

# PRE-DOCTORAL INTERNSHIP In Professional Psychology

*At the Cincinnati VA Medical Center, Cincinnati, Ohio*



**Psychology Training Program  
2013-2014 Training Year**

# Predoctoral Internship in Professional Psychology

The Psychology Training Program at the Cincinnati VA Medical Center offers a predoctoral internship training program in professional psychology *accredited by the Commission on Accreditation of the American Psychological Association.*

The major goal of the program is the development of psychologists who have the knowledge, skills, and self-awareness necessary to deliver psychological services to diverse populations in a variety of settings competently and independently in a professional, empathic, and responsible manner. There are opportunities to examine a broad range of psychological problems, develop depth of skill in particular areas of specialization, and to gain practical experience that parallels and complements the academic background of doctoral-level psychology students. All activities during the training year are coordinated and supervised by the doctoral staff of the Cincinnati VA Psychology Program. Each intern's training experience is specifically designed to meet that student's needs, interests, and skill levels.

As a federal agency, we are an equal opportunity employer, mandated to utilize fully all workers' talents without regard to race, religion, color, sex, age, national origin or ancestry, marital status, parental status, sexual orientation or disability. Within the Department of Psychology, our goal is to extend this commitment to include the creation of a community that recognizes and values the inherent worth and dignity of every person. We believe that diversity among departmental members strengthens our staff, stimulates creativity, promotes the exchange of ideas, and allows us to provide more sensitive and effective patient care. Our program is based on a mentorship model, and we are proud to have a multicultural staff. We welcome diversity in our intern class, and we warmly encourage minorities and persons of diverse backgrounds of all types to apply to the Cincinnati VAMC internship. Interns are exposed to aspects of diversity unique to the veterans' population during the intern year through assessment, treatment, consultation, and intern-specific seminars. Our aim is to optimize the training experience through individual appreciation and clinical understanding of human diversity in all aspects of psychological practice.

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# The Setting

## Living in Cincinnati

Cincinnati is a scenic city built on seven hills along the banks of the Ohio River. The population of the city and surrounding metropolitan area is approximately 2.1 million people. It has the distinct advantage of being a large enough city to offer a great variety of experiences, while not being so large that one gets overwhelmed. Its moderate size allows for excellent government services while offering a wide variety of interesting social, cultural and athletic activities.

### **Population** (<http://www.cincyusa.com/multicultural/diversity/>)

The Census Bureau estimates Cincinnati's multicultural population at nearly 50% of the total. African Americans make up the majority of the city's diverse population, and a study released in June, 2007 by the Hispanic Chamber Cincinnati USA found that the area's Hispanic population grew by 38% between 2000 and 2005, ten times faster than the broader Ohio-Kentucky-Indiana Tri-State region.

Cincinnati is the home of the University of Cincinnati, Xavier University, Hebrew Union College, Cincinnati Art Academy, College Conservatory of Music and the College of Mount St. Joseph. In addition to the cultural events offered at these institutions, Cincinnati has a nationally known symphony orchestra (<http://cincinnatisymphony.org/>), the second oldest opera company in the United States (<http://www.cincinnatiopera.com/>), a May Festival devoted to classical oratorios with nationally known performers, and the Cincinnati Ballet Company. The Cincinnati Playhouse in the Park offers



The Aronoff Center for the Performing Arts

professional productions of contemporary and classical theater on its two stages throughout the year. The Aronoff Center for the Performing Arts in downtown Cincinnati hosts professional theatre and dance year-round (<http://cincinnatiarts.org/aronoff>).

The greater Cincinnati area also has more than 100 museums and galleries which enhance its reputation as a cultural center. These include the Cincinnati Art Museum in Eden Park, The National Underground Railroad Freedom Center, Contemporary Art Center, Taft Museum, Krohn Conservatory as well as the Museum Center which houses the Natural History Museum, the Cincinnati Historical Society, and the Children's Museum. Cincinnati also has a wonderful Planetarium and Observatory that are open to the public.

Cincinnati is the birthplace of major league baseball and our Cincinnati Reds currently play in the recently completed Great American Ball Park. Football fans can enjoy watching the Cincinnati Bengals play at the new Mike Brown Stadium. Boating, golfing, tennis, ice skating, hiking and camping are among the other activities enjoyed by Cincinnatians who utilize the Ohio River, local lakes and the outstanding state and county park systems.



Findlay Market, Ohio's oldest continuously operated public market, is a gathering place for the most socially, economically, racially, and ethnically diverse crowds found anywhere in Cincinnati. The Market is located just blocks from downtown in Over-the-Rhine, a dense historic neighborhood rich in 19th century architecture. Findlay Market is home year-around to about two dozen indoor merchants selling meat, fish, poultry, produce, flowers, cheese, deli, and ethnic foods, and hosts numerous street performers and special events.

(<http://www.findlaymarket.org/>)

## Cincinnati VA Medical Center

The Cincinnati VA Medical Center is a general medical and surgical hospital with all the services found in a large urban hospital. The Mental Health Care Line within the Medical Center is composed of six divisions including: Outpatient Mental Health; Post-Traumatic Stress Disorder/Anxiety; Assessment and Intensive Treatment; Substance Dependence; Domiciliary Care for Homeless Veterans; and Community Psychiatry. The various mental health services available to veterans are distributed between the main campus located two miles north of downtown Cincinnati, the Ft. Thomas Division located 5 miles southeast of downtown in Ft. Thomas, KY, and a system of 5 community-based outpatient clinics (CBOCs) located in Clermont County, OH, Butler County, OH, Bellevue, KY, Florence, KY, and Dearborn County, IN.

As a VA hospital, the Cincinnati VAMC is dedicated to the care of veterans whose injuries or medical conditions were obtained while in the United States military service. Whereas we serve a predominantly White and African-American male population, a growing percentage of veterans served at the Cincinnati VAMC are women.



In addition to emphasizing high quality clinical treatment, the VA Medical Center has a strong commitment to training. As a Dean's Committee Hospital, we maintain close teaching ties with the University of Cincinnati College of Medicine. Staff members of most of the clinical services at the VA Medical Center, including many psychologists, have teaching appointments in the College of Medicine. In reciprocal fashion, many of the Medical College faculty serve as consultants to the VA Medical Center. Some of the VA psychology staff also have adjunct appointments to the University of Cincinnati Department of Psychology as well as the Xavier University Department of Psychology. Our Center has fully accredited training programs in most of the major health specialties, including psychiatry, nursing, pharmacy, social work, rehabilitation therapy and medical technology.

The VA Medical Center is located within a large complex of facilities which includes the University of Cincinnati, the University of Cincinnati College of

Medicine, the University Hospital, Cincinnati Children's Hospital, Shriners Hospitals for Children-Cincinnati, and several other psychiatric and medical facilities. Regularly scheduled programs such as grand rounds, seminars, case conferences and presentations by invited distinguished lecturers are open to interns. Library facilities are available at the VA Medical Center, the Medical School, and the nearby University of Cincinnati. The Psychology Training Program has video and audio taping facilities available. Interns are encouraged to use these facilities for training and clinical purposes.



Fort Thomas Division of the Cincinnati VA



Atrium in the CARE/Crawley Building on the University of Cincinnati medical campus

# Supervision

Most of the over 50 doctoral members of the Psychology staff are actively involved in the predoctoral clinical internship program. The overall approach to supervision in our program is a mentorship model that tailors training to the developmental needs and skills of our interns. Over the course of the intern year, interns are expected to function increasingly independently as they mature in clinical and professional development. Special attention is paid to ways in which the scientific literature informs clinical work and decision making, and interns are expected to practice accessing and using the clinical literature throughout the training year.

Our internship program is committed to a training approach that is sensitive to human diversity, and supervisors attempt to provide interns with as varied a caseload as possible, including efforts to provide interns with the opportunity to work with female veterans. Interns are also encouraged to bring issues of ethnic, cultural, and individual diversity into supervision.

Each intern will work with at least four doctoral staff psychologists as primary supervisors during the year in their two major rotations, the minor rotation, and the long-term outpatient experience. A minimum of four hours of supervision is expected per week, of which three hours are individual meetings with primary supervisors. All members of the psychology staff are also available for consultation. The intern class has regular contact with the Director of Training, and interns are expected to provide ongoing feedback to their supervisors and to the Director of Training during the training year. Of note, self-disclosure may be required as part of some of these supervised experiences and intern candidates are encouraged to ask for more specific guidelines regarding particular rotations.

## Psychology Training Staff

The broad range of background, expertise, and experience represented in the staff at the Cincinnati VA is also reflected in the variety of clinical services delivered throughout the hospital. Staff actively involved in the training program are listed below:

## **Rashidat Akinyemi, Psy.D.**

*Wright State University, 2006*

**Staff Psychologist, Psychiatric Evaluation Center (PEC)**

Dr. Akinyemi works full time in PEC. PEC is part of the Assessment and Intensive Treatment Division. In PEC, she provides services to patients who present with a variety of mental health needs such as substance use, medication needs, suicide and homicidal ideation. PEC serves as the frontline entry into the many programs that the VA offers. In her work in PEC Dr. Akinyemi collaborates with psychiatrists, physicians, nurses and social workers. A close working relationship is also established with the emergency room staff. While Dr. Akinyemi received a generalist training and approaches therapy from a cognitive behavioral technique and humanistic model, she has also been influenced by the interpersonal approach of therapy. Her areas of interest include working with individuals with substance use issues and with patients in acute distress. In her work with PEC patients, Dr. Akinyemi uses a solution-focused approach

## **Shari Altum, Ph.D.**

*University of Cincinnati, 2002*

**Staff Psychologist, Health Behavior Coordinator, Primary Care**

As the Health Behavior Coordinator, Dr. Altum promotes evidence-based patient-driven care in Health Promotion and Disease Prevention (HPDP). Along with the HPDP Program Manager, she plans, develops, implements, monitors and evaluates programs in Primary Care designed to promote health and prevent disease. She leads and coordinates training and ongoing coaching for primary care staff in patient-centered communication, health behavior change coaching, and self-management support strategies, including motivational interviewing. She works collaboratively with the Mental Health Primary Care Integration staff to integrate behavioral medicine interventions and services within primary care. She co-leads medical group visits to address smoking cessation, weight control, and the management of several chronic medical diseases. She completes psychological assessments for pre-bariatric surgery or works individually with Veterans who have unique or complex problems impacting their self-management plans. Dr. Altum completed her pre-doctoral internship at the Cincinnati VA Medical Center in 2001 with a focus on primary care. She was employed by a community mental health center in Southeastern Indiana for 8 years before returning to the VA. There she was the coordinator for integrated primary care and mental health services

and developed a co-located program in a community health center.

### **Gregory W. Bailey, Ph.D.**

*Loyola University Chicago, 2002*

**Staff Psychologist, PTSD and Anxiety Disorders Division**

Dr. Bailey is a staff psychologist in the PTSD and Anxiety Disorders Division. He works in the residential program for veterans with PTSD and Traumatic Brain Injury and the outpatient PTSD program. Dr. Bailey provides individual, group, and couples-based therapy as well as diagnostic assessments. In addition to the cognitive-behavioral approach used in the residential PTSD/TBI program, Dr. Bailey has experience with interpersonal and family-based approaches to psychotherapy. Dr. Bailey earned his Ph.D. from Loyola University in Chicago, Illinois.

Before coming to the Cincinnati VA, Dr. Bailey worked for a non-profit organization recognized for research, training, and clinical service provision to children and families affected by prenatal substance exposure. His responsibilities included providing psychological services to high risk children, adolescents, young adults and their families.

### **Constance S. Boehner, Ph.D.**

*University of Cincinnati, 2002*

**Staff Psychologist, Inpatient Psychiatric Unit and Partial Hospitalization Program (PHP)**

Dr. Boehner provides diagnostic assessments, psycho-educational classes, social skills training, and individual and group psychotherapy for veterans both on the unit and in the outpatient PHP, located in the VA Medical Center. The inpatient unit serves veterans with mood disorders (including substance induced), thought disorders, personality disorders, and a variety of geriatric-psych difficulties. The Partial Hospitalization Program provides both step-down treatments for those veterans needing additional stabilization once they leave the inpatient unit as well as a way to prevent hospitalizations for veterans in the Outpatient setting who are struggling with an increased level of distress. Dr. Boehner was trained in cognitive-behavioral approaches to symptom relief but also utilizes interpersonal strategies based on the individual needs of each client.

As part of the inpatient unit, Dr. Boehner works collaboratively with a

multidisciplinary team and finds this most beneficial to veteran's recovery needs. Her clinical interests include trauma and anxiety disorders, SMI, and personality disorders. Outside her efforts in the VA, she continues to provide psycho-educational groups on adolescent substance abuse in conjunction with the Prosecutor's Office as part of the juvenile probation program in Dearborn County Indiana. In addition, Dr. Boehner has acted as a consultant in court cases of sexual assault, domestic violence, and child abuse. This continues to be an area of interest and Dr. Boehner is active in efforts to address these problems.

### **Teri Ann Bolte, Ph.D.**

*University of Kentucky, 2008*

**Staff Psychologist, Substance Dependence Treatment Program (SUDEP)**

Dr. Bolte is a licensed psychologist who works in the Substance Abuse Residential Rehabilitation Treatment Program. She has been employed at the Cincinnati VA as a member of the professional staff since August 2008, where she also completed her predoctoral internship. Her clinical specialty areas include the interaction and transaction between addiction, trauma, and personality pathology. She is especially interested in the expression of depressive and trauma symptoms through compulsive and other compensatory behaviors. Her orientation to therapy is a relational-based, process-oriented approach. She has been trained in Acceptance and Commitment Therapy, Seeking Safety, and Motivational Interviewing. She also relies heavily on Dialectical Behavior Therapy strategies. She serves as a major rotation supervisor for the Residential Rehabilitation unit. Along with Dr. Jonathan Steinberg, she co-facilitates trainings in Motivational Interviewing for psychology interns, psychiatry residents, and other clinical staff.

### **Amy Buckley, Ph.D.**

*University of Louisville, 2003*

**Staff Psychologist, PTSD and Anxiety Disorders Division**

**Co-Lead Clinician, Women's Residential PTSD Program**

**Cincinnati VA Evidence-Based Psychotherapy (EBP) Coordinator**

Dr. Buckley obtained her PhD in clinical psychology from the University of Louisville after having completed her predoctoral internship at the University of Illinois Medical Center at Chicago (UIC), Department of Psychiatry specializing in stress and anxiety disorders and cognitive behavior therapy. She also completed a postdoctoral fellowship at UIC, receiving clinical

training in the Stress and Anxiety Disorders and Obsessive Compulsive Disorders Clinics as well as additional research training in The Brain-Body Center. She is currently one of the lead clinicians in the PTSD Women's Residential Program. In her current position, she conducts diagnostic assessments in both the residential and outpatient programs, and also provides individual and group treatment to Veterans with PTSD. In her outpatient work she also provides individual therapy to Veterans with other anxiety disorders including OCD, Panic Disorder, Social Anxiety Disorder, and Generalized Anxiety Disorder. Dr. Buckley provides clinical supervision for interns in the areas of diagnostic assessment, individual therapy, and group psychotherapy. Her clinical and research interests include etiology and treatment of anxiety disorders, mechanisms of change involved in treatment outcome, and implementation of evidence-based treatments for anxiety and related disorders. Her theoretical orientation is cognitive-behavioral.

## **Nicola K. Caldwell, Ph.D.**

*University of Pittsburgh, 2003*

**Staff Psychologist, PTSD and Anxiety Disorders Division  
Coordinator, Residential PTSD Programs**

Dr. Caldwell completed her Ph.D. at the University of Pittsburgh and her post-doctoral training with the United States Army where she served as an Active Duty officer at the rank of Captain providing a full range of psychological services for eligible military personnel and their dependents. She is a staff psychologist in the PTSD and Anxiety Disorders Division, lead therapist for the men's PTSD residential program, and the coordinator for all residential PTSD programs. Working primarily in the residential programs, Dr. Caldwell provides individual and group psychotherapy utilizing cognitive behavioral approaches within an integrated client-centered, humanistic and systems theoretical framework. She also conducts diagnostic assessments for both outpatient and residential programs. Dr. Caldwell provides supervision for interns in the areas of diagnostic assessment and individual and group psychotherapy. From a clinical and research perspective, she is interested in treatment outcomes, and exploring conduits to bridging the research to practice gap.

## **Kathleen M. Chard, Ph.D .**

*Indiana University, 1994*

**Director, PTSD and Anxiety Disorders Division**

Dr. Chard is the Director of the PTSD and Anxiety Disorders Division and she holds an Associate Professor of Clinical Psychiatry appointment at the University of Cincinnati. In her position she oversees the outpatient and residential PTSD and Anxiety disorder treatment programs. Dr. Chard is also the Director the National VA CPT Dissemination Initiative designed to provide training and consultation in Cognitive Processing Therapy to clinicians throughout the VA system. Dr. Chard completed her Ph.D. at Indiana University and her postdoctoral training at the Center for Trauma Recovery in St. Louis, Missouri. Her prior positions were as an Associate Professor and the Director of the Center for Traumatic Stress Research at the University of Kentucky.

Dr. Chard is the creator of Cognitive Processing Therapy for Sexual Abuse and she is co-author of the Cognitive Processing Therapy: Veteran/Military manual. Dr. Chard's research interests include examining the effectiveness of empirically supported, cognitive treatments for the treatment of Posttraumatic Stress Disorder, as well as the mediating effects of positive psychology variables on treatment outcome. She currently has research funding from the VA and Department of Defense to study CPT, PCT and ACT with returning veterans and to examine treatment for veterans suffering from PTSD and traumatic brain injury. Dr. Chard is an Associate Editor of the Journal of Traumatic Stress and a member of the ISTSS Board of Directors. She has over 25 peer reviewed manuscripts and numerous presentations related to PTSD and efficacy-based treatments.

## **Ryan Faulkner, Psy.D.**

*Wright State University, 2004*

**Associate Director, PTSD and Anxiety Disorders Division**

**Outpatient Coordinator, PTSD and Anxiety Disorders Division**

In his position as Associate Director, Dr. Faulkner assists with the administration of the outpatient and residential PTSD and Anxiety Disorder treatment programs. Clinically, he provides diagnostic assessment as well as individual and group psychotherapy within the PTSD and Anxiety Disorders Division of the Cincinnati VAMC. His clinical work is primarily focused on cognitive-behavioral approaches. His current clinical interests are in the areas of

trauma as well as comorbid anxiety, depression, and personality disorders. In addition, he has clinical experience working with substance abuse and other dual diagnosis conditions. Dr. Faulkner also provides intern supervision in the areas of individual and group psychotherapy as well as diagnostic assessment.

Prior to coming to the Cincinnati VAMC, Dr. Faulkner was employed with a community mental health agency where he served as the community and treatment liaison to the Northern Kentucky adolescent drug courts as part of a 3-year SAMHSA grant. As part of this position, Dr. Faulkner provided clinical and administrative oversight to the intensive outpatient treatment providers of 3 adolescent drug courts in the region, coordinated the development of appropriate process and outcome measures in order to evaluate the effectiveness of the treatment program, coordinated IOP treatment with the court system, local school districts, and various social service agencies, and developed and maintained community contacts in order to increase appropriate adolescent referrals and participation in drug courts and IOP treatment.

## **Janell Giannitelli, Psy.D.**

*Xavier University, 2004*

**Associate Director, Psychology Training Program**

**Staff Psychologist, Bellevue, KY Community Based Outpatient Clinic (CBOC)**

Dr. Giannitelli works in one of the Cincinnati VAMC's Community Based Outpatient Clinics (CBOC). The clinic is located in Bellevue, Kentucky (which is across the river from downtown Cincinnati) and is designed to offer outpatient services to veterans in a location closer to where they live. The clinic offers services in primary care, nurse triage and anticoagulation, lab work, psychology, psychiatry, social work, optometry, pharmacy, and nutrition. Dr. Giannitelli provides individual and group therapy, psychological assessment, and psychoeducational classes to veterans with a wide range of presenting problems. Her clinical approach is an integration of cognitive-behavioral and interpersonal process techniques. She adapts her approach to therapy based on the individual needs of each client. Dr. Giannitelli values multidisciplinary collaboration and strives to facilitate comprehensive care for her clients, especially clients dealing with health issues. She also enjoys taking part in the training program and supervising interns and practicum students. In her position as Associate Director of the Psychology Training Program, she assists with the development and management of the predoctoral internship and clinical practicum training programs.

## **Nalda Gordon, Psy.D., Dr.P.H.**

*Loma Linda University, 2002*

**Staff Psychologist, Treatment Recovery and Activity Center  
(TRAC)/Psychosocial Recovery and Rehabilitation Center (PRRC)**

Dr. Gordon works full time in the Treatment Recovery and Activity center, an outpatient recovery based PRRC program. The purpose of the PRRC (Psychosocial Recovery and Rehabilitation Center) is to help veterans with severe mental illness learn the skills to live a productive fulfilled life, given that they have, or in spite of having a severe mental illness. In this setting, Dr. Gordon mainly provides treatment through psychoeducational and psychotherapeutic groups. She also provides some individual therapy.

Dr. Gordon tends toward a psychodynamic theoretical approach, but prefers to be eclectic in practice, believing that the varying needs of clients, necessitate varying treatment approaches. Dr. Gordon completed her doctoral work at Loma Linda University in California. She also completed a doctoral degree in Preventive Care, a public health degree applying preventive practices and emphasizing lifestyle change to maintain and foster wellness and health. She completed her pre doctoral internship at the Cincinnati VA hospital and later worked in a dual diagnosis capacity for several years. Most recently she came back to the Cincinnati VA, from the Waco VA in Central Texas, where she worked as the staff psychologist on an inpatient psychiatric ward. She also enjoyed supervising interns, practicum students and unlicensed /early career psychologists.

Dr. Gordon has interests in women's issues, trauma including DID, religion/spirituality, health and wellness, and is passionate about fostering an environment that helps people to recover.

## **David J. Greenwald, Ph.D.**

*University of Pittsburgh, 1983*

**Staff Psychologist, PTSD and Anxiety Disorders Division**

Dr. Greenwald provides diagnostic assessments, along with individual and group psychotherapy using the Cognitive Processing Therapy model in the treatment of PTSD for the outpatient program. He also provides outpatient treatment for other anxiety disorders, using a combination of Cognitive Behavior Therapy and behavioral interventions. His theoretical orientation is Cognitive-Behavioral, and he has a background in strategic family therapy.

Prior to coming to the VA, he worked for 11 years as a clinical psychologist in physical medicine and rehabilitation units, where he provided both inpatient and outpatient treatment for those who had sustained a wide variety of physical injuries and illnesses. During that time, he also provided consultation-liaison services on medical/surgical units in two large medical/surgical hospitals. Dr. Greenwald was a member of the team that developed the partial hospital program at the Good Samaritan Hospital in Cincinnati in 1992, where he also designed, and continues to facilitate, the Cognitive-Behavioral therapy groups, and where he collaborates on diagnostic assessments. In addition, as part of his private practice, he has 14 years of experience in providing litigation support services. This included the evaluation of individuals involved in civil forensic cases, including workers' compensation, personal injury, and fitness for duty, along with consultation services to attorneys to aid in their preparation for cross examination. He has frequently served as an expert witness in deposition and live courtroom testimony as a component of his forensic work. Dr. Greenwald has been on the adjunct faculty of the University of Pittsburgh and the University of Illinois at Springfield.

## **Mary Hagerty Bruns, Psy.D.**

*University of Indianapolis, 2007*

### **Staff Psychologist, Outpatient Substance Dependence & Dual Diagnosis Programs**

Dr. Bruns works in the Dual Diagnosis Program, providing individual and group therapy for veterans with mental health and substance dependence disorders. A portion of her time is also spent in individual therapy with veterans active in the SA/PTSD, Buprenorphine, & Opiate Substitution clinics. Dr. Bruns utilizes integrated dual diagnosis treatment, motivational interviewing, and interpersonal therapy. She also provides cognitive-behavioral treatments and dialectical behavior therapy based on individualized patient needs. As an intern supervisor in Dual Diagnosis, Dr. Bruns employs a developmental model of supervision with emphasis on professional development, case conceptualization and maximizing foundational therapy skills. She enjoys supervising interns in the exploration and development of their own personal style in psychotherapy. In addition to her work in the Dual Diagnosis Program, Dr. Bruns assisted in the implementation of the Contingency Management (CM) Program at the Cincinnati VA and continues to provide CM to outpatient veterans with cocaine dependence.

## **Wes S. Houston, Ph.D.**

*University of Cincinnati, 2001*

**Director, Neuropsychology Clinic**

Dr. Houston is a clinical neuropsychologist who received his Ph.D. in Clinical Psychology from University of Cincinnati, and completed internship and postdoctoral fellowships at the VA San Diego Healthcare System/University of California, San Diego, with an emphasis in Clinical Neuropsychology and functional neuroimaging. He works closely with the rest of the Neuropsychology team consisting of Drs. Rigrish, Parkinson and Schmerler. He is involved in the training of graduate students, predoctoral interns and postdoctoral fellows in both the general neuropsychology clinic and a weekly Geriatric Cognitive Disorders Clinic. He also participates in the weekly didactic neuropsychology seminar. Areas of clinical and research interest include age-related cognitive decline, neuropsychological functioning in preclinical dementia, and recent a recent focus on neuropsychological functioning in veterans with mild TBI/PTSD. Professional memberships include the American Psychological Association and the International Neuropsychological Society, and he serves as an ad-hoc reviewer for several neuropsychology journals.

## **Jennifer Lewis, Ph.D.**

*Western Michigan University, 2003*

**Staff Psychologist, PTSD and Anxiety Disorders Division**

**Coordinator, US AF/DoD Sharing Agreement**

Dr. Lewis completed her Psychology Internship at the Cincinnati VAMC in 2000 and a Postdoctoral Fellowship with the Posttraumatic Stress Disorder Program at the Cincinnati VAMC in 2004. She conducts diagnostic assessment and group and individual therapy for veterans with anxiety and Post-traumatic Stress Disorder. Dr. Lewis provides supervision for interns in the areas of diagnostic assessment and individual and group psychotherapy from a cognitive behavioral orientation. She is Coordinator of Training on a sharing agreement between the United States Air Force and Department of Defense for military clinicians seeking experience in diagnostic assessment and treatment of PTSD utilizing Cognitive Processing Therapy. Dr. Lewis is a Consultant for the CPT Implementation Program and is a primary therapist on a research study comparing Cognitive Processing Therapy and Present Centered Therapy with returning OIF/OEF veterans.

## **Alyssa M. Lieb, Psy.D.**

*Pacific University, 2009*

**Staff Psychologist, Residential Rehabilitation Service of the Substance Dependence Programs**

Dr. Lieb's position on the residential rehabilitation unit is primarily devoted to group and individual psychotherapy, psychodrama, and diagnostic consultation. She provides mindfulness education to veterans participating in both residential and outpatient services and facilitates a Mindfulness-Based Relapse Prevention (MBRP) course to support and enhance recovery by cultivating self-awareness and mindful action through the integration of meditation practice and concepts of relapse prevention. Issues related to group process, gestalt theory and practice, mindfulness meditation, and the integration of creative and holistic approaches in addiction treatment are some of her special interests.

## **Chris Meshot, Ph.D.**

*Miami University, 1993*

**Staff Psychologist, Primary Care/Mental Health Integration Program**

Dr. Meshot is a member of the Primary Care Mental Health Integration [PCMHI] team. The PCMHI program is located in the Primary Care area of the main hospital. The team collaborates with the primary care staff to provide mental health services: consultation, psychiatric evaluation, short-term psychotherapy, and education. The relationship between health issues and mental health issues is a key component of the services the team offers. Dr. Meshot adopts an existential personal construct theoretical perspective with an emphasis on interpersonal dynamics. He has worked in a variety of settings including partial hospitalization programs for adolescents, community mental health, and a group private practice. His areas of interests include treatment of chronic depression and spiritual/religious development.

## **Shanna Murray, Ph.D.**

*Bowling Green State University, 2008*

**Staff Psychologist, Substance Abuse/PTSD (SA/PTSD) Program**

Dr. Murray works in the Substance Abuse/PTSD program, facilitating group and individual therapy using a variety of approaches including Seeking Safety, Cognitive Processing Therapy (CPT) and Prolonged Exposure (PE), motivational interviewing, harm reduction, and interpersonal therapy. She

completed a PTSD post-doc at the VA Long Beach which focused on the treatment of PTSD in Veterans across the various war eras. At the VA Long Beach, she co-facilitated groups on mindfulness and PTSD, PTSD and anger management, and CPT. Dr. Murray completed her internship at the VA Hines where she focused on training in PTSD, substance use, and health psychology. Dr. Murray has broad clinical and research interests in the areas of empirically based treatments, health psychology, substance abuse craving and relapse, weight loss, and cancer and compliance with health care treatment.

### **Nancy W. Nagel, Psy.D.**

*Wright State University, 2006*

**Director, Intensive Pain Rehabilitation Program**

Dr. Nagel is a Pain Psychologist working in the Multidisciplinary Pain Clinic. Her primary focus is the direction of an intensive outpatient program for veterans struggling with Chronic Pain Syndrome. The Intensive Pain Rehabilitation Program (IPRP) is based on the biopsychosocial model which recognizes the complex interactions among physical pathology, mental health, stress, and environmental factors and the experience of pain. Her work in the Pain Clinic is of a collaborative nature and includes regular consultation with anesthesiology, physiatry, nursing, physical therapy, and psychiatry. The Pain Clinic is a busy specialty unit that receives almost 1000 referrals each year from primary care physicians. Dr. Nagel's role in the Pain Clinic also includes performing biofeedback and psychosocial pain assessments to assist the medical providers in making treatment decisions related to issues such as narcotic usage and special surgical procedures that require optimal patient compliance. Her primary research interest is related to multidisciplinary pain treatment outcomes. She is currently collecting pre and post-treatment outcome data using the Pain Outcomes Questionnaire-VA (POQ-VA).

### **R. Bruce Parkinson, Ph.D.**

*University of Florida, 2006*

**Staff Psychologist, Neuropsychology; PTSD and Anxiety Disorders Division**

Dr. Parkinson completed a VA internship at the University of Alabama at Birmingham Psychology Training Consortium, and then did a post-doctoral fellowship at the University of Iowa in the Department of Neurology from 2006 to 2008. He provides clinical services and supervision of students,

interns, and post-docs at both the Neuropsychology Clinic in Cincinnati and at the Fort Thomas facility. Clinical responsibilities in the Neuropsychology Clinic include conducting neuropsychological assessments for patients with a wide variety of conditions which can affect cognition, including traumatic brain injury, dementia, stroke, seizure disorders, movement disorders, and psychiatric disorders. At Fort Thomas he conducts neuropsychological assessments for veterans participating in the Residential PTSD/TBI Treatment program, and consults with other members of the residential treatment team regarding the effects of TBI and the veterans progress in the program. At Fort Thomas he also conducts out-patient neuropsychological assessments for veterans referred through the PTSD and Anxiety Disorders Division.

### **Jennifer L. Perry, Ph.D.**

**University of Houston, 2004**

**Staff Psychologist, Primary Care-Mental Health Integration & Hospice and Palliative Care**

Dr. Perry is part of the Primary Care-Mental Health Integration (PC-MHI) team, a group of mental health providers who work with medical staff to care for patients seen in the primary care clinic, as well as part of the Hospice and Palliative Care team. She completed her internship at the VAMC in White River Junction, Vermont and completed a Health Psychology fellowship at The University of Texas Medical Branch (UTMB), in Galveston, Texas. During her fellowship, Dr. Perry primarily worked with inpatient and outpatient adult and pediatric burn survivors at UTMB and Shriners Hospitals for Children-Galveston, as well as worked with adults in two medical outpatient clinics at UTMB. After her fellowship, she became an Instructor in the Department of Surgery at UTMB where she was involved in both clinical and research activities in the area of burn injuries. Dr. Perry joined the Cincinnati VAMC staff in the fall of 2009.

### **Diana Rigrish, Psy.D.**

**Wright State University, 1988**

**Staff Psychologist, Neuropsychology**

Dr. Rigrish came to the Cincinnati VA Medical Center with a nursing background. The focus of her predoctoral internship was in clinical neuropsychology and health psychology. She received postdoctoral training in neuropsychology under the mentorship of Dr. Edwin Barrett at the Cincinnati VA Medical Center and Dr. Douglas Ris at the Children's Hospital Medical

Center. Upon completing her postdoctoral training, she worked part time at the Cincinnati VA and part time at the University Hospital Epilepsy Monitoring Unit conducting neuropsychological assessment. She has been full time at the VA since 1993. Currently, her primary clinical responsibility is to provide neuropsychological assessment to veterans referred to the neuropsychology laboratory. She works closely with Drs. Wes Houston, Parkinson, and Schmerler in providing training to interns, postdoctoral fellows, graduate students, and medical residents.

### **Jeanne R. Schmerler, Psy.D.**

*Xavier University, 2003*

**Staff Psychologist, Neuropsychology**

Dr. Schmerler is a clinical neuropsychologist who joined the Neuropsychology Clinic at the Cincinnati VAMC in 2009. She completed her internship at the Cincinnati VAMC and then completed a post-doctoral fellowship at Drake Center, a rehabilitation hospital where she provided both inpatient and outpatient treatment for those who had sustained a wide variety of physical injuries and illnesses. After serving as a staff neuropsychologist at Drake Center, Dr. Schmerler joined a neurology/neurosurgery group as their neuropsychologist. She continues to maintain an active clinical practice. At the CVAMC, she provides clinical services and supervision of students, pre-doctoral interns, and post-doctoral fellows at the Neuropsychology Clinic. She also participates in a weekly didactic neuropsychology seminar and is a member of the Polytrauma Interdisciplinary Treatment Team. Her clinical responsibilities include conducting neuropsychological assessments for veterans who have cognitive complaints secondary to traumatic brain injury, dementia, stroke, seizure disorders, movement disorders, and psychiatric disorders.

### **Jeremiah A. Schumm, Ph.D.**

*Kent State University, 2005*

**Staff Psychologist, PTSD and Anxiety Disorders Division**

Prior to joining the Cincinnati VA, Dr. Schumm was Instructor of Psychology at Harvard Medical School. In addition to his position as Staff Psychologist at the Cincinnati VA, Dr. Schumm holds a joint appointment as Assistant Professor of Clinical Psychiatry at the University of Cincinnati. He values his role as scientist-practitioner within the VA and the opportunities to merge clinical research with practice. His primary interests are in PTSD, substance

use disorders, and families. He has twenty-five publications in peer-reviewed journals and has written eleven book chapters. Dr. Schumm has received grant funding from multiple sources, including an ongoing VA Career Development Award to develop an integrated couple-based treatment for alcohol use disorders and PTSD. He is the national co-lead trainer for the VA dissemination of behavioral couples therapy for substance use disorders and is also co-lead trainer for the Department of Defense dissemination of cognitive-behavioral conjoint therapy for PTSD. Dr. Schumm's secondary areas of interest are in the application of advanced multivariate statistical techniques to clinical research and in improving the understanding of PTSD, substance use disorder, and family relationships among women and underresearched populations. He currently supervises interns on a research minor rotation or interns who would like to gain specialized clinical training in couple-based treatment of substance use disorders and PTSD.

## **Richard Seim, Ph.D.**

*Western Michigan University, 2011*

**Graduate Psychologist, Domiciliary**

Dr. Seim provides psychological services through the Homeless and Therapeutic Work Program at the Fort Thomas Domiciliary. In addition, he holds an appointment as Clinical Instructor at the College of Medicine at the Texas A&M Health Science Center. Dr. Seim completed his bachelor's degree at the University of Texas at Austin and his master's degree and Ph.D. at Western Michigan University. He also completed a one-year Research Fellowship at the VISN 17 Center of Excellence for Research on Returning War Veterans, where he received extensive training in working with Veterans from the OEF/OIF/OND era. Dr. Seim is the current President of the Anxiety Disorders SIG of the Association for Behavioral and Cognitive Therapies, and his clinical interests are in empirically-supported interventions for anxiety, substance use, and homelessness. His approach to case conceptualization and treatment formulation is founded in a cognitive-behavioral/behavior analytic framework, and he is well-versed in many third wave behavior therapies, especially Acceptance & Commitment Therapy (ACT). Dr. Seim also has interests in the conceptual underpinnings of these interventions, particularly related to the roles of language and derived relational responding.

## **Rachelle Sekerka, Ph.D.**

*Miami University, 1991*

**Staff Psychologist, Dual Diagnosis Program**

In her clinical role, Dr. Sekerka treats outpatients who carry both substance dependence and psychiatric diagnoses. As a founding member of the Dual Diagnosis Clinic team, she helped design and implement many elements of that program. She utilizes both supportive and insight-oriented therapy models, approaching the therapeutic task from a Sullivanian perspective. Dr. Sekerka has a background in work with children and families, including play therapy, family therapy and crisis assessment with adolescents. Another area of major professional interest is the process of psychotherapy, from the perspectives of both practitioner and supervisor. She has a strong interest in the area of multidisciplinary collaboration and works to enhance training experiences throughout the Medical Center with this focus in mind. She is also involved in substance dependence research, specifically investigating potential pharmaceutical solutions to cocaine addiction.

## **Jonathan L. Steinberg, Ph.D.**

*Miami University, 1991*

**Coordinator, Substance Abuse/PTSD (SA/PTSD) Program**

Dr. Steinberg's training emphasized psychodynamic therapies, but he has developed an integrative approach that utilizes more symptom focused techniques. His work in the SA/PTSD program incorporates evidence based therapies such as Seeking Safety, Motivational Interviewing, and Prolonged Exposure while maintaining a broader attentiveness to the therapeutic process. Prior to joining the SA/PTSD program in 2002, Dr. Steinberg worked in the Cincinnati VA's PTSD program for 10 years. When doing clinical supervision Dr. Steinberg encourages interns to formulate their own ways of integrating and implementing therapeutic approaches which they have learned.

Dr. Steinberg enjoys teaching and provides training workshops on Motivational Interviewing to psychology interns, psychiatry residents, and addiction fellows. He holds an Assistant Professor of Clinical Psychiatry appointment at the University of Cincinnati and is a member of the Motivational Interviewing Network of Trainers (MINT). He serves as a consultant, providing Motivational Interviewing training and coaching to VA staff through both the National Center for Health Promotion and Disease Prevention and the Office

of Evidence Based Psychotherapies.

Outside of the VA, Dr. Steinberg volunteers as a trustee of the Hamilton County Community Mental Health and Recovery Board which allocates public money to Cincinnati area mental health and substance abuse treatment services.

## **Jennifer L. Sudbrack, Ph.D.**

*Miami University, 2002*

**Patient Care Coordinator for Mental Health, Florence, KY (CBOC)**

Dr. Sudbrack provides psychological services at the Cincinnati VAMC Community Based Outpatient Clinic (CBOC) located in Florence, KY. The CBOCs are VA outpatient clinics offering primary care, mental health, and select other specialized medical services to veterans at locations more convenient to where they live. In addition to providing direct patient care, Dr. Sudbrack serves as Patient Care Coordinator for Mental Health at the Florence location and as Lead Psychologist for the five CBOCs of the Cincinnati VAMC.

Dr. Sudbrack's primary areas of professional interest are eating disorders, body weight and shape concerns, PTSD, and self-management of chronic illness. She has been trained in a variety of approaches to psychotherapy, and she regularly makes use of techniques from diverse models, including client-centered, cognitive, feminist, group process, and family systems theories. However, her clinical work is most influenced by the theoretical perspective of archetypal psychology. Her approach to supervision of interns is guided by the intern's clinical skill and professional development. She invites interns to explore a variety of theoretical perspectives and interventions and enjoys working with them to discover and refine their own approach to the work.

## **Angela Vredevelde, Psy.D.**

*Indiana State University, 2009*

**Staff Psychologist, Compensation and Pension Program**

Dr. Vredevelde works full time in the Compensation and Pension Program (C&P). Her primary role is conducting mental health evaluations and writing reports, reports which are then used by legal raters to assist in the determination of a veteran's degree of disability. Dr. Vredevelde completed her pre-

doctoral internship at the Cincinnati VA and has been employed as a full-time staff member since 2010. Her interests lie in psychological assessment, the incorporation of religion and spirituality into treatment, and the role of psychology in responding to humanitarian conflicts worldwide. Her orientation is interpersonal and humanistic. She worked in private practice prior to being employed at the VA.

### **Kristen H. Walter, Ph.D.**

*Kent State University, 2009*

**Staff Psychologist, PTSD and Anxiety Disorders Division**

Dr. Walter is a staff psychologist at the PTSD and Anxiety Disorders Division of the Cincinnati VAMC. She has been employed as staff since the completion of her clinical psychology internship in the PTSD track at the Cincinnati VAMC. In her position, she provides cognitive-behavioral treatments for the residential (Men's and/or PTSD/TBI) and outpatient (individual and couples) PTSD programs. Additionally, she has research responsibilities that include evaluating treatment outcome for empirically-supported treatments for PTSD. Her primary research interests are in the areas of PTSD and traumatic brain injury (TBI). More specifically, she is interested in the treatment of PTSD in the context of co-occurring PTSD and history of TBI. Dr. Walter has published peer-reviewed articles on various aspects of PTSD, including neuropsychological functioning, treatment outcome, and the role of resources in the development and maintenance of the disorder. She currently provides supervision in the internship program for both clinical cases and on the PTSD research minor rotation.

### **Tobias C. Weiss, PsyD, ABPP**

*Xavier University, 2003*

**Staff Psychologist, PTSD and Anxiety Disorders Division**

Dr. Weiss is presently a co-lead for the men's residential PTSD program. He divides his time between the residential PTSD programs, outpatient PTSD program, and multiple research projects. Dr. Weiss provides diagnostic evaluations, individual psychotherapy, group psychotherapy, and couples psychotherapy. Dr. Weiss completed his Psy.D. at Xavier University and completed the American Board of Professional Psychology (ABPP) specialty certification in Cognitive-Behavioral Psychology in 2011. Prior to his work with the Cincinnati VAMC, he worked in outpatient community mental health managing a caseload of individual therapy clients and performing

guardianship evaluations for Campbell County, KY. Dr. Weiss has extensive experience in psychological assessments having worked in various hospital, outpatient, and forensic settings. His current areas of interest include: supervision, group process work, and augmenting evidenced-based treatments in residential settings. Dr. Weiss is currently coordinating and focusing his own research on a PTSD residential therapy group that combines the principles of Aikido (a defensive martial art) with conflict resolution/anger management skills.

### **Crystal L Williams, Psy.D.**

*Wright State University, 2008*

**Staff Psychologist, Mental Health Clinic**

Dr. Williams is a staff psychologist in the Mental Health clinic within the Outpatient Mental Health Division. Her primary clinical responsibilities include individual, group, and couple therapy. She completed her predoctoral internship at this facility and has been employed as a full-time staff member since September 2008. Her current clinical interests focus on trauma-related issues and the usefulness of mindfulness-based treatments for a number of medical and psychiatric conditions including chronic pain, depression, anxiety, substance abuse, and stress.

### **Sheri M. Wirtz, Psy.D.**

*Xavier University, 2004*

**Staff Psychologist, Compensation and Pension Program**

Dr. Wirtz works full time in the Compensation and Pension Program (C&P). The purpose of the C&P program is to evaluate veterans who are claiming a disability that was caused by or occurred during their military service. Those veterans who are found to have a service-connected disability are then paid monthly compensation for their average loss of earning potential due to their disability. Dr. Wirtz's role in this process is to conduct independent mental health evaluations which include interviewing the veteran and reviewing his/her medical record, and then sending a report to the regional office describing the veteran's diagnosis. The description of this diagnosis typically includes how the diagnosis may or may not be related to the veteran's military experiences, and discusses the social and occupational impairments caused by the psychological symptoms. Exams and reports are written for legal purposes, rather than being treatment-focused. Dr. Wirtz's interests lie in geropsychology, physical rehabilitation, neuropsychology, and health psycholo-

gy. Her orientation is primarily cognitive-behavioral, and, prior to coming to the VA, she worked at a local rehabilitation hospital as well as in a geropsychology practice.

## **Brian Zinnbauer, Ph.D.**

*Bowling Green State University, 1998*

**Chief, Psychology Program**

**Director, Psychology Training Program**

**Staff Psychologist, Domiciliary**

As Chief of the Psychology Program, Dr. Zinnbauer advises Medical Center leadership on issues pertaining to professional aspects of our discipline such as credentialing and privileging, continuing education, resource management, hiring of psychologists, and training of students. In his position as the Director of the Psychology Training Program, Dr. Zinnbauer is responsible for the development and management of the predoctoral internship and clinical practicum training programs.

Dr. Zinnbauer also provides psychological services to veterans in the Homeless and Therapeutic Work Division of the Mental Health Care Line located at the Domiciliary in Ft. Thomas, KY. Dr. Zinnbauer's clinical work draws upon cognitive therapy, interpersonal process, addictions treatment, and positive psychology. He also has a professional interest in writing, research, and clinical applications of the psychology of religion and spirituality. Dr. Zinnbauer's approach to intern supervision includes a developmental approach to understanding interns' clinical skills and professional development. For outpatient psychotherapy supervision he emphasizes understanding interpersonal process, case conceptualization, and flexible strategies to deal with resistance in psychotherapy.

## **Additional Psychology Staff**

In addition to our training staff, we have additional psychologists at the Cincinnati VAMC who are available to interns through didactic presentations and consultation. These staff include:

Wynn Baldock, PhD

Staff Psychologist, Primary Care/Mental Health Integration

Suzan Winders Barrett, PhD  
Director, Mental Health Clinic  
Staff Psychologist, Health Psychology and Chronic Pain Program

Jack Barrett, PhD  
Staff Psychologist, Neuropsychology

Linda Bodie, PsyD  
Acting Director, Substance Dependence Programs (SUDEP)

Lee Crump, PhD  
Staff Psychologist, PTSD and Anxiety Disorders Division

Dan Glynn, Ph.D.  
Staff Psychologist, CBOC Butler County, OH

Nancy Gustin, PsyD  
Staff Psychologist, SA/PTSD program

Meredith, Klump, PhD  
Staff Psychologist, PTSD and Anxiety Disorders Division

Pauline Lloyd, PsyD  
Staff Psychologist, Home Based Primary Care

Raquel Maymir, PhD  
Staff Psychologist, Home Based Primary Care

Juris Mezinskis, PhD  
Assistant Director, Mental Health Care Line  
Quality Manager, Mental Health Care Line  
Staff Psychologist, Outpatient SUDEP Program

Yngve Monsson, PhD  
Staff Psychologist, CBOC Clermont County, OH

Kelly Napier, PhD  
Staff Psychologist, Home Based Primary Care

Jennifer Phillips, PhD  
Graduate Psychologist, Home Based Primary Care

Racheal Rauck, PsyD  
Staff Psychologist, CBOC, Dearborn County, IN

Nicholas Salsman, PhD  
Staff Psychologist, Mental Health Clinic

Mindy Sefferino, Ph.D.  
Staff Psychologist, Primary Care/Mental Health Integration

Jessica Thiede, PsyD  
Staff Psychologist, OEF/OIF Clinic (PTSD and Anxiety Disorders  
Division)

# Clinical Internship

*The predoctoral clinical internship program adheres to a scientist practitioner model of training. We emphasize the acquisition of basic diagnostic and therapy skills and the integration of these skills with psychological theory and research. Interns are also offered a variety of opportunities to learn more specific, evidence-based treatments within their rotations.*

*The internship year is structured to maximize exposure to a wide range of experiences, while offering sufficient concentration to provide depth of learning and to build expertise in particular areas. As such, we strive to balance the needs for generalist training with opportunities to focus on areas of specialization. Our goal is twofold: to support our interns' particular career interests while providing a well-rounded clinical training experience. Consistent with the APA guidelines on Accreditation, we strive to provide internship education and training in preparation for entry-level practice in professional psychology that is broad and professional in its orientation rather than narrow and technical.*

*There are four basic experiences built into the internship program: (1) major rotations, (2) minor rotations, (3) outpatient psychotherapy cases and (4) training conferences. Intern requests for combinations of rotations that are narrowly focused (e.g. assessment rotations in Neuropsychology and Health psychology) are evaluated by the training committee in light of the APA guidelines prior to rotation assignment.*

*Please Note: To be guaranteed a rotation in the Neuropsychology or PTSD programs, please apply to that match list (please see the later section on applying to the internship). Given the nature of the computer match, we cannot absolutely guarantee access to specific major rotations on the General Clinical Track. However, surveys of past interns found that 95% or more of interns in our program got their top choice of major rotations, and a large majority of interns were able to get their top two choices of major rotation.*

## Major Rotation Opportunities

Interns are assigned two six-month rotations in clinical settings during the internship year. These assignments are made during orientation week and are tailored to each intern's specific needs, interests and goals. Interns' desires for

rotation assignments are strongly considered. Interns spend approximately twenty-four hours per week on their major rotation assignments. Assessment experiences are provided within every major rotation.

## **Neuropsychology**

The Neuropsychology rotation offers interns the opportunity to learn specialized skills when evaluating and working with neurologically compromised individuals, as well as assume the role of a consultant when working with patients from the Neurology, Neurosurgery, Psychiatry, Geriatric Medicine, Vocational Rehabilitation and General Medicine Services. Interns work closely with each of our four neuropsychology supervisors to learn varied methods for evaluating and assessing patients, and in the process develop and master their own evaluation and consultative skills. Typically, a flexible multi-test approach to assessment is employed to both quantify and qualify behavior. Our interns learn to administer, score and interpret multiple test procedures, gain case conceptualization skills and learn to prepare concise, well written reports.

The neuropsychology team includes our two interns, a pediatric neuropsychology postdoctoral fellow, 1-2 4th year practicum students and an occasional Geriatric Medicine, Psychiatry or Neurology resident. All are closely supervised by Drs. Houston, Parkinson, Rigrish and Schmerler. Each Monday morning begins with a didactic experience where papers, articles and book chapters are discussed and challenging ABPP style case presentations are reviewed. Approximately 20 - 25 patients are evaluated each week in the Neuropsychology clinic. The intern will be involved in the assessment of 3 to 4 of these patients, at times conjointly with the fellow or practicum student, and always with a supervisor. Interns typically write 2 to 3 reports a week during the Neuropsychology rotation.

During the six-month rotation, interns are exposed to a broad cross section of clinical neuropsychological disorders and neuropathological conditions. There are also numerous didactic opportunities. In addition to our weekly neuropsychology didactics, interns have the opportunity to attend neurology, neurosurgery, psychiatric and PMR grand rounds, didactic sessions with neurology and geriatric medicine residents, geropsychiatry seminars, and to participate in statewide neuropsychology peer review groups. The goal of the Neuropsychology rotation is not to "manufacture" a neuropsychologist, but provide the psychology intern the opportunity to hone neuropsychological specialty skills and function comfortably as a medical center consultant.

Completion of this rotation satisfies APA Division 40 guidelines for a neuropsychology internship and interns completing our program will be well-prepared for postdoctoral fellowship in neuropsychology. Our placement rate to postdoctoral fellowships in Neuropsychology is currently 100%.

**Psychology staff who provide supervision in this rotation:** Drs. Houston, Parkinson, Rigrish and Schmerler.

### **Posttraumatic Stress and Anxiety Disorders Program**

The PTSD and Anxiety Disorders Program provides evaluation and treatment to veterans who have experienced all types of trauma. These services are offered on an outpatient basis, as well as within one of three structured seven or eight week residential programs (men's, women's, PTSD/TBI). While many of our patients are of the Vietnam era, the program is open to all veterans including those with trauma from World War II, the Korean War, the Persian Gulf, Iraq, Afghanistan, and other recent conflicts. Specialized services for women and men with military sexual trauma are also available. The program uses various forms of evidence based cognitive-behavioral interventions to help veterans reduce their symptoms of PTSD and related disorders. These interventions can include Cognitive Processing Therapy, Prolonged Exposure, Seeking Safety, Present Centered Therapy, Cognitive-Behavioral Conjoint Therapy, and Dialectical Behavior Therapy for PTSD. Through these various treatments, veterans are given an opportunity to identify, and begin processing pivotal traumatic experiences and to place these experiences within a broader life context. The program also offers groups on PTSD education for veterans and their family members, as well as anger management, and coping skills building groups. In addition, the PTSD and Anxiety Disorders Program provides a variety of evidence based treatments for other anxiety disorders including panic, phobias, OCD, and GAD.

Interns become a part of the residential and/or the outpatient treatment program where they will join a multidisciplinary team providing services to veterans with various types of trauma histories, including combat and sexual traumas. Their work includes assessment as well as individual and group therapy. Group therapy experiences include serving as a co-therapist in trauma/exposure work, anger management and cognitive-behavioral groups. Psychological evaluation experiences include both general psychometric tests, as well as more specific instruments targeting PTSD symptoms. Interns learn skills that generalize to a variety of trauma populations. Emphasis is

placed on treating PTSD symptoms and co-morbid conditions such as personality issues, other forms of anxiety and depression, limited social support, and other obstacles to recovery.

The PTSD and Anxiety Disorders Division also offers research experiences to interns either as part of their major rotation or as a separate minor rotation. The Division is very active in treatment outcome research, grant writing, and article writing. Interns have the opportunity to be involved at all levels, including mentorship in how to run a research study, how to write a grant, and how to submit an article for publication. In addition, the division has a sizeable database of information on veteran's that is available to interns interested in writing articles or submitting to national conferences. Recent projects that interns were involved in were grant submissions to NIMH and VA on using Cognitive Processing Therapy (CPT) to treat veterans who served in Iraq and their families, and comparing CPT to Present-Centered Therapy (PCT) among OIF/OEF combat veterans.

Our placement rate for those interns who elect to pursue to post-doctoral fellowships in PTSD is currently 100%.

**Psychology staff who provide supervision in this rotation:** Drs. Chard, Bailey, Buckley, Caldwell, Lewis, Schumm, Walter, and Weiss.

### **Acute Inpatient Psychiatric unit (7 N) and Partial Hospitalization Program (PHP)**

The acute psychiatry unit is an 18 bed inpatient unit. Veterans who are placed on this unit are usually dealing with symptoms of a Severe Mental Illness (most common Major Depressive Disorder, Bipolar Disorder, Schizoaffective Disorder, and PTSD.) Also, we are increasingly seeing veterans who are dealing with dementia as well as SMI symptoms. Patients struggling with substance abuse/dependence issues are sometimes hospitalized as a first step in dealing with their illness. Opportunities for the psychology intern include participation in multidisciplinary treatment teams and group psychotherapy. The intern also provides psychological testing as a way to clarify diagnosis and assist with treatment planning

The Partial Hospitalization Program (PHP) is an outpatient program affiliated with the psychiatric unit. Veterans in PHP attend groups from 830 am -230 pm Mondays through Fridays. This program can be used as a step down from

the inpatient unit but it also serves as a way to manage increased symptoms so that hospitalization is not necessary. The psychology intern will have the opportunity to handle consults to determine appropriateness for admission, perform admissions and develop treatment plans, provide group therapy, and possibly engage in some individual treatment. As appropriate, psychological testing could also be utilized to assist in diagnosis and treatment planning. In addition, participating in or leading psycho-educational groups could be made available if the intern was interested.

**Psychology staff who provide supervision in this rotation:** Dr. Boehner.

### **Dual Diagnosis and SA/PTSD Services of the Substance Dependence Programs**

The Dual Diagnosis Services include two programs - the Dual Diagnosis Program and the Substance Abuse/Post-Traumatic Stress Disorder (SA/PTSD) Program. The intern's time is divided between these two programs, with twelve hours per week allocated to each.

The Dual Diagnosis Program is a specialized outpatient mental health clinic, designed to serve veterans who face both psychiatric illness and substance abuse problems. Veterans referred to the program comprise an extremely heterogeneous group, varying in terms of their current psychiatric functioning, substance of choice, and length of sobriety. Because of this variety, the Dual Diagnosis Program can offer a broad scope of training opportunities. Clinical experiences may include formal assessment; motivation-enhancing, insight-oriented and supportive therapy, either with individuals, families, or groups; and didactic or psychoeducational group work.

Typically, an intern carries 2-3 individual therapy cases, and although all of our patients have both substance dependence and Axis I disorders, we try to select cases where the veteran is presenting with goals that are appropriately addressed by psychotherapy. Interns also work with the rotation supervisor as a co-therapist in three different outpatient treatment groups and participate in initial diagnostic interviews. Finally, an intern's typical week also includes a meeting with the clinic team, where the intern has the opportunity to present new patients and collaborate in treatment planning with a multidisciplinary team.

Supervision includes one to two hours of scheduled, individual supervision between Drs. Sekerka and Bruns, as well as many informal, as-needed discussions. Dr. Sekerka will supervise the intern in group therapy and psychological assessment while Dr. Bruns will supervise individual therapy cases. Because the intern and Dr. Sekerka are working as co-therapists, this allows for multiple, on-going opportunities for feedback and consultation. Both supervisors practice an open-door policy and are available for consultation on individual cases in addition to scheduled supervision. Although both Drs. Sekerka and Bruns practice from an interpersonal model of therapy, this is not a requirement of the rotation, and supervision can be adapted to the intern's own model of therapy. This rotation is also a useful context for helping an intern to clarify his or her model of therapy, since the diversity of cases allows for discussion of a wide range of treatment issues.

The Substance Abuse/Posttraumatic Stress Disorder (SA/PTSD) Program is designed to address the specific needs of male and female veterans dually diagnosed with posttraumatic stress disorder and substance use disorders. Since these veterans may perceive substance use as mitigating their PTSD symptoms, they can be difficult to treat. The program is designed to address both disorders concurrently, utilizing a harm minimization or abstinence-based model. After being assessed, veterans typically enter groups based on Lisa Najavits' Seeking Safety model. These groups meet several times per week, and give veterans the opportunity to consider the importance of sobriety while learning to understand and cope with their symptoms. Once some foundation of sobriety has been achieved, trauma focused therapy addressing PTSD issues, along with relapse prevention, are offered. Interns are integrated into the treatment team and conduct evaluations, individual and group therapy. The rotation teaches interns a broad range of skills in working with traumatized people and emphasizes interventions aimed at stabilizing veterans with multiple problems.

**Psychology staff who provide supervision in this rotation:** Drs. Steinberg, Hagerty-Bruns, Murray, and Sekerka.

### **Domiciliary Care for Homeless Veterans Program**

Located in Ft. Thomas, Kentucky, the Domiciliary Care for Homeless Veterans program consists of a 60-bed biopsychosocial rehabilitation program designed to assist homeless veterans reintegrate into the community. Veterans typically stay in the Domiciliary for up to six months and have

access to mental health, medical, and vocational assistance. Target goals for most of our residents involve independent living, gainful employment, and the development of a long-term mental health recovery program.

Many of the veterans in the Domiciliary community suffer from chronic substance dependence and/or mental health issues. Accordingly, intern training opportunities include providing individual and group therapy, addictions treatment, relapse prevention training, psychoeducational classes, program development, personality assessment, and participation in a multi-disciplinary treatment team. An emphasis on this rotation is for interns to adapt the clinical skills that they already possess to effective intervention with this population. If you are looking for a clinical challenge that draws upon creative problem solving, increases multicultural awareness, sharpens your clinical judgment, and emphasizes personal and professional authenticity, the Domiciliary is for you!

**Psychology staff who provide supervision in this rotation:** Drs. Zinnbauer and Seim.

## **Health Psychology**

In Health Psychology (HP), the psychologist and intern work with patients suffering from chronic illness. The HP staff provides individual and group therapy and lead a number of psychoeducational support groups. They also provide psychological assessment and consultation. Since the Health Psychology work supports ongoing medical clinics, the staff works closely with a variety of health care professionals including dietitians, physical and occupational therapists, nurses and physicians in various outpatient clinic settings.

Health Psychology staff serve as team members and/or consultants to the following clinics: Physical Medicine and Rehabilitation, Neurosurgery, Surgery, Oncology, Nutrition and General Internal Medicine. The major goals are to facilitate patient's adjustment to their medical conditions and to enhance adherence to prescribed medical regimens. Specific groups conducted by this team include a stress management class for patients suffering from chronic obstructive pulmonary disease (COPD) and a behavioral weight loss group. Referrals for individual therapy come from anywhere in the hospital and vary considerably. Typical referral problems include: insomnia, high stress, unexplained angina, depression, anxiety, sexual dysfunction, and family disturbance. This team also receives requests for psychosocial as-

assessments of patients being considered for various procedures, including organ transplants and spinal cord stimulators.

During the six-month rotation, the intern will co-lead groups/educational classes, do a limited number of assessments and provide time-limited, problem-focused individual and/or marital therapy with medical patients. The intern will also serve as a consultant to the other members of the medical staff on an "as needed" basis.

Interns working in the Primary Care-Mental Health Integration (PC-MHI) program are offered the opportunity to develop skills in delivering brief evidence-based interventions to veterans in a flexible, interdisciplinary setting. In addition to working in the general VA primary care clinic, interns may wish to gain additional experience providing PC-MHI services in the newly created Women's Health Center in order to promote understanding of the unique needs of women veterans. Other responsibilities include working as a co-facilitator (along with a nutritionist) of the VA Weight Management Program ('MOVE'), and completing psychosocial evaluations for organ transplant and bariatric surgery candidates, which provides an opportunity to integrate information related to family support, substance abuse, mental health, medication compliance, and cognitive impairment.

**Psychology staff who provide supervision in this rotation:** Drs. Meshot, Altum, and Perry.

### **Chronic Pain**

The Pain Clinic is a busy multidisciplinary clinic receiving 15-20 referrals each week from primary care physicians within the VA system. The Pain Clinic rotation affords the intern an opportunity to gain experience as a pain psychologist working as part of an interdisciplinary team which includes an anesthesiologist, physical medicine and rehabilitation specialists, a nurse practitioner, pharmacist, physical therapist, and a psychiatrist.

The intern will work closely with the pain psychologist performing pain assessments to new referrals to the pain clinic. The focus of these assessments is the determination of psychosocial variables that may impact the patient's pain experience and treatment. The psychologist collaborates with the physician and physical therapist in development of a comprehensive treatment plan geared towards improvement in the patient's mood, pain level, and quality of life. In addition, the intern will gain experience working with

patients with Chronic Pain Syndrome who attend the Intensive Outpatient Rehabilitation Program (IPRP). Patients who participate in the program attend two full days a week for four weeks, during which time they engage in physical therapy, group psychoeducation, group cognitive behavioral psychotherapy, and relaxation training. The intern will also gain experience performing more complex psychosocial evaluations for implantable devices such as spinal cord stimulators. Last, the intern will be offered the opportunity to perform biofeedback services to patients with chronic pain and headaches. The focus of biofeedback in these patients is to reduce sympathetic nervous system activity and reduce muscle tension with the overall goal of pain reduction.

In sum, during the six-month rotation, the intern will co-lead groups/educational classes, perform assessments, provide time-limited, problem-focused individual therapy, and perform biofeedback to patients with chronic pain. The intern will also serve as a consultant to the other members of the medical staff on an "as needed" basis. Treatment outcome and patient satisfaction data are collected routinely from patients participating in our pain programs.

**Psychology staff who provide supervision in this rotation:** Dr. Nagel.

### **The Operation Enduring Freedom/ Operation Iraqi Freedom (OEF/OIF) Clinic**

The OEF/OIF Clinic provides a unique training experience in that this is a "one stop" post deployment clinic specializing in the treatment and care of veterans returning from combat. The OEF/OIF clinic is a multidisciplinary integrated care clinic comprised of a team of support staff, a transitional patient advocate, LPNs, RN Case managers, Nurse Practitioners, a pharmacist, MDs, Social Workers, Psychiatry, & Psychology. The staff of fewer than 20, who come from different disciplines within the VA, is distinguished by their cohesion, collaboration, energy and most important, commitment to the population they serve.

The training environment of the OEF/OIF internship parallels the dedication and philosophy of the clinic. Supervision of the intern is provided under the PTSD & Anxiety Disorder Division, by the OEF/OIF staff psychologist. Due to the close proximity of the on site supervisor, the intern can confront clinical challenges and grow in a collaborative and supportive atmosphere. As part of the OEF/OIF mental health team, the intern's role will include con-

sultation, crisis intervention, assessment, treatment, triage, and participation in staff meetings. There are ample opportunities to learn the assessment and treatment of PTSD on this rotation.

**Psychology staff who provide supervision in this rotation:** Psychology Staff

## **Substance Dependence Program, Residential Rehabilitation Services**

The Substance Dependence Program, Residential Rehabilitation Services offers a six month rotation on the residential unit. Two rotations are available during the year and up to two interns may be accommodated on each rotation. The residential program has seventeen beds on the unit. Length of stay is typically around three weeks, but is ultimately determined by the multidisciplinary treatment team based on the veterans' individual treatment needs.

All residential rehabilitation clients are assigned a primary counselor and participate in a variety of group psychotherapies, psychoeducational classes and individual therapy. The program offers family support groups, orientation to twelve-step fellowship, and SMART recovery as well as relapse prevention models of addiction treatment. There are specialized treatments given according to individual client characteristics or drug of choice.

The focus of intern training is group psychotherapy. Interns are involved in three to five treatment groups per week, covering traditional talk therapies, action-oriented therapies, and psychoeducational models. Group psychotherapy is taught through an apprenticeship model in which interns function as co-therapists in a variety of groups. Interns are assigned as primary counselors, and participate on the multi-disciplinary treatment team that meets every morning. They also have an opportunity to provide case management, individual therapy and assessment specifically focused on the needs of the chemically dependent client. Complicating factors, such as depression, posttraumatic stress disorder and major mental illness are also addressed in this program. In addition, opportunities exist for broadening personality assessment skills through consultation with the multidisciplinary staff.

**Psychology staff who provide supervision in this rotation:** Drs. Bolte and Lieb.

## Minor Rotation Opportunities

Each intern chooses a minor rotation that lasts the entire year. This is meant to supplement the interns' experience by giving the opportunity either to connect with a staff member with whom they would not otherwise have an opportunity to work or to work with a different population (for example, children or adolescents). Because the internship places a particular emphasis on training psychologists who are well-rounded, the minor rotation is also often used to fill gaps in previous training. This minor rotation is eight hours per week, which includes one hour of supervision with a licensed psychologist.

Frequently, a minor rotation is simply a scaled-down version of a major rotation. The skills and foci of these can be found in the major rotation descriptions. Certain major rotations are not available as a minor. These include neuropsychology, health psychology/chronic pain, and residential rehabilitation. Some training experiences only exist as minor rotations such as the Psychiatric Evaluation Clinic and the Compensation and Pension Program (please see below for more detailed descriptions of these opportunities). It is also possible that opportunities can be newly created to meet an intern's particular training needs or interests (e.g., mindfulness, sleep disorders, geropsychology, spirituality)

While the major focus of this internship program is the acquisition and development of clinical skills, students with a strong clinical background may choose research as a minor rotation. Working with a staff psychologist, the intern would develop, carry out and analyze results for a specific research project. At the end of the year, the work product would be a publication-quality summary of the research effort.

### **The Psychiatric Evaluation Center (PEC)**

Psychiatric Evaluation Center (PEC) is part of the Assessment and Intensive Treatment Division. PEC provides services to patients who present with a variety of mental health needs such as substance use, medication needs, and psychiatric issues including suicide and/or homicidal ideation and crisis counseling. PEC serves as the frontline entry into the many mental health programs at the Cincinnati VA. PEC consists of a multi disciplinary team of

various mental health professions; currently psychiatrists, psychologist, advanced practice nurses, social worker, RN's and psychology interns. A close working relationship is also established with the emergency department staff. PEC serves as the bed control division for psychiatric inpatient admission and facilitates transfer of patients to and from other VAs or community hospitals to the psychiatric unit as needed. Veterans presenting for services are assessed in a structured interview, and based on the information gathered, a diagnostic write-up is produced. A disposition plan is formulated and implemented. This might be a good training experience for interns who need more experience with diagnosis, are interested in working with a multi-disciplinary team, would like to improve the ability to prioritize and organize clinical information, would like to master the ability to meet an unknown patient and to efficiently assess his or her needs and formulate a plan; and who would like more experience with assessment and management of dangerous behavior.

**Psychology staff who provide supervision in this rotation:** Dr. Akinyemi.

### **Compensation and Pension Program (C&P)**

The purpose of the C&P program is to evaluate veterans who are claiming a disability that was caused by or occurred during their military service. Those veterans who are found to have a service-connected disability are then paid monthly compensation for their average loss of earning potential due to their disability. Veterans can request compensation for any condition, from impaired hearing to diabetes mellitus to schizophrenia. A large portion of the mental health C&P examinations are focused on PTSD, although other anxiety disorders and depressive disorders are also very common.

An intern would be required to interview the veteran, review medical records, review the claims file, and write a report. In certain cases, limited psychological or neuropsychological testing can be helpful - in most cases, there is no specific requirement for particular testing, but it can be done at the clinician's discretion. The intern would be required to write comprehensive reports that are somewhat different than traditional reports because they are for a non-clinical audience for legal purposes. For example, on occasion it might be required to give a GAF score for each diagnosis to aid the Regional Office in determining how much of the veteran's occupational problem is due to his/her (non-compensated) personality disorder and how much is due to his/her (compensated) PTSD. Reports answer specific questions while outlining the rationale behind the answers. They also describe how the diagnosis may or may not be related to the veteran's military experiences and

discuss how symptoms are impairing social and occupational functioning. This would be a good minor rotation for interns interested in honing diagnostic skills, interviewing techniques, and report writing. It would also be of interest to anyone looking to work in forensic psychology.

**Psychology staff who provide supervision in this rotation:** Drs. Wirtz and Vredeveld

### **Acute Inpatient Psychiatric unit (7 N) and Partial Hospitalization Program (PHP)**

The acute psychiatry unit is an 18 bed inpatient unit. Veterans who are placed on this unit are usually dealing with symptoms of a Severe Mental Illness (most common Major Depressive Disorder, Bipolar Disorder, Schizoaffective Disorder, and PTSD). Also, we are increasingly seeing veterans who are dealing with dementia as well as SMI symptoms. Patients struggling with substance abuse/dependence issues are sometimes hospitalized as a first step in dealing with their illness. Opportunities for the psychology intern include participation in multidisciplinary treatment teams and group psychotherapy. The intern will also provide psychological testing as a way to clarify diagnosis and assist with treatment planning

The Partial Hospitalization Program (PHP) is an outpatient program affiliated with the psychiatric unit. Veterans in PHP attend groups from 830am -230 pm Mondays through Fridays. This program can be used as a step down from the inpatient unit but it also serves as a way to manage increased symptoms so that hospitalization is not necessary. The psychology intern will have the opportunity to handle consults to determine appropriateness for admission, performing admissions and developing treatment plans, providing group therapy, and some individual treatment. As appropriate, psychological testing could also be utilized to assist in diagnosis and treatment planning. In addition, participating in or leading psycho-educational groups could be made available if the intern was interested.

**Psychology staff who provide supervision in this rotation:** Dr. Boehner.

## Outpatient Psychotherapy Cases

Each intern carries three long-term psychotherapy cases throughout the internship year. On the basis of their interests and skill-development needs, interns may select individual, marital or family cases. Supervision is provided to interns on a regular weekly basis by their assigned staff psychologists. Audio- and videotaping of sessions are available and encouraged for supervision purposes.

## Training Conferences

### Professional Conference

Professional Conference meets weekly for one hour. It is designed to interest and meet the growth needs of the professional Psychology staff as well as interns. The Cincinnati VA Psychology Training Program is approved as a provider of Mandatory Continuing Education credits for licensed psychologists by the Ohio Board of Psychology. Several of the professional conferences are specialized programs designed for MCE credits. Our psychology staff members regularly present at these conferences, and each intern presents a clinical case during the training year. Examples of recent professional conferences include:

- Introduction to Prolonged Exposure
- The Restructured Scales of the MMPI-2
- Evaluation and treatment of PTSD and Traumatic Brain Injuries
- Mental Health Treatment of Patients with Burn Injuries
- Applications of Dialectical Behavior Therapy
- Cognitive-Behavioral Conjoint Therapy for PTSD
- The Use of Socratic Questioning in CBT

### Intern Seminar

This weekly, ninety-minute seminar is attended by interns only. Some topics include information specific to our VA hospital and the veterans' population, while others focus on issues of specific interest requested by the intern class. Seminars may be one-time presentations or span as long as 8 weeks. Seminar leaders have included both VA hospital staff members and consultants from the community. Aspects of human diversity, including race, gender, ethnicity, sexual orientation, age, physical illness and disability are covered in seminars throughout the year. Intern seminars in the past several years have included:

Motivational Interviewing  
Introduction to Military Culture  
HIV and Mental Health  
Iraq Combat Experiences  
Viet Nam Combat Experiences  
Multiculturalism and Clinical Practice  
Life after Internship: Post Doctoral Fellowships, Post-Internship  
Employment, and Licensure issues  
Empirically Supported Treatments and Empirically Based Practice  
Psychopharmacology for Psychologists  
Introduction to Clinical Supervision  
Ethical Issues in Clinical Supervision

### **Training in Empirically Supported Treatments and Empirically Based Practices**

The following are a list of trainings in ESTs and EPB available in the internship. Access to some of them is dependent on supervisor and rotation assignment:

Motivational Interviewing  
Cognitive Processing Therapy for PTSD  
Seeking Safety for PTSD and Substance Dependence  
Prolonged Exposure for PTSD  
Mindfulness Based Relapse Prevention for Substance Dependence  
Panic Control Treatment for Panic Disorder  
Exposure and Response Prevention for OCD  
Cognitive Behavioral Therapy for Social Anxiety  
Present Centered Therapy  
Integrative behavioral couples therapy  
Behavioral couples therapy for substance use disorder  
Empirically Supported Therapy Relationships  
Social Skills Training  
Behavioral Family Therapy

## Life After Internship...

Our interns have been successful in securing an impressive array of positions following their internship year. A sampling of recent Postdoctoral Fellowships include:

OAA Research Fellowship – Central Texas Center of Excellence for  
Returning Veterans  
Denver Mental Illness Research Education and Clinical Center (MIRECC),  
VA Eastern Colorado Health Care System  
University of Michigan Medical Center  
The VA National Center for Organizational Development  
University of Virginia, Department of Medicine, Child-Parent Attachment  
Clinic  
Harry S. Truman VA Medical Center in Columbia, Missouri - PTSD/TBI  
Fellowship  
NIH-Sponsored Postdoctoral Research Fellowship at the University of  
California, San Diego, Division of Geriatric Psychiatry  
Cleveland Clinic Foundation Chronic Pain Treatment Program  
University of Alabama-Birmingham in Neuropsychology  
Medical College of Wisconsin, Milwaukee, in Neuropsychology  
The Geisinger Clinic, Danville, PA in Neuropsychology  
The Drake Center for Rehabilitation, Cincinnati, OH, in Neuropsychology  
The Rehabilitation Institute of Chicago  
Brown University Medical School in Neuropsychology

Others interns have gone on to forensic positions in the federal prison system as well as clinical positions at both community mental health centers and private practices. Our graduates also serve on the faculties of the University of Dayton, Miami University of Ohio, Radford University, and the University of Kentucky.

The Veterans Administration is invested in retaining top talent, and positions within the VA are also possibilities for graduating interns. Recent graduates from our internship are currently working at VA Medical Centers in Indianapolis, San Diego, Huntington, and here in Cincinnati. In fact, half of our own psychology staff at the Cincinnati VAMC are former interns and practicum students.

## Internship Year & Stipend

The internship year begins July 29th, 2013 and ends July 25, 2014. The training stipend is \$24,896. Interns receive ten paid federal holidays and thirteen days of leave for vacation and/or professional development. State and federal income tax and FICA (Social Security) are withheld from interns' checks. The United States government covers interns for malpractice under the Federal Tort Claims Act.

## Eligibility Requirements

Applications for the predoctoral clinical psychology internship program are welcome from students who have met the following requirements at the time of application:

U.S. citizenship

Three years of graduate study, completion of comprehensive exams, and acceptance as a doctoral candidate into an APA-accredited clinical or counseling psychology training program (Ph.D. or Psy.D.)

Completion of a minimum of 300 AAPI Intervention and Assessment Hours

Completion of a minimum of 1000 AAPI Grand Total Practicum Hours

Completion of a minimum of 150 adult psychotherapy hours conducted (individual or group)

Dissertation proposal approved by beginning of internship

Completion of online application procedure

## Application Procedure

Applications must be received no later than November 1, 2012, and must be completed online (no paper applications will be accepted) including:

A completed online AAPI and online verification by your Director of Clinical Training

**A clear list of track and rotation preferences** indicated at the top of the cover letter that you submit through the online application. This is used for the purpose of scheduling interviews only. You may change your track and rotation preferences at any time prior to submitting your rank lists.

Three letters of recommendation submitted through the online

application. *Note: Please do not send more than three letters. We will arbitrarily discard any material we did not request.*

A current *Curriculum Vitae* submitted through the online application

An official transcript of all graduate work submitted through the online application

The psychology training committee will review all completed applications. This committee includes the Director of Training, the Associate Director of Training, psychology staff, and current interns. Applicants may seek consideration for any or all training tracks. Those not meeting the eligibility requirements will be notified as soon as possible.

We seek applicants who have a sound clinical and scientific knowledge base from their academic program, strong basic skills in standard assessment, psychotherapy, and research techniques, and the personal characteristics necessary to function well in our internship setting. Our selection criteria are based on a "goodness-of-fit" with our training opportunities. We prefer to build an intern class that comes from many different kinds of programs and theoretical orientations, from different geographical areas, of different ages, of different cultural backgrounds, and with different life experiences. Of the over 180 applications we typically receive in a given year, we usually offer on-site interviews to 60 candidates. *We do not conduct phone interviews.* Our program, and the Cincinnati VA Medical Center as a whole, are committed to Affirmative Action and Equal Opportunity in Employment. Applicants are welcome to contact Dr. Zinnbauer with any questions.

## Visiting Our Site

If you are invited to interview, you will be invited to participate in a half-day visit to our facility. Most of this visit will include interviews with staff members and present interns. These will take place on the following days:

Friday December 14, 2012 from 12:30-4:30pm  
Tuesday January 8, 2013 from 12:30-4:30pm  
Wednesday January 16, 2013 from 12:30-4:30pm  
Thursday January 24, 2013 from 8:15-noon

Applicants will be notified by email whether or not they will be invited to interview. All applicants will be notified of their interview status by De-

cember 1, 2012. *Again, we regret that we are unable to offer phone interviews or interviews on dates other than the four dates noted above.*

## Contact Information

Telephone: 859.572.6777

Email: [brian.zinnbauer@va.gov](mailto:brian.zinnbauer@va.gov)

## Please Note

This internship site abides by all APPIC policies, including the directive that no person at this training facility will solicit, accept, or use any ranking-related information from any intern applicant prior to Uniform Notification Day.

This predoctoral clinical internship accredited by the Commission on Accreditation of the American Psychological Association

\*Questions related to the program's accredited status should be directed to the Commission on Accreditation:

Office of Program Consultation and Accreditation  
American Psychological Association  
750 First St, NE  
Washington, DC 20002-4242

Email: [apaaccred@apa.org](mailto:apaaccred@apa.org)  
Phone: (202) 336-5979  
TDD/TTY: (202) 336-6123  
Web: [www.apa.org/ed/accreditation](http://www.apa.org/ed/accreditation)

It is important for us to let you know that, in accord with the Federal Drug-Free Workplace Program, interns accepted here may be asked to submit a urine specimen as part of their pre-employment physical. Other branches of the federal government may also conduct routine background checks as an additional pre-employment requirement. Incorrect, incomplete or falsified information may be grounds for dismissal. By submitting an application for internship, you are agreeing to these conditions, as well as authorizing release

of information. You are also agreeing to abide by all policies and procedures of a federal workplace, should you accept an internship position at the Cincinnati VA Medical Center.

## APPIC Match Numbers

Our match numbers are:

General Clinical - 150411

Neuropsychology - 150412

PTSD - 150413

Due to the specialized natures of the neuropsychology and the PTSD rotations, they are listed with their own match numbers. Applicants are permitted to rank a specialized track and the general track if they are interested in both of these. If your primary reason for coming to this internship is to train in neuropsychology or PTSD, you are encouraged to rank only that number to ensure that you are brought in on that list. Applicants who do not match on the neuropsychology or the PTSD lists cannot be guaranteed those rotations.



Gardens at the Cincinnati Zoo



Cincinnati Zoo

Loveland Castle  
Outside Cincinnati





## VA Core Values and Characteristics Quick Reference



### Because **I CARE**, I will...

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#### **I**ntegrity

Act with high moral principle. Adhere to the highest professional standards. Maintain the trust and confidence of all with whom I engage.

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#### **C**ommitment

Work diligently to serve Veterans and other beneficiaries. Be driven by an earnest belief in VA's mission. Fulfill my individual responsibilities and organizational responsibilities.

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#### **A**dvocacy

Be truly Veteran-centric by identifying, fully considering, and appropriately advancing the interests of Veterans and other beneficiaries.

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#### **R**espect

Treat all those I serve and with whom I work with dignity and respect. Show respect to earn it.

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#### **E**xcellence

Strive for the highest quality and continuous improvement. Be thoughtful and decisive in leadership, accountable for my actions, willing to admit mistakes, and rigorous in correcting them.



## VA Core Characteristics

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<b>Trustworthy</b>	<b>VA earns the trust of those it serves – every day – through the actions of all employees. They provide care, benefits, and services with compassion, dependability, effectiveness, and transparency.</b>
<b>Accessible</b>	<b>VA engages and welcomes Veterans and other beneficiaries, facilitating their use of the entire array of its services. Each interaction will be positive and productive.</b>
<b>Quality</b>	<b>VA provides the highest standard of care and services to Veterans and beneficiaries while managing the cost of its programs and being efficient stewards of all resources entrusted to it by the American people. VA is a model of unrivalled excellence due to employees who are empowered, trusted by their leaders, and respected for their competence and dedication.</b>
<b>Innovative</b>	<b>VA prizes curiosity and initiative, encourages creative contributions from all employees, seeks continuous improvement, and adapts to remain at the forefront in knowledge, proficiency, and capability to deliver the highest standard of care and services to all of the people it serves.</b>
<b>Agile</b>	<b>VA anticipates and adapts quickly to current challenges and new requirements by continuously assessing the environment in which it operates and devising solutions to better serve Veterans, other beneficiaries, and Service members.</b>
<b>Integrated</b>	<b>VA links care and services across the Department; other federal, state, and local agencies; partners; and Veterans Services Organizations to provide useful and understandable programs to Veterans and other beneficiaries. VA’s relationship with the Department of Defense is unique, and VA will nurture it for the benefit of Veterans and Service members.</b>

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