PRE-DOCTORAL INTERNSHIP
In Professional Psychology
at the Cincinnati VA Medical Center, Cincinnati, Ohio

Psychology Training Program
2014-2015 Training Year
# Table of Contents

## The Setting
- Living in Cincinnati ................................................................. 5-6
- Cincinnati VA Medical Center .................................................. 7-8

## Predoctoral Internship
- Mission ...................................................................................... 9
- Objectives & Core Competencies ................................................. 9
- Training Model ......................................................................... 10
- Philosophy of Supervision ....................................................... 10
- Generalist Training ................................................................. 10-11
- Diversity .................................................................................. 11-12
- Active Learning ........................................................................ 12

## Program Structure
- Rotation Assignment ............................................................... 13
- Internship Tracks .................................................................... 13-14
- Training Experiences ............................................................. 14

## Major Rotation Opportunities
- Specialty Track: Neuropsychology ............................................. 15
- Specialty Track: Trauma Recovery Center ............................... 16-18
- Acute Inpatient Psychiatric Unit (7N) and Partial Hospitalization Program (PHP) .................................................. 18
- Chronic Pain .......................................................................... 18-19
- Domiciliary Care for Homeless Veterans Program ................... 19-20
- Dual Diagnosis and SA/PTSD Services of the Substance Dependence Program ....................................................... 20-21
- Health Psychology ................................................................. 21-22
- Mental Health Clinic ............................................................... 23
- Substance Abuse Residential Rehabilitation Treatment Program ................................................................. 24-25
- Substance Dependence Program, Outpatient Services .......... 25
Minor Rotation Opportunities

- Acute Impatient Psychiatric Unit (7N) and Partial Hospitalization Program (PHP) ........................................... 26-27
- Clermont County Community Based Outpatient Clinic (CBOC) .................................................................... 27
- Community Living Center/Hospice and Palliative Care ................................................................................... 28
- Cognitive Processing Therapy (CPT) ........................................................................................................... 28-29
- Compensation and Pension Program (C&P) ................................................................................................... 29
- Home Based Primary Care (HBPC) ............................................................................................................... 29-30
- The Psychiatric evaluation Center (PEC) ................................................................................................... 30-31
- Trauma Recover Center Research ........................................................................................................... 31
- Outpatient Psychotherapy Cases ........................................................................................................... 31

Training Conferences

- Professional Conference .......................................................................................................................... 32
- Intern Seminar ........................................................................................................................................ 32
- Training in Empirically Supported Treatments And Empirically Based Practices .................................. 32-33
- Intern Hour ............................................................................................................................................. 33
- Life after Internship .............................................................................................................................. 33-34

Applying to the Internship

- Internship Year & Stipend ....................................................................................................................... 34
- Eligibility Requirements ........................................................................................................................... 35-36
- Application Procedure ............................................................................................................................ 36-37

Visiting Our Site ........................................................................................................................................... 38

Contact Information ....................................................................................................................................... 38-39

APPIC Match Numbers ................................................................................................................................... 39-40

VHA’s “I Care” Overview ............................................................................................................................. 41-42

Appendix A: Training Staff ........................................................................................................................... 43-65

Appendix B: Professional Conferences ......................................................................................................... 66
Appendix C: Intern Seminars

This publication is automated with hyperlinks to ease navigation: Magenta words are linked to pages in this brochure or Internet addresses. Clicking returns to this page.
The Setting

Living in Cincinnati

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

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

Cincinnati is the home of the University of Cincinnati, Xavier University, Hebrew Union College, Cincinnati Art Academy, College Conservatory of Music and the College of Mount St. Joseph. In addition to the cultural events offered at these institutions, Cincinnati has a nationally known symphony orchestra (http://www.cincinnatisymphony.org/), the second oldest opera company in the United States (http://www.cincinnatiopera.com/), a May Festival devoted to classical oratorios with nationally known performers, and the Cincinnati Ballet Company. The Aronoff Center for the Performing Arts in downtown Cincinnati hosts professional theatre and dance year-round (http://cincinnatiarts.org/aronoff).
The Cincinnati Playhouse in the Park offers professional productions of contemporary and classical theater on its two stages throughout the year. The greater Cincinnati area also has more than 100 museums and galleries which enhance its reputation as a cultural center. These include the Cincinnati Art Museum in Eden Park, The National Underground Railroad Freedom Center, Contemporary Art Center, Taft Museum, Krohn Conservatory as well as the Museum Center which houses the Natural History Museum, the Cincinnati Historical Society, and the Children’s Museum. Cincinnati also has a wonderful Planetarium and Observatory that are open to the public.

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

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

Cincinnati VA Medical Center

The Cincinnati VA Medical Center is a general medical and surgical hospital with all the services found in a large urban hospital. The Mental Health Care Line within the Medical Center is composed of seven divisions including: Outpatient Mental Health; Trauma Recovery Center; Assessment and Intensive Treatment; Substance Dependence; 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 as well as the Xavier University Department of Psychology. Our Center has fully accredited training programs in most of the major health specialties, including psychiatry,
nursing, pharmacy, social work, rehabilitation therapy and medical technology. The VA Medical Center is located within a large complex of facilities which includes the University of Cincinnati, the University of Cincinnati College of Medicine, the University Hospital, Cincinnati Children’s Hospital, Shriners Hospitals for Children-Cincinnati, and several other psychiatric and medical facilities. Regularly scheduled programs such as grand rounds, seminars, case conferences and presentations by invited distinguished lecturers are open to interns. Library facilities are available at the VA Medical Center, the Medical School, and the nearby University of Cincinnati. The Psychology Training Program has video and audio taping facilities available. Interns are encouraged to use these facilities for training and clinical purposes.
Predoctoral Internship in Professional Psychology

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

Mission

The major goal of the internship 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. We provide opportunities for interns to examine a broad range of psychological problems, to develop depth of skill in particular areas of specialization, and to gain practical experiences as preparation for successful entry into postdoctoral or entry-level professional positions. All activities during the training year are coordinated and supervised by the doctoral staff of the Cincinnati VA Psychology Program. Our staff views internship as a year of intensive supervised clinical experience that bridges graduate school with the professional practice of psychology. Each intern’s training experience is specifically designed to meet a given student’s needs, goals, and skill levels.

Objectives and Core Competencies

The primary objective of the training program is the development of intermediate to advanced skills in the core competencies of professional psychology. Broadly, these core competencies follow the core competencies provided by the American Psychological Association (revised 2011) including: application (intervention and assessment); consultation and systems; professionalism; ethics and diversity; science; and education. These core competencies are presented and discussed with the interns during orientation week, and are formally captured in the internship evaluation form. This form provides behaviorally-anchored descriptions adopted from the APA standards to illustrate the expected developmental progression of skill and conduct for interns from the start to the completion of internship.
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 interns 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.

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 interns. Over the course of the internship year, interns are expected to function increasingly independently as they mature in clinical and professional development. Accordingly, while interns always function under direct supervision, their clinical experiences increase in complexity and independence over the course of the training year. This developmental progression is also facilitated by professional development didactics offered throughout the year to the interns. And whereas some interns pursue very specific training goals during this year, our internship also provides a time for each intern to develop his or her individual strengths and to experiment with the variety of roles and activities available within professional psychology.

Generalist Training

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

Generalist training thus provides a broad 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. Interns get experience thinking and practicing as psychologists to prepare them for careers in a variety of 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 interns 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.

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, 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 intern class, and we warmly encourage minorities and persons of diverse backgrounds of all types to apply to the Cincinnati VAMC internship. Interns are exposed to aspects of diversity unique to the veterans' population during the intern year through assessment, treatment, consultation, and intern-specific seminars. Our aim is to optimize the training experience through individual appreciation and clinical understanding of human diversity in all aspects of psychological practice.

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. Interns 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 interns with the content and structure of the internship. Interns are invited to participate in the Psychology Training Committee, and intern feedback directs the content and timing of the intern seminars. Interns are expected to provide ongoing feedback to supervisors and to propose improvements in the structure and/or content of their training rotations. In recent years our interns have rewritten our professional conference feedback forms and have designed feedback forms for the intern seminars. Intern feedback has also helped us to reshape our public materials (including this brochure) to more accurately reflect our focus on diversity and science in training.

**Program Structure**

For every intern, the four fundamental experiences built into the internship program are indicated below:

<table>
<thead>
<tr>
<th>Experience</th>
<th>Duration</th>
<th>Hours per week</th>
<th>Supervision</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 Major rotations</td>
<td>6 month each</td>
<td>24</td>
<td>2 hours/week</td>
</tr>
<tr>
<td>1 Minor rotation</td>
<td>12 months</td>
<td>8</td>
<td>1 hour/week</td>
</tr>
<tr>
<td>Long Term Outpatient Therapy Cases</td>
<td>12 months</td>
<td>5</td>
<td>1 hour/week</td>
</tr>
<tr>
<td>Training conferences</td>
<td>12 months</td>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

Each intern will work with at least four doctoral staff psychologists as primary supervisors during the year in their two major rotations, the minor rotation, and the long-term outpatient experience. A minimum of four hours of supervision is expected per week, of which three hours are individual meetings with primary supervisors. All members of the psychology staff are also available for consultation. Information about the psychology staff can be found in Appendix A.
Rotation Assignment

Our internship begins with a full week of orientation conducted by the Director of Training (DOT), the Associate Director of Training (ADOT), and the training staff. The internship is introduced to the interns through a series of meetings with our psychology supervisors who describe the training rotations that are available within each of their programs, as well as their own supervision styles and clinical practice backgrounds. Each intern also individually meets twice during this week with a member of the training staff who serves as mentor, guide, support, and advocate for the intern.

By matching the training opportunities of the internship with interns’ training goals, rotation preferences, and needs, the training staff develops each intern’s individualized rotation placements. Since this process is collaborative, we do not establish pre-selected sets of rotations prior to orientation week. However, surveys of past interns found that 95% or more of interns in our program got their top choice of major rotations, and a large majority of interns were able to get their top choices of major rotations and minor rotation.

Intern requests for combinations of rotations that are narrowly focused (e.g. two major rotations in Neuropsychology and Health assessment, or two major rotations in Substance Dependence treatment) are typically discouraged. However, all rotation requests are considered and evaluated by the training committee in light of the internship’s training model and values.

Internship Tracks

Each intern applicant will match to the internship on one of three tracks:

General Clinical  Track number - 150411
Neuropsychology  - 150412
Trauma Recovery Center - 150413

The chief difference between the tracks is that for the Neuropsychology or the Trauma Recovery Center tracks, a single major rotation in this specialty is guaranteed. Conversely, interns who do not match on a specialty track do not typically have access to a major rotation in Neuropsychology or the Trauma Recovery Center. Therefore, for interns who match on a specialty track, their orientation week will be focused on selecting their other major rotation, the minor rotation, and the supervisor of their Long Term Outpatient therapy cases. Also, a
single applicant cannot match with our internship on two separate tracks; so major rotation combinations such as the Trauma Recovery Center and Neuropsychology are not typically available.

Interns seeking a VA internship are often interested in receiving training in trauma treatment during their internship year. We can accommodate this through a number of major and minor rotations including the Cognitive Processing Therapy minor rotation which is open to multiple interns.

**Training Experiences**

The following rotations and long term supervisors are available to interns, though not typically in all possible combinations:

<table>
<thead>
<tr>
<th>Major Rotations</th>
<th>Minor Rotations</th>
<th>Long Term Therapy Supervisors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute psychiatry/Partial Hospitalization</td>
<td>Acute psychiatry/Partial Hospitalization</td>
<td>Dr. Boehner</td>
</tr>
<tr>
<td>Chronic Pain</td>
<td>Cognitive Processing Therapy</td>
<td>Dr. Giannitelli</td>
</tr>
<tr>
<td>Domiciliary</td>
<td>Compensation and Pension</td>
<td>Dr. Meshot</td>
</tr>
<tr>
<td>Dual Diagnosis/SA-PTSD</td>
<td>Community Mental Health</td>
<td>Dr. Schumm</td>
</tr>
<tr>
<td>Health Psychology</td>
<td>Dialectical Behavior Therapy</td>
<td>Dr. Sefferino</td>
</tr>
<tr>
<td>National Center for Organizational</td>
<td>Home Based Primary Care</td>
<td>Dr. Sekerka</td>
</tr>
<tr>
<td>Neuropsychology</td>
<td>Neuropsychology</td>
<td>Dr. Sudbrack</td>
</tr>
<tr>
<td>OEF/OIF/OND clinic</td>
<td>CLC/Hospice &amp; Palliative Care</td>
<td>Dr. Zinnbauer</td>
</tr>
<tr>
<td>Trauma Recovery Center</td>
<td>Psychiatric Evaluation Center</td>
<td></td>
</tr>
<tr>
<td>SUDEP, Residential program</td>
<td>PTSD research</td>
<td></td>
</tr>
<tr>
<td>SUDEP, Outpatient program</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Of note, self-disclosure may be required as part of some of these supervised experiences and intern candidates are encouraged to ask for more specific guidelines regarding particular rotations.
Major Rotation Opportunities

Interns are assigned two six-month rotations in clinical settings during the internship year. These assignments are made during orientation week and are tailored to each intern’s specific needs, interests and goals. Interns spend approximately 24 hours per week on their major rotation assignments. Assessment experiences are embedded within every major rotation. Please note that the only guaranteed access to major rotations in Neuropsychology and the Trauma Recovery Center is by matching on that track. However, minor rotations have been constructed in the past to allow interns access to these experiences.

Specialty Track: Neuropsychology

The Neuropsychology rotation is designed for applicants who are planning on careers in the field of clinical neuropsychology and who have prior training and practical experience in this field. As such, applicants who intend to pursue postdoctoral training in neuropsychology are most desirable. This intensive clinical rotation is designed to conform to the guidelines recommended by the Houston Conference and the Neuropsychology Division 40 Task Force.

The Neuropsychology rotation provides interns with the opportunity to conduct comprehensive neuropsychological evaluations on a wide range of patient populations, including neurological, geriatric, psychiatric and general medicine patients. The rotation is devoted to training in neuropsychological assessment including administration and scoring of a wide variety of tests, interpreting test performance, honing case conceptualization skills, providing patient/family feedback and report writing. Approximately 20 - 25 patients are evaluated each week in the Neuropsychology clinic and interns typically write 2-3 reports per week during the rotation. Neuropsychological assessment training will occur in four clinical contexts:

**General Neuropsychology Clinic**
Addressing consults to the Neuropsychology Clinic from throughout the medical center including outpatient Neurology, Psychiatry, Geriatrics and Primary Care, and inpatient Medicine and Psychiatry units.

**Residential PTSD/TBI Program**
Neuropsychological assessment of pre- and post-residential treatment for veterans with
PTSD from across the country who have sustained a traumatic brain injury.

**TBI/Polytrauma Clinic**

Neuropsychological evaluation of OEF/OIF/OND veterans with a history of TBI and other trauma exposure. Opportunity to participate in weekly interdisciplinary treatment team meetings.

**Inpatient Geriatric/Dementia Clinic**

Interns will evaluate patients on the inpatient geriatric unit, while consulting with the attending psychiatrist, psychiatric residents and geriatric psychiatry fellows.

Instructive training is also a major component of this rotation as interns, postdoctoral fellows and graduate students participate in a weekly Neuropsychology didactic that spans the entire internship year. In addition, neuropsychology interns have the opportunity to participate in other didactic experiences including:

- **Neurology Rounds** (University of Cincinnati Medical Center)
- **Geriatric Psychiatry Seminar** (University of Cincinnati Medical Center)
- **Geriatric Psychiatry Case Conference** (Cincinnati VAMC)
- **Psychiatry Journal Club** (CVAMC)

Interns work closely with each of our four neuropsychology supervisors to learn varied methods for evaluating and assessing patients, and in the process develop and master their own evaluation and consultative skills. Typically, a flexible approach to assessment is employed to both quantify and qualify behavior/cognition. Individual supervision is provided on every case seen in our clinics. In addition to our staff neuropsychologists, the neuropsychology team includes our interns, a pediatric neuropsychology postdoctoral fellow and 1-2 4th year doctoral practicum students as well as Geriatric Medicine fellows, Geriatric Psychiatry fellows, and Psychiatry and Neurology residents.

**Supervisors:** Drs. Houston, Parkinson, Rigrish and Schmerler.

**Specialty Track: Trauma Recovery Center**

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

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

The Trauma Recovery Center also offers research experiences to interns either as part of their major rotation or as a separate minor rotation (see description in next section). The Division is very active in treatment outcome research, grant writing, and article writing. Interns have the opportunity to be involved at all levels, including mentorship in how to run a research study, how to write a grant, and how to submit an article for publication. In addition, the division has a sizeable database of information on veteran’s that is available to interns interested in writing articles or submitting to national conferences. Recent projects that interns were involved in were grant submissions to NIMH and VA on using Cognitive Processing Therapy (CPT) to treat veterans who served in Iraq and their families, and comparing CPT to Present-Centered Therapy (PCT) among OIF/OEF/OND combat veterans. Our placement rate for those interns who elect to pursue to post-doctoral fellowships in PTSD is currently 100%.
**Supervisors:** Drs. Chard, Bailey, Buckley, Caldwell, Greenwald, Lewis, Schumm, and Weiss.

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

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

The Partial Hospitalization Program (PHP) is an outpatient program affiliated with the psychiatric unit. Veterans in PHP attend groups from 8:30 am - 2:30 pm Mondays through Fridays. This program can be used as a step down from the inpatient unit but it also serves as a way to manage increased symptoms so that hospitalization is not necessary. The psychology intern will have the opportunity to handle consults to determine appropriateness for admission, perform admissions and develop treatment plans, provide group therapy, and possibly engage in some individual treatment. As appropriate, psychological testing can also be utilized to assist in diagnosis and treatment planning. In addition, participating in or leading psycho-educational groups could be made available if the intern is interested. **Supervisors:** Dr. Boehner.

### Chronic Pain

The Pain Clinic is a busy multidisciplinary clinic receiving 15-20 referrals each week from primary care physicians within the VA system. The Pain Clinic rotation affords the intern an opportunity to gain experience as a pain psychologist working as part of an interdisciplinary team which includes an anesthesiologist, physical medicine and rehabilitation specialists, a nurse practitioner, pharmacist, physical therapist, and a psychiatrist.
The intern will work closely with the pain psychologist performing pain assessments to new referrals to the Pain Clinic. The focus of these assessments is to identify psychosocial variables that may impact the patient’s pain experience and treatment. The psychologist collaborates with the physician and physical therapist to develop a comprehensive treatment plan geared towards improvement in the patient’s mood, pain level, and quality of life. In addition, the intern will gain experience working with patients with Chronic Pain Syndrome who attend the Intensive Outpatient Rehabilitation Program (IPRP). Patients who participate in the program attend two full days a week for four weeks, during which time they engage in physical therapy, group psychoeducation, group cognitive behavioral psychotherapy, and relaxation training. The intern will also gain experience performing more complex psychosocial evaluations for implantable devices such as spinal cord stimulators. Last, the intern will be offered the opportunity to perform biofeedback services to patients with chronic pain and headaches. The focus of biofeedback with these patients is to reduce sympathetic nervous system activity and reduce muscle tension with the overall goal of pain reduction.

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

**Supervisors:** Dr. Nagel.

**Domiciliary Care for Homeless Veterans Program**

Located in Ft. Thomas, Kentucky, the Domiciliary Care for Homeless Veterans program consists of a 58-bed biopsychosocial rehabilitation program designed to assist homeless veterans reintegrate into the community. Veterans typically stay in the Domiciliary for up to seven months and have access to mental health, medical, and vocational assistance. Target goals for most of our residents involve independent living, gainful employment, and the development of a long-term mental health recovery program.

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

**Supervisors:** Drs. Zinnbauer and Seim.

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

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

The Dual Diagnosis Program is a specialized outpatient mental health clinic, designed to serve veterans who face both psychiatric illness and substance abuse problems. Our clinic works within an evidenced-based treatment model of Integrated Dual Diagnosis Treatment (IDDT), the VA endorsed treatment model for veterans with mental health and substance use disorders. This model does not stress the use of a particular therapy manual but rather emphasizes a culture of collaboration and integrated treatment amongst the members of a multidisciplinary team.

Veterans referred to the program comprise an extremely heterogeneous group, varying in terms of their current psychiatric functioning, substance of choice, and length of sobriety. Because of this variety, the Dual Diagnosis Program can offer a broad scope of training opportunities. Clinical experiences may include formal assessment; motivation-enhancing, insight-oriented and supportive therapy, either with individuals, families, or groups; and didactic or psychoeducational group work.

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

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

The Substance Abuse/Posttraumatic Stress Disorder (SA/PTSD) Program is designed to address the specific needs of male and female veterans dually diagnosed with posttraumatic stress disorder and substance use disorders. This population can be difficult to treat as some veterans may perceive substance use as mitigating their PTSD symptoms. The program is designed to address both disorders concurrently, utilizing a harm minimization or abstinence-based model. After being assessed, veterans typically enter groups based on Lisa Najavits’ Seeking Safety model. These groups meet one to two times per week, and give veterans the opportunity to learn how to cope with their SA and PTSD symptoms. Trauma focused therapy (Cognitive Processing Therapy or Prolonged Exposure), along with relapse prevention, are also offered by the program. Interns are integrated into the treatment team and conduct evaluations, individual, and group therapy. The rotation teaches interns a broad range of skills in working with traumatized people and emphasizes interventions aimed at stabilizing veterans with multiple problems.

**Supervisors:** Drs. Steinberg, Hagerty-Bruns, Murray, and Sekerka.

**Health Psychology (HP)**

The Health Psychology (HP) rotation is divided into two programs: (1) Primary Care-Mental Health Integration (PC-MHI) and (2) psychosocial evaluations for medical procedures/MOVE program.
PC-MHI staff are part of the Patient-Aligned Care Team (PACT) in the Primary Care Clinic (PC Clinic) and the Women's Health Center (WHC) and, along with other PACT team members, provide integrated care to patients. Other PACT team members include: physicians, physician assistants, nurse practitioners, nurses, pharmacists, nutritionists, social workers, and clerks.

With the consent of the patient, members of the patient's PACT team can make a referral to the PC-MHI program. Referrals are primarily conducted via a “warm handoff,” which involves a PACT member introducing a patient to a PC-MHI provider. Appropriate referrals involve presenting problems such as: depressive symptoms, anxiety symptoms, uncomplicated pain, alcohol misuse, sleep problems, grief, noncompliance with treatment for chronic medical problems, psychological adjustment to a medical condition, and/or general stress. PACT members can also refer a high-risk or more complicated patient (e.g., a patient with psychotic or manic symptoms) to a PC-MHI provider for further evaluation and recommendations. The more complicated patients are generally not followed in the PC-MHI program and are usually referred to a VA specialty mental health clinic (e.g., Trauma Recovery Center, OMHC, SUDEP).

The PC-MHI team in the PC Clinic and the WHC consists of two part-time psychiatrists, three psychologists, a clinical social worker, and a clerk. Additional PC-MHI team members are located in the OEF/OIF/OND Clinic and in several CBOCs. The intern will be an integral part of the PC-MHI team in the PC Clinic (and possibly in the WHC) at the main hospital, and will be given the opportunity to collaborate with PACT team members on providing short-term, integrative care to patients. The intern will also be given the opportunity to participate in staff meetings and in program development.

While working with the Health Behavior Coordinator, the intern will complete psychosocial evaluations for organ transplant and bariatric surgery candidates, which will provide an opportunity to integrate information related to family support, substance abuse, mental health, medication compliance, and cognitive impairment. Other responsibilities may include working as a co-facilitator (along with a nutritionist) of the VA Weight Management Program (‘MOVE’), a behavioral weight loss group. Additional health promotion group experiences may be selected as a focus, although this might reduce the amount of time available in the PC-MHI program.

**Supervisors:** Drs. Sefferino and Meshot (PC-MHI) and Dr. Altum (Psychosocial Evaluations for Medical Procedures/MOVE Program).
Mental Health Clinic

The Mental Health Clinic (MHC) provides individual and group therapy to patients with a diverse set of Axis I and Axis II mental health diagnoses. The rotation will focus on 3 evidence-based Cognitive Behavioral interventions: (1) Cognitive Behavioral Therapy for Depression [CBT-D]; (2) Cognitive Behavioral Therapy for Insomnia [CBT-I]; and (3) Dialectical Behavior Therapy [DBT]. Interns will gain experience doing both individual and group CBT-D and CBT-I, and will practice using DBT with Borderline patients.

Prior to coming to the VA, Dr. Barrett received training at the Beck Institute and has more than 20 years of experience using CBT with patients with a wide variety of psychosocial problems. Through supervised practice with Dr. Barrett, interns will learn the basics of CBT as presented in Judith Beck’s “CBT Basics and Beyond.” In addition, they will expand their repertoire of CBT interventions and their application to a wide variety of problems. They will similarly learn the basics of CBT-I as outlined in “Overcoming Insomnia: A Cognitive Behavioral Therapy Approach by Edinger and Carney.” Further, the intern will participate in the interdisciplinary Mental Health Clinic team and gain experience collaborating with professionals from other disciplines.

During the MHC rotation interns will also receive training in Dialectical Behavioral Therapy (DBT) and be a member the DBT team. The DBT “team” is one of the four cornerstones of DBT treatment. The goal of the team is to promote adherence to DBT treatment and reduce therapist burn-out. As a member of the team, the intern will have the opportunity to work with Dr. Nicholas Salsman, Associate Professor of Psychology at Xavier University, a nationally recognized expert in DBT. Dr. Salsman coordinates DBT treatment at the VA and provides training for new members.

Supervisor: Dr. Suzan W. Barrett

The Operation Enduring Freedom/ Operation Iraqi Freedom/Operation New Dawn (OEF/OIF/OND) Clinic

The OEF/OIF/OND Clinic provides a unique training experience in that it is a “one stop” clinic specializing in the treatment and care of veterans returning from a combat deployment. The clinic offers multidisciplinary care provided by a team (many of whom are veterans themselves) of support staff, LPNs, nurse
practitioners, physicians, social work case managers, a psychiatrist and a psychologist. The staff are distinguished by their cohesion and commitment to the population they serve.

Supervision of the intern is provided by the OEF/OIF/OND staff psychologist, who is a member of the Primary Care-Mental Health Integration (PC-MHI) program. Due to the close proximity of the on-site supervisor, the intern can confront clinical challenges and grow in a collaborative and supportive atmosphere. Aspects of the intern’s role can be tailored to match individual interests, and may include the following: post-deployment mental health screens, consultation with medical and psychiatric staff, walk-in mental health appointments, individual and group psychotherapy, and community outreach.

**Supervisor:** Dr. Keane-Timberlake

### Substance Abuse Residential Rehabilitation Treatment Program

The Substance Abuse Residential Rehabilitation Treatment Program (SARRTP) is a 17-bed facility for veterans whose primary presenting diagnosis is Substance Abuse or Dependence. The average length of stay is approximately 21 days with 380-400 admissions per year. Veterans treated on this unit frequently present with a number of complicating factors, including comorbid psychiatric diagnoses, serious psychosocial stressors (e.g., homelessness, legal issues, relational discord), and co-occurring physical conditions (e.g., poor overall health, cognitive problems, substance-related conditions). Treatment occurs in a collaborative, multidisciplinary setting, in which physicians, psychologists, pharmacists, social workers, nurses, and addiction therapists work together to provide a holistic approach to care.

The SARRTP has the capacity to accommodate two intern positions during each six-month period. Throughout that time, interns serve as an integral part of the multidisciplinary team and treatment process for veterans participating in the program. Interns are responsible for co-leading/leading five psychotherapy groups per week, working individually with veterans for time-limited therapy, meeting for individual and group supervision, attending daily treatment team meetings, and participating in various didactics. The primary focus of intern training is group therapy, which is taught through an apprenticeship model in which interns function as co-therapists alongside Dr. Lieb and Dr. Bolte. The program offers training in a variety of group psychotherapy models; namely Acceptance and Commitment Therapy (ACT), interpersonal process, and other action-oriented therapies.
designed to target experiential avoidance. Other evidence-based treatment approaches are taught as part of the rotation, including Motivational Interviewing and Mindfulness-Based Relapse Prevention. An emphasis is also placed on learning basic counseling skills that are generalizable to working in any clinical context, as well as on flexible implementation of treatment modalities to comport with the unique needs of a given individual or group. **Supervisors:** Drs. Lieb and Bolte.

**Substance Dependence Program, Outpatient Services**

It is well accepted by researchers and treatment providers that transition from residential to outpatient addiction care is an essential part of long-term recovery from addiction. The SUDEP outpatient services seeks to provide the continuity care services that have been shown to be effective in assisting veterans to build and maintain recovery from addictive disorders. Intern experiences include assessment of addiction and co-occurring mental illness disorders, as well as providing individual and group addiction treatment services. Experiences with the American Society of Addiction Medicine (ASAM) levels of care including intensive outpatient and outpatient care will be provided. Other opportunities for interns include creating their own addiction treatment group that draws from experience and the research literature. Experiences in the Dual Diagnosis program and in tobacco treatment with Dr. Hall are also offered. The primary goal of this major rotation is to facilitate in creating psychologists who have an appreciation for a NIDA-driven, science-based understanding of addiction and its treatment. **Supervisor:** Dr. Hall

**Minor Rotation Opportunities**

Each intern chooses a minor rotation that lasts the entire year. Minor rotations are eight hours per week, which includes one hour of supervision with a licensed psychologist. This rotation is intended to supplement the major rotations by giving the opportunity either to connect with a staff member with whom they would not otherwise have an opportunity to work, to learn a unique skills or treatment approach, or to work with a specific veteran population. Consistent with the emphasis within the internship on training psychologists who are well-rounded, the minor rotation is also often used to fill gaps in previous training.
Minor rotations can serve as scaled-down versions of some major rotations, but certain major rotations are not available as minor rotations such as Health psychology, Chronic pain, and SUDEP Residential Rehabilitation. Some training experiences only exist as minor rotations such as the Psychiatric Evaluation Clinic and the Compensation and Pension Program.

It is also possible that the minor rotation can be used to develop a unique training experience for the intern. We have worked with past interns to develop novel training experiences to meet their particular training needs or interests. Examples of this have been past rotations in mindfulness, sleep disorders, geropsychology, and spirituality.

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

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

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

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

Supervisor: Dr. Boehner.

**Clermont County Community Based Outpatient Clinic (CBOC)**

Community Based Outpatient Clinics (CBOC) are clinics that offer primary care, mental health, and some specialty services to the veterans in their own community. For many veterans it is difficult to travel to the main hospital due to health issues, transportation problems, or job and family responsibilities. The CBOCs provide these veterans with a more convenient location to receive the services. The Clermont County CBOC is located in the Eastgate area, a quickly growing region of Cincinnati with both rural and more urban districts. This CBOC is also the closest location for many veterans from more remote locations. Currently the Clermont County CBOC is the largest CBOC under the Cincinnati VAMC system, serving more than 5,000 veterans.

The minor rotation at the Clermont CBOC provides a unique opportunity to work in an outpatient setting with clients with a wide range of issues and diagnoses. While the main hospital generally has specialty clinics for specific disorders, underlying issues, or war eras, the mental health providers at the CBOCs serve all the veterans from the area needing treatment for mental health issues. This offers the intern the possibility to get experience with many different disorders, several different modes of assessment and treatment including individual, group, and couples psychotherapy. The intern will also be able to collaborate and consult with primary care and the other specialty services on a more immediate and personal level than what might be the case in a larger hospital. This rotation is also amenable to work with specific interests the intern might have if, for example, an intern would like more experience with a specific disorder. There is also the opportunity to take part in the smoking cessation program and to help with group and individual treatment of nicotine addiction. The minor rotation at the Clermont CBOC is perfect for interns seeking a varied and flexible training experience.

Supervisor: Dr. Monsson
Community Living Center /Hospice and Palliative Care

This minor 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 inpatients 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 intern functions 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, the intern 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. Treatment involves a biopsychosocial model of care and may include behavioral/cognitive behavioral interventions, relaxation techniques, mindfulness-based approaches, and/or supportive therapy.

Supervisors: Drs. Jack Barrett (LTC & Short-term Rehabilitation) and Perry (Hospice and Palliative Care).

Cognitive Processing Therapy (CPT)

Cognitive Processing Therapy is one of two evidence-based treatments recommended by VA/DoD for treatment of Posttraumatic Stress Disorder. Within the Trauma Recovery Center (TRC) at the Ft. Thomas Division of Cincinnati VAMC, interns will have the opportunity to attend a full two day workshop and to implement CPT under the supervision of a Regional CPT Trainer. Once all requirements are met, interns will qualify for national provider status.

Within this rotation interns are provided one hour of group supervision and one hour of telephone Consultation for CPT. In addition, interns will have the opportunity to work with up to four patients per week utilizing CPT. As scheduling permits, students will also have the opportunity to meet with TRC Staff during
CPT Group Supervision where they can hear firsthand, seasoned CPT providers discussing complex cases.

**Supervisor:** Dr. Lewis

## Compensation and Pension Program (C&P)

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

An intern would be required to interview the veteran, review medical records, review the claims file, and write a report. In certain cases, limited psychological or neuropsychological testing can be helpful - in most cases, there is no specific requirement for particular testing, but it can be done at the clinician’s discretion. The intern would be required to write comprehensive reports that are somewhat different from traditional reports because they are for a non-clinical audience for legal purposes. For example, on occasion it might be required to give a GAF score for each diagnosis to aid the Regional Office in determining how much of the veteran’s occupational problem is due to his/her (non-compensated) personality disorder and how much is due to his/her (compensated) PTSD. In essence, reports are written to answer specific questions and to outline the rationale behind the answers. They also describe how the diagnosis may or may not be related to the veteran’s military experiences and discuss how symptoms are impairing social and occupational functioning. This would be a good minor rotation for interns interested in honing diagnostic skills, interviewing techniques, and report writing. It would also be of interest to anyone looking to work in forensic psychology.

**Supervisors:** Drs. Wirtz and Vredeveld

## Home Based Primary Care (HBPC)

Home Based Primary Care is a Primary Care program, and psychologists working in this program are part of the Division of Special Services in the Mental Health Care Line. HBPC exists to provide comprehensive primary care in the veterans’ homes. The HBPC team is interdisciplinary and includes a physician, nurse practitioner, registered nurse, licensed practical nurse, dietician, pharmacist,
occupational therapist, physical therapist, speech therapist, social worker, psychologist, psychiatrist, program support assistant, and program manager. Veterans who are served by the HBPC team are typically those with chronic medical problems and/or cognitive decline. Many of these veterans have co-morbid psychiatric diagnoses. The HBPC team manages veterans’ medical problems and monitors their functional needs. The team supports the most appropriate level of care while respecting the veteran/family wishes and safety concerns. Often, this approach serves to delay long-term placement and allows the veteran to maintain a higher level of independence. The range of patients followed includes those who need: 1) long term monitoring by a comprehensive primary care team; 2) short-term monitoring and/or rehabilitation; and 3) palliative care.

The HBPC psychologist provides assessment and intervention to the veteran and their families to address a range of presenting problems including depression, anxiety, coping with chronic illness, compliance with treatment regimen, caregiver stress, and behavioral manifestations of cognitive decline. The psychology intern would be expected to perform psychological and cognitive assessment (at times including neuropsychological screening and capacity evaluations), individual psychotherapy, and family interventions. The intern would also be expected to participate in regularly scheduled HBPC treatment team meetings and to provide consultation to staff regarding the mental health issues, cognitive functioning, and psychological treatment of veterans.

Interns would accompany the supervisor in a government car to the veteran’s home to observe and ultimately conduct assessments and interventions. Each HBPC team serves veterans within a 50 mile radius of the team’s office (Clermont County, OH; Bellevue, KY; Florence, KY; Dearborn Co., IN).

Supervisors: Drs. Lloyd, Maymir, Napier, and Phillips

The Psychiatric Evaluation Center (PEC)

Psychiatric Evaluation Center (PEC) is part of the Assessment and Intensive Treatment Division. PEC provides services to patients who present with a variety of mental health needs such as substance use, medication needs, and psychiatric issues including suicide and/or homicidal ideation and crisis counseling. PEC serves as the frontline entry into the many mental health programs at the Cincinnati VA. PEC consists of a multi-disciplinary team of various mental health professions including psychiatrists, a psychologist, advanced practice nurses, a social worker, RN’s and psychology interns. A close working relationship is also established with the emergency department staff. PEC serves as the bed control division for psychiatric inpatient admission and facilitates transfer of patients to and from other
VAs or community hospitals to the psychiatric unit as needed. Veterans presenting for services are assessed with a structured interview which then informs a diagnostic write-up and a disposition plan. This rotation would be a good training experience for interns who need more experience with differential diagnosis, are interested in working with a multi-disciplinary team, would like to improve the ability to prioritize and organize clinical information, would like to master the ability to meet an unknown patient and to efficiently assess his or her needs and formulate a plan, and who would like more experience with assessment and management of dangerous behavior.

**Supervisor:** Dr. Akinyemi.

**Trauma Recovery Center Research**

Trauma Recovery Center staff are actively involved in ongoing applied clinical research. As part of the research minor rotation, interns 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 interns to gain experience in effectiveness and quality improvement research. In addition, Trauma Recovery Center staff are actively involved in funded efficacy research, and interns would have opportunities to learn about grant-writing and administration. Finally, this rotation provides opportunities for interns to co-author manuscripts as well as take lead authorship on scientific manuscripts.

**Supervisors:** Drs. Chard and Schumm

**Outpatient Psychotherapy Cases**

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

Professional Conference

Professional Conference meets weekly for one hour. It is designed to meet the interests and growth needs of the professional Psychology staff and 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. Several of the professional conferences are specialized programs designed for MCE credits. Our psychology staff members regularly present at these conferences, and each intern presents a clinical case during the training year. The most recent version of the professional conference schedule can be found in Appendix B.

Intern Seminar

This weekly, 90 minute seminar is attended by interns only. Some topics include information specific to our VA hospital and the veterans' population, while others focus on issues of specific interest requested by the intern class. Seminars may be one-time presentations or span as long as eight weeks. Seminar leaders have included both VA hospital staff members and consultants from the community. Aspects of human diversity, including race, gender, ethnicity, sexual orientation, age, physical illness and disability are covered in seminars throughout the year. The most recent version of the intern seminar schedule can be found in Appendix C.

Training in Empirically Supported Treatments and Empirically Based Practices

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

Acceptance and Commitment Therapy
Behavioral Couples Therapy for substance use disorders
Behavioral Family Therapy
Cognitive Behavioral Conjoint Therapy for Couples
Cognitive Behavioral Therapy for Insomnia
Cognitive Behavioral Therapy for Social Anxiety
Cognitive Processing Therapy for PTSD
Dialectical Behavioral Therapy
Empirically Supported Therapy Relationships
Exposure and Response Prevention for OCD
Integrative Behavioral Couples therapy
Mindfulness Based Relapse Prevention for Substance Dependence
Motivational Interviewing
Panic Control Treatment for Panic Disorder
Prolonged Exposure for PTSD
Present Centered Therapy
Seeking Safety for PTSD and Substance Dependence
Social Skills Training

**Intern Hour**

Each week, interns have one protected hour to meet as the intern class. This allows interns to maintain consistent contact with one another as a cohort as interns may have limited contact aside from didactic trainings depending on rotation placement and schedule. As a program, we encourage each incoming intern class 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. Past cohorts have reported that Intern Hour was a key aspect of acclimating to internship and promoting continual self-care.

**Life After Internship...**

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

- National Center for PTSD – Boston
- OAA Research Fellowship – Central Texas Center of Excellence for Returning Veterans
- Denver Mental Illness Research Education and Clinical Center (MIRECC),
- VA Eastern Colorado Health Care System
- University of Michigan Medical Center
- The VA National Center for Organizational Development
- University of Virginia, Department of Medicine, Child-Parent Attachment Clinic
- Harry S. Truman VA Medical Center in Columbia, Missouri - PTSD/TBI
Fellowship

- NIH-Sponsored Postdoctoral Research Fellowship at the University of California, San Diego, Division of Geriatric Psychiatry
- Cleveland Clinic Foundation Chronic Pain Treatment Program
- University of Alabama-Birmingham in Neuropsychology
- Medical College of Wisconsin, Milwaukee, in Neuropsychology
- The Geissinger Clinic, Danville, PA in Neuropsychology
- The Drake Center for Rehabilitation, Cincinnati, OH, in Neuropsychology
- The Rehabilitation Institute of Chicago
- Brown University Medical School in Neuropsychology

Others interns have gone on to forensic positions in the federal prison system as well as clinical positions at both community mental health centers and private practices. Our graduates also serve on the faculties of the Ohio State University, University of Dayton, Miami University of Ohio, University of Tennessee, Radford University, and the University of Kentucky. The Veterans Administration is invested in retaining top talent, and positions within the VA are also possibilities for graduating interns. Recent graduates from our internship are currently working at VA Medical Centers in Indianapolis, San Diego, Huntington, Lexington, American Lake, and here in Cincinnati. In fact, half of our own psychology staff at the Cincinnati VAMC are former interns and practicum students.

Applying to the Internship

Internship Year & Stipend

The internship year begins July 25, 2014 and ends July 24, 2015. The training stipend is $24,896. Interns 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 interns’ checks. The United States government covers interns for malpractice under the Federal Tort Claims Act.
Eligibility Requirements

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

- Three years of graduate study, completion of comprehensive exams, and acceptance as a doctoral candidate into an APA-accredited graduate program in Clinical or Counseling Psychology. Persons with a doctorate in another area of psychology who meet the APA criteria for respecialization training in Clinical or Counseling Psychology are also eligible.
- Approval for internship status by graduate program training director
- Completion of a minimum of 300 AAPI Intervention Hours.
- Completion of a minimum of 150 adult psychotherapy hours (individual or group).
- Dissertation proposal approved by beginning of internship.
- Completion of online APPIC application procedure.
- U.S. citizenship. VA is unable to consider applications from anyone who is not currently a U.S. citizen. Verification of citizenship is required following selection. All interns must complete a Certification of Citizenship in the United States prior to beginning VA training.
- 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.
- Interns are subject to fingerprinting and background checks. Match result and selection decisions are contingent on passing these screens.
- VA conducts drug screening exams on randomly selected personnel as well as new employees. Interns are not required to be tested prior to beginning work, but once on staff they are subject to random selection for testing as are other employees.

We seek applicants who have a sound clinical and scientific knowledge base from their academic program, strong basic skills in standard assessment, psychotherapy, and research techniques, and the personal characteristics necessary to function well in our internship setting. Our selection criteria are based on a “goodness-of-fit” with our training opportunities. We prefer to build an intern class that comes from many different kinds of programs and theoretical orientations, from different
geographical areas, of different ages, of different cultural backgrounds, and with different life experiences.

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

- **Intervention**: 500 intervention hours accrued in quality settings with populations consistent with our site (e.g., military personnel or veterans, hospitals, adults, severe psychopathology), and experience with at least one empirically supported treatment.

- **Assessment**: 150 assessment hours, at least 5 integrated reports, and good experience with diagnostic interviewing and utilizing sound personality and cognitive assessment instruments.

- **Scholarship**: Research productivity as evidenced by one or more first author publications in a quality peer-reviewed journal or several peer-reviewed publications for which the applicant is a contributing author.

- **Diversity**: Demonstrable pattern of valuing of 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.

- It is also important to recognize that specific prior experience is particularly relevant when applying to our Trauma Recovery Center and Neuropsychology tracks. Strong applicants for Neuropsychology will have accumulated advanced training and experience with a wide range of Neuropsychological instruments and neurobehavioral disorders. Strong applicants for the Trauma Recovery Center will have prior experience with empirically supported treatments for PTSD, treatment experience with military-related PTSD, and research productivity related to PTSD.

**Application Procedure**

Applications must be received no later than November 1, 2013, and must be completed online. Applications must include:

- A completed online AAPI and online verification by your Director of Clinical Training
• A clear list of track (Trauma Recovery Center, Neuropsychology, or General Clinical) and rotation preferences indicated at the top of the cover letter that you submit through the online application. We assume that if you list the specialty Neuropsychology or Trauma Recover Center tracks that you are interested in those corresponding major rotations.

Your list of preferences is used for the purpose of scheduling interviews - you may change your track and rotation preferences at any time prior to submitting your rank lists.

It is helpful to list 3 or 4 major and minor rotations in this list. You cannot match to our internship on more than one track, but you may indicate interest in more than one track in your application and may rank more than one track in the APPIC Match.

• Three letters of recommendation.

• A current Curriculum Vitae.

• An official transcript of all graduate work.

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

Of the over 200 applications we typically receive in a given year, we typically offer on-site interviews to 75 candidates. We do not conduct phone interviews, even for reasons of travel difficulty or inclement weather. Our program, and the Cincinnati VA Medical Center as a whole, are committed to Affirmative Action and Equal Opportunity in Employment. Applicants are welcome to contact Dr. Zinnbauer with any questions.
Visiting Our Site

If you are invited to interview, you will be invited to participate in a half-day visit to our facility and you will be notified for which track(s) your application is being considered. Most of this visit will include interviews with staff members and present interns. These will take place on the following days:

- **Wednesday** December 11, 2013 from 12:00-4:30 pm
- **Monday** December 16, 2013 from 12:00-4:30 pm
- **Tuesday** January 7, 2014 from 12:00-4:30 pm
- **Wednesday** January 15, 2014 from 12:00-4:30 pm
- **Thursday** January 23, 2014 from 12:00-4:30 pm

Applicants will be notified by email whether or not they will be invited to interview by December 2, 2013. *Again, we regret that we are unable to offer phone interviews or interviews on dates other than the five dates noted above.*

Contact Information

**Brian Zinnbauer, Director of Training**  
Cincinnati VAMC  
3200 Vine St.  
Cincinnati OH 45220  
Telephone: 859.572.6777  
Email: brian.zinnbauer@va.gov

Please Note

This internship site abides by all APPIC policies, including the directive that no person at this training facility will solicit, accept, or use any ranking-related information from any intern applicant prior to Uniform Notification Day. This predoctoral clinical internship accredited by the Commission on Accreditation of the American Psychological Association

*Questions related to the program's accredited status should be directed to the Commission on Accreditation:  
Office of Program Consultation and Accreditation*
It is important for us to let you know that, in accord with the Federal Drug-Free Workplace Program, interns accepted here may be asked to submit a urine specimen as part of their pre-employment physical. Other branches of the federal government may also conduct routine background checks as an additional pre-employment requirement. Incorrect, incomplete or falsified information may be grounds for dismissal. By submitting an application for internship, you are agreeing to these conditions, as well as authorizing release of information. You are also agreeing to abide by all policies and procedures of a federal workplace, should you accept an internship position at the Cincinnati VA Medical Center.

**APPIC Match Numbers**

Our match numbers are:

General Clinical - 150411  
Neuropsychology - 150412  
Trauma Recovery Center - 150413

For the Neuropsychology or Trauma Recovery Center tracks, a single major rotation in this specialty is guaranteed. Conversely, interns who do not match on a specialty track do not typically have access to a major rotation in Neuropsychology or the Trauma Recovery Center. Also, a single applicant cannot match with our internship on two separate tracks; so major rotation combinations such as the Trauma Recovery Center and Neuropsychology are not typically available. Please note that experiences working with trauma and experiences learning Cognitive Processing Therapy for PTSD are available to interns through several different rotations, including the CPT minor rotation which is open to multiple interns.
Loveland Castle near Cincinnati

Gardens at the Cincinnati Zoo

One of the many exotic birds at the Cincinnati Zoo
VA Core Values and Characteristics
Quick Reference

Because I CARE, I will...

<table>
<thead>
<tr>
<th>Integrity</th>
<th>Act with high moral principle. Adhere to the highest professional standards. Maintain the trust and confidence of all with whom I engage.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commitment</td>
<td>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.</td>
</tr>
<tr>
<td>Advocacy</td>
<td>Be truly Veteran-centric by identifying, fully considering, and appropriately advancing the interests of Veterans and other beneficiaries.</td>
</tr>
<tr>
<td>Respect</td>
<td>Treat all those I serve and with whom I work with dignity and respect. Show respect to earn it.</td>
</tr>
<tr>
<td>Excellence</td>
<td>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.</td>
</tr>
</tbody>
</table>
# VA Core Characteristics

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Trustworthy</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Accessible</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Quality</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Innovative</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Agile</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Integrated</strong></td>
<td>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.</td>
</tr>
</tbody>
</table>
Appendix A

Psychology Training Staff

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

Rashidat Akinyemi, Psy.D.

_Wright State University, 2006_  
_Staff Psychologist, Psychiatric Evaluation Center (PEC)_

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

Shari Altum, Ph.D.

_University of Cincinnati, 2002_  
_Staff Psychologist, Health Behavior Coordinator, Primary Care_

As the Health Behavior Coordinator, Dr. Altum promotes evidence-based patient-driven care in Health Promotion and Disease Prevention (HPDP). Along with the HPDP Program Manager, she plans, develops, implements, monitors and evaluates programs in Primary Care designed to promote health and prevent disease. She leads and coordinates training and ongoing coaching for primary care staff in patient-centered communication, health behavior change, 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 here 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**

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.

Suzan Barrett, Ph.D.

Uniformed Services University of the Health Sciences, 1990
Director, Outpatient Mental Health Division

Dr. Barrett is a Health Psychologist with particular interest in pain, substance abuse, and body weight regulation. She has bachelor’s degrees in both biology and psychology. She received her Ph.D. in Experimental Health Psychology at the Uniformed Services University (USUHS) in 1990. Dr. Barrett re-trained in clinical health psychology at the University of Memphis.

She interned at the University of Alabama’s Consortium program. She did a post-doctoral fellowship in chronic pain at the Cleveland Clinic. Dr. Barrett’s emphasis in graduate school was on the psychopharmacology of addiction as well as in health psychology. After leaving the USUHS, she taught at the University of Memphis and then the University of Alabama at Birmingham for a total of ten years. She has over forty publications in peer reviewed journals. Her research has focused primarily on the relationship between smoking and body weight. However, she has also studied other drugs and other aspects of nicotine addiction. Dr. Barrett is currently a member of the TriState Tobacco and Alcohol Research Center. The center conducts studies related to the treatment of tobacco and alcohol addiction. She has been at the Cincinnati VAMC since 1995. She has been director of the Outpatient Mental Health Division since 2005. Dr. Barrett’s clinical orientation incorporates family systems therapy and cognitive behavioral approaches. Her individual work is mostly with patients with psychological issues related to, or exacerbated by, poor health. She also does several groups for patients with specific medical problems. She serves on the Medical Center’s Pain Advisory Board. In addition, she chairs the Medical Center’s Complementary Alternative Medicine Committee, whose job is to evaluate and make recommendations regarding the use of complementary strategies in this facility. In addition to her duties as the facility’s only health psychologist, Dr. Barrett holds faculty appointments in the Department of Psychiatry and the Department of Psychology at the University of Cincinnati.
Constance S. Boehner, Ph.D.

University of Cincinnati, 2002
Staff Psychologist, Inpatient Psychiatric Unit and Partial Hospitalization Program (PHP)

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

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

Teri Ann Bolte, Ph.D.

University of Kentucky, 2008
Staff Psychologist, Substance Dependence Treatment Program (SUDEP)

Dr. Bolte is a psychologist in the Substance Abuse Residential Rehabilitation Program (SARRTP) that is housed within the Substance Dependence Program at the main hospital building. She has been employed as a member of the professional staff since August 2008, and also completed her predoctoral internship at the Cincinnati VA. Her responsibilities in SARRTP are primarily clinical, and she provides group and individual psychotherapy to residential clients, participates in the SARRTP multidisciplinary treatment team, and works on issues related to program development. She enjoys teaching and serves as a major rotation supervisor for predoctoral interns, and participates in other aspects of the internship program. Along with Dr. Jonathan Steinberg she co-facilitates trainings
in Motivational Interviewing for psychology interns, medical residents, and hospital staff. She has been trained in several evidence-based treatments, including Motivational Interviewing, Acceptance and Commitment Therapy, and Seeking Safety. She values and utilizes a broad range of treatment approaches, and believes in the importance of having strong foundational therapy skills that generalize to any clinical context. As a supervisor, she places emphasis on enhancing foundational counseling skills, increasing knowledge and utilization of empirically-based treatments (especially ACT and MI), flexible implementation of interventions based on individual client needs, and the professional development of the intern.

Amy Buckley, Ph.D.
University of Louisville, 2003
Staff Psychologist, Trauma Recovery Center
Co-Lead Clinician, Women’s Residential PTSD Program
Cincinnati VA Evidence-Based Psychotherapy (EBP) Coordinator

Dr. Buckley obtained her PhD in clinical psychology from the University of Louisville. 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. 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. Dr. Buckley is currently a staff psychologist in the Trauma Recovery Center and a co-lead clinician in the PTSD Women’s Residential Program. In her current position, she conducts diagnostic assessments in both the residential and outpatient programs, and also provides individual and group treatment to Veterans with PTSD. 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
Staff Psychologist, Trauma Recovery Center
Coordinator, Residential PTSD Programs

Dr. Caldwell completed her Ph.D. at the University of Pittsburgh and her post-doctoral training with the United States Army where she served as an Active Duty officer at the rank of Captain providing a full range of psychological services for eligible military personnel and their dependents. She is a staff psychologist in the
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

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 the National VA CPT Dissemination Initiative designed to provide training and consultation in Cognitive Processing Therapy to clinicians throughout the VA system. Dr. Chard completed her Ph.D. at Indiana University and her postdoctoral training at the Center for Trauma Recovery in St. Louis, Missouri. Her prior positions were as an Associate Professor and the Director of the Center for Traumatic Stress Research at the University of Kentucky.

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

Xavier University, 2004  
Associate Director, Psychology Training Program  
Staff Psychologist, Bellevue, KY Community Based Outpatient Clinic (CBOC)

Dr. Giannitelli works in one of the Cincinnati VAMC’s Community Based Outpatient Clinics (CBOC). The clinic is located in Bellevue, Kentucky (which is across the river from downtown Cincinnati) and is designed to offer outpatient services to veterans in a location closer to where they live. The clinic offers services in primary care, nurse triage and anticoagulation, lab work, psychology, psychiatry, social work, optometry, pharmacy, and nutrition. Dr. Giannitelli provides individual and group therapy, psychological assessment, and psychoeducational classes to veterans with a wide range of presenting problems.

Her clinical approach is an integration of cognitive-behavioral and interpersonal process techniques. She adapts her approach to therapy based on the individual needs of each client. Dr. Giannitelli values multidisciplinary collaboration and strives to facilitate comprehensive care for her clients, especially clients dealing with health issues. She also enjoys taking part in the training program and supervising interns and practicum students. In her position as Associate Director of the Psychology Training Program, she assists with the development and management of the predoctoral internship and clinical practicum training programs.

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

Loma Linda University, 2002  
Staff Psychologist, Treatment Recovery and Activity Center (TRAC)/Psychosocial Recovery and Rehabilitation Center (PRRC)

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

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

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

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 as 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.
Mary Hagerty Bruns, Psy.D.
University of Indianapolis, 2007
Staff Psychologist, Outpatient Substance Dependence & Dual Diagnosis Programs

Dr. Bruns works in the Dual Diagnosis Program, providing individual and group therapy for veterans with mental health and substance abuse disorders. She is a member of a multidisciplinary treatment team that works within the evidence-based treatment model Integrated Dual Diagnosis Treatment (IDDT). She is also a member of a specialized mental health Dialectical Behavior Therapy team where she provides individual DBT and group skills training. In addition to her work in IDDT and DBT, Dr. Bruns assisted in the implementation of the Contingency Management (CM) Program at the Cincinnati VA and continues to provide CM to outpatient veterans with cocaine dependence. Dr. Bruns is an interpersonal therapist that values integrating evidence-based treatments and interpersonal psychotherapy to meet veterans where they are in their treatment needs. As an intern supervisor, Dr. Bruns employs a developmental model of supervision with emphasis on professional development, case conceptualization and maximizing foundational therapy skills. She enjoys supervising interns in the exploration and development of their own personal style in psychotherapy.

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. Parkinson, Rigrish and Schmerler. 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; the emotional/cognitive correlates of mTBI; and, assessing veteran's emotional reaction to receiving a diagnosis of cognitive impairment. He continues to serve as an ad-hoc reviewer for several neuropsychology journals.
Shauna Keane-Timberlake, Psy.D.

**Xavier University, 2012**  
**Staff Psychologist, OEF/OIF/OND Post-Deployment Clinic**

Dr. Keane-Timberlake is part of the Primary Care-Mental Health Integration (PC-MHI) team, a group of mental health providers who work with medical staff to care for patients seen in the primary care clinics. She completed her internship at the VA medical center in Miami, Florida with specialized training in PTSD, home-based primary care, adjustment to spinal cord injury and CBT for pain management. She has particular interests in post-traumatic growth and the impact of mental illness and medical illness/injury on identity. In addressing the specific needs of veterans re-adjusting to civilian life, she typically draws upon both cognitive-behavioral and existential intervention techniques. When appropriate, she favors a psychodynamic orientation in therapy. Dr. Keane-Timberlake joined the Cincinnati VAMC staff in the fall of 2012.

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

Dr. Lewis completed her Psychology Internship at the Cincinnati VAMC in 2000 and a Postdoctoral Fellowship with the Posttraumatic Stress Disorder Program at the Cincinnati VAMC in 2004. She conducts diagnostic assessment and group and individual therapy for veterans with anxiety and Post-traumatic Stress Disorder in both outpatient and residential programs. Dr. Lewis provides supervision for interns in the areas of diagnostic assessment and individual and group psychotherapy from a cognitive behavioral orientation. She is a Trainer and Consultant for the CPT Implementation Program and is a primary therapist on a research study comparing Cognitive Processing Therapy and Present Centered Therapy with returning OIF/OEF/OND veterans. Current research interests include service connection and treatment outcome. Dr. Lewis is also Coordinator of Training on a sharing agreement between the United States Air Force and Department of Defense for military clinicians seeking experience in diagnostic assessment and treatment of PTSD utilizing Cognitive Processing Therapy.
Alyssa M. Lieb, Psy.D.  
Pacific University, 2009  
Staff Psychologist, Substance Abuse Residential Rehabilitation Treatment Program (SARRTP)  

Dr. Lieb’s position in SUDEP is predominantly devoted to clinical, training, and multi-disciplinary team responsibilities on the 17-bed residential rehabilitation unit. She approaches psychotherapy from a core humanistic perspective, facilitating both interpersonal process groups and a variety of third-wave cognitive behavioral interventions modified with special focus on addiction, mainly Acceptance & Commitment Therapy (ACT) and Mindfulness-Based Relapse Prevention (MBRP). Dr. Lieb particularly enjoys working with interns on issues of self-awareness and effective use of self as therapeutic tool in process. Outside the SARRTP, Dr. Lieb manages an 8-week Mindfulness-Based Relapse Prevention (MBRP) course within the general outpatient substance program and is a member of the CVAMC Dialectical Behavior Therapy (DBT) team in ongoing development. Additional personal and professional interests include Motivational Interviewing, literature within the emerging field of contemplative neuroscience, and the overall integration of experiential and holistic approaches with evidence-based practice in addiction treatment.

Juana Maria Raquel Maymir, Ph.D., LICDC-CS  
University of Cincinnati, 1998  
Staff Psychologist, Home Base Primary Care Program  

Dr. Maymir is a psychologist in the Home Base Primary Care Program (HBPC). The program provides comprehensive interdisciplinary care in the homes of veterans who face imminent death or suffer from advance stages of chronic disease, particularly those at risk of recurrent hospitalization or nursing home placement. Dr. Maymir contributes to the development and coordination of the HBPC mental health program in Cincinnati since its establishment in August 2007. She covers patients affiliated with the Bellevue team. As a HBPC psychologist, she provides psychological assessments; diagnosis; individual, couple and family psychotherapy; management and professional consultation; and education services in an integrated health care setting. Her clinical orientation incorporates cognitive-behavioral, humanistic and individual supportive approaches with other techniques to manage grief and loss associated with disability and end of life transition. She also provides services to the caregiver for managing the veteran’s behavioral problems related to dementia and for dealing with palliative care. With her proficiency in the Hispanic culture and Spanish language, Dr. Maymir provides psychological services to the Hispanic population.
at the VA. In 1996, she established within greater Cincinnati the first DUI program and first Alcoholics Anonymous group, both conducted in Spanish, which still provides support for Hispanics seeking sobriety. Dr. Maymir is certified as a Spanish medical interpreter.

Dr. Maymir completed her doctoral internship at the Cincinnati VA Medical Center in 1997 with a focus on residential substance abuse rehabilitation, neuropsychology, mental health outpatient clinic, and the Domiciliary Homeless program. From a research perspective, Dr. Maymir is interested in age-related cognitive decline, and she currently is a member of a research team on a Memory Enhancement study.

**Chris Meshot, Ph.D.**

*Miami University, 1993*

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

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

**Yngve Monsson, Ph.D.**

*University of Kansas, 2010*

**Staff Psychologist, Clermont County CBOC**

Dr. Monsson is a staff psychologist at the Community Based Outpatient Clinic (CBOC) located in the Eastgate area of Clermont County. The CBOCs are VA clinics offering outpatient primary care, mental health, and other specialized services to veterans in locations closer to where they live. Dr. Monsson provides individual, group, and couples psychotherapy, and psychological assessment to veterans with a wide range of different diagnoses. He is also involved in the Tobacco Cessation program at the Clermont location, and conducts individual and group tobacco cessation therapy.
Dr. Monsson received his Ph.D. from the University of Kansas, and he completed his pre-doctoral internship at the Leavenworth VA in Kansas. He has been trained in several different approaches to psychotherapy, including cognitive-behavioral therapy, dialectical behavior therapy, applied behavior analysis, Therapeutic Lifestyle Change, family systems theory, and Acceptance and Commitment Therapy, and he draws on all of these when working with clients. His areas of interests include chronic sorrow and ambiguous loss, evidence based treatments, coping in parents of children with autism, and Hope theory.

**Shanna Murray, Ph.D.**  
**Bowling Green State University, 2008**  
**Staff Psychologist, Substance Abuse/PTSD (SA/PTSD) Program**

Dr. Murray works in the Substance Abuse/PTSD program, facilitating group and individual therapy using a variety of approaches including Seeking Safety, Cognitive Processing Therapy (CPT) and Prolonged Exposure (PE), motivational interviewing, harm reduction, and interpersonal therapy. She completed a PTSD post-doc at the VA Long Beach which focused on the treatment of PTSD in Veterans across the various war eras. At the VA Long Beach, she co-facilitated groups on mindfulness and PTSD, PTSD and anger management, and CPT. Dr. Murray completed her internship at the VA Hines where she focused on training in PTSD, substance use, and health psychology. Dr. Murray has broad clinical and research interests in the areas of empirically based treatments, health psychology, substance abuse craving and relapse, weight loss, and cancer and compliance with health care treatment.

**Nancy W. Nagel, Psy.D.**  
**Wright State University, 2006**  
**Director, Intensive Pain Rehabilitation Program**

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

Kelly K. Napier, Psy.D., ABPP
Xavier University, 2006
Staff Psychologist, Home Based Primary Care (HBPC)

Dr. Napier provides in-home psychological and neurocognitive evaluations, capacity evaluations, psychotherapy, and family intervention. She collaborates with the interdisciplinary HBPC team regarding veterans’ presentations and needs. She also serves as a minor rotation supervisor. Prior to her work at the Cincinnati VAMC, Dr. Napier worked at the Lexington, KY VAMC in the Polytrauma/TBI Clinic where she provided individual psychological evaluations and psychotherapy, family interventions, and psychoeducation with OEF/OIF/OND veterans with TBI and PTSD or other psychological conditions. Prior to her Lexington VAMC work, Dr. Napier served as the psychologist on the inpatient neuro-rehabilitation unit at the Drake Center, serving patients with traumatic brain injury, stroke, brain tumors, and other neurological conditions. She provided inpatient and outpatient neuropsychological assessments, capacity assessments, individual and family psychotherapy, behavior management interventions, patient/family education groups, interdisciplinary treatment team consultation, psychology graduate student supervision, and coordinated facility wide educational presentations.

Dr. Napier completed her Psy.D. degree in Clinical Psychology with a special emphasis in Geropsychology from Xavier University. She completed her internship in Neuropsychology at the Cincinnati VAMC and her post-doctoral fellowship in Neuropsychology and Rehabilitation Psychology at the Drake Center. She is board certified in Rehabilitation Psychology through the American Board of Professional Psychology (ABPP) and licensed in both OH and KY. Her clinical interests include post-TBI and stroke rehabilitation, dementia, capacity evaluations, behavior management, ethics, and patient/family education. She utilizes cognitive behavioral and interpersonal psychological approaches within a biopsychosocial theoretical framework.
R. Bruce Parkinson, Ph.D.

University of Florida, 2006
Staff Psychologist, Neuropsychology; Trauma Recovery Center

Dr. Parkinson completed a VA internship at the University of Alabama at Birmingham Psychology Training Consortium, and then did a post-doctoral fellowship at the University of Iowa in the Department of Neurology from 2006 to 2008. He provides clinical services and supervision of students, interns, and post-docs at both the Neuropsychology Clinic in Cincinnati and at the Fort Thomas facility. Clinical responsibilities in the Neuropsychology Clinic include conducting neuropsychological assessments for patients with a wide variety of conditions which can affect cognition, including traumatic brain injury, dementia, stroke, seizure disorders, movement disorders, and psychiatric disorders. At Fort Thomas he conducts neuropsychological assessments for veterans participating in the Residential PTSD/TBI Treatment program, and consults with other members of the residential treatment team regarding the effects of TBI and the veterans progress in the program. At Fort Thomas he also conducts out-patient neuropsychological assessments for veterans referred through Trauma Recovery Center.

Jennifer L. Perry, Ph.D.

University of Houston, 2004
Staff Psychologist, Primary Care-Mental Health Integration & Hospice and Palliative Care

Dr. Perry is part of the Primary Care-Mental Health Integration (PC-MHI) team, a group of mental health providers who work with medical staff to care for patients seen in the primary care clinic, as well as part of the Hospice and Palliative Care team. She completed her internship at the VAMC in White River Junction, Vermont and completed a Health Psychology fellow-ship at The University of Texas Medical Branch (UTMB), in Galveston, Texas. During her fellowship, Dr. Perry primarily worked with inpatient and outpatient adult and pediatric burn survivors at UTMB and Shriners Hospitals for Children-Galveston, as well as worked with adults in two medical outpatient clinics at UTMB. After her fellowship, she became an Instructor in the Department of Surgery at UTMB where she was involved in both clinical and research activities in the area of burn injuries. Dr. Perry joined the Cincinnati VAMC staff in the fall of 2009.
Jennifer E. Phillips, Ph.D.
University of Pittsburgh, 2011
Staff Psychologist, Home-Based Primary Care (HBPC)

Dr. Phillips is a licensed psychologist who received her Ph.D. in Clinical Psychology from the University of Pittsburgh, where she received training in the joint Clinical/Health Psychology program. Following completion of her internship at the Cincinnati VAMC, she completed a postdoctoral fellowship in Primary Care Mental Health Integration (PCMHI) at the Dayton OH VAMC. During fellowship, in addition to enhancing her training in the use of Cognitive Behavioral, Interpersonal, and Motivational Interviewing techniques in her work with Primary Care and Pain Clinic patients, she conducted individual therapy with OEF/OIF/OND veterans and achieved certification in Cognitive Processing Therapy for PTSD. She returned to the Cincinnati VA in 2012 and currently works in the Home-Based Primary Care (HBPC) Program, where she is a member of an interdisciplinary treatment team, the focus of which is to serve the physical and mental health care needs of chronically ill/homebound veterans. Her clinical and research focus areas include weight management, diabetes management, and the intersection of cardiovascular disease, psychological factors, and socioeconomic status. She also maintains a longstanding interest in diversity issues and psychotherapy, and has facilitated several didactic trainings in this area for psychology graduate students and interns.

Dr. Phillips also maintains a longstanding interest in diversity issues and psychotherapy. She has facilitated several didactic trainings in this area for psychology graduate students and interns, and currently serves as the Diversity Advisor for the psychology internship.

Diana Rigrish, Psy.D.
Wright State University, 1988
Staff Psychologist, Neuropsychology

Dr. Rigrish came to the Cincinnati VA Medical Center with a nursing background. The focus of her predoctoral internship was in clinical neuropsychology and health psychology. She received postdoctoral training in neuropsychology under the mentorship of Dr. Edwin Barrett at the Cincinnati VA Medical Center and Dr. Douglas Ris at the Children’s Hospital Medical Center. Upon completing her postdoctoral training, she worked part time at the Cincinnati VA and part time at the University Hospital Epilepsy Monitoring Unit conducting neuropsychological assessment. She has been full time at the VA since 1993.
Currently, her primary clinical responsibility is to provide neuropsychological assessment to veterans referred to the neuropsychology laboratory. She works closely with Drs. Wes Houston, Parkinson, and Schmerler in providing training to interns, postdoctoral fellows, graduate students, and medical residents.

Jeanne R. Schmerler, Psy.D.
Xavier University, 2003
Staff Psychologist, Neuropsychology

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

Jeremiah A. Schumm, Ph.D.
Kent State University, 2005
Associate Director, Trauma Recovery Center

Prior to joining the Cincinnati VA, Dr. Schumm was Instructor of Psychology at Harvard Medical School. In addition to his position as Staff Psychologist at the Cincinnati VA, Dr. Schumm holds a joint appointment as Assistant Professor of Clinical Psychiatry at the University of Cincinnati. He values his role as scientist-practitioner within the VA and the opportunities to merge clinical research with practice. His primary interests are in PTSD, substance use disorders, and families. Dr. Schumm has received grant funding from multiple sources, including an ongoing VA Career Development Award to develop an integrated couple-based treatment for alcohol use disorders and PTSD. He is the national co-lead trainer for the VA dissemination of behavioral couples therapy for substance use disorders and is also co-lead trainer for the Department of Defense dissemination of cognitive-behavioral conjoint therapy for PTSD. Dr. Schumm's secondary areas of
interest are in the application of advanced multivariate statistical techniques to clinical research and in improving the understanding of PTSD, substance use disorder, and family relationships among women and underresearched populations. He currently supervises interns on a research minor rotation or interns who would like to gain specialized clinical training in couple-based treatment of substance use disorders and PTSD.

Mindy R. Sefferino, Psy.D.
Wright State University School of Professional Psychology, 2006
Staff Psychologist, Primary Care/Mental Health Integration Program

Dr. Sefferino is a member of the Primary Care/Mental Health Integration (PCMHI) Team, which is located in the Primary Care Clinic and Women's Health Center. The PCMHI team collaborates with Primary Care staff to address the mental health and behavioral health needs of their patients. The PCMHI program is designed to provide brief, solution focused treatment. Dr. Sefferino earned her MA in Counseling Psychology from the University of Notre Dame and her Psy.D. in Clinical Psychology from Wright State University. During her fellowship at Wright State University, she was also an adjunct professor in the School of Professional Psychology and in the undergraduate psychology program. Prior to working at the VA, she worked in a variety of settings, including a juvenile rehabilitation center, university counseling centers, and a group private practice. Currently, her areas of interest include substance abuse and women's health. Dr. Sefferino utilizes an integrative approach to therapy, incorporating primarily cognitive-behavioral, interpersonal, and motivational interviewing concepts.

Richard Seim, Ph.D.
Western Michigan University, 2011
Graduate Psychologist, Domiciliary

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

Rachelle Sekerka, Ph.D.

Miami University, 1991
Staff Psychologist, Dual Diagnosis Program

In her clinical role, Dr. Sekerka treats outpatients who carry both substance
dependence and psychiatric diagnoses. As a founding member of the dual
diagnosis 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, Substance Abuse/PTSD (SA/PTSD) Program

Dr. Steinberg’s training emphasized psychodynamic therapies, but he has
developed an integrative approach that utilizes more symptom focused techniques.
His work in the SA/PTSD program incorporates evidence based therapies such as
Seeking Safety, Motivational Interviewing, and Prolonged Exposure while
maintaining a broader attentiveness to the therapeutic process. Prior to joining the
SA/PTSD program in 2002, Dr. Steinberg worked in the Cincinnati VA’s PTSD
program for 10 years. When doing clinical supervision Dr. Steinberg encourages
interns to formulate their own ways of integrating and implementing therapeutic
approaches which they have learned.
Dr. Steinberg enjoys teaching and provides training workshops on Motivational Interviewing to psychology interns, psychiatry residents, and addiction fellows. He holds an Assistant Professor of Clinical Psychiatry appointment at the University of Cincinnati and is a member of the Motivational Interviewing Network of Trainers (MINT). He serves as a consultant, providing Motivational Interviewing training and coaching to VA staff through both the National Center for Health Promotion and Disease Prevention and the Office of Evidence Based Psychotherapies.

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

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

*Miami University, 2002*

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

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

Dr. Sudbrack’s primary areas of professional interest are eating disorders, body weight and shape concerns, PTSD, and self-management of chronic illness. She has been trained in a variety of approaches to psychotherapy, and she regularly makes use of techniques from diverse models, including client-centered, cognitive, feminist, group process, and family systems theories. However, her clinical work is most influenced by the theoretical perspective of archetypal psychology. Her approach to supervision of interns is guided by the intern’s clinical skill and professional development. She invites interns to explore a variety of theoretical perspectives and interventions and enjoys working with them to discover and refine their own approach to the work.
Angela Vredeveld, Psy.D.
Indiana State University, 2009
Staff Psychologist, Compensation and Pension Program

Dr. Vredeveld works full time in the Compensation and Pension Program (C&P). Her primary role is conducting mental health evaluations and writing reports, reports which are then used by legal raters to assist in the determination of a veteran’s degree of disability. Dr. Vredeveld completed her predoctoral internship at the Cincinnati VA and has been employed as a full-time staff member since 2010. Her interests lie in psychological assessment, the incorporation of religion and spirituality into treatment, and the role of psychology in responding to humanitarian conflicts worldwide. Her orientation is interpersonal and humanistic. She worked in private practice prior to being employed at the VA.

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: super-vision, 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.
Sheri M. Wirtz, Psy.D.
Xavier University, 2004
Staff Psychologist, Compensation and Pension Program

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

Brian Zinnbauer, Ph.D.
Bowling Green State University, 1998
Chief, Psychology Program
Director, Psychology Training Program
Staff Psychologist, Domiciliary

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

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

**Additional Psychology Staff**

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

**Wynn Baldock, PhD**
- Staff Psychologist, Employee Health/Police evaluations

**Lee Crump, PhD**
- Staff Psychologist, Trauma Recovery Center

**Dan Glynn, PhD**
- Staff Psychologist, CBOC Butler County, OH

**David Greenwald, PhD**
- Staff Psychologist, Trauma Recovery Center

**Nancy Gustin, PsyD**
- Staff Psychologist, SA/PTSD program

**Meredith Klump, PhD**
- Staff Psychologist, Trauma Recovery Center

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

**Nicholas Salsman, PhD**
- Staff Psychologist, Mental Health Clinic

**Jessica Thiede, PsyD**
- VITAL Initiative, Program Coordinator
- Consultant/University Liaison
- OEF/OIF/OND Clinic
## Appendix B: Professional Conferences

<table>
<thead>
<tr>
<th>Date</th>
<th>Presenter</th>
<th>Topic</th>
</tr>
</thead>
<tbody>
<tr>
<td>9/4/12</td>
<td>Dr. Bolte</td>
<td>ACT therapy case example</td>
</tr>
<tr>
<td>9/11</td>
<td>Dr. Akinyemi</td>
<td>Psychiatric emergency center</td>
</tr>
<tr>
<td>9/18</td>
<td>Dr. Altum</td>
<td>C&amp;P assessment update</td>
</tr>
<tr>
<td>10/2</td>
<td>Dr. Boehner</td>
<td>Case presentation</td>
</tr>
<tr>
<td>10/9</td>
<td>Dr. Faulkner</td>
<td>The PTSD Clinic</td>
</tr>
<tr>
<td>10/23</td>
<td>Dr. Glynn</td>
<td>Working with Appalachian veterans</td>
</tr>
<tr>
<td>11/6</td>
<td>Dr. Meshot</td>
<td>Ethical Considerations for Psychology and Religion</td>
</tr>
<tr>
<td>11/20</td>
<td>Dr. Napier</td>
<td>The ABPP process</td>
</tr>
<tr>
<td>11/27</td>
<td>Dr. Parkinson</td>
<td>Assessment of FTD in a PTSD patient</td>
</tr>
<tr>
<td>12/4</td>
<td>Intern</td>
<td>Presentation</td>
</tr>
<tr>
<td>12/11</td>
<td>Dr. Houston</td>
<td>Neuropsychology and Medical Disorders</td>
</tr>
<tr>
<td>12/18</td>
<td>Dr. Hagerty Bruns</td>
<td>Ethical Considerations in the Treatment of a Male Veteran with Nonsuicidal Self Injury</td>
</tr>
<tr>
<td>1/15/13</td>
<td>Intern</td>
<td>Presentation</td>
</tr>
<tr>
<td>1/22</td>
<td>Dr. Maymir</td>
<td>Partnership in Caring from HBPC perspective. Treatment Considerations and Ethical Issues.</td>
</tr>
<tr>
<td>2/5</td>
<td>Dr. Caldwell</td>
<td>PTSD case example</td>
</tr>
<tr>
<td>2/12</td>
<td>Intern</td>
<td>Presentation</td>
</tr>
<tr>
<td>2/19</td>
<td>Dr. Chard</td>
<td>Neurobiology of PTSD</td>
</tr>
<tr>
<td>2/26</td>
<td>Dr. Perry</td>
<td>Hospice and Palliative care</td>
</tr>
<tr>
<td>3/5</td>
<td>Intern</td>
<td>Presentation</td>
</tr>
<tr>
<td>3/12</td>
<td>Dr. Akinyemi</td>
<td>Accessing PEC</td>
</tr>
<tr>
<td>3/19</td>
<td>Dr. Giannitelli</td>
<td>Case presentation</td>
</tr>
<tr>
<td>3/26</td>
<td>Intern</td>
<td>Presentation</td>
</tr>
<tr>
<td>4/2</td>
<td>Dr. Murray</td>
<td>Prolonged Exposure</td>
</tr>
<tr>
<td>4/9</td>
<td>Dr. Barrett</td>
<td>CBT-I treatment for insomnia</td>
</tr>
<tr>
<td>4/16</td>
<td>Intern</td>
<td>Presentation</td>
</tr>
<tr>
<td>4/23</td>
<td>Dr. Cox</td>
<td>A Criminological Perspective of Contemporary Gun Violence</td>
</tr>
<tr>
<td>5/7</td>
<td>Intern</td>
<td>Presentation</td>
</tr>
<tr>
<td>5/21</td>
<td>Dr. Lackemann</td>
<td>HIV/AIDS</td>
</tr>
<tr>
<td>5/28</td>
<td>Intern</td>
<td>Presentation</td>
</tr>
<tr>
<td>6/4</td>
<td>Dr. Reckman</td>
<td>Careers outside of the VA</td>
</tr>
<tr>
<td>6/11</td>
<td>Dr. Hall</td>
<td>The VA Recovery Model</td>
</tr>
<tr>
<td>6/18</td>
<td>Intern</td>
<td>Presentation</td>
</tr>
</tbody>
</table>
## Appendix C: Intern Seminars

<table>
<thead>
<tr>
<th>Date</th>
<th>Presenter</th>
<th>Topic</th>
</tr>
</thead>
<tbody>
<tr>
<td>8/7/12</td>
<td>Drs. Zinnbauer &amp; Giannitelli</td>
<td>Orientation to the internship, internship developmental arc</td>
</tr>
<tr>
<td>8/14</td>
<td>Dr. Sekerka</td>
<td>Emergencies at the VA I</td>
</tr>
<tr>
<td>8/21</td>
<td>Dr. Sekerka</td>
<td>Emergencies at the VA II</td>
</tr>
<tr>
<td>8/28</td>
<td>Drs. Steinberg &amp; Bolte</td>
<td>Motivational Interviewing I</td>
</tr>
<tr>
<td>9/4</td>
<td>Drs. Bolte &amp; Steinberg</td>
<td>Motivational Interviewing II</td>
</tr>
<tr>
<td>9/11</td>
<td>VA Education Staff</td>
<td>Treating Veterans with Care</td>
</tr>
<tr>
<td>9/11</td>
<td>Drs. Steinberg &amp; Bolte</td>
<td>Motivational Interviewing III</td>
</tr>
<tr>
<td>9/18</td>
<td>Drs. Bolte &amp; Steinberg</td>
<td>Motivational Interviewing IV</td>
</tr>
<tr>
<td>9/25</td>
<td>CPT Regional Trainer</td>
<td>CPT Training</td>
</tr>
<tr>
<td>10/2</td>
<td>Maude Nagle</td>
<td>Managing Suicidal Patients in the Outpatient Setting</td>
</tr>
<tr>
<td>10/9</td>
<td>Dr. Meshot</td>
<td>Mental Health Treatment Planning</td>
</tr>
<tr>
<td>10/16</td>
<td>Dr. Giannitelli</td>
<td>Iraq Combat Experience</td>
</tr>
<tr>
<td>10/23</td>
<td>Kelly Knox</td>
<td>Military Culture</td>
</tr>
<tr>
<td>10/30</td>
<td>Mike Schmalle</td>
<td>OIF/OEF experiences and military culture</td>
</tr>
<tr>
<td>11/13</td>
<td>Dr. Giannitelli</td>
<td>Vietnam</td>
</tr>
<tr>
<td>11/20</td>
<td>Drs. Parkinson, Phillips,</td>
<td>Post Docs and Jobs and Anxiety related thereto</td>
</tr>
<tr>
<td></td>
<td>Seim, Walter</td>
<td></td>
</tr>
<tr>
<td>11/27</td>
<td>Dr. Wirtz</td>
<td>C&amp;P Secrets Revealed</td>
</tr>
<tr>
<td>12/4</td>
<td>Drs. Zinnbauer &amp; Giannitelli</td>
<td>Internship Check-in</td>
</tr>
<tr>
<td>12/11</td>
<td>Dr. Zinnbauer</td>
<td>Multiculturalism and Clinical Practice</td>
</tr>
<tr>
<td>12/18</td>
<td>Peter Snyder</td>
<td>Prevention and Management of Disruptive Behavior</td>
</tr>
<tr>
<td>1/15/13</td>
<td>Dr. Phillips</td>
<td>Sexual Diversity</td>
</tr>
<tr>
<td>1/22</td>
<td>Dr. Zinnbauer</td>
<td>Psycho-education in a SARRTP</td>
</tr>
<tr>
<td>1/29</td>
<td>Dr. Lackemann</td>
<td>Psychopharmacology I</td>
</tr>
<tr>
<td>2/5</td>
<td>Dr. Lackemann</td>
<td>Psychopharmacology II</td>
</tr>
<tr>
<td>2/12</td>
<td>Dr. Giannitelli</td>
<td>Dreams</td>
</tr>
<tr>
<td>2/19</td>
<td>Pete Snyder</td>
<td>Prevention and Management of Disruptive Behavior</td>
</tr>
<tr>
<td>2/26</td>
<td>Dr. Bolte</td>
<td>SUD, Axis II, and counter-transference</td>
</tr>
<tr>
<td>3/5</td>
<td>Dr. Vredeveld</td>
<td>MH Issues in Uganda &amp; Psychology’s Role in International Affairs</td>
</tr>
<tr>
<td>3/12</td>
<td>Dr. Walter</td>
<td>ESTs and EBPs</td>
</tr>
<tr>
<td>3/26</td>
<td>Dr. Lackemann</td>
<td>HIV/AIDS</td>
</tr>
<tr>
<td>4/2</td>
<td>Dr. Seim</td>
<td>ACT therapy</td>
</tr>
<tr>
<td>4/9</td>
<td>Dr. Houston</td>
<td>Neuropsychology 201</td>
</tr>
<tr>
<td>4/16</td>
<td>Drs. Steinberg &amp; Bolte</td>
<td>Motivational Interviewing Continued</td>
</tr>
<tr>
<td>4/23</td>
<td>Dr. Zinnbauer</td>
<td>Myths of Psychotherapy</td>
</tr>
<tr>
<td>5/7</td>
<td>Drs. Rauck &amp; Giannitelli</td>
<td>OMG – Did that really just happen?</td>
</tr>
<tr>
<td>5/14</td>
<td>Dr. Phillips</td>
<td>Personal Characteristics and Diversity</td>
</tr>
<tr>
<td>Date</td>
<td>Authors</td>
<td>Topic</td>
</tr>
<tr>
<td>-------</td>
<td>-------------------------------</td>
<td>--------------------------------</td>
</tr>
<tr>
<td>5/21</td>
<td>Drs. Lloyd &amp; Napier</td>
<td>Self-Care for Psychologists</td>
</tr>
<tr>
<td>5/28</td>
<td>Dr. Hagerty-Bruns</td>
<td>Life after Internship</td>
</tr>
<tr>
<td>6/4</td>
<td>Drs. Monsson, Seim, &amp; Keane-Timberlake</td>
<td>EPPP &amp; Licensure</td>
</tr>
<tr>
<td>6/11</td>
<td>Dr. Cash</td>
<td>Boundary Violations</td>
</tr>
<tr>
<td>6/18</td>
<td>Drs. Cash &amp; Stukenberg</td>
<td>Therapy Process</td>
</tr>
<tr>
<td>6/25</td>
<td>Drs. Zinnbauer &amp; Giannitelli</td>
<td>Supervision Dilemmas</td>
</tr>
</tbody>
</table>