



U.S. Department of Veterans Affairs  
Veterans Health Administration  
VA Pittsburgh Healthcare System

## Psychology Internship Program

### VA Pittsburgh Healthcare System

Behavioral Health Service Line (116A-U)

University Drive C

Pittsburgh PA 15240-1001

(412) 360-1290

**MATCH Number for General Track: 154311**

**MATCH Number for Neuropsychology Track: 154312**

**MATCH Number for Geropsychology Track 154313**

**Application Due Date: Sunday, November 5, 2023**

## Accreditation Status

The doctoral internship at the **VA Pittsburgh Healthcare System** is accredited by the Commission on Accreditation of the American Psychological Association.

We are extremely proud of our training program and its accreditation by the American Psychological Association. Questions related to the program's accredited status should be directed to the Commission on Accreditation:

Office of Program Consultation and Accreditation  
American Psychological Association  
750 1st Street, NE, Washington, DC 20002  
Phone: (202) 336-5979 / E-mail: [apaaccred@apa.org](mailto:apaaccred@apa.org)  
Web: [www.apa.org/ed/accreditation](http://www.apa.org/ed/accreditation)

## VA Pittsburgh Healthcare System and Psychology Staff

The VAPHS is a 500-patient bed, joint commission accredited facility comprised of two primary campuses. The University Drive campus, near the University of Pittsburgh, is the medical-surgical facility and includes specialty medical clinics, inpatient medicine units, outpatient behavioral health clinics, three inpatient psychiatry units, and the Center for the Treatment of Addictive Disorders. This campus also includes a referral center for liver and renal transplants and regional cardiac surgery, bariatric, and oncology services. A Fisher House is located at the University Drive campus to support Veterans' families and our Research Office Building houses a wet lab, animal facility, investigational drug service, and clinical research trials. The H. J. Heinz III campus includes the 188 patient-bed Community Living Center, Veteran Recovery Center, Neuropsychology outpatient clinic, primary care clinic, and other clinical services to include dental and rehabilitation medicine. These two campuses are within 10 miles of each other and intern rotations are offered at both campuses. In July 2023, the majority of our primary care clinics transitioned to our new Monroeville clinic, located in an eastern suburb of Pittsburgh. This large outpatient clinic includes integrated primary and behavioral health care along with specialty and diagnostic services such as rehabilitation, optometry, imaging, lab, and acupuncture.

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*(Updated July 2023)*

In addition to these two campuses and our Monroeville outpatient clinic , the VAPHS also includes five community-based outpatient clinics (CBOC's) in our catchment area (4 in Pennsylvania and 1 in eastern Ohio) to provide integrated primary and behavioral health care to our Veterans residing in more rural locations. We are proud of our National Centers of Clinical Excellence for renal, dialysis, women Veterans health care, and Geriatric Center of Excellence.

In FY2022, VAPHS provided care to 84,910 Veterans and conducted 753,245 outpatient visits, including 89,128 women Veteran appointments. The VAPHS is increasing services via telehealth technology and conducted 57,739 telemental health visits in FY2022. Veterans span the cohorts from Persian Gulf & Post 9/11 to WWII. Given the large catchment area of the VAPHS to include western Pennsylvania, eastern Ohio, and parts of West Virginia, our Veteran population includes a mix of urban and rural Veterans. The VAPHS serves a diverse Veteran population, including racial, ethnic, gender identity, sexual orientation, and socio-economic diversity. As part of the VAPHS commitment to diversity, we have been and continue to be identified as a LGBT healthcare leader for the past several years in the Human Rights Campaign's Healthcare Equality Index. In FY2022, the VAPHS employed 4,395 employees, 25% of whom are Veterans.

All staff and services at the VAPHS are organized into "service lines." The internship program is located within the Behavioral Health Service Line. The majority of psychologists at VAPHS are assigned to the Behavioral Health Service Line. The VA Pittsburgh Healthcare System currently employs 55 full-time staff psychologists in Behavioral Health, most of whom are involved in the training program. Our psychology staff has been increasing over the past few years to meet the growing demand for behavioral health services in our increasing VA population. Our staff psychologists' backgrounds, interests, and current activities are diverse. We have supervisors from a variety of graduate programs with varying lengths of tenure at the VAPHS. In addition to their clinical work, our staff psychologists hold many important leadership positions, such as team leaders and medical center committee chairpersons. Our staff members are committed to providing evidence-based treatment approaches to our Veterans. Most supervisors have completed VA certification and have provider status in at least one evidence-based psychotherapy and some are VA trainers for evidence-based psychotherapies (refer to list of training staff for specific information). Our psychology training programs (practicum, doctoral internship, and postdoctoral fellowship) are part of our VA's educational mission which includes many other training programs, such as medicine, social work, physical therapy, occupational therapy, chaplaincy, speech language pathology, and nursing. Our vibrant educational affiliation with the University of Pittsburgh allows trainees from many disciplines to participate in interdisciplinary training at our medical center.

## **Training Model, Program Philosophy, Aim, and Competencies**

Our training philosophy reflects a scholar-practitioner, developmental training model. Psychological interventions are informed by research and a multicultural perspective. The science of psychology drives our assessment and intervention practices and we frequently consult the scientific literature during our seminars, journal clubs, and case discussions in supervision. We are developmental in our approach to training as we expect interns to become increasingly autonomous in their clinical work as the year progresses. The aim of our program is to provide a sequence of developmental training experiences which will prepare interns to function as competent professional psychologists in a variety

of health service settings. In order to achieve this aim, our program has identified nine core competency areas with specific skill items within each area. These core competency areas include: Research; Ethical and legal standards; Individual and cultural diversity; Communication and interpersonal skills; Professional values, attitudes, and behaviors; Assessment; Psychotherapy; Consultation and interprofessional/interdisciplinary skills; and Supervision. Our program emphasizes clinical contact, clinical expertise, and clinical diversity in meeting this goal.

## **A. Clinical Contact**

The Internship Program at the VA Pittsburgh Healthcare System is one that focuses primarily upon training generalists. Thus, the program provides opportunities for exposure to a wide variety of patient populations and clinical settings. We view the internship year as the culmination of doctoral training in clinical or counseling psychology and as the appropriate time to make the transition between academia and the day-to-day world of clinical service. The VA Pittsburgh Healthcare System Internship provides an intensive opportunity to integrate theory and the science of psychology with clinical practice.

## **B. Clinical Expertise**

In addition to providing rigorous training as generalists, we also provide opportunities for exposure to and training in more focused areas. Toward this end, we provide rotations and elective experiences in areas such as neuropsychology, geropsychology, substance use, health psychology, and posttraumatic stress. Interns who successfully complete the program at the VA Pittsburgh Healthcare System have had excellent results in obtaining post-doctoral employment or training in a variety of settings, consistent with our aim.

## **C. Clinical Diversity**

The VA Pittsburgh Internship is strongly committed to both training in diversity and individual differences as well as the recruitment of interns from various cultures and diverse groups. To help increase multicultural awareness and sensitivity, interns have the opportunity to work with Veterans of various ages, gender identity, ethnicity, socioeconomic status, and race as well as with Veterans with physical disabilities. We have developed a monthly Multicultural Training Series that includes both a monthly seminar and monthly reflection series to promote professional growth in multicultural topics and personal growth towards cultural humility. Interns may also become members of the Diversity subcommittee of the Clinical Training Committee, the mission of which is to provide training and educational opportunities as they relate to issues of diversity to Psychology staff and trainees. As part of this subcommittee, interns may participate in a diversity project, an example of which includes creating a provider's quick guide to asking culturally sensitive questions for dissemination to VAPHS medical staff. The committee also strives to improve recruitment and retention of Psychology staff and trainees from diverse backgrounds. Interns may also join the medical center Interdisciplinary Transgender Treatment Team and are encouraged to attend our psychology monthly DEI huddle.

Furthermore, the VA Pittsburgh Healthcare System is a Center of Excellence for our research within the Center for Health Equity Research and Promotion (CHERP). The mission of CHERP is to reduce disparities in health and health care among vulnerable groups of Veterans designated as special populations. If interested, interns may have the opportunity within CHERP to participate in clinical research.

# Program Structure

## Tracks

Our program offers three "tracks" with separate program code numbers for the match.

1. Our **general internship track** consists of four slots and is appropriate for an intern who desires to receive a breadth of training experiences from our numerous rotation options. Interns in this track could also opt to focus this training in interest areas, such as trauma and health psychology.
2. Our **neuropsychology track** consists of one slot. The neuropsychology track is designated for an applicant with prior training and experience in neuropsychology who plans to pursue postdoctoral training and board certification in neuropsychology. The intern in the neuropsychology track is guaranteed placement on the Neuropsychology Clinic rotation for the first rotation and is encouraged to select a neuropsychology elective. The neuropsychology track intern is free to choose any rotations for the second and third rotation. For general track interns with an interest in neuropsychology, up to two interns may choose the Neuropsychology Clinic rotation (one for second rotation and one for third rotation). Given that we do not know from year to year how many general track interns may be interested in pursuing the Neuropsychology Clinic rotation, a general track intern cannot be "guaranteed" placement on the Neuropsychology Clinic rotation. Thus, if you are an applicant who "must" complete the Neuropsychology Clinic rotation or you will be dissatisfied with your training year, then you are a neuropsychology track applicant. If you are an applicant who would like training in neuropsychology but would be happy even if you were not placed on the Neuropsychology Clinic rotation, then you are a general track applicant. Keep in mind that there are several rotations (e.g., GRECC, Heinz CLC) that offer training in brief cognitive assessment other than the training in comprehensive neuropsychological assessment offered on the Neuropsychology Clinic rotation. Due to these differences, an intern CANNOT apply to both tracks.
3. Our **geropsychology track** consists of one slot. The geropsychology track is designated for an applicant with prior training or experience in geropsychology who plans to pursue postdoctoral training and board certification in geropsychology. The intern in the geropsychology track is placed on the GRECC rotation for first rotation and on the Community Living Center (CLC) rotation for third rotation. This intern will elect a general rotation for second rotation and may select any elective option. As part of the GRECC rotation, interns participate in an interdisciplinary educational series, which includes a case conference and core lecture series featuring topics crucial for providing clinical services for the older adult population. This educational series provide an excellent opportunity to interact with trainees from other disciplines with a shared interest in providing comprehensive clinical services to older adults. Interns with an interest in geropsychology training can apply to **both the geropsychology track and the general internship track** as our program is fortunate to offer two geropsychology-focused rotations to accommodate two interns.

Interns in all three tracks receive training in the same nine core competency areas and are required to attend the same core didactic seminars. The primary difference between the tracks is the assignment of specific rotations to ensure ability to receive training in the identified area of interest.

## **Rotations**

The internship year consists of three 4-month rotations. No rotations are "required", although the GRECC rotation ideally must have an intern assigned to it for each rotation since one of our internship slots is funded by the GRECC. The diversity of the patient population is represented on all rotations with respect to age, race, ethnicity, gender identity, urban/rural, religion, and disability. Assignments for the first rotation are customized before the training year begins. First rotations are assigned based largely on the intern's expressed preferences from among the training opportunities available. About two months before the internship begins, interns are asked to give their rotation preferences by allocating a total of 100 points to desired rotations. In doing so, they express their relative preferences. Interns' choices are reviewed by the Clinical Training Committee to ensure that the preferred rotations augment previous training experiences. First rotation assignments are usually announced in mid-July. In late fall, interns are asked to re-rank their rotation preferences. These rankings, in combination with suggestions from the Clinical Training Committee, are used to assign second and third rotations. By allowing interns to re-rank their rotation preferences at this time, interns have the opportunity to learn more about specific rotations and supervisors and the Clinical Training Committee has the opportunity to better assess the training needs of each intern and suggest rotations to match these needs. Over the past few years, many interns have been able to obtain all of their top three choices of rotation assignments for their internship year, and all have been able to obtain at least two of their top three choices. Every effort is made to ensure that all three major rotations suit the intern well and contribute to development of professional level generalist clinical skills.

## **Electives**

In addition to the three primary clinical rotations during the internship year, interns may participate in one elective training experience. Electives typically begin in early January and occur one-day per week for the rest of the training year (i.e., about 7 months). Electives are not mandatory and can occur within clinical or research areas in the VA. Interns typically choose to pursue an elective to gain further training in a specific area or to broaden experience by pursuing training in an area not covered by a rotation. Specific electives are chosen during the rotation re-ranking process, with assistance from the Director of Clinical Training. All elective supervisors are doctoral psychologists. Examples of clinical electives completed by past interns include neuropsychological assessment, substance use disorder treatment, or clinical experiences in the area of Women's Health. Opportunities for electives focusing on training in administrative skills may also be available with our psychologists in primarily administrative positions.

Several opportunities exist for interns who are interested in conducting clinical research as an elective. Our VA Medical Center is fortunate to house the Pittsburgh site of the VISN 4 MIRECC (Mental Illness, Research, Education, and Clinical Center), where interns may also collaborate in research endeavors (<http://www.mirecc.va.gov/visn4>). For more information please contact Gretchen Haas, PhD, MIRECC Pittsburgh Site Director, at [Gretchen.Haas@va.gov](mailto:Gretchen.Haas@va.gov). Furthermore, opportunities may also exist for interns to join researchers in the CHERP. Although there are no research opportunities within the major rotations, the elective is an opportunity to infuse research training into the internship year.

## **Didactic Training**

In addition to clinical experiences, interns spend at least 3 hours per week in educational seminars. Weekly didactics include either journal club or intern case conference (group supervision), professional

development group, and seminar series. In addition, various other didactics are offered during the month and are either optional or mandatory, depending on the intern's current rotation assignment. These didactics include journal clubs, case conferences, and seminars in a variety of clinical areas. All didactics will be described in the next section.

## **Supervision and Evaluation**

Supervision is the greatest asset of our training program! Across training years, interns consistently identify both the quality and quantity of supervision, focus on training, and passion of our supervisors for training as strengths of our program. All supervisory sessions are intended to offer meaningful feedback to the intern in order to increase understanding of the intern's clinical strengths and areas for development and to facilitate professional growth. As aids in the supervisory process, digital audio recording, direct observation, and co-therapy are frequently used. While the primary focus of supervisory sessions is on the development of clinical skills, other issues such as professional development, professional ethics, and cultural considerations are addressed. Interns receive at least 4 hours of supervision per week. Interns receive a minimum of 2 hours of formal scheduled individual supervision weekly from their rotation supervisor. In addition, group supervision in the form of one hour of weekly case conference, supervision from elective supervisor at minimum of one hour per week, and/or additional supervision from rotation supervisors frequently in the form of direct observation of clinical work guarantee interns a minimum of four hours of supervision per week. Supervisors are also available to interns on an as needed basis, beyond the regularly scheduled times of supervision. In addition to our staff psychologists, we have 5 postdoctoral fellows annually who are active in the internship program by providing additional clinical supervision to interns and participating in many of the didactic seminars and case conferences which the interns will attend. Thus, it is likely that an intern will receive supervision by a postdoctoral fellow, in addition to the required number of supervision hours by a staff psychologist, during the course of the year across rotations. Progress toward the attainment of the training goals is determined by means of regularly scheduled evaluations. Feedback between interns and supervisors is on-going. Monthly and mid-rotation evaluations are discussed informally with the intern and at a monthly supervisors' meeting chaired by the Director of Clinical Training. At the conclusion of each primary clinical rotation, a formal evaluation of the intern's progress is made. This evaluation is discussed with the intern prior to submission. In conjunction with the supervisor's evaluation of the intern, each intern is asked to evaluate the supervisor. Mid-year and end-year progress reports are sent to the Director of Training at the intern's graduate program. Copies of our evaluation forms and procedures are available upon request.

## **COVID-19 Training Modifications**

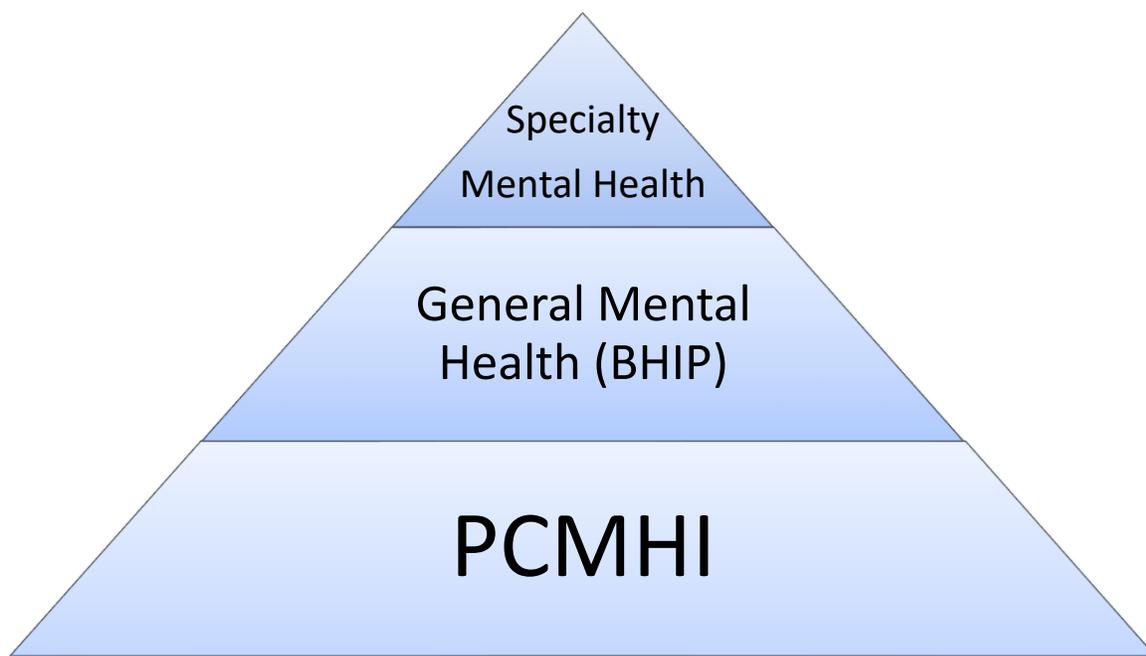
The COVID-19 pandemic has created numerous personal and professional challenges for all of us. The challenges facing all training programs are complex, further complicated by the fluidity and uncertainty of the pandemic. It is difficult for us to confidently predict and/or describe the impact of COVID-19 on our training program for the 2024-2025 training year. Our trainees are currently on-site full-time with private offices assigned to them. Paramount is the importance of maintaining safety for our trainees. Interns will likely continue to provide a significant component of behavioral health treatment via telehealth modalities, primarily Veteran Video Connect (VVC), although the number of Veterans requesting face-to-face appointments is increasing. If providing face-to-face services, PPE is available

and guaranteed. Supervision will include a blend of face-to-face and synchronous tele-supervision, although most didactics continue to be offered via virtual modalities due to logistical challenges. We will be happy to describe our current modifications during our virtual interviews and to address any concerns and/or questions regarding our COVID-19 modifications. Our dedication to providing high quality training continues despite the COVID-19 challenges and we are confident that our training program can provide the clinical experiences and supervision to facilitate the personal and professional development of our interns.

## **Training Experiences (Rotations, Seminars)**

### **Rotation Descriptions**

Our rotation structure is designed to mirror the behavioral health stepped-care structure at VAPHS and across many VA medical centers. Stepped care is a Veteran-centric approach that matches intensity of services with a Veteran's level of need. This model can be conceptualized as a triangle with 3 primary tiers:



#### **LEVEL 1: PCMHI Rotation**

Interns have the opportunity to work within primary care PACTs to provide integrated care for physical and mental health in one setting. Interns receive training in utilizing the biopsychosocial model in the assessment, treatment, and triage of primary care patients in outpatient primary care clinics across VAPHS sites. Interns are expected to become proficient with "warm handoffs," "curbside consultation," interdisciplinary treatment planning meetings, brief cognitive assessment, assessment of mental health disorders, contributing to interdisciplinary care and treatment planning, and triaging to appropriate specialty clinics. Interns will conduct functional assessments and learn how to adapt traditional clinical

and health psychology services to the primary care setting. The primary therapeutic approaches for this rotation are Cognitive-Behavioral Therapy (CBT), Motivational Interviewing (MI) for health behavior change, Brief Behavioral Therapy for Insomnia (BBT-i), Problem Solving Training (PST), and Acceptance and Commitment Therapy (ACT). The dominant mode of service delivery is brief individual therapy (30 minutes sessions, 1-6 sessions). Group therapy experience may include an open-ended, weekly health behavior change group employing motivational interviewing, a 4-week Problem Solving Training (Moving Forward) class, and/or a tobacco cessation group. Frequent presenting problems include adjustment disorders (often related to sudden or chronic medical illness), mood and anxiety disorders, grief, insomnia, cognitive impairment, and need for health behavior change associated with chronic medical conditions such as diabetes, hypertension, renal disease, obesity, and obstructive sleep apnea. Training includes increasing familiarity with medical terminology and medical culture, as well as the opportunity to improve consultation skills. Interns may participate in interdisciplinary case conferences with internal medicine residents as well as representatives from clinical pharmacy, dietary, and social work. Additionally, interns may have the opportunity to obtain training in the assessment of specific psycho-legal capacities (e.g., capacity to make medical decisions). Lastly, this training rotation offers focused experience, in addition to generalist primary care psychology training, in areas of treating long term COVID symptoms and possibly Women's Health.

Supervisor: Dr. Austin Brown

## **LEVEL II: BHIP ROTATIONS**

There are several available BHIP rotations that provide interns the opportunity to work within an integrated behavioral health team to address moderate to severe behavioral health concerns. These rotations may vary on several factors, including types of evidence-based assessment and intervention approaches emphasized on the rotation and location of rotation.

### **1. BHIP ROTATION: Dr. Dorritie** (Tentative rotation pending office space)

Veteran population served: Veterans at the BHIP level of care (General Mental Health) with psychiatric symptoms in the moderate to severe range of severity

Evidence-based assessment: The use of appropriate screenings and assessments is expected with all Veterans served as part of measurement-based care.

Evidence-based intervention: (individual and groups): Acceptance and Commitment Therapy for Depression, CBT-Depression, Cognitive Processing Therapy, Skills Training in Affective and Interpersonal Regulation (STAIR)

Description: Interns will see a caseload of Veteran with a variety of mental health disorders that may range in severity from moderate to quite severe. Dr. Dorritie's philosophy is that training is the time to take on the more difficult cases, while supervision is available, to best prepare you for licensure and practice. Although training in specific evidence-based interventions is not conducted on this rotation, the expectation is that interns will receive consultation in advanced case conceptualization so they are able to choose and implement appropriate evidence-based interventions for the Veterans they serve. The use of time-limited, goal-focused EBP's is expected for the majority of Veterans on this rotation.

Location: HJ Heinz campus

## **2. BHIP ROTATION: Dr. Gaither and Dr. Monem**

Veteran population served: This BHIP serves individuals living with a primary psychotic disorder, such as schizophrenia, schizoaffective disorder or delusional disorder.

Evidence-based assessment: Most of the assessment that takes place is very specifically tailored to assessing psychotic symptoms and/or progress across therapy (e.g., SCI-PANSS, PSYRATS, BAVQ-R).

Evidence-based intervention: (individual and groups) Depending in the supervisor and client needs, the following may be available: Cognitive-behavioral therapy for psychosis, recovery-oriented cognitive therapy, social skills training, illness management and recovery, metacognitive training therapy for schizophrenia.

Description: Veterans treated on this team present primarily with schizophrenia-spectrum disorders. These individuals frequently demonstrate with co-morbid substance use concerns, secondary psychiatric issues (e.g., depression related to diagnosis), and cognitive deficits. Limited response to medication and treatment nonadherence are common complicating factors. In short, providers working on the team are routinely faced with the challenges of treatment-resistant cases. Individuals wishing to accept these challenges will enjoy a wealth of training opportunities and a rewarding experience.

Inpatient services at VAPHS are provided via locked psychiatric units, each with 26 beds. Psychology provides some services to one of the acute, admitting units (5CBU) . Interns working with Dr. Monem will be expected to facilitate groups on the unit and may have opportunity to complete individual therapy and/or assessment as well.

Interns will also provide outpatient psychotherapy services via both individual and possibly group modalities.

Consultation/liaison work will include individual interactions with multidisciplinary staff to facilitate continuity of care, as well as attendance at weekly inpatient multidisciplinary treatment team meetings.

This is a heavily clinical rotation. Psychoeducation and cognitive-behavioral interventions are emphasized.

## **3. BHIP ROTATION: Dr. George (Tentative rotation pending staffing)**

Veteran population served: Veterans at the BHIP level of care (General Mental Health) with psychiatric symptoms in the moderate to severe range of severity

Evidence-based assessment: Interns are trained in Measurement Based Care (Collect, Share, Act), and will utilize Patient Reported Outcome Measures (PROMs) throughout the intervention. Common assessments include: PHQ-9, GAD-7, Acceptance and Action Question-2 (AAQ-2), Five Facet Mindfulness Questionnaire (FFMQ), World Health Organization Quality of Life-Brief Form (WHO-QOL-BREF), amongst others.

Evidence-based interventions: (individual and groups): Acceptance and Commitment Therapy for Depression (ACT-D); Cognitive-Behavioral Therapy (*Unified Protocol for Transdiagnostic Treatment of Emotional Disorders*)

Description: Interns will learn transdiagnostic and process based psychotherapy approaches for the treatment of anxiety and depression, including the *Unified Protocol for Transdiagnostic Treatment of Emotional Disorders* (Barlow et al., 2017) and Acceptance and Commitment Therapy for Depression (ACT-D). Interns will be trained in ACT using the manual developed for the VA's Evidence Based Psychotherapy (EBP) Training Program. Common comorbid conditions include mild substance abuse and personality disorders. The severity and chronicity of symptoms vary widely.

All interns will carry an interesting and diverse caseload of individual therapy outpatients. Emphasis is placed on evidence-based, time-limited, goal-focused therapy. Additionally, interns may participate in the facilitation of psychoeducational and therapeutic groups that focus on ACT, coping skills, or other topics.

#### **4. BHIP ROTATION: Dr. Huh** (Tentative rotation pending office space)

Veteran population served: This rotation will largely focus on veterans with moderate to severe mood and anxiety symptoms. A proportion of patients seen in this general mental health clinic also exhibit symptoms of personality, neurodevelopmental, substance abuse, and/or trauma-related disorders. Veterans within this population struggle with a very wide range of psychosocial concerns, including but not limited to: relationship difficulties, financial problems, loss of purpose, grief, issues related to identity, lifelong regrets, and medical conditions.

Evidence-based assessment: Measurement-based care will involve administration of measures such as PHQ9, GAD7, MDQ, PCL-5, and SLUMS.

Evidence-based intervention: (individual): Acceptance and Commitment Therapy, Motivational Interviewing, and CBT.

Description: Dr. Huh's supervision will include regular invitations to trainees to share their concerns, struggles, and successes, in order to understand each trainee's needs as they change throughout the rotation. Interns within this rotation will train in the time-limited EBPs listed above and will also be encouraged to incorporate concepts and practices informed by the common factors literature, such as empathy, therapeutic alliance, and shared goal-setting. Location: HJ Heinz campus

#### **5. BHIP ROTATION: Dr. Istomin**

Veteran population served: The Behavioral Health Interdisciplinary Program (BHIP) consists of outpatient, interdisciplinary teams that coordinate care for Veterans in general mental health clinics. Veterans at the BHPI level of care with mood disorders, anxiety, adjustment and some co-occurring personality pathology. Interns may also engage in couples work, assessment, and working with Veterans from the LGBTQIA+ community through the Interdisciplinary Transgender Treatment Team (ITTT).

Evidence-based assessment: Most assessment at the BHIP level happens as part of treatment planning and provision of ongoing care through Measurement Based Care (GAD-7, PHQ-9, PCL, etc.) to assess symptoms and progress in therapy. There may be opportunity to engage in the assessment of personality pathology as a supplementary tool for treatment (MCMI-IV, MBMD). ADHD Assessment may be possible, as well (SIMS, CAARS, SLUMS).

Evidence-based intervention: (individual and groups) Acceptance and Commitment Therapy (ACT), Cognitive Behavioral Therapy (CBT), cognitive skills training for ADHD, Motivational Interviewing (MI), Problem Solving Therapy (PST). As well as utilization of process based psychotherapy.

Description: Trainees can expect to complete intake and differential diagnostic assessments, provide individual and group therapy, attend interdisciplinary meetings and clinical supervision, and continue to hone their knowledge about DSM-5 diagnoses, implementation of evidence based practice, and cultural humility. There may also be opportunity to engage in occasional ADHD and Personality assessment.

Interns interested in building competency in couples and relationship work are encouraged to participate in this rotation. There may be an opportunity to learn Integrative Behavioral Couples Therapy (IBCT), as well as tenets of the Gottman Method, as primary interventions.

Notably, a core tenet of this rotation includes an openness to and interest in expanding clinical skills through a more eclectic lens. Through supervision, case conceptualization, and clinical practice, Interns will have an opportunity explore the intersection of various treatment methods. Psychodynamically trained, Dr. Istomin emphasizes the implementation of EBP in congruence with the exploration of who we are as psychologists, professionals, and people.

#### **6. BHIP ROTATION: Dr. McSweeney** (Tentative rotation pending office space)

Veteran population served: Veterans at the BHIP level of care (General Mental Health) with psychiatric symptoms in the moderate to severe range. In addition, Dr. McSweeney works with both the spinal cord injury outpatient primary care clinic and from the Physical Medicine and Rehabilitation outpatient team (traumatic brain injury/polytrauma referrals). As a result, this clinic has a special focus on working with veterans with disability, pain and medical complexity.

Evidence-based assessment: The use of appropriate screenings and assessments is expected with all Veterans served as part of measurement-based care. Given the population, in addition to assessment of mental health diagnoses and risk, brief cognitive screenings and assessment, as well as pain screening may be included.

Evidence-based intervention: (individual and groups): Acceptance and Commitment Therapy for Depression

Description: Outpatient Mental Health with secondary focus on Medical Complexity and Disability: During the rotation, Interns complete readings and online trainings, conduct initial and differential diagnostic assessments, provide individual therapy, and attend clinical supervision and didactics. Interns will work with individuals of all ages presenting with a variety of mental health and medical concerns. Mental health symptoms may range from acute adjustment disorders to more complex and longstanding anxiety and depressive disorders, as well as trauma, serious mental health diagnoses. The primary focus of this rotation is general mental health treatment from a CBT/ACT model.

Interns may identify a secondary focus in working with individuals who have complex medical issues and/or disability (including participation in outpatient Spinal Cord Injury Clinic, TBI clinic or other polytrauma care), based on case availability. Consultation and coordination of care with other mental health and specialty medical care teams is also a feature of this rotation. Location: HJ Heinz Campus

## **7. BHIP ROTATION: Dr. Novick**

Veteran population served: Interns mainly work with Veterans experiencing depressive disorders (i.e., major depressive, persistent depressive), bipolar disorders, or other stressor-related disorders with primary mood disturbances (i.e., persistent complex bereavement, adjustment disorder with depressed mood). Interns may elect a focus on reproductive health, including mental health symptoms occurring during and following pregnancy or pregnancy loss. For trainees with a primary interest in reproductive health, as an alternative or addition to a four-month rotation, a nine-month externship is available, as well.

Evidence-based assessment: Differential Mood Diagnostic Assessments, Reproductive Health Assessments

Evidence-based intervention: Interpersonal psychotherapy (IPT; Weissman, Markowitz, Klerman, 2018)

Description: Interns complete readings and online trainings, conduct initial and differential diagnostic assessments, provide individual therapy, and attend clinical supervision, didactics, and interdisciplinary meetings and case consultations. Trainees learn the theoretical foundations, empirical literature, and clinical delivery of Weissman's interpersonal psychotherapy (IPT) and derivatives. Trainees also continue gaining knowledge about DSM-5-TR diagnoses, measurement-based care and treatment guidelines, and cultural competence and humility.

## **8. BHIP ROTATION: Dr. Riedy**

Veteran population served: Veterans with primary depression, anxiety, and adjustment related concerns, female veterans (perinatal, postpartum, menopause), veterans with eating disorder pathology

Evidence-based assessment: Evidence based assessment (e.g., use of PHQ-9, GAD-7) is a part of treatment planning appointments and an ongoing part of psychotherapy treatment

Evidence-based intervention: (individual and groups): Interpersonal Psychotherapy (IPT-D), process-based interventions, IPT group (anticipated to start in Fall 2023)

Description: Rotation would provide intern with opportunities to complete individual psychotherapy for a diverse group of veterans at the BHIP level of care. Veterans with primary depression, anxiety, and adjustment-related concerns are most often referred to the BHIP care level. Interns would have the opportunity to receive training in Interpersonal Psychotherapy (IPT-D) and process-based intervention. As a member of the Reproductive Mental Health team and Women's Mental Health team at VA Pittsburgh, I offer IPT for women with reproductive health-related concerns (pregnancy, infertility, postpartum, menopause). Interns with interest in women's health can choose to gain experience in this specialty areas during this rotation.

I also am a provider on the Interdisciplinary Eating Disorder Treatment team (IEDTT) and provide eating disorder assessments and psychotherapy (CBT-E) for individuals with eating disorder pathology. Interns with interest in eating disorders can choose to gain experience in this specialty area as an elective.

### **9. BHIP ROTATION: Dr. Uram**

Veteran population served: Veterans at the BHIP level of care (General Mental Health) with psychiatric symptoms in the moderate to severe range of severity

Evidence-based assessment: Interns will be trained to incorporate measurement based care, including assessment of diagnostic specific syndromes, psychological flexibility processes, and client strengths. Commonly used measures will include PHQ-9, GAD-7, Acceptance and Action Question-2 (AAQ-2), VLQ-2 (Valued Living Questionnaire), CFQ (Cognitive Fusion Questionnaire), WAI-SR (Working Alliance Inventory, Short Revised), amongst others.

Evidence-based interventions: (individual and groups): Acceptance and Commitment Therapy for Depression (ACT-D); Cognitive-Behavioral Therapy, Mindfulness Based Intervention (MBCT, CFT, ACT). Utilizing a psychological flexibility framework, interns will incorporate evidence based processes into the ACT model, including exposure, behavioral activation, and more.

Description: Interns will learn transdiagnostic and process based psychotherapy approaches for the treatment of anxiety and depression. Acceptance and Commitment Therapy for Depression (ACT-D) will be the primary target of learning. Interns will learn to apply the ACT model broadly and to synergize with other evidence-based treatments. Interns will be trained in ACT using the manual developed for the VA's Evidence Based Psychotherapy (EBP) Training Program in addition to training resources compiled from the ACT founders (Steve Hayes, Kelly Wilson). Common comorbid conditions include mild substance abuse and personality disorders. The severity and chronicity of symptoms vary widely.

All interns will carry an interesting and diverse caseload of individual therapy outpatients. Emphasis is placed on evidence-based, time-limited, goal-focused therapy. Additionally, interns may choose to participate in the ACT for You group with Dr. Uram.

### **LEVEL III: SPECIALTY ROTATIONS**

Interns have the opportunity to provide behavioral health care in specific settings and/or with specific populations in several specialty rotations.

#### **1. Center for Treatment of Addictive Disorders**

CTAD is a specialty mental health clinic that offers a variety of programming options to meet Veteran needs in all stages of recovery, including the Residential Rehabilitation Treatment Program (RRTP), the Outpatient Aftercare and Recovery Program, and the Opioid Substitution Therapy Clinic (OSTC). CTAD staff function as a well-integrated interdisciplinary team that meets daily and collaborates closely to ensure veteran needs are addressed by the team as a whole. The team is comprised of behavioral health and medical providers, including psychologists, psychiatrists, social workers, physicians, nurse practitioners, nurses, and support personnel. Veterans seeking CTAD services present with a variety of

recovery-related needs (e.g., stabilization, early recovery, maintenance, relapse prevention, moderation, harm reduction); we value the autonomy and right of the veteran to decide when they wish to make changes and what sorts of changes they wish to make regarding addictive behaviors.

Interns completing a rotation in the Center for Treatment of Addictive Disorders (CTAD) will gain a strong understanding of the bio-psycho-social model of substance use and addiction. Veterans seen in CTAD present with a wide range of concerns in addition to addiction, including homelessness, unemployment, and chronic medical problems, as well as co-occurring psychiatric diagnoses. Interns completing a rotation in CTAD will gain experience in addictions-focused diagnostic assessments and treatment planning, as well as individual and group psychotherapy. Interns will gain exposure to a variety of evidence-based treatments, including Motivational Interviewing, Motivational Enhancement Therapy, Acceptance and Commitment Therapy, Cognitive Behavioral Therapy for Substance Use Disorders (CBT-SUD), and Contingency Management. Specialized training for CBT-SUD, Seeking Safety and CPT are available depending on the intern's interest and previous training. Rotations may be tailored to emphasize a particular program (residential, outpatient, OSTC) or sub-population of interest. Interns may also provide case management services and/or brief motivational interventions to veterans in the residential treatment program. Interns will gain familiarity with risk assessment and management of withdrawal, as well as substance-related health issues. Interns will play an active role in interdisciplinary team meetings, consulting with psychiatry, nursing, medicine, and social work.

Supervisors: Drs. Susann Anderson, Amy Hoffmann, Susan Jefferson, Leigh Gemmell, and Christina Muthard-White

## **2. Trauma Recovery Clinic (TRC)**

The TRC is a specialized outpatient interdisciplinary team comprised of psychologists, psychiatrists, social workers, nurse practitioners, and support personnel. The TRC is a nationally designated PTSD Clinical Team (PCT) and is designed to provide specialty care for PTSD. The TRC operates from a model that is recovery-oriented and consistent with the clinical practice guidelines for PTSD. The primary function of the TRC is to evaluate and treat veterans with PTSD as a result of all types of trauma across the lifespan, including combat, sexual trauma, childhood abuse, accidents, natural disasters, and other Criterion A traumatic stressors. VAPHS' MST coordinator is a staff psychologist in the TRC. The TRC offers assessment for PTSD and trauma-related disorders, provides time-limited/evidence-based therapy, and engages in ongoing measurement-based care. Interns will become fully involved in working on this interdisciplinary team to provide a wide range of outpatient services which include initial diagnostic evaluations, treatment planning, and individual and group psychotherapy. Interns will learn empirically supported treatments for PTSD including Prolonged Exposure (PE) and Cognitive Processing Therapy (CPT). Interns may also learn and deliver Written Exposure Therapy (WET) or Skills Training in Affective and Interpersonal Regulation (STAIR). Additional consultation regarding PTSD EBP implementation is available through the monthly PTSD EBP consultation meeting. Interns may have the opportunity to co-facilitate psychoeducational and therapeutic groups including: Anger Management, STAIR, Unified Protocol, and Coping Skills groups.

Supervisors: Drs. Sarah Butterworth, Ashley Gill, and Michael Rosen

### **3. Geriatric Research, Education, and Clinical Center (GRECC)**

This rotation is comprised of several components focused on assessment and intervention with our older adult Veterans. Interns spend the majority of their time with the Geriatric Evaluation and Management (GEM) outpatient team. The GEM team is an interdisciplinary team that provides an integrated evaluation and coordination of care for older veterans with a variety of medical conditions. Interns administer brief cognitive batteries to older adult veterans and then present the results of these assessments to the treatment team and to the veteran and his/her family. As part of the GEM clinic, interns also conduct brief evaluations focused on driving safety during the twice monthly Geriatric Driving Safety Clinic. The driving safety clinic is a fast-paced clinic that provides interdisciplinary assessment and same-day feedback to Veterans. Interns also have the opportunity to carry an outpatient psychotherapy caseload, providing individual psychotherapy to older veterans. This rotation offers strong interdisciplinary team experience and a balance of assessment and intervention training with older adults.

Supervisor: Dr. Bernadette Pasquale

### **4. Behavioral Medicine (BMed)**

Interns rotating in BMed work as members of multiple interdisciplinary medical teams at the VA Pittsburgh Healthcare System. The rotation includes a standard major emphasis, and a minor emphasis which can be selected by the intern from available options. For the major emphasis, interns will receive training in Psychosocial Oncology and Transplant Psychology. Options for the minor focus may include Pain Clinic, Behavioral Sleep Medicine, Bariatrics, and Transgender Healthcare Clinics. Within Psychosocial Oncology, interns will provide clinical and consultative services to Veterans of all eras with any type of cancer. Training includes the development of a basic oncology vocabulary and instruction in biopsychosocial assessment of Veterans with cancer. Interns will attend interdisciplinary meetings and develop competency in providing consultation to the team. Clinical activities include: psychodiagnostic interviews, brief cognitive assessment, individual psychotherapy, group psychotherapy, couples/family therapy, and (occasionally) capacity assessment. Within the Transplant Team, training will include psychosocial evaluation for solid organ transplant and active contribution to weekly interdisciplinary transplant board meetings. Opportunities may exist for brief therapy as well as working with patients while medically hospitalized. Within each of the minor focus areas, clinical activities include tailored assessments, individual and group therapy based on EVT's, consultation with interdisciplinary treatment teams, specialty-focused didactics, and supervision from the specialty focused staff psychologist. For all BMed emphases, interns learn how to integrate cognitive-behavioral, problem-solving, mindfulness, motivational interviewing, and other evidence-based interventions into individualized, tailored, veteran-specific treatments.

Supervisors: Drs. Rebecca Akcakaya, Maria El-Tahch, Jessica Kieta, Jody Tomko, and Patrick Whitmoyer

### **5. Community Living Center**

This rotation provides interns with exposure to multiple clinical settings, including long-term care, transitional care, intensive rehabilitation, memory care, hospice, and palliative care. Training takes place

at the H.J. Heinz Community Living Center and includes psychotherapeutic, assessment, and interdisciplinary components. CLC residents often present with a variety of problems including anxiety, depression, adjustment disorders, disruptive behaviors, issues related to the end of life, chronic psychiatric illnesses, and a wide range of cognitive disorders. Psychotherapy opportunities include individual and group modalities. Assessment opportunities include psychological assessment, evaluation of rehabilitation potential for the Intensive Rehabilitation Program, decision-making capacity, and cognitive evaluations. Brief cognitive evaluations may be conducted to clarify diagnosis (e.g., dementia/depression/delirium, identify type of dementia) and assist in evaluating decision-making capacity. Interns will attend weekly interdisciplinary team meetings and frequently interact with staff from multiple disciplines in clarifying consult requests, reviewing residents' functioning, and formulating disruptive behavior management plans. There may also be an opportunity to provide education to nursing staff on topics such as behavioral management of disruptive behaviors or identification of veterans with depression, suicidality, etc. Interns may have the opportunity to participate in behavioral interventions such as Montessori Approaches to Person-Centered Care (MAP-VA) and STAR-VA, a team-based, behavioral, problem-solving approach to manage distressed behaviors among residents with dementia. . Although this rotation focuses mainly on veterans older than age 60, the intern may have some opportunity to work with younger residents who have chronic illnesses such as multiple sclerosis, are completing brief transitional care, or are receiving hospice or palliative care for significant medical conditions. This rotation provides a well-rounded experience in the provision of psychological services primarily to older veterans in a long-term care setting.

Supervisors: Drs. Sabrina Hakim and Trent Thatcher

## **6. Neuropsychology Clinic**

The Neuropsychology Clinic offers a comprehensive rotation for interns interested in gaining assessment and treatment experience with cognitively impaired adults as well as those who exhibit challenging behaviors due to neurological dysfunction. The rotation focuses primarily on providing experience in comprehensive neuropsychological assessment using the flexible/process approach. Interns will gain experience in test administration, scoring, interpretation, report writing, consultation with other professionals, and providing feedback to veterans and their families. Interns will also have the opportunity to provide brief psychotherapy/psychoeducation for issues such as coping with cognitive deficits and family/caregiver issues related to dementias and other neurological conditions. Our bi-weekly case conference and neuroanatomy seminar series, quarterly ethics seminars, and fact finding seminars are required for intern participation and are an important part of the rotation. These seminars are available to interns on other rotations as well and the Neuropsychology Track intern is encouraged to attend them throughout the training year. As noted previously, the VA Pittsburgh Healthcare System is a generalist program. However, the Neuropsychology Track interns may fulfill International Neuropsychological Society (INS) recommendations for internship training in neuropsychology in our program by completing this rotation in conjunction with relevant elective placement.

Supervisors: Drs. Sara Anderson, Ryan Stocker, and Susanne Withrow

## **Didactics**

### **Multicultural Training Series:**

The multicultural training series includes two monthly components: A reflection series and a seminar series.

#### **A. Multicultural Reflection Series**

The goal of the multicultural reflection series is to promote open, thoughtful discussion of reflections on topics presented in the multicultural seminar series and to build multicultural skills. The reflection series provides the unique opportunity to devote exploration of the journey towards deeper cultural humility. Interns assess their multicultural knowledge, sensitivity, and skills at the beginning, mid-point, and end of the training year. They are asked to reflect on various topics and how each relates to their self-identified areas for development and/or goals for the training year. Throughout this reflection series, interns share reflections, complete and discuss skill-building activities, and have the opportunity to share knowledge with fellow interns and series co-facilitators. This series is non-evaluative and the co-facilitators do not serve in an evaluative role with interns during the training year.

#### **B. Multicultural Seminar Series**

This monthly seminar series is led by various presenters throughout the training year. Seminars include such topics as Introduction to Pittsburgh Culture, Introduction to Military Culture, Cultural formulation/case conceptualization, Culturally responsive assessment, Culturally responsive intervention, Responding to the “isms”, Social justice in psychology, and Intersectionality. Interns also have the opportunity to select additional seminars based on cohort interest, to include such topics as LGBTQ+ considerations, religious and spiritual considerations, physical ability/disability, age and service era/ageism, housing/employment/SES/healthcare for homeless Veterans, and drug epidemics through the lens of diversity-related inequalities.

### **Required Seminars:**

#### **A. Seminar Series**

In addition to clinical opportunities, interns participate in a weekly seminar series to complement the learning that occurs while involved in clinical work. Weekly training seminars are held throughout the year on a variety of topic areas. Topics can be generally categorized as Assessment Issues, Intervention Strategies, and Professional and Ethical Issues. The first seminar of each month is considered our Evidence-Based Psychotherapy seminar series, which is based on the national VHA trainings designed for VA providers. Our program provides a brief review of theory and primary focus on implementation of interventions with Veterans.

#### **B. Intern Case Conferences**

Interns meet 2-3 times per month for our case conference series. On a rotational basis, interns are assigned to present a case, with a different staff psychologist in attendance to facilitate the conference. The case conferences are flexible in nature, providing interns the opportunity to present cases which may be challenging or interesting. Interns are encouraged to use this opportunity to solicit feedback and suggestions from their peers and the facilitator.

### **C. Intern Development Group**

D-group meets for one hour per week during the training year and is designed to provide interns the opportunity to focus on professional development issues aside from clinical work. D-group is intern-led in that interns select topics for discussion. The group is facilitated by one of our staff psychologists.

## **Optional Seminars:**

### **A. Journal Clubs**

Interns have the opportunity to participate in several journal clubs during the training year. The objectives of journal club are to refine skills in critical analysis of research methodology and to discuss the implications of research on clinical practice. On the first week of each month, one intern and one staff member are assigned on a rotational basis to choose a scholarly journal article and to facilitate discussion of this article during required Monthly journal club. The Geropsychology journal club, PTSD journal club, Behavioral Medicine Journal Club, and Primary Care Journal Club and Case Conference meet monthly with the same objectives focused on recent research in those areas. Interns are required to attend these journal clubs when assigned to relevant rotation and are optional for interns on other rotations.

### **B. Neuropsychology Seminars**

The Neurobehavioral Case Conference occurs twice per month. A different case is presented during each conference by staff psychologists, psychology consultants, and psychology interns/fellows. Although this activity is mandatory for an intern while assigned to the Neurobehavioral rotation, it is optional for other interns. The Neuroanatomy Seminar series also meets twice per month. The focus of this series is on brain structure and pathways, brain function, and various neurological disorders.

### **C. PTSD seminars**

The PTSD case conference meets twice monthly and focuses on the assessment and treatment of PTSD. The case conference is attended by psychology interns, fellows, and psychology staff. A PTSD journal club meets once per month with discussion of recent scientific literature related to PTSD assessment and treatment. Additionally, the PTSD EBP Consultation Conference meets monthly and is attended by psychology staff, fellows, and interns. This monthly informal conference provides the opportunity to discuss clinical work utilizing EBPs for PTSD, including CPT, PE, EMDR, WET, and CBCT-PTSD.

### **D. Substance Use Disorder Seminars**

The SUD seminar meets monthly and focuses on SUD related issues, such as discussions of recent SUD research, best practices in SUD treatment, and review of common co-occurring disorders. A SUD case conference is also held monthly and provides the opportunity to discuss clinical, ethical, and diversity issues within the context of treatment for substance use disorders.

### **E. ACT Consultation Group**

This monthly seminar is facilitated by national VA trainers for ACT and provides staff and interns the opportunity to experience mindfulness exercises and to discuss clinical considerations and literature regarding ACT.

### **F. Evidence Based Practice Implementation Series**

A blend of discussion and presentations, this monthly series focuses on best practices related to Measurement Based Care in VHA and current best practices related to Evidence Based Psychotherapy in VHA.

## **Requirements for Completion**

To successfully complete the internship program, interns must achieve the following requirements:

1. An intern must be in “good standing” and removed from any probationary status.
2. By the conclusion of the training year, an intern must achieve a rating of “4” for every competency skill in each competency area on the final Evaluation of Intern Performance (i.e., third rotation final evaluation), indicating that an intern requires minimal supervision and is ready for entry level practice. The only exception to this requirement is neuropsychological skills for a non-neuropsychology track intern who has no prior neuropsychological training. In this case, an intern must achieve ratings of “3” for neuropsychological assessment skills and ratings of “4” on all other competency skills in other competency areas.
3. Interns must achieve ratings of “4” on all items on the Intern Case Conference Summary form for their final case conference of the training year, indicating that the presentation demonstrated independent competency for all elements consistent with readiness for licensure/postdoctoral status.
4. Interns must obtain a score of at least 80% correct on each post-test following the two supervision seminars to demonstrate competency in knowledge of supervision theory and ethics/application. Should an intern not receive a score of at least 80%, the intern will be required to complete remedial reading and retake the post-tests until supervision competency is met. In addition, interns must obtain ratings of acceptable for all core supervision topics and the Capstone Supervision Experience during the Supervision Competency Seminar Series. Should an intern not receive an acceptable rating following a seminar, the intern will be required to complete additional readings and role-plays with their rotation supervisor until a rating of acceptable is obtained.

## **Facility and Training Resources**

All interns are assigned to a private office with most offices located in the clinic where the intern works. Offices are generally in close proximity to supervisors to promote informal supervision and consultation. All interns have a personal computer in their office with access to the computerized patient record system, e-mail, Internet, and Microsoft software. The interns are also given access to the VA voice mail system. Psychological and neuropsychological testing equipment is available to interns as well as part of the assessment software in the computerized patient record system. To assist with development of psychotherapy skills, interns have access to USB compact microphones to record sessions onto computers for supervision purposes. Medical libraries are located at both divisions and interns have access to electronic journals, interlibrary loans, and computer-based literature searches. Our medical librarians are extremely helpful in assisting staff and interns to retrieve selected journal articles and books from other sources.

Interns may park on both campuses; parking is free of cost. The VA medical center also operates a shuttle system that interns may utilize to travel between divisions for meetings and didactics.

The stipend for the training year is \$34,535. The start date is tentatively 7/29/2024. Interns can elect to participate in federal health insurance plans. Interns earn annual leave (personal time off) and sick leave at the rate of 4 hours every two weeks. Maternity/Paternity leave is also available through use of sick leave, annual leave, and then Leave Without Pay (LWOP), with any LWOP hours to be made up at the end of the training year. In addition to the annual leave and sick leave, interns may be granted time away from the VA for approved training activities and conferences and VA postdoctoral fellowship interviews, including one day for dissertation defense. Although there is no limit to the amount of time away that an intern may use for approved training activities/conferences, permission will only be granted when an intern is making satisfactory progress in meeting the requirements of his/her rotation.

## **Application & Selection Procedures**

Applicants must have a minimum of 300 total intervention and 50 assessment hours prior to application.

We will not review applications with hours below the minimum hours requirement. We prefer candidates who have generalized assessment and psychotherapy training. Applicants who have VA practicum experience or who have an interest in a VA career are highly desirable. Although research experience is not a requirement, we value applicants with the ability to engage in scholarly inquiry and critical analysis of the scholarly literature. Given our focus on providing evidence based treatment to our veterans, we value applicants who have training in evidence based treatment approaches. Further, given the diversity of the veterans receiving treatment through the VA Pittsburgh Healthcare System, we encourage applicants from graduate programs with a multicultural focus and experience with ethnic, cultural, and social minority groups. Our internship program values cultural and individual diversity and strongly encourages qualified applicants from all backgrounds to apply. We adhere to all EEO guidelines. The United States government is a non-discriminatory, affirmative action employer. Federal law prohibits discrimination based on age, sex, race, creed, color, religion, handicap or national origin.

Internship applicants also must meet these criteria to be considered for any VA Psychology Internship Program:

1. Doctoral student in good standing at an American Psychological Association (APA) or Canadian Psychological Association (CPA) accredited graduate program in Clinical, Counseling, or Combined psychology or Psychological Clinical Science Accreditation System (PCSAS) accredited program in Clinical Science. Persons with a doctorate in another area of psychology who meet the APA or CPA criteria for respecialization training in Clinical, Counseling, or Combined Psychology are also eligible.
2. Approved for internship status by graduate program training director.

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. **U.S. citizenship.** VA is unable to consider applications from anyone who is not currently a U.S. citizen. Verification of citizenship is required following selection. All interns must complete a Certification of Citizenship in the United States prior to beginning VA training.
2. **U.S. Social Security Number.** All VA appointees must have a U.S. social security number (SSN) prior to beginning the pre-employment, on-boarding process at the VA.
3. **Selective Service Registration.** Male applicants born after 12/31/1959 must have registered for the Selective Service by age 26 to be eligible for U.S. government employment, including selection as a paid or WOC VA trainee. For additional information about the Selective Service System, and to register or to check your registration status visit <https://www.sss.gov/>. Anyone who was required to register but did not register before the age of 26 will need to apply for a Status Information Letter (SIL) and request a waiver. Waiver requests are rare and will be reviewed on a case by case basis. Waiver determinations are made by the VA Office of Human Resources Management and can take six months for a verdict.
4. **Fingerprint Screening and Background Investigation.** All HPTs will be fingerprinted and undergo screenings and background investigations. Additional details about the required background checks can be found at the following website: <http://www.archives.gov/federal-register/codification/executive-order/10450.html>.
5. **Drug Testing.** Per Executive Order 12564 the VA strives to be a Drug-Free Workplace. Health Professional Trainees (HPTs) are exempt from drug-testing prior to appointment, however interns are subject to random drug testing throughout the entire VA appointment period. You are required to sign an acknowledgement form stating you are aware of this practice prior to receiving your formal offer of employment. Please note that VA will initiate termination of VA appointment and/or dismissal from VA against any trainee who is found to use illegal drugs on the basis of a verified positive drug test (even if a drug is legal in the state where training) or refuses to be drug tested. Health Profession Trainees will be given the opportunity to justify a positive test result by submitting supplemental medical documentation to a Medical Review Officer when a confirmed positive test could have resulted from legally prescribed medication.
6. **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.
7. **TQCVL.** To streamline on-boarding of HPTs, VHA OAA requires completion of a Trainee Qualifications and Credentials Verification Letter (TQCVL). Following selection/match process and prior to the start of training, the VA Training Director will contact the Directors of Clinical Training (DCTs) at affiliates for all selected/matched HPTs. Each DCT will be asked to complete the TQCVL and submit the document to the VA. Your VA appointment cannot happen until the TQCVL is submitted and signed by senior leadership from the VA facility. This document requires that you confirm the following health information and required vaccines for healthcare workers:
  - Evidence or self-certification that you are physically and mentally fit to perform the essential functions of the training program
  - Evidence of tuberculosis screening and testing per CDC health care personnel guidelines

- Evidence or self-certification of up-to-date vaccinations for healthcare workers as recommended by the CDC and VA to include: Hepatitis B, MMR (Measles, Mumps, & Rubella), Varicella (Chickenpox), Tdap (Tetanus, Diphtheria, Pertussis), Annual Flu vaccine, and COVID-19 vaccination.
8. **Additional Forms.** Additional pre-employment forms include the Application for Health Professions Trainees (VA 10-2850D) and the Declaration for Federal Employment (OF 306). Falsifying any answer on these required Federal documents will result in the inability to appoint or immediate dismissal from the training program.
  9. **Proof of Identity per VA.** VA on-boarding requires presentation of two source documents (IDs). Documents must be unexpired and names on both documents must match. Examples of source documents include US Passport or US Passport Card, driver's license or state issued ID card, US military card, US Social Security card, or an original or certified copy of a birth certificate.

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

***To submit an application to our program, submit all required materials via the on-line APPIC application process. Please be sure to select the appropriate program code (General Track=154311; Neuropsychology Track=154312; Geropsychology Track=154313). Candidates CANNOT apply to both the general track and neuropsychology track; Candidates CAN apply to both the general track and geropsychology track.***

***Application materials include:***

1. Curriculum vitae
2. One official graduate transcript for any graduate work in psychology.
3. APPIC Application for Psychology Internship (AAPI).
4. APPIC Academic Program's Verification of Internship Eligibility and Readiness from your University Director of Clinical Training.
5. Three letters of recommendation using the APPIC Standardized Reference Form, which, taken together, attest to both academic and clinical qualifications.
6. In your cover letter, **indicate to which track(s) (general, neuropsychology, geropsychology) you are applying.** Also, for the purpose of facilitating your interview process, **please rank order your 4 most desired rotations at the VA Pittsburgh Healthcare System Internship .** Please keep in mind that your listing of rotation preferences does NOT commit you in any way to these rotations. This information is used to assist us when creating your schedule for our virtual interview process.

The deadline for all completed applications is **Sunday, November 5, 2023** at 11:59PM EST. Only applications completed by this deadline will be considered. The Clinical Training Committee will complete its ratings of application materials during the week of November 13th. Applications are independently rated by three members of the Clinical Training Committee on such variables as prior clinical (therapy and assessment) experience, letters of recommendation, and fit of intern training goals with our training model and goal. Applications are rated on a 10-point scale and ranked according to total score (0-30 total), with approximately 60 applicants invited to interview with us. Invited applicants are required to attend a virtual interview. We are only offering virtual interviews; no on-site interviews will be offered or permitted. Virtual interview days are scheduled for 12/6/2023, 12/15/2023, 1/5/2024, and 1/11/2024 from 10:00 AM EST-3:30 PM EST and will include a general overview of the training program and diversity subcommittee, rotation stations to meet supervisors and obtain more detailed information about selected rotations, individual interviews with supervisors, and opportunity to informally interact with the current interns. Additional details about our interview days will be sent to applicants invited to interview. Interview scores from individual interviews are added to the application score. Candidates are then ranked by total score and the list is then submitted to the National Matching Service.

## **Administrative Policies and Procedures**

During orientation to the VA Pittsburgh Healthcare System, interns are provided a training manual and orientation folder that contain important policies and information for the internship program as well as for the medical center. Included in the training manual is our grievance and due process policies concerning identification and resolution of problems arising during the internship year. Copies of all evaluation forms are also included in the training manual. Copies of our evaluation forms and grievance and due process policies are available to interested applicants upon request.

## **Trainees**

Over the years, our interns have originated from many different universities and areas of the country, including students from clinical and counseling Ph.D. and Psy.D. programs. We have enjoyed working with interns from diverse psychosocial and cultural backgrounds. Over the past several years, the trend has been for most of our graduates to pursue postdoctoral fellowships or entry staff psychologist positions, many within the VA system and others in academic medical centers. Our neuropsychology track interns have met with great success in matching for 2-year neuropsychology fellowships in the Association of Postdoctoral Programs in Clinical Neuropsychology (APPCN) match. Many of our interns have enjoyed the transition to Pittsburgh and have remained in the Pittsburgh area, suggesting that Pittsburgh is a desirable city in which to reside!

During exit interviews with interns over the past several years, interns have consistently identified two strengths of our internship program. First, interns have commented that both the breadth and depth of training experiences are significant strengths of our program. Interns have commented that the variety of rotations and opportunities for training within rotations contribute to the breadth of training and an intern can complete our program with a wide range of clinical skills and experiences. In addition to breadth, interns have stated that one can focus training in a specific area (e.g., geropsychology, health psychology) and gain depth of training in some areas. Interns have also commented that the length of

the rotations (4-months) allows for depth of training. Second, interns have consistently described both the quality and quantity of supervision as strengths of our program. Interns have remarked that supervisors are always available for scheduled supervision in addition to informal consultation and emergency supervision. Our supervisors have been described as enthusiastic, dedicated, and invested in training and the professional growth of interns.

## **Local Information**

Pittsburgh is located in southwestern Pennsylvania, where the Monongahela and Allegheny Rivers meet to form the Ohio River. Contrary to popular belief, Pittsburgh is no longer the industrial steel town of the 50's and 60's. In 2017 WalletHub compared 62 of the largest U.S. cities and Pittsburgh ranked #3 of the best cities in which to live and CNBC named Pittsburgh the 2nd best city for millennials in 2017. Also in 2017, MONEY named the East Liberty and Lawrenceville neighborhoods as the #1 coolest neighborhoods in America! The downtown area and riverfront have undergone massive renovation, and several vibrant sub-communities have emerged over the past decade. An exciting blend of old and new, Pittsburgh is a city of history, business, culture, research, medicine, sports, and recreation that pleasantly surprises newcomers!

The largest metropolitan area in the Ohio Valley and Appalachia, Pittsburgh is a growing city. “The Steel City” has 446 bridges, creating a unique urban terrain within a beautiful natural valley. The city is home to numerous diverse cultural groups, and offers a variety of authentic world cuisines within our various districts. For lovers of the culinary arts, you will find a variety of coffee shops, bakeries, and restaurants. Pittsburgh is also home to numerous microbreweries and distilleries. Rich in American history, Pittsburgh also has a growing art and cultural scene. It is the home of the Andy Warhol Museum, the Carnegie library system, and has numerous universities and colleges such as University of Pittsburgh, Carnegie Mellon, Duquesne, Carlow, and Chatham, creating a constant influx of energy, creative thought, and activity. There are also a wide variety of entertainment opportunities, including events at PPG Paints Arena, local music venues, as well as Broadway shows in the downtown theatre district. The city is ideal for families, with a local zoo, aquarium, the Phipps Conservatory and Botanical Gardens, and the National Aviary. Sports enthusiasts will be welcomed into the loyal hometown community, supporting the Pirates, Steelers, and Penguins. With its unique location, Pittsburgh also offers easy accessibility to a variety of city and state parks, water sports, caving systems, and wildlife preserves, creating a multitude of activities for naturalists.

For more information about our exciting city and the diversity of “the ‘Burgh”, view these websites:

- [Visit Pittsburgh | Official Tourism Site for Pittsburgh, PA](#)
- [PUMP - Pittsburgh, PA | Get Active. Be Connected. Create Change.](#)
- [Home | Cool Pittsburgh | University of Pittsburgh](#)
- [City Cast Pittsburgh](#)
- [About QBurgh - LGBTQ Pittsburgh News & Community](#)
- [Stonewall Sports Pittsburgh - Community. Sports. Fun. \(stonewallsportspgh.org\)](#)

Many of our interns have enjoyed their experience in Pittsburgh and have offered the following testimonials:



*"I was surprised with how much I fell in love with PGH during my internship year...I loved how different neighborhoods had their own unique identity, I loved the easy access to large parks within the city, and loved how beautiful PGH is with all its hills, bridges, and public art. What a gem of a city!"*

*"PGH has a 'small city' feel and it's easy to find your niche here. At the same time, it's a vibrant place to live, with lots going on. There is something for everyone—whether you love hiking and spending time outside or watching sports, or going to museums."*

*"The great dining and food scene, and the very reasonable cost of living compared to other regions."*

*"The city had a lot more diversity and cultural activities than I expected. Lots of great places to eat and things to do. I like the ethnic diversity of my neighborhoods. Easy access to natural areas inside and outside the city."*



*"I found lots of social groups/clubs outside of work and made many friends that I still stay in touch with after leaving the area."*

## Training Staff

### VA Pittsburgh Healthcare System Doctoral Training Staff

\*Indicates research authorship in this area

#### **Rebecca Reese Akcakaya, Ph.D.**

- Washington University in St. Louis, 2012
- Behavioral Medicine Psychologist, University Drive
- Interests: Psychosocial Oncology; Transplant Psychology; Health Behavior Change; Diversity, Equity, and Inclusion; Psychosocial assessment for medical procedures; Transgender care; and Women's Health
- Dr. Akcakaya is completing VA certification in Interpersonal Therapy for Reproductive Mental Health (IPT-RMH). She is the Behavioral Medicine Team Lead, Co-Chair of the Psychology Diversity Subcommittee, and is a longtime member of the Interdisciplinary Transgender Treatment Team (ITTT).

#### **Sara E. Anderson, Psy.D.**

- Virginia Consortium Program in Clinical Psychology, 2010
- Clinical Neuropsychologist, Team Lead Neurobehavioral Program
- Interests: Neuropsychology, Symptom and Performance Validity Testing, Personality Assessment, Traumatic Brain Injury, Epilepsy, Dementias, Neuroimaging
- Dr. Anderson also enjoys traveling, cooking, and hiking.

#### **Susann K. Anderson, Psy.D.**

- Wright State University, 2016
- Psychologist, Center for Treatment of Addictive Disorders (CTAD)
- Dr. Anderson has completed VA training and consultation in Motivational Interviewing, Acceptance and Commitment Therapy for Depression (ACT-D), and Cognitive Processing Therapy (CPT) and has provider status. Dr. Anderson has received specialized training in the treatment of eating disorders through the VA.
- Professional Interests: Trauma informed SUD care; couples therapy for SUD; motivational interviewing; ACT; virtual delivery of SUD care; treatment of eating disorders; and suicide postvention.
- Hobbies/Interests: Dr. Anderson loves to spend time with her family, both human and fur! She enjoys getting outside when the weather allows, especially at Presque Isle in Erie, PA where she lives.

#### **Austin Brown, Psy.D.**

- Wright State University 2018
- Psychologist, University Drive Primary Care Clinic; COVID Recovery PACT
- Interests: Health behavior change/ geriatric health psychology, forensic assessment, malingering and deception, risk assessment
- Provider status in PCMH
- Enjoys live music and comedy

#### **Sarah E. Butterworth, Ph.D.**

- University of Southern Mississippi, 2021
- Psychologist, Trauma Recovery Clinic (TRC)
- TRC Team Lead

- Interests: Evidence-based treatments for PTSD, intersection of multicultural identity factors and experiences of trauma, treatment of military sexual trauma, and firearm means safety counseling.
- Dr. Butterworth is a VA-recognized provider of Cognitive Processing Therapy (CPT) and is completing VA certification in Cognitive Behavioral Conjoint Therapy – PTSD (CBCT-PTSD).
- In her free time, Dr. Butterworth enjoys reading, baking, video games, board games, yoga, and walks with her dog. She enjoys a subscription to Book of the Month and her all-time favorite board game is Seven Wonders.

**Kimberly A. Christensen, Ph.D.**

- Kent State University, 2000.
- Supervisory Psychologist and Geropsychology/Neuropsychology Program Manager, HJ Heinz Campus; Community Living Center psychologist
- Interests: Long-term care\*, Geropsychology\*, Training/supervision, Family Caregiving\*.
- Dr. Christensen has completed VA training and consultation in Cognitive Behavioral Therapy for Depression and has provider status.

**Mary T. Dorritie, Ph.D.**

- University at Buffalo (SUNY), 2003
- Supervisory Psychologist, H.J. Heinz Campus, BHIP Psychologist
- VA-recognized provider for: Cognitive Processing Therapy (CPT), Prolonged Exposure (PE), Acceptance and Commitment Therapy (ACT). National PE Consultant
- Dr. Dorritie served as an active duty Army psychologist for 6 years, including a combat tour in Mosul, Iraq.

**Maria El-Tahch, Psy.D.**

- Nova Southeastern University, 2017
- Behavioral Medicine, Pain/Addiction Psychologist
- Interests: Health behavior change, substance use, chronic pain, Women’s Health, motivational interviewing (MI), and social determinants of health
- Dr. El-Tahch has completed VA training and has provider status in Motivational Interviewing (MI), Acceptance and Commitment Therapy for Depression (ACT-D), and Cognitive-Behavioral Therapy for Chronic Pain (CBT-CP) .
- Personal interests include yoga, craft coffee, cooking, horror movies, spending time with her husband and dog, and exploring the Pittsburgh restaurant scene.

**Alyssa Ford, Ph.D.**

- Western Michigan University, 2012
- Chief Psychologist
- Interests: Geriatric Health Psychology, Psycho-Oncology, Adjustment to Medical Illness, Family Caregiving, End-of-life, C&L, Health Behavior Change
- Dr. Ford has completed VA training and consultation in Problem Solving Therapy (has provider status) and has completed VA Training in Motivational Interviewing Facilitation.

**Marci L. Gaither, Ph.D., ABSMIP**

- Board certified in serious mental illness psychology
- Ball State University, 2002.
- Psychologist and Team Leader, Sigma Behavioral Health Interdisciplinary Program (BHIP); Early Psychosis Intervention Coordination Point of Contact (EPIC POC).

- Interests: Schizophrenia-spectrum disorders\*, CBT for Psychosis\*, Recovery-Oriented Cognitive Therapy
- Dr. Gaither has completed VA training and consultation in Behavioral Family Therapy and Social Skills Training for Serious Mental Illness and has provider status in both treatments. Additionally, she completed Beck Institute training and consultation in Cognitive-Behavioral Therapy for Psychosis and Recovery-Oriented Cognitive Therapy. She is a Beck Institute CBT Certified Clinician.

**Leigh A. Gemmell, Ph.D.**

- University of Maryland, Baltimore County, 2007
- Program Manager, Center for Treatment of Addictive Disorders
- Dr. Gemmell has completed VA training and has provider status in Cognitive Behavioral Therapy for Substance Use Disorders (CBT-SUD), Cognitive Behavioral Therapy for Depression, and Acceptance and Commitment Therapy for Depression (ACT-D).
- She is a VA consultant for CBT-SUD.
- Interests: Substance use disorders, residential treatment, CBT, ACT, motivational interviewing, chronic illness self-management in addiction

**Jennifer F. George, Ph.D.**

- Bowling Green State University, 2001
- Psychologist, UD Behavioral Health Interdisciplinary Program (BHIP)
- VAPHS Evidence-Based Psychotherapy Co-Coordinator; VAPHS Women’s Mental Health Champion
- Interests: Acceptance and Commitment Therapy (ACT), Women’s Mental Health, Anxiety Disorders, Training and Supervision
- Dr. George carries VA provider status in Acceptance and Commitment Therapy for Depression (ACT-D). She has worked with the National EBP Training Program for over 10 years and is a VA Acceptance and Commitment Therapy for Depression (ACT-D) Trainer and Consultant.
- Dr. George is proud to be from Pittsburgh. She loves to spend time with family and friends, be around (and in) bodies of water, and sing/dance (even though she does not do either well).

**Ashley Gill, Ph.D.**

- Duquesne University, 2019
- Psychologist, Trauma Recovery Clinic (TRC)
- VAPHS Military Sexual Trauma (MST) Coordinator
- Interests: Trauma-focused and trauma-informed interventions, Cultural considerations in delivery of EBP’s, Complex PTSD, Sleep disorders in the context of PTSD
- Dr. Gill has completed VA training and has provider status in Cognitive Processing Therapy (CPT), Cognitive Behavioral Therapy for Insomnia (CBT-i), Motivational Interviewing (MI), and Interpersonal Therapy for Depression (IPT-D)
- In her free time, she enjoys cake decorating, hiking, drinking strong coffee, and spending time with her partner and their dogs.

**Sabrina Hakim, Psy.D.**

- University of Indianapolis, 2019
- Psychologist, H.J. Heinz Community Living Center (CLC)
- Interests: Geropsychology; Capacity and Cognitive Evaluation; Staff Intervention; Health Psychology; Acceptance and Commitment Therapy; Diversity, Equity, and Inclusion; Mentorship
- Dr. Hakim has completed VA training in STAR-VA and serves as the Behavioral Coordinator in CLC

- Hobbies/Interests: Dr. Hakim enjoys gardening, going on walks with her dog, and riding her Peloton bike

### **Amy Hoffmann, Ph.D.**

- University of South Florida, 2020
- Psychologist, Center for the Treatment of Addictive Disorders (CTAD)
- Interests: Substance use disorders (SUD), Personality disorders, Aggressive behavior, Transdiagnostic approaches, Early recovery, Residential SUD treatment, Couples counseling
- Dr. Hoffmann has completed VA training and has provider status in Cognitive Processing Therapy (CPT) and Behavioral Couples Therapy for Substance Use Disorders (BCT-SUD).
- Personal interests and hobbies: Hiking, yoga, vegan junk food, horror movies

### **Edwin Huh, Psy.D.**

- Ferkauf Graduate School of Psychology, 2012
- Psychologist, HJ Heinz Primary Care
- Interests: Motivational Interviewing, common factors of psychotherapy, Whole Health practices, treatment of depression and anxiety in PCMHI
- Dr. Huh has completed VA training and has provider status in Motivational Interviewing (MI).

### **Katerina Istomin, Psy.D.**

- Carlow University, 2021
- Psychologist, University Drive Behavioral Health Interdisciplinary Program (BHIP)
- Interdisciplinary Transgender Treatment Team member, pursuing training in Integrative Behavioral Couples Therapy (IBCT), Employee Whole Health Ambassador
- Interests: Assessment, process based psychotherapy, cultural humility in clinical practice,
- Dr. Istomin is a Juilliard trained musician and certified yoga teacher. She enjoys weight lifting, anything outdoors, traveling, eating, and all dogs.

### **Susan Jefferson, Psy.D.**

- Indiana University of Pennsylvania, 2013
- Psychologist, Center for the Treatment of Addictive Disorders (CTAD)
- VAPHS Evidence-Based Psychotherapy Co-Coordinator
- Dr. Jefferson has completed VA training and has provider status in Cognitive Behavioral Therapy for Substance Use Disorders (CBT-SUD), Cognitive Processing Therapy (CPT), and Cognitive Behavioral Therapy for Chronic Pain (CBT-CP). Dr. Jefferson also has completed specialized training in Geropsychology through the VA Geriatric Scholars program.
- Professional Interests: Mindfulness, Self-Compassion, Training/Supervision, Evidence-Based Psychotherapy, Geropsychology
- Hobbies/Interests: Dr. Jefferson loves to explore new horizons, including traveling the world and going on outdoor adventures with her family, friends, and adventurous cat. She is a second-career psychologist (previously worked in brand management, new products, online travel).

### **Melissa K. Johnson, Ph.D.**

- University of Minnesota, 2011.
- Staff Psychologist, Center for the Treatment of Addictive Disorders (CTAD)
- Dr. Johnson has completed VA training and has provider status for CBT-SUD and Cognitive Processing Therapy.
- Interests: Substance Use, trauma, Borderline Personality Disorder
- Dr. Johnson is a consultant for CBT-SUD

**Jessica Kieta, Psy.D.**

- Wright State University, 2020
- Behavioral Medicine Psychologist, Pain Emphasis, University Drive and H.J. Heinz Divisions
- Co-director, Interdisciplinary Pain Rehabilitation Program (IPRP)
- Dr. Kieta is completing VA certification in Cognitive Behavioral Therapy for Chronic Pain (CBT-CP). She is a member of the Opioid Stewardship Committee and the Interdisciplinary Transgender Treatment Team (ITTT).
- Interests: Chronic pain self-management; health behavior change; rehabilitation psychology; gender affirming psychology; MI; CBT; ACT; DBT skills training
- Personal interests: Watching live music and comedy, spending time with her family and dog, cooking, and hiking

**Patricia McSweeney, Ph.D.**

- The Ohio State University, 2003
- Psychologist, H.J. Heinz BHIP, spinal cord injury clinic, TBI/polytrauma clinic
- Interests: Depression, anxiety and adjustment related to complex medical issues, disability, aging, grief, pain. Mindfulness for pain, anxiety, and stress
- Dr. McSweeney has completed VA training and has provider status in Acceptance and Commitment Therapy for Depression (ACT-D)
- Personal interests: Spending time outdoors (hiking, kayaking, cycling, camping), yoga, mindfulness, taking time with her family and dogs (Maggie and Freya).

**Ramey Monem, Ph.D.**

- University of Kentucky, 2019
- Psychologist, University Drive, Sigma Behavioral Health Interdisciplinary Program (BHIP)
- Interests: Serious mental illness such as schizophrenia-spectrum disorders, taking both a recovery-oriented and symptom-focused approach to addressing concerns for individuals with SMI diagnoses. CBT for Psychosis, Social Skills Training, CBSST, and DBT skills

**Christina Muthard-White, Psy.D**

- Marywood University, 2019
- Psychologist, Center for Treatment of Addictive Disorders
- Interests: SUD, co-occurring trauma, eating disorders, motivational interviewing, CBT, diversity/cultural humility
- Dr. Muthard-White is a VA-recognized provider of Cognitive Behavior Therapy for Substance Use Disorders (CBT-SUD), Cognitive Processing Therapy (CPT), and Cognitive Behavior Therapy for Depression (CBT-D).
- Personal interests: spending time outdoors (camping, kayaking), working on home improvement projects, spending time with her two cats (Moby and Jax)

**Danielle M. Novick, Ph.D.**

- University of Pittsburgh, 2010
- Supervisory Psychologist, University Drive BHIP
- Interests: Bipolar disorder\*, Reproductive mental health\*, Grief, IPT\*, IPSRT\*, Diversity, Training/supervision
- Dr. Novick has provider status for Interpersonal Psychotherapy (IPT). She is certified as an IPT provider, trainer, and consultant by the International Society for Interpersonal Psychotherapy (ISIPT), and is internationally recognized as an Interpersonal and social rhythm therapy (IPSRT) expert provider, trainer, and consultant.

**Bernadette Pasquale, Ph.D., ABPP**

- Board Certified in Geropsychology
- Ohio University, 1995
- Director of Clinical Training and Psychologist, GEM/GDSC Teams
- Interests: Geropsychology\*, Training/Supervision
- Dr. Pasquale has completed VA training and consultation in Cognitive Behavioral Therapy for Depression and has provider status.
- Her personal interests include biking the great trails in this area, powerwalking, baking, and most recently—playing pickleball.

**Dana Riedy, Ph.D.**

- Virginia Commonwealth University, 2021
- Psychologist, University Drive Behavioral Health Interdisciplinary Program (UD BHIP)
- VAPHS Women’s Mental Health Co-Champion, UD BHIP Team Lead
- Interests: women’s mental health, women’s reproductive health, eating disorders, Interpersonal Psychotherapy (IPT), process-based therapies

**Michael Rosen, Ph.D.**

- University of Kansas, 2017
- Psychologist, Trauma Recovery Clinic
- Interests: PTSD, Military Sexual Trauma, Acceptance and Commitment Therapy, Dialectical Behavior Therapy
- Dr. Rosen has completed VA training and consultation in Cognitive Processing Therapy (CPT) and has provider status
- Dr. Rosen enjoys running/exercising, losing at fantasy football and baseball, and annoying his neighbors with his electric guitar. He also has a Persian cat, Mads Mikkelsen, who has been known to be a fan favorite among past trainee cohorts.

**Ryan P.J. Stocker, Psy.D.**

- Chatham University, 2015
- Clinical Neuropsychologist, Neurobehavioral Program
- Interests: Neuropsychology, Performance and Symptom Validity Testing, Traumatic Brain Injury, Neuroanatomy and Neuroimaging, Dementias

**Trent T. Thatcher, Psy.D.**

- Wright State University, 2003.
- Psychologist, H.J. Heinz Community Living Center.
- Interests: Geropsychology, Capacity and Cognitive Evaluation, Disruptive Behavior Management, Ethics, Long-term care, Palliative and Hospice Care.
- Dr. Thatcher has completed didactic VA training and consultation in Motivational Interviewing (MI) and has provider status. Dr. Thatcher also holds VA certification in Guided Imagery and he has completed specialized training in Geropsychology through the VA Geriatric Scholars and the Center to Advance Palliative Care programs.
- Personal interests include hiking, travel, enjoying different ethnic festivals and foods, cooking, and spending time with my wonderful family and Great Pyrenees dog!

**Jody Tomko, Ph.D., DBSM**

- Diplomate in Behavioral Sleep Medicine
- Western Michigan University, 2008

- Psychologist, Behavioral Medicine, Sleep Emphasis
- Interests: Insomnia, Geropsychology\*, Health Behavior Change, Training/Supervision, Cultural Diversity.
- Dr. Tomko has completed VA training and consultation in CBT for Nightmares (CBT-N), CBT for Insomnia (CBT-i), Problem Solving Therapy, Motivational Interviewing, and CBT for Depression and has provider status.
- Personal interests include volleyball, puzzles, and brunch. Dr. Tomko enjoys spending time with her school-age children, family and friends, watching sketch comedy, and listening to live music.

**Nick Uram, Psy.D.**

- Chatham University, 2016
- Psychologist, UD BHIP
- Interests: Acceptance and Commitment Therapy, Compassion Focused Therapy, Dialectical Behavior Therapy, Cognitive Behavioral Therapy, depression, anxiety, couples.
- Dr. Uram has completed VA training and consultation in Acceptance and Commitment Therapy for Depression (ACT-D) and has provider status. Additionally, Dr. Uram previously served as a national ACT-D consultant for VA.
- Dr. Uram enjoys spending time with his wife and children, fitness, guitar, Japanese food, watching Formula 1 racing, and dabbling in many hobbies. Dr. Uram can often be found lost in a good story, whether it be through book, video game, or movie format.

**Patrick Whitmoyer, Ph.D.**

- The Ohio State University, 2020
- Behavioral Medicine Psychologist, University Drive and H.J. Heinz Divisions
- Interests: Pre-surgical and pre-treatment psychosocial assessment; Health behavior change; Psychosocial adjustment to chronic illness; Neurocognitive Disorders; Functional neurological symptom disorders; Geropsychology; Capacity assessment
- Personal interests include hiking, camping, playing basketball, reading, and spending time with friends/family. Dr. Whitmoyer is an avid fan of sci-fi and Duke basketball.

**Susanne Withrow, Ph.D.**

- University of Colorado Denver, 2019
- Clinical Neuropsychologist, Neurobehavioral Program
- Interests: Neuropsychology, Symptom and Performance Validity Testing, Dementias, Cognitive Rehabilitation, Cancers and Cognition, Boston Process Approach
- Dr. Withrow is a fiber arts enthusiast. She enjoys knitting, crocheting, quilting, sewing, cross stitching, and embroidery. When not busy crafting, she also likes to travel, go birding, and cook new recipes.