

Department of Veterans Affairs
DAYTON VA MEDICAL CENTER
Doctoral Psychology Internship



Dayton VA
MEDICAL CENTER
★
PSYCHOLOGY



PROGRAM BROCHURE
2024-2025

Dayton VA Medical Center

Doctoral Psychology Internship Program

Mental Health (17P)
4100 West Third Street, Dayton, Ohio 45428

Application Due Date

November 1, 2023

Start Date

July 15, 2024

Inquiries should be addressed to:

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Psychology Internship Program (116)
VA Medical Center
4100 West Third Street
Dayton, Ohio 45428

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Note: All application materials must be submitted electronically as part of the Online APPI. For more information go to: www.appic.org/Match/About-The-APPIC-Match/Application.

National Matching Service Program Code

151211 General Psychology Internship

Accredited by the American Psychological Association
Commission on Accreditation
Office of Program Consultation and Accreditation
750 First Street, NE
Washington, DC 20002-4242
Phone: (202) 336-5979

Member of the Association of Psychology and Postdoctoral Internship Centers
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Overview of the Dayton VA Medical Center

The Veterans Health Administration (VHA) is part of the Department of Veterans Affairs, which is a cabinet level organization. The VA Medical Center, Dayton, Ohio offers a full time, one year, funded doctoral internship to doctoral students enrolled in clinical or counseling psychology programs that are accredited by the American Psychological Association (APA). Our psychology internship program is accredited by the APA. We were awarded seven-year accreditation in 2016. Our self-study has been submitted, and we are awaiting scheduling for a site visit. If delayed due to the pandemic, this will not change or impact our accreditation status.

The origin of the Dayton VHA Medical Center dates to March 3, 1865, when President Abraham Lincoln signed into law an act of congress establishing the National Home for Disabled Volunteer Soldiers to care for disabled Veterans of the Union Army. Dayton, Ohio was one of three original sites selected. Originally, the grounds consisted of 355 acres west of the city of Dayton. Lakes, surrounded by scenic trails, provided a pleasant atmosphere for relaxation and rehabilitation. A large farm provided much of the produce used by the Veterans. By the turn of the 19th to the 20th century, Dayton was the largest facility in the National Soldier's Home System. During 1930, when the Veterans Administration was formed, the National Soldier's Home System was discontinued and incorporated into the new organization. During 1989, the Veterans Administration was made a cabinet level organization and the title was changed to the Department of Veterans Affairs.

The medical center is located at the west edge of Dayton, Ohio. Much of the pastoral setting was preserved while establishing a modern, state of the art comprehensive medical facility. The current complex consists of approximately 60 buildings on about 382 acres co-located with the Dayton National Cemetery. The Medical Center provides a broad spectrum of programs in primary, secondary, and most levels of tertiary care. The medical center serves 16 counties in central and western Ohio along with one county in Indiana with a total patient population of about 166,000. There are approximately 6,500 inpatient stays and close to 500,000 outpatient visits each year. The medical center is a teaching facility that has numerous affiliation agreements with colleges, medical centers, medical schools, universities, and training programs throughout the area along with sharing agreements with other medical centers in the area and the Department of Defense. The medical center has excellent research facilities along with administrative and clinical support of such activities. The Dayton Veterans Affairs Medical Center is a well-established multicultural setting that employs about 1,900 full-time employees who reflect considerable diversity.

Internship Training Program

Welcome Letter

Dear Prospective Applicant,

Thank you for expressing an interest in the APA Accredited, Doctoral Psychology Internship Program at the Dayton VA Medical Center. The internship year can be one of the most exhilarating, challenging and significant experiences in your development as a professional psychologist. We are excited about the opportunity to participate in this process and hope that this brochure will provide you with an understanding of the experiences offered in our program. In addition to describing the clinical rotations, training requirements, and the application procedure, these materials are meant to depict the overall aim and philosophies of our program and give some sense of the training experience at the Dayton VA Medical Center.

We appreciate your interest in our Doctoral Psychology Internship Program and look forward to reviewing your application. Please feel free to contact us with questions about the program or the application process.

Sincerely,

Dayton VA Medical Center

COVID-19 Statement

The Dayton VA Psychology Training Programs seeks to provide the highest quality Veteran care, training, and supervision possible. Given the ongoing changes related to the past global pandemic, a variety of adjustments have been made to ensure continuity of clinical services as well as training experiences and supervision. The safety of our patients, staff, and trainees remains a top priority. As such, some of your clinical, supervision, and training experiences will be delivered in a “virtual” format. Training will be provided in the provision of tele mental health to include both logistical and ethical/clinical considerations. Attention continues to be paid to changes in laws, directives, and guidance within the field. It is our expectation that both clinical services and training experiences may be modified over time to meet current needs as we navigate new ways of living in this COVID-era. At this facility, trainees and most staff continue to work on site and interns have dedicated, individual office space (with windows!).

We are monitoring information daily from sources to include:

VA’s Office of Academic Affiliations (OAA)

VA’s Office of Mental Health and Suicide Prevention (OMHSP)

American Psychological Association (APA)

Association of Psychology Postdoctoral and Internship Centers (APPIC)

Association of State and Provincial Psychology Boards (ASPPB)

We recognize that various diversity factors, to include race, health status, and age, may increase the risk of COVID-19 for some applicants. We will collaborate with prospective applicants, applicants, and matched interns to meet your needs as much as we are able. We also acknowledge that not all applicants will have had the same training opportunities typically expected due to the consequences of the pandemic.



Meeting on Teams with the 2022-2023 Interns.

Philosophy

We believe the internship year is crucial in the transition of the individual from student to professional. We encourage the development of professional knowledge, skills, and beliefs/attitudes that form the basis for a solid professional identity along with the competent practice of psychology. We encourage collaboration in the development of your training plan and will emphasize evidence-based practice in psychology.

Title

We use the title of Psychology Intern.

Model

The Dayton VAMC Psychology Internship Program philosophy is consistent with the Practitioner- Scholar model (Vail model) of academic training and practice as summarized by Rodolfa et al. (2005). This model emphasizes the "mutuality of science and practice" and the practical application of scholarly knowledge. Psychological science is viewed as a human practice, and psychological practice is construed as a human science, with the two informing each other. The model emphasizes the development of reflective skills and multiple ways of knowing in the practice of psychology. It stresses clinical practice and the importance of theory and the use of research to inform practice. Interns are trained to be psychologists who think critically and engage in disciplined inquiry focused on the individual and who gain clinical experience rather than conducting laboratory science. Consistent with the Association of Counseling Center Training Agencies (ACCTA) definition of practitioner scholar programs, it is also our philosophy to "include empirically supported treatments, a value on the psychologist as a consumer of research, recognition of the importance of generating knowledge through practice, and an expectation that interns participate in scholarly activities." Our pedagogical approach to the application of this model is that of a developmental/apprenticeship process that "nurtures people in making the transition from trainee to competent autonomous professional, thus helping them to integrate their personal and professional selves; places a high value on respecting the diversity and uniqueness of every individual; and underscores the importance of supervisory relationship and the mentoring process."

The Practitioner-Scholar Model is consistent with the mission of the VHA which includes patient care, education/training, and research.

Aim

To train psychology interns who will become independently licensed, culturally competent, recovery oriented, evidence-based practitioners of psychology.

Approach to Training

There are various forms of supervision. Within the Internship program, we define supervision by using the term “Supervision for the Purpose of Training.”

- Inherent in supervision for the purpose of training is a complex social relationship that is operated on a number of levels simultaneously. It is important that all parties concerned recognize, and are sensitive to, the multiple levels.
- Supervision for the purpose of training has four components.
 - Formal knowledge
 - Skills/experience
 - Attitudes/beliefs
 - Ensure safety of consumers
- Supervision for the purpose of training has a developmental quality.

Training is individualized in order to meet the professional needs of each intern. There is a proactive dialogue among all relevant parties that begins before, and continues throughout, the Internship year.

Training occurs in a manner consistent with American Psychological Association (APA) ethics and accreditation standards and Department of Veterans Affairs Policies. Exploration of professional values, attitudes, and behaviors is expected in supervision. A reasonable degree of challenges and struggles during the intern year are considered developmentally appropriate and normal as this is expected to be a year of considerable professional growth. The Psychology Internship Program was developed to assure high quality training within a competency-based approach. Feedback anchored to the competencies should occur ongoing and include both positive and constructive observations of intern performance.

The Lead Psychologist and the Directors of Training are administratively responsible for the Psychology Internship Program, while the Psychology Training Committee (PTC) is the governing body. Regular meetings are held monthly. Interns may be members of the training committee. Training supervisors who are actively providing intern supervision are required to attend PTC meetings or report on progress prior to meetings. While training supervisors who are not actively supervising interns are not required to attend all meetings, all psychologists involved in training are welcome to participate. Although the members of the training committee work toward consensus when making decisions, a simple majority vote is all that is required.

Profession Wide Competencies

Our overall goal is for each intern to be fully prepared for entry level practice. Entry level practice is defined as being fully prepared to begin the required period of supervision prior to licensure. It is the equivalent to a GS-11 psychologist in the Department of Veterans Affairs.

The profession wide competencies identified in APA's Standards of Accreditation (see also IR C-8 I) are evaluated across rotations. The competencies are presented and discussed with the interns during orientation week, and are documented on formal competency evaluation forms:

- Research
- Ethical and Legal Standards
- Individual and Cultural Diversity
- Professional Values, Attitudes, and Behaviors
- Communication and Interpersonal Skills
- Assessment
- Intervention
- Supervision
- Consultation and Interprofessional/Interdisciplinary Skills

Completion

Minimal Level of Achievement for completion of Internship is "Readiness for Entry Level Practice" defined as:

1. the ability to independently function in a broad range of clinical and professional activities;
2. the ability to generalize skills and knowledge to new situations; and,
3. the ability to self-assess when to seek additional training, supervision, or consultation.

Completion of the internship program is conditional upon an intern meeting the stated objectives along with professional behavior that meets or exceeds competencies. No partial credit is granted regarding the internship. Successful completion of the internship is an all-or-none decision.

Given ongoing changes and transitions related to the global pandemic, reasonable adjustments may be made to internship requirements for successful completion if necessary. That stated, our emphasis on developing essential competencies will be our top priority as these will need to be met regardless of any other modifications during the internship year.

Interns are rated from Level 0 – Level 5 across each competency area and then given an overall score for each rotation. Level 2 reflects an intermediate level of functioning - “many skills in this area have been acquired and intern works with moderate supervision.” Level 3 reflects “most skills in this area have been acquired and intern works with minimal supervision.” Level 4 reflects an advanced level of skills appropriate for independent functioning.

For successful completion of the internship, an intern must have on all rotations, a Final Rotation score at or above Level 2. Additionally, prior to successful completion an intern must demonstrate a minimum level of achievement at Level 2 or above on all rated competencies.

Two of the three or four rotations must have an overall competency score of “Level 3” or greater, and the intern must earn an overall competency score of “Level 4” on at least one rotation. If an intern takes a 6-month special emphasis rotation, an overall score of “Level 3” or greater must be obtained for that rotation.

At the beginning of each rotation, the assigned supervisor(s) will review the competency assessment with the intern and clarify critical domains for that professional experience. Overall rotation scores should flow naturally from the scores assigned; however, specific domains may have greater or lesser weight from one rotation to another (i.e., neuropsychology – assessment skills; MHC – intervention skills).

Throughout the internship year, the intern will receive ongoing evaluation. If, at any point, the supervisor evaluates the intern to be performing at a substandard level this will prompt a remediation plan to go into effect. This written remediation plan will be developed by the Training Director with input from the intern's supervisors and the intern. The plan will be tailored to meet the specific needs of the intern in order to enhance the areas of substandard performance and to support the intern in meeting the minimum required standards.

If the intern does not respond to remediation (i.e., continues to perform at substandard level), due process procedures will be implemented.

Program Requirements for Successful Completion of the Internship¹

- 1. Complete all assigned initial competency assessments during internship orientation and review with the director of training, group supervisors,**

¹ Note: Should circumstances make it impossible for the intern and program to meet all stated expectations, an emphasis will be placed on ensuring all interns have adequate direct patient care and other experiences to meet or exceed all profession wide competencies. The minimum hours requirement is in place to ensure adequate clinical training, to meet APPIC membership criteria, and to ensure eligibility for licensure post-internship. Thus far, all interns have been able to meet these requirements despite change in functioning to both a virtual and face-to-face format as a result of the pandemic.

**assessment seminar supervisors, or major rotation supervisor. Due:
During Orientation**

2. **Diversity special emphasis including completion of:**
 - a. Diversity Pre-Assessment: Complete a self-assessment regarding individual and cultural diversity.
 - b. Diversity Project: The goal is to place yourself in an environment where you are the minority. Situations might include a religious ceremony that is different from your own or a particular social event that you are not used to being a part of. Think about diversity broadly in terms of: ethnicity, SES, religion, sexual orientation, gender identity, education, disability, and age. After the event, write a brief 1-3 page reaction paper based on this experience. This should be discussed with a supervisor of your choice as well as in the diversity seminar during group supervision.
 - c. Family Origin Rules & Expectations: The goal is to investigate the cultural influences that have shaped your development. Questions to ask yourself include: how does your family's ethnic, religious, SES, sexual orientation, etc., help form your sense about what is acceptable and not acceptable? Discuss this topic with at least one family member to seek clues into particular cultural influences. This assignment is to be completed and discussed on an ongoing basis within the context of supervision. You will submit a 1-2 page summary about what you have learned to a supervisor of your choice and meet with them to discuss.
 - d. Diversity Seminar: Every other month you will process diversity issues during group supervision. This will be scheduled as part of two diversity related journal presentations. During these meetings, interns will discuss their diversity project and deliver diversity-related case presentations (each intern will present one case where diversity factors are a key focus of treatment and participate in discussion of the others).
3. **Case conceptualization and presentation**
 - a. During group supervision, you will deliver two evidence-based psychotherapy (EBP) case presentations over the course of the year. The goal is to appropriately apply your theoretical orientation and demonstrate application of evidence-based treatment. You will need to explain your conceptualization of your patient's symptoms and diagnosis based on your orientation. As part of this, you need to send one empirical article that informed your practice with the veteran to peer interns and group supervision supervisors at least one week in advance and review key points from this article during your presentation. These presentations should include audio or video-taped parts of sessions (ensure that appropriate forms are complete- VA FORM 10-3203).
4. **Maintain a caseload sufficient to ensure a minimum of 500 hours of in-person or virtual, direct patient service is provided**
 - a. During the year services must be provided to a minimum of 5 Veterans with serious mental illness (e.g., psychosis, bipolar disorder, chronic PTSD).
 - b. Within the first month of internship, interns are encouraged to contact their respective licensing board to ascertain if this requirement will fulfill their state licensing requirement.

5. **Attend all assessment seminars (weekly) and complete 12 comprehensive assessments that response to the referral question and integrate appropriate data to provide diagnostic and/or treatment recommendations**
 - a. This would include neuropsychology, transplant, mental health, PTSD, and substance abuse as presenting concerns
 - b. See comprehensive assessment section (below) for more information about completion of this assessment requirement.
6. **Lead or Co-lead at least 2 psychotherapy (either psycho-educational or process-oriented) groups with a minimum of 6 sessions each.**
7. **Bring video or audio recordings of sessions to supervision or be involved in “live” supervision as determined by the rotation supervisor**
 - a. A sampling of assessment and/or therapy sessions will be observed by the rotation supervisor either via means of audio/video recording or through live observation (either in person or virtual). Recording or live observation throughout the duration of the rotation will be left up to the discretion of the rotation supervisor who will base their decision on intern needs, interest, and time availability/practical logistics. All formal evaluations will be based on direct observation by the supervisor in addition to other methods of assessment.
 - b. Prepare to provide video or audio recordings in supervision as requested by the supervisor.
 - c. Ensure that appropriate forms are completed by patient – VA FORM 10-3203
 - d. Provide information for case conceptualization (see #3 above)
8. **Attend all intern didactics (weekly), including one on consultation and one on competency-based supervision unless on approved Leave Status. You will also prepare and deliver one didactic to the psychology training committee (PCT) and your peers.**
 - a. Intern-delivered didactics typically occur in March of internship year. You are to deliver a standard, 2-hour, didactic presentation to your peers. Members of the psychology training committee will also be invited. Many interns in the past have presented on their dissertation research although you are able to present on any topic of interest to you. The goal is to synthesize relevant information and discuss the way in which the information can be applied by psychologists in their work. This should be a professional-appearing presentation modeled after the didactics you receive from psychologists throughout the year.
9. **Complete Training Log and Patient Log**
 - a. Interns are expected to track clinical and supervision hours though an excel log or through other tracking platforms (e.g., Time2Track). Interns must submit a monthly summary to current supervisors and the Co-Director of Training. In addition, interns must keep a patient log of all patients seen over the year. The log should include number of sessions, rotation seen in, and any additional information that would be helpful for Intern (e.g., demographics, type of intervention, etc.). PHI should not be tracked on the log.
10. **Attend at least 1 grand-round or other training activity, either medical or psychiatric, per month, which is to be tracked by the intern and submitted to a Training Director as requested and at the end of the year**

- a. You will select which trainings to attend based upon your interests and professional goals- these can be hospital grand-rounds, outside of VA trainings, or TMS trainings which are of interest to you. You are also encouraged, although not required, to select at least a few trainings throughout the year that are outside of your identified interests with the goal of broadening your scope of knowledge and becoming a well-rounded clinician.
11. **Be prepared for and attend at least 4 hours of supervision per week**
 - a. Intern supervision is regularly scheduled and sufficient relative to the intern's professional responsibility assuring at a minimum that a full-time intern will receive at least 4 hours of supervision per week, at least 3 hours of which will include individual supervision (typically 2 hours with major rotation supervisor, 1 hour with minor rotation supervisor, and 1 hour of group supervision).
 12. **Participate in mock supervision to develop supervision competencies**
 - a. Most supervision training typically occurs in the context of group supervision meetings. Additionally, there may be opportunities to engage in umbrella supervision of practicum students based on student availability, developmental level of intern, and supervisor involvement in practicum training.
 13. **Complete a Theory of Change paper**
 - a. Write a brief paper (2-5 pages) identifying your conceptualization of the Process of Change in Psychotherapy. The description of this assignment is intentionally vague - you are to discuss your ideas of both *why* you believe people get better through engagement in psychotherapy and *how* you think this change occurs over time. You can discuss your current understanding of your theoretical orientation and how this informs your work. Feel free to use de-identified case examples from during internship year. This will be turned to a supervisor of your choosing, processed in a supervision meeting, and then shared in group supervision with your intern class.

Comprehensive Assessment Requirement for Interns

- A. A comprehensive assessment is an assessment that includes: 1) multiple data sources (e.g., thorough chart review, interview with staff/treatment team members, interview with patient's family/friends/others, interview with patient, mental status, behavioral observations); 2) at least one standardized test/screening instrument/inventory or a specialty interview which tests the patient's psychological or cognitive status in some way (e.g., decisional capacity) and does not merely collect background information/history/symptoms/presenting problem as in a traditional clinical interview; and 3) integrates all this data into one coherent psychological report, which includes sections such as the following (as a general guideline): reason for referral, relevant background information including information from interview with patient and collateral (if applicable), behavioral observations/mental status, test results/interpretation, diagnostic impression, recommendations/plan. (The specific style of the report may vary depending on service area and supervisor.)

- B. Attendance is required for all assessment seminars unless on approved leave status. Each intern must present a minimum of two assessment cases in assessment seminar (additional may be assigned). The intern must notify the supervisor on the case well in advance as they are expected to attend the case presentation.
- C. Complete 12 comprehensive assessments over the course of the internship year. Half of these assessments (i.e., 6) must each include a minimum of 3 standardized instruments/surveys/screens, at least one of which must be an objective personality measure (e.g., MMPI, PAI, MCMI). It is anticipated that all or most of these six assessments will be obtained from referrals to the Psychology Diagnostic Assessment Team or through your current rotation while performing intake evaluations. It is permissible, however, for some or all of these six assessments to be completed on other rotations if the opportunity arises, and the above requirements can be met.
- D. The Psychology Assessment Coordinator will provide training, monitor, consult, and at times supervise interns for the purpose of meeting assessment requirements. The intern's primary supervisor is responsible for identifying and supervising most assessment cases.
- E. The other six comprehensive assessments, will be rotation-specific, and need only to meet the general requirements as outlined in Section A. The goal of these assessments is to give the intern "real world" training with regard to how a psychologist working with a specific population in a specific setting will competently assess patients (e.g., substance abuse; PTSD; medically ill inpatients; cognitively impaired, seriously mentally ill, or elderly patients who cannot tolerate lengthy testing). Interns are encouraged to space their assessments out over the year.
- F. Of the 12 comprehensive assessments that will be completed, the following is required:
 - a. all assessments will include a section (narrative, not template) devoted to the patient's mental status and behavioral observations
 - b. a minimum of 6 objective personality measures (i.e., MMPI, PAI, MCMI)
 - c. a minimum of 3 cognitive screens (e.g., Cognistat, RBANS, MOCA, SLUMS, DRS) or neuropsychological instruments
 - d. a minimum of 3 symptom inventories (e.g., BDI, BAI, STAI, GDS, PCLC, DAES, PHQ9)
 - e. ***all neuropsychological testing - this does not include cognitive screens - must be supervised by a staff psychologist with specialty privileges in neuropsychology***
- G. The intern is responsible to keep a record of the number and type of assessments completed (on a log sheet that will be provided to them), to have their supervisor initial off on the log, to ensure that they are making steady progress throughout the year, and that they have fulfilled the requirement by the end of the year. The

Psychology Assessment Coordinator and Internship Director of Training (DT) will ensure that the interns' progress towards completion of this requirement will be regularly addressed at PTC meetings.

Evaluation

Evaluations are an integral component of the internship training process and occur throughout the internship year. At the beginning of each rotation there is a general assessment of an intern's professional skills. There is a formal assessment of competencies about halfway through a rotation and a formal assessment at the end of each rotation with feedback provided. At the end of each rotation, the intern also completes an evaluation form on the supervisor and rotation. At the end of the internship year each intern completes formal evaluations of the program.

Rotation Format and Assignment

Training plans will be collaboratively developed between the intern and training program. Intern preferences are given the highest level of consideration when assigning rotations. Additionally, feedback from the graduate program, previous clinical experience, and results of the initial competency assessment will be used to inform each individualized training plan. The Director of Training engages in ongoing discussion with each intern to include Match Day, internship orientation, and prior to all rotation changes. Our goal is to always have a tentative rotation structure in place prior to the beginning of the internship year that is consistent with the intern's needs and expectations.

There are two major rotation plans from which an intern can choose. Specifically, the intern may choose to have three 4-month rotations (4-4-4). Alternatively, an intern can choose to spend 6-months on two rotations. The second option is often preferred by interns who desire to implement a professional developmental plan that includes particular clinical emphases or specializations. Please note, while this internship program anticipates being able to meet most of these requests, any intern's rotation structure is decided upon on a case-by-case basis consistent with training needs. It is common for interns with interests outside of their chosen rotations to be given additional training opportunities as long as all basic requirements are being met.

Each major rotation is three days per week, regardless of whether the intern is completing a 4- or 6-month rotation. For the duration of internship, a fourth day is spent on a minor rotation (often a general mental health rotation such as the Mental Health Clinic), and a fifth day is utilized for training purposes (i.e., assessment seminar, didactics, group supervision, dissertation, etc.). All interns will be required to complete a minimum of three different rotations during their internship year.

We do recognize that, after arrival and familiarization with the setting, an intern may wish to change a rotation and/or the sequence of rotations. We also recognize that professional development plans can, and do, change. Our preference is for such changes to take place early on during the internship year in order to best accommodate both the intern and supervisors.

Typical Weekly Schedule

Monday	Tuesday	Wednesday Thursday Friday
8-11 Professional Development 11-12 Assessment seminar 1-2 Group supervision 2-4 Didactic	Minor Rotation (min 1hr ind sup)	Major Rotation (min 2 hrs ind sup)

Rotation Descriptions

At this time, trainees are working on site. Depending on the clinic, some staff are working in-person and some are working hybrid schedules (i.e. virtual and in-person). Training experiences are being offered to interns in both a virtual and face-to-face format. Training experiences will be modified as needed throughout the training year to ensure safety of trainees, Veterans, and other staff while also continuing to provide the best training and patient care possible. If you have questions or concerns about this, please reach out to the Training Director who can confirm and address current practices.

Family Services Program

Supervisor: Rahema Rodgers, Psy.D., ABPP (Clinical Psychology)

The Family Services Program rotation provides the opportunity to engage in family focused evidenced-based practice for the treatment of couples and families. This rotation includes opportunities to provide couples therapy to improve satisfaction with marital or conjugal-like relationships, treatment of PTSD using a couples' modality, as well as a variety of services to meet the needs of families of the seriously mentally ill to promote improved management of the mental illness and overall family functioning. Interventions include Integrative Behavioral Couples Therapy (IBCT) developed by Jacobson & Christensen (1996), Cognitive Behavioral Conjoint Therapy for Posttraumatic Stress Disorder (CBCT for PTSD) developed by Monson & Fredman (2008), and Behavioral Family Therapy (BFT) developed by Mueser & Glynn (1999). This rotation also consists of opportunities to do family crisis management, family consultation (education about mental illness, accessing care, obtaining support, goal setting, safety planning for what to do in a crisis), Support And Family Education (SAFE) programming for loved ones, short- and long-term psycho education based family therapy, inpatient groups, and educational workshops. Interns will develop skills in engagement and assessment with the identified patient and family members as well as couples, providing education about mental illness, improving communication skills, teaching effective problem-solving strategies, treatment of trauma, and improving quality of marital or conjugal-like relationships. Outside of these experiences, interns

will also complete integrative diagnostic assessments under the supervision of Dr. Rodgers, which count toward the assessment requirements of the internship.

In addition to regular supervision on site, this rotation includes the opportunity to interface with multiple interdisciplinary treatment providers from various programs to facilitate improved treatment planning and patient compliance. Specific intern activities will be determined by intern-supervisor goals, the intern's interests, and prior level of experience, as well as rotation competency requirements. Previous couples or family therapy experience is not required for the rotation. The rotation provides a unique opportunity for the intern to acquire skills in treatment of relationships as well as an appreciation of family systems issues that directly impact the successful management of a mental illness. The acquisition of this knowledge can come from multiple sources including didactics with the rotation supervisor, VHA medical center sponsored seminars, readings, interactions with experienced interdisciplinary team members, and clinical work. In addition to clinical duties, the intern is required to complete assigned readings and attend regularly scheduled supervision meetings.

Geropsychology

Supervisor: Jeremy Johnson, PhD. and Patricia A. Perry, Psy.D.

The Geropsychology Service welcomes interns who have a desire to serve the older Veteran. Previous geropsychology and neuropsychology experience is not a prerequisite for this rotation. This service affords the intern an experience in geropsychological services across a continuum of care. Services are provided within a variety of settings: the inpatient rehabilitation unit, skilled nursing home units, at Veterans' homes, and/or at the VA hospice/palliative care unit. These settings potentially allow an intern to follow older adults between different levels of care as their needs change with the aging process.

The rotation provides a unique opportunity for the intern to acquire an appreciation of issues impacting an aging population, such as: dementia, delirium, cognitive changes, spirituality, adjustment/emotional reactions to functional decline, loss, psychiatric conditions, death/dying, and ethical issues. The intern is required to complete assigned readings pertinent to these topics, to be prepared and attend regularly scheduled supervision meetings.

Referrals to geropsychology are based on consultative need, often with a request for an assessment, testing, decisional capacity evaluation, intervention, and/or psychotherapy treatment for the Veteran and/or for the Veteran's family member(s). The intern will work with the geropsychologist to form a conceptualization, diagnostic impression, recommendations, and provide feedback to the Veteran and the interdisciplinary team. Throughout this process, special consideration is given to the Veteran's background, culture, military history, education, family dynamics, values/beliefs, medical and psychiatric diagnoses and comorbidities.

The intern will work with the rotation supervisor(s) to respond to consultation requests and to provide pertinent oral and written feedback in therapy settings (individual, group, family), in treatment team meetings, and in consultation with physicians and allied health providers.

Specific intern activities will be determined by intern-supervisor goals and prior level of experience and interest. Rotation proficiency requirements will be incorporated from APA's "Guidelines for Psychological Practice With Older Adults" and from the Council of Professional Geropsychology Training Programs/Pikes Peak Model.

Mental Health Clinic

Supervisors: Jessica Alldredge, Ph.D., Louis Bodkin, Psy.D. Maren Froemming, Psy.D., and Kelly Obert, Psy.D.

The Mental Health Clinic (MHC) provides opportunities to engage in evidence-based individual and group treatment with Veterans across a range of presenting problems and demographic variables. Therapists in the MHC provide a variety of evidence-based psychotherapies including but not limited to CBT, DBT, ACT, IPT, CPT, Unified Protocol, ERP, MAP-4, MAW EMDR, CBT-I, MBSR, STAIR, and brief psychodynamic therapy. Participation is possible in a variety of outpatient groups, with possibilities including CBT, WRAP, CALM – MBSR, DBT, and anger management. In addition to providing a generalist experience, interns who select the MHC for a major rotation are able to create a more personalized training experience by selecting a subspecialty in which to gain additional experience and expertise. Options for subspecialty include but are not limited to anxiety and related disorders, mood disorders, serious mental illness, personality disorders, military sexual trauma, and treatment of women Veterans, older adults and/or treatment of individuals who identify as LGBTQ+. The Mental Health Clinic rotation will also afford additional opportunities to build competence in personality assessment, treatment planning, and multidisciplinary collaboration through participation on a multidisciplinary treatment team.

The MHC is offered as both a major (three days per week) or minor (one day per week) rotation. We believe that core competencies in assessment and treatment of a general mental health population may be obtained through the one-day/week experience. It is our goal to offer experiences that will facilitate more advanced competencies and skills mastery, particularly in assessment and evidence-based practice, for those choosing MHC for a major rotation.

While there is not a current inpatient psychiatry rotation, the Dayton VA does have a psychiatric inpatient unit and interested interns may have the opportunity to observe and provide acute services.

Neuropsychology

Supervisor: Mary Foster, Ph.D.

Due to staffing changes the neuropsychology rotation is on hold. We expect to be able to provide some neuropsychology specific experiences but are unable to plan for a full rotation at this time.

Posttraumatic Stress Disorder Clinical Team

Supervisors: Albine Bizimana, Psy.D., Joshua Gootzeit, Ph.D., Kristin Rodzinka, Ph.D., ABPP (Clinical Psychology), and Mindy Merricle-Wurst, Psy.D.

The Trauma Recovery Clinic is staffed by the Dayton VA's Post-Traumatic Stress Disorder Clinical Team (PCT) and offers outpatient and residential treatment for PTSD. The mission of the program is "to empower Veterans by providing evidence-based, trauma-focused treatments for PTSD to promote recovery from the harmful impact of trauma". This program offers evidence-based assessment (CAPS-5) and psychotherapy for PTSD. We engage in shared decision making and consistently use a measurement-based care approach to treatment. The goal of the program is to assist Veterans with PTSD in achieving the fullest possible degree of psychosocial functioning and quality of life of which they are capable, provided in the least restrictive setting. Evidence-based treatments are those treatments that have been well-

researched and shown to be effective for treating PTSD. These are time-limited treatments, which are highly structured and often involve completing work outside of the session.

The primary treatment modalities offered are Cognitive Processing Therapy (CPT) and Prolonged Exposure (PE or COPE). Additional interventions which may also be offered include:

- 1) Written Exposure Therapy
- 2) Adaptive Disclosure Treatment
- 3) Narrative Exposure Therapy
- 4) Present-Centered Therapy
- 5) Anger Management for PTSD
- 6) Skills Training in Affective and Interpersonal Regulation (STAIR): focuses on learning how to manage emotions and improve interpersonal functioning
- 7) Dual diagnosis treatment (for veterans with PTSD and substance abuse problems: focuses on both PTSD and substance abuse issues)
- 8) Cognitive Behavioral Therapy for Insomnia: focuses on treating sleep problems
- 9) Nightmare Therapy: focuses on reducing trauma-related nightmares
- 10) Cognitive-Behavioral Conjoint Therapy for PTSD: couples therapy that focuses on PTSD
- 11) Complementary and integrative health (CIH) services (e.g., mindfulness, yoga) consistent with a Whole Health model of care

Primary Care Mental Health Integration

Supervisors: Christina Denninghoff, Psy. D., Lyndsey Miller, Psy. D., MSCP, and Jacob Shoenleben, Psy.D.

The rotation in Primary Care Mental Health Integration (PCMHI) emphasizes the provision of psychological services in the medical primary care clinics at the medical center. Such services include: assessment of patients referred for a variety of issues – most commonly depression, anxiety, substance abuse, nonadherence to indicated treatment regimens, adjustment to medical conditions/disabilities, psychological factors impacting presentation of medical symptoms, and stress management. Interventions offered to primary care patients typically include brief, time limited treatments as well as psychoeducational activities such as health education groups. Each intern will become involved with the primary care team that consists of physicians, nurses, a psychologist, a psychiatrist, physician assistants, dieticians, a social worker, a pharmacist, and administrative associates.

Psychologists assigned to PCMHI provide a range of other services. Such services include programs for chronic pain management, weight management, smoking cessation, patient adherence issues, and sleep (e.g., insomnia, PAP adherence). Consultation services are provided to specialty clinics and inpatient wards: cardiology, infectious disease, neurology, oncology, surgery, sleep, and rehabilitation. An additional important role in health psychology is responsibility for conducting evaluations of patients who are candidates for an organ transplant, bariatric surgery, and spinal cord stimulators.

While many of the training activities and professional responsibilities are established as part of the routine program, the rotation is designed with an orientation toward flexibility to meet an intern's specific professional interests and needs. One of the explicit competencies in all rotations is the provision of consistent messages to patients. An intern can anticipate an exploration of their personal behavior patterns (e.g., use of nicotine products) relative to behavior patterns that maximize good health and quality of life.

Additional opportunities may be available in Consultation and Liaison to include specialty medical pre-evaluations and medical inpatient consultation.

PCMHI is also home to our Psychology Postdoctoral Residency Program.

Psychosocial Rehabilitation

Supervisor: Yolanda T. Garmon, Psy.D. and Janine Toliver, Psy.D.

Psychosocial Rehabilitation (PSR) at the Dayton VA provides a continuum of care for Veterans with serious mental illness.

The Psychosocial Rehabilitation and Recovery Center (PRRC), also known as the “Building Bridges” Program, is an intensive outpatient recovery center that provides daily-recovery focused services to Veterans who are diagnosed with serious mental illness and experience severe functional impairments in one or more areas.

The mission of the “Building Bridges” Program is to provide Veterans with services that will help them to take back their lives and take part in their communities. “Building Bridges” staff members fulfill this mission by providing Veterans with hope, focusing on their strengths, and teaching life skills that will help them reach their self-chosen goals.

Interns on this rotation will have the opportunity to learn how to deliver recovery-oriented services to a population with serious mental illness. Interns will learn the basics of psychiatric rehabilitation that focus on helping Veterans achieve self-identified goals for recovery, improved psychosocial functioning, and greater integration into the communities of their choosing. Interns will have opportunities to complete biopsychosocial assessments and treatment plans that focus on helping Veterans to identify their self-chosen recovery goals; to provide individual recovery coaching sessions to support Veterans with problem-solving as they work to achieve community goals; and to facilitate evidence-based groups, such as Social Skills Training, Illness Management and Recovery, and Wellness Recovery Action Planning.

Interns involved in the Psychosocial Rehabilitation rotation may also choose to participate in a Family Services Program supplementary experience.

Substance Abuse Treatment Program

Supervisor: Jacqueline Allen, Psy. D and David Baum, Psy.D.

The Substance Use Disorder Clinic provides a wide range of services on a residential and outpatient basis. The SUD Clinic consists of interdisciplinary teams including psychologists, social workers, licensed professional mental health counselors, psychiatrists, advanced practice nurses, addiction therapists, and peer support specialists. Additionally, we closely collaborate with other services, to include the Trauma Recovery Clinic, Homeless Program, Nutrition Services, Recreation Therapy services, and Veteran’s Justice Officers. We use an evidence-based care model for our group and individual services, while incorporating measurement-based care throughout treatment.

Substance Use Disorder treatment at the Dayton VA has expanded significantly over the past few years. Programming includes Medication Assisted Treatment (MAT), intensive and standard outpatient SUD treatment, residential SUD treatment, Dual Diagnosis treatment, Aftercare services, and 12-Step groups for veterans. We are in the early stages of incorporating additional Harm Reduction services into our treatment offerings.

Interns on this rotation will have the opportunity to learn how to deliver recovery-oriented services to a population with substance use disorders in addition to a wide range of co-occurring mental health and medical issues. Interns will be expected to utilize evidence-based treatments for substance use disorders, including the basics of motivational interviewing, use of a stages of change model, and cognitive behavioral therapy (CBT for SUD). Interns will co-facilitate and facilitate SUD recovery groups, in addition to provide individual psychotherapy work. Interested interns may have the opportunity to assist in program evaluation or other administrative work groups.

Additional Training Experiences and Support

Training Seminars

Didactic Series: There is an ongoing didactic series throughout the internship year on Mondays from 2:00 – 4:00pm. The topics and presenters are quite varied. Intern attendance is mandatory unless on approved leave status. We also participate in a collaboration with Wright Patterson Air Force Base's APA accredited internship program. Several times each year we coordinate shared didactics taking advantage of the strengths and unique aspects of each program and provide opportunities to spend time with interns from other local programs.

Assessment Seminar: Additionally, a one-hour weekly assessment seminar is provided on Monday mornings to supplement and support the required clinical experiences with evidence-based assessment. Intern attendance is mandatory unless on approved leave status.

Group Supervision

Each Monday, 1:00 – 2:00pm, is group supervision. The general approach is to augment supervision taking place in other settings and to provide a venue in which interns can support their mutual professional development. Both interns and training supervisors present cases for consultation providing a venue to discuss in greater depth, diverse and complex cases. Interns are expected to participate as consultants to the presenter to help develop case conceptualization and supervisory skills. Specific subjects are quite varied: case presentations, diversity discussions, evidence-based psychotherapy discussions, concepts/theories, etc. Interns are encouraged to identify goals and to practice competency-based supervision skills during this time. Intern attendance is mandatory unless on approved leave status.

Making your “Bucket List”

We think internship year is the coolest year of training you get. The Dayton VA has countless opportunities for you to learn and grow both within and outside your primary interest areas. Internship is a great time to try things you’ve never done and aren’t sure if you would even like. Every year, each intern is asked to develop an internship bucket list. This is meant to include both your priorities for training as well as any other ideas you have about experiences you may want to take advantage of this year. You will review your training goals, priorities, and bucket list at the beginning of internship, after you’ve been here a bit (and have a better idea about who and what you might want to take advantage of), mid-way, and before the end of internship.

Bucket lists often include some of the basic requirements of your chosen rotation but should also expand to other opportunities that aren’t weird to try on internship since you’re here and in training.

Examples of extra intern experiences:

- Jumping in on a specific task associated with a rotation you didn’t choose
- Participating in programming not available for a full rotation (i.e., DBT Team with consultation meetings and skills groups)
- Focusing on specific patient populations within your chosen rotations (i.e., women, gero, LGBT)
- Focusing on specific diagnoses/problems (i.e., SUD, anxiety disorders, relational issues, chronic pain, trauma, SMI)
- Attending, or even co-facilitating, our monthly Diversity Lunch and Learn
- Active membership on the Mental Health Quality Council (may include Program Development, Research Development and Technology, or Quality Improvement)
- Assisting with or developing a new Program Evaluation project
- Observing ECT
- Sitting in on or conducting specialty evaluations (i.e., competency, bariatric, transplant, other pre-surgical evals)
- Sitting in or assisting with a wide range of administrative tasks – we’ve got an awful lot of psychologists in leadership roles here!
- Riding along with a Home-Based Primary Care Psychologist
- Sitting in or assisting with Compensation & Pension (C&P) evaluations – these are forensic evaluations for Veterans Benefits Administration (VBA) and different from assessments for treatment
- Observing psychiatry/mental health prescriber sessions
- Collaborating with non-Mental Health programs/services (admin and/or medical)
- Helping with updating/revising program materials
- Developing new programming (i.e., starting a new group)

While we can't promise you every experience you might list, you would be amazed how many we can accomplish over the course of a year when we collaborate and know your interests. These lists are intended to evolve and develop over the course of the year.



Intern fun at the grotto!

Self-Care Matters

The philosophy of this program is to help interns transition from overworked students to healthy professional psychologists. We will make every effort to model good self-care. We will also encourage you to rediscover lost interests, find new ones, and attend to healthy work-life balance. We might even take a walk during supervision.



The “Grotto” is right here on site and part of a nice 15-20 minute walk when you need a break. Photo taken by Mindy Merricle-Wurst, 2019-2020 intern, 2020-2021 resident, current staff member.

Testing Materials

Medical records are fully computerized including access to a wide variety of personality inventories, self-rating forms, etc. We also maintain and regularly update an extensive selection of noncomputerized psychological tests and neuropsychological instruments. (See also the Assessment Requirements listed above.) Note: The VAMC follow’s CDC standards regarding safety concerns and PPE, special office spaces, and cleaning procedures are available as needed.

Library

The Health Sciences Library provides access to professional books and professional journals. Immediate access to a wide variety of online electronic resources is available.

Liability Protection for Trainees

When providing professional services at a VA healthcare facility, VA sponsored trainees acting within the scope of their educational programs are protected from personal

liability under the Federal Employees Liability Reform and Tort Compensation Act 28, U.S.C.2679 (b)-(d).

Professional Development

An intern will be given up to 24 total hours of authorized absence during the training year. This time can be used to attend professional presentations, conferences, workshops, and organizational meetings that are consistent with professional development plans. This time can also be applied in support of dissertation related activities such as trips to the university, oral defense, etc. In addition, interns are provided with a three-hour block of time each week for the purpose of dissertation work or other approved scholarly work. Finally, each intern is encouraged to make use of the many educational presentations within the medical center and the surrounding academic community.



Physical Setting and Support

Primary intern offices are located in Building 302 where the majority of outpatient Mental Health services are offered. Each intern has an individual office equipped for a clinical staff member (to include computer, telephone, therapy space). Many psychologists are co-located to include the Training Director. A conference room and several group rooms are available as well. You can expect to be equipped with a webcam, dual monitors, headsets, and windows! Rotations located away from the outpatient Mental Health Building have additional office space, including computer access, for any intern to enable seeing patients and completing paperwork in that work area.

Medical records are electronic and almost all of the professional activities are accomplished through use of various computer programs. The first two weeks of the academic year are devoted almost entirely to orientation and training. Within a few days of arriving, each intern has full computer access and is able to engage in the full range of psychological services.

We have a beautiful and large grounds here and will encourage you to take breaks. It can be very helpful to step away from the computer, stare out your window or even get up and out of your office to walk and take a breath (we might just join you!).



Elisabeth Wise, 2022-2023 intern, waving from her desk – and yes those are real trees and sunlight you see behind her.

Application

Appointment and Benefits

Each intern (Health Professions Trainee/HPT) receives a temporary appointment per Department of Veterans Affairs regulations and are eligible for Federal Employee Healthcare Benefits (FEHB).

The internship year will begin on **Monday, July 15, 2024**. The total number of hours is 2,080 to include established holiday leave, annual leave, and sick leave. Annual leave and sick leave are accrued at a rate of four hours per pay period. We are not authorized funds to purchase unused annual leave at the completion of internship. Sick leave can be accrued and maintained “on the books” indefinitely and may be used if one becomes a federal employee at some time in the future. For the purpose of state licensure, our procedure is to verify a 2,080 hour internship. The pay is \$34,543 for the year to be paid in equal installments over 26 biweekly pay periods.

Prior to the actual appointment, a matched applicant must complete the appropriate paperwork and complete a physical examination that certifies they are capable of the duties required. As a federal employee, drug screens and background checks are routine (see a complete list of eligibility requirements below). It is possible to coordinate with Human Resources to arrange for these appointments at your nearest VA. The Department of Veterans Affairs, and consequently this medical center, adheres to the Americans With Disabilities Act and will provide reasonable accommodations for an individual who informs us that they have a disability.

Additional information about VA training may be reviewed at:

<https://www.psychologytraining.va.gov/index.asp>

Admission Requirements

The official appointment as a Psychology Intern is contingent upon successful completion of practica and academic requirements (other than dissertation) along with continued professional conduct consistent with quality practice of psychology. In addition to psychotherapy experience, all applicants are expected to have psychological assessment and testing experience including the administration and interpretation of Objective Personality Assessments and standard IQ measures.

National VA Eligibility Requirements

For the most current eligibility information please go to:

[Resources for Health Professions Trainees Coming to VA | Eligibility and Forms - Office of Academic Affiliations](#)

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. Your Training Director will provide you with the information you need to understand the requirement and reasons for the requirement in timely manner.

The Department of Veterans Affairs (VA) adheres to all Equal Employment Opportunity and Affirmative Action policies. As a Veterans Health Administration (VHA) Health Professions Trainee (HPT), you will receive a Federal appointment, and the following requirements will apply prior to that appointment:

1. **US Citizenship.** HPTs receiving a stipend (VA paycheck) must be US citizens. Non-US citizen trainees who are not VA-paid (known as without compensation-WOC) may be appointed on the condition that they provide current immigrant, non-immigrant or exchange visitor documents proving that you can legally reside or work in the United States.
2. **US Social Security Number.** HPTs must have a US social security number (SSN) prior to beginning the VA pre-employment, onboarding process. If you have applied, but do not yet have an SSN, you must wait. HPTs not eligible to apply for an SSN should immediately contact your program and be reassigned.
3. **US Selective Service Registration.** Federal law requires that most males living in the US between the ages of 18 and 26 register with the Selective Service System. Male, for this purpose, is any individual born male on their birth certificate regardless of current gender. Males 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.
4. **Proof of Identity.** On-boarding requires two source identification documents (IDs) to prove identity. Documents must be unexpired and names on both documents must match. For more information visit: https://www.oit.va.gov/programs/piv/_media/docs/IDMatrix.pdf. States have begun issuing Secure Driver's Licenses. Be sure yours will be accepted as a Real ID <https://www.dhs.gov/real-id>

5. **National Practitioner Data Bank.** HPTs who are currently licensed, or who previously held a license in the same or a different discipline, must be screened against the NPDB. Visit the site to perform a self-query and confirm your eligibility for VA appointment. <https://www.npdb.hrsa.gov/>
6. **List of Excluded Individuals and Entities.** The Department of Health and Human Services Office of the Inspector General has compiled a list of individuals excluded from participation in Medicare, Medicaid and all other Federal healthcare programs. Visit the site to confirm you are NOT on this list <https://exclusions.oig.hhs.gov/>.
7. **Health Requirements.** As a condition of appointment, HPTs must be physically and mentally fit to perform the essential functions of the training program and immunized following current Center for Disease Control guidelines and VHA policy: immunizations include; TB screening, Hepatitis B vaccination, and annual seasonal influenza vaccination (alternative for influenza vaccination is to wear a mask when at a VA health care facility)².
8. **Fingerprint Screening and Background Investigation.** HPTs will be fingerprinted and undergo screenings and background investigations. A VA Human Resources Personnel Suitability Specialist will determine suitability. Additional details can be found here: <http://www.archives.gov/federal-register/codification/executive-order/10450.html>.
9. **Drug-Free Workplace³.** HPTs do not undergo pre-employment drug screening. However, they are subject to random drug testing throughout the entire VA appointment period. You will be asked to sign an acknowledgement document stating you are aware of this practice (see document site below).
10. **Affiliation Agreement.** To ensure shared responsibility between an academic program and the VA there must be a current and fully executed Academic Affiliation Agreement on file with the VHA Office of Academic Affiliations (OAA). The affiliation agreement delineates the duties of VA and the affiliated institution. Most APA-accredited doctoral programs have an agreement on file. More information about this document can be found at <https://www.va.gov/oaa/agreements.asp> (see section on psychology internships).

² Note – these requirements extend to COVID vaccination per national and local policies.

³ Note – it should not be assumed that legal recreational use of substances or having a prescription for medical use will make it permissible to fail a drug screen. This site will follow all federal rules and policies and any use could potentially impact your placement and/or completion of internship. For additional information see:

https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.va.gov%2FOAA%2Fonboarding%2FVHA_HPTsDrug-FreeWorkplaceOAA_HRA.pdf&data=04%7C01%7C%7Cc5f28f636b43476d5c6808d952a174cb%7Ce95f1b23abaf45ee821db7ab251ab3bf%7C0%7C0%7C637631676412745848%7CUnknown%7CTWFpbGZs b3d8eyJWljo iMC4wLjAwMDAiLCJQIjoiV2luMzliLCJBTiil6lk1haWwiLCJXVCi6Mn0%3D%7C1000&sdata= NEIz2LHw1hgxthLj7Xx4OPhuPz%2FV%2BUqLbJOB5jgpK%2Fg%3D&reserved=0

11. **TQCVL.** To streamline on-boarding of HPTs, VHA Office of Academic Affiliations requires completion of a Trainee Qualifications and Credentials Verification Letter (TQCVL). An Educational Official at the Affiliate must complete and sign this letter. Your VA appointment cannot happen until the TQCVL is submitted and signed by senior leadership from the VA facility. For more information about this document, please visit <https://www.va.gov/OAA/TQCVL.asp>
- a. **Health Requirements.** Among other things, the TQCVL confirms that you, the trainee, are fit to perform the essential functions (physical and mental) of the training program and immunized following current Center for Disease Control (CDC) guidelines and VHA policy. This protects you, other employees and patients while working in a healthcare facility. Required are annual tuberculosis screening, Hepatitis B vaccine as well as annual influenza vaccine. *Declinations are EXTREMELY rare.* If you decline the flu vaccine you will be required to wear a mask while in patient care areas of the VA.
 - b. **Primary source verification of all prior education and training** is certified via the TQCVL. Training and Program Directors will be contacting the appropriate institutions to ensure you have the appropriate qualifications and credentials as required by the admission criteria of the training program in which you are enrolled.

12. **Additional On-boarding Forms.** Additional pre-employment forms include the Application for Health Professions Trainees (VA 10-2850D), the Declaration for Federal Employment (OF 306), and HPT Random Drug Testing Notification and Acknowledgement memo. These documents and others are available online for review at <https://www.va.gov/oaa/app-forms.asp>. *Falsifying any answer on these required Federal documents will result in the inability to appoint or immediate dismissal from the training program.*

Additional information regarding eligibility requirements

- Trainees receive term employee appointments and must meet eligibility requirements for appointment as outlined in VA Handbook 5005 Staffing, Part II, Section B. Appointment Requirements and Determinations. https://www.va.gov/vapubs/viewPublication.asp?Pub_ID=646&FTtype=2
- Most (if not all) Federal internship positions in the U.S., including those sponsored by the Department of Veterans Affairs (VA), require males (based on sex assigned at birth) to register with the Selective Service System by the age of 26. Applicants can confirm registration at <https://www.sss.gov>; FAQs are at <https://www.sss.gov/faq/>. Applicants should check directly with each site for details

about their Selective Service registration requirements prior to submitting their internship applications⁴.

Additional information specific to suitability information from Title 5 (referenced in VHA Handbook 5005):

(b) Specific factors. In determining whether a person is suitable for Federal employment, only the following factors will be considered a basis for finding a person unsuitable and taking a suitability action:

- (1) Misconduct or negligence in employment;
- (2) Criminal or dishonest conduct;
- (3) Material, intentional false statement, or deception or fraud in examination or appointment;
- (4) Refusal to furnish testimony as required by § 5.4 of this chapter;
- (5) Alcohol abuse, without evidence of substantial rehabilitation, of a nature and duration that suggests that the applicant or appointee would be prevented from performing the duties of the position in question, or would constitute a direct threat to the property or safety of the applicant or appointee or others;
- (6) Illegal use of narcotics, drugs, or other controlled substances without evidence of substantial rehabilitation;
- (7) Knowing and willful engagement in acts or activities designed to overthrow the U.S. Government by force; and
- (8) Any statutory or regulatory bar which prevents the lawful employment of the person involved in the position in question.

(c) Additional considerations. OPM and agencies must consider any of the following additional considerations to the extent OPM or the relevant agency, in its sole discretion, deems any of them pertinent to the individual case:

- (1) The nature of the position for which the person is applying or in which the person is employed;
- (2) The nature and seriousness of the conduct;
- (3) The circumstances surrounding the conduct;
- (4) The recency of the conduct;
- (5) The age of the person involved at the time of the conduct;

⁴ Note - with regard to the VA requirement for Selective Service registration, past experience with this issue would suggest that exceptions to this policy are extremely rare. Requests will be reviewed on a case-by-case basis and it can take months to obtain a decision.

(6) Contributing societal conditions; and

(7) The absence or presence of rehabilitation or efforts toward rehabilitation.

Application Procedures

Our primary source of information is the AAPI. We additionally require all applicants to include an Interview Dates and Rotation Preference paragraph in the cover letter to facilitate our interview process. This additional information is included at the end of this brochure and can be cut and pasted into your cover letter. We adhere to the Association of Psychology Postdoctoral and Internship Centers (APPIC) guidelines for the recruitment and selection of psychology interns including the policy that no person at this training facility will solicit, accept, or use any ranking related information from any applicant prior to Uniform Notification Day.

To apply you must complete:

- APPIC Uniform Application (AAPI), available at www.appic.org.
- Interview Dates and Rotation Preferences paragraph (unique to our site). This should be included in your cover letter.
- The deadline for receipt of application materials is **Wednesday, November 1, 2023**. Please follow APPIC instructions and guidelines for completing and submitting the AAPI.

Our procedure is to review each qualified application in detail and invite 25-28 applicants for **virtual** interviews. The customary agenda is for the applicants to meet with the Training Director as a group. Each applicant then meets with three different supervisors who, as much as possible, are chosen based upon rotation preferences. Applicants meet with current interns as a group in a non-evaluative information sharing meeting. Finally, there is a general meeting among all applicants, supervisors, and current interns. We encourage applicants to become familiar with our staff and setting to assist in their decision-making process. We try to schedule no more than seven applicants per interview day. Our general practice is to rank those applicants who attend interviews for the purpose of the match. Applicants who are invited for interviews but do not attend will not be ranked for the match.

Based on our recent experiences and positive feedback from applicants we will continue to offer only virtual interviews. These virtual meetings are held in a similar format as previous in-person interviews and do require a scheduled and confirmed interview slot. If you are unable to be (virtually) present for your scheduled interview date, we may be able to accommodate some adjustments in scheduling (although this is not guaranteed).

Scheduled virtual interview dates are:

- Wednesday, January 3, 2024; 8:00am – 12:15pm
- Thursday, January 4, 2024; 8:00am – 12:15pm
- Tuesday, January 9, 2024; 12:00pm – 4:15pm
- Thursday, January 11, 2024; 12:00pm – 4:15pm

Match Day

The official dates for the 2024 – 2025 academic year is posted by APPIC at:

<https://www.appic.org/internships/Match/About-The-APPIC-Match/APPIC-Match-Dates>

Phase I:

- Friday, February 2, 2024: Deadline for submission of Rank Order Lists.
- Friday, February 16, 2024: APPIC Phase I Match Day.

Immediately after learning the names of applicants with whom we have been matched, a Director of Training will make contact through email and/or telephone. They will also be mailed two signed copies of a letter confirming the match. Each applicant is to return one signed copy of the letter confirming their agreement with the internship placement.

Interview Dates and Rotation Preferences

***This information MUST be included in your cover letter.**

The following worksheet is to help you organize the information we will need included in your application cover letter. Please rank all four virtual interview dates and a minimum of three rotations. Our interns participate in three or four rotations during their internship year.

Interview Dates

Please **rank** in order your preferences for interview dates. We will contact you to arrange your virtual interview.

	Morning	Afternoon
Wednesday, January 3, 2024	_____	
Thursday, January 4, 2024	_____	
Tuesday, January 9, 2024		_____
Thursday, January 11, 2024		_____

Rotation Preferences

Please rank order your three rotation preferences to include both major and minor rotations of interest. Please note if you prefer two six-month rotations (if available).

Family Services Program	_____
Geropsychology	_____
Mental Health Clinic	_____
Primary Care Mental Health Integration	_____
Trauma Recovery Clinic/PTSD	_____
Psychosocial Rehabilitation	_____
Substance Abuse Treatment Program	_____

Sample paragraph*:

My preference for interview dates are as follows: 1) Tuesday, 1/9, 2) Thursday, 1/11, 3) Wednesday, 1/3, 4) Thursday, 1/4. To best meet my training goals my rotation preferences are 1) PTSD (6 month), 2) Health Psychology, 3) Geropsychology.

Directions to the Dayton VA Medical Center

We are no longer hosting any in person interviews. If you are in the area and would like to visit the campus, please be aware of current coronavirus restrictions. Everyone entering the facility may be screened, and visitors may be limited. Face coverings are mandatory. While you may certainly tour our beautiful historic grounds, please contact us first if you wish to plan a visit. We will not engage in interviewing nor use data from your visit to increase or improve your rankings. While we understand that visiting a facility can help inform your rankings and choices you need to make, it is our goal to maintain fairness and safety for all.

Interstate road 70 runs east-west a few miles north of Dayton. Interstate road 75 bisects Dayton in a north-south direction and US 35 bisects Dayton in an east-west direction. The VA Medical Center is on the west side of Dayton. Visitors are advised to use US 35 west from the I-75 / US 35 interchange. Take US 35 west to Liscum Drive (second traffic light). The medical center is on the right. Building 302 (Outpatient Mental Health) is on the south side of the campus with parking in the rear of the building. If you need further directions, lodging information, or have other questions, please feel free to contact us by telephone or email. Also, a map can be obtained on the Dayton VHA Medical Center Web Site at https://www.dayton.va.gov/visitors/campus.asp#campus_map.

Note: It is our experience that electronic devices have not been reliable with providing good driving directions on the VA campus. We encourage you to look at a map as the campus is large and it can be easy to get misdirected if you come in by the National Cemetery.

For any history buffs, the Dayton VA was one of the original Soldier's Homes and is now a National Historic Site. For more info check out:

<https://www.dayton.va.gov/about/history.asp>

<https://www.dayton.va.gov/museum/index.asp>



Psychology Staff

Allredge, Jessica Beadel

Ph.D. Clinical, 2016, University of Virginia

Lead Psychologist

Associate Program Manager, Mental Health Clinic

Evidence Based Psychotherapy Coordinator

At Dayton VA Medical Center since 2019 (internship 15-16)

Licensed Psychologist, State of Ohio and State of Indiana

Clinical Interests: Anxiety and related disorders, trauma-related disorders, cognition, evidence-based practice

Theoretical Orientation: Cognitive-Behavioral

Professional Memberships: ABCT, APS, APA

Google Scholar Link: <https://scholar.google.com/citations?user=88ptUxLfZDUC&hl=en&oi=ao>

Conceptualization Statement: My areas of clinical specialization include anxiety disorders, obsessive-compulsive and related disorders, and posttraumatic stress disorder. I received my Ph.D. in Clinical Psychology from the University of Virginia under Dr. Bethany Teachman. I completed my internship right here at the Dayton VAMC, and I then completed a postdoctoral fellowship at the University of Cincinnati Stress Center/Cincinnati VA specializing in the treatment of PTSD under the supervision of Dr. Kathleen Chard, one of the creators of Cognitive Processing Therapy. In addition to the VA, I have worked in several settings including a state psychiatric hospital, community mental health, and a university hospital behavior medicine clinic. After being away for several years, I made my way back to the Dayton VAMC because I find great meaning in serving Veterans and I greatly appreciate and respect the team of psychologists and other professionals with whom I work.

I am a strong advocate of evidence-based practice and the use of empirically supported treatments. My theoretical orientation is cognitive-behavioral, though I believe that adopting a “one size fits all” approach vastly oversimplifies the therapeutic process. Flexibility is an important skill for therapists to master and I embrace the importance of shared decision making and collaborative empiricism when working with clients. As a result, I adopt an idiographic approach when utilizing empirically supported treatments including Cognitive Behavioral Therapy, the Unified Protocol, Mastery of Anxiety and Panic (MAP-3), Exposure and Response Prevention, Cognitive Processing Therapy, and Prolonged Exposure as well as third-wave cognitive-behavioral therapies including Acceptance and Commitment Therapy and Dialectical Behavior Therapy.

In addition to my clinical work, I continue to be active in research in the area of anxiety. Very broadly, my program of research focuses on factors that contribute to the development and maintenance of anxiety and strengthening treatments for anxiety. My research knowledge and experience greatly informs my clinical practice and decision-making. I typically have multiple projects in various stages of the research process at a given time and am always open to interns who are interested in collaborating on research.

Allen, Jacqueline

Psy.D. Clinical, 2009, Wright State University of Professional Psychology

Program Manager, Substance Use Disorder Clinic

Psychology Assessment Coordinator, Psychological Diagnostic Assessment Team

At Dayton VA Medical Center since 2018

Licensed Psychologist, State of Ohio

Professional Organizations: DAPA, EMDRIA

Clinical Interests: Substance Use Disorder, Trauma Disorders, Group Therapy, Personality Disorders with primary interest in Anti-Social Personality Disorder

Theoretical Orientation: Cognitive-Behavioral

Conceptualization Statement: My interest in working with substance use disorders and trauma was a gradual process that increased through my work at a men’s prison, for the United States Air Force (as a

civilian contractor), and most recently in my work at the Dayton VA. My experiences with Active Duty service members and Veterans have underscored my passion for helping our service members in treating some of the unhealthy coping strategies they have developed as a result of trauma and other mental health symptoms and diagnosis. I utilize an integrative approach to address substance use and other co-occurring mental health diagnosis through Evidence Based Treatments (EBPs) for substance use, including Cognitive Behavioral Therapy for Substance Use Disorder (CBT-SUD), Motivational Enhancement Therapy (MET), Concurrent Treatment of PTSD and Substance Use Disorders Using Prolonged Exposure (COPE), and Eye Movement Desensitization and Reprocessing (EMDR). I approach each veteran from a strength-based and recovery approach. This approach encourages the veteran to reduce self-shaming thoughts and behaviors while considering the veteran to be an expert on themselves. Further, I consider the veteran's stage of change and incorporate measurement-based care and motivational interviewing skills and strategies into each session. Utilizing shared decision making and collaborative treatment planning, I work with the veteran to determine if abstinence or risk reduction is most appropriate for their presenting concerns, treatment goals, and overall wellness, thus increasing the veteran's ownership of their goals and treatment.

Baum, David

Psy.D. Clinical Psychologist 2016, Xavier University
Staff Psychologist, Substance Use Disorder Clinic (MHR RTP Lead)
At Dayton VA Medical Center since 2015 (internship 15-16)
Licensed Psychologist, State of Ohio
Licensed Independent Chemical Dependency Professional, State of Ohio
Professional Organizations: APA, OPA
Clinical Interests: Substance Use Disorder, Borderline Personality Disorder, Trauma-Related Disorders
Theoretical Orientation: DBT/CBT

Bischoff, Andrea M.

Psy.D. Clinical, 2008, Wright State University School of Professional Psychology
Program Director, MHR RTP and Special Emphasis Programs
At Dayton VA Medical Center since 2012
Licensed Psychologist, State of Ohio
Professional Organizations: DAPA, Division 36
Clinical Interests: Primary Care Integration, Behavioral Medicine, Women's Health
Theoretical Orientation: Cognitive-Behavioral

Conceptualization Statement: I have been trained as a generalist and have practiced in a variety of settings, including community mental health, private practice, and federally qualified health center. It was during my internship year at Cherokee Health Systems, one of the pioneering sites in primary care integration, I learned that I loved the fast pace and variety of issues, both medical and psychological, that comes with working in a primary care setting.

By being present in the primary care clinic and available to see patients in "real time", I was able to provide services to patients who may otherwise be unwilling to utilize mental health services. Seeing the patients in the medical office also allowed me the opportunity to assist in prevention of illness or help the medical team identify maladaptive patterns before further issues develop. Using a biopsychosocial approach with the medical team, I have assisted patients in learning skills to prevent or manage health problems. I also helped the medical team in identify psychosocial issues present in the patient's life that might otherwise go unnoticed. To assist a patient and medical team in the overall goal of prevention and management, I gravitate towards brief interventions that blend a variety of techniques pulled from cognitive behavioral therapy, such as behavioral activation, MI, and acceptance and commitment therapy.

I have served as the Co-Director of Training, managing the postdoctoral residency and now have the privilege of using my skills to serve in a leadership role on the Mental Health Executive Team.

Bizimana, Albine

Psy.D. Clinical, 2019, Wright State University School of Professional Psychology
Staff Psychologist, Trauma Recovery Clinic, PTSD Outpatient Lead
At Dayton VA Medical Center since 2019
Licensed Psychologist, State of Ohio
Theoretical Orientation: Cognitive-Behavioral
Professional Organizations: DAPA

Clinical interests: Evidence-based treatment for PTSD, anxiety, substance use disorders, acute psychiatry and managing high risk cases, complex trauma; group psychotherapy; supervision, mentorship
Research interest: Trauma-informed models, PTSD, mindfulness-based therapies, treating comorbid dx with PTSD, burnout and compassion fatigue, diversity and inclusion
Conceptualization Statement: I am a clinical psychologist who works within the Dayton VA PTSD clinic. My interest in psychology began in high school after I took my first psychology elective and found myself fascinated with what drives human behavior. My interest in trauma psychology is related to my own background as a Rwandan refugee and what I have seen with regards to post traumatic growth. My aim as a clinician is to help those who have encountered trauma access what I believe to be an innate trajectory for natural recovery and post traumatic growth.

My path to becoming a clinical psychology began at Wright State University where I was an undergraduate student, earning a BS in psychology, and then a graduate student within the School of Professional Psychology. My dissertation focused on creating and implementing a trauma-informed model within schools so as to prevent burnout and compassion fatigue among teachers and staff. I interned at the Chillicothe VA and enjoyed rotations within Acute Psychiatry and the Mental Health and PTSD clinics. My internship experience increased my exposure to evidenced based treatments for PTSD, a training goal, and I began to utilize Cognitive Processing Therapy (CPT) and Prolonged Exposure (PE).

I joined the Dayton VAMC Trauma Recovery Clinic in 2019 and have expended my scope and knowledge base across evidenced based modalities for PTSD. I now also utilize Narrative Exposure Therapy (NET), Written Exposure Therapy (WET), Concurrent Treatment of PTSD and Substance Use Disorders (COPE), Adaptive Disclosure in addition to CPT and PE. My theoretical approach is influenced by Interpersonal Therapy (IPT), and 3rd Wave Cognitive Behavioral Therapies such as Acceptance and Commitment Therapy (ACT) as well as Dialectical Behavioral Therapy (DBT). I also enjoy implementing therapies that are consistent with the whole health model, to include treating insomnia through CBT-I and leading a trauma focused Tai-Chi group. I have experience providing diagnostic clarification through the use of objective personality assessment (primarily using PAI and MMPI instruments). I also serve veterans on an outpatient and residential level of care and participate as an individual and group supervisor for psychology interns.

Bodkin, Louis

Psy.D., Clinical, 2021, Xavier University
Staff Psychologist, Mental Health Clinic
At Dayton VA Medical Center since 2022 (internship 20-21, now staff)
Licensed Psychologist, State of Ohio
Clinical Interests: Evidence-Based Psychotherapy, Anxiety Disorders / Panic Disorder, PTSD
Theoretical Orientation: Cognitive-Behavioral

Chaffins, Belinda

Psy.D., Clinical, 2003, Wright State University School of Professional Psychology
Staff Psychologist, Mental Health Clinic
At Dayton VA Medical Center since 2010
Licensed Psychologist, State of Ohio
Clinical Interests: Sexual Health, Couples, Health and Wellness, Alzheimer's
Theoretical Orientation: Cognitive-Behavioral and Humanistic

De Marchis, Massimo

Psy.D. Clinical, 1987, Wright State University School of Professional Psychology
Staff Psychologist, Inpatient Psychiatric Unit
At Dayton VA Medical Center since November 2009
Licensed Psychologist, State of Ohio
Licensed Independent Chemical Dependency Counselor (LICDC)
APA Certificate of Proficiency in the treatment of Substance Use Disorders
Fellow, American Board of Sleep Medicine
Clinical Interests: General mental health, forensic psychology, addictions, sleep disorders
Theoretical orientation: Cognitive-Behavioral and ACT

Denninghoff, Christina

Psy.D., Clinical, 2020, Mercer University
Psychology Internship Training Director
Psychology CE Administrator
Staff Psychologist, Primary Care – Mental Health Integration
At Dayton VA Medical Center since 2019 (internship 19-20, residency 20-21, and now staff)
Licensed Psychologist, State of Ohio
Professional Organizations: OPA
Clinical Interests: Behavioral Sleep Medicine, Assessment
Theoretical Orientation: Cognitive-Behavioral

Conceptualization Statement: I completed my psychology internship at Dayton VAMC with major rotations in PC-MHI and Geropsychology, and a minor rotation in the Mental Health Clinic. I enjoyed my experience on internship so much that I decided to accept a residency position at Dayton VAMC as well, which allowed for additional training in PC-MHI, Women's Health, and Behavioral Medicine. Residency afforded me the ability to become more familiar with pre-transplant evaluations, bariatric surgery evaluations, smoking cessation, and capacity evaluations (to name a few). While completing my residency, an opportunity arose to be able to join the PC-MHI team full time, and I have now been in this new role as a staff psychologist since Fall 2021.

Prior to completing my internship, I took a generalist approach to my training experiences, gaining knowledge in educational and ADHD evaluations, college counseling, and neuropsychological assessment (particularly related to epilepsy and Parkinson's disease). I feel that this training, in addition to the training I have received at the Dayton VAMC, prepared me to be able to address a wide range of presenting problems that we see in Primary Care and promoted cohesion with working on an integrated team. Our initial assessment for Veterans establishing within our clinic takes a biopsychosocial approach with specific focus on impact on current functioning in these areas to make sure that we are able to best address their presenting concern. I generally tend to approach treatment from a cognitive-behavioral lens, with a particular interest in treatment of insomnia, nightmares, and PAP adherence through such modalities. Change is something I see as looking different not only client to client, but also based on the clinic the Veteran is receiving services in. Change in my clients looked different when comparing a longer-term therapy to the briefer intervention I engage in in my current role. Sometimes, even, change is just orienting individuals new to mental health to what services can look like and meeting them where they are.

Diehl, Jane A.

Ph.D., Clinical, 1984, University of Toledo
Staff Psychologist, Substance Abuse Treatment Program
At Dayton VA Medical Center since July 2009
Licensed Psychologist, State of Ohio
Professional Organizations: Dayton Area Psychological Association, Ohio Psychological Association, American Psychological Association, APA divisions 18, 39, and 42, founding member Caring Connections

(association of Dayton women private practice psychologists), International Society for the Psychological Treatment of the Schizophrenias and Other Psychoses
Clinical and Research Interests: Psychotherapy of schizophrenia and related disorders; other psychoses; dissociative disorders; borderline and other personality disorders; trauma, PTSD; adult children of physical, sexual, and emotional abuse and addictions
Theoretical Orientations: Psychodynamic, Interpersonal, Cognitive, Eclectic

Drake, David

Ph.D., Clinical, 1992, University of North Texas
Staff Psychologist, Mental Health Clinic
At Dayton VA Medical Center since 2010
Licensed Psychologist, State of Ohio and Kentucky
Professional Organizations: APA
Clinical Interests: Treatment of depression and anxiety disorders
Theoretical orientation: Psychodynamic

Farr, Kenneth

Ph.D., Clinical, 1996, University of Texas Southwestern Medical Center at Dallas
Staff Psychologist, Compensation and Pension Service
At Dayton VA Medical Center since 2016
Licensed Psychologist, State of Texas
Clinical Interests: Psychological Assessment, Trauma-related Disorders, Iraq and Afghanistan Veterans
Theoretical Orientation: Eclectic

Feiner, Adam J.

Psy.D., Clinical, 2009, Widener University
MBA, Business Administration, 2010
Mental Health Intensive Case Management and Community Residential Care Programs Manager
At Dayton VA Medical Center since 2006
Licensed Psychologist, State of Ohio and Commonwealth of Pennsylvania
Professional Organizations: DAPA, OPA, APA Division 13, APA Division 49
Clinical Interests: Evidence-based treatment for Serious Mental Illness; Chronic Pain; Depression
Theoretical Orientation: Acceptance and Commitment / Mindfulness Based Cognitive-Behavioral

Foster, Mary

Ph.D. Clinical, 2010, University of Cincinnati
Neuropsychologist
At Dayton VA Medical Center since 2021
Licensed Psychologist, State of Ohio
Clinical Interests: Neuropsychology, dementia (major neurocognitive disorder), mild cognitive impairment (mild neurocognitive disorder)
Theoretical Orientation: Cognitive Behavioral
Conceptualization Statement: My work at the VA primarily incorporates neuropsychological assessment. I love fitting the different pieces of someone's cognitive strengths and weaknesses together in a puzzle of how their brain functions. In particular, my work with older adults with neurodegenerative conditions including dementia (major neurocognitive disorder) and their families drives to me to provide the highest quality patient care I can in a compassionate manner. I believe that a solid history, assessment used to test hypotheses, and specific and relevant feedback are the key components of my work. I used a flexible-fixed battery approach to testing. In other words, I typically use a common core of tests but adapt the battery when needed to clarify a particular question. My current work consists mostly of outpatient neuropsychological assessment, supervisor and co-facilitator of the Internship Assessment Seminar, membership on the Dementia Committee at the Dayton VA, and as a member of the Psychology Training Committee.

I found my love for neuropsychology as an undergraduate at the University of Michigan when I took classes in cognitive psychology and cognitive neuropsychology. I expanded upon this growing interest during my graduate work in psychology with an emphasis in clinical neuropsychology at the University of Cincinnati. I later completed my internship in geropsychology and neuropsychology at the Ann Arbor VA Medical Center. I finished my training with a postdoctoral fellowship in neuropsychology at the Cleveland Clinic Foundation. After fellowship, I worked in hospital-based acute stroke work and a memory disorders clinic in Connecticut, before returning to the Midwest for a position at a health system-based outpatient neuropsychology practice. I joined the Dayton VA in 2021 and enjoy being a part of the Psychology Staff in the training program. Outside of the VA, I enjoy traveling, spending time with my family, reading, and baking.

Froemming, Maren

Ph.D. Clinical, 2020, Bowling Green State University
Military Sexual Trauma Coordinator, Women's Mental Health Champion
Psychology Practicum Coordinator
At Dayton VA Medical Center since 2021
Licensed Psychologist, State of Ohio
Clinical Interests: Evidence-based treatments, trauma-related disorders, group psychotherapy, sexual health
Theoretical Orientation: Traditional and third-wave cognitive-behavioral

Garmon, Yolanda T.

Psy.D., Clinical, 2003, Wright State University
Program Manager, Psychosocial Rehabilitation and Recovery Center and Family Services Program
At Dayton VA Medical Center since 2009
Licensed Psychologist, State of Ohio
Clinical Interests: serious mental illness; women's issues; multicultural issues; domestic violence issues; substance abuse; family/couple therapy; group therapy; geriatric issues
Theoretical Orientation: Cognitive-behavioral
Conceptualization Statement: In my professional career, I have worked with adults, senior adults, adolescents, and children. I have provided services in the areas of domestic violence, geriatric mental health, chemical dependency, and community mental health. I currently serve as the Program Manager for the Dayton VAMC Family Services Program and the Psychosocial Rehabilitation and Recovery Center (PRRC - which is also known as the "Building Bridges" Program). Most of the Veterans that I serve have serious mental illness and severe functional impairments.

I have found that regardless of my practice setting, most individuals respond well to respect, empowerment, and collaborative treatment planning. It has always been my belief that everyone is capable of learning and growing, and that treatment should be based on a person's strengths, so it was quite refreshing to learn that the VA aligns with the recovery model for treatment services. Many of the Veterans we serve struggle with stigma and have received direct or indirect messages that the most they should hope for is to manage symptoms in order to avoid hospitalization. Part of the work we do in "Building Bridges" is deconstructing former notions about treatment. We choose to focus on wellness, and not illness. We believe that everyone can live meaningful lives, and we work to instill hope and build skills that will help Veterans to overcome obstacles in order to assist them in reaching their self-chosen goals for recovery.

Implementation of the recovery model includes the use of evidenced-based practices. I often utilize cognitive-behavioral interventions in my practice. I believe that a person's difficulties can often be traced back to maladaptive beliefs. In treatment, individuals can learn to identify, challenge, and modify these beliefs—leading to growth-promoting change. Engaging in the examination and behavioral testing of potentially irrational beliefs empowers an individual to take control of his or her own emotions and behaviors. It is my opinion that this also fosters hope, which is essential to the recovery process.

In working with individuals with serious mental illness (SMI), my team and I have also witnessed positive outcomes following the implementation of Social Skills Training, which is an evidenced-based practice for working with the SMI population. This approach uses modeling, feedback, and positive social reinforcement to increase effective use of appropriate social skills, including assertiveness, conversational, and conflict management skills. In our program, we have witnessed Veterans implementing these learned skills not only with other Veterans, but also while on outings beyond the VA campus, which reflects the goal of our program: to help Veterans integrate into the community.

Gootzeit, Joshua

Ph.D. Clinical, 2014, University of Iowa

Staff Psychologist, Trauma Recovery Clinic, PTSD Residential Lead

At Dayton VA Medical Center since 2015

Licensed Psychologist, State of Ohio

Clinical Interests: Assessment and treatment of PTSD, EBPs for PTSD, behaviorism, acceptance-based treatments

Theoretical Orientation: Cognitive-Behavioral

Conceptualization Statement: My interest in PTSD and trauma began as a graduate student at the University of Iowa, when I conducted research on the diagnostic structure of PTSD and trauma-related symptoms, leading to a strong interest in accurate and scientific assessment of the disorder. During that time, I was also becoming more interested in behaviorist and acceptance-based interventions with my clients. An early practicum in a VA PTSD clinic allowed me to combine these interests and to begin to learn how to integrate empirically based psychological principles with evidence-based treatments for PTSD. I have continued to gain experience treating PTSD in several settings since that time and have continued to refine my approach to assessing and treating the disorder.

Much of the treatment I provide includes offering Evidence Based Treatments (EBPs) for PTSD, including Cognitive Processing Therapy for PTSD (CPT) and Prolonged Exposure for PTSD (PE). My current treatment approach is also greatly influenced by principles of Acceptance and Commitment Therapy (ACT). I have found that it is possible to balance fidelity to an EBP approach to treatment while also seeing each person as an individual with unique needs and flexibly applying appropriate psychological principles.

I strongly believe in a recovery model of treatment, where "recovery" means not only a remission of symptoms but a re-engagement with a valued, meaningful life. By introducing and eliciting a vision for positive life change, and by offering tools to overcome barriers to change, I have found that individuals are able to rise to the occasion and to use positive coping skills to build better, more active, and more meaningful lives.

Jackson, Monica

Ph.D., Clinical, 1993, University of Cincinnati

Chief, Mental Health Residential Rehabilitation Treatment Program

At Dayton VA Medical Center since 2009

Professional Organizations: Ohio Psychological Association

Licensed Psychologist, State of Ohio

Clinical Interests: Chronic mental illness, substance dependence, women's issues, cultural issues, trauma, sexual health

Theoretical Orientation: Cognitive-Behavioral, Psychodynamic

Johnson, Jeremy T.

Ph.D. Clinical, 2012, Sam Houston State University

Program Manager, Mental Health Acute Care

At Dayton VA Medical Center since 2014

Licensed Psychologist, State of Alabama

Clinical Interests: Differential diagnosis, cognitive assessment, neurocognitive disorders, forensic psychology, risk management

Theoretical Orientation: Cognitive-Behavioral, Interpersonal

Conceptualization Statement: My clinical experiences have included the provision of consultative, therapeutic, and assessment services for a wide variety of diverse patients in both clinical and forensic settings. Diagnostic presentations range from sub-acute adjustment-related and dysthymic complaints to serious and persistent mental illness (schizophrenia-spectrum disorders, severe bipolar disorder, major depressive disorder, and post-traumatic stress disorder).

Consultative services include: differential diagnosis and diagnostic refinement; interdisciplinary care planning; health behavior change; non-pharmacologic pain management; psychoeducation and training for staff and caregivers; education and supportive intervention for veteran's families; improving communication within and between interdisciplinary team members, veterans, and their families; synthesizing and conceptualizing complex medical and mental health presentations to inform treatment and care.

Therapeutic, evidenced-based services include: CBT for depression, chronic illness, and palliative care; IPT for depression, loss, and role-adjustment; ACT and other mindfulness-based approaches for managing anxiety; biofeedback, progressive muscle relaxation, deep-breathing, guided imagery, and other physiologically-based interventions for managing anxiety and reducing stress; supportive intervention for end-of-life issues and adjustment to polytrauma; behavioral/environmental intervention for managing challenging dementia-related behavior (STAR-VA) and management of disruptive behavior; social skills training for serious mental illness populations; and the Cancer 2 Health biobehavioral intervention for those undergoing oncologic treatment.

Assessment services include: psychodiagnostic evaluation and consultation; cognitive and mood evaluation for differentiating amongst and between neurocognitive disorders, delirium, and depression; monitoring of mental status and psychiatric/behavioral stability; suicide and homicide risk assessment; mental health assessment for pre-surgery and pre-transplant candidacy, and assessment of independent living and decision-making capacity. Statements of expert evaluation, to be used during formal guardianship hearings, are frequently completed to assist the court.

Merricle-Wurst, Mindy

Psy.D. Clinical, 2020, Wright State University, School of Professional Psychology

Director of Training, Psychology Postdoctoral Residency

Staff Psychologist, Trauma Recovery Clinic

At Dayton VA Medical Center since 2019 (internship 19-20, residency 20-21, and now staff)

Licensed Psychologist, State of Virginia

Clinical Interests: Evidence-based treatment for PTSD, anxiety, depression, anger management, grief and loss issues, and serious mental illness; group psychotherapy; couples and family therapy, mentorship, program development

Theoretical Orientation: Cognitive Behavioral

Conceptualization Statement: I am a staff psychologist with the Dayton VA PTSD Clinical Team (PCT). My interest in psychology started when I was about 12 years old, at which point I set very specific goals for myself regarding my trajectory for a career in psychology. I attended Wright State University and majored in Psychology with minors in Women Studies and Sexuality Studies. During this time, I started to develop a strong interest in trauma-focused work which led to my interest in engaging in trauma treatment specifically with the Military population. I completed my doctorate at Wright State University School of Professional Psychology as a generalist, which set me up to develop a wide range of experiences include work with teenagers and young adults in education and career technical training program, and working at the women's prison, and within the VA system. Being able to work from multiple theoretic frameworks during clinical training led to a better understanding and conceptualization of the individual in front of me. My doctorate program works to develop strong multicultural and diversity reflection and processing when working with clients, which shapes a lot of my interactions and experiences with others while considering my stimulus value in the room.

My passion for working with the Veteran population grew during my doctorate program after completing additional electives and clinical training focused on the population which spurred me to focus on internships specifically focused on care for the Veteran population. I completed my internship with the Dayton VAMC with rotations in the PTSD Clinic, Family Services, and a minor in the Mental Health Clinic. My internship training allowed me to further develop my professional skills as well as develop my Cognitive Behavioral theoretical orientation which shapes my approach to conceptualization today. My internship secured my desire to remain with the VA system and engaged in continued trauma-focused treatments.

After the internship, I completed the Postdoctoral Residency in Primary Care Mental Health Integration. The residency training year provided me opportunities to utilize brief interventions and treatments that helped better prepare me for a whole health approach with Veterans. I was also provided an opportunity to gain experience with the C&L and engaged in interventions with Veterans who were in the process of detoxing. During my residency year, I had an opportunity to see more aspects of the inner workings of the VA hospital, understand the referral process from PCMH to other mental health clinics, as well as develop relationships with Primary Care Providers. I utilize the skills and techniques I obtained during residency for improved rapport, facilitation of referrals, and an increased chance for collaboration on Veteran's needs in my work with the Trauma Recovery Clinic.

Throughout my training with practicum, internship, and residency I was provided an opportunity to utilize group treatment to facilitate change on a wider scale with Veterans. Amongst my training and in my current role I have facilitated and created material for a multitude of groups such as an Anxiety Group, Anger Management Group, Trauma-focused groups to include psychoeducation, mindfulness and acceptance-based skill development, depression, and anxiety groups as well as health-based groups to include the VA's MOVE group. As a result, I have found an opportunity to continue with groups in my current role and find them to be a meaningful way to have Veterans collaborate and improve relationships while obtaining important skills and education.

Miller, Lyndsey

Psy.D. Clinical, 2010, Wright State University School of Professional Psychology
MSCP, Psychopharmacology, 2015, College of Pharmacy University of Hawaii at Hilo
Program Manager, Integrated Care
VISN 10 PCMH Co-Chair
National VA CBT-I Consultant
Disruptive Behavior Committee Chair
At Dayton VA Medical Center since 2016
Licensed Psychologist, State of New Mexico
Professional Organizations: APA, GPA, APA Divisions 12, 18, 28, 38, & 55
Clinical Interests: Behavioral Sleep Medicine, Cultural Diversity, Differential Diagnosis, Assessment, Neuroscience
Research Interests: Health Psychology
Theoretical Orientation: Cognitive-Behavioral, Integrative

Conceptualization Statement: My career thus far has taught me that being a generalist with multiple tools in my toolbox is essential in being an effective psychologist. This ensures broad flexibility to tailor interventions and evaluations to the patient rather than fitting patients into predetermined approaches. As such, I tend to conceptualize cases through a social constructivist perspective and a biopsychosocial lens that incorporates diversity factors. My approach, flexible as it is, tends to be integrative with a strong cognitive-behavioral foundation in the context of a genuine therapeutic relationship. I tend to pull from evidenced based treatments, such as dialectical behavior therapy, acceptance and commitment therapy, and motivational interviewing as well as interpersonal strategies. I also have experience in evidence-based treatments, such as Cognitive Behavioral Therapy for Insomnia, Problem Solving Therapy, Cognitive Processing Therapy, Prolonged Exposure, Prolonged Exposure for Primary Care, Seeking Safety, Illness Management and Recovery, and Social Skills Training for severe and persistent mental illness. This evolution of my approach and skills has been influenced by the plethora of clinical experiences I have been fortunate enough to participate in thus far.

I have wanted to be a psychologist since high school. I always found the human mind fascinating and wanted to learn more about it. In undergraduate at Ohio State University, I not only obtained experienced in human research, but I also began working with children with Autism Spectrum Disorders. I continued in this work while earning my Bachelor's degree. Because I was not particularly fond of research, I sought out PsyD programs, which emphasized clinical practice rather than research. Subsequently, I was accepted to Wright State University School of Professional Psychology.

While in graduate school, I developed an interest in PTSD and completed a practicum at the Cincinnati VA's Trauma Recovery Center. Not only did I learn and implement evidenced based treatments for PTSD in an outpatient setting, but I also implemented these in residential settings for both men and women. My dissertation was focused on evaluating newly proposed criteria for PTSD in DSM-5. Although I had a strong interest in trauma, I obtained invaluable clinical practicum experience in general mental health settings as well. This is where I was first introduced to brief interventions, mindfulness, motivational interviewing, cognitive behavioral therapies, and interpersonal strategies.

In 2010, I completed my internship at the Bay Pines VAMC in St. Petersburg, Florida. There my rotations included Inpatient Psychology, Neuropsychology, Substance Abuse, Primary Care-Mental Health Integration, and outpatient and residential combat PTSD programs. I also made a strong effort to focus on developing psychological assessment skills and was able to conduct a variety of evaluations, including pre-surgical and transplant evaluations, differential diagnosis, neuropsychological evaluations, and neurocognitive screenings. Although I had planned to become a VA Psychologist specializing in PTSD after graduating, the universe had other plans.

Instead of joining the VA, my husband and I moved halfway across the world to the Pacific island and U.S. Territory of Guam. My first postdoctoral job was at the Guam Behavioral Health and Wellness Center – the island's only community mental health center. In this position, I gained extensive experience in treating those with severe and persistent mental illness from a wide variety of cultural backgrounds different from my own. Our approach was recovery-oriented and client-centered. I worked in outpatient, residential, and inpatient settings as well as facilitating some groups within the substance abuse program. Crisis intervention was an integral and daily part of my job. Additionally, I had many community experiences as well, especially with the court system by acting as a liaison, conducting forensic psychological evaluations, and testifying in involuntary commitment hearings. Eventually, I opened a part-time private practice focusing on vocational rehabilitation evaluations and brief therapy. While in Guam, I also returned to school at the University of Hawaii at Hilo and graduated with my Masters in Clinical Psychopharmacology (MSCP) in August 2015. My experiences in Guam are too many to list here; however, I can say that this was not only the most professionally valuable, but also the most personally salient experience I've had in my life. A part of my heart will always be in Guam.

In 2016, we returned home to Ohio to be closer to family. It was at this time that I joined the Dayton VAMC in Primary-Care Mental Health Integration. In this position, I have found that not only has my generalist training, broad range of experience, and flexibility helped me in the fast-paced, never-know-what's-coming-through-your-door environment of Primary Care, but also my training in clinical psychopharmacology. I thoroughly enjoy working in an integrated setting utilizing a team-based approach. Every day is different and every day I learn something new. In my experience of working at three different VA's, I've found this one to be the most welcoming and supportive. I think you will too!

Obert, Kelly

Psy.D. Clinical, 2017, Wright State University School of Professional Psychology
Program Manager, Mental Health Clinic
At Dayton VA Medical Center since 2016 (internship 16-17)
Licensed Psychologist, State of Ohio
Professional Organizations: OPA, DAPA, Division 38
Clinical Interests: Behavioral Medicine
Research Interests: Health Psychology, Program Evaluation

Theoretical Orientation: Cognitive-Behavioral

Conceptualization Statement: I was fortunate enough to match with the Dayton VAMC for my psychology internship and completed rotations in PCMHI, Geropsychology, and the Mental Health Clinic. I not only grew as a psychologist during my internship year, but also enjoyed the experience immensely! As a result, I happily accepted a position with the PCMHI team upon completion of my internship and, after working in PCMHI for three years, was promoted to the Program Manager position.

My journey to becoming a psychologist has been somewhat non-traditional. Following the completion of my undergraduate degree in psychology, I worked as a case manager with the Seriously Mentally Ill (SMI) population and then with children diagnosed with a chronic medical illness. These experiences motivated me to pursue a Master's degree in clinical social work. I then returned to working as a therapist with the SMI population. After working as a therapist for a few years, I was promoted to the Clinical Supervisor position for the therapy team which required me to consider the business aspects of providing mental health care in addition to the clinical aspects. My education and training provided me with a good clinical foundation but did not fully prepare me to lead a department. Therefore, I decided to pursue a doctorate in psychology.

Based on my past professional experiences and doctoral training, I have developed an integrative approach to working with veterans that includes a strong emphasis on cognitive behavioral principles. I incorporate a biopsychosocial framework with cognitive behavioral theories and strategies while considering a veteran's stage of change, diversity variables, and social justice principles to establish my clinical orientation.

Patzke, Abbie

Psy.D. Clinical, 2022, Wright State University School of Professional Psychology

Staff Psychologist, PC-MHI and Integrative Medicine

At Dayton VA Medical Center since 2022

Professional Organizations: APA

Clinical Interests: Health Psychology, Chronic Pain, Insomnia, Trauma-Related Disorders, Children/Families and Foster Care

Theoretical Orientation: Cognitive-Behavioral, ACT, Integrative

Perry, Patricia A.

Psy. D. Clinical, 1996, Wright State University, Dayton, Ohio.

Staff Psychologist, Community Living Center

At Dayton VA Medical Center since 2008

Licensed Psychologist, State of Ohio (Indiana – inactive)

Professional Organizations: APA

Clinical Interests: Psychodiagnosis, psychopharmacology, resident adjustment to long term care and family caregiver stress, sexual abuse survivor treatment, termination issues in therapy, the development of the therapist over time, managing compassion fatigue, and interdisciplinary collaboration

Research Interests: Evaluating the effective use of supervision, determining competence / proficiency in interviewing, and meeting the needs of an aging population in long-term care settings

Theoretical Orientation: Interpersonal or dynamic case conceptualization with eclectic and integrative interventions

Conceptualization Statement: The main areas of clinical practice that I have worked in have been community mental health and geropsychology. These areas have influenced my theoretical orientation, choice of intervention tools, and my view of self as a member of an interdisciplinary health care team. In community mental health I have worked in a day treatment program, and in outpatient clinics (e.g. sexual abuse recovery, vocational counseling). I have worked within all levels of long-term care, from independent living on a retirement campus, to assisted living and the nursing home. My work has most often been with the lower socioeconomic status, underserved clients in the community.

As a psychologist, I would describe my theoretical orientation, i.e., how I conceptualize a client's problems / circumstances, as interpersonal or dynamic. My intervention strategies are eclectic and integrative, depending on a client's needs and ability to learn and change. I value a comprehensive assessment, i.e., a bio-psycho-social-spiritual evaluation, to provide a firm foundation for establishing all diagnoses. Furthermore, I want to ensure that each treatment plan addresses all diagnoses and is collaboratively discussed with clients in an understandable and straightforward manner. Lastly, I believe in and regularly seek consultation with members of the interdisciplinary team for their contributions to problem solving.

In general, I want to educate a client to better understand his / her problems in functioning, to empower so that they can be a more active member of the health care team, to increase awareness of how his / her interpersonal functioning informs coping, and to promote use of existing skills and strengths as well as acquisition of new, positive behaviors.

In long term care settings, I see three therapeutic roles for the psychologist: 1) to assist the client both in the initial transition from community living to long term care campus life, and within levels of care (independent living to assisted living to the nursing home); 2) to help the client understand his / her health issues including functional losses / adaptations; and 3) to encourage the client to maintain the highest quality of life, especially in regard to relationships with family, friends, other residents, and God. As individuals experience the multiple losses of this stage of life (e.g., driving, home ownership, loss of partner / spouse, decisional capacity), the psychologist can be a skilled professional presence and a powerful ally in processing change.

In conclusion, geropsychology is especially exciting to me for several reasons. It is one of the growth areas of psychology, as the population continues to age. In a zeitgeist of brief therapy, this specialty offers a unique opportunity to form a trusting therapeutic relationship, potentially lasting many years, that promotes ongoing development and adaptation. (The average length of stay in nursing homes nationally is 7 years.) This specialty has allowed me to learn one-on-one from the previous generation about changes in culture, life, and values, as well as our place in time. It is both ironic and fitting that working in this specialty has enriched and informed my work with clients of every age.

Rankins, J. LeBron

Ph.D. Clinical, Kent State University
Staff Psychologist, Home Based Primary Care
At Dayton VA Medical Center since 2013
Licensed Psychologist, State of New York
Clinical Interests: Suicide prevention, men's issues, depression and anxiety
Theoretical Orientation: Cognitive-Behavioral and Client Centered

Rodgers, Rahema

Psy.D. Clinical, 2006, Wright State University School of Professional Psychology
ABPP 2013, Clinical Psychology
Staff Psychologist, Family Services Program
At Dayton VA Medical Center since 2010
Licensed Psychologist State of Ohio
Professional Organizations: Dayton Area Psychological Association, Association of Veteran Affairs
Psychology Leaders, Ohio Psychological Association
Research Interests: Multicultural & Family Issues
Clinical Interests: Marriage and Family, Assessment
Theoretical Orientation: Cognitive-Behavioral

Conceptualization Statement: I first discovered my love for psychology in the spring of my junior year of undergrad. I took an introduction to psychology class simply to fulfill a general requirement. I loved the class so much I decided to take another, then another, until I finally changed my major. I knew that as a psychology major I could continue pursuing my lifelong goal (declared at the age of 3) to become a medical doctor. I loved the thought that I could learn about something I was passionate about in the meantime.

When it came time to apply for medical school, I went through all the steps. However, going through the motions helped me realize it was no longer my heart's desire to attend medical school. I prayed, searched my heart, researched my options, and determined I would pursue a PsyD.

Upon entering my doctoral training, I assumed I would gravitate toward a psychodynamic approach, and was excited when I started the intervention series. I also took cognitive behavioral, again to fulfill a requirement. Much to my surprise, cognitive behavioral was the therapy approach that I felt worked the best when helping a person make lasting changes to benefit their mental health. Reluctant to dismiss psychodynamic too quickly, I sought out an opportunity for focused supervision with a supervisor who identified as psychodynamic. I believe this experience further solidified my preference for CBT in treatment, while also enhancing my respect for what psychodynamic offered regarding client conceptualization. At that point, I began to form a conceptualization style in which I looked at the factors from the client's background that have contributed to their current dysfunction. I was very interested in family of origin, childhood experiences, attachment, and relationships with people who played a key role during the developmental years. I felt the CBT approach helped to "dig into" a person's psyche and uncover the underlying issues.

As my training continued, I was exposed to brief solution focused therapy, and crisis intervention. Again, these approaches influenced my style of therapy, in that I learned how to identify and isolate issues that were of higher priority to a person's current functioning. This helped me let go of the idea that a therapist must address each and every problem they uncovered before the client could be considered "finished" with a course of treatment. I learned that effective treatment could be time limited and focused on the most distressing issue and saw that clients could make significant progress on that particular issue in a short time span.

Next, I pursued my special interest in family therapy, and was exposed to family systems. This was the final piece of my conceptualization puzzle; it reinforced a belief I already held that the people in the client's household were important influences on the progress of clients, especially with children, but even for adults. The dysfunction was not isolated to the identified client. The family, neighborhood, and greater community were also part of the picture and were also impacted by changes the client made through therapy.

I use my training and expertise to help people with severe mental disability on their path to recovery. I see myself as but an instrument for God to use. I believe my time in the clients' lives, be it long or short, is for a purpose.

Rodzinka, Kristin J.P.

Ph.D. Clinical, 2005, University of Arkansas

ABPP 2013, Clinical Psychology

Trauma Recovery Clinic Programs Manager

VAPTC External Liaison

VISN 10 PTSD Mentor

At Dayton VA Medical Center since 2007

Licensed Psychologist, State of Ohio (Indiana – inactive)

Professional Organizations: DAPA, AVAPL, VAPTC

Research Interests: Sexual Trauma; PTSD; Psychology Training; Competency Based Supervision

Clinical Interests: evidence-based treatment for PTSD, anxiety, depression, personality disorders, and serious mental illness; group psychotherapy; supervision, mentorship

Theoretical Orientation: Mindfulness Based Cognitive-Behavioral

Conceptualization Statement: I absolutely love the mission of VA and the plentiful opportunities this large system has to offer. I am actively involved in the national VA Psychology Training Council, to include being Past Chair of the Executive Council and Past Chair for the Clinical Advisory Committee. I remain on the VAPTC EC as the External Liaison to organizations such as CCTC. I also served on the APPIC Membership Review Committee for 12 years (Chair for two) and am a VISN 10 PTSD Mentor. I have previously served on the Board of Trustees of the Dayton Area Psychological Association (DAPA).

My job provides me with a variety of administrative and supervisory responsibilities as well as the opportunity to work with individuals with a wide range of functioning levels, diagnoses, and mental health needs. My work has included caring for Veterans who have experienced complex trauma related to military sexual trauma, combat trauma, and non-military trauma. I have experience treating PTSD, psychotic disorders, mood disorders, anxiety disorders, traumatic brain injury, personality disorders, substance abuse and other medical health issues.

I believe in a recovery-based approach and evidence-based practice. I have worked in and managed PTSD, Military Sexual Trauma, Family Services, and Dialectical Behavior Therapy programs. I believe that training in Empirically Supported Treatments is necessary but alone is not sufficient. I have a strong Cognitive-Behavioral theoretical orientation that influences my case conceptualization and treatment interventions. That stated, I have found ESTs to be most effective when there is a good fit and the Veteran has adequate skills and readiness to engage in them. Particularly when working with individuals with extensive trauma histories and complicated mental and medical health issues, comprehensive and ongoing case conceptualization (to include measurement-based care) and multifaceted treatment approaches are a necessity.

I believe that change requires motivation, skills, and support. I use an interpersonal approach and value nurturing positive therapeutic relationships to create opportunities for implementing effective interventions.

I work to maintain a mindfulness-oriented approach to psychotherapy as well as life in general. I use a biopsychosocial model to inform my case conceptualization. I believe in striking a therapeutic balance between acceptance and change oriented interventions. I am committed to offering evidence-based treatments; however, one size does not fit all, and creativity and flexibility are necessary to meet the needs of our patients. I believe strong case consultation and supervision (both formal and informal) are essential for developing good clinical skills. This is a process I greatly enjoy.

Shoenleben, Jacob

PsyD Clinical Psychology, 2018, Wright State University, School of Professional Psychology
Clinical Psychologist

Staff Psychologist, Primary Care- Mental Health Integration

At Dayton VA Medical Center since 2022 (internship 17-18, residency 18-19, and now staff)

Licensed Psychologist, State of Ohio

Research Interests: Obesity and weight management, Behavioral medicine/health psychology

Clinical Interests: Weight management, pre-bariatric surgery evaluations, behavioral medicine/health psychology, anxiety

Theoretical Orientation: Cognitive-Behavioral

Toliver, Janine

PsyD, Clinical, 2017, Wright State University School of Professional Psychology

Assistant Internship Training Director

Staff Psychologist, Psychosocial Rehabilitation and Recovery Center

At Dayton VA Medical Center since 2018

Licensed Psychologist, State of Ohio

Professional Organizations: APA

Clinical Interests: Substance Use Disorders, Insomnia, PTSD, & Grief and Loss, Health Psychology

Research Interests: Multicultural Issues, Substance Use Disorders, Mindfulness Based Practices, Health and Wellness, Disability

Theoretical Orientation: Cognitive-Behavioral

Conceptualization Statement: Throughout my life, I have seen the impact of trauma and substance abuse on familial relationships. I made a commitment to focus my education on psychology and understand the detrimental cycle that had a hold on so many people I knew. At the University of Connecticut, I studied Psychology and Therapeutic Horsemanship Education. From there, I moved to Ohio to complete

graduate school at Wright State University. My internship at the Lexington VAMC, is where I found my interest for working with clients in residential and behavioral health settings.

I may be biased but I believe there is so much value in therapy and I appreciate the leap of faith clients take to see a therapist. In many communities, psychological treatment is uncommon, frightening, and even frowned upon. I strongly believe a healthy and welcoming therapeutic environment is the basis of treatment. I value using Evidence-Based Treatments with my clients, such as CPT, CBT-I, CBT-SUD, CAMS, and CBT-D. I really enjoy helping clients develop the awareness and coping skills to maintain a meaningful and healthier way of living. Both personally and professionally, I work to create balance and awareness in all aspects of life.

Weathers, M. Troy

Psy.D. Clinical, 2022, Xavier University

Staff Psychologist, Mental Health Clinic

At Dayton VA Medical Center since 2021 (internship 21-22)

Professional Organizations: DAPA, OPA, ABCT (Military/Veteran and Sexual & Gender Minority SIGs), APA (divisions 18, 44, 50, 55, and 56), GLMA (Health Professionals Advancing LGBT Equity), AVAPL

Research Interests: LGBT, DBT, group psychotherapy, Program Evaluation

Clinical Interests: LGBT, Trauma/PTSD, Addictions/Substance Abuse, group psychotherapy, DBT, suicide prevention and postvention

Theoretical Orientation: CBT, DBT, MI

Conceptualization Statement: I completed my internship here with rotations in the Trauma Recovery Clinic, Substance Use Disorder Program, and Mental Health Clinic at the Dayton VAMC. Following internship, I was offered the opportunity to stay at Dayton VAMC in a staff position in the Mental Health Clinic. I value being a clinical generalist, although I've also sought specialized training in the treatment of substance abuse and trauma, and I have a specific interest in working with LGBT-identifying veterans. In addition to my work in MHC, I also serve on the DBT and suicide postvention teams.

When I entered graduate school at Xavier University, I sought training experiences with adolescents and young adults because I thought I wanted to pursue a career as a psychologist in a college counseling setting. I've received training in a number of settings including the VA, a psychiatric hospital, and college counseling centers. Even though it's not what I originally imagined for myself, my own history of coming from a military family, my desire to be part of an interdisciplinary system, and my clinical interests of trauma and substance abuse brought me to the VA to start my career. Given that my own professional goals have shifted over time, I strongly encourage trainees to experiment and explore new areas of clinical practice during their training.

In my clinical work, I strive to start every interaction with veterans from the place of building a collaborative relationship built on trust and nonjudgement and I view therapy as a partnership. From there, I work from a CBT and DBT (including the biosocial model) perspective while incorporating elements of Motivational Interviewing to help veterans balance acceptance and change through the use of mindfulness and awareness of personal values and goals. I believe in the value of shared decision making with veterans both initially when selecting appropriate therapy goals and interventions and also throughout the therapeutic process to evaluate progress and outcomes. I also value evidence-based practice which includes the delivery of empirically supported treatments (e.g., CPT, DBT, CBT for Depression, ACT, UP, etc.) in a way that maintains fidelity to the model while also incorporating some flexibility for the veteran's specific needs, desires, and diversity variables. My hope is that my work ultimately helps veterans reduce their suffering and engage in a meaningful values-guided life.

APPENDIX A

Internship Admissions, Support, and Initial Placement Data

Internship Program Tables

Date Program Tables are updated: August 2022

Program Disclosures

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?	No
If yes, provide website link (or content from brochure) where this specific information is presented:	

Internship Program Admissions

Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program's policies on intern selection and practicum and academic preparation requirements:
Link to current VA eligibility requirements: Resources for Health Professions Trainees Coming to VA Eligibility and Forms - Office of Academic Affiliations
Applicants must meet the following prerequisites to be considered for our program: <ol style="list-style-type: none">1. Doctoral student in an accredited clinical or counseling psychology program2. Approval for internship status by graduate program training director3. U.S. citizenship4. Male applicants born after 12/31/1959 must have registered for the draft by age 265. Matched interns are subject to fingerprinting and background checks. Match result and selection decisions are contingent on passing these screens. (For complete information about eligibility for VA appointment see Eligibility section above on page 30.)

6. VA is a Drug-Free Workplace. While applicants are not required to undergo pre-employment drug screening, they are subject to random drug testing throughout the entire VA appointment period. It should not be assumed that legal recreational use of substances or having a prescription for medical use will make it permissible to fail a drug screen. This site will follow all federal rules and policies and any use could potentially impact your placement and/or completion of internship.

Dayton VA Selection Process

Applicants must have completed all required graduate coursework and have successfully completed appropriate practica. Applicants will be selected based on the quality of their essays, relevant intervention and assessment experience, and letters of recommendation. Applicants who have experience working with complex adult patient populations and advanced assessment skills will receive higher ratings. Although this program reviews applications holistically and has chosen not to identify firm minimum numbers of hours, we look for evidence of adequate direct patient contact such that our interns will be prepared for the nature of VA work. Applicants without adult intervention experience or basic assessment skills to include the WAIS-IV and objective personality assessment may not be considered for interview and ranking. Appropriate considerations will be made due to limitations resulting from the pandemic.

Top rated applicants will be invited to attend virtual interviews taking place in January 2023.

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

Total Direct Contact Intervention Hours	No	(400+ preferred)
Total Direct Contact Assessment Hours	No	(100+ preferred)

Describe any other required minimum criteria used to screen applicants:

Strongly prefer those with clinical experience administering and scoring the WAIS-IV and objective personality measures.

Financial and Other Benefit Support for Upcoming Training Year*

Annual Stipend/Salary for Full-time Interns	\$34,543
Annual Stipend/Salary for Half-time Interns	N/A
Program provides access to medical insurance for intern?	Yes
If access to medical insurance is provided:	
Trainee contribution to cost required?	Yes
Coverage of family member(s) available?	Yes
Coverage of legally married partner available?	Yes
Coverage of domestic partner available?	No
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	4hrs accrued/2-week pay period (104 hours)
Hours of Annual Paid Sick Leave	4hrs accrued/2-week pay period (104 hours)

In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	Yes – to be determined on a case by case basis
Other Benefits (please describe): Authorized Absence for training/dissertation defense; 11 annual federal holidays (paid); liability protection (Federal Tort Claims Act)	

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

Initial Post-Internship Positions

(Provide an Aggregated Tally for the Preceding 3 Cohorts)

	2020-2023	
Total # of interns who were in the 3 cohorts	9	
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree	0	
	PD	EP
Academic teaching	0	0
Community mental health center	0	0
Consortium	0	0
University Counseling Center	0	0
Hospital/Medical Center	0	0
Veterans Affairs Health Care System	4	3
Psychiatric facility	0	0
Correctional facility	0	0
Health maintenance organization	0	0
School district/system	0	0
Academic university/department	0	0
Independent practice setting	0	1
Other	1	0

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

APPENDIX B

Why we love living and working in the Dayton Area

<https://www.daytonohio.gov/> - official city website with lots of great info for living, working, and visiting in Dayton

<https://www.metroparks.org/> - hiking, biking, kayaking, fishing, and just being outside here is WONDERFUL

No traffic!

<https://www.daytonlocal.com/events.asp> - all the things from axe throwing to trivia to online events

<https://ohiofestivals.net/dayton-festivals/> - have we got a festival for you (used to be almost every weekend Spring – Fall; many are virtual now but there are still amazing food trucks to be found in our area)

Awesome urban, suburban, and rural living options!

<https://www.daytonlive.org/> - for a great theater scene without the big city hassles - symphony, ballet, musical theater, opera. Did you know the Dayton Ballet is the second oldest in the US? We have a beautiful historic theater (the Victoria) as well as a newer state-of-the-art theater (Schuster Center).

<http://www.daytonartinstitute.org/> - and if you like the arts our local museum is fantastic

Lots of great places to play!

<https://www.milb.com/dayton/> - Dayton Dragons are a super fun minor league baseball team (with a great park and awesome microbreweries nearby)

<https://www.metroparks.org/places-to-go/2nd-street-market/> - for an authentic fresh and local street market experience downtown

Beautiful four seasons weather – but never too terribly hot or too cold (at least not for more than a week or so)

<http://www.theoregondistrict.org/> - a fun historic district with amazing bars, restaurants, art, shops, independent theater, and a comedy club

<https://frontstreet.art/> - we really do have a wonderful and diverse community

<https://www.boonshoftmuseum.org/> - a great children's museum and zoo

Lots of great donut shops (no seriously, we're not kidding!)

<https://www.nationalmuseum.af.mil/> - awesome, free, US Air Force museum with TONS of cool planes

<https://www.yellowsspringsohio.org/> - fun little town nearby, great hiking, shops, and food (and besides, Dave Chappelle lives there and is known to be seen around town)

<https://www.hockinghills.com/> - beautiful nearby spot for a quick getaway

It's also super easy to get to Cincinnati, Columbus, Indianapolis



Riverscape view of downtown Dayton

**https://www.dayton.va.gov/careers/Psychology_Internship_Brochure_Web2023-2024.pdf