

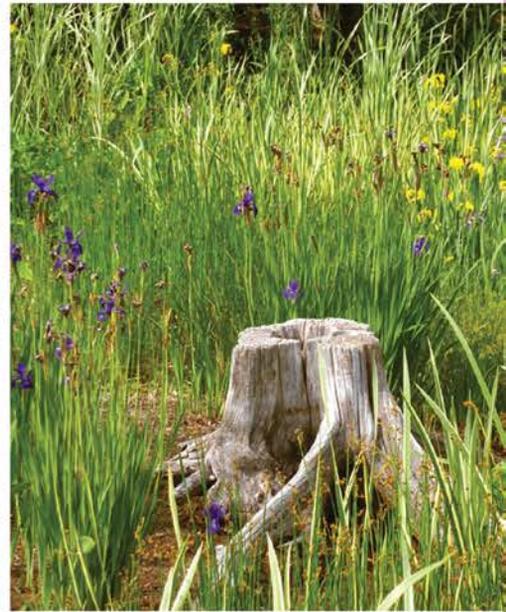


VA
HEALTH
CARE

Defining
EXCELLENCE
in the 21st Century

Post Doctoral Fellowship In Integrated Care

- Interprofessional Team Based Care
- Trauma Treatment and Mental
- Health Care of Homeless Veterans



**Psychology Training Program
2017-2018 Training Year
Cincinnati VA Medical Center**



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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.

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.

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

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://cincinnati-symphony.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 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>).



Figure 1: Aronoff Center for the Performing Arts

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 Paul 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 local park systems.

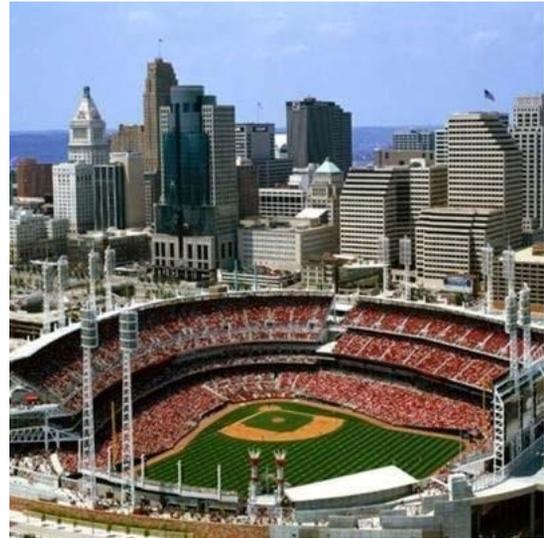


Figure 3: Cincinnati Reds Baseball stadium downtown



Figure 2: Findlay Market

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.

[\(http://www.findlaymarket.org/\)](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 seven divisions including: Outpatient Mental Health; Trauma Recovery Center; Assessment and Intensive

Treatment; Substance Use Disorders; Domiciliary Care for Homeless Veterans;

Special Mental Health Services; 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 five miles southeast of downtown in Ft. Thomas, KY, and a system of six community-based outpatient clinics (CBOCs) located in Clermont County, OH, Georgetown, 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 Caucasian 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. Our Center has fully accredited training programs in most of the major health specialties, including



Figure 4: Cincinnati VA Medical Center



Figure 5: Atrium at the University of Cincinnati Crawley Building

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, 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 fellows. 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. Fellows are encouraged to use these facilities for training and clinical purposes.



Figure 6: Entrance to the Fort Thomas Domiciliary

Postdoctoral Fellowship

Background

To address both the complexity of American health care needs and the increasing diversity among our population, the Institute of Medicine Committee on Quality of Health Care in America recommended in 2001 the use of interprofessional health care teams. It was their position that the structure of these integrated care teams could promote superior communication and patient care to past health care practices.

Similarly, the Veterans Health Administration (VHA) has committed to train and retain highly qualified healthcare providers in behavioral and mental health disciplines, and to promote the utilization of interprofessional team-based care. With directives such as the BHIP initiative submitted to the Senate Veteran's Affairs Committee in 2011 as part of the Mental Health Action plan, the PACT model of Integrated Care, as well as the VHA strategic plan for 2013-2018, VHA has positioned our healthcare system at the forefront of team-based Medical and Mental Health Care innovation. VHA's commitment represents a broad movement away from "silo" clinics or isolated episodes of care towards healthcare for our Veterans that is accessible, coordinated, comprehensive, and patient-centered.

Postdoctoral Fellowship

The Psychology Training Program at the Cincinnati VA Medical Center offers Postdoctoral Fellowship training programs in Integrated Care. The two tracks within the Fellowship are:

- Interprofessional Team-based Care
- Trauma Treatment and the Mental Health Care of Homeless Veterans

Mission

The overarching mission of the psychology training 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, and who practice competently and independently in a professional, empathic, and responsible manner. This postdoctoral Fellowship was established to train future leaders in integrated care within the VA who are able to lead interdisciplinary care teams, collaborate effectively with a wide range of health care professionals, and to deliver care to our Veterans with evidence-based and patient-centered clinical practices.

All activities during the training year are coordinated and supervised by the doctoral staff of the Cincinnati VA Psychology Program. Our staff views the Fellowship as a year of intensive specialized clinical experience that bridges internship with independent professional practice.

Training Goals and Core Competencies

To fulfill our training mission, the primary goal of the postdoctoral Fellowship is the development of advanced skills in the core competencies of professional psychology and interprofessional collaborative practice in the outpatient mental health team setting. Graduates from this Fellowship would be expected to take leadership roles in team-based Mental Health Care within the VA health care system.

The following are the four components of this Fellowship program:

- Training in core competencies:
 - American Psychological Association core competencies of professional psychology (revised 2011) including: application (intervention and assessment); consultation and systems; professionalism; ethics and diversity; science and evaluation; and education.
 - Interprofessional Collaborative Practice (IPEC, 2011) core competencies as identified by the Interprofessional Education Collaborative (Values/Ethics for Interprofessional Practice, Roles/Responsibilities, Interprofessional Communication, and Teams and Teamwork)
- Skill development in the delivery of empirically-supported mental health and behavioral care in outpatient settings through multiple clinical rotations.
- Training in the adaptation of interprofessional behavioral and mental health care for specific populations within the VA. Examples may include the older adult population, Veterans and their partners, and the VA population reached through telehealth services.
- A Fellowship project conducted by the postdoctoral fellows related to interprofessional care and system redesign. This may involve projects such as “Lean” system training, facilitating the adoption of team-based care within our Mental Health Care Line, or assisting existing team-based care teams to measure and evaluate their effectiveness.

The Fellowship core competencies are presented and discussed with fellows during orientation week, and the performance objectives are formally captured in the Fellowship evaluation form. This form provides behaviorally-anchored descriptions adopted from the APA and IPEC standards to illustrate the expected developmental progression of skill and conduct for fellows from the start to the completion of the Fellowship.

Postdoctoral fellows are evaluated and given feedback throughout the year by their individual supervisors in both formal and informal settings. Formal evaluations are completed quarterly

by supervisors using the Fellowship Evaluation Form. At the end of each quarter each Fellow's supervisors meet together with the Director of Training and the Associate Director of Training to review the Fellow's progress and make recommendations. Following these meetings the Director of Training meets individually with each Fellow to integrate and review all Fellowship evaluation information.

The location of these Fellowship training experiences are within the Mental Health Care Line of the Cincinnati VAMC, and involve direct collaboration with professionals from various disciplines including psychiatry, social work, nursing, chaplain service, pharmacy, and our medical center physicians. Postdoctoral fellows work within these care teams and also serve as consultants and didactic resources to non-psychology professional groups during the training year.

Training Model

Our training program subscribes to a scientist-practitioner model of education and training for the practice of professional psychology. More than rote memorization of specific research findings, we actively encourage fellows to adopt a rational-empirical process to understand and evaluate their clinical activities, to critically evaluate, integrate, and apply the current scientific literature to their various professional activities in accurate and culturally sensitive ways, and to actively provide, seek, and use feedback to assist with their mastery of the program's core training competencies. In sum, our program upholds the view that good clinical practice is based on critical thinking and the applied science of psychology delivered within an interpersonal context of care and compassion. Further, we also recognize and value the need to skillfully adapt broad empirical data to individual, group, and cultural differences.

Postdoctoral level training grounded in our core competencies thus provides a comprehensive view of psychological practice intended to encourage creative problem solving through the use of empirically supported psychological principles and sound judgment across clinical, ethical, and professional domains. Fellows get experience thinking and practicing as psychologists to prepare them for careers in a variety of VA integrated care settings. The acquisition of specific skills, techniques, and conceptual models are considered as means to this goal, rather than as ends in themselves.

We recognize that a professional psychologist must be capable of thoughtfully applying psychological principles to the solution of complex individual and social problems rather than habitually applying prescribed solutions to narrowly defined complaints. In this regard, our aim is to provide training that not only prepares fellows for the problems of today, but also assists them to develop the personal and professional skills needed to successfully manage the challenges that will arise over the duration of a long professional career.

Philosophy of Supervision

Our philosophy of supervision at the Cincinnati VA adheres to a mentorship approach, which tailors training to the developmental needs and skills of our fellows. Over the course of the training year, fellows are expected to function increasingly independently as they mature in clinical and professional development. Accordingly, while fellows always function under direct supervision, their clinical experiences increase in complexity and autonomy over the course of the training year.

Diversity

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, gender identity, 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. We welcome diversity in our Fellowship class, and we warmly encourage minorities and persons of diverse backgrounds of all types to apply to the Cincinnati VAMC Fellowship. Fellows are exposed to aspects of diversity unique to the Veterans' population during the Fellowship year through assessment, treatment, consultation, and Fellowship-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.

Our program views central aspects of training, from assessment to intervention to issues of diversity, to be best addressed "in action" or "in context." Thus, our diversity training focuses on aspects of diversity salient and present in our local military Veteran cultures and region. Postdoctoral fellows are asked to apply their knowledge of psychological science, individual differences, and group/cultural diversity directly within their patient care settings.

Active Learning

A final value of the training staff is the active involvement of fellows with the content and structure of the Fellowship. Fellows are invited to participate in the Psychology Training Committee, and feedback from our postdoctoral fellows directs the content and timing of the Fellowship seminars.

Program Structure

For every postdoctoral fellow, the four fundamental experiences built into the Fellowship program are indicated below:

Experience	Duration	Hours per week	Supervision
2 Major rotations	6 month each	24	2 hours/week
1 or 2 Minor rotations	12 months total	8	1 hour/week
Fellowship project	12 months	5	1 hour/week
Training conferences	12 months	3	variable

Each Postdoctoral fellow will rotate through 2 Major Rotations of 6 months each, and either a single Minor rotation of 12 months duration, or two consecutive Minor rotations of 6 months each. Major rotations will last 24 hours per week, and Minor rotations will be 8 hours per week. Didactic and Fellowship Project requirements will be 8 hours per week throughout the training year.

All Fellowship supervisors are licensed, privileged staff members of the Cincinnati VAMC who work directly in the programs in which the training rotations are embedded. Thus supervision is on-site and supervisors serve as teachers and role models for the postdoctoral fellows. Please see Appendix A for a description of the post-doctoral training staff.

Rotation Assignment

The rotation assignments and schedule will be developed during the orientation week for the Fellowship with emphasis on specialization and training that leads to future VA employment. Rotations associated with the Fellowship in Interprofessional Team Based Care will generally take place at the main campus of our Medical Center in Cincinnati, OH. Rotations associated with the Fellowship in Trauma Treatment and Mental Health Care for Homeless Veterans will generally take place at the Fort Thomas, Kentucky Division of the Cincinnati VAMC. As available, fellows will have the opportunity to supervise interns and practicum students, and will be invited to attend the monthly training meeting for new supervisors.

Background

The Veterans Health Administration's commitment to integrated care represents a broad movement away from "silo" clinics or isolated episodes of care, towards healthcare for our Veterans that is accessible, coordinated, comprehensive, and patient-centered. It is not enough for different care providers to be co-located. The care environment, provider working relationships, and provider competencies must all promote a common goal: Patients are in control of their health care, and the integrated care system is designed around the needs of the patient.

The Interprofessional Team Based Care Fellowship is designed to offer exposure to several different healthcare teams in the areas of Behavioral Health and Substance Use Disorder treatment. The goal is to become fully integrated as a valued and contributing member of each team, and to serve as a resource and consultant on mental health treatment, health behavior change, motivation and treatment compliance, and team dynamics.

Major Rotation Opportunities

- Health Behavior Coordination
- Interprofessional Care in Substance Use Disorder Treatment

Health Behavioral Coordination

The Veterans Health Administration (VHA) recognizes the role that unhealthy behaviors play in the development and maintenance of many chronic diseases. To support efforts focusing on assisting patients in making health behavior changes, VHA has been forward thinking in its hiring of Health Behavior Coordinators for each of its medical centers. Postdoctoral fellows on this rotation will work side by side with our local Health Behavior Coordinator (HBC). In this role, they will train, mentor, and guide medical center staff from a wide range of disciplines to support patient self-management of health-related behaviors. This will include health behavior coaching, the use of motivational interviewing, and other empirically-based communication and health behavior management approaches. Also, the postdoctoral fellow will get opportunities to implement and evaluate new or existing VHA disease prevention programs in our medical center. The Fellow will also participate in group and individual health promotion interventions such as smoking cessation and weight management, and providing or co-providing direct patient care.

Supervisor: Shari Altum, PhD; Health Behavior Coordinator

Interprofessional goals/competencies

GOAL: To become fully integrated as a valued and contributing member of a medically-focused interprofessional treatment team. To serve as the team expert and consultant on mental health, health behavior change, barriers to treatment compliance, and team dynamics.

COMPETENCIES:

1. Increased knowledge and understanding of specific medical conditions related to identified areas of interdisciplinary care (COPD, Type I and Type II Diabetes, HIV)
2. Development of clinical skill with regard to being a member of an interdisciplinary team and building team cohesiveness
3. Increased proficiency in identifying and addressing psychosocial issues specific to a geriatric population that may complicate successful management of a chronic health condition.
4. Explore and evaluate literature relevant to the psychosocial treatment of chronic health problems and health behavior change
5. Improved skill and ability in effectively using motivational interviewing to engage Veterans in health improvement.

Rotation Specific didactics

Interdisciplinary Team Building

Orientation to VA Health Promotion Resources

Intro to Coaching clinical staff

The Fellow will be embedded within more integrated care PACT teams as a member and consultant for clinical staff members who promote patient self-management of health behavior. Two such teams are the Chest Clinic team and the Endocrinology team

Chest Clinic

Fellows will join a team of 4 pulmonary attending physicians, 2 pulmonary NP's, and 4-6 pulmonary fellows to provide interdisciplinary care to Veterans referred for various pulmonary diseases. Providers address COPD, interstitial lung disease, diagnose lung cancer, and treat sleep disorders. Treatment concerns often involve depression associated with adjustment to illness, anxiety related to fears of suffocating, end of life issues, and health behavior change.

Chest Clinic information:

Lead Attendings/Collaborators: Ralph Panos, MD and Bill Eschenbacher, MD

Clinic times: Thursday afternoons and Friday mornings

Medical Resident Didactics the postdoc may join depending on schedules:

Wed. 1 pm

Mon 12 pm

Tues 12 pm x-ray conference

Additional related experience:

Pulmonary Rehabilitation – co-leading didactic section with Veterans to engage them in health behavior change outside of rehab

- Shadowing of inpatient consults

- Shadowing of pulmonary function testing

Participation in Primary Care COPD Mini-residency; first as a learner, then leading the Tobacco/Behavior management section

Development of outcome measures and strategy for pulling data that demonstrates increased utilization of self-management programs and improved clinical outcomes

- Potential opportunity to co-write chapters for a COPD primer

Endocrinology Clinic

Fellows will join a team of 2-3 Endocrinology attending physicians, a certified diabetic educator, clinical pharmacist, and several residents and interns. Providers address complex patients with poorly controlled Type I and Type II diabetes. Often the question of barriers to compliance is challenging and an interprofessional approach would promote the best outcome. Behavioral issues might include depression or other mental illness, substance use, mild to moderate cognitive impairment, vision, hearing, reading, or learning difficulties, insufficient social support, and/or low self-confidence.

Clinic information:

Lead Collaborators: Cathy McCormick, RD, CDI, and Mercedes Falsiglia, MD

Clinic Times: Monday mornings and Thursday mornings, 8 am – noon

Approximately 30-40 patients seen each session

Endo Resident Didactics the postdoc may join:

- Grand Rounds Fri. at 1 pm

- Post-clinic conference Fri. at 1 or 2 pm

Additional related experiences

- Shadow inpatient diabetic educator to model motivational interviewing

- Shadow Endo residents/attendings on inpatient rounds

- Collaborate with Diabetic Case Manager in Primary Care

- Shadow/Co-teach Diabetic Education Classes (Tues afternoons)

Interprofessional Care in Substance Use Disorder Treatment

Problems with substance use disorders seldom occur in isolation from other mental health, physical health, and psychosocial difficulties. They are in fact frequently intertwined, and coordinating care for veterans who suffer from substance use disorders is critical to effective

treatment. The overarching goal for the major rotation in Interprofessional Care in Substance Use Disorder Treatment is to embed Fellows in several treatment teams within the Cincinnati VAMC's SUDEP program, and for them to provide treatment and care for our Veterans that is accessible, coordinated, comprehensive, and patient-centered. Three elements form the core experiences in this major rotation:

- Outpatient SUDEP Treatment (Outpatient Clinic and Tobacco Treatment Clinic)
- Integrated Dual Disorder Treatment
- Motivational Interviewing and Motivation Enhancement Therapy

Outpatient Clinic

It is well accepted by researchers and treatment providers that transitions from residential to outpatient addiction treatment are essential parts of long-term recovery from addiction (McKay, 2009). The SUDEP Outpatient Services Program provides these continuity of care services that have been shown to be effective in assisting veterans to build and maintain recovery from addictive disorders. Over 65 groups a month are offered as part of the outpatient addiction treatment program. Fellowship training experiences include assessment of addiction and co-occurring mental illness disorders, as well as providing individual and group addiction treatment. There are also program development opportunities for Fellows to create their own intervention group in addiction treatment using the Matrix Manual, and to participate in the development of a SUDEP Intensive Outpatient Program.

Supervisor: Danny Hall, Ph.D.; Staff Psychologist, Substance Dependence Treatment Program

Treatment team members: Shannon Miller, MD, Elihu Godshalk, MD, Chitu Shukla, MD, Leah Gaines, MD, Dan Hosta, MD, Juris Mezinskis, PhD, Lynn Goodwin, LISW-S, Robin Joy-Dawson, LISW, Amy Mooney, LISW-S, Linda Sansone LISW-S.

Tobacco Treatment Clinic

Tobacco use disorder affects 1 in 5 people in the United States and for our local veteran population the prevalence is closer to 1 in 3. This makes tobacco use disorder one of the most prevalent disorders in the DSM-5, but also one of the least treated and most deadly. Postdoctoral Fellows will work with the Tobacco Treatment Team and learn a NIDA-driven, science-based understanding of nicotine addiction and its treatment. Training goals for this rotation include an understanding of the nature of nicotine addiction, the most effective behavioral interventions for tobacco use disorder, and the role of nicotine replacement medications in treatment.

Supervisor Danny Hall, Ph.D.; Staff Psychologist, Substance Dependence Treatment Program

Team members: Michael Krueger, MSN, FNP, BC, CTTS; Matthew Brown, Pharm D, CTTS; Suzanne Seta, RN BSMNS, and Addiction Psychiatry and Addiction Medicine fellows.

GOAL: To function within fully integrated as a valued and contributing member of outpatient SUDEP interprofessional treatment teams.

Interprofessional Competencies – Fellows will:

1. Understand the value of an interdisciplinary approach to addiction treatment.
2. Understand treatment models and theories of addiction and other problems related to substance use.
3. Assess the social, political, economic, and cultural context within which addiction and substance abuse exist, including risk and resiliency factors that characterize individuals, groups, and communities.
4. Recognize the behavioral, psychological, physical health, and social effects of psychoactive substances on the user and significant others.
5. Describe the philosophies, practices, policies, and outcomes of the most generally accepted and scientifically supported models of treatment, recovery, relapse prevention, and continuing care for addiction and other substance-related problems.
6. Recognize the importance of family, social networks, and community systems in the treatment and recovery process.
7. Understand the importance of research and outcome data and their application in clinical practice.
8. Be familiar with medical and pharmacological resources in the treatment of substance use disorders.

Didactics/trainings specific to rotation:

University of Cincinnati, Department of Psychiatry and Neurobehavioral Science Grand Rounds
Weekly SUDEP in-services on topics of assessment, intervention, and recovery
Substance Use Disorder Journal club

Integrated Dual Disorder Treatment

The Integrated Dual Disorder Treatment (IDDT) model is an evidence-based practice that improves the quality of life for people with co-occurring substance use disorders and severe mental illness by combining substance abuse services with mental health services. In essence both disorders are addressed at the same time within in the same program by the same team of treatment providers. IDDT uses a stages-of-change approach to treatment and emphasizes incremental changes over time in areas such as sobriety, symptom management, and independence. Treatment is patient-focused and individualized to address the unique circumstances of each person's life.

A core component of IDDT is the multidisciplinary team-based care approach. It combines pharmacological (medication), psychological, educational, and social interventions to address the needs of consumers and their family members. IDDT also promotes consumer and family involvement in service delivery, stable housing as a necessary condition for recovery, and employment as an expectation for many.

The IDDT fellow will provide direct patient care as a member of the IDDT team through clinic screenings, psychological assessment, multidisciplinary team assessments and treatment planning, as well as group psychotherapy and skills training.

Supervisor: Rachelle Sekerka, PhD; Staff Psychologist, Dual Diagnosis Treatment Program

GOAL: To become fully integrated as a valued and contributing member of an interprofessional Intensive Dual Disorder Treatment (IDDT) team

Interprofessional Competencies:

1. Increased proficiency in the completion of integrated assessments, conceptualizations and interventions with the severe mental illness (SMI) and substance use disorder (SUD) population.
2. Development of clinical skill with regard to being a psychologist on an interdisciplinary team.
3. Improved skill in providing group therapy to veterans experiencing both addiction and psychiatric symptoms, and understanding the advantages and limitations of this treatment modality

Rotation Specific didactics

Center for Integrated Dual Disorder Treatment training videos

Substance Treatment Program In-Services, which are hospital staff presentations

focused on specific health topics; presentation topics have included opiate substitution treatment, medical marijuana, diabetes, and Appalachian culture.

University of Cincinnati, Department of Psychiatry and Neurobehavioral Science Grand Rounds

University of Cincinnati, Department of Psychiatry and Neurobehavioral Science Collaborative Trainings

IDDT Clinic

Fellows will join a team of 2 psychiatrists, 1 psychologist, and 1 social worker. Because Veterans served in the IDDT clinic often benefit from the services of the Mental Health Intensive Case Management, Residential Rehabilitation, Inpatient Psychiatry, HUD/VASH, and other MH-SUD clinics, fellows will likely have the opportunity to collaborate with nurses, housing specialists, addiction psychiatry fellows, addiction therapists, peer support specialists, and SUD/MHCL leadership.

IDDT Clinic information:

Team Members: Erik Nelson, MD, Jennie Hahn, MD, Rachelle Sekerka, PhD,

Kelly Knox, LISW-S, PhD

Clinic times: The IDDT clinic provides services Monday-Friday, generally 7:30-4:00pm.

Team Meetings: Mondays, 11am-noon & Thursdays, 1-2pm; daily collaboration as needed

IDDT Clinic Screenings: Thursdays, 2-3pm

Motivational Interviewing and Motivation Enhancement Therapy

Every Fellow will have the opportunity to attend a two and a half day workshop on Motivational Interviewing and Motivation Enhancement Therapy provided by Jonathan Steinberg, PhD, and Shari Altum, PhD. Upon completion of this training, Fellows are invited to attend a weekly MI consultation group and to practice MI skills and receive coded feedback about their use and mastery of the MI/MET skills. Both Dr. Steinberg and Dr. Altum are members of the Motivational Interviewing Network of Trainers (MINT).

Supervisor: Jonathan Steinberg, PhD; Staff Psychologist, SA/PTSD Treatment Program

GOAL: To introduce Fellows to the theory, principles, and skills of motivational interviewing and related motivation-enhancing behavior change approaches. Fellows will be guided through a sequence of learning activities to developing proficiency in facilitating rapid, internally motivated change. Learning activities will include: real-life demonstrations, video-tape examples, “real-plays”, case studies, small group exercises, and significant participant practice with feedback.

Minor Rotation Opportunities

Fellows will also choose from four elective minor rotations. This will be structured as 2 minor rotations of 6 months each or one minor for 12 months. Minor rotations are 8 hours per week. These rotations include

- Tobacco Cessation Treatment team
- Telehealth for PTSD treatment
- Family/Couples Intervention
- Palliative/Geropsychology team care

Tobacco Cessation Treatment team

Tobacco use disorder (TUD) is the leading cause of preventable deaths in the United States and is responsible for over 430,000 deaths annually. Tobacco use is the single most expensive health problem in the VHA. In 2008, of the \$40 billion VHA budget, \$9 billion was spent for the treatment of tobacco disease (Institute of Medicine, 2009). Statistics indicate that Veterans use tobacco at much higher rates than the general population. VISN 10 is particularly vulnerable to this problem as our local Tri-State Area has one of the highest prevalence rates of tobacco use in the country. Evidence is clear that interventions for TUD, if delivered in a

systematic, evidence-based manner, greatly reduce the risk of suffering from a tobacco-related disease.

Postdoctoral fellows in this minor will join the Cincinnati Tobacco Treatment Center and provide a comprehensive, evidence-based approach to the treatment of TUD based on the DHHS recommended guidelines entitled "Treating Tobacco Use and Dependence" (US DHHS, 2008). The TTC has a multidisciplinary team approach, consisting of advanced practice nurses, pharmacists, social workers, psychologists, and peer support technicians. The Cincinnati Tobacco Treatment Center was selected as a "Best Practice" by the July 2012 VACO Mental Health Site Visit.

Supervisor: Danny Hall, PhD; Staff Psychologist, Substance Dependence Treatment Program

Telehealth for PTSD Treatment

As presented on the website for the National Center for PTSD (<http://www.ptsd.va.gov/professional/pages/ptsd-telemental.asp>): Many individuals in need of specialized posttraumatic stress disorder (PTSD) services live in geographically remote regions, such as on tribal reservations or in rural areas. Since people with PTSD often use self-isolation to reduce stimulation, hyperarousal, and interpersonal conflict, people with PTSD are more likely to settle in remote areas with low population densities. Mental health care in these remote areas is generally only available on a limited basis - especially mental health care for PTSD. Traditionally, these individuals do not get the services they need. Sometimes an individual will travel a great distance to a larger city, or the clinicians based in the larger medical centers will travel a great distance to visit rural communities. As a result, providing PTSD care to these individuals can impose a tremendous financial, travel, or personnel burden. Telemental health technology is increasingly easing these burdens by making PTSD clinical and educational services available in remote areas.

Postdoctoral fellows working in this minor will join our already established telehealth team and provide evidence based treatments for PTSD to Veterans using telemental health technology. They will also become familiar with the means of overcoming access issues for our Veterans living in rural areas. This telehealth team is located at the Fort Thomas, KY, campus of the Cincinnati VAMC.

Please note that in order to do this rotation, the Fellow must already have advanced skills in providing CPT.

Supervisors:

Kathleen Chard, PhD; Director, Trauma Recovery Center

Meredith Klump, PhD; Staff Psychologist, Trauma Recovery Center

Nicole Pukay-Martin, PhD; Staff Psychologist, Trauma Recovery Center

Family/Couples Intervention

A central source of social support for our Veterans comes through the quality of the relationships they have with their partners. Postdoctoral fellows on this rotation will have the opportunity to learn two empirically-supported cognitive-behavioral psychotherapies for couples through the Trauma Recovery Center (TRC). The TRC is a multidisciplinary program focused on providing treatment to Veterans who have survived traumatic experiences, and is located at the Fort Thomas, KY, campus of the Cincinnati VAMC.

Fellows will have the opportunity to learn general cognitive-behavioral couples therapy, which is empirically supported for improving couple relationship adjustment. General cognitive-behavioral couples therapy focuses upon improving positive behavioral exchanges, improving communication, and addressing problematic cognitions that are contributing to couple distress and conflict.

Cognitive behavioral conjoint therapy (CBCT) for PTSD is a therapy that is currently being nationally disseminated by the VA. This therapy teaches couples skills for both reducing PTSD symptoms and improving their relationships. CBCT for PTSD utilizes techniques to help couples to learn to undermine avoidance and address problematic cognitions related to the traumatic events. CBCT for PTSD also helps couples to improve their conflict resolution skills, improve communication, and increase positive behavioral exchange within their relationship.

Supervisor: Nicole Pukay-Martin, PhD; Staff Psychologist, Trauma Recovery Center

Palliative/Geropsychology Team Care

This rotation combines working with geriatric residents, short-term rehabilitation patients, and hospice patients at the Community Living Center (CLC), and palliative care patients on medical inpatient units at the VA hospital in Cincinnati.

The CLC is located in Fort Thomas, Kentucky and it houses a 32-bed long-term care (LTC) unit, a 20-bed short-term rehabilitation unit, and a 5-bed hospice unit. Veterans at the CLC and on medical inpatient units often have complex medical problems and some also have a range of mental health symptoms and diagnoses. Presenting concerns can include depression, anxiety, cognitive disorders, severe mental illness, substance abuse, incapacity to make medical decisions/live independently, noncompliance with treatment, obesity, Axis II disorders, disruptive behaviors, grief and loss, and end-of-life issues. The postdoctoral fellow will function as an integral member of multidisciplinary teams for both the long- and short-term care units and the hospice and palliative care (HPC) program. As a general framework, they will attend weekly multidisciplinary team meetings; conduct psychological assessments,

including screening of cognition, mood, and behavior symptoms, and develop an appropriate plan of care; consult with clinical staff; and provide counseling to Veterans and support to their family members and caregivers.

Supervisors:

Wes Houston, PhD; Director, Neuropsychology

Kalika Kelkar, PsyD; Staff Psychologist, Neuropsychology

Jack Barrett, PhD; Staff Psychologist, Community Living Center

Trauma Treatment and the Mental Health Care of Homeless Veterans

Background

Posttraumatic stress disorder (PTSD) and homelessness are two of the most prominent issues confronting Veterans. According to recent statistics, approximately 17-25% of Veterans are likely to meet diagnostic criteria for PTSD. Further, 1 out of every 10 homeless individuals is a Veteran and there are currently 49,933 homeless Veterans in America. The homeless Veteran population suffers from significant rates of post-deployment stress-related symptoms, PTSD, and substance use disorders. This Fellowship is specifically designed to provide training in evidence-based approaches to address these problems, and to provide future leaders in VA Mental Health with the skills that they will need to function effectively in VA integrated care environments. Fellows will have the opportunity to learn best practices in evidence-based treatment in both residential and outpatient treatment settings. Fellows will also have the option of becoming involved in cutting edge research focused upon improving clinical care within this population of Veterans.

The Trauma Recovery Center (TRC) and Domiciliary programs provide evidence-based treatment for Veterans with posttraumatic stress disorder (PTSD) and homelessness (or who are at high risk for homelessness). Both programs offer residential treatment located at the Fort Thomas, Kentucky VA facility and serve Veterans with a variety of co-occurring mental health disorders, including substance use disorders, mood disorders, and severe mental illness. In addition to the PTSD residential programs (men's program, women's program, traumatic brain injury – PTSD program), the TRC offers outpatient services to treat Veterans with PTSD. A shared goal of these programs is to support Veterans' recovery and to improve Veterans' functioning. Both programs ascribe to a recovery-oriented model in addressing mental health issues that incorporates Veteran preferences in health interventions, promotes Veteran health behaviors and self-management skills, and emphasizes collaborative treatment goal selection. Fellows will therefore have the opportunity to train in 2 major rotations: Outpatient services within the TRC, and Residential services in the TRC and the DOM. Fellows in these major rotations will be integrated into the large interdisciplinary teams that service these programs. Fellows will receive didactic and experiential training in evidence-based assessment, evidence-based individual, couple, and group psychotherapy, and program evaluation. Both programs primarily follow cognitive-behavioral models in guiding these assessments and interventions.

Fellows will also have the opportunity to participate in a research minor rotation (8 hours per week). This research minor rotation will focus on building and advancing skills in program evaluation and treatment effectiveness research for Veterans with PTSD and homelessness issues. Fellows will receive didactic and experiential training in these areas of research and will be mentored by a group of VA clinician-researchers who maintain active programs of research to inform clinical care to these populations (Dr. Kathleen Chard, Dr. Benjamin Dickstein, Dr. Nicole Pukay-Martin).

GOAL: To become fully integrated as an interdisciplinary team member in the treatment of Veterans with PTSD, substance use disorders, comorbid mental health conditions, and homelessness issues. To develop skills to serve as a team leader in developing, implementing, and evaluating programs serving these populations.

COMPETENCIES:

1. Increased proficiency in empirically-based assessment and treatment for PTSD including first-line recommended treatments for PTSD (i.e., cognitive processing therapy and prolonged exposure therapy)
2. Increased proficiency in evidence-based assessment and interventions for addressing mental health issues that co-occur with Veterans' homelessness/risk for homelessness including treatments for substance use disorders, mood disorders, and serious mental illness.
3. Increased proficiency in distinguishing between appropriate levels of care for homeless Veterans with mental health issues
4. Explore and evaluate literature relevant to the psychosocial treatment of homeless Veterans with mental health issues
5. Improved skill and ability in conducting program evaluation and empirically-driven case assessment for homeless Veterans with mental health issues

Fellows will receive didactic and experiential training in multiple evidence-based treatments including: cognitive processing therapy, prolonged exposure therapy, cognitive-behavioral conjoint therapy for PTSD, behavioral activation, and present-centered therapy. Fellows will attend regional VA trainings for cognitive processing therapy and cognitive-behavioral conjoint therapy for PTSD and will be provided the opportunity to achieve VA provider status in these treatments.

Major Rotation Opportunities

- Trauma Recovery Center
- Domiciliary Program

Trauma Recovery Center

The Trauma Recovery Center (TRC) provides comprehensive, evidence-based assessment and treatment for Veterans with PTSD. The TRC treatment team consists of 14 psychologists, 4 social workers, 3 psychiatrists, 2 advanced nurse practitioners, 1 registered nurse, 1 peer support specialist, 1 speech therapist, 1 occupational therapist, 1 recreational therapist, 1 chaplain, and 1 vocational rehabilitation specialist. The TRC serves Veterans from all service eras and with all types of traumas, including combat trauma and military sexual trauma. All Veterans in the TRC receive structured clinical assessment at pre- and post-treatment. All assessments include the Clinician Administered PTSD Scale for the DSM-5 (CAPS-5), which is considered the gold standard in the assessment and diagnosis of PTSD. All assessments also include the Structured Clinical Interview for the DSM-5 (SCID-5) to diagnose mental health disorders that are co-occurring with PTSD. Assessments also include a range of empirically-validated veteran-reported measures, such as the PTSD Checklist for the DSM-5 (PCL-5) along with measures of depression and functional impairment. Postdoctoral fellows will have the opportunity to gain mastery in the administration, scoring, and interpretation of these assessment measures and in the utilization of these results to informing individualized treatment for Veterans with PTSD.

The TRC offers three separate residential PTSD treatment programs: a 12 bed men's program, a 10 bed women's program, and a 10 bed program for Veterans with traumatic brain injury (TBI) and PTSD. During fiscal year 2015, the TRC had 216 residential admissions to these programs. A multidisciplinary team including psychiatry, psychology, social work, speech, occupational therapy, recreational therapy, and neuropsychology provides services to Veterans in these programs. Each program has its own unique multidisciplinary team. Postdoctoral fellows will have the opportunity to be members of these multidisciplinary teams and to participate in weekly team meetings. All three residential programs deliver cognitive processing therapy (CPT), which is an evidence-based, first-line recommended treatment according to VA/Department of Defense (DoD) guidelines (2010). CPT is delivered in a combined individual plus group format, and fellows will have the opportunity to learn skills in the delivery of this format of CPT. In addition to CPT, Veterans in the residential programs receive a variety of psychoeducational and skills-focused groups, which are meant to compliment CPT in helping Veterans to reduce mental health symptoms and improve their functioning. Examples of these additional groups include evidence-based interventions such as relapse prevention, cognitive-behavioral anger management, and skills-focused groups

derived from dialectic behavior therapy (e.g., distress tolerance, interpersonal effectiveness). Fellows will also have the opportunity to participate in the delivery of these groups as well as the development of new and innovative, evidence-based psychotherapeutic and psychoeducational groups for Veterans within the residential treatment program.

The TRC also has an outpatient program, which admitted 132 Veterans in fiscal year 2015. Within the outpatient program, fellows will have the opportunity to receive training in a broad range of evidence-based psychotherapies. First, fellows will receive training in individually delivered CPT (format used in the outpatient program) and prolonged exposure (PE) therapy. CPT and PE are the two first-line recommended psychotherapies for PTSD (VA/DoD, 2010). In addition, fellows will have the opportunity to receive training in present-centered therapy (PCT) for PTSD, which has demonstrated efficacy according to multiple, controlled studies. Finally, fellows may receive training in cognitive-behavioral conjoint therapy for PTSD, which has demonstrated efficacy and effectiveness for reducing PTSD and improving relationships with concerned significant others. By receiving training in both the residential and outpatient TRC programs, fellows will have the opportunity to learn about differences in delivery of evidence-based PTSD assessment and treatment to Veteran populations that are shown to be significantly different on demographic and clinical variables and which require varied treatment approaches to address their unique clinical needs.

Supervisors: Kathleen Chard, Ph.D.; Director, Trauma Recovery Center
Greg Bailey, PhD; Staff Psychologist, Trauma Recovery Center
Amy Buckley, PhD; Staff Psychologist, Trauma Recovery Center
Nicola Caldwell, PhD; Associate Director, Trauma Recovery Center
Benjamin Dickstein, Ph.D.; Staff Psychologist, Trauma Recovery Center
David Greenwald, PhD; Staff Psychologist, Trauma Recovery Center
Jennifer Lewis, PhD; Staff Psychologist, Trauma Recovery Center
Richard Monroe, PhD; Staff Psychologist, Trauma Recovery Center
Nicole Pukay-Martin, PhD; Staff Psychologist, Trauma Recovery Center
Toby Weiss, PsyD, ABPP; Staff Psychologist, Trauma Recovery Center

TRC outpatient clinic times: 8am – 6pm along with extended hours (7:30pm on Mondays, 8:30pm Wednesdays) to serve Veterans who work during the day. Fellows' schedules will be set depending their specific involvement in PTSD residential and domiciliary programming, along with delivery of outpatient services.

TRC team meetings: Outpatient admission rounds – Mondays 12:30-1:30pm; case conference – Tuesdays 12:30-1:30pm; PTSD men's residential team – Tuesdays 2:00-3:00pm, PTSD women's residential team meeting – Wednesdays 1:00-2:00pm; PTSD-traumatic brain injury residential team meeting Wednesdays – 11:00am-12:00pm.

Domiciliary for Homeless Veterans

The Ft. Thomas Domiciliary for Homeless Veterans (DOM) is a 58-bed biopsychosocial rehabilitation program designed to address the needs of homeless Veterans and facilitate their reintegration into the community. Although the primary presenting problem for the majority of our residents is substance use disorder, multiple other factors that contribute to homelessness are addressed at our facility. Thus, comprehensive and holistic care is offered to Veterans who suffer from mental health conditions such as mood, anxiety, personality, and/or psychotic disorders as well as other contributing medical, educational, and vocational needs. Because the problem of homelessness is multifactorial, several individually-tailored treatment goals are addressed during each resident's stay at the Domiciliary including: long-term sobriety, health maintenance, self-management skill training, employment, money management, improved quality of life, and community reintegration.

Fellows serve as part of an interprofessional treatment team, providing individual and group therapy and teaching psychoeducational classes and integrated care environment that is personalized, pro-active, and patient-driven. Groups and classes are based on the CENAPS model of SUD recovery by Gorski & Miller (1986), as well as values-based behavioral activation treatment for residential settings. Fellows will also receive supervision in other evidenced-based interventions including CBT for substance use disorders, Dialectical Behavior Therapy (DBT), Mindfulness-Based Relapse Prevention (MBRP), Acceptance and Commitment Therapy (ACT), and Motivational Interviewing/Motivational Enhancement Therapy (MI/MET). In addition, fellows will conduct diagnostic, personality, and functional assessments with a particular emphasis on utilizing these assessments to inform case conceptualization and treatment formulation.

Supervisor: Dr. Ryan Faulkner, PsyD; Director, Domiciliary Care for Homeless Veterans & Director, Veterans Justice Outreach

DOM clinic hours: Because the Domiciliary is a residential rehabilitation center, hours of operation are 24/7. Fellows can train between the hours of 8:00am to 4:30pm, Monday through Friday.

DOM team meetings: Interdisciplinary treatment team meetings to screen new admissions and staff current cases – Monday-Fridays 8:00-9:00am; mental health counselors meetings – Thursdays 3:00-4:00pm.

Major Rotation Specific didactics

Evidence-based assessment of Veterans with PTSD and homeless Veterans
Evidence-based assessment screening for co-occurring substance use disorders
Regional VA training in cognitive processing therapy (Dr. Kathleen Chard)

Regional VA training in cognitive-behavioral conjoint therapy for PTSD (Dr. Nicole Pukay-Martin)

Journal club reviewing current empirical literature and best practices (Dr. Pukay-Martin)

University of Cincinnati, Department of Psychiatry and Behavioral Neuroscience Grand Rounds

University of Cincinnati, Department of Psychiatry and Behavioral Neuroscience Collaborative Trainings

Minor Rotation Opportunities

Fellows will also choose from three minor rotations. Minor rotations are 8 hours per week. These rotations include

- Trauma Recovery Center Research
- Telehealth for PTSD treatment
- Family/Couples Intervention

Trauma Recovery Center Research

Trauma Recovery Center staff are actively involved in ongoing applied clinical research. As part of the research minor rotation, fellows would have the opportunity to utilize the clinic's large-scale database of nearly 3,000 patients who have participated in either the outpatient or residential Trauma Recovery Center treatment programs. These data are collected as part of routine clinical care through the Trauma Recovery Center and include structured clinical interview data (e.g., CAPS, SCID), primary self-report outcome measures (e.g., PCL, BDI-II), secondary self-report measures (e.g., measures of coping, trauma-related cognitions, etc.), and information gathered from clinical chart review (e.g., session attendance and therapy session content, demographic information, etc.). The datasets provide opportunities for fellows to gain experience in effectiveness and quality improvement research. In addition, Trauma Recovery Center staff are actively involved in funded efficacy research, and fellows would have opportunities to learn about grant-writing and administration. Finally, this rotation provides opportunities for fellows to co-author manuscripts as well as take lead authorship on scientific manuscripts.

Supervisors:

Kathleen Chard, PhD; Director, Trauma Recovery Center

Benjamin Dickstein, PhD; Staff Psychologist, Trauma Recovery Center

Telehealth for PTSD treatment

As presented on the website for the National Center for PTSD (<http://www.ptsd.va.gov/professional/pages/ptsd-telemental.asp>): Many individuals in need of specialized posttraumatic stress disorder (PTSD) services live in geographically remote regions, such as on tribal reservations or in rural areas. Since people with PTSD often use self-isolation to reduce stimulation, hyperarousal, and interpersonal conflict, people with PTSD are

more likely to settle in remote areas with low population densities. Mental health care in these remote areas is generally only available on a limited basis - especially mental health care for PTSD. Traditionally, these individuals do not get the services they need. Sometimes an individual will travel a great distance to a larger city, or the clinicians based in the larger medical centers will travel a great distance to visit rural communities. As a result, providing PTSD care to these individuals can impose a tremendous financial, travel, or personnel burden. Telemental health technology is increasingly easing these burdens by making PTSD clinical and educational services available in remote areas.

Postdoctoral fellows working in this minor will join our already established telehealth team and provide evidence based treatments for PTSD to Veterans using telemental health technology. They will also become familiar with the means of overcoming access issues for our Veterans living in rural areas. This telehealth team is located at the Fort Thomas, KY, campus of the Cincinnati VAMC.

Please note that in order to do this rotation, the Fellow must already have advanced skills in providing CPT.

Supervisors:

Kathleen Chard, PhD; Director, Trauma Recovery Center

Meredith Klump, PhD; Staff Psychologist, Trauma Recovery Center

Nicole Pukay-Martin, PhD; Staff Psychologist, Trauma Recovery Center

Family/Couples Intervention

A central source of social support for our Veterans comes through the quality of the relationships they have with their partners. Postdoctoral fellows on this rotation will have the opportunity to learn two empirically-supported cognitive-behavioral psychotherapies for couples through the Trauma Recovery Center (TRC). The TRC is a multidisciplinary program focused on providing treatment to Veterans who have survived traumatic experiences, and is located at the Fort Thomas, KY, campus of the Cincinnati VAMC.

Fellows will have the opportunity to learn general cognitive-behavioral couples therapy, which is empirically supported for improving couple relationship adjustment. General cognitive-behavioral couples therapy focuses upon improving positive behavioral exchanges, improving communication, and addressing problematic cognitions that are contributing to couple distress and conflict.

Cognitive behavioral conjoint therapy (CBCT) for PTSD is a therapy that is currently being nationally disseminated by the VA. This therapy teaches couples skills for both reducing PTSD symptoms and improving their relationships. CBCT for PTSD utilizes techniques to help couples to learn to undermine avoidance and address problematic cognitions related to the traumatic events. CBCT for PTSD also helps couples to

improve their conflict resolution skills, improve communication, and increase positive behavioral exchange within their relationship.

Supervisor: Nicole Pukay-Martin, PhD; Staff Psychologist, Trauma Recovery Center

Fellowship Project

A fellowship project will be conducted by all postdoctoral fellows related to Interprofessional Care or Trauma treatment and the Mental Health Care of Homeless Veterans. These projects will be overseen by the Psychology Training Committee, and will culminate in a project presentation to our staff and trainees each Spring. This project is intended to allow each fellow the opportunity to put their knowledge of mental health care “into practice” in a novel way that benefits our local Medical Center.

Examples of current projects in our Fellowship program include:

- Project to develop a best-practices protocol within the Integrated Dual Disorder Treatment (IDDT) clinic to address patient care for complex, non-compliant patients. The protocol outlines steps IDDT clinic providers can take with patients to increase adherence to program treatment regimens in order ensure patient safety, best care practices, respect for patients’ wishes, and ethical illness management. Program recommendations include the use of motivational interviewing sessions, changes in the frequency of psychiatry appointments, and if warranted, the necessary requirements for pursuing assisted outpatient treatment through the judicial system.
- Project to improve psychosocial services for oncology patients at the Cincinnati VAMC by integrating mental health services into the oncology clinic. This has included implementing a psychosocial distress screening and referral process for all new oncology patients, providing both brief and extended psychological interventions with oncology patients who report psychosocial distress, and serving as the oncology team consultant on mental health issues that serve as barriers to effective medical treatment. The project also included conducting shared appointments with medical fellows, participating in weekly tumor boards and quarterly Cancer Care Committee meetings, and collaborating with Palliative Care/Hospice services.

Professional Conference

Professional Conference meets weekly for one hour. It is designed to meet the interests and growth needs of the professional Psychology staff, Postdoctoral Fellows, and Predoctoral Interns. The Cincinnati VA Psychology Training Program is an approved provider of Mandatory Continuing Education credits for licensed psychologists by the Ohio Board of Psychology and some of the professional conferences are specialized programs designed for MCE credits. Our psychology staff members regularly present at these conferences, and each Fellow will make one presentation during the training year. Typically the presentations by the postdoctoral fellows will involve presenting the results of their Fellowship project. The schedule of conferences for the 2015-2016 training year is included in Appendix B.

Fellowship Seminar

This 60 minute seminar is attended by fellows only. Seminars include a combination of didactics and discussion, and are focused on issues of specific interest for the Fellowship. Seminars may be one-time presentations or span multiple sessions. Fellows are expected to lead a journal club-style presentation and discussion at least twice during the year.

- Introduction to Interprofessional Care I, concepts and models
- Introduction to Interprofessional Care II, measurement and outcomes
- Behavioral Health Coordination in the VA system
- Emergencies at the VA /Suicide
- Mental Health Treatment Planning
- Military Culture
- Veteran Diversity
- Motivational Interviewing
- Prevention and Management of Disruptive Behavior
- Medical Chart Terminology and interacting with Primary Care Staff
- Ethical issues in Team Based Care
- Mental Health Administration
- Issues in Supervision

In addition to rotation-specific trainings, during the course of the training year postdoctoral fellows will have access to National Calls, National Seminars, sharepoints,

and trainings related to PTSD treatment and Mental Health Care for Homeless Veterans

Fellowship Hour

Each week, fellows have one protected hour to meet together. This allows them to maintain consistent contact with one another since they may otherwise have limited weekly contact aside from didactic trainings. As a program, we encourage each Fellow to use this protected time as a source of peer support and resource for navigating this year of training and preparation for future career plans.

Applying to the Fellowship

Fellowship Year & Stipend

The Fellowship year begins September 5, 2017 and ends August 31, 2018. The training stipend is \$43,941. Fellows receive 10 paid federal holidays and 13 days of leave for vacation and/or professional development. State and federal income tax and FICA (Social Security) are withheld from fellows' checks. The United States government covers trainees for malpractice under the Federal Tort Claims Act. The Fellowship is a full-time training experience and lasts a full calendar year.

Eligibility Requirements

Applications for the postdoctoral Fellowship program are welcome from individuals who will have met the following requirements by the start of the Fellowship:

- Graduation from an APA- or CPA-accredited doctoral program in Clinical or Counseling Psychology
- Graduation from an APA- or CPA accredited internship program *
- U.S. citizenship. VA is unable to consider applications from anyone who is not currently a U.S. citizen. Verification of citizenship is required following selection. All fellows must complete a Certification of Citizenship in the United States prior to beginning VA training.
- A male applicant born after 12/31/1959 must have registered for the draft by age 26 to be eligible for any U.S. government employment, including selection as a paid VA trainee. Male applicants must sign a pre-appointment Certification Statement for Selective Service Registration before they can be processed into a training program. Exceptions can be granted only by the US Office of Personnel Management; exceptions are very rarely granted.
- Fellows are subject to fingerprinting and background checks. Selection decisions are contingent on passing these screens. Please review [link to federal website that explains screening requirements](#)

- VA conducts drug screening exams on randomly selected personnel as well as new employees. Postdoctoral fellows are not required to be tested prior to beginning work, but once on staff they are subject to random selection for testing as are other employees. Ongoing participation in the Fellowship is contingent on passing these screens.
- As an equal opportunity training program, the Fellowship welcomes and strongly encourages applications from all qualified candidates, regardless of gender, racial, ethnic, sexual orientation, gender identity, disability, or other minority status.

*** Note:** Except for the completion of the pre-doctoral internship, ALL doctoral degree (academic, administrative, clinical) requirements MUST be completed no later than July 1, 2017. Additionally, applicants must complete their internships prior to August 31, 2017. Acceptance into the Cincinnati VAMC Fellowship program is dependent upon meeting this criterion.

If your school has a graduation date that occurs after September 1, 2017, you are qualified to begin the Fellowship year provided that you have completed all academic (including final department approval of dissertation), clinical (including internship), and administrative (approval from school director of training) requirements prior to September 1, 2017. In these situations, we require a certified letter from your school's registrar indicating that you have met all requirements for graduation.

Very strong candidates for our Fellowship would be those who have achieved one or more of the following in their internship and practicum experiences:

- **Clinical Experience:** Strong applicants have multiple experiences in Evidence-Based Practices and client-centered approaches to trauma treatment. The applicant effectively describes the importance of placing the interests of patients at the center of health care delivery in their application and interview.
- **Team Based Professional Care:** Strong applicants have experience as a member of one or more inter-professional teams and are able to verbalize the importance of working in cooperation with those who receive care, those who provide care, and others who contribute or support the delivery of prevention and health care services.
- **Clinical Experience:** Strong applicants have clinical training and experiences working with populations consistent with our site (e.g., military personnel or Veterans, health psychology, substance use disorders treatment, hospitals, adults, trauma treatment, homelessness). They will also have experience with at least one empirically-supported treatment.

- **Scholarship:** Strong applicants have first-authored research and/or professional presentations on matters related to the postdoctoral training experience (e.g. interprofessional care, health psychology, dual diagnosis treatment, or trauma treatment, mental health care for the homeless including issues such as post deployment stress and substance use disorder)
- **Diversity:** Strong applicants have demonstrated a pattern of valuing diversity through prior work with diverse clients and strong articulation of a sensitivity to and/or awareness of diversity considerations in their applications and interviews.
- **Goodness of fit:** Strong applicants' training experiences, scholarship, and self-stated career goals are consistent with the objectives of this Fellowship and with the scientist practitioner model of training in this program.
- **Dissertation:** Strong applicants have completed all requirements for their dissertation prior to applying to the fellowship.

Application Process

Application materials are due by 11:59pm on December 1, 2016. We accept only electronic submission of all application materials through the APPA CAS online portal.

Please read and follow instructions carefully and prepare the following:

1. A cover letter that includes a statement of interest. This letter should include your understanding of either interprofessional care or trauma treatment and mental health care for the homeless, and how this training focus is related to:

- Your professional interests
- Any of your relevant educational, clinical, and research experiences
- Your training needs
- Your personal goals for the Fellowship
- Your career goals

Please limit this letter to two single spaced pages or less.

2. A detailed and updated Curriculum Vita. Please include training hours from graduate school and your internship to date. You may also include a section of projected hours and experiences for the remainder of your internship.

3. Transcripts of your graduate work. For the application a scanned photocopy is adequate. However, if you are accepted into the Fellowship Program, you will need to provide an official school copy at that time

4. Three letters of recommendation. One should come from a faculty member personally familiar with your graduate school performance and at least one from a primary clinical supervisor during your pre-doctoral internship.

A letter of support from your current Internship Training Director that includes a statement that you are in good standing to successfully complete your predoctoral internship, the expected completion date of the internship, and your internship's APA accreditation status. If you already completed your internship, please include a copy of your internship certificate.

5. If you have not completed your dissertation, we require a letter from your dissertation chairperson describing your dissertation status and timeline.

All applications are reviewed for eligibility after materials are received. Interviews are offered to selective candidates based on rankings by the Postdoctoral Training Committee. Applicants are extended offers based on their written application materials and interview presentation.

We make every effort to keep our review process timely and to keep candidates well informed of their status throughout the selection period. Applicants are welcome to contact Brian Zinnbauer, Ph.D. (brian.zinnbauer@va.gov) at any time during the process.

All application materials should be uploaded to the APPA CAS portal

<https://appicpostdoc.liaisoncas.com/applicant-ux/#/login>

Candidate Interviews and Selection Process

Candidates will be notified if they are being invited for an interview by December 8, 2016. In person interviews are preferred but telephone and video conference interviews may be arranged for applicants unable to travel to our facility. Interviews are considered a two-way process – they will help us evaluate applicants and allow applicants to evaluate our training opportunities. Interviews will be conducted during the week of December 19, 2016.

In keeping with an effort to standardize the postdoctoral application process with other VHA training sites, we will notify our top-ranked applicants in February, 2017. Applicants may hold an offer from our program for 48 hours, after which we will withdraw the offer and offer the position to the next applicant on the rank list.

Contact Information

Fellowship Director

Brian Zinnbauer, Ph.D., is the director of psychology training at the Cincinnati VAMC and coordinates this Fellowship. Contact information for Dr. Zinnbauer is as follows:

Brian Zinnbauer, Ph.D.
Chief, Psychology Program
Director, Psychology Training Program
Cincinnati VAMC
3200 Vine St. Cincinnati OH
45220 office (513) 936-0423
E-mail: brian.zinnbauer@va.gov

Accreditation

This post-doctoral Fellowship was new in the 2014-2015 training year, and the Trauma Treatment and the Mental Health Care of Homeless Veterans track was added for the 2015-2016 training year. Accreditation for this program is currently being pursued with 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 1st Street, NE, Washington, DC 20002
Phone: (202) 336-5979 / E-mail: apaaccred@apa.org
Web: [link to the APA website](#)

Licensure

Fellows are registered with the Ohio Board of Psychology as Postdoctoral fellows. This postdoctoral program meets the Ohio State Board of Psychology's licensure requirements for supervised postdoctoral hours.

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 who are actively involved in the training program are listed below.

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, and self-management 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 weight control and the management of several chronic medical diseases. She completes psychological assessments for Veterans preparing to have transplants, bariatric surgery, Hepatitis C treatment, or insulin pump. 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, Trauma Recovery Center

Lead Clinician, PTSD/TBI Residential Program

Dr. Bailey is a staff psychologist in the Trauma Recovery Center. 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.

John J. Barrett, Ph.D.

University of Alabama at Birmingham (UAB), 1997

Staff Psychologist, Community Living Center

Dr. Barrett functions on a part-time basis as a member of the multidisciplinary team at the Community Living Center who care for patients in both long-term care and short-term rehabilitation settings. He earned his doctorate in the clinical medical psychology program at UAB and completed his internship at the University of Florida, followed by a two year postdoctoral fellowship in neuropsychology at the Cleveland Clinic. Currently he is an Associate Professor in the Department of Psychology at Xavier University where he teaches geropsychology courses to clinical doctoral students and undergraduates. Dr. Barrett also earned an M.S.W. and a certificate in gerontology from The Catholic University of America and has two master's degrees in theology. Throughout his career, he has provided clinical services to older adults and their caregivers in a variety of settings. His clinical and research interests are in geropsychology (e.g., complicated grief in older adults) and geriatric neuropsychology. Dr. Barrett joined the Cincinnati VAMC staff in the fall of 2012.

Amy Buckley, Ph.D.

University of Louisville, 2003

Staff Psychologist, Trauma Recovery Center

Cincinnati VA Evidence-Based Psychotherapy (EBP) Coordinator

Dr. Buckley is currently one of the lead clinicians in the women's PTSD Residential program, a position she has held since joining the VA in 2008. She completed a predoctoral internship and a postdoctoral fellowship at the University of Illinois Medical Center at Chicago (UIC), Department of Psychiatry, specializing in stress and anxiety disorders and cognitive behavior therapy. While at UIC she served as a certified cognitive therapist on the STAR*D treatment effectiveness study, a large, multi-site study sponsored by NIMH designed to assess the effectiveness of a variety of treatments for depression. During her fellowship year at UIC she also completed additional research training in The Brain-Body Center and provided cognitive-behavior therapy supervision to PGY-3 Psychiatry Residents. In her current position, Dr. Buckley conducts diagnostic assessments in both the residential and outpatient programs, and also provides individual and group treatment to Veterans with PTSD. Dr. Buckley provides clinical supervision for interns in the areas of diagnostic assessment, individual therapy, and group therapy. Her theoretical orientation is cognitive-behavioral.

Nicola K. Caldwell, Ph.D.

University of Pittsburgh, 2003

Associate Director, Trauma Recovery Center

Dr. Caldwell completed her Ph.D. at the University of Pittsburgh and her postdoctoral 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 Trauma Recovery Center, 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, Trauma Recovery Center

Associate Chief of Staff for Research

Dr. Chard is the Director of the Trauma Recovery Center and she holds an Associate Professor of Clinical Psychiatry appointment at the University of Cincinnati. In her position she oversees the outpatient and residential treatment programs in the Trauma Recovery Center. Dr. Chard is also the Director of 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 coauthor 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.

Benjamin D. Dickstein, Ph.D.

Boston University, 2013

Staff Psychologist, Trauma Recovery Center

Dr. Dickstein received his doctoral degree from Boston University in 2013 and was a member of the Cincinnati VAMC internship class during the 2012-2013 training year. During his time in graduate school, he received specialized training in PTSD assessment and intervention at the VA Boston Healthcare System and National Center for PTSD. He currently works in the outpatient and men's residential treatment programs at the TRC. In addition, Dr. Dickstein is an active member of the TRC research team and Local Site Investigator for VA Cooperative Studies Project 591, a multi-site trial comparing the relative effectiveness of Prolonged Exposure and Cognitive Processing Therapy. His research interests include mechanisms of psychotherapy, treatment enhancement, and barriers to mental healthcare.

Ryan Faulkner, Psy.D.

Wright State University, 2004

Director, Domiciliary Care for Homeless Veterans

Director, Veterans Justice Outreach

In his position as Director of the Domiciliary, Dr. Faulkner oversees the administrative and clinical functions of the Domiciliary, Veterans Therapeutic Work Program, and the Veterans Justice Outreach program. His clinical work is predominately focused on cognitive-behavioral approaches. His current clinical interests are in the areas of substance use disorders, comorbid mental health conditions, sociological factors contributing to homelessness. Dr. Faulkner also has considerable experience with PTSD, having served as the Associate Director of the Trauma Recovery Center from 2008-2012.

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.

David J. Greenwald, Ph.D.

University of Pittsburgh, 1983

Staff Psychologist - Trauma Recovery Center, and Mental Health Clinic.

Dr. Greenwald received his Ph.D. in Clinical Psychology from the University of Pittsburgh, in 1983 after having completed his pre-doctoral internship at the Pittsburgh Veterans Affairs Psychology Internship Consortium (now called Pittsburgh Veterans Healthcare System Internship). He provides diagnostic assessments, along with individual, couples, and group psychotherapy using the Cognitive Processing Therapy model in the treatment of PTSD for the Trauma Recovery Center's residential and outpatient programs. At the Mental Health Clinic, he provides outpatient individual and group treatment for depression, anxiety disorders and somatic symptom disorders, using a combination of Cognitive Behavior Therapy, Paradoxical interventions, and Behavioral interventions. His theoretical orientation is Cognitive-Behavioral, and he has a background and experience 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 facilitated, the Cognitive-Behavioral therapy group, and where he collaborated 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 depositions 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.

Danny Hall, Ph.D.

University of Akron, 2004

Coordinator, Outpatient SUDEP program

Dr. Hall completed a 2-year NIDA funded addiction treatment research postdoctoral fellowship at the University of California, San Francisco (UCSF) in 2006. After that training he accepted a position at the Detroit VAMC in which he designed an intensive outpatient program (IOP) for addiction treatment. He was the coordinator of this program from 2006-2012. Also, he assisted in the writing the proposal that lead to that VA being awarded a postdoctoral fellowship in addiction psychology. He was the primary supervisor for that program and it was APA-accredited in 2012. Dr. Hall currently serves as a psychologist in Substance Dependence Programs (SUDEP) as part of comprehensive, multidisciplinary outpatient and residential treatment directed toward assisting Veterans with substance use disorders and their families. As a SUDEP psychologist Dr. Hall provides psycho-diagnostic assessment, therapeutic, and psycho-educational interventions as well as consultative services to Veterans who manifest symptoms of substance use disorders as well as other co-morbid disorders and conditions. Additionally, he is the coordinator of outpatient services in SUDEP, as well coordinator of Clean Break, a tobacco treatment program housed in the residential substance use disorder clinic. He is developing an IOP within SUDEP and will be the coordinator of that program once established. He is interested in training interns in evidence-based practices, using research to inform policy and practice, to create psychologists who are well versed in a NIDA-driven, science-based understanding of addiction and its treatment.

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 at the VA San Diego Healthcare System/University of California, San Diego, and postdoctoral fellowship at the San Diego VA. He works closely with the rest of the Neuropsychology team consisting of Drs. Harper, Kelkar, and Rigrish. He is involved in the training of graduate students, predoctoral interns, and postdoctoral fellows on the Neuropsychology rotation. Areas of clinical and research interest include age-related cognitive decline, neuropsychological functioning in early dementia, and neuropsychological functioning in Veterans with mild TBI/PTSD. Active research projects include a cognitive rehabilitation program for older adults with cognitive decline, and examining the emotional/cognitive correlates of mTBI. He continues to serve as an ad-hoc reviewer for several neuropsychology journals.

Kalika Kelkar, Psy.D.

Virginia Consortium Program in Clinical Psychology, 2011

Staff Psychologist, Neuropsychology; Trauma Recovery Center

Dr. Kelkar completed her internship at the Coatesville VAMC, PA, followed by a postdoctoral fellowship at the Edith Nourse Rogers Memorial VAMC, Bedford, MA. She provides clinical services and supervision of practicum students, interns, and postdoctoral fellows at the Neuropsychology Clinic in Cincinnati and the Fort Thomas, KY facility. Clinical responsibilities in the Neuropsychology Clinic include conducting neuropsychological assessments for patients with cognitive complaints secondary to traumatic brain injury, dementia, stroke, seizure disorders, movement disorders, and psychiatric disorders. At Fort Thomas, she conducts neuropsychological assessments for Veterans participating in the residential PTSD/TBI Treatment program, and consults with other members of the treatment team regarding the effects of TBI and provides treatment recommendations. She also conducts outpatient neuropsychological assessments for Veterans referred through Trauma Recovery Center.

Meredith Klump, Ph.D.

Suffolk University, 2009

Staff Psychologist, Trauma Recovery Center

Dr. Klump received her PhD in clinical psychology from Suffolk University in Boston, MA. She completed a clinical internship at the Northampton, MA VAMC and postdoctoral fellowship in Behavioral Health at the Bedford, MA VAMC. She spent two years at the Providence, RI VAMC

as a staff psychologist in integrated Primary Care and Behavioral Health. She has clinical training and experience providing evidence based cognitive behavioral therapies for conditions such as PTSD and concomitant anxiety and mood disorders, chronic pain, and other psychological and acute medical conditions. Dr. Klump is a staff psychologist in the Trauma Recovery Center at the Cincinnati VA and provides evidenced based treatment interventions (i.e., Prolonged Exposure and Cognitive Processing Therapy) via telemental health for Veterans diagnosed with PTSD. She also provides individual and group psychotherapy in the women's residential treatment program, and conducts diagnostic assessments for the outpatient and residential programs.

Jennifer Lewis, Ph.D.

Western Michigan University, 2003

Staff Psychologist, Trauma Recovery Center

Lead Clinician Women's Residential PTSD Program

VISN 10 Regional CPT Trainer

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 in both outpatient and residential programs. She is a lead clinician in the Women's Residential PTSD Program, facilitating groups and conducting individual and group CPT and CPT-C. Dr. Lewis provides supervision for interns in the areas of diagnostic assessment and individual and group psychotherapy from a cognitive behavioral orientation. She also supervises the CPT Minor rotation and is a Trainer and Consultant for the CPT Implementation Program.

J. Richard Monroe, Ph.D.

The University of South Dakota, 2009

Staff Psychologist, Trauma Recovery Center

Dr. Monroe is a staff psychologist in the Trauma Recovery Center. He is one of the lead clinicians in the PTSD/Traumatic Brain Injury Residential Program and provides psychotherapy services in the outpatient PTSD Program. Dr. Monroe completed his Ph.D. in clinical psychology at The University of South Dakota with a specialization in disaster mental health. He completed fellowships with The United States Department of Homeland Security and The Disaster Mental Health Institute. Dr. Monroe's theoretical orientation is cognitive-behavioral and he places a strong emphasis on providing culturally competent, evidence-based assessment and psychotherapy services. He is a Trainer and Consultant for the Cognitive Processing Therapy Implementation Program and a supervisor for the Trauma Recovery Center major rotation and the Cognitive

Processing Therapy minor rotation. Current research interests include treatment outcome, diagnostic assessment, and motivation enhancement.

Nicole D. Pukay-Martin, Ph.D.

University of North Carolina at Chapel Hill, 2010

Staff Psychologist, Trauma Recovery Center

Dr. Nicole Pukay-Martin received her doctoral degree from the University of North Carolina at Chapel Hill where she specialized in the design of couple-based interventions for psychopathology and health problems. She completed her clinical internship and fellowship with a focus on the treatment of posttraumatic stress disorder (PTSD) at the Durham VAMC in North Carolina. Prior to her position at the Cincinnati VA, Dr. Pukay-Martin worked with Dr. Candice Monson at Ryerson University in Toronto as a project coordinator investigating a couple-based intervention for PTSD and examining the interpersonal factors involved in the development and maintenance of PTSD. Her current research interests include examining PTSD treatment outcomes, couple-based treatments for PTSD, interpersonal effects of PTSD, and relational factors involved in the development and maintenance of PTSD.

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 team, she helped design and implement many elements of that program, as well as the current evidenced-based IDDT model. 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 developing and providing LGBT treatment resources and participates in a multidisciplinary task force developed to support this access throughout the Medical Center.

Jonathan L. Steinberg, Ph.D.

Miami University, 1991

Coordinator, SUD/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 SUD/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 SUD/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 provides Motivational Interviewing training and coaching to staff across the country as part of the VA's dissemination of Motivational Interviewing and Motivational Enhancement Therapy.

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 use disorder treatment services.

Tobias C. Weiss, PsyD, ABPP

Xavier University, 2003

Staff Psychologist, Trauma Recovery Center

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.

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 postdoctoral fellowship, 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 supervision includes a developmental approach to understanding fellows' clinical skills and professional development. For outpatient psychotherapy supervision he emphasizes understanding interpersonal process, case conceptualization, and flexible strategies to meet Veterans where they are in treatment and to adapt treatment approaches to the individual needs of our Veterans.

Appendix B: Recent Professional Conference Topics

Conference Topics

Presenter	Topic
Connie Boehner	Ethics and Police Evaluations
Raquel Maymir	Ethical considerations for special populations-HBPC
Kate Chard	PTSD Treatment Mechanisms of Change
Shari Altum	Diversity, Culture, and Self-Management
Mary Hagerty Bruns	The non-judgmental stance: Ethics and Applications
Ben Dickstein	Episodic Memory and Prolonged Exposure Therapy
Angela Volz	Military Sexual Trauma
Shanna Murray	Prolonged Exposure Case presentation
Wes Houston	Ethical Issues in Capacity Evaluations
Kalika Kelkar	TBI and Chronic Traumatic Encephalopathy
Teri Bolte	Behavioral Couples Therapy Case
Nicola Caldwell	Conflict Mediation in a Residential Program
Ryan Faulkner	Understanding systems of MH delivery: VERA reimbursement
Dan Glynn	Appalachian Culture
Chris Meshot	COPD and Anxiety Disorders
Intern s	Intern Case Presentation (8)
Janell Giannitelli	Ecotherapy
Suzan Barrett	DBT and Mental Health System redesign
Erica Birkley	IPV ethics workshop
Nehad Sandozi	Leading diverse workgroups
Rachel Sparn	Mental Health Services in an Oncology Program
Cristina Bigras	Sleep Disorders and Treatment

Professional Workshops

Presenter	Topic	Area
CVAMC Staff	Motivational Interviewing	Clinical
Various	LGBTQ Mental Health Conference	Diversity/Clinical
Jennifer Lewis	CPT Training	Clinical

Appendix C: VA Core Values



U.S. Department
of Veterans Affairs

VA Core Values and Characteristics Quick Reference



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

Integrity	Act with high moral principle. Adhere to the highest professional standards. Maintain the trust and confidence of all with whom I engage.
Commitment	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.
Advocacy	Be truly Veteran-centric by identifying, fully considering, and appropriately advancing the interests of Veterans and other beneficiaries.
Respect	Treat all those I serve and with whom I work with dignity and respect. Show respect to earn it.
Excellence	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

Trustworthy	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.
Accessible	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.
Quality	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.
Innovative	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.
Agile	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.
Integrated	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.
