# Psychology Predoctoral Internship Training Program

John D. Dingell VA Medical Center

Psychology Section (11MH-PS)

4646 John R St.

Detroit, Michigan 48201

*(313) 576-1000, extension 65908*



[VA Detroit Health Care | Veterans Affairs](https://www.va.gov/detroit-health-care/)

[Psychology Training | VA Detroit Health Care | Veterans Affairs](https://www.va.gov/detroit-health-care/work-with-us/internships-and-fellowships/psychology-training/)

# Accreditation Status

The predoctoral internship at the John D. Dingell VA Medical Center is accredited by the Commission on Accreditation of the American Psychological Association. Our most recent site visit was conducted in the summer of 2016, and the program was awarded full re-accreditation. Due to pandemic-related delays, the next accreditation site visit is anticipated to be held in 2025.

Questions related to the program’s accreditation status should be directed to the Commission on Accreditation:

Office of Program Consultation and Accreditation  
American Psychological Association  
750 1st Street, NE, Washington, D.C. 20002  
Phone: (202) 336-5979 / Email: [apaaccred@apa.org](mailto:apaaccred@apa.org)

Web: [www.apa.org/ed/accreditation](http://www.apa.org/ed/accreditation)

# Internship Admissions, Support, and Initial Placement Data

**Date Program Tables are updated: July 28, 2023**

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| **Program Disclosures** |  |
| Does the program or institution require students, trainees, and/or staff (faculty) to comply with specific policies or practices related to the institution’s affiliation or purpose? Such policies or practices may include, but are not limited to, admissions, hiring, retention policies, and/or requirements for completion that express mission and values? | No |
| If yes, provide website link (or content from brochure) where this specific information is presented: | NA |

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| **Internship Program Admissions** |
| Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program’s policies on intern selection and practicum and academic preparation requirements: |
| The internship program at the John D. Dingell VA Medical Center is open to all qualified applicants regardless of race, gender, age, religion, or national origin. The training program is concerned with the multi-dimensional richness of all the identities that a person (client, intern, staff member) brings to the setting, including ethnicity, sexualorientation, race, culture, and individual personality within those factors. The Psychology staff and trainees are a diverse group of people. This cultural diversity is a synergistic source of strength, creativity, and liveliness. Students from diverse cultural backgrounds are strongly encouraged to apply.  Applications are evaluated by many of our Staff Psycholgists. Psychology Postdoctoral Residents may also rate applications and conduct interviews. Each set of application documents are rated by the reviewers in the following seven areas:   * **Academic Background:** Students who have achieved a relatively high grade point average are given greater consideration. The quality of the graduate program in terms of the number of required courses and breadth of course selection also influences ratings. * **Academic Progress:** Preference is given to applicants who have made significant progress toward completing their doctoral dissertation. Applicants must have successfully proposed their dissertation by the application deadline, or a date near the deadline must be set. * **Psychological Assessment Experience:** There is no set minimum number of assessment hours or reports. Greater weight is given to applications containing documentation of adequate experience in administering, scoring, and interpreting a range of assessment instruments. * **Psychotherapy Experience:** There is no set minimum number of intervention hours. Students who describe a wider range of psychotherapeutic interventions and a larger number of hours of supervised psychotherapy experience are given preference. In addition, having some prior experience with populations and/or settings relevant to the experience at the VA is preferred (e.g., work with adults, experience at a VA or other hospital setting with diagnostically complex clientele). * **Letters of Recommendation:** The quality of endorsements submitted by faculty and supervisors influences ratings in this area. * **Internship and Career Goals:** How well the applicant articulates their internship goals is also considered. We look for some indication that the applicant has addressed career aspirations/potential interests even if the student has not defined a specific future professional role. * **Match of Interests to Internship:** Students whose interests and goals match the type of training the internship offers receive a higher rating. |

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| **Does the program require that applicants have received a minimum number of hours of the following at time of application? If Yes, indicate how many:** | NA X |
| Total Direct Contact Intervention Hours | No |
| Total Direct Contact Assessment Hours | No |

Our program has no minimum number of hours required of applicants. As a point of reference, the 2023-2024 internship class reported the following average hours on their applications:

Average Direct Contact Intervention Hours: 628 (range: 431-853 hours)

Average Direct Contact Assessment Hours: 281 (range: 33-702 hours); note that applicants to the neuropsychology track typically have significantly more direct assessment hours than applicants to the other tracks

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| **Describe any other required minimum criteria used to screen applicants:** |
| Applicants must meet the following prerequisites to be considered for our program:   1. Applicants must be doctoral students in good standing in an American Psychological Association (APA), Canadian Psychological Association (CPA), or Psychological Clinical Science Accreditation System (PCSAS) accredited Clinical or Counseling Psychology program. 2. Applicants should be in at least the third or fourth year of their university program, have completed practicum training, and have the approval of their university director of training. 3. Applicants must be United States citizens. Verification of citizenship is required following selection. All interns must complete a Certification of Citizenship in the United States prior to beginning VA training. 4. The Federal Government requires that male applicants to VA positions who were born after 12/31/59 must sign a Pre-appointment Certification Statement for Selective Service Registration before they are employed. (Males for these purposes are those individuals assigned male on their birth certificate regardless of current gender.) For additional information about the Selective Service System, and to register or to check your registration status, visit <https://www.sss.gov/>. Exceptions can be granted only by the US Office of Personnel Management; exceptions are very rarely granted. It is not necessary to submit this form with the application, but if you are selected for this internship and fit the above criteria, you will have to sign it. 5. Interns are subject to fingerprinting and background checks. Match result and selection decisions are contingent on passing these screens. Please see <http://www.archives.gov/federal-register/codification/executive-order/10450.html>, for more information about background check criteria. 6. VA conducts drug screening exams on randomly selected personnel as well as new employees. Interns are not required to be tested prior to beginning work, but once on staff they are subject to the following types of drug testing, as are other employees: random; reasonable suspicion; injury, illness, unsafe or healthful health practice; follow-up after completion of a counseling or rehabilitation program for illegal drug use through the VA Employee Assistance Program (EAP). Interns will be asked to sign an acknowledgement form attesting to awareness of this practice. For more information, please see VA, OAA Health Professions Trainee Application Forms webpage and *Random Drug Testing Notification and Acknowledgement Memo*: <https://www.va.gov/oaa/app-forms.asp> 7. To comply with federal and VA rules and provide interns with liability protection, a current and valid Affiliation Agreement between VA and the sponsoring doctoral program must be on file before the intern can be appointed. Most APA-approved doctoral programs already have an agreement on file.  More information is available at <http://www.va.gov/oaa/agreements.asp> (see section on psychology internships). 8. TQCVL**.** VHA Office of Academic Affiliations requires completion of a Trainee Qualifications and Credentials Verification Letter (TQCVL). An Educational Official at the incoming intern’s graduate program must complete and sign this letter. The VA appointment cannot happen until the TQCVL is submitted and signed by senior leadership from the VA facility.  For more information about this document, please visit <https://www.va.gov/OAA/TQCVL.asp>    1. **Health requirements.**  Among other things, the TQCVL confirms that the trainee is fit to perform the essential functions (physical and mental) of the training program and is immunized following current Center for Disease Control (CDC) guidelines and VHA policy.  This protects the trainee, other employees and patients while working in a healthcare facility. Required are annual tuberculosis screening, Hepatitis B vaccine, COVID vaccine, MMR, Varicella, DTaP as well as annual influenza vaccine. *Declinations are rare*. If you decline the flu vaccine, you may be required to wear a mask while in patient care areas of the VA.    2. **Primary source verification** of all prior education and training is certified via the TQCVL. Training and Program Directors will be contacting the appropriate institutions to ensure that trainees have the appropriate qualifications and credentials as required by the admission criteria of the training program in which the trainee is enrolled. |

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| **Financial and Other Benefit Support for Upcoming Training Year\*** | NA X |
| Annual Stipend/Salary for Full-time Interns | 36,828 |
| Annual Stipend/Salary for Half-time Interns | NA |
| Program provides access to medical insurance for intern? | Yes |
| **If access to medical insurance is provided:** | NA X |
| Trainee contribution to cost required? | Yes |
| Coverage of family member(s) available? | Yes |
| Coverage of legally married partner available? | Yes |
| Coverage of domestic partner available? | No |
| Hours of Annual Paid Personal Time Off (PTO and/or Vacation) | 104 |
| Hours of Annual Paid Sick Leave | 104 |
| In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave? | Yes |
| Other Benefits (please describe): | Up to 40 hours of Authorized Absence for educational activities  Life Insurance |
| \*Note. Programs are not required by the Commission on Accreditation to provide all benefits listed in this table. | NA X |

|  |  |
| --- | --- |
| **Initial Post-Internship Positions** | NA X |
| (Provide an Aggregated Tally for the Preceding 3 Cohorts) | N2019-22019022A X |
|  | **2019-2022** |
| Total # of interns who were in the 3 cohorts | 18 |
| Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree | 1 |
| Academic teaching | PD=0, EP=0 |
| Community mental health center | PD=0, EP=0 |
| Consortium | PD=0, EP=0 |
| University Counseling Center | PD=0, EP=0 |
| Hospital/Medical Center | PD=6, EP=0 |
| Veterans Affairs Health Care System | PD=8, EP=0 |
| Psychiatric facility | PD=0, EP=0 |
| Correctional facility | PD=0, EP=0 |
| Health maintenance organization | PD=0, EP=0 |
| School district/system | PD=0, EP=0 |
| Independent practice setting | PD=1, EP=2 |
| Other | PD=0, EP=0 |
| Note: “PD” = Post-doctoral residency position; “EP” = Employed Position. Each individual represented in this table should be counted only one time. For former trainees working in more than one setting, select the setting that represents their primary position. | NA X |

# Application Process

The internship is 2080 hours, full-time for one year. We anticipate funding for six Psychology Intern positions for the next training year.

The Psychology Training Program is a member of APPIC and follows all of its guidelines in selecting applicants; therefore, this internship site agrees to abide by the APPIC Policy that no person at this training facility will solicit, accept or use any ranking-related information from any intern applicant prior to the Rank Order List submission deadline.

The Program will be utilizing the APPIC sponsored Internship Matching Program.

Applicantsmay obtain and submit the Applicant Agreement form on the Matching Program web site*:* <https://natmatch.com/psychint/>

***Submit the following materials no later than November 1, 2023 by 11:59pm (EST):***

A completed *APPIC Application for Psychology Internship*. This online AAPI is produced by the Association of Psychology Postdoctoral and Internship Centers (APPIC) and is available from the APPIC website: <http://www.appic.org/>

| **Match Number** | **Track** | **Positions Available** |
| --- | --- | --- |
| 136511 | General Internship | 2 |
| 136512 | Neuropsychology | 2 |
| 136513 | Health Psychology | 1 |
| 136514 | Interprofessional Mental Health | 1 |

### Interviews

A subset of appplicants will be offered an interview, and this interview is required for further consideration. In order to reduce barriers to interviewing, only virtual interviews will be offered. Interviews will be conducted by video conference or telephone. Please feel free to contact the Training Director with any questions you may have about interviews.

Applicants selected for interviews will be notified by December 4, 2023. *Tentative* dates for interviews are December 13, 2023, and January 8 and January 19, 2024. Please note that interviews are considered a two-way process. That is, they will help us evaluate applicants and allow applicants to evaluate our training opportunities. The purpose of the interview will be for the applicant to learn about our site and for training staff to evaluate the goodness of fit of each applicant to the internship.

### Contacting the Program

Applicants with specific questions are encouraged to contact the Internship Training Director ([Eileen.Bent@va.gov](mailto:Eileen.Bent@va.gov); 313-576-1000 x65908) or Associate Training Director ([Khrystyna.Melnyk@va.gov](mailto:Khrystyna.Melnyk@va.gov); 313-680-4470) . Rotation supervisors can also be contacted, and email addresses can be found at the end of their bios, below.

### Nondiscrimination Statement

The Psychology Training Program does not discriminate on the basis of race, color, national origin, age, marital status, sex, sexual orientation, gender identity, gender expression, ability status, religion, size, or military veteran status. This nondiscrimination policy applies to admission into the program as well as participation in all training program activties. This program policy is consistent with the Department of Veterans Affairs’ status as an Equal Opportunity Employer.

# Medical Center and Mental Health Service/Psychology Overview

## Patient Demographics[[1]](#footnote-1)

### Medical Center Demographics

Per the most recent demographic information available to our Training Program, the large majority of the patients seen within both the Medical Center as a whole and within the Mental Health Service identifies as male (approximately 88%).  Although data reporting on the socioeconomic backgrounds of our patient population was not available, we note that our patient population tends to be, on average, urban and working class.  Approximately 45% of the patients seen in the Medical Center were from Wayne County (where Detroit is located), which overall is an economically distressed region.  At the same time, about 18% of the patients seen in the Medical Center come from Oakland County, which has a more middle class to affluent socioeconomic profile, so our trainees do have exposure to patients with a range of socioeconomic backgrounds.  Our trainees also have the opportunity to work with patients across the age span of adulthood.

The patient population served by the Medical Center also includes a range of ability levels.  Approximately 48% of our patients are service connected for a mental health and/or physical disability, meaning that they have a documented condition(s) which results in significant functional impairment.  Thus, our trainees have excellent opportunities to work with individuals across a range of ability levels.

### Mental Health Service Demographics

The majority of intern training takes place within the Mental Health Service, which serves a large and diverse patient population.  In FY 2022, the Mental Health Service provided services to over 7000 unique patients.  Veterans identifying as male comprised 86% and veterans identifying as female 14% of the patients cared for within the Mental Health Service. Although men represent a much larger percentage of our patients, due to the overall large size of our patient population, trainees have sufficient opportunity to work with female patients. Regarding the racial background of our patient population, 47% of our patients identified as White, 46% as Black or African American, and 7% as “other” (including American Indian, Asian, Native Hawaiian/Pacific Islander, or not reported).  Although not evident in this data, several of our patients are of Middle Eastern descent, as several large Middle Eastern communities are within our facility’s catchment area.  Data were not available regarding religious affiliation, but we can report that we see many patients who identify as Christian, Muslim, Jewish, and non-religious.  Although specific demographic data were not available, LGBTQ+ veterans also seek care within our medical center and Mental Health Service.

The patient population within the Mental Health Service ranges in age from about age 20 to older than age 90, and patients in middle to older age are more heavily represented in our patient population.  Specifically, in FY2022, 2% of our patients were age 30 or younger, 26% were between ages 30 and 50; 47% were between ages 50 and 70; 23% were between ages 70-80; and 2% were over age 80.

## Psychology Setting

The Psychology workgroup is composed of 25 full-time and four part-time doctoral level psychologists. The Chief of Psychology, Dr. Michelle Abela, looks out for the unique needs of the profession, including the importance of training.

The Medical Center is conducive to psychology training from multiple perspectives. As a teaching hospital affiliated with Wayne State University Medical School, the Medical Center trains approximately 1200 health care students per year. Thus, upper-level management values training. The Mental Health Service provides training across several disciplines in addition to Psychology, including medical students, psychiatry residents and fellows, and social work interns.

Psychologists serve on many committees in the Medical Center, often in leadership roles. Medical Center Committees on which Psychologists play an active role include:

* Ethics Consultation Committee
* Mental Health Consumer Council
* Patient Care Review Board
* Alternative Dispute Resolution
* Critical Incident Stress Management Team
* Suicide Prevention Review Board
* Mental Health Executive Committee
* Evidence Based Psychotherapy Coordinator
* VA representative to the B-3 (Behavioral) Subcommittee of the Human Investigation Committee (IRB) at Wayne State

A Postdoctoral Residency in Clinical Psychology began in 2008. The postdoctoral residency is APA accredited, and we typically recruit for five positions. The residency has emphasis areas in addictions, interprofessional general mental health care, health (primary care-mental health integration/health promotion and disease prevention), and PTSD. Our training program does not currently take practicum students.

## Local Information

The metropolitan Detroit area is a cosmopolitan community that is home to an extremely diverse population with social, cultural, and academic activities reflective of that diversity. Many people are pleasantly surprised to learn that the area is home to a large professional community, many colleges and universities, varied entertainment venues, extensive cultural resources, and a great number of outstanding restaurants. The metropolitan area offers activities for people from a wide range of ethnic, religious and sexual orientations.

Detroit is comprised of a number of different areas/neighborhoods, each with distincive character and offerings. A few such areas are described below. We cannot do the city justice in this brief description, but we encourage you to check out <https://thedetroitilove.com/neighborhoods/> to get a fuller sense of the richness and diversity of the area.

The Downtown Detroit business district has undergone a multi-billion dollar redevelopment. Two state of the art stadiums, one for major league baseball's Tigers (Comerica Park) and the other for the National Football League's Lions (Ford Field), sit in the midst of a world-class entertainment district. The Detroit Symphony Orchestra performs regularly in the elegant Orchestra Hall not far from The Detroit Opera House.

The Detroit River is a major commercial shipping channel and provides a scenic background for many summer cultural festivals, the International Freedom Festival (which annually draws over a million people to one of the largest fireworks displays in the world), and Belle Isle, a public park with over 20 miles of walkways, golf course, and a zoo. Rivertown includes Detroit's upscale high rise Harbortown condominiums and marina near the MacArthur Bridge leading to Belle Isle State Park. The Riverwalk is a wonderful park/walking area that follows the Detroit River. The Riverwalk offerings include bike rentals, free-to-register riverside yoga, and fantastic views of the fireworks in summer. Rivertown is very close to Downtown Detroit as well – great for those in search of fine dining or major concerts/shows.

Corktown is the oldest surviving neighborhood in Detroit, dating to the 1850s. This area is mostly residential, with lots of small bars and restaurants. Fun fact: the brick pavers in this area were constructed in the 1870s after bicyclists advocated for better roads for their travel!

Eastern Market, established in the 1850s, is the largest historic public market district in the United States. It is open year-round on Saturdays and open on Sundays during the months of June to September. The district houses food wholesaling and processing businesses as well as public market sheds. The area also includes a mix of residential apartments, condos, and lofts.

The Detroit VA is located in an area known as Midtown. The Midtown area is home to academic and medical instituions, including Wayne State University (our academic affiliate), the Rehabilitation Institute of Michigan, Children’s Hospital of Michigan, Harper Hospital, Detroit Receiving Hospital, Sinai-Grace Hospital, and Karmanos Cancer Institute. Midtown is also host to artistic and cultural centers. Within one block of the VA Medical Center is the world-renowned Detroit Institute of Arts (DIA), the sixth largest fine arts museum in the United States. Also within short walking distance from the VA Medical Center are the Museum of African American History and the Detroit Science Center, which houses an IMAX theater and Digital Planetarium Dome.

Detroit is one of the busiest international border crossing points in the United States due to its proximity and easy access to Canada via the Ambassador Bridge and Windsor Tunnel. Opportunities for skiing, camping, boating and other outdoor activities are within hours of the city in central Michigan and Ontario, Canada. The VA Medical Center is conveniently located near several major expressways allowing interns easy access to residential areas in the city and surrounding suburbs.

# Training Model and Program Philosophy

The training approach for the Psychology Predoctoral Internship Training Program is based on a practitioner-scholar model. The Psychology Training Program is designed to contribute to the development of a clinical attitude, the desire to understand people in order to reduce human suffering. An emphasis is placed, therefore, on the development of reflective skills and the evaluation of research for informed practice. Reflection includes consideration of individual, cultural, and societal factors pertaining to both the provider and receipeint of services. In addition to supervised clinical experiences, this objective is realized through a thorough didactic program utilizing the Psychology staff, staff from other disciplines, as well as consultants from nearby universities and from the professional community.

# Program Goals, Objectives, & Competencies

The goal of the program is to present a series of learning experiences for interns that fosters their development as highly ethical professional psychologists who can function effectively in many different clinical environments with a primary emphasis on multidisciplinary urban medical centers. A secondary goal of the Program is to contribute to the mission of the Medical Center in providing high quality psychological services to patients and their families.

The goal of generalist training is achieved through exposing students to 1) a variety of supervisors who represent a diverse set of backgrounds and theoretical orientations, 2) a large number of patients who are characterized by a diversity of mental disorders, ethnic backgrounds, levels of education, and socioeconomic status, and 3) different types of activity such as case presentations, multidisciplinary planning conferences, administrative meetings, and weekly didactics.

Students will also be aware of issues of human diversity in the practice of psychology and will possess essential knowledge of various models of supervision. Through the training experiences in the tracks and rotations, interns will also gain experience in various emphasis areas (such as neuropsychology, PTSD, substance use disorders, and so on).

We expect that trainees completing the internship will be ready for entry-level practice. We expect their skills to be adequate to obtain competitive postdoctoral fellowships or employment as a Psychologist in a Department of Veterans Affairs facility; however, the training is aimed at developing skills that will also be transferable to other clinical settings. Over the course of the internship year, trainees are expected to attain competency in the following areas:

1. Intervention
2. Assessment
3. Supervision
4. Consultation and interprofessional/interdisciplinary skills
5. Individual differences and cultural diversity
6. Research and Integration of science and practice
7. Ethical and legal standards
8. Professional values, attitudes, and behaviors
9. Communication and interpersonal skills

# Diversity Statement

The John D. Dingell VAMC is committed to serving veterans with diverse identities including, but not limited to, gender, race, ethnicity, sexual orientation, age, physical ability, and religious/spiritual orientation. The Psychology Training Program is appreciative of and dedicated to encouraging and helping trainees understand their own identities and develop awareness, knowledge, and skills in cultural humility. Trainees are provided multiple opportunities and experiences to increase their multicultural competence/cultural humility. These include a diversity journal club, diversity-focused presentations, attention to matters of diversity and identity within clinical supervision, discussions with psychology staff, supervisors, and peers, and direct provision of services to veterans from diverse backgrounds. Trainees are also encouraged to seek out additional trainings on Diversity, Equity, and Inclusion (DEI) topics, such as cultural adaptations, DEI program implementation, etc. In addition to opportunities offered through our training program and our VA, several excellent opportunities are provided through the VA nationally, including a quarterly DEI call/seminar offered by the Office of Mental Health and Suicide Prevention (OMHSP) as well as an Ethics and Diversity cyberseminar series. In addition, past trainees have sought out membership on the national VA Psychology Training Council’s Multicultural Diversity Committee, a national workgroup that focuses on continued improvement of training regarding diversity and inclusion. Trainees who seek out additional opportunities such as these are supported by the program.

# Program Structure

The Psychology Section is committed to providing a high-quality training experience within a 40-hour week. Interns are currently afforded an opportunity to acquire professional clinical skills in both inpatient and outpatient settings. Initially working under close supervision of experienced and skilled staff members, students are expected to work with increasing independence as they develop their individual competencies.

We offer separate match codes for the applicants interested in Interprofessional General Mental Health Care (one intern), Neuropsychology (two interns), Health Psychology (one intern), and the traditional, or General, Internship (two interns) tracks. Applicants are welcome to apply to more than one track, should they be qualified for and sincerely interested in each track which they apply. Interns who match to the General internship track may complete rotations in any of the rotations described below, with the exception of the Neuropsychology and Rehabilitation Neuropsychology rotations. Please note, however, that in any given training year, certain rotations may not be available. To the extent possible, applicants will be informed about any anticipated changes to rotations.

Efforts are made to tailor the internship experience to the individual intern's needs and to allow specialized training experiences from the program's available resources. Early in the training year, an individualized statement of training goals (i.e., the Learning Plan) is drafted which identifies the trainee’s goals for the internship and links them with planned experiences. Each intern's preferences for specific learning experiences are met to the extent allowed by available resources. The Psychology Training Program has in the past been quite successful at developing Learning Plans that meet most interns' initial proposals for training goals. To ensure learning objectives are being met, interns' Learning Plans are reviewed with the training director midway through internship. Interns may also request training plan changes at various points during the year.

The Psychology Section considers the internship to be primarily a learning experience; thus, training will be the main objective. Service to clients, while an important function, will not take precedence over fulfilling the provisions of an intern’s Learning Plan.

Five of the six interns undertake two major rotations at a given time. Throughout the year, approximately sixteen hours per week are spent in the Mental Health Clinic (MHC) and sixteen hours in another training rotation. After six months, interns remain in the MHC, but also choose a new training rotation assignment under the supervision of another psychologist. Thus, each intern has the opportunity to work with at least three different primary supervisors during the course of a year.

One intern matched to the Interprofessional General Mental Health position will spend the entire year working in interprofessional teams in the MHC. This intern may elect to do most of their clinical training within the MHC or may elect a rotation in another clinic that operates in an interprofessional team (such as the inpatient psychiatry unit, the Transitions partial hospital program, the Substance Use Disorders Clinic, the Domiciliary, the Homeless Veteran’s Program, and the Psychosocial Rehabilitation and Recovery Center).

Interns receive a minumum of four hours of supervision each week. Primary supervisors are fully licensed, doctoral level staff clinical psychologists. Our supervisors are early, mid-career, and senior psychologists, and have acquired a great deal of experience guiding the development of professional psychologists. Supervision of interns is considered an enjoyable and fulfilling experience by our staff. All interns participate in a weekly group supervision session. In addition, at least one hour of supervision is provided by the psychologist supervising the MHC rotation, and at least one hour of individual supervision is provided by the psychologist supervising a non-MHC training rotation. In some rotations, supervision is also provided by Psychology Postdoctoral Residents (under the supervision of a staff psychologist) and social workers with expertise in the respective area. Digital and voice recordings of sessions often supplement the case report method of supervision.

When successfully completed, the training program will allow interns to competently perform psychological assessments; conduct psychotherapeutic interventions utilizing individual as well as group psychotherapy procedures; and provide consultation to practitioners from other disciplines as well as to clinical programs.

Interns are formally evaluated every three months, and also formally evaluate their supervisors and the Training Program every three months. Intern alumni are also asked to evaluate the Training Program in the years following completion of internship. The Training Director is always open to receiving input that may improve an intern's training experience.

In respect to educational opportunities, didactics average two hours per week and are drawn from areas of expertise among our staff psychologists, staff from other disciplines, and outside lecturers. Didactic topics include intervention (including several of the VA’s evidence-based psychotherapy offerings), ethics and legal issues, professional development, and consultation. Within the didactic program a subset of approximately 12 sessions is organized as a diversity and identity didactic and discussion series. In addition to program didactics, the Psychology workgroup (staff psychologists and trainees) meet approximately 3x/month. These sessions including a monthly formal educational presentation during which trainees present topics of professional interest, and monthly case conference presentation given by a trainee, and a monthly Cultural Diversity Journal Club discussion. Interns in the Neuropsychology track also attend additional didactics with focus on topics relevant to neuropsychology and rehabilitation psychology in collaboration with nearby institutions (see the track and rotation description for more information).

Opportunities exist in the nearby academic and professional community to attend lectures and colloquia. For example, interns are welcome to attend Grand Rounds for Wayne State University's Department of Psychiatry and Behavioral Neurosciences that are held weekly during the academic year.

Trainees may apply for Authorized Absence (AA) to attend educational events, professional conferences, or conventions. Each intern may use up to 4 days of AA for VA interviews (postdoc or job), up to one day for dissertation defense, and up to five days total (hours would strictly be for approved educational events off station). For Authorized Absence to be granted, trainees must be in good standing with the Training Program and making good progress in meeting their respective requirements.

## Internship Tracks and Training Rotations

Our internship training is organized into four tracks (each with a separate match code): Interprofessional General Mental Health Care (one intern), Neuropsychology (two interns), Health Psychology (one intern), and the General track (two interns).

### Mental Health Clinic

All interns (across all tracks) complete a year long, 16 hour per week training experience in the **outpatient Mental Health Clinic (MHC)**. The MHC treats a diverse population of veterans with complex mental health, psychosocial, and medical needs within a large urban setting.  In the MHC, interns provide approximately five hours of individual psychotherapy per week. Short- and long-term psychotherapy cases are available in the Clinic, and there may also be opportunities for couples therapy. Interns also provide an average of one hour of group psychotherapy per week. Group therapies are held in the MHC, but other group therapy opportunities may be available in other clinics as well. Interns in the MHC rotation also conduct intake interviews for new patients and serve as a member of at least one mental health interdisciplinary treatment team, serving as a consultant to the team, providing psychology’s input and also helping team patients get connected to psychology services. Training focuses on developing those skills required for making sound clinical decisions and working closely with an interprofessional team.

As part of the allocated time within the Mental Health Clinic, the **Psychological Assessment Clinic** provides psychology trainees with training in psychodiagnostic assessment. This assessment training experience includes didactics and fact finding to bolster clinical interviewing and differential diagnosis skills, review of case material in a collaborative group format, as well as exposure to a variety of theoretical, ethical, and clinical issues pertaining to assessment, diagnosis, and treatment. Full assessments are completed by psychology interns, under the staff psychologist’s supervision, with referrals placed for patients that have been refractory to care and require diagnostic clarification for treatment considerations. Interns build upon their foundational knowledge, with an emphasis on the comprehensive clinical interview, administration, accurate scoring, interpretation, report writing, verbal feedback, and professional consultative aspects of psychological assessment (e.g., with the mental health treatment team and/or referring provider). Psychology trainees meet as a group with the Psychological Assessment Supervisor to discuss and review/conceptualize psychological assessments and to receive didactic training. Depending on clinical rotations, interns are also encouraged to utilize skills learned to conduct additional assessment in other clinics. Of note, the interns in the neuropsychology track do not participate in the Psychological Assessment Clinic given the strong emphasis on neuropsychological and psychological evaluation within the track rotations.

In addition to the yearlong Mental Health Clinic training experience, interns will also complete six-month rotations (approximately 16 hours/week with the exception of the neuropsychology rotations, which are 20 hours/week). Rotation options vary by internship track as described below.

### Neuropsychology Track

Two interns each year will be matched for their interests in neuropsychology. In addition to the year-long MHC experience described above, interns in the Neuropsychology track will complete the following 20-hour per week rotations (one in the Fall and one in the Spring):

#### Neuropsychology Rotation

An opportunity is offered to learn how to assess and evaluate the contribution of disturbed central nervous system functioning as well as mental health symptoms to behavior. The experiences on this rotation correspond to the guidelines for predoctoral neuropsychology training developed by Division 40 (Clinical Neuropsychology) of the American Psychological Association as well as the Houston Conference. Students will learn standardized neuropsychological assessment procedures, interpretation of test data and application of test results to determine appropriate treatment plans.

A variety of referral questions may prompt a request for neuropsychological assessment.  Most consultations are to evaluate the cognitive and emotional functioning in patients with suspected or documented neurological impairment.  The most frequent reasons for neuropsychological consultations include documentation of neurological disorders, differentiation of neurological diagnoses (e.g., progressive vs. stable, global vs. specific, functional vs. organic), development of treatment plans (e.g., pharmacological, surgical), consultation regarding further assessment (e.g., psychiatric, neurological, sleep study), and baseline assessment of progressive diseases.  Interns are assigned at least one neuropsychological assessment weekly.

#### Rehabilitation Neuropsychology Rotation

This rotation is directed at assessment of brain behavior relationships and subsequent rehabilitation therapy with veterans who have sustained brain injury. The experiences on this rotation correspond to the guidelines for predoctoral neuropsychology training developed by Division 40 (Clinical Neuropsychology) of the American Psychological Association. Students will be exposed to brief neuropsychological assessment of returning OEF/ OIF veterans directed primarily at mild traumatic brain injury and differential diagnosis of psychopathology. Administration of tests, interpretation of tests and application of assessment results to rehabilitation are goals of this rotation. Psychotherapy directed at rehabilitation and adaptation for those who have suffered a brain injury will be an important aspect of the application of neuropsychological assessment, and this psychotherapy experience is conducted through the entire year (although the formal rotation itself is 6 months). Research opportunities may also be present through archival data developed in this service.

#### Additional Neuropsychology Didactic Experiences

As noted previously, the interns in the Neuropsychology track participate in neuropsychology-specific learning opportunities throughout the year. In addition to attending the general internship program weekly didactics, the interns in the Neuropsychology track participate in a multi-site neuropsychology-focused didactic series that is a collaborative effort across several Midwest VA training sites. Our Neuropsychology track interns are also often able to participate in didactics hosted by other institutions. For instance, in the current training year, our Neuropsychology track interns attend weekly didactics with a focus on neuropsychology and rehabilitation psychology offered through the Rehabilitation Institute of Michigan (RIM). There have also been opportunities to participate in didactic seminars and case conferences offered through Rehabilitation Psychology and Neuropsychology at the University of Michigan. Interns in the Neuropsychology track are also given time for self-selected neuropsychology-related learning activities (such as participation in the KnowNeuropsychology didactic series, listening to the NavNeuro podcast series, participation in the VA’s national mild TBI cyberseminar series, or other such relevant learning activities). The Neuropsychology and Rehabilitation Neuropsychology rotations are 20 hours per week, given the combination of clinical training experiences plus the additional didactic experiences.

### Health Psychology/Primary Care-Mental Health Integration (PCMHI) Track

One intern will be matched for the Health Psychology/PCMHI track. In addition to the year-long MHC experience previously described, the intern in the Health track will spend 16 hours/week in the Health Psychology/PCMHI rotation in the areas described below. Interns in the General Track may be able to elect rotations in either area depending on availability of resources.

#### Health Psychology Rotation

This rotation focuses on the integration of biological, psychological and social factors affecting medical patients. Trainees will incorporate cognitive-behavioral, third wave and motivational interviewing approaches aimed at health-related behavior change and adjustment to and management of medical illness. They will provide group and individual treatment in areas that include weight management, tobacco cessation, sleep (including CBT-I and CPAP adherence), transplant, bariatrics, tinnitus and whole health. Trainees will be involved in interdisciplinary work and collaborate with staff in several areas including Clinical Pharmacy, Audiology, Nutrition and Food Service, Sleep Medicine, Pulmonary Medicine, Primary Care and Cardiology.  Training experiences in the Oncology Clinic may also be available, that include performing initial core assessments with individuals who have a cancer diagnosis, providing brief individual and group psychotherapy or utilizing interventions while the veteran is in chemotherapy infusion. On the Health Psychology rotation, trainees will gain experience in the provision of treatment via multiple modalities, including telephone- and video-based care, and work alongside other disciplines in the prevention and management of chronic disease. In addition, trainees will participate in small, team-based psychological evaluations for bariatric surgery as well as solid organ and stem cell transplant and may also participate in the provision of formal staff training programs on the use of patient self-management approaches, including motivational interviewing. Opportunities for program development, implementation and evaluation may also exist. This rotation is available to the Health Psychology intern and postdoctoral residents. It may be possible for an interested General Track intern to elect a health psychology rotation or health psychology group facilitation experience.

#### Primary Care-Mental Health Integration (PCMHI) Rotation

PCMHI is designed to provide behavioral health and health behavior care in the PACT (primary care) setting to improve the overall health of the Veteran by providing access to behavioral health services. One main goal of PCMHI is to provide immediate access to clinical assessment and appropriate collaborative care and treatment for those experiencing mental health symptoms within PACT. Patients are first evaluated in the PCMHI clinic using a brief, structured interview. The PCMHI clinic also offers the option of structured follow-up assessments and serves as a platform to specific disease management modules for mild to moderate depression and anxiety based on cognitive-behavioral therapy and motivational interviewing. The PCMHI clinic addresses the importance of evidenced-based practice and outcome research by quantifying the degree of impairment and co-morbid psychiatric disorders, and by tracking patient progress throughout disease management. PCMHI providers also often work with patients to assist with health behavior change and to address other common behavioral health needs, including implementing cognitive and behavioral interventions for insomnia and other chronic medical conditions. Trainees will have the opportunity to perform brief individual and group psychotherapy, conduct initial “core assessments”, actively participate in treatment planning conferences, and potentially develop and run a group aimed at relieving symptoms of mild to moderate mood problems via behavior change.  The Health Psychology postdoctoral residents and intern rotate through the PCMHI clinic.  Other interested General Track interns may be able to elect a PCMHI clinic rotation depending on the availability of office space and supervisors.

### Interprofessional General Mental Health (IPMH) Track

One intern will be matched to the IPMH track**.** This track is designed to develop effective leadership, communication, and clinical skills within an interprofessional mental health setting. Training focuses on how complex healthcare systems work, and developing leadership, communication, and collaborative care skills on interdisciplinary mental health teams, as well as completion of program improvement projects.

The intern in the IPMH track will carry a caseload of veterans for individual therapy in the Mental Health Clinic (MHC), conduct group therapy, perform psychological assessments, and be a member of at least one interdisciplinary mental health treatment team.  The intern may elect to do most of their clinical training within the MHC, or may elect to train half-time (approximately 16 hours/week for the full year) in the MHC and half-time (approximately 16 hours/week for the full year) in a rotation in another clinic that has an interprofessional team structure (such as the Domiciliary, Psychiatric Inpatient Unit, Community Living Center, the HUD/VASH (Homeless) Psychotherapy Outpatient Clinic, the Substance Use Disorders Clinic, or the Transitions partial hospital program), providing clinical care and participating on another interdisciplinary treatment team.   See rotation descriptions below for more detail.

In addition to their clinical training experiences, the intern in the interprofessional track will learn ways to improve communication between mental health professionals and departments, work with multiple practical quality improvement projects, and receive and help develop didactics on management, leadership, and communication.  While some experiences and projects will be provided by the program, the intern will also have opportunities to develop their own projects and learning experiences.

### General Internship Track

Two interns each year will be matched for our traditional (or general) internship track.  In addition to spending half time in the MHC throughout the year, interns in this track will complete two of the rotations described in the following section.  Of note, interns matched for the general internship will not have access to the Neuropsychology or Rehabilitation Neuropsychology rotations.

### Rotation Options

The following rotation options are available to interns in the General and Interprofessional Mental Health Tracks, unless otherwise noted.

(Please note that we cannot guarantee the availability of a given rotation, as rotations are occasionally unavailable due to factors such as staff changes, availability of resources such as office space, or multiple trainees expressing interest in the same rotation.)

#### Domiciliary Residential Rehabilitation Treatment Program (DRRTP)

The DRRTP is designed to provide state-of-the-art, high-quality residential rehabilitation and treatment services for Veterans with multiple and severe medical conditions, mental illness, addiction, or psychosocial deficits. The DRRTP identifies and addresses goals of rehabilitation, recovery, health maintenance, improved quality of life, and community integration in addition to specific treatment of medical conditions, mental illnesses, addictive disorders, and homelessness. The residential component emphasizes incorporation of clinical treatment gains into a lifestyle of self-care and personal responsibility. Treatment intensity, environmental structures, milieu, and type of supervision vary based on population served, and need to be relevant to the diversity of the population, e.g., age, ethnicity, and culture. Trainees within the rotation with the DRRTP will complete mental health screenings (depression, PTSD, anxiety, cognitive) and Suicide Risk Evaluations (SREs) for incoming and discharging residents, conduct individual and group therapy, and participate in weekly clinical, educational, and training meetings for consultation and support. The DRRTP is located about 8 miles away from the main medical center in the newly opened Valor Center. This rotation is expected to be available for interns in the General and/or Interprofessional tracks.

#### Health Psychology

See description on p. 16. The Health psychology rotation is a guaranteed rotation for the intern in the Health track. It may be possible for an interested General Track intern to elect a health psychology rotation or health psychology group facilitation experience.

#### Primary Care-Mental Health Integration (PCMHI)

See description on pp. 16. The PCMHI rotation is a guaranteed rotation for the intern in the Health track. It may be possible for an interested General Track intern to elect a PCMHI rotation depending on the availability of office space and supervisors.

#### Psychiatric Inpatient Unit

On the Inpatient Psychiatric Unit, trainees will be able to perform brief individual and group psychotherapy, psychological and clinical assessments, and participate in daily treatment team conferences. The focus of the unit is on high-intensity, short-term inpatient treatment for conditions such as psychosis and thought disorders, mood disorders such as bipolar disorder or Major Depressive Disorders, and substance-induced mood or psychotic disorders, in addition to acute risk related to suicidal and/or homicidal ideation. The inpatient unit psychologist is also involved in issues requiring legal intervention, such as alternative treatment orders and involuntary hospitalization. Trainees will be expected to contribute to the interdisciplinary treatment team by providing clinical observations and offering opinions regarding assessment and therapeutic intervention from a psychological perspective.  This rotation is open to interns in the General and Interprofessional tracks. Interns in any track may also be able to arrange minor experiences (such as running a group or conducting an assessment) even if this is not selected as a full rotation.

#### Community Living Center (CLC)

The CLC psychology rotation offers training in the provision of psychological services in geriatrics as part of a multidisciplinary team. Interns will provide psychological services in the Community Living Center, which include the hospice inpatient unit, the palliative care service, rehabilitation unit, short-stay units, and the long-term care units. Services include rapid evaluation, psychotherapy, ongoing clinical management, and staff education. Trainees will attend interdisciplinary team meetings and will have the opportunity to work with a wide variety of health care professionals. This rotation is open to interns in the General and Interprofessional tracks.

#### HUD/VASH Psychotherapy Outpatient Clinic

Interns who elect this rotation will have the opportunity to conduct individual and group psychotherapy with Veterans who are considered vulnerable based on the extent to which identified issues related to a history of homelessness and lack of mental health services have negatively affected their functioning. The HUD/VASH Psychotherapy Outpatient Clinic is structured to meet the needs of this population who first require supportive housing services, and then are provided with mental health services to address co-morbid and/or tri-morbid issues that could include severe and persistent mental illness, chronic medical conditions, and substance use/dependence. Trainees will participate in multidisciplinary planning meetings, as well as manage a clinical case load including individual and group therapy (with supervision) with Veterans that present with obvious impairments in functioning that require a high level of interventions. This rotation would be appropriate for a trainee who is interested in working with a complex population whose conditions have been poorly managed or not managed at all; have little to no insight in regard to the severity of their situation and/or the underlying dynamics of their vulnerabilities and mental health; and have poorly managed their physical health and/or substance abuse issues. This rotation is open to interns in the General and Interprofessional tracks.

#### PTSD Clinic

The PTSD program provides time-limited, evidence-based therapy services for veterans who are struggling with posttraumatic stress disorder from both their experience in and outside of the military. Interns have the opportunity to participate in a range of clinical opportunities working closely with other team members.  Opportunities include training in formal evaluation of PTSD, in particular use of the Clinician Administered PTSD Scale for DSM-5 (CAPS-5) as well as provision of group and individual therapy. Therapy provided through the program is expected to include use of some evidence-based treatments for PTSD (including, but not limited to, Prolonged Exposure and Cognitive Processing Therapy). Experience is also obtained in treatment planning using a shared decision-making model. Interns working within the PTSD Clinical Team would also participate in weekly clinical, educational and training meetings for consultation and support. This rotation is open to interns in the General track.

#### Psychosocial Rehabilitation and Recovery Center (PRRC)

The Psychosocial Rehabilitation and Recovery Center (PRRC) offers recovery-oriented, outpatient mental health services focused on helping Veterans with serious mental illness live personally fulfilling lives.  The PRRC team partners with Veterans and assists them in reaching their self-chosen goals by providing support, education, and treatment opportunities meant to foster empowerment, instill hope, validate strengths, teach life skills, and facilitate community integration.  Trainees will have the opportunity to conduct initial assessments and assist with treatment planning as part of an interdisciplinary team, along with providing individual and group therapy.  Interns in the General and Interprofessional tracks may be able to elect this rotation.

#### Substance Use Disorders (SUD)

The SUD program offers a range of services that vary in intensity and structure depending on the needs of the veteran. Trainees may be involved in the Intensive Outpatient Program (IOP) and/or the Outpatient Substance Use Disorders program. The IOP is designed as an empirically based addiction treatment program. The program operates in a multidisciplinary format with groups three days a week and individual treatment once a week. The staff includes a psychologist, psychiatrist, addiction therapists, a part-time occupational therapist, a part-time social worker, and a clerk. The Outpatient SUD program offers a less intensive range of primarily group programming for veterans with less severe substance use disorders. Trainees gain experience providing individual and group treatment to patients who present with diverse substance-based addictions, ethnic backgrounds, levels of education, and socioeconomic status. This rotation is open to interns in the General and Interprofessional tracks.

#### Transitions Program (formerly known as the Partial Hospital Program)

Interns in this rotation have the opportunity to conduct individual and group psychotherapy with Veterans who would more typically be considered for inpatient psychiatric hospitalization.  The Transitions Program is structured to meet the needs of a group of patients who require services that are intermediate to full inpatient and more intensive than the traditional outpatient mental health treatment.  A variety of psychotherapy groups per week are available to choose from for group experience.  Interns also perform individual assessments and participate in multidisciplinary planning meetings.  Interns in the General and Interprofessional tracks may elect this rotation.

### Other Program Experiences:

Program Evaluation***:*** Interns complete a program evaluation project under the supervision of a licensed psychologist. Interns are rated on their competency in program evaluation upon completion of the project, which is typically presented to the psychology staff and other trainees in the third or fourth quarter of the training year.

Dissertation Release Time/Research: If their schedules permit, interns may elect up to four hours per week to devote to completing their dissertations or working on a project from their graduate program (such as preparing a manuscript for publication). It may be possible to develop and conduct a research project through our VA using this portion of the time, but please be aware that few of our psychology staff are currently conducting ongoing research projects; further, the one-year time frame of internship may not be long enough for completion of such a project. If conducting a research project is an important goal, please contact the Training Director to discuss further.

Case and Educational Presentations: Interns present one educational and one psychotherapy or assessment case as part of the Psychology workgroup meeting. Staff and trainees present provide feedback on the intern's presentation for its strengths and areas for growth.

# Requirements for Completion

Competency ratings are based on the student’s clinical work and professional behavior. Interns’ competency at the end of the training year should be at a level of readiness for entry-level practice (such as entry into a postdoctoral residency or an entry level staff psychologist position, such as a GS-11 position within the VA). Specifically, interns must attain competency in the areas of intervention, assessment, supervision, consultation and interprofessional/ interdisciplinary skills, individual differences and cultural diversity, research and Integration of science and practice, ethical and legal standards, professional values, attitudes, and behaviors, and communication and interpersonal skills.

Evaluation and Feedback. Supervisors provide trainees with feedback on an ongoing basis. Interns are formally evaluated by their supervisor in each rotation at the end of every quarter. The evaluation used contains a description of the student's clinical and training activities for the period, a narrative covering strengths, weaknesses, and changes observed over the evaluation period, as well as supervisor ratings of the intern's performance in relevant areas of professional functioning. A five-point rating scale is used to evaluate the student on each item:

1. Competency in this area is at a level *below expected* for interns at the beginning of training. Intern requires close supervision in completing this activity, up to and potentially including direct observation. Supervision includes giving intern explicit instruction and monitoring the intern’s application of competence.
2. Competency in this area is at the *beginner* level expected at the start of internship training, but not at the level of independent performance. Intern requires modest supervision. Supervision includes review of written and oral summaries of work product.
3. Intern demonstrates an *advanced beginner* level of competency, typical for interns midway through their training year.  Intern can function with minimal or periodic supervision. Performance is acceptable, but further growth is desirable.
4. Intern demonstrates an *intermediate* level of competency, which is defined as the level expected at the conclusion of internship training. Intermediate competency is seen as competency at the level expected for an entry-level clinical psychologist (such as a postdoctoral fellow/those at the GS-11 level in the VA system). Readiness for entry-level practice includes the ability to independently function in a broad range of clinical and professional activities, generalize skills and knowledge to new situations, and self-assess when to seek additional training, supervision, or consultation. Supervision includes review of written and oral summaries of work product.
5. Intern demonstrates an advanced level of competency, notably beyond what is typically observed by interns at the conclusion of their training year (such as a staff psychologist working at or above the GS-12 level in the VA system). Intern requires minimal supervision, as intern could perform this activity independently.

U - Unsatisfactory. Intern is performing at a level that requires remediation.

NR = Not Rated—Not applicable or not sufficient evidence.

It is assumed that all interns’ performances will be rated at least at level “2” for the first quarter of the year. As the year progresses a student’s performance is expected to improve to level “4” by the end of the training year. Supervisors meet with each student at the end of each evaluation period to discuss competency ratings.

**Addressing Problems of Professional Competence**: Occasionally, a trainee encounters difficulty in making expected progress toward attaining required competencies. A formal policy is in place that guides steps to be taken with the aim of providing the needed supports, modifications to training, etc. that will help the trainee address concerns and successfully complete the program. Due process, appeal, and grievance (complaint) procedures are also established in the event that a trainee believes that they have been treated unfairly or disagree with actions taken by a supervisor or the training program. A copy of these written policies can be requested by emailing the Training Director.

# Facility and Training Resources

Typically, the six psychology interns share a bullpen office located in the MHC. Each intern has their own desk, computer, phone, and lockable file cabinet. Computers house the electronic medical record, high-speed internet, Microsoft Office, and a connection to many valuable resources typically found in medical libraries. An abundance of on-line, satellite, and classroom training relevant to psychology is offered.

Interns have access to the same technical and clerical support resources that are provided to staff.  Specifically, several medical support assistants (MSAs) provide clerical support, including scheduling of appointments and checking patients in and out.  Several Program Support Assistants (PSAs) work in the Mental Health Service, and provide support to staff and psychology trainees, including assistance with the scheduling system, some functions within the medical record, assistance with the time and leave system, and ordering supplies.  They also assist with photocopying, scanning, and similar tasks.  VA trainees have the same access to local and national IT resources as do permanent VA staff, which includes access to facility IT support and national help desk IT support.

**Employee Assistance Program (EAP).** Psychology trainees and their families have access to the Detroit VA’s EAP program. The EAP services are provided by a contracted agency (currently ESPYR). Available services include counseling (up to 5 sessions and assistance with referrals), legal and financial consultation, and assistance with referrals for a variety of issues (including childcare, elder services, academic resources, and pet care). An informational flyer about the EAP services is available upon request.

**Reasonable Accommodations.** The Training program strives to be inclusive and accessible, responsive and sensitive to the individual needs of each trainee. Trainees are encouraged to speak with the Training Director regarding any specific needs they may have or accommodations they may need, for instance regarding scheduling needs, religious observance, and accommodations related to conditions under the Americans with Disabilities Act. Within the training program, requests for disability or other accommodations may be requested informally through discussion with the Training Director or formally through Human Resources. Additional information about the process for formally requesting disability accommodations can be requested through the Training Director or by contacting Human Resources at [VISN10ReasonableAccommodations@va.gov](mailto:VISN10ReasonableAccommodations@va.gov).

**Fitness Center.** Psychology trainees have access to the medical center’s Fitness Center at no cost. The Fitness Center has a range of fitness equipment, as well as several fitness classes. Also of note, the facility and VISN have a range of virtual wellness options available to employees.

**Personal Protective Equipment and COVID-19 mitigation measures.** At the time of the writing of this manual, masking is optional for veterans and for trainees and staff in most areas of the hospital. There are clinical areas where patients are deemed more vulnerable where masking is still required. . By and large, trainees are typically not in these areas, but supervisors will advise trainees about any area-specific policies and practices. If a veteran asks a provider to wear a mask during an encounter, the provider is expected to do so. Trainees are welcome to wear masks if they so choose. Masks are available every day in stands by each of the medical center entrances. Other personal protective equipment, such as face shields, can be requested from the Training Director or clinical supervisor. Applicants are encouraged to reach out to the Training Director about any concerns, questions, or individual needs surrounding COVID or any other health issues.

# Administrative Policies and Procedures

Annual, Sick, and Authorized Leave: Annual Leave is used for vacations and periods of personal and/or emergency situations. Trainees earn four hours of annual leave in each biweekly period; thus 13 days are earned in the 12-month fellowship. Sick Leave is used when a trainee is unable to work due to sickness, injury, or medical or dental appointments or to care for the medical needs of a family member. Trainees accrue four hours of sick leave for each full bi-weekly pay period. No more than 208 hours of leave can be used over the course of the training year. Trainees may apply for up to five days of Authorized Absence to attend educational events and professional conferences or conventions.

Procedures for Addressing Concerns. Interns are encouraged to provide feedback and suggestions, and the Training Program is committed to ongoing efforts to continue to improve the program and meet the needs of trainees. Interns are also encouraged to raise concerns should they arise. In our experience, most concerns can be handled informally. For instance, a trainee might raise a concern or provide feedback directly to a supervisor; trainees are also always welcome to consult with the Training Director and/or Associate Training Director for help with a concern or complaint, or a request for a change (for instance a change in supervisor or rotation). Interns also have representation on the Psychology Training Committee, and can bring suggestions, feedback, and concerns directly to the Committee. In the event that more informal means do not sufficiently address a concern, an intern may present a grievance in writing under our formal grievance procedure. A copy of the Formal Grievance procedure, and associated due process and appeal procedures, are included in the Trainee Orientation Manual, reviewed with trainees early in the training year, and are also available to applicants from the Training Director upon request.

Training Program Policies: The Psychology Training Program maintains several policies, for instance about intern selection, financial support, evaluation practices and competency expectations, trainee performance difficulties, functioning of the Training Committee, and program grievance policies for trainees and staff. All policies are available upon request from the Training Director.

Privacy Policy: We will collect no personal information about you when you visit our website.

Self-Disclosure: We do not require interns to disclose personal information to their clinical supervisors except in cases where personal issues may be relevant to their clinical work or are adversely impacting a trainee’s performance and such information is necessary to address these difficulties.

VA Drug-Free Workplace Program:In accordance with Executive Order 12564, the VA conducts drug screening exams on randomly selected personnel as well as new employees. Interns are not required to be tested prior to beginning work, but once employed they are subject to the following types of drug testing, as are other employees: random; reasonable suspicion; injury, illness, unsafe or healthful health practice; follow-up after completion of a counseling or rehabilitation program for illegal drug use through the VA Employee Assistance Program (EAP). Interns will be asked to sign an acknowledgement form attesting to awareness of this practice.

The following additional information relevant to trainees has been provided by the VA’s Office of Academic Affiliations (OAA):

* VHA HPTs may receive counseling and rehabilitation assistance through the VA EAP. Contact the local VHA HR office for more information about EAP.
* VHA HPTs will be given the opportunity to justify a positive test result by submitting supplemental medical documentation to a Medical Review Officer (MRO) when a confirmed positive test could have resulted from legally prescribed medication.
* Prior to being notified of a drug test, VHA HPTs may avoid disciplinary action by voluntarily identifying themselves to EAP as a user of illegal drugs. Disciplinary action will not be initiated if the HPT fully complies with counseling, rehabilitation and after-care recommended by EAP, and thereafter refrains from using illegal drugs. Note: Self-identification must happen prior to being notified of a drug test. This option is no longer viable once an HPT has been selected for a drug test.
* Please be aware that VA will initiate termination of VA appointment and/or dismissal from VA rotation 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.

Other Possible Requirements as VA Employees: 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 will be provided. The Training Director will provide trainees with the information needed to understand the requirement and reasons for the requirement in timely manner.

For instance, at this time of the writing of this brochure, VHA employees including HPTs are required to receive a COVID vaccine, or to request a medical or religious exemption.

# Impact of the COVID-19 Pandemic on Internship Training

The COVID-19 has created personal and professional challenges for all, and has had varying impacts on our training program over the past few years. For instance, earlier in the pandemic, some training rotations were unavailable, either because the associated program was not running because of the pandemic, or because of concern about the safety of the rotation given the pandemic, particularly for inpatient or residential units. During the current (2023-2024) training year, all programs are running at full capacity and no rotations have been unavailable due to the pandemic, but we do wish to note that this could be possible (although not anticipated) in the future.

As a result of changes ushered in by COVID, some of our team meetings and didactics have shifted to virtual formats, typically using MS Teams. At present, most of our Mental Health Clinic treatment team (BHIP) meetings are held by Teams. Our program didactics have been a mix of some in-person sessions and some sessions held by Teams. While interns have had some telework flexibility in prior training years, the current intern cohort is located on site 5 days per week. At this time, telework for trainees is not expected in the 2024-25 training year, although this option will be re-evaluated as the training year approaches. Some of our psychology staff engage in partial telework (for instance, working remotely 1-2 days per week), and telesupervision is sometimes utilized.

While all the ways in which COVID may affect the training program cannot be fully known, our commitment is to keep open lines of communication with our applicants and trainees as the situation evolves. Applicants are encouraged to contact the Training Director with any questions.

# Psychology Staff

***Michelle Buda Abela*** is the Chief of the Psychology Service and Deputy ACOS of Mental Health Services.  She has served as the Director of the Outpatient Mental Health Clinic and Coordinator for the Psychosocial Rehabilitation and Recovery Center (PRRC).  Dr. Abela previously worked as the PTSD/Substance Use Disorder specialist in the PTSD clinic.  Dr. Abela earned her Ph.D. in clinical psychology from the University of Detroit Mercy in 2006, after completing her pre-doctoral internship at Wayne State University.  She also obtained her Ph.D. in developmental psychology from Wayne State University in 2000.  Her developmental research focused on pregnancy drinking as part of the former Fetal Alcohol Research Center at Wayne State University.  Dr. Abela has worked in the Wayne County Juvenile Court and Jail Systems, along with victims of crime at Detroit Receiving Hospital.  She also coordinated outpatient research for the Services for Treatment of Early Psychosis (STEP) program at Wayne State University.  Her clinical interests are focused on chronic and severe mental illness.   ([Michelle.Abela@va.gov](mailto:Michelle.Abela@va.gov))

***Bradley N. Axelrod*** is a clinical neuropsychologist who obtained his Ph.D. in Clinical Psychology from Wayne State University in 1989 and completed internship in neuropsychology at Ann Arbor VAMC.  Dr. Axelrod is currently an Adjunct Associate Professor in the Departments of Neurology and Psychology at Wayne State University, and a member of the Adjunct Faculty in the Departments of Psychology at the University of Detroit Mercy and Utah State University. He served leadership roles in the Society of Clinical Neuropsychology, National Academy of Neuropsychology, and Association for Internship Training in Clinical Neuropsychology.  Dr. Axelrod is the coauthor of 2 book, 23 book chapters, 160 articles, and more than 200 research presentations.  His research interests are in the psychometric study of assessment instruments.  ([Bradley.Axelrod@va.gov](mailto:Bradley.Axelrod@va.gov))

***Winnetha Benn-Burton*** is the Recovery Supervisory Psychologist**.** In her role she oversees programs that are located at the recently opened VALOR Center.  Dr. Benn-Burton has been in the VA system over 30 years and has overall oversight for programs under the Recovery Section within Mental Health Services.  The Recovery Section programs include, the Domiciliary, a 50 bed residential program located a few miles from the main facility;  the Vocational Rehabilitation/Compensated Work Therapy programs that provide therapeutic worksites as practice for Veterans who want to work and assist Veterans in obtaining and maintaining employment; the Transitions program for Veterans who may have recently discharged from inpatient psychiatric services or Veterans who are becoming symptomatic and need services to prevent hospitalization;  and the Psychosocial Rehabilitation and Recovery Center (PRRC), a recovery focused program for Veterans with serious mental illness to assist Veterans in their recovery to obtain a fulfilling life of their choice.  After working several years at the Ann Arbor VA, initially as a generalist and then as the Local Recovery Coordinator, she also has worked on the inpatient psychiatric service and as the Primary Care Integration Psychologist.  Dr. Benn-Burton earned her Ph.D. in clinical psychology from Wayne State University, after completing her pre-doctoral internship at Henry Ford Hospital.  Throughout her career she has provided individual and group psychotherapy, psychological assessments, supervision to pre doctoral interns and post-doctoral residents in psychology, consultation to and participation on many hospital committees and served as a surveyor of psychology internship programs for the American Psychological Association.  Her interests and career focus has been working with persons with serious mental illness, psychotherapy, psychodynamic treatment, and program development.  ([Winnetha.Benn-Burton2@va.gov](mailto:Winnetha.Benn-Burton2@va.gov))

***Eileen Bent*** is Director of Psychology Training, staff psychologist in the Mental Health Clinic, and member of the facility’s Integrated Ethics Committee.  Dr. Bent earned her Ph.D. in Clinical Psychology from the University of Massachusetts Amherst.  She completed her internship in clinical psychology at Baylor College of Medicine and her postdoctoral fellowship at the University of Missouri.  Dr. Bent provides individual and group psychotherapy in the Mental Health Clinic. Her clinical interests include relationship and family functioning as well as anxiety and mood problems. Clinical supervision is another area of interest.  ([Eileen.Bent@va.gov](mailto:Eileen.Bent@va.gov))

***Allison Collins*** is a staff psychologist and the Health Behavior Coordinator for the Detroit VA Medical Center.  As Health Behavior Coordinator, she coordinates and implements weight management and tobacco use cessation programming, staff education and training in motivational interviewing and patient-centered communication, and ongoing health promotion and disease prevention program development, implementation and evaluation. She earned her Ph.D. in clinical psychology, with an emphasis in health psychology, from Bowling Green State University.  She completed her pre-doctoral internship at the Boston Consortium in Clinical Psychology at the VA Boston Healthcare System.  She also completed her postdoctoral training at the VA Boston Healthcare System and was hired as a staff health psychologist with the Medical Psychology Service and later as the MOVE! weight management Program Coordinator with the Primary Care Service.  Her primary research and clinical interests are in the areas of weight management, physical activity, diabetes, telehealth, and health promotion more generally.  ([Allison.Collins2@va.gov](mailto:Allison.Collins2@va.gov))

***Heather Farrow*** earned her Psy.D. in clinical psychology at Nova Southeastern University in Fort Lauderdale, FL. She is currently a psychologist at the Domiciliary Residential Rehabilitation Treatment Program (DRRTP) at the John D. Dingell Detroit VAMC, providing group and individual therapy to Veterans with multiple and severe medical conditions, mental illness, addiction, or psychosocial deficits. While at the Tennessee Valley Healthcare System in Murfreesboro, TN, she was an outpatient psychologist and the Military Sexual Trauma (MST) Coordinator for men, where she coordinated mental health care for men who experienced sexual trauma while enlisted in the military. After transferring to the Atlanta VAMC in 2015 and Saginaw VAMC in 2018, she provided treatment in the Primary Care-Mental Health Integration program. Dr. Farrow has been formally trained in the VA EBPs in Problem Solving Therapy, Cognitive Processing Therapy, Motivational Interviewing, and PCMHI National training. Throughout her career at the VA, Dr. Farrow has taught graduate classes at University of Detroit Mercy, Fisk University in Nashville, TN, and supervised pre- and post-doctoral trainees. Dr. Farrow is a member of Association of Black Psychologists.  ([Heather.farrow2@va.gov](mailto:Heather.farrow2@va.gov))

***Shantee Foster*** earned her Ph.D. in Clinical Psychology from the University of North Carolina at Greensboro. She completed her pre-doctoral internship at University of Akron, Ohio and served as a postdoctoral fellow for two years at the Medical University of South Carolina. Before joining the VA Medical Center, she worked at Wayne State University in the Counseling and Psychological Center. Dr. Foster is currently the staff psychologist with the Home-Based Primary Care program. Her areas of interest include cognitive-behavioral therapy, managing anxiety/depression, and adjustment. ([Sahantee.Foster@va,gov](mailto:Sahantee.Foster@va,gov))

***Stacia Gessner*** is a staff psychologist in the Integrated Mental Health-Pain Clinic.  Interventions involve short term therapy for pain, sleep, anxiety, and depression, use of EBP’s as well as hypnosis, and teaching mindfulness. She is familiar with a variety of interventions to include CBT-I, CBT-CP, ACT, CPT, PE, WET, STAIR, MI, and DBT informed skills. Formerly of the PTSD treatment team, she is familiar with PTSD assessment and treatment modalities. She completed her pre-doctoral internship at the Eastern Kansas Veterans Administration Medical Center.  She subsequently completed her post-doctoral training specializing in PTSD here at the John J. Dingell VA Medical Center.  Prior to joining the staff at JJDVAMC, she worked briefly with the State of Michigan at the Center for Forensic Psychiatry training to be a forensic evaluator. She is interested in psychological flexibility and how it intersects with mental and physical health. ([Stacia.gessner@va.gov](mailto:Stacia.gessner@va.gov))

***Leena Hadied*** is a clinical psychologist with Whole Health. Dr. Hadied earned her Ph.D. in clinical psychology from the University of Detroit Mercy.  She completed her pre-doctoral internship at the Detroit VA Medical Center and specialized in patient-centered care. She subsequently completed her postdoctoral training at the Detroit VA Medical Center in health psychology, specializing in Primary Care-Mental Health Integration and Health Promotion Disease Prevention. Prior to joining the Detroit VA Medical Center as a staff psychologist, Dr. Hadied worked as a staff psychologist at the Center for Forensic Psychiatry.  Her clinical interests are in the areas of health psychology, adjusting to chronic illness, and forensic psychology. ([Leena.Hadied@va.gov](mailto:Leena.Hadied@va.gov))

***Charice Hamber*** is a Psychology Technician at the John D. Dingell VA Medical Center and performs psychometric testing for neuropsychological evaluations. She received her MA in Counseling Psychology from Moody Theological Seminary and Graduate School in 2010. She also held positions as a Psychologist (TLLP) at New Directions for Better Living doing individual therapy and some psychological testing, Case Manager for severely mentally ill adults in group homes and Home-based Child Therapist at Easter Seals. She also worked as a contract S.I.S Assessor for the DD population at MORC. She also did volunteer work as a Crisis Counselor for Crisis Text Line. Charice served in the Michigan Army National Guard from 2000-2014 and is currently serving in the Army Individual Ready Reserve with the rank of Major. During her time in service, she worked as part of the Combat Stress Team assisting soldiers who were struggling during annual training. ([Charice.Hamber@va.gov](mailto:Charice.Hamber@va.gov))

***Morgan Hurst*** is the Director of Integrated Care Services for Mental Health. These services are the health psychology programs which include: PCMHI, Sleep clinic, Pain clinic, Oncology clinic, Health Promotion Disease Prevention, Geriatric psychology, Home Based Primary Care, and Neuropsychology. She has served as the Coordinator of the Primary Care-Mental Health Integration Clinic and is currently the Ethics Consultation Coordinator at the Detroit VA Medical Center. She has been formally trained in the VA EBP’s Problem Solving Therapy, Motivational Enhancement Therapy, Cognitive Behavioral Therapy for Insomnia, Cognitive Behavioral Therapy for Chronic Pain, and is a VA Peer Consultant for Brief CBT-CP.  Dr. Hurst earned her Ph.D. in counseling psychology from Texas A&M University. She completed her pre-doctoral internship at the Institute for Human Adjustment at the University of Michigan. She subsequently completed her postdoctoral training at Henry Ford Hospital in health psychology specializing in psychosocial assessment of cancer and transplant patients. Prior to joining the Detroit VA Medical Center, Dr. Hurst worked as a staff health psychologist with the Medical Psychology Service at the Orlando VA Medical Center. Her clinical interests are in the areas of adjustment to chronic illness and women’s health. ([Morgan.Hurst@va.gov](mailto:Morgan.Hurst@va.gov))

***Adnan Jaber*** is a clinical psychologist with the Substance Use Disorder Clinic. Dr. Jaber completed his Doctor of Philosophy in Clinical Psychology at the University of Detroit Mercy, where he also received his Master of Arts degree in Clinical Psychology in 2010. Dr. Jaber completed an APA-accredited internship at the Aurora Mental Health Center in Colorado specializing in Primary Care/Behavioral Health Psychology, outpatient work in community settings, and working with refuges.  Dr. Jaber also worked as a staff psychologist at the Center for Forensic Psychiatry. His current research interests include health psychology, moral judgment, consciousness and the mind-body problem, and forensic psychology. ([Adnan.Jaber@va.gov](mailto:Adnan.Jaber@va.gov))

***Myosha Julian*** is a PCMHI Psychologist. Dr. Julian completed her graduate studies at The Chicago School of Professional Psychology and her Post-Doctoral Residency at the John D. Dingell VA in Health Psychology. Prior to joining the John D. Dingell, Dr. Julian worked as a PCMHI psychologist at the Ann Arbor VA at their Toledo CBOC. Her clinical interests are in the areas of diabetes management, pain management, adjustment to chronic illness, women’s health, and diversity issues. ([Myosha.Julian@va.gov](mailto:Myosha.Julian@va.gov))

***Jean L. Kanitz*** is the Psychology Program Manager for the Workplace Violence Prevention Program (WVPP) at the Detroit VA Medical Center under the Medical Center’s Associate Director.  She is a Clinical and Forensic Psychologist and serves as Chair of the Disruptive Behavior Committee (DBC), the Employee Threat Assessment Team (ETAT), the Workplace Behavioral Risk Assessment (WBRA) Executive Team, and the Workplace Violence Prevention Program (WVPP) Committee, as well as oversees the Prevention and Management of Disruptive Behavior (PMDB) Program and is an Administrator of the Disruptive Behavior Reporting System. She serves as a clinical/forensic psychology consultant to Administration, and to all hospital staff and teams.  Dr. Kanitz earned her Masters’ and Ph.D. degrees in Clinical Psychology from the University of Detroit Mercy.  She completed her pre-doctoral internship at the University of Michigan. She completed a Psychoanalytic Psychotherapy Fellowship at the Michigan Psychoanalytic Institute. She subsequently completed her postdoctoral training in Forensic Psychology at the Center for Forensic Psychiatry (CFP) and was certified by the State of Michigan as a Consulting Forensic Examiner. She joined the Detroit VA in 2016 as the VA Homeless Program’s HUD/VASH Psychologist where she set up and ran their outpatient psychotherapy clinic.  Her clinical interests are in the areas of violence risk and threat assessment, psychodynamic trauma-informed mental health treatment, forensic psychology, and program development.  ([Jean.Kanitz@va.gov](mailto:Jean.Kanitz@va.gov))

***Jennifer LaBuda***is a clinical neuropsychologist who works in the polytrauma and neuropsychology outpatient clinics. Her professional focus has been in neuropsychology and rehabilitation psychology, with a special emphasis in geriatrics, traumatic brain injury, and pain management. She is a master trainer for evidence-based intervention for chronic pain and teaches pain neuroscience education. She completed her doctorate in clinical psychology from the University of Detroit Mercy, internship in neuropsychology/behavioral medicine at the Ann Arbor VAMC, and post-doctoral ABCN rehabilitation neuropsychology residency at the Rehabilitation Institute of Michigan. She previously held an academic /teaching appointment in Europe (UMUC), and clinical faculty appointment in PM&R at WSU school of medicine.  Her research interests include the ecological validity of neuropsychological instrumentation, anger management behavioral management, and evidence-based psychotherapy treatment ([Jennifer.LaBuda@va.gov](mailto:Jennifer.LaBuda@va.gov)).

***Samantha Lewis*** is a psychologist who obtained her Ph.D. in Clinical Psychology from the University of Detroit Mercy in 2018. She completed her internship in clinical psychology at the Ann Arbor VAMC and a postdoctoral fellowship at the John D. Dingell VAMC in Detroit, MI. Dr. Lewis currently serves as the psychologist on the Psychiatric Inpatient Unit. Her research interests focus on attachment and family functioning. Her clinical interests are focused on the treatment of individuals who suffer from chronic and severe mental illness. ([Samantha.Lewis15@va.gov](mailto:Samantha.Lewis15@va.gov))

***Kyr Hudson Mariouw*** is a rehabilitation neuropsychologist who obtained her Ph.D. in Clinical Psychology from the Pacific Graduate School of Psychology at Palo Alto University. She completed her predoctoral internship at the John D. Dingell VAMC and two-year post-doctoral fellowship in Rehabilitation Psychology/Neuropsychology at the DMC Rehabilitation Institute of Michigan. Dr. Mariouw works in the TBI/Polytrauma and Neuropsychology Clinics, she is the supervisor for the Psychological Assessment Clinic, and she also supervises postdoctoral trainees in the Health track in CBT for Chronic Pain. Her research and clinical interests also include neuropsychological assessment, adjustment to chronic illness, as well as behavioral management following traumatic brain injury and neurodegenerative disease processes. Dr. Mariouw is President of the Michigan Psychological Association, where she also serves on the Finance Committee. She is a Member at Large on the Executive Board of the Society for Black Neuropsychology.  ([Kyrstina.Mariouw@va.gov](mailto:Kyrstina.Mariouw@va.gov))

***Khrystyna Melnyk*** is a staff psychologist at Primary Care Mental Health at the Detroit VA Medical Center. She received her PhD in Clinical Psychology at University of Detroit Mercy. She stays actively involved in interdisciplinary collaboration co-facilitating shared medical appointments for patients with chronic health issues and leading group and individual counseling through an intensive Tobacco Use Cessation Program and an interdisciplinary weight management program known as MOVE!. In these programs, she works alongside clinical pharmacists, dietitians, addiction therapists and other healthcare professionals. She also provides treatment via video conferencing technology and engages in health coaching focused on health maintenance and prevention/management of chronic disease. Dr. Melnyk participates in psychological evaluations for bariatric surgery and/or organ transplantation and serves as a liaison with specialty care programs such as bariatric, cardiology, renal, and chronic obstructive pulmonary disease programs. She also provides consultation and coaching to primary care and other medical staff and assist in the provision of formal staff training programs on the use of patient self-management approaches.  Dr. Melnyk applies cognitive behavioral techniques and motivational interviewing approaches aimed at health-related behavior change, and manages depression, anxiety, and other mental health concerns in primary care setting. The work in this setting also involves assisting with health behavior change, implementing cognitive interventions for insomnia and other sleep issues, conducting consults in the primary care setting, and co-leading Cognitive Behavioral Therapy for Insomnia and CPAP skills groups. ([Khrystyna.Melnyk@va.gov](mailto:Khrystyna.Melnyk@va.gov))

***Eric F.D. Miller*** is a staff psychologist in the Mental Health Clinic and is the Behavioral Health Interdisciplinary Program Team Coordinator. Additionally, he oversees the trainees in the Interprofessional Mental Health training tracks. He received his doctorate from Eastern Michigan University in 2013, completed his internship at the Michigan State University Counseling Center, and his Interprofessional Mental Health Postdoctoral fellowship at the John D. Dingell VAMC. In his previous career, Dr. Miller was the director of martial arts studios whose curricula were informed by developmental, behavioral, and sports psychology research and incorporated mindfulness meditation. In his career as a psychologist, his research has been focused on the Mindfulness- and Acceptance-based Therapies, and clinically he specializes in Acceptance and Commitment Therapy.  ([Eric.Miller5@va.gov](mailto:Eric.Miller5@va.gov))

***Kiel Opperman*** is the Homeless Programs Psychologist, primarily working with HUD-VASH, at the John D. Dingell (Detroit) VAMC. He earned his Ph.D. in clinical psychology at Wayne State University in Detroit, MI and completed his APA internship at the Detroit VAMC. Between his time as an intern and full-time psychologist at the Detroit VAMC, he worked as a psychologist in community mental health (CMH) in Detroit. While in CMH, Dr. Opperman acted as the Director of Housing, overseeing permanent supportive housing programs, a rapid rehousing program, and project-based voucher programs funded by the State of Michigan. In addition to providing therapeutic services in CMH, he conducted research, developed new programs, and secured funding for his agency. Dr. Opperman’s interests are in homelessness, poverty, and severe mental illness. ([kiel.opperman@va.gov](mailto:kiel.opperman@va.gov))

***Julie Paavola*** is a staff psychologist in the Community Living Center at the Detroit VA Medical Center where she provides psychology services to veterans hospitalized for short-stay rehabilitation or hospice/palliative care and to veterans residing on long-term care units. She serves a primarily geriatric population. Dr. Paavola earned her Ph.D. in clinical psychology from the University of Detroit Mercy. During graduate school, she worked with victims of crime at Detroit Receiving Hospital and as a research assistant for several years with the Services for the Treatment of Early Psychosis (STEP) outpatient program at Wayne State University. She completed her pre-doctoral internship at Wayne State University School of Medicine which included rotations in geriatric psychology. Prior to joining the Detroit VAMC in 2020, Dr. Paavola was employed as a staff psychologist for five years at the Center for Forensic Psychiatry where she was assigned as a treatment psychologist on an inpatient psychiatric unit and also conducted court-ordered evaluations as a certified Consulting Forensic Examiner by the State of Michigan. Clinical interests include geriatric psychotherapy and assessment, serious and persistent mental illness, forensic psychology, and adjustment to chronic illness. Dr. Paavola also, along with Recreation Therapy currently, co-facilitates the Amputee Wellness Program for veterans living with limb loss. ([Julie.Paavola@va.gov](mailto:Julie.Paavola@va.gov))

***Gabriela Ramirez*** is a BHIP Staff Psychologist. She completed her PsyD at Xavier University in Cincinnati, Ohio, followed by Internship at Case Western Reserve in Cleveland, Ohio in the University Health and Counseling Services department. She then completed her Fellowship in Adult Clinical Health Psychology at McLaren Flint. Dr. Ramirez also has experience working with eating disorders at a PHP and IOP level of care. Her dissertation focused on yoga as an intervention for anxiety in eating disorders. Dr. Ramirez primarily draws from 3rd wave CBT therapies such as DBT, ACT, and Mindfulness-Based CBT in her work. She has formal training in DBT, and currently leads a DBT skills group at the Detroit VA. In her spare time, Dr. Ramirez enjoys travelling, cooking and spending time with family. ([Gabriela.Ramirez@va.gov](mailto:Gabriela.Ramirez@va.gov))

***Michael Regenold*** works as staff psychologist in the Transitions Program (partial hospitalization program) and Psychosocial Rehabilitation and Recovery Center (PRRC).  Prior work experience at VA Medical Centers includes psychiatric inpatient and domiciliary settings. Dr. Regenold has been formally trained in VA EBPs in Motivational Interviewing and Cognitive Behavioral Therapy for Psychosis.  Dr. Regenold earned his Psy.D. in clinical psychology at the University of Denver in 2005.  His primary theoretical approach is cognitive-behavioral therapy.  ([Michael.Regenold@va.gov](mailto:Michael.Regenold@va.gov))

***Sara Rizzo*** is the Director of BHIP Therapeutics. She earned her Ph.D. in clinical psychology from the University of Detroit Mercy and has been at the Detroit VA since 2012. In the past, she provided treatment in Primary Care-Mental Health Integration Clinic and coordinated and provided care in the Intensive Outpatient Program for substance use disorders. She has been formally trained in the VA EBP’s Problem Solving Therapy, Motivational Enhancement Therapy, Cognitive Behavioral Therapy for Insomnia, Cognitive Behavioral Therapy for Chronic Pain, and Cognitive Processing Therapy, and was trained as a national consultant for MI/MET trainees. She is a professional member of the American Diabetes Association and is a certified mental health provider for persons with diabetes. Additional duties while employed at the VA have included serving as a VA representative on the Wayne State University School of Medicine’s Behavioral Health Institutional Review Board committee and conducting VA Police psychological exams. ([Sara.Rizzo@va.gov](mailto:Sara.Rizzo@va.gov))

***Jay Sands*** is a Psychology Technician at the John D. Dingell VA Medical Center and performs psychometric testing for neuropsychological evaluations. He received his M.S. in Clinical Health Psychology from the University of Michigan – Dearborn in 2020. Prior to joining the JDDVAMC, he held a position at Michigan Medicine as a psychometrist in the Rehabilitation Psychology/Neuropsychology division of the PM&R department. In this position, he conducted psychological and neuropsychological evaluations for adults (TBI, Stroke, Post-COVID Syndrome, and more) and pediatrics (Craniofacial Anomalies, Duchenne’s Muscular Dystrophy, Epilepsy, and more).  ([Jay.Sands@va.gov](mailto:Jay.Sands@va.gov))

***Monika Sata*** is a staff psychologist in the Integrated Mental Health-Oncology Clinic. She earned her Ph.D. in clinical psychology at the University of Detroit Mercy.  Dr. Sata completed her APA-accredited internship at the John D. Dingell VA Medical Center and began her postdoctoral fellowship in health psychology at the John D. Dingell VA Medical Center before transitioning to her current staff position.  During graduate school, Dr. Sata worked with burn patients, trauma, and individuals with chronic medical conditions at Detroit Receiving Hospital. Dr. Sata also worked at Walter Reuther Psychiatric Hospital performing psychological evaluations, group psychotherapy and individual psychotherapy in an inpatient psychiatric hospital setting. Dr. Sata currently provides individual and group psychotherapy in the Oncology/Hematology Clinic.  Groups include Tobacco Cessation for Hematology/Oncology clinic patients, Living with Cancer Support Group, and Transplant Support Group. Dr. Sata also conducts Bone Marrow and CAR-T transplant evaluations in the oncology clinic. Her clinical and research interests include adjustment to chronic illness, geriatric psychotherapy, grief and loss, health promotion, and health care utilization. In addition to duties at the VA, Dr. Sata is an adjunct psychology faculty member at Rochester University and conducts evaluations on older adults in nursing homes in Oakland County. ([Monika.Sata@va.gov](mailto:Monika.Sata@va.gov))

***Janelle Smith*** is a staff psychologist and the PTSD/SUD specialist in the PTSD treatment team clinic. Dr. Smith earned her Ph.D. in Clinical Psychology from the California School of Professional Psychology in San Diego. She completed her pre-doctoral internship at the New Mexico VA Healthcare System in Albuquerque, and a trauma-focused postdoc at the VA North Texas Healthcare System in Dallas. Prior to joining the JDDVAMC team, Dr. Smith worked as a behavioral sciences consultant for the Mayor of Detroit, and helped to establish a behavioral health team at the Detroit Health Department.  When Dr. Smith isn’t providing psychotherapy in the PTSD treatment clinic, she is a proud member of the US Army Reserve where she has served for over 20 years. Her interests include trauma, women’s health issues, leadership, behavioral economics, and innovative ways to use psychology as a super-power. ([Janelle.Smith@va.gov](mailto:Janelle.Smith@va.gov))

***Jessica Spies*** is a Psychology Technician at the John D. Dingell VA Medical Center and performs psychometric testing for neuropsychological evaluations. She received her M.S. in Clinical Health Psychology from the University of Michigan-Dearborn in 2007 and L.L.P. through the State of Michigan in 2009. She was as an Addiction Therapist in the Intensive Outpatient Program at the JDDVAMC from 2008-2015, where she specialized in group and individual therapy for substance use disorders. Prior to joining the JDDVAMC, Ms. Spies worked as a technician in clinical research for the Neurology Department at Wayne State University’s School of Medicine from 2005-2008. ([Jessica.Spies@va.gov](mailto:Jessica.Spies@va.gov))

***Ann Usitalo*** is the Local recovery Coordinator at the Detroit VA Medical Center. She previously worked as a staff psychologist on the Inpatient Mental Health unit. She earned her Ph.D. in clinical and health psychology at the University of Florida and completed a pre-doctoral internship at the VA Medical Center in Gainesville, Florida, and a post-doctoral fellowship at Nemours Children’s Clinic in Jacksonville.  She also completed a M.P.H. at the University of North Florida with a focus on Health Behavior and Health Education.  Prior to joining the Detroit VA, Dr. Usitalo was an assistant professor at the University of Florida Center for HIV/AIDS Research, Education and Service.  Clinical and research interests include adjustment to chronic illness, physical and mental comorbidity, stigmatization, and promoting resilience. ([ann.usitalo@va.gov](mailto:ann.usitalo@va.gov))

***Megan Wade*** is a clinical psychologist in the Mental Health Clinic. She earned her Doctorate of Clinical Psychology at Wright State University in Dayton, OH where she also received a postgraduate degree in Public Health Disaster Management and Emergency Preparedness. She completed her internship at the Iowa City VA and her postdoc fellowship in Interprofessional Mental Health at the Detroit VA. Dr. Wade is trained in EMDR, Internal Family Systems (IFS), Collaborative Assessment and Management of Suicidality (CAMS), and ACT. Outside of the VA, Dr. Wade works as an embedded police psychologist with Detroit Police/Fire and Oakland County Sheriff’s Office. She is trained in hostage negotiation, critical incident stress debriefing, and psychological first aid. As a police psychologist, she also collaborates with other departments such as the FBI and Michigan State Police to respond to critical incidents. In this role, she has responded to school shootings, line of duty deaths, and mental health crises with the severely mentally ill. Her research interests include disaster mental health, trauma and its comorbidities, preventative psychology, mental health crises, and suicidality. ([Megan.Wade@va.gov](mailto:Megan.Wade@va.gov))

***Dunia Zebari*** is a staff psychologist in the MHC and the Local Evidence Based Psychotherapy Coordinator.  She obtained her Ph.D. in clinical psychology from the University of Detroit Mercy and completed a three-year NIH research fellowship at the University of Michigan Medical School, Department of Physical Medicine and Rehabilitation.  She has also worked in private practice. She currently provides individual and group psychotherapy in the Mental Health Clinic. Groups include Stress Management, Anger Management, and a group employing cognitive-behavioral skills for mood improvement.  Dr. Zebari has been formally trained in the VA EBPs in Integrative Behavioral Couples Therapy, Behavioral Couples Therapy for Post-Traumatic Stress Disorder, Behavioral Couples Therapy for Substance Use Disorders, Prolonged Exposure, Acceptance and Commitment Therapy for Depression, and Cognitive Behavior Therapy for Insomnia. ([Dunia.Zebari@va.gov](mailto:Dunia.Zebari@va.gov))

# Former Trainees, in the year immediately following internship

**2022-2023:**

**Dr. A:** Postdoctoral Research Fellow In Health Services Research at the Durham, NC VA

**Dr. B:** Postdoctoral Resident (trauma emphasis) at the Cincinnati VA Medical Center

**Dr. C:** Postdoctoral Resident (women’s mental health emphasis) at the Ann Arbor VA/University of Michigan Consortium

**Dr. D:** Postdoctoral Fellow in Physical Medicine & Rehabilitation, Michigan Medicine/University of Michigan

**Dr. E:** Psychologist in private practice

**Dr. F:** Psychologist in private practice

**2021-2022:**

**Dr. A:** Postdoctoral Fellow in Physical Medicine & Rehabilitation, Michigan Medicine/University of Michigan

**Dr. B:** Postdoctoral Resident (health emphasis) at the John D. Dingell VA Medical Center

**Dr. C:** Postdoctoral Resident (interprofessional emphasis) at the John D. Dingell VA Medical Center

**Dr. D:** Postdoctoral Resident (health emphasis) at the John D. Dingell VA Medical Center

**Dr. E:** Postdoctoral Resident in clinical neuropsychology at Unversity of Wisconsin-Madison

**Dr. F:** Postdoctoral Resident (substance use disorder emphasis) at the John D. Dingell VA Medical Center

**2020-2021:**

**Dr. A:** Postdoctoral Resident (interprofessional emphasis) at the John D. Dingell VA Medical Center

**Dr. B:** Postdoctoral Fellow at the Millenium Medical Group – West

**Dr. C:** Postdoctoral Resident in neuropsychology at the Central Arkansas VA Healthcare System

**Dr. D:** Postdoctoral Fellow in neuropsychology and rehabilitation psych at the Rehabilitation Institute of MI

**Dr. E:** Postdoctoral Resident (PTSD emphasis) at the John D. Dingell VA Medical Center

**Dr. F:** Postdoctoral Fellow at the Pickup Family Neurosciences Institute, Hoag Memorial Hospital

**2019-2020:**

**Dr. A:** Postdoctoral Resident in clinical neuropsychology at the University of Toledo Medical Center

**Dr. B:** Postdoctoral Fellow in neuropsych and rehabilitation psych at the Rehabilitation Institute of MI

**Dr. C:** Postdoctoral Resident at the Ann Arbor VA Healthcare System

**Dr. D:** Psychologist in private practice

**Ms. E:** Completing dissertation; later completed postdoctoral fellowship (substance use disorder emphasis) at the John D. Dingell VA Medical Center

**Dr. F:** Psychologist in private practice

**2018-2019:**

**Dr. A:** Postdoctoral Resident at the Pittsburgh VA

**Dr. B:** Postdoctoral Resident in a private practice group

**Dr. C:** Postdoctoral Resident (interprofessional emphasis) at the John D. Dingell VA Medical Center

**Dr. D:** Postdoctoral Research Fellow in geriatric neuropsychiatry research at Columbia University

**Dr. E:** Director of Program Development and Research at Central City Integrated Health (Detroit)

**Dr. F:** Postdoctoral Fellow in neuropsych and rehabilitation psych at the Rehabilitation Institute of MI

**2017-2018:**

**Dr. A:** Postdoctoral Resident (interprofessional emphasis) at the John D. Dingell VA Medical Center

**Dr. B:** Postdoctoral Resident in a private practice group

**Dr. C:** Postdoctoral Resident in neuropsych and rehabilitation psych at the Rehabilitation Institute of MI

**Dr. D:** Postdoctoral Resident at the Palo Alto VA Medical Center

**Dr. E:** Postdoctoral Resident at the Atlanta VA Medical Center

**Dr. F:** Postdoctoral Resident in neuropsych and rehabilitation psych at the Rehabilitation Institute of MI

**2016-2017**

**Dr. A:** Postdoctoral Resident in neuropsychology at Florida Hospital

**Dr. B**: Postdoctoral Resident (interprofessional emphasis) at the John D. Dingell VA Medical Center

**Dr. C:** Postdoctoral Resident in liver and infectious disease at the Washington DC VA Medical Center

**Dr. D:** Postdoctoral Resident at the San Francisco VA Medical Center

**Dr. E:** Psychologist in private practice

**Dr. F:** Postdoctoral Resident (health emphasis) at the John D. Dingell VA Medical Center

**2015-2016**

**Dr. A:** Postdoctoral Resident at Emory University

**Dr. B**: Postdoctoral Resident in Neuropsychology at Henry Ford Health System

**Dr. C:** Staff Psychologist at Jesse Brown VA Medical Center

**Dr. D:** Postdoctoral Resident in health psychology at Henry Ford Health System

**Dr. E:** Postdoctoral Resident in neuropsychology at TIRR Memorial Hermann/ Baylor College of Medicine

**Dr. F:** Postdoctoral Resident at Michigan State Univeisty/FAME Consortium for Advanced Psychological Training

**2014-2015**

**Ms. A:** Completing dissertation and teaching

**Dr. B**: Postdoctoral Resident in neuropsychology at the Milwaukee VA

**Dr. C:** Postdoctoral Resident at Consortium for Advanced Psychological Training

**Dr. D:** Postdoctoral Resident in neuropsychology at Nebraska Medicine

**Dr. E:** Postdoctoral Resident at the National Center for Organizational Development

**Dr. F:** Postdoctoral Resident in HIV and Liver Disease at at the John D. Dingell VA

**2013-2014**

**Dr. A:** Postdoctoral Resident in clinical psychology at the Univ. of Michigan Institute for Human Adjustment

**Dr. B**: Postdoctoral Resident in Primary Care Mental Health Integration at the Albuquerque VA

**Mr**. **C**: Completing dissertation and working in the field

**Dr. D**: Working in an Integrative Rehabilitation Medicine practice group

**Dr. E:** Postdoctoral Resident in neuropsychology at the Institute of Living/Hartford Hospital in Connecticut.

**Dr**. **F**: Postdoctoral Resident in neuropsych and rehabilitation psych at the Rehabilitation Institute of MI

**2012-2013**

**Dr. A:** Postdoctoral Resident in (health emphasis) at the John D. Dingell VA Medical Center

**Dr. B**: Postdoctoral Resident in forensic psychology

**Dr. C**: Postdoctoral Resident in neuropsychology at the Miama VAMC

**Dr**. **D**: Postdoctoral Resident in neuropsychology at the Rehabilitation Institute of Michigan

**2011-2012**

**Dr. A:** Postdoctoral Resident in Health Psychology at White River Junction VAMC

**Dr. B**: Postdoctoral Resident at a pediatric rehabilitation hospital in Ohio

**Dr. C**: Obtained Psychologist- Doc Educ Ltd License, and Career change, pursuing medical school

**Dr**. D: Postdoctoral Resident in chronic pain at the Cleveland Clinic

**2010-2011**

**Dr. A:** Completed a 2 yr fellowship in Health Psychology Fellowship at Hurley Hospital in Flint, Michigan

**Dr. B**: Working at an adolescent mental health treatment facility

**Dr. C**: Completed a 2 yr fellowship in Neuropsychology at the Rehabilitation Institute of Michigan

**2009-2010**

**Dr. A:** Completed a 2 year Postdoctoral Fellowship in Neuropsychololgy at the Ann Arbor, MI VAMC

**Dr. B:** Completed a 2 year Postdoctoral Fellowship and now employed as a Neuropsychologist at the Rehabilitation Institute of Michigan

**Dr. C:**  Completed a 2 year Postdoctoral Fellow at Brown University

**2008-2009**

**Dr. A:** Completed a 2 year Postdoctoral Fellow at the National Center for Occupational Development

**Dr. B:** Completed a Postdoctoral Fellowship in PTSD. Now a Staff Psycholgist at Pittsburgh, PA VAMC

**Dr. C:** Completed Postdoctoral Fellow in PTSD at the Ann Arbor, MI VAMC. Now teaching, working in a counseling clninc, and establishing a private practice

**2007-2008**

**Dr. A:**  Completed a postdoctoral Fellowship in Neuropsychology and now works a neuropsychologist at the Battle Creek, MI VAMC

**Dr. B:** Completed a postdoctoral Fellowship in Neuropsychology and now works as a neuropsychologist in Rancho Los Amigos National Rehab Center

**Dr. C:** Psycholgist in Metro Detroit

**2006-2007**

**Dr. A:** Completed a postdoctoral Fellowship in Neuropsychology and now works as a neuropsychologist at the Honolulu VAMC

**Dr. B:** Group home supervisor

**Dr. C:** Completed a postdoctoral Fellowship in Neuropsychology and now a neuropsychologist in Michigan's "thumb" region

**2005-2006**

**Dr. A:** Completed a Neuropsychology postdoctoral fellow at University of Toledo.

**Dr. B:** Completed a Health Psychology Fellowship at Hurley Hospital in Flint, Michigan

**Dr. C:** Staff Psychologist at Memorial Medical Center in Springfield, Illinois

**2004 – 2005**

**Dr. A:** Completed a Postdoctoral Fellowship, Childrens Hospital, Detroit.

**Dr. B:** Completed a Postdoctoral Fellowship in Neuropsychology, Milwaukee Medical Center (his own grant awarded funding)

**Dr. C:** Completed a Postdoctoral Fellowship in stress and immunity at Ohio State University.

1. Unless otherwise noted, the data cited here are from Fiscal Year 2022. [↑](#footnote-ref-1)