Post-Doctoral Fellowship
In Interprofessional Team-Based Care

Psychology Training Program
2015-2016 Training Year
Cincinnati VA Medical Center
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 ................................................................................................................. 4
   Living in Cincinnati ............................................................................................ 4-5
   Cincinnati VA Medical Center ............................................................................. 6-7

Post-Doctoral Internship ......................................................................................... 8
   Background .......................................................................................................... 8-9
   Mission ................................................................................................................ 8
   Training Goals & Core Competencies ................................................................. 9-10
   Training Model .................................................................................................... 10-11
   Philosophy of Supervision .................................................................................. 11
   Diversity ............................................................................................................. 11-12
   Active Learning .................................................................................................. 12

Program Structure .................................................................................................. 13
   Rotation Assignment ........................................................................................... 13

Major Rotation Opportunities .................................................................................. 14
   Health Behavior Coordination .......................................................................... 14
   Inter-professional Goals & Competencies ......................................................... 14
   Rotation Specific Didactics ................................................................................ 15
   Chest Clinic ......................................................................................................... 15
   Endocrinology Clinic ......................................................................................... 16
   Integrated Dual Disorder Treatment ................................................................. 16-17
   Inter-professional Goals & Competencies ......................................................... 17
   Rotation Specific Didactics ................................................................................ 18
   IDDT Clinic ......................................................................................................... 18

Minor Rotation Opportunities .................................................................................. 19
   Tobacco Cessation Treatment Team ................................................................. 19
   Telehealth for PTSD Treatment ....................................................................... 19-20
   Family/Couples Intervention .......................................................................... 20-21
   Palliative/Geropsychology Team Care ............................................................... 21-22
Fellowship Project .................................................................................................................. 23

Program Didactics .................................................................................................................. 24
  Professional Conference ........................................................................................................ 24
  Fellowship Seminar ................................................................................................................ 24-25
  Fellowship Hour ..................................................................................................................... 25

Applying to the Fellowship .................................................................................................. 26
  Fellowship Year & Stipend ..................................................................................................... 26
  Eligibility Requirements ....................................................................................................... 26-28
  Application Process ............................................................................................................. 28-29
  Candidate Interviews & Selection Process ........................................................................... 29
  Contact Information .............................................................................................................. 30

Appendix A: Training Staff .................................................................................................. 31-38

Appendix B: Professional Conferences ................................................................................. 39

Appendix C: VA Core Values ................................................................................................ 40-41
Living in Cincinnati

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

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

Cincinnati is the home of the University of Cincinnati, Xavier University, Hebrew Union College, Cincinnati Art Academy, College Conservatory of Music and the College of Mount St. Joseph. In addition to the cultural events offered at these institutions, Cincinnati has a nationally known symphony orchestra (http://cincinnatisymphony.org/), the second oldest opera company in the United States (http://www.cincinnatiopera.com/), a May Festival devoted to classical oratorios with nationally known performers, and the Cincinnati Ballet Company. The Cincinnati Playhouse in the Park offers professional productions of contemporary and classical theater on its two stages throughout the year. The Aronoff Center for the Performing Arts in downtown Cincinnati hosts professional theatre and dance year-round (http://cincinnatiarts.org/aronoff).

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

Cincinnati is the birthplace of major league baseball and our Cincinnati Reds currently play in the recently completed Great American Ball Park. Football fans can enjoy watching the Cincinnati Bengals play at the new Paul Brown Stadium. Boating, golfing, tennis, ice skating, hiking and camping are among the other activities enjoyed by Cincinnatians who utilize the Ohio River, local lakes and the outstanding 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 Use Disorders; Domiciliary Care for Homeless Veterans; Special Mental Health Services; and Community Psychiatry. The various mental health services available to Veterans are distributed between the main campus located two miles north of downtown Cincinnati, the Ft. Thomas Division located five miles southeast of downtown in Ft. Thomas, KY, and a system of six community-based outpatient clinics (CBOCs) located in Clermont County, OH, Georgetown, OH, Butler County, OH, Bellevue, KY, Florence, KY, and Dearborn County, IN.

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

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

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

Fort Thomas Division of the Cincinnati VA
Post-Doctoral Internship in Interprofessional Team-Based Care

The Psychology Training Program at the Cincinnati VA Medical Center offers a postdoctoral Fellowship training program in interprofessional team-based care.

Background

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

Similarly, VHA has made a specific commitment to train and retain highly qualified healthcare providers in behavioral and mental health disciplines, and to promote the utilization of interprofessional team-based care. With directives such as the BHIP initiative submitted to the Senate Veteran’s Affairs Committee in 2011 as part of the Mental Health Action plan, the PACT model of Integrated Care, as well as the VHA strategic plan for 2013-2018, VHA has positioned our system at the forefront of team-based Medical and Mental Health Care innovation.

VHA’s commitment represents a broad movement away from “silos” clinics or isolated episodes of care towards healthcare for our Veterans that is accessible, coordinated, comprehensive, and patient-centered. It is not enough for different care providers to work in the same office area. The care environment, provider working relationships, and provider competencies must all promote a common goal: Patients are in control of their health care, and the system is designed around the needs of the patient.

Mission

The overarching mission of the psychology training program is the development of psychologists who have the knowledge, skills, and self-awareness necessary to deliver psychological services to diverse populations in a variety of settings, and who practice competently and independently in a professional, empathic, and responsible manner. This postdoctoral Fellowship was established to train future leaders in integrated care within the VA who are able to lead interdisciplinary care teams, collaborate effectively with a wide range of health care professionals, and to deliver care to our
Veterans with evidence-based and patient-centered clinical practices.

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

Training Goals and Core Competencies

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

The following are the four components of this Fellowship program:

- Training in core competencies:
  - Interprofessional Collaborative Practice (IPEC, 2011) core competencies as identified by the Interprofessional Education Collaborative (Values/Ethics for Interprofessional Practice, Roles/Responsibilities, Interprofessional Communication, and Teams and Teamwork)
  - American Psychological Association core competencies of professional psychology (revised 2011) including: application (intervention and assessment); consultation and systems; professionalism; ethics and diversity; science and evaluation; and education.

- Skill development in the delivery of empirically-supported mental health and behavioral care in outpatient settings through multiple clinical rotations.

- Training in the adaptation of interprofessional behavioral and mental health care for specific populations within the VA. Examples may include the older adult population, Veterans and their partners, and the VA population reached through telehealth services.

- A Fellowship project conducted by the postdoctoral fellows related to interprofessional care and system redesign. This may involve projects such as “Lean” system training, facilitating the adoption of team-based care within our Mental Health Care Line, or assisting existing team-based care teams to measure and evaluate their effectiveness.
The Fellowship core competencies are presented and discussed with fellows during orientation week, and the performance objectives are formally captured in the Fellowship evaluation form. This form provides behaviorally-anchored descriptions adopted from the APA and IPEC standards to illustrate the expected developmental progression of skill and conduct for fellows from the start to the completion of the Fellowship.

Postdoctoral fellows are evaluated and given feedback throughout the year by their individual supervisors in both formal and informal settings. Formal evaluations are completed quarterly by supervisors using the Fellowship Evaluation Form. At the end of each quarter each Fellow’s supervisors meet together with the Director of Training and the Associate Director of Training to review the Fellow’s progress and make recommendations. Following these meetings the Director of Training meets individually with each Fellow to integrate and review all Fellowship evaluation information.

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

**Training Model**

Our training program subscribes to a scientist-practitioner model of education and training for the practice of professional psychology. More than rote memorization of specific research findings, we actively encourage fellows to adopt a rational-empirical process to understand and evaluate their clinical activities, to critically evaluate, integrate, and apply the current scientific literature to their various professional activities in accurate and culturally sensitive ways, and to actively provide, seek, and use feedback to assist with their mastery of the program’s core training competencies. In sum, our program upholds the view that good clinical practice is based on critical thinking and the applied science of psychology delivered within an interpersonal context of care and compassion. Further, we also recognize and value the need to skillfully adapt broad empirical data to individual, group, and cultural differences.
Postdoctoral level training grounded in our core competencies thus provides a comprehensive view of psychological practice intended to encourage creative problem solving through the use of empirically supported psychological principles and sound judgment across clinical, ethical, and professional domains. Fellows get experience thinking and practicing as psychologists to prepare them for careers in a variety of settings. The acquisition of specific skills, techniques, and conceptual models are considered as means to this goal, rather than as ends in themselves.

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

**Philosophy of Supervision**

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

**Diversity**

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

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

**Active Learning**

A final value of the training staff is the active involvement of fellows with the content and structure of the Fellowship. Fellows are invited to participate in the Psychology Training Committee, and feedback from our postdoctoral fellows directs the content and timing of the Fellowship seminars.
For every postdoctoral fellow, the four fundamental experiences built into the Fellowship 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 Months each</td>
<td>24</td>
<td>2 Hours/week</td>
</tr>
<tr>
<td>1 Minor Rotations</td>
<td>12 Months</td>
<td>8</td>
<td>1 Hour/week</td>
</tr>
<tr>
<td>Fellowship Project</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>1 Hour/week</td>
</tr>
</tbody>
</table>

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

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

Rotation Assignment

The rotation assignments and schedule will be developed during the orientation week for the Fellowship with emphasis on specialization and training that leads to future VA employment. Unless otherwise noted, all rotations will take place at the main campus of our Medical Center in Cincinnati, OH. As available, fellows will have the opportunity to supervise interns and practicum students, and will be invited to attend the monthly training meeting for new supervisors.
1. Health Behavioral Coordination

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

**Supervisor:** Shari Altum, Ph.D., Health Behavior Coordinator

**Interprofessional goals/competencies**

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

**COMPETENCIES:**

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

Interdisciplinary Team Building
Orientation to VA Health Promotion Resources
Intro to Coaching clinical staff

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

Chest Clinic

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

Chest Clinic information:

Lead Attendings/Collaborators: Ralph Panos, MD and Bill Eschenbacher, MD
Clinic times: Thursday afternoons and Friday mornings
Medical Resident Didactics the postdoc may join depending on schedules:
  Wed. 1 pm
  Mon 12 pm
  Tues 12 pm x-ray conference
Additional related experience:
  Pulmonary Rehabilitation – co-leading didactic section with Veterans to engage them in health behavior change outside of rehab
  Shadowing of inpatient consults
  Shadowing of pulmonary function testing
  Participation in Primary Care COPD Mini-residency; first as a learner, then leading the Tobacco/Behavior management section
    Development of outcome measures and strategy for pulling data that demonstrates increased utilization of self-management programs and improved clinical outcomes
  Potential opportunity to co-write chapters for a COPD primer
Endocrinology Clinic

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

Clinic information:
Lead Collaborators: Cathy McCormick, RD, CDI, and Mercedes Falsiglia, MD
Clinic Times: Monday mornings and Thursday mornings, 8 am – noon
Approximately 30-40 patients seen each session
Endo Resident Didactics the postdoc may join:
   Grand Rounds Fri. at 1 pm
   Post-clinic conference Fri. at 1 or 2 pm
Additional related experiences
   Shadow inpatient diabetic educator to model motivational interviewing
   Shadow Endo residents/attendings on inpatient rounds
   Collaborate with Diabetic Case Manager in Primary Care
   Shadow/Co-teach Diabetic Education Classes (Tues afternoons)

2. Integrated Dual Disorder Treatment

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

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

The IDDT fellow will provide direct patient care as a member of the IDDT team through clinic screenings, psychological assessment, multidisciplinary team assessments and treatment planning, individual psychotherapy, crisis management and case management, as well as group psychotherapy and skills training. The fellow will have the opportunity to participate in program development and evaluation with focus on fidelity to the New Hampshire-Dartmouth IDDT model and collaboration with clinics throughout the hospital.

**Supervisors:**
- Mary HagertyBruns, PsyD; Staff Psychologist, Dual Diagnosis Treatment Program
- Rachelle Sekerka, PhD; Staff Psychologist, Dual Diagnosis Treatment Program

**Interprofessional Goals/Competencies**

**GOAL:** To become fully integrated as a valued and contributing member of an interprofessional Intensive Dual Disorder Treatment (IDDT) team. To serve as the team lead in implementing and evaluating program development.

**COMPETENCIES:**
1. Increased knowledge and application of the principles and strategies of the New Hampshire-Dartmouth model of Integrated Dual Disorder Treatment.
2. Increased proficiency in the completion of integrated assessments, conceptualizations, interventions and treatment plans with the severe mental illness (SMI) and substance use disorder (SUD) population.
3. Strong communication, collaboration and education skills to develop new referral sources and maintain cross-clinic relationships.
4. Improved skill and ability in establishing and utilizing a systematic approach to evaluate clinic outcomes.
5. Strengthening leadership and clinical skills by leading and implementing clinic changes informed by IDDT program assessment.
6. Development of clinical skill with regard to being a psychologist on an interdisciplinary team.
Rotation Specific didactics

Integrated Dual Disorder Treatment, led by Case Western Reserve University, Center for Evidence-based Practices trainer
Substance Treatment Program In-Services, these are hospital staff presentations focused on specific health topics; presentation topics have included opiate substitution treatment, medical marijuana, diabetes, ACT, and Appalachian culture.
Motivational Interviewing by VA National Trainer, Jonathan Steinberg, PhD
Social Skills Training for SMI and SUD
University of Cincinnati, Department of Psychiatry and Neurobehavioral Science Grand Rounds
University of Cincinnati, Department of Psychiatry and Neurobehavioral Science Collaborative Trainings

IDDT Clinic

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

IDDT Clinic information:

Team Members: Erik Nelson, MD, Jennie Hahn, MD, Shelly Sekerka, PhD, Mary Hagerty Bruns, PsyD, Kelly Knox, LISW-S, PhD
Clinic times: The IDDT clinic provides services Monday-Friday, generally 7:30-4:00pm.
Team Meetings: Thursdays, 1-2pm; daily collaboration as needed
IDDT Clinic Screenings: Thursdays, 2-3pm
Substance Treatment Program Meetings: Wednesday, 3-4pm, monthly
Additional related experience:
Providing presentations on IDDT to Substance Treatment and Mental Health Clinics
Collaborating with Buprenorphine and Methadone Clinic staff
Development of outcome measures
Fellows will also choose from four elective minor rotations. This will be structured as 2 minor rotations of 6 months each or one minor for 12 months. Minor rotations are 8 hours per week. These rotations include

1. Tobacco Cessation Treatment team

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

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

Supervisors:
- Linda Bodie, Psy.D.; Director, Substance Dependence Treatment Program
- Danny Hall, Ph.D.; Staff Psychologist, Substance Dependence Treatment Program

2. Telehealth for PTSD treatment

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

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

**Supervisors:**
Kathleen Chard, Ph.D.; Director, Trauma Recovery Center
Meredith Klump, Ph.D.; Staff Psychologist, Trauma Recovery Center

### 3. Family/Couples Intervention

A central source of social support for our Veterans comes through the quality of the relationships they have with their partners. Postdoctoral fellows on this rotation will have the opportunity to learn up to four empirically-supported psychotherapies for couples through the Trauma Recovery Center (TRC). The TRC is a multidisciplinary program focused on providing treatment to Veterans who have survived traumatic experiences. Two of these are disorder specific, meaning that they target specific mental health disorders. First, cognitive-behavioral conjoint therapy (CBCT) for PTSD is a therapy that is currently being nationally disseminated by the VA. This therapy teaches couples skills for both reducing PTSD symptoms and improving their relationships. CBCT for PTSD utilizes techniques to help couples to learn to undermine avoidance and address problematic cognitions related to the traumatic events. CBCT for PTSD also helps couples to improve their conflict resolution skills, improve communication, and increase positive behavioral exchange within their relationship.

Second, fellows will have the opportunity to learn behavioral couples therapy for substance use disorders (BCT-SUD), which is being nationally disseminated by the VA and is, according to VA/DoD guidelines, a recommended first-line
treatment for substance use disorders. BCT-SUD uses a recovery contract to help couples to achieve the goal of sobriety from alcohol and other drugs, while using well-established behavioral approaches for improving couples’ relationships.

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

Finally, fellows will have the opportunity to learn a fourth empirically-supported psychotherapy - integrative behavioral couples therapy (IBCT). IBCT incorporates components of traditional behavioral couples therapy, such as communication skills training and increasing positive behavioral exchanges within the relationship. However, unlike traditional behavioral couples therapy, IBCT prioritizes helping couples to learn acceptance and tolerance approaches to addressing long-standing and difficult to change behavioral patterns as a way of improving relationship satisfaction and couple adjustment. The Trauma Recovery Center is located at the Fort Thomas, KY, campus of the Cincinnati VAMC.

**Supervisors:**
Jeremy Schumm, Ph.D.; Associate Director, Trauma Recovery Center
Nicole Pukay-Martin, Ph.D.; Staff Psychologist, Trauma Recovery Center

4. Palliative/Geropsychology Team Care

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

The CLC is located in Fort Thomas, Kentucky and it houses a 32-bed long-term care (LTC) unit, a 20-bed short-term rehabilitation unit, and a 5-bed hospice unit. Veterans at the CLC and on medical 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 postdoctoral fellow will function as an integral member of multidisciplinary teams for both the long-and short-term care units and the hospice and palliative care (HPC) program. As a general framework, they will attend weekly multidisciplinary team meetings; conduct
psychological assessments, including screening of cognition, mood, and behavior symptoms, and develop an appropriate plan of care; consult with clinical staff; and provide counseling to Veterans and support to their family members and caregivers.

**Supervisors:**
Wes Houston, Ph.D.; Director, Neuropsychology
Kalika Kelkar, Psy.D.; Staff Psychologist, Neuropsychology
Jack Barrett, Ph.D.; Staff Psychologist, Community Living Center
Jennifer Perry, Ph.D.; Staff Psychologist, PCMHI Program, Hospice and Palliative Care Program.
A Fellowship project will be conducted by the postdoctoral fellows related to inter-professional care and system redesign. This may include becoming trained in “Lean” methods (Toyota Production system) and applying them to inter-professional care, facilitating the adoption of team-based care within our Mental Health Care Line, or assisting existing team-based care teams to more effectively measure and evaluate their effectiveness. These projects will be overseen by the Psychology Training Committee, and will culminate in a project presentation to our staff and trainees each Spring. This project is intended to allow each fellow the opportunity to put their knowledge of inter-professional care “into practice” in a novel way that benefits our local Medical Center.
This Postdoctoral Fellowship includes the following didactics:

**Professional Conference**

Professional Conference meets weekly for one hour. It is designed to meet the interests and growth needs of the professional Psychology staff, Postdoctoral fellows, and Predoctoral interns. The Cincinnati VA Psychology Training Program is an approved provider of Mandatory Continuing Education credits for licensed psychologists by the Ohio Board of Psychology and some of the professional conferences are specialized programs designed for MCE credits. Our psychology staff members regularly present at these conferences, and each Fellow will make one presentation during the training year. Typically the presentations by the postdoctoral fellows will involve presenting the results of their Fellowship project. The schedule of conferences for the 2013-2014 training year is included in Appendix B.

**Fellowship Seminar**

This weekly, 60 minute seminar is attended by fellows only. Some topics include information specific to our VA hospital and the veterans' population, while others focus on issues of specific interest for the Fellowship. Seminars may be one-time presentations or span multiple sessions. Didactic topics will include:

- Introduction to Interprofessional Care I, concepts and models
- Introduction to Interprofessional Care II, measurement and outcomes
- Behavioral Health Coordination in the VA system
- Emergencies at the VA /Suicide
- Mental Health Treatment Planning
- Military Culture
- Veteran Diversity
- Motivational Interviewing
- Prevention and Management of Disruptive Behavior
- Medical Chart Terminology and interacting with Primary Care Staff
- Ethical issues in Team Based Care
- Issues in Geropsychology
- Competency Exams with Older Veterans
- Mental Health Administration
- Issues in Supervision
- Psychopharmacology I
- Psychopharmacology II: Medications and the Elderly
In addition to rotation-specific trainings, during the course of the training year postdoctoral fellows will have access to National Calls, National Seminars, sharepoints, and trainings related to PACT teams, BHIP teams, and Behavioral Health Coordination. To participate in performance improvement, fellows will have access to our Mental Health Quality Improvement Committee to understand the national and local performance improvement measures, and local “balanced scorecard” measures (e.g. quality, efficiency, growth/access, and satisfaction).

**Fellowship Hour**

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

The Fellowship year begins September 7, 2015 and ends September 2, 2016. The training stipend is $43,864. Fellows receive 10 paid federal holidays and 13 days of leave for vacation and/or professional development. State and federal income tax and FICA (Social Security) are withheld from fellows’ checks. The United States government covers trainees for malpractice under the Federal Tort Claims Act. The Fellowship is a full-time training experience and lasts a full calendar year.

Eligibility Requirements

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

- Graduation from an APA-accredited doctoral program in Clinical or Counseling Psychology
- Graduation from an APA-accredited internship program (see below)*
- U.S. citizenship. VA is unable to consider applications from anyone who is not currently a U.S. citizen. Verification of citizenship is required following selection. All fellows must complete a Certification of Citizenship in the United States prior to beginning VA training.
- A male applicant born after 12/31/1959 must have registered for the draft by age 26 to be eligible for any U.S. government employment, including selection as a paid VA trainee. Male applicants must sign a pre-appointment Certification Statement for Selective Service Registration before they can be processed into a training program. Exceptions can be granted only by the US Office of Personnel Management; exceptions are very rarely granted.
- Fellows are subject to fingerprinting and background checks. Selection decisions are contingent on passing these screens.
- VA conducts drug screening exams on randomly selected personnel as well as new employees. Postdoctoral fellows are not required to be tested prior to beginning work, but once on staff they are subject to random selection for testing as are other employees.
- As an equal opportunity training program, the Fellowship welcomes and strongly encourages applications from all qualified candidates, regardless of gender, racial, ethnic, sexual orientation, disability, or other minority status.
* Note: Except for the completion of the pre-doctoral internship, ALL doctoral degree (academic, administrative, clinical) requirements MUST be completed no later than July 1, 2015. Additionally, applicants must complete their internships prior to August 31, 2015. Acceptance into the Cincinnati VAMC Fellowship program is dependent upon meeting this criterion.

If your school has a graduation date that occurs after September 1, 2015, you are qualified to begin the Fellowship year provided that you have completed all academic (including final department approval of dissertation), clinical (including internship), and administrative (approval from school director of training) requirements prior to September 1, 2015. In these situations, we require a certified letter from your school’s registrar indicating that you have met all requirements for graduation.

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

- Clinical Experience: Strong applicants have multiple experiences in Evidence-Based Practices and client-centered approaches to treatment. The applicant effectively describes the importance of placing the interests of patients at the center of health care delivery in their application and interview.

- Inter-professional Care: Strong applicants have experience as a member of one or more inter-professional teams and are able to verbalize the importance of working in cooperation with those who receive care, those who provide care, and others who contribute or support the delivery of prevention and health care services.

- Clinical Experience: Strong applicants have clinical training and experiences working with populations consistent with our site (e.g., military personnel or Veterans, hospitals, adults, severe psychopathology). Further, strong applicants will have experience in health psychology, substance abuse treatment, and team-based care. They will also have experience with at least one empirically-supported treatment.

- Scholarship: Strong applicants have first-authored research and/or professional presentations on matters related to health psychology, substance abuse treatment, or inter-professional team-based care.

- Diversity: Strong applicants have demonstrated a pattern of valuing diversity through prior work with diverse clients and strong articulation of a sensitivity to and/or awareness of diversity considerations in their applications and interviews.
• Goodness of fit: Strong applicants’ training experiences, scholarship, and self-stated career goals are consistent with the objectives of this Fellowship and with the scientist-practitioner model of training in this program.
• Dissertation: Strong applicants have completed all requirements for their dissertation prior to applying to the fellowship.

Application Process

Application materials are due by 11:59pm on January 15, 2015. We accept only electronic submission of all application materials. All documents should be in .pdf format. When emailing documents please put your last name in all of the filenames (e.g. Zinnbauer_Brian_Coverletter.pdf).

Please read and follow instructions carefully and prepare the following:
1. A cover letter with a statement of interest in .pdf format. This letter should include your understanding of interprofessional team-based care and how this training focus is related to:
   • Your professional interests
   • Any of your relevant educational, clinical, and research experiences
   • Your training needs
   • Your personal goals for the Fellowship
   • Your career goals

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

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

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

4. Three letters of recommendation emailed in .pdf format directly from the author. One should come from a faculty member personally familiar with your graduate school performance and at least one from a primary clinical supervisor during your pre-doctoral internship.
5. A letter of support sent directly from your current Internship Training Director in .pdf format that includes a statement that you are in good standing to successfully complete your pre-doctoral internship, the expected completion date of the internship, and your internship’s APA accreditation status. If you already completed your internship, please mail a copy of your internship certificate.

6. If you have not completed your dissertation, we require an emailed letter in .pdf format from your dissertation chairperson describing your dissertation status and timeline.

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

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

All application materials should be sent via email to

Brian Zinnbauer, Ph.D.
Chief, Psychology Program
Director of Training, Psychology
brian.zinnbauer@va.gov

Candidate Interviews and Selection Process

Candidates will be notified if they are being invited for an interview by January 24, 2015. In-person interviews are preferred but telephone interviews may be arranged for applicants unable to travel to our facility. Interviews are considered a two-way process – they will help us evaluate applicants and allow applicants to evaluate our training opportunities.

In keeping with an effort to standardize the postdoctoral application process, we will notify our top-ranked applicants in February, 2015. Applicants may hold an offer from our program for 48 hours, after which we will withdraw the offer and offer the position to the next applicant on the rank list.
Contact Information

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

Brian Zinnbauer, Ph.D.
Chief, Psychology Program
Director, Psychology Training Program
Cincinnati VAMC
3200 Vine St.
Cincinnati OH  45220
office (859) 572-6777
E-mail: brian.zinnbauer@va.gov

Accreditation
This post-doctoral Fellowship was new in the 2014-2015 training year. Accreditation for this program will be pursued with the Commission on Accreditation of the American Psychological Association.

Licensure
Fellows are registered with the Ohio Board of Psychology as Postdoctoral fellows and as such they accrue supervised postdoctoral hours towards licensure.
Psychology Training Staff

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

**Shari Altum, Ph.D.**  
University of Cincinnati, 2002  
Staff Psychologist, Health Behavior Coordinator, Primary Care

As the Health Behavior Coordinator, Dr. Altum promotes evidence-based patient-driven care in Health Promotion and Disease Prevention (HPDP). Along with the HPDP Program Manager, she plans, develops, implements, monitors and evaluates programs in Primary Care designed to promote health and prevent disease. She leads and coordinates training and ongoing coaching for primary care staff in patient-centered communication, health behavior change, and self-management strategies, including motivational interviewing. She works collaboratively with the Mental Health Primary Care Integration staff to integrate behavioral medicine interventions and services within primary care. She co-leads medical group visits.

**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.
Linda P. Bodie, Psy.D., LICDC, CTTS
Nova Southeastern University, 1990
Director, Substance Dependence Program

Dr. Bodie serves as the Director of the Substance Dependence Program (SUDEP) and holds an appointment as Associate Professor of Clinical Psychiatry at the University of Cincinnati College of Medicine. She completed her pre-doctoral internship at the Cincinnati VAMC, received her doctorate from Nova Southeastern University in 1990, and was employed shortly thereafter by the Cincinnati VAMC where she has specialized in the field of addiction, including tobacco use disorder. Dr. Bodie was trained by the Mayo Clinic Nicotine Dependence Center and holds a certificate as a Certified Tobacco Treatment Specialist (CTTS). She is also a Licensed Independent Chemical Dependency Counselor (LICDC). As Director of the Substance Dependence Program, Dr. Bodie oversees the seven SUDEP programs, including inpatient and outpatient detoxification, residential and outpatient treatment programs, opiate substitution program, buprenorphine treatment program, integrated dual diagnosis treatment program (IDDT), substance abuse/PTSD program, and tobacco treatment center. She served as the Director of the Nicotine Dependence Service at the Cincinnati VAMC from 1995-2001, during which time she developed a comprehensive program for the treatment of tobacco use disorder. Dr. Bodie initiated an innovative program (“Clean Break”) for patients who are motivated to quit smoking while in residential treatment for their alcohol and other drug addiction. Dr. Bodie has been the Medical Center’s Smoke-free Coordinator since 1997, chairs the Medical Center Tobacco Use Sub-council Committee, served as a National Preceptor for Tobacco Use Cessation Treatment, and is a member of the VA Central Office Clinical Public Health Technical Advisory Group (TAG). She also served for the last four years as Director, National Tobacco Cessation Clinical Resource Center during which time she provided training, mentoring, and aiding in the implementation of treatment for tobacco use disorder throughout VHA. Dr. Bodie developed and presented over 50 workshops/invited addresses on tobacco treatment at scientific meetings, VA Medical Centers, and professional organizations.

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 of the National VA CPT Dissemination Initiative designed to provide training and consultation in Cognitive
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.
Danny Hall, Ph.D.
University of Akron, 2004
Coordinator, Outpatient SUDEP program

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

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 (DBT) 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. 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, and examining the emotional/cognitive correlates of mTBI. He continues to serve as an ad-hoc reviewer for several neuropsychology journals.

Kalika Kelkar, Psy.D.
Virginia Consortium Program in Clinical Psychology, 2011
Staff Psychologist, Neuropsychology; Trauma Recovery Center

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

Meredith Klump, Ph.D.
Suffolk University, 2009
Staff Psychologist, Trauma Recovery Center

Dr. Klump received her PhD in clinical psychology from Suffolk University in Boston, MA. She completed a clinical internship at the Northampton, MA VAMC and postdoctoral fellowship in Behavioral Health at the Bedford, MA VAMC. She spent
two years at the Providence, RI VAMC as a staff psychologist in integrated Primary Care and Behavioral Health. She has clinical training and experience providing evidence based cognitive behavioral therapies for conditions such as PTSD and concomitant anxiety and mood disorders, chronic pain, and other psychological and acute medical conditions. Dr. Klump is a staff psychologist in the Trauma Recovery Center at the Cincinnati VA and provides evidenced based treatment interventions (i.e., Prolonged Exposure and Cognitive Processing Therapy) via telemental health for veterans diagnosed with PTSD. She also provides individual and group psychotherapy in the women’s residential treatment program, and conducts diagnostic assessments for the outpatient and residential programs.

Jennifer L. Perry, Ph.D.
University of Houston, 2004
Staff Psychologist, Primary Care-Mental Health Integration & Hospice and Palliative Care

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

Nicole D. Pukay-Martin, Ph.D.
University of North Carolina at Chapel Hill, 2010
Staff Psychologist, PTSD and Anxiety Disorders Division

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

**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 fellows who would like to gain specialized clinical training in couple-based treatment of substance use disorders and PTSD.

**Rachelle Sekerka, Ph.D.**
**Miami University, 1991**
**Staff Psychologist, Dual Diagnosis Program**

In her clinical role, Dr. Sekerka treats outpatients who carry both substance dependence and psychiatric diagnoses. As a founding member of the dual diagnosis team, she helped design and implement many elements of that program, as well as the current evidenced-based IDDT model. She utilizes both supportive and insight-oriented therapy models, approaching the therapeutic task from a Sullivanian perspective. Dr. Sekerka has a background in work with children and families, including play therapy, family therapy, and crisis assessment with adolescents. Another area of major professional interest is the process of psychotherapy, from the perspectives of both practitioner and supervisor.
She has a strong interest in the area of multidisciplinary collaboration and works to enhance training experiences throughout the Medical Center with this focus in mind. She is also involved in developing and providing LGBT treatment resources and participates in a multidisciplinary task force developed to support this access throughout the Medical Center.

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

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

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

<table>
<thead>
<tr>
<th>Presenter</th>
<th>Topic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Bodie</td>
<td>Psychology’s role in tobacco cessation treatment</td>
</tr>
<tr>
<td>Dr. Bailey</td>
<td>Positive Psychology</td>
</tr>
<tr>
<td>Dr. Schumm</td>
<td>Ethical implications of potentially harmful treatments</td>
</tr>
<tr>
<td>Dr. Salsman</td>
<td>Introduction to DBT</td>
</tr>
<tr>
<td>CPT Training</td>
<td></td>
</tr>
<tr>
<td>Dr. Phillips</td>
<td>Case Presentation: “I’m from the government and I’m here to help!”</td>
</tr>
<tr>
<td>Dr. Steinberg &amp; Dr. Bolte</td>
<td>Training in Motivational Interviewing</td>
</tr>
<tr>
<td>Dr. Crump</td>
<td>“Credibility” – Implications for a Patient’s Acceptance of You and/or Your Approach to Treatment</td>
</tr>
<tr>
<td>Dr. Rauck</td>
<td>Treatment considerations with the biker subculture- military and MC</td>
</tr>
<tr>
<td>Dr. Steinberg</td>
<td>The Language of Change – Motivational Interviewing</td>
</tr>
<tr>
<td>Dr. Sefferino</td>
<td>Women’s Mental Health</td>
</tr>
<tr>
<td>Dr. Gordon</td>
<td>DID case presentation</td>
</tr>
<tr>
<td>Intern</td>
<td>Case Presentation</td>
</tr>
<tr>
<td>Dr. Barrett</td>
<td>Neuropsychological case presentation</td>
</tr>
<tr>
<td>Dr. Giannitelli</td>
<td>Lived experiences of Viet Nam</td>
</tr>
<tr>
<td>Intern</td>
<td>Case Presentation</td>
</tr>
<tr>
<td>Dr. Hall</td>
<td>Addiction as a public health issue</td>
</tr>
<tr>
<td>Intern</td>
<td>Case Presentation</td>
</tr>
<tr>
<td>Dr. Buckley</td>
<td>Exposure Therapies for Anxiety Disorders: Review and Update</td>
</tr>
<tr>
<td>Intern</td>
<td>Case Presentation</td>
</tr>
<tr>
<td>Dr. Klump</td>
<td>CBT for Chronic Pain</td>
</tr>
<tr>
<td>Intern</td>
<td>Case Presentation</td>
</tr>
<tr>
<td>Dr. Seim</td>
<td>Functional Analytic Psychology</td>
</tr>
<tr>
<td>Dr. Napier</td>
<td>Following a Veteran through Levels of Care</td>
</tr>
<tr>
<td>Intern</td>
<td>Case Presentation</td>
</tr>
<tr>
<td>Dr. Zimmhuber</td>
<td>Ethical Reasoning and Decision Making</td>
</tr>
<tr>
<td>Intern</td>
<td>Case Presentation</td>
</tr>
<tr>
<td>Dr. Bolte</td>
<td>Ethics: Boundary Violations</td>
</tr>
<tr>
<td>Dr. Kharrazi</td>
<td>Working with challenging workgroups</td>
</tr>
<tr>
<td>Intern</td>
<td>Case Presentation</td>
</tr>
<tr>
<td>Dr. Cash</td>
<td>NCOD – the Crew Initiative</td>
</tr>
<tr>
<td>Dr. Lloyd</td>
<td>Ethics: Self Care and the Impaired Clinician</td>
</tr>
<tr>
<td>Intern</td>
<td>Case Presentation</td>
</tr>
</tbody>
</table>
## 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>Core 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>