpatient basis and in the context of the Homeless & Mental Health Residential Rehabilitation Treatment Center (HMHRRTC; see above section of that title for further information). Treatment formats range from weekly sessions to massed delivery 3-5 times per week in our Intensive Treatment Program, as well as various group offerings. Upon completion of trauma-processing work, veterans requiring ongoing mental health care return to their outpatient provider. Psychological assessment and the delivery of evidence-based practices (in both group and individual therapy formats on outpatient and residential basis) are the focus of training in the PCT. Interns are expected to hone their skills as a practitioner-scholar by functioning as an informed consumer of relevant research and utilizing research to inform their clinical practice. Training is provided in various empirically supported treatments for PTSD with veterans. Interns are supervised in incorporating elements of these treatments into their clinical practice to various degrees, depending upon their previous therapy experiences. Opportunities for program development and evaluation are also available to interns.
HEALTH PSYCHOLOGY EMPHASIS ROTATIONS

The Health Psychology rotations encompass clinical health psychology experiences that meet the Council of Directors of Health Psychology Training Programs requirements for health psychology internships. Rotations offers training experiences in a variety of inpatient medical settings, including acute, intensive care, and rehabilitation units. In addition, participation in Primary Care Medical Clinics provides interns with broad experience in assessment and short and long-term care of medical outpatients and their families. Interns will provide direct and focused interventions that increase experience recognizing and managing common psychiatric syndromes that may coexist with medical problems, assist veterans coping with illness, and help them modify health-related behaviors. Training experiences may include the following: 1) differential diagnosis of functional and organic contributions to symptoms, 2) crisis intervention with patients and families, 3) consultation-liaison activities with multi-disciplinary staff, 4) pain and stress management, 5) counseling for adjustment to chronic disease and disability, 6) individual, and 7) primary and secondary prevention groups.

ONCOLOGY/HOSPICE

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

Veterans and their families are followed in multiple settings including outpatient, infusion room, and inpatient hospital stays throughout the medical center. The intern will have the opportunity to participate in multiple weekly and bi-weekly interdisciplinary tumor boards that discuss evidenced based treatment for newly diagnosed gastrointestinal cancer, head and neck cancer and diverse cancers such as melanoma, lung, breast and prostate cancers. Finally, there may be opportunity to conduct a psychological evaluation for a bone marrow transplant candidate. This evaluation requires gathering past and current family, psychiatric, medical, and substance use history to identify potential risk factors associated with maladaptive coping skills or the patients’ available support systems during and post the transplant process.

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

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

PAIN MANAGEMENT CENTER

The Pain Management Center (PMC) operates under the Anesthesiology Service and typically has two full time psychologists, a psychology postdoctoral resident and predoctoral intern. Trainees interact daily with health psychologists, board-certified anesthesiologists, physician extenders, and nurses with specialized training in pain management. Services are provided to outpatients with a variety of chronic pain disorders; co-morbid mood disorders and substance use disorders are common.

Although the model of the PMC is primarily consultative, there is opportunity for the psychology intern to follow select patients on a time-limited basis. Interns will utilize a variety of techniques in terms of behavioral management, such as biofeedback and cognitive-behavioral therapy for chronic pain. Care will occur in multiple formats, including individual psychotherapy, group sessions, and telehealth clinics. Interns will conduct behavioral or psychometric assessments of new patients to evaluate potential contraindications for opioid analgesics and to assess candidacy for spinal cord stimulation and other implantable devices. The intern may be involved in co-facilitating psychoeducation groups for the CARF accredited Intensive Outpatient Program. Arrangements can be made for interns to observe invasive interventions, such as epidural steroid injections. Interns also may participate in the Cleveland VA’s Pain Specialty Care Access Network (SCAN) team meetings. These weekly meetings, held via video conferencing technology, involve interdisciplinary presentations and case discussions that aim to educate primary care providers in rural settings to be more proficient in treating chronic pain conditions. Further, there is also opportunity to observe the Pain Care Advisory Board where intra-facility, complex cases are presented. The Pain Management Center rotation focuses on providing a variety of psychological services within a well-integrated multidisciplinary team.

PRIMARY CARE CLINICS

Psychologists serve as part of an interdisciplinary Primary Care Team, and provide co-located, Primary Care - Mental Health Integration consultation. It is expected that pre-doctoral interns will become proficient with providing rapid consultation, and treatment of biopsychosocial problems such as depression, PTSD, anxiety, health illness anxiety, tobacco use, substance misuse, diabetes, obesity, and adherence problems. The intern will be expected to apply behavioral health interventions such as motivational interviewing to enact health promotion and disease prevention, and to follow a small number of outpatients for short-term psychotherapy. Interns work very closely with medical attending physicians, psychology preceptors, residents, nurses, nurse practitioners, pharmacy, and social workers. There are also opportunities to participate in the Morbid Obesity Clinic (MOVE, an interdisciplinary psychoeducational group for weight loss), Preventive Medicine Clinic (a resident teaching clinic where patients are assessed and treated for tobacco abuse, pre-diabetes, diabetes, obesity, and non-adherence), and evaluating potential candidates for bariatric surgery. Interns are also invited to attend various lectures, case conferences, and journal clubs sponsored by the Department of Medicine. Interns will gain knowledge and experience regarding social and cultural impact on health and wellness. Program Development/Program Evaluation is an additional requirement of the rotation. Supervisors assist interns in developing a project which is conducted over the course of the rotation. Interns are tasked with developing and proposing a program or evaluating an existing program which they then
present their hypothesis and potential findings at the end of the rotation in a PC-MHI team meeting. This requirement is optional for interns who elect to complete this rotation at the Parma VA Clinic.

### GEROPSYCHOLOGY EMPHASIS ROTATIONS

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

### OUTPATIENT GEROPSYCHOLOGY

Interns in the Geropsychology rotation gain experience in the assessment, care, and management of the older veteran, and provide services in geriatric primary care and dementia care clinics as a valued member of the geriatric interdisciplinary treatment team. Services are provided directly in the Outpatient Geriatric Primary Care Clinic and with the Dementia Care Coordination Team. Interns provide psychological assessment, cognitive assessment, and treatment interventions for patients. Individual, marital, and family therapy are frequently utilized to help veterans and their families cope with a wide variety of difficulties including medical, neurological, and psychiatric illness. Interns also help staff manage and treat patients more effectively by direct intervention or staff training. Interns can build and maintain therapeutic relationships with patients in this rotation and efforts are made to have interns follow patients across treatment settings, such as during an acute medical hospitalization or during rehabilitation on the CLC. They learn to evaluate and address issues specific to the aging population, including issues such as capacity, placement, grief and loss, end-of-life issues, social dynamics, dementia, delirium, behavioral issues, loss of driving privileges, and psychosis. Interns gain an understanding of medical conditions, procedures and medications, and the impact they have on elder patients’ cognition and emotional status. Interns also explore issues of diversity and ethics related to this population and the resulting impact on treatment. Interns work directly with medical staff and various other disciplines on the treatment team and learn to function as team members. Research opportunities are available and encouraged.

### COMMUNITY LIVING CENTER

The rotation at the Community Living Center (CLC), our facility’s nursing home unit, addresses mental, physical, cognitive, and emotional issues as pertaining to adults and older adults residing in a short-term skilled nursing and rehabilitation care community. The intern will function as part of the geropsychiatry team, which is the consultation service for mental health needs in the CLC. Interns will learn to: (1) recognize age-related physical and psychosocial changes and stressors such as adjustment disorders, mood disorders, cognitive impairment, substance abuse, and serious mental illness, (2) describe the
assessment of physical and psychosocial function in the older adult, (3) develop and implement behavioral plans using STAR-VA and other long term care interventions, (4) identify factors that distinguish between reversible confusion and dementia, (5) recognize the potential effects of medication on the older adult population and the implications of care in regard to medical conditions and medical interventions, (6) learn principles of hospice and palliative care, and (7) conduct cognitive assessment and decision making capacity evaluations. In addition to individual interventions and facilitating a behavior management group with direct care staff, the rotation also provides experience with techniques and coping skills for caregivers who are going through life role transitions of their loved ones. Further, the intern will be a valued part of the interdisciplinary team and will have ample opportunity for staff consultation and training.

NEUROPSYCHOLOGY EMPHASIS

The Neuropsychology Track affords both general clinical training and preparation for subsequent specialization at a postdoctoral level. The program offered meets the Division 40 and International Neuropsychological Society criteria for doctoral Neuropsychology internships. Interns usually complete two rotations in neuropsychology (four months each with different supervisors) and a third rotation in a different emphasis area for breadth of training. Interns that have a strong background in neuropsychology may substitute a neuropsychology rotation for one in which there is substantial experience with neuropsychologically impaired populations, such as Geropsychology, Spinal Cord Injury Service, or the Pain Clinic.

Emphasis is on providing evaluations for Neurology, rehabilitation, case management, and differential diagnosis in patients with a primary psychiatric diagnoses and comorbid neurological complications. There is a substantial emphasis on required background readings in neuroscience and related fields as well as readings conceptually targeted to cases and their relevant differential diagnostic issues. Relevant didactic and experiential opportunities include a regular Neuropsychology seminar and optional seminars in Rehabilitation Psychology, attendance at a Polytrauma interdisciplinary case conference overseen by Neurology and participation in research activities with the Neuropsychology postdoctoral fellow. Research and specialized didactic opportunities such as Neurology Grand Rounds, brain cutting, and epilepsy case conferences are available at nearby Cleveland hospitals.

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fellow. Research and specialized didactic opportunities such as Neurology Grand Rounds, brain cutting, and epilepsy case conferences are available at nearby Cleveland hospitals.

Neuropsychological referrals typically consist of questions concerning delineation of spared and impaired cognitive functions secondary to central nervous system dysfunction related to traumatic brain injury, stroke, differential diagnosis of depression and dementia, establishment of a neuropsychological baseline against which to monitor recovery or progression of central nervous system dysfunction, assessment of cognitive/behavioral functions to assist with rehabilitation, management strategies, and placement recommendations, and evaluation of cognitive status for capacity evaluation.

The Clinical Neuropsychology Emphasis Track operates in accordance with the INS-Division 40 guidelines and the goals espoused by the Houston conference. It is designed to provide interns with the didactic and experiential opportunities necessary to develop evidence-based neuropsychological assessment, clinical interpretative, and consultation skills. Interns are assigned research literature pertinent to issues related to the people they evaluate. In addition, specific training goals include active involvement in clinical research and relevant educational opportunities within the context of a nationally known tertiary medical center.

### REHABILITATION PSYCHOLOGY ROTATIONS

The practice of Rehabilitation Psychology involves improving the quality of life and functioning of people with acquired disabilities. Rehabilitation rotations provide interns with training to develop foundational and functional competencies for professional rehabilitation psychology practice consistent with the American Board of Rehabilitation Psychology (i.e., ABPP specialty certification in Rehabilitation Psychology). Interns will have the opportunity to learn about rehabilitation diagnoses including spinal cord injury, traumatic brain injury (TBI), amputation, stroke, multiple sclerosis, and orthopedic disorders. Interns provide assessment and intervention to veterans as well as consultation to members of the interdisciplinary rehabilitation team. Interns who elect the Rehabilitation Psychology Emphasis Track generally complete the SCI rotation and Cares Tower Residential and Outpatient rotation.

### SPINAL CORD INJURY AND DISORDERS UNIT

The Spinal Cord Unit is a designated Center of Excellence for comprehensive medical care and rehabilitation of veterans with spinal cord injuries (SCI). There is a forty-year history of intern training on the spinal cord unit. This rotation offers experience in providing psychological services to people with disabilities, including diagnostic evaluation, psychotherapy, group psychotherapy, and behavioral contracting. Interns will become familiar with the medical aspects of SCI as well as the acute and long-term psychological problems associated with this disability, such as depression, anxiety, and substance abuse. The rotation emphasizes working within an interdisciplinary team to promote positive treatment outcomes and program development. The center has a 32-bed inpatient unit and an outpatient clinic that serves 500 veterans with SCI/D annually. The inpatient acute rehabilitation program and outpatient rehabilitation program are both CARF accredited.
The Cleveland VA Medical Center has one of the biggest VA SCI Telehealth programs in the country and interns have many opportunities to do telehealth.

**CARES TOWER-RESIDENTIAL AND OUTPATIENT REHABILITATION**

In addition to Physical Medicine & Rehabilitation Services, the state-of-the-art CARES Tower building enables the Cleveland VA Medical Center to provide care to Veterans needing inpatient blind rehabilitation and long-term spinal cord injury care. This rotation offers rehabilitation psychology trainees the opportunity to gain diverse residential and outpatient rehabilitation experience through participation in clinical activities across 2 part-time clinics. The CARF accredited Cleveland Blind Rehabilitation Center (BRC) is 1 of 13 national inpatient VA centers that provide comprehensive rehabilitation services and skills training for management of visual impairment and blindness. The Cleveland BRC has 7 beds and an average admission lasts four to six weeks.

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

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

**ENRICHMENT OPPORTUNITIES**

Interns may be permitted to pursue an enrichment experience in addition to the three four-month rotations. Enrichments are scheduled four to eight hours per week starting in the second rotation and continuing through the third rotation. Interns may petition for enrichments in October of the training year after the intern has sufficiently familiarized him or herself with the range of training opportunities.

**ROTATION ENRICHMENTS**

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

**BLIND REHABILITATION CENTER**

The Cleveland Blind Rehabilitation Center (CBRC) is a 7-bed residential treatment center that provides blind rehabilitation skills training to Veterans from five neighboring states. The CBRC was recently added as one of 14 VA inpatient blind rehabilitation centers offering intensive training to Veterans with legal blindness or excess disability due to sight loss. Patients typically are 60 to 80 years old but range in age from the late 20’s to mid-90’s. Veterans who attend the full treatment program have five one-hour classes per week day and complete lessons in Orientation and Mobility, Living Skills, Manual Skills, Communication Skills, and Low Vision Skills. Tenure will typically last from 4-6 weeks depending on the needs and abilities of the patient.

This enrichment offers experience in providing psychological services within a medical rehabilitation setting. The Psychologist assesses all new patients for psychosocial functioning, adjustment to disability, psychiatric status, and cognitive issues. Treatment plans are objectively data driven and are tailored to specific patient needs. Recommendations for adapting the rehabilitation program to adjust for patient limitations are offered. The Psychologist provides individual psychotherapy and psychoeducational groups to help with emotional adjustment to sight loss and facilitate rehabilitation gains. Family members are invited to participate in family education as well.

Interns will become familiar with common causes and presentations of visual impairment (e.g., Macular Degeneration, Retinitis Pigmentosa, Diabetic Retinopathy, Glaucoma, Cataracts, and Detached Retina due to trauma). The Intern will become knowledgeable about psychiatric conditions, medical conditions, and cognitive deficits which influence the patient’s experience of vision impairment and can affect rehabilitation progress. The CBRC is an active medical rehabilitation setting that offers opportunity for enrichment in application of training related to general mental health, geropsychology, health psychology, and neuropsychology.

**COGNITIVE PROCESSING THERAPY**

Dr. Kerry Renner is a Regional Trainer and Consultant for Cognitive Processing Therapy (CPT) and works in conjunction with the PTSD Clinical Team. For this enrichment, the intern will gain exposure to and training in CPT, an Evidence-Based approach to the treatment of PTSD. Training will be designed to start at the intern’s experience level and advance their skills for conceptualizing patient functioning and intervening effectively through a CPT framework. The enrichment begins with participation in a 3-day regional CPT workshop near the start of the training year and requires the intern work with patients in individual (and if available) group CPT modalities. Case consultation with Dr. Renner is an essential component of this enrichment. If duties allow for all requirements to be completed, the intern can gain eligibility for VA provider status in CPT. Veterans and trauma history will be considered in assigning cases to the intern and include Vietnam and OEF/OIF/OND era Veterans as well as combat, MST, CSA, and other trauma history. There may be opportunity to participate in other evidence-based work for PTSD as part of this enrichment.
FAMILY and COUPLES COUNSELING SERVICES

The Family and Couples Counseling Services (FCCS) enrichment experience will allow interns to work with couples and families in an outpatient setting. Although it is important to note that least 90% of the cases treated within this program involve couples therapy. Interns will have the opportunity to gain experience in assessment and intervention of relationship-oriented problems including communication, infidelity, parenting stress, PTSD and other mental health conditions, medical comorbidities, and adjustment to life cycle and role changes. The primary intervention of focus will be Integrative Behavioral Couple Therapy (IBCT), an evidence-based treatment for couples. Interested interns can also work directly with the Intimate Partner Violence (IPV) assistance program coordinator and interdisciplinary team to provide services focusing on helping those who experience and/or use interpersonal violence. Additionally, we offer opportunities to participate in the Warrior 2 Soulmate (W2SM) couples’ workshop, which is a relationship skills and education program offered by our Chaplain Services.

INTIMATE PARTNER VIOLENCE

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

MILITARY SEXUAL TRAUMA

The MST enrichment offers the opportunity for specialized experience in assessment, individual, and group psychotherapy with Veterans who have sexual trauma related sequelae. Trainees may participate in comprehensive assessment, group therapy, provider consultation, and services in the women’s intensive outpatient program for those who have experienced interpersonal trauma. The women’s program integrates mindfulness, ACT, DBT skills, Cognitive Processing Therapy, and other cognitive behavioral interventions. Trainees may have opportunity for supervision in Cognitive Processing Therapy and STAIR, or work on program development with the MST coordinator. Goals include gaining experience with group psychotherapy, intervention with trauma related sequelae, MST related program development, training, and outreach. A significant aspect of increasing your proficiency with this population involves a mindful awareness of countertransference, healthy boundary setting, and other aspects of self-care. An open dialogue about these issues will be critical to increasing your effectiveness with this population.
MOTIVATIONAL INTERVIEWING

Dr. Heather Chapman is an international trainer in Motivational Interviewing. Enrichment opportunities include intensive training in Motivational Interviewing or Motivational Enhancement Therapies. See further description of addictions rotations in the Clinical Psychology Emphasis Area. The enrichment experience can be completed within current rotations with the addition of 8 hours of classwork, a monthly group, and monthly individual supervision. Interns must have their current supervisor’s consent to participate. While the goal is to increase competency in the utilization of MI, the experience can lead to VA Motivational Interviewing Certification.

STAFF QUALIFICATIONS


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


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.

DIAZ, Rosalie C., Psy.D., Adler School of Professional Psychology, 2004. Assignments: Primary Care-Mental Health Integration in Women’s Veterans Health Clinic; individual and group therapies (Chronic Pain SMA, iRest Yoga Nidra, LGBTQ! 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. Teaching and supervision interests: Individual and group psychotherapy, somatic experiencing and mind-body interventions. Dr. Diaz also serves as the Whole Health Program Director and as Member for the Psychology Service Diversity Committee.

DENDY, Anna, Ph.D. Penn State University, 2010. Assignment: Specialty Mental Health Outpatient Clinic, serves on the clinical team of the GIVE Clinic at Wade Park to serve transgender veterans, is Team Lead of the Wade Park-Parma DBT Team, and serves on the Cleveland Wade Park VA Diversity Committee. Clinical specializations: DBT, EMDR, and IPT-D. Clinical, research, and training interests include working with individuals with complex trauma integrating DBT and psychodynamic approaches, group therapy, and multicultural, feminist, and LGBTQ affirmative therapy. Professional organizations: APA, OPA, the Cleveland Psychoanalytic Center, AGPA, and EMDRIA.


GIDEON, Clare, Ph.D., Case Western Reserve University, 2007. Assignments: Assistant Chief of Psychology for Specialty Behavioral Medicine Section; Health Psychologist on Consult-Liaison Psychiatry Team; Chair of the Resiliency and Empowerment Coalition for At-risk Patients (RECAP). 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; Association of VA Psychologist Leaders, Psychologists of Color and Allies and Women in Leadership Special Interest Groups. Teaching and supervision interests: Capacity evaluation, group/umbrella supervision, psychologists as leaders.

GOLDEN, Catherine, Ph.D., Ohio University, 2009. Manager 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; stigma and self-stigma regarding mental illness; Program evaluation. Professional organizations: American Psychological Association; Ohio Psychological Association; Division 31 (State, Provincial and Territorial Psychological Association Affairs). Teaching and supervision interests: Differential diagnosis and treatment of severe mental illness and dual disorders; Recovery oriented systems based treatment; Mental health advocacy.

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

Professional organizations: American Psychological Association, Divisions 17, 20, 38; Ohio Psychological Association. Teaching and supervision interests: Geropsychology, grief and bereavement work, behavioral medicine.


HUCKINS-BARKER, Jamie, Ph.D., Ohio University, 2014. Assignments: Mental Health Ambulatory Care Clinic, co-creator and facilitator of the men’s and women’s primary care Chronic Pain Shared Medical Appointment, member of Psychology Service Diversity Committee and Whole Health Steering Committee. Theoretical orientation: Integrative, cognitive-behavioral. Clinical specializations: health psychology, particularly chronic illness management & health promotion with a focus on decreasing disparities and maintaining wellness, telehealth-focused care, group supportive therapy, relaxation and stress management, multidisciplinary teams and provider education. Publications and research interests: clinical utility of therapeutic interventions and translational research; acceptance, behavioral and cognitive therapies for chronic disease management and health promotion, biopsychosociocultural factors that affect chronic disease self-management. Teaching and supervision interests: Evidence-based therapies for chronic disease management, multicultural competencies, health psychology assessment, brief assessment, individual and group psychotherapies, supervising learners and supporting them in developing fundamental competencies to succeed as healthcare providers in a multidisciplinary medical setting.

PTSD and trauma-related disorders, group psychotherapy, transdiagnostic treatment for MST, early career professional development.

KNETIG, Jennifer, Ph.D. Fielding Graduate University, 2012. PTSD Residency at VA Northeast Ohio Healthcare System, 2013. Assignments: Intimate Partner Violence Program Assistance Coordinator; VISN 10 Lead-IPVAP Coordinators; Chair, Research and Evidence Based Practice, National Intimate Partner Violence Program; Employee Threat Assessment Team Member; RISE National Trainer, Women’s Health Division, National Center for PTSD; Theoretical orientation: Psychodynamic. Clinical Specializations: Intimate Partner Violence-use and experience of violence; 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: Director of the Psychosocial Rehabilitation and Recovery Center (PRRC); National Training Consultant for the VA’s Cognitive Behavioral Therapy for Depression Evidence Based Practice Training Program. Theoretical orientation: Cognitive-behavioral, experiential. Clinical specialization: Assessment and psychosocial treatments for Schizophrenia and other serious mental illnesses, treatment of co-occurring substance use disorders/addiction. 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, criminal justice involvement of people with serious mental illness.


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.


**MIDY, Tarah, Ph.D.,** State University of New York – Binghamton, 2018. Assignments: Family Services; Local Recovery Coordinator and member of Psychology Service Diversity Committee. Theoretical


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

PIERCE, Jenna, Psy.D., University of Indianapolis, 2014. Assignments: Primary Care Mental Health Integration (PCMH), Eating Disorder Consultation Team. Theoretical orientations: ACT, interpersonal, behavioral. Clinical specializations: primary care mental health, health psychology with emphasis on chronic disease management, sleep, eating disorder evaluations, and CBT for binge eating disorder. Professional organizations: American Psychological Association; American Board of Professional Psychology in Health Psychology. Research and clinical interests: PCMH quality improvement & implementation; focused assessment and focused ACT based psychotherapy; harm reduction interventions in PCMH; psychological factors in non-adherence concerns and collaborative care. Teaching and supervision interests: professional development, PCMH, motivational interviewing.

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. Assistant Chief, Psychology Service, Section Chief, 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 fundamental competencies (collaboration & MH integration) to succeed as a health care provider in primary care.

**RENNER, Kerry, Ph.D.** Northern Illinois University, 2008. Assignments: Homeless & Mental Health Residential Rehabilitation Treatment Center (HMHRRTC) – Clinical Program Coordinator; Evidence-Based Psychotherapy (EBP) Coordinator; Co-Lead – VISN 10 EBP Community of Practice for VISN10 MH ICC; 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, Prolonged Grief Disorder, and Anxiety disorders; Evidence-based practice and share decision-making including utilization of structured empirically supported treatments such as CPT, PE, DBT, Prolonged Grief Therapy, 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, professional development and growth in multidisciplinary settings.

**RIDLEY, Josephine, Ph.D.**, Clinical Psychology, West Virginia University, 1997. Assignments: Assistant Chief of Psychology Service/Supervisory Psychologist and Program Manager for the Residential and WP Intensive Outpatient Psychology Section; Associate Professor, Dept. of Psychological Sciences, Case Western Reserve University; Co-Chair VANEOS HS IRB; Co-Chair Diversity, Equity & Inclusion Advisory Board for the Executive Leadership Team (ELT); Founding Past Chair, Psychology Service Diversity Committee; Program Director, Clinical Psychology Postdoctoral Residency; Preceptor, Psychosocial Rehabilitation for the Seriously Mentally Ill Residency; Measurement Based Care Champion; Suicide Risk
ID Co-Champion, Mental Health Suite Champion. Theoretical Orientation: Cognitive-Behavioral; Behavioral; Integrative. Clinical Specialization: Cultural Competence, individual and group therapy with seriously mentally ill; CBT for Psychosis. External Professional Roles: Co-Editor for the British Journal of Guidance & Counselling; Consulting Editor for Psychological Sciences; Master Trainer for the Zero Suicide Institute’s Assessment and Management of Suicide Risk (AMSR) Workshop. Publications and Research Interest: Depression, Suicide, Anxiety Disorders, PTSD. Professional Organizations: Association of Black Psychologists (ABPs); American Psychological Association (APA); Ohio Psychological Association (OPA); Association of VA Psychologist Leaders (AVAPL). Teaching & Supervision Interests: Diversity and Inclusion; 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, Southern California, 2017. Assignments: Program Manager, Mental Health Residential Rehabilitation Treatment Program (MHRRT), Clinical Coordinator for Severe Mental Illness Specialty and POC for the VA Northeast Ohio Early Psychosis Intervention Coordination (EPIC) Team. Previous assignment in Veterans Addiction Recovery Center (VARC) and Psychosocial Residential Rehabilitation Treatment Program (PRRTP). 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, OPA Leadership Development Academy, Federal and State advocacy efforts through OPA. Teaching, supervision, and mentoring interests: Women in psychology; early career psychologists; the importance of psychological assessment and evaluation; patient-centered, relationship-based treatment; Yalom group therapy; advocacy and involvement in community organizations; program leadership skills.

ROUSH, Laura E., Ph.D., ABPP, University of Cincinnati, 2008. Board Certified in Clinical Health Psychology. Assignments: Polytrauma, Neurology; Psychology Residencies Director of Training; 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.


SCHAECHER-PECEK, Megan, Psy.D. Argosy University, 2015. Post-Doctoral training at OhioGuidestone and Psychology Consultants, Inc. Assignments: MHACC Staff Psychologist VISN-10; Theoretical orientation: Cognitive Behavioral Therapy. Clinical Specializations: PTSD; Complex Trauma; Dialectical Behavioral Therapy; Acceptance Commitment Therapy; Group Psychotherapy. Publications and Research Interests: Psychotherapy; Complex Trauma. Professional Organization: American Psychological Association, Teaching and Supervision Interests: CBT, DBT, ACT-D.


