



Psychology Internship Program

VA Pittsburgh Healthcare System
Director of Clinical Training
Behavioral Health Service Line (116A-U)
University Drive C
Pittsburgh PA 15240-1001
(412) 360-1290

MATCH Number for General Track: 154311
MATCH Number for Neuropsychology Track: 154312
Application Due Date: Thursday, October 27, 2016

Accreditation Status

The doctoral internship at the **VA Pittsburgh Healthcare System** is accredited by the Commission on Accreditation of the American Psychological Association. Our most recent reaccreditation site visit was in March, 2012 and our next accreditation site visit will be held in 2019.

We are extremely proud of our training program and its accreditation by the American Psychological Association. Should you have any questions about internship accreditation standards or policies that cannot be answered to your satisfaction by this website or by the psychology staff, please contact:

Office of Program Consultation and Accreditation
American Psychological Association
750 1st Street, NE, Washington, DC 20002
Phone: (202) 336-5979 / E-mail: apaaccred@apa.org
Web: www.apa.org/ed/accreditation

Application & Selection Procedures

Applicants must have a minimum of 300 total intervention and 50 assessment hours prior to application. We will not review applications with hours below the minimum hours requirement. We prefer candidates who have generalized assessment and psychotherapy training. Applicants who have VA practicum experience or who have an interest in a VA career are highly desirable. Although research experience is not a requirement, we value applicants with the ability to engage in scholarly inquiry and critical analysis of the scholarly literature. Given our focus on providing evidence based treatment to our veterans, we value applicants who have training in evidence based treatment approaches. Further, given the diversity of the veterans receiving treatment through the VA Pittsburgh Healthcare System, we encourage applicants from graduate programs with a multicultural focus and experience with ethnic, cultural, and social minority groups. Our internship program values cultural and individual diversity and strongly encourages qualified applicants from all backgrounds to apply. We adhere to all EEO guidelines. The United States government is a non-discriminatory, affirmative action employer. Federal law prohibits discrimination based on age, sex, race, creed, color, religion, handicap or national origin.

Internship applicants also must meet these criteria to be considered for any VA Psychology Internship Program:

1. Doctoral student in good standing at an American Psychological Association (APA) or Canadian Psychological Association (CPA) accredited graduate program in Clinical, Counseling, or Combined psychology or Psychological Clinical Science Accreditation System (PCSAS) accredited program in Clinical Science. Persons with a doctorate in another area of psychology who meet the

APA or CPA criteria for respecialization training in Clinical, Counseling, or Combined Psychology are also eligible.

2. Approved for internship status by graduate program training director.

VA Eligibility Criteria also require:

1. 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.
2. A male applicant born after 12/31/1959 must have registered for the draft by age 26 to be eligible for any US 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.
3. Interns are subject to fingerprinting and background checks prior to start of internship. A selected intern must pass these checks in order to begin employment with the VA.
4. 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.

To submit an application to our program, submit all required materials via the on-line APPIC application process. Please be sure to select the appropriate program code (General Track=154311 or Neuropsychology Track=154312). Candidates CANNOT apply to both tracks. Application materials include:

1. Curriculum vitae
2. One official graduate transcript for any graduate work in psychology.
3. APPIC Application for Psychology Internship (AAPI).
4. APPIC Academic Program's Verification of Internship Eligibility and Readiness from your University Director of Clinical Training.
5. Three letters of recommendation using the APPIC Standardized Reference Form, which, taken together, attest to both academic and clinical qualifications.
6. In your cover letter, **indicate to which track (general OR neuropsychology) you are applying.** Also, for the purpose of facilitating your interview process, **please rank order for us your four most desired rotations at the VA Pittsburgh Healthcare System Internship** (e.g., NBP, BMC, PRIME, etc.). Please keep in mind that your listing of rotation preferences does NOT commit you in any way to these rotations. This information is used in the event that you are invited for an on-site interview.

The deadline for all completed applications is Thursday, October 27, 2016. Only applications completed by this deadline will be considered. The Clinical Training Committee will complete its ratings of application materials during the week of October 31st. Applications are independently rated by three members of the Clinical Training Committee on such variables as prior clinical (therapy and assessment) experience, letters of recommendation, and fit of intern training goals with our training model and goal. Applications are rated on a 10-point scale and ranked according to total score (0-30 total), with approximately 60 applicants invited to interview with us. Beginning 11/14/16 and later than 12/15/16, selected candidates will be contacted and offered an on-site interview. On-site interviews are required as part of the selection process, with only the rarest of exceptions. Group interviews will be held on 4 dates (12/5/16; 12/15/16; 1/9/17; 1/17/17). Interviews will consist of a welcoming/orientation by the Director of Clinical Training, opportunity to informally meet with supervisors to obtain additional information about rotations, and informal meeting over lunch/tour of University Drive division with current interns. During the interview day, applicants will also interview individually with two supervisors. Interviewers assign a rating score, which is then added to the application score. Candidates are then ranked by total score and the list is then submitted to the National Matching Service.

VA Pittsburgh Healthcare System and Psychology Staff

The VAPHS is a 582-operating bed, joint commission accredited facility comprised of two divisions. The VAPHS has recently completed large construction projects at both divisions, resulting in new state-of-the-art, “green” buildings. The University Drive division, near the University of Pittsburgh, is the medical-surgical facility and includes numerous outpatient primary care and specialty medical clinics. The University Drive division is home to the new Consolidation Building, where the majority of the outpatient behavioral health clinics, three inpatient psychiatry units, and the Center for the Treatment of Addictive Disorders are located. The majority of the intern rotations are located at the University Drive division. The H. J. Heinz division, located near Aspinwall and Fox Chapel, includes the Community Living Center, Veteran Recovery Center (domiciliary), and Neurobehavioral Program. The new Ambulatory Care Building houses a primary care clinic, post-deployment clinic, and other clinical services to include dental and rehabilitation medicine. There are 5 rotation options offered at the Heinz division. These two divisions are within 10 miles of each other and a shuttle operates between the divisions. In addition to these two sites, the VAPHS also includes five community-based outpatient clinics (CBOC’s) in our catchment area. There are currently no intern rotations offered at the CBOC’s, although we currently have psychologists working in all of the CBOC’s. The VAPHS also includes a telemental health hub, in which behavioral health staff provide telemental health services to veterans enrolled in VA medical centers within our VISN and other VISN’s.

In FY2015, the VAPHS provided care to 70,462 veterans and conducted 706,270 outpatient visits. We provided behavioral health services to 13,000 unique veterans. The VAPHS is increasing services via telehealth technology and conducted 7,664 telemental health visits in FY2015. Veterans span the cohorts from OEF/OIF/OND to WWII with the vast majority of veterans in the Vietnam era. The VAPHS provided care to 4,231 female veterans in FY2015. Given the large catchment area of the VAPHS to include western Pennsylvania, eastern Ohio, and parts of West Virginia, our veteran population includes a mix of urban and rural veterans. As part of the VAPHS commitment to diversity, we were identified as a LGBT healthcare leader for the past 3 years in the Human Rights Campaign's Healthcare Equality Index. In FY2015, the VAPHS employed 3,670 employees.

All staff and services at the VAPHS are organized into “service lines.” The internship program is located within the Behavioral Health Service Line. All psychologists at VAPHS are assigned to the Behavioral Health Service Line. Within the Behavioral Health Service Line, veterans are assigned to a Behavioral Health Interdisciplinary Program (BHIP) (identified by Greek letters). Staff members are assigned to specific teams/BHIP’s for continuity of care for veterans.

The VA Pittsburgh Healthcare System currently employs 46 full-time staff psychologists in Behavioral Health, most of whom are involved in the training program. Our psychology staff has been increasing over the past few years to meet the growing demand for behavioral health services in our increasing VA population. Our staff psychologists’ backgrounds, interests, and current activities are diverse. We have supervisors from a variety of graduate programs with varying lengths of tenure at the VAPHS. In addition to their clinical work, our staff psychologists hold many important leadership positions, such as team leaders and medical center committee chairpersons. Our staff members are committed to providing evidence-based treatment approaches to our veterans. Most supervisors have completed VA certification and have provider status in at least one evidence-based psychotherapy and some are VA trainers for evidence-based psychotherapies (refer to list of training staff for specific information). Interns will have the opportunity to learn cognitive-processing therapy and prolonged exposure therapy for PTSD, CBT and ACT for depression, Integrative Behavioral Couple Therapy (IBCT), Interpersonal Therapy for Depression, CBT for Insomnia, Motivational Interviewing, and Social Skills Training, among others. Our psychology training programs (practicum, doctoral internship, and postdoctoral fellowship) are part of our VA’s educational mission which includes many other training programs, such as medicine, social work, physical therapy, occupational therapy, chaplaincy, speech language pathology, and nursing. Our educational affiliation with the University of Pittsburgh allows trainees from many disciplines to participate in interdisciplinary training at our medical center. In addition to our VA psychology staff, the program also

includes community psychologists who serve as seminar presenters and case conference participants to increase interns' exposure to psychology in the Pittsburgh area.

Training Model , Program Philosophy, Aim, and Competencies

Our model is a scholar-practitioner, developmental training model. The emphasis is on doing clinical work, while appropriately supervised. Psychological interventions are informed by research and a multicultural perspective. We are developmental in our approach to training as we expect interns to become increasingly autonomous in their clinical work as the year progresses. The aim of our program is to provide a sequence of developmental training experiences which will prepare interns to function as competent professional psychologists in a variety of health service settings. In order to achieve this aim, our program has identified eight core competency areas with specific skill items within each area. These core competency areas include: Research; Ethical and legal standards; Individual and cultural diversity; Communication and interpersonal skills; Professional values, attitudes, and behaviors; Assessment; Psychotherapy; and Consultation and interprofessional/interdisciplinary skills. Our program emphasizes clinical contact, clinical expertise, and clinical diversity in meeting this goal.

A. Clinical Contact. The Internship Program at the VA Pittsburgh Healthcare System is one that focuses primarily upon training generalists, in the best sense of the word. Thus, the program provides opportunities for exposure to a wide variety of patient populations and clinical disorders. We view the internship year as the culmination of doctoral training in clinical or counseling psychology and as the appropriate time to make the transition between academia and the day-to-day world of clinical service. The VA Pittsburgh Healthcare System Internship provides an intensive opportunity to integrate theory with realistic clinical practice. The emphasis in our program is that the internship year should emphasize doing clinical work, rather than talking or reading about it.

B. Clinical Expertise. In addition to providing rigorous training as generalists, we also provide opportunities for exposure to and training in more focused areas. Toward this end, we provide rotations and elective experiences in areas such as neuropsychology, geropsychology, substance use, health psychology, and posttraumatic stress. We believe that these opportunities provide interns with the maximum amount of employment potential possible, whether that be as a psychologist in the Department of Veterans Affairs or other health service setting. As a result, interns who successfully complete the program at the VA Pittsburgh Healthcare System have had excellent results in obtaining post-doctoral employment or training.

C. Clinical Diversity. The VA Pittsburgh Internship is strongly committed to both training in diversity issues as well as the recruitment of interns from various cultures and minority groups. To help increase multicultural awareness and sensitivity, interns have the opportunity to work with veterans of various ages, gender identity, ethnicity, socioeconomic status, and race as well as with veterans with physical disabilities. Interns are also exposed to diversity issues in seminars and case conferences with several seminars offered during the year as part of our diversity seminar series. Furthermore, the VA Pittsburgh Healthcare System is a Center of Excellence for our research within the Center for Health Equity Research and Promotion (CHERP). The mission of CHERP is to reduce disparities in health and health care among vulnerable groups of veterans designated as special populations. Interns have the opportunity within CHERP to participate in clinical research with diverse patient populations. Interns may also become members of the Diversity subcommittee of the Clinical Training Committee, the mission of which is to provide training and educational opportunities as they relate to issues of diversity to Psychology staff and trainees. The committee also strives to improve recruitment and retention of Psychology staff and trainees from diverse backgrounds.

Program Structure

Tracks: Our program offers two "tracks" with separate program code numbers for the match. Our general internship track consists of five slots and our neuropsychology track consists of one slot. The

neuropsychology track is designated for an applicant with prior training and experience in neuropsychology who plans to pursue postdoctoral training in neuropsychology. The main difference between the two tracks is that the intern in the neuropsychology track is guaranteed placement on the Neurobehavioral rotation for the first rotation. The neuropsychology track intern is free to choose any rotations for the second and third rotation. For general track interns with an interest in neuropsychology, up to two interns may choose the Neurobehavioral rotation (one for second rotation and one for third rotation). Given that we do not know from year to year how many general track interns may be interested in pursuing the Neurobehavioral rotation, a general track intern cannot be "guaranteed" placement on the Neurobehavioral rotation. Thus, if you are an applicant who "must" complete the Neurobehavioral rotation or you will be dissatisfied with your training year, then you are a neuropsychology track applicant. If you are an applicant who would like training in neuropsychology but would be happy even if you were not placed on the Neurobehavioral rotation, then you are a general track applicant. Keep in mind that there are several rotations (e.g., GRECC, Heinz CLC) that offer training in brief cognitive assessment other than the training in comprehensive neuropsychological assessment offered on the Neurobehavioral rotation. Due to these differences, an intern CANNOT apply to both tracks.

Rotations: The internship year consists of three 4-month rotations. No rotations are "required", although the GRECC rotation must have an intern assigned to it for each rotation since one of our internship slots is funded by the GRECC. In addition, an intern may only complete one primary care (PCMHI) rotation. The diversity of the patient population is represented on all rotations with respect to age, race, ethnicity, gender identity, urban/rural, religion, and disability. Assignments for the first rotation are customized before the training year begins. First rotations are assigned based largely on the intern's expressed preferences from among the training opportunities available. About two months before the internship begins, interns are asked to give their rotation preferences by allocating a total of 100 points to desired rotations. In doing so, they express their relative preferences. Interns' choices are reviewed by the Clinical Training Committee to ensure that the preferred rotations augment previous training experiences. First rotation assignments are usually announced in late July. In late fall, interns are asked to re-rank their rotation preferences. These rankings, in combination with suggestions from the Clinical Training Committee, are used to assign second and third rotations. By allowing interns to re-rank their rotation preferences at this time, interns have the opportunity to learn more about specific rotations and supervisors and the Clinical Training Committee has the opportunity to better assess the training needs of each intern and suggest rotations to match these needs. Over the past few years, many interns have been able to obtain all of their top three choices of rotation assignments for their internship year, and all have been able to obtain at least two of their top three choices. Every effort is made to ensure that all three major rotations suit the intern well and contribute to development of professional level generalist clinical skills.

Externships: In addition to the three primary clinical rotations during the internship year, interns may participate in one elective training experience ("externship"). Externships typically begin in early January and occur one-day per week for the rest of the training year (i.e., about 8 months). Externships are not mandatory and can occur within the VA or at a community site. Interns typically choose to pursue an externship to gain further training in a specific area or to broaden experience by pursuing training in an area not covered by a rotation. Specific externships will be arranged after interns arrive, with assistance from the Director of Clinical Training. Final approval of all externships will be granted by the Clinical Training Committee and the externship supervisors. All externship supervisors are doctoral psychologists. Examples of clinical externships completed by past interns include neuropsychological assessment at the VA or a community site, Children's Hospital of Pittsburgh, or focused work within existing clinical rotations (e.g., group psychotherapy experience in CTAD or providing CPT in the PTSD clinic).

Several opportunities exist for interns who are interested in conducting clinical research as an externship. Several interns in the past few years have collaborated with researchers at WPIC and the University of Pittsburgh to provide significant contributions to on-going clinical research grants and projects. Opportunities may also exist for interns to join researchers in the CHERP. Furthermore, our VA Medical Center is fortunate to house the Pittsburgh site of the VISN 4 MIRECC (Mental Illness, Research, Education, and Clinical Center), where interns may also collaborate in research endeavors

<http://www.mirecc.va.gov/visn4>). For more information please contact Gretchen Haas, PhD, MIRECC Pittsburgh Site Director, at Gretchen.Haas@va.gov.

Didactic Training: In addition to clinical experiences, interns spend at least 2.5 hours per week in educational seminars. Weekly didactics occur on Wednesday afternoons and include either journal club or intern case conference, professional development group, and seminar series. In addition, various other didactics are offered during the month and are either optional or mandatory, depending on the intern's current rotation assignment. These didactics include geropsychology journal club, PTSD journal club, primary care/behavioral medicine journal club and case conference, neuropsychology case conference, neuroanatomy seminar series, neuroimaging case conference, diversity training series, EBP seminar series, PTSD Psychology case conference, CPT consultation conference, ACT consultation group, Substance Use Disorder case conference, and Substance Use Disorders seminar. Interns will also have the optional opportunity to participate in VA training and consultation calls to become a VA certified provider in CPT. All didactics will be described in the next section.

Supervision and Evaluation: Supervision is the single greatest asset of our training program. All supervisory sessions are intended to offer meaningful feedback to the intern in order to increase understanding of the intern's clinical strengths and weaknesses and to facilitate professional growth. As aids in the supervisory process, digital recording, direct observation, and co-therapy are frequently used. While the primary focus of supervisory sessions is on the development of clinical skills, other issues such as administrative dynamics, professional ethics, and cultural issues are often addressed. Interns receive a minimum of 2 hours of formal individual supervision weekly from their rotation supervisor. In addition, group supervision in the form of one hour of weekly case conference, supervision from externship supervisor at minimum of one hour per week, and/or additional supervision from rotation supervisors frequently in the form of direct observation of clinical work guarantee interns a minimum of four hours of supervision per week. Supervisors are also available to interns on an as needed basis, beyond the regularly scheduled times of supervision. In addition to our staff psychologists, we have 5 postdoctoral fellows annually who are active in the internship program by providing additional clinical supervision to interns and participating in many of the didactic seminars and case conferences which the interns will attend. Thus, it is likely that an intern will receive supervision by a postdoctoral fellow, in addition to the required number of supervision hours by a staff psychologist, during the course of the year across rotations. Progress toward the attainment of the training goals is determined by means of regularly scheduled evaluations. Feedback between interns and supervisors is on-going. Monthly and mid-rotation evaluations are discussed informally with the intern and at a monthly supervisors' meeting chaired by the Director of Clinical Training. At the conclusion of each primary clinical rotation, a formal evaluation of the intern's progress is made. This evaluation is discussed with the intern prior to submission. In conjunction with the supervisor's evaluation of the intern, each intern is asked to evaluate the supervisor. Mid-year and end-year progress reports are sent to the Director of Training at the intern's graduate program. Copies of our evaluation forms and procedures are available upon request.

Training Experiences (Rotations, Seminars)

Description of Primary Rotations Available at University Drive Division

1. Mood Disorders (Beta team)

The Mood Disorders team provides both inpatient and outpatient services to veterans with a mood disorder as their primary diagnosis. The Military Sexual Trauma (MST) clinic is part of the Mood Disorders team and provides psychiatric services to male and female veterans who seek treatment for MST-related issues. Interns on this rotation will function as a member of an interdisciplinary team. Interns primarily work with outpatients providing assessment, individual psychotherapy, and crisis intervention to veterans diagnosed with a variety of affective disorders (e.g., bipolar disorder, major depressive disorder, dysthymic disorder, and adjustment disorder). Interns may co-facilitate a didactic inpatient group. Interns will be supervised in providing evidence-based therapies which may include

CBT, ACT, IPT, or CPT. Given the substance use and personality disorders also seen in this group of patients, interns who select this rotation will likely find this work challenging.
Supervisors: Dr. Roksana Korchynsky and Dr. Danielle Novick

2. Psychotic Disorders (Sigma team)

The Sigma Team rotation provides training in the assessment and treatment of psychotic disorders. Veterans treated on this team present primarily with schizophrenia-spectrum disorders. These individuals frequently demonstrate with co-morbid substance use concerns, secondary psychiatric issues (e.g., depression related to diagnosis), and cognitive deficits. Limited response to medication and treatment nonadherence are common complicating factors. In short, providers working on the Sigma Team are routinely faced with the challenges of treatment-resistant cases. Individuals wishing to accept these challenges will enjoy a wealth of training opportunities and a rewarding experience. Veterans are treated on two locked inpatient psychiatric units and in several outpatient clinics. Consultation/liaison work will include individual interactions with staff to facilitate continuity of care, as well as attendance at weekly inpatient multidisciplinary treatment team meetings. Interns will provide inpatient and outpatient psychotherapy services via both individual and group modalities. Psychoeducation and cognitive-behavioral interventions are emphasized. Some opportunities for neuropsychological screenings and more general psychological evaluations will be available. Opportunities may be intermittently available for conducting (1) competency evaluations or (2) initial Behavioral Health psychological evaluations, at which team assignments and relevant referrals are made. Dr. Huegel is certified in the VA-approved Cognitive-Behavioral Therapy for Depression empirically-based practice. Dr. Gaither is certified in the VA-approved Behavioral Family Therapy and Social Skills Training for Serious Mental Illness empirically-based practices and completed a 6-month certification in Cognitive-Behavioral Therapy for Psychosis through the Beck Institute.

Supervisors: Drs. Marci Gaither & Steve Huegel

3. Behavioral Medicine Rotation

The Behavioral Medicine Rotation provides interns with experience in the treatment and assessment of veterans with specific medical problems, and in helping veterans of all ages and diagnoses improve their health behaviors and ability to cope with existing chronic medical conditions. Interns will serve as co-leader with Dr. Kirsch in the weekly Pain Management Group (University Drive division) as well as in the Pain Management Group that is part of the Interdisciplinary Pain Rehab Program (Heinz VA division). The orientation is cognitive-behavioral with an added emphasis on mindfulness based skills. There is also the opportunity to gain experience in smoking cessation interventions. Dr. Kirsch is the psychologist for the Liver Transplant Team, and interns will conduct psychological interviews with individuals who are being considered for a liver transplant, provide feedback to the transplant team, and learn about the complexities of the transplant process. Interns will also have the opportunity to become involved in the weight management program (MOVE!) run by a nurse practitioner. Finally, interns may carry a small individual therapy case load (2-3 cases) during their rotation.

Supervisor: Dr. Cynthia Kirsch

4. Anxiety and Adjustment Disorders Rotation/Omega Behavioral Health Interdisciplinary Program (BHIP)

The Omega BHIP is an interdisciplinary treatment team that provides services to veterans who are primarily diagnosed with an anxiety or adjustment disorder. Common comorbid conditions include depression, substance abuse, and personality disorders. The severity and chronicity of symptoms vary widely. Interns have the opportunity for training in Cognitive Behavioral Therapy for Depression (CBT-D), Acceptance and Commitment Therapy for Depression (ACT-D), Integrative Behavioral Couple Therapy (IBCT), and Cognitive Processing Therapy (CPT). Given the breadth of training opportunities on this rotation, the supervisor and intern will determine which clinical experiences best match intern's interests and training objectives at the beginning of the rotation. Interns will receive the following training experiences: (1) Carrying an interesting and diverse caseload of individual therapy outpatients. All interns will learn how to treat anxiety disorders using a cognitive-behavioral therapy approach. Other treatments may focus on depressive symptoms, anger management, or interpersonal problems. Emphasis is placed on evidence-based, time-limited, goal-focused therapy. Treatment approaches may include CBT, ACT, or CPT. Learning ACT and CPT are not requirements of this rotation, but are offered

to those interns interested in learning these approaches. (2) Providing initial psychological treatment evaluations for veterans who present on a walk-in basis and/or who have not previously been enrolled in behavioral health services through the Behavioral Health Initial Evaluation Clinic. Additionally, interns may have the ability to participate in the following clinical experiences based on their clinical interests and training goals: (3) Facilitation of psychoeducational and therapeutic groups that may focus on stress reduction, coping skills, cognitive therapy, or other topics. Interns have the opportunity to develop and implement new groups that are not already offered in the clinic. (4) Training in couple therapy based on Integrative Behavioral Couple Therapy (IBCT), an evidence-based couple therapy. Learning IBCT is not a requirement of the rotation, but is offered as a training experience if it matches the intern's interests and training objectives. (5) Diagnostic interviewing and interpretation of psychological assessments, typically for the purposes of assisting with diagnostic clarification and treatment planning.
Supervisors: Dr. Jennifer Fabrizio and Dr. Dawnelle Paldino.

5. *Combat Stress Recovery Clinic (CSRC)/Post-Traumatic Stress Disorder Clinical Team (PCT)*

The CSRC is a specialized outpatient interdisciplinary team comprised of psychologists, psychiatrists, social workers, nurse practitioners, chaplains and support personnel. The primary function of the CSRC is to evaluate and treat veterans with combat-related distress, including PTSD, from all combat eras (WWII, Korea, Vietnam, Operation Desert Storm, Operation Iraqi Freedom/Enduring Freedom/Operation New Dawn). Interns will become fully involved in working on this interdisciplinary team to provide a wide range of outpatient services which include initial diagnostic evaluations, treatment planning, and individual and group psychotherapy. Interns will learn empirically supported treatments for PTSD such as Prolonged Exposure (PE) and Cognitive Processing Therapy (CPT). Additional PE and CPT consultation is available through the monthly PE/CPT case consultation meeting. Other training opportunities include learning protocols for sleep and nightmare management, as well as treatment for moral injury, depression, and anxiety secondary to combat exposure. Interns will have the opportunity to co-facilitate psychoeducational and therapeutic groups including: Seeking Safety, anger management, combat stress recovery skills, and era-based combat groups. Interns may also choose to develop and lead an inpatient coping skills group. The CSRC also works with members of veteran's families and significant others when necessary to increase the effectiveness of treatment. Didactic experiences include presentations at weekly PTSD Case Conference/PTSD Journal Club and CSRC interdisciplinary treatment meeting.
Supervisors: Drs. Karianne Bilsky, Shannon Coleman, Kathleen DeNardi, Kristen Hosey, and Victor Wong

6. *Center for Treatment of Addictive Disorders*

Interns completing a rotation in the Center for Treatment of Addictive Disorders (CTAD) will gain experience assessing and treating individuals with Substance Use Disorders (SUDs). Veterans seen in CTAD present with a wide range of SUDs as well as varying substance-related goals (stabilization, early recovery, maintenance, relapse, moderation, harm reduction). Veterans may also present with co-occurring medical (e.g. chronic pain, HIV, liver disease, diabetes) and psychiatric (e.g. anxiety, mood, schizophrenia, personality) disorders. CTAD is composed of the Residential Rehabilitation Program, the Outpatient Aftercare and Recovery Program, and the Opioid Substitution Therapy Clinic (OSTC). Rotations may be tailored to emphasize a particular program modality (residential, outpatient, OSTC) or sub-population of interest. Interns completing a rotation in CTAD will conduct addictions-focused diagnostic and therapeutic assessment, as well as provide individual and group psychotherapy. Training in EBPs, including Motivational Interviewing, Motivational Enhancement Therapy, Acceptance and Commitment Therapy, Relapse Prevention, Contingency Management, 12-Step Facilitation, and Cognitive Processing Therapy is available. Interns may also provide case management services and/or brief motivational interventions to veterans in the residential treatment program. Interns will gain familiarity with risk assessment and management of withdrawal, as well as substance-related health issues. Interns will play an active role in interdisciplinary team meetings, consulting with psychiatry, nursing, medicine, and social work.
Supervisors: Dr. Leigh Gemmell, Dr. Ryan Hosey, Dr. Melissa Johnson, Dr. David Menges, and Dr. Anya Moon

7. Primary Care Mental Health Integration (PCMHI) - UD

Interns rotating in PCMHI at University Drive will work with male and female veterans from every era of military service in a large primary care clinic while learning to function in an interdisciplinary setting. Clinical experiences include the provision of biopsychosocial assessment in same-day, “warm-handoff” encounters; scheduled psychological evaluations with primary care patients; triage to specialty mental health clinics, psychiatry providers, and other services; brief individual psychotherapy; group psychotherapy; and cognitive screens. Interns with a high level of interest have the option to obtain focused experience, in addition to generalist primary care psychology training, in areas of cancer survivorship, women’s health, or health promotion and disease prevention. Primary treatment modalities are motivational interviewing, problem solving therapy, and cognitive behavioral therapy. Training includes increasing familiarity with medical terminology and medical culture, as well as the opportunity to improve consultation skills. Interns are required to participate in interdisciplinary case conferences with internal medicine residents as well as representatives from clinical pharmacy, dietary, and social work. Group therapy experience includes a weekly health behavior change group employing motivational interviewing, and a group that promotes adjustment among veterans with a history of prostate cancer. Supervisor: Dr. Alyssa Ford

8. Geriatric Research, Education, and Clinical Center (GRECC)

The VA Pittsburgh Healthcare System was awarded a GRECC several years ago, resulting in the opportunity to provide a new rotation in geropsychology training. On this rotation, interns will work within interdisciplinary teams of professionals and students to provide psychological treatment to older veterans. This rotation is comprised of two components (Geriatric Evaluation and Management Clinic [GEM] and Home Based Primary Care [HBPC]) and interns divide their time between these two components. In the outpatient GEM, interns administer cognitive screening tests to older adult veterans and then present the results of these assessments to the treatment team and to the family of the veteran. Interns also participate in the Geriatric Driving Safety Clinic as part of the GEM, assessing veterans for their ability to drive safely. As part of the Home Based Primary Care Program, interns will have the opportunity to provide psychological services, such as individual psychotherapy, caregiver stress interventions, and cognitive screening, to home-bound veterans. This is an excellent rotation for learning psychology’s role in an interdisciplinary team. Interns on this rotation are required to attend the weekly GRECC educational seminars and weekly interdisciplinary case conferences. Supervisor: Dr. Lauren Jost.

Description of Primary Rotation Available at Heinz Division

1. Community Living Center

This rotation provides interns with exposure to multiple settings, including long-term care, transitional care, intensive rehabilitation, secured dementia, hospice, and palliative care. Training takes place at the H.J. Heinz Community Living Center and includes psychotherapeutic, assessment, and interdisciplinary components. CLC residents present with a variety of problems including anxiety, depression, adjustment disorders, challenging behaviors, issues related to the end of life, chronic psychiatric illnesses, and a wide range of cognitive disorders. Psychotherapy opportunities include individual and group modalities, and possible family-based interventions. Cognitive evaluations are conducted to evaluate decision-making capacity, clarify diagnosis (e.g., dementia/depression/delirium, identify type of dementia), evaluate rehabilitation potential, and monitor cognitive status during rehabilitation. Interns will attend weekly interdisciplinary team meetings and frequently interact with staff from multiple disciplines in clarifying consult requests, reviewing residents’ functioning, and formulating disruptive behavior management plans. There may also be an opportunity to provide education to nursing staff on topics such as behavioral management of disruptive behaviors or identification of veterans with depression, suicidality, etc. Although this rotation focuses mainly on veterans older than age 60, the intern will also have some opportunity to work with younger residents who have chronic illnesses such as multiple sclerosis, are completing brief transitional care, or are receiving hospice or palliative care for significant medical conditions. Overall, this rotation provides a well-rounded experience in the provision of psychological services primarily to older veterans in a long-term care setting. Supervisors: Dr. Nazar Seyala and Dr. Trent Thatcher

2. Domiciliary/Motivational Interviewing

The Veterans Recovery Center at the Heinz campus includes several programs providing treatment for homeless veterans, including outpatient, domiciliary, and residential levels of care. Interns work primarily in the vocationally oriented domiciliary for homeless veterans (most with substance abuse disorders) and the PR RTP, a recovery-based residential program for veterans with severe mental illnesses. In addition, there are opportunities to work with outpatients and with staff and clients in the other programs on the site. Substance abuse recovery is a focus for many of the veterans treated in all of the programs, and the rotation provides experience both with homeless veterans who are relatively intact psychiatrically and veterans with severe Axis I disorders. Interns co-facilitate group therapy, see patients in individual therapy, conduct and interpret psychological tests, conduct diagnostic interviews, and depending on training needs and interest, have the opportunity to plan and implement short-term groups and observe vocational counseling. Primary characteristics of the rotation are the integration of Motivational Interviewing and MI principles in various applications, exposure to Motivational Interviewing training and staff consultation, experience in group therapy, exposure to vocational development for veterans, and the opportunity to interact with several treatment teams.

Supervisor: Dr. Frances Dannenberg

3. Primary Care Mental Health Integration (PC-MHI) - Heinz

The focus in the PC-MHI rotation at Heinz is on learning to deliver psychological services in a primary care medical setting. Interns will have opportunities to work with veterans presenting from the Primary Care Clinic with a wide spectrum of psychological problems. The most frequent referrals are for mood and anxiety disorders, stress management, adjustment disorder (often related to medical conditions or chronic pain), and insomnia. Interns completing this rotation will have ample opportunity to conduct initial diagnostic evaluations and to learn how to adapt traditional clinical and health psychology services to the primary care setting. Typical clinical activities include assessment and short-term individual therapy for clinical and health psychology problems; consultation and collaboration with other professionals within primary care including mental health and general practice providers, including interdisciplinary team meetings in primary care (i.e., PACT); and triaging patients to appropriate specialty clinics. This rotation includes the opportunity to provide cognitive-behavioral treatment for insomnia (CBT-I), to conduct brief cognitive screenings (e.g., SLUMS, MOCA), and to conduct brief diagnostic screenings in the Spinal Cord Injury Clinic. The primary therapeutic approach for this rotation is cognitive-behavioral therapy (CBT). Training in motivational interviewing (MI) for health behavior change and in Acceptance and Commitment Therapy (ACT) is also available for interested interns. The dominant mode of service delivery is individual therapy. Group experience is available for two ongoing psychotherapy groups which focus on providing interventions for veterans in the Primary Care setting that incorporate CBT and MI techniques.

Supervisors: Dr. Rebecca Henning, Dr. Jeb Northern, and Dr. Jody Tomko

4. Neurobehavioral Program (NBP)

The Neurobehavioral Program offers a comprehensive rotation for interns interested in gaining assessment and treatment experience with neurobehaviorally impaired adults. The NBP focuses primarily on providing experience in neuropsychological assessment using the flexible/process approach but interns will gain experience in providing therapeutic services to neurobehaviorally impaired patients. Interns will gain experience in test administration and interpretation, report writing, consultation with other professionals, and providing feedback to clients and their families. Interns will also have the opportunity to provide psychoeducation in memory skills training and to provide psychotherapy involving issues such as coping with cognitive deficits and family/caregiver issues related to Alzheimer's disease and other dementias. Interns will be able to interact with our Polytrauma Team while assessing veterans from the OEF/OIF/OND conflict. Our bi-weekly case conference and neuroanatomy seminar series and monthly neuroimaging case conference are available for intern participation and are an important part of the rotation. Interns also have the opportunity to interact with non-VA neuropsychologists from the community through our didactic series. As noted previously, the VA Pittsburgh Healthcare System is a generalist program. However, the Neuropsychology Track interns may fulfill International Neuropsychological Society (INS) recommendations for internship training in neuropsychology in our program by completing this rotation in conjunction with relevant externship placement.

Supervisors: Dr. Sara Anderson, Dr. Jennifer Keller, Dr. Edward Kendjelic, and Dr. Laura Smith-Seemiller

5. Post Deployment (PD) Clinic

The Post Deployment Clinic is a specialized multidisciplinary team composed of psychiatrists, psychologists, social workers, nurse practitioners, and support personnel that provides services to veterans who have served in or after Operation Enduring Freedom, Operation Iraqi Freedom, or Operation New Dawn. Psychological services within this team focus primarily on outpatient treatment, including initial diagnostic evaluations, psychological testing, treatment planning, consultation with other members of the multidisciplinary team, and individual and group psychotherapy. Veterans present with a variety of anxiety and depressive-related disorders, typically related to their combat experiences. Common comorbid conditions include substance abuse and personality disorders. Severity and chronicity of symptoms vary widely. Treatments are based on cognitive-behavioral therapy principles and emphasis is placed on evidence-based, time-limited, goal-focused therapy. Interns will have the opportunity to learn empirically supported treatments for PTSD such as Prolonged Exposure (PE) and Cognitive Processing Therapy (CPT). Consultation liaison and coordination of care with other mental health and primary care teams is also a feature of this rotation.

Supervisors: Dr. Lauren Roth and Dr. Sarah Smith

Didactics:

A. Seminar Series: In addition to clinical opportunities, interns participate in a weekly seminar series to complement the learning that occurs while involved in clinical work. Weekly training seminars are held throughout the year on a variety of topic areas. Topics can be generally categorized as “Assessment Issues”, “Treatment Strategies”, and “Professional and Ethical Issues.” Psychology interns are required to attend all weekly training seminars throughout the year.

B. Intern Case Conferences: Each week, the interns meet for our case conference series. On a rotational basis, interns are assigned to present a case, with a different staff psychologist in attendance to facilitate the conference. The case conferences are flexible in nature, providing interns the opportunity to present cases which may be challenging or interesting. Interns are encouraged to use this opportunity to solicit feedback and suggestions from their peers and the facilitator.

C. Intern Development Group: D-group meets for one hour per week during the training year and is designed to provide interns the opportunity to focus on professional development issues aside from clinical work. D-group is intern-led in that interns select topics for discussion. The group is facilitated by one of our staff psychologists.

D. Journal Clubs: Interns have the opportunity to participate in several journal clubs during the training year. The objectives of journal club are to refine skills in critical analysis of research methodology and to discuss the implications of research on clinical practice. On the first Wednesday of each month, one intern and one staff member are assigned on a rotational basis to choose a scholarly journal article and to facilitate discussion of this article during Monthly journal club. Interns are required to attend this monthly journal club. The Geropsychology journal club, PTSD journal club, and Primary Care/Behavioral Medicine Journal Club and Case Conference meet monthly with the same objectives focused on recent research in those areas. Interns are required to attend these journal clubs when assigned to relevant rotation and are optional for interns on other rotations.

E. Neuropsychology Seminars: The Neurobehavioral Case Conference occurs twice per month. A different case is presented during each conference by staff psychologists, psychology consultants, and psychology interns/fellows. Although this activity is mandatory for an intern while assigned to the Neurobehavioral rotation, it is optional for other interns. The Neuroanatomy Seminar series also meets twice per month. The focus of this series is on brain structure and pathways, brain function, and the basics of a neurological exam including reading neuroradiology and understanding lab values. The

primary resource for this series is the text "Neuroanatomy through Clinical Cases" by Hal Blumenfeld, MD, Ph.D. (2002). The monthly Neuroimaging Case Conference is facilitated by a VAPHS neurologist. The didactic emphasizes identification of structural neuroanatomy via CT and MRI neuroimaging methods as well as discussion of neuroanatomical correlates of neuropsychological assessment cases.

F. PCT Psychology Case Conference: This case conference meets weekly and focuses on the assessment of combat-related PTSD. The case conference is attended by psychology interns, fellows, and psychology staff.

G. Substance Use Disorder Seminar: This seminar meets monthly and focuses on SUD related issues, such as discussions of recent SUD research, best practices in SUD treatment, and review of common co-occurring disorders.

H. Substance Use Disorder Case Conference: This monthly case conference provides the opportunity to discuss clinical, ethical, and diversity issues within the context of treatment for substance use disorders.

I.CPT & PE Consultation Conference: Attended by psychology staff, fellows, and interns, this bi-monthly informal conference is facilitated by our local Evidence-Based Psychotherapy Coordinator and provides the opportunity to discuss clinical work utilizing Cognitive Processing Therapy and Prolonged Exposure.

J. ACT Consultation Group: This monthly seminar is facilitated by a national VA trainer for ACT and provides staff and interns the opportunity to experience mindfulness exercises and to discuss clinical considerations and literature regarding ACT.

K. Evidence-Based Psychotherapy Seminar Series: This seminar meets monthly at the beginning of the training year and is based on the national VHA trainings designed for providers. Our program offers a series of 6 monthly seminars to provide an overview of theory and specific interventions for the following evidence-based psychotherapies: Cognitive Behavior Therapy for Depression; Cognitive Processing Therapy for PTSD; Prolonged Exposure for PTSD; Acceptance and Commitment Therapy; Integrative Behavioral Couples Therapy; and Social Skills Training.

L. Diversity Seminar Series: In addition to focused seminars on working with specific populations, a series of seminars are attended by psychology interns and postdoctoral fellows that focus on awareness and sensitivity when working with diverse populations.

M. CPT Training: Led by Drs. K. Hosey and Korchynsky, regional VA trainers and consultants in CPT, a 3-day VA CPT training is offered for interested interns. Following the training, interns will participate in a weekly consultation call for 6 months and will complete 2 cases using CPT to fulfill requirements to become a VA-recognized CPT provider. Appropriate applicants for this training are interns who have identified trauma focused therapy as their primary clinical interest and who plan to pursue PTSD post-doctoral fellowships or employment. The consultation phase of this training will serve as the intern's externship placement until completion of the required consultation phase.

N. . APA-Approved Sponsorship of Continuing Education: In 1985, the Pittsburgh VA was awarded approval from the American Psychological Association to offer Continuing Education programs in Psychology. Each year, several intern seminars are offered for continuing education hours. In addition, an annual conference, usually focusing on ethical issues in psychology, is sponsored for continuing education hours.

Requirements for Completion

To successfully complete the internship program, interns must achieve the following requirements:

1. An intern must be in “good standing” and removed from any probationary status.
2. By the conclusion of the training year, an intern must achieve a rating of “4” for every competency skill in each competency area on the final Evaluation of Intern Performance (i.e., third rotation final evaluation), indicating that an intern requires minimal supervision and is exhibiting competency at the level expected at the conclusion of the training year. The only exception to this requirement is neuropsychological skills for a non-neuropsychology track intern who has no prior neuropsychological training. In this case, an intern must achieve ratings of “3” for neuropsychological assessment skills and ratings of “4” on all other competency skills in other competency areas.
3. Interns must achieve ratings of “acceptable” on all items for their final case conference as measured by the final intern case conference summary form.
4. Interns must obtain a score of at least 80% correct on each post-test following the two supervision seminars to demonstrate competency in knowledge of supervision theory and ethics/application. Should an intern not receive a score of at least 80%, the intern will be required to complete remedial reading and retake the post-tests until supervision competency is met. In addition, interns must obtain ratings of acceptable for all core supervision topics during the Supervision Competency Seminar Series. Should an intern not receive an acceptable rating following a seminar, the intern will be required to complete additional readings and role-plays with their rotation supervisor until a rating of acceptable is obtained.

Facility and Training Resources

All interns are assigned an individual office with most offices located in the clinic where the intern works. Offices are generally in close proximity to supervisors to promote informal supervision and consultation. Interns are assigned a hospital pager and given keys to access psychology offices, nursing stations, and hospital units. All interns have a personal computer in their office with access to the computerized patient record system, e-mail, Internet, and Microsoft software. The interns are also given access to the VA voice mail system. Psychological and neuropsychological testing equipment is available to interns through our psychology technicians as well as part of the psychology package on the hospital computer system. To assist with development of psychotherapy skills, interns have access to digital recorders. Medical libraries are located at both divisions and interns have access to electronic journals, interlibrary loans, and computer-based literature searches. Our medical librarians are extremely helpful in assisting staff and interns to retrieve selected journal articles and books from other sources.

Interns may park at both divisions without cost, and there is a parking garage located at the University Drive division where a valet service for high density parking is utilized. The VA medical center also operates a shuttle system that interns may utilize to travel between divisions for meetings and didactics.

The stipend for the training year is \$24,503. Interns can elect to participate in federal health insurance plans. Interns earn annual leave (personal time off) and sick leave at the rate of 4 hours every two weeks. In addition to the annual leave and sick leave, interns may be granted authorized absence for approved training activities and conferences, including one day for dissertation defense. Although there is no limit to the amount of authorized absence that an intern may use, permission to take authorized absence will only be granted when an intern is making satisfactory progress in meeting the requirements of his/her rotation.

Administrative Policies and Procedures

During orientation to the VA Pittsburgh Healthcare System, interns are provided a training manual that contains important policies and information for the internship program as well as for the medical center. Included in the training manual is our grievance policy concerning identification and resolution of problems arising during the internship year. Copies of all evaluation forms are also included in the training manual. Copies of our evaluation forms and grievance policy are available to interested applicants upon request. Our privacy policy is clear. We will not collect any personal information about you when you visit our website. Our program does not require self-disclosure.

Trainees

Over the years, our interns have originated from many different universities and areas of the country, including students from clinical and counseling Ph.D. and Psy.D. programs. We have enjoyed working with interns from diverse psychosocial and cultural backgrounds. Over the past several years, the trend has been for most of our graduates to pursue postdoctoral fellowships, many within the VA system and others in academic medical centers. Our neuropsychology track interns have met with great success in matching for 2-year neuropsychology fellowships in the Association of Postdoctoral Programs in Clinical Neuropsychology (APPCN) match. Many of our interns have enjoyed the transition to Pittsburgh and have remained in the Pittsburgh area, suggesting that Pittsburgh is a desirable city in which to reside!

During exit interviews with interns over the past several years, interns have consistently identified two strengths of our internship program. First, interns have commented that both the breadth and depth of training experiences are a significant strength of our program. Interns have commented that the variety of rotations and opportunities for training within rotations contribute to the breadth of training and an intern can complete our program with a wide range of clinical skills and experiences. In addition to breadth, interns have stated that one can focus training in a specific area (e.g., geropsychology, health psychology) and gain depth of training in some areas. Interns have also commented that the length of the rotations (4-months) allows for depth of training. Second, interns have consistently described both the quality and quantity of supervision as strengths of our program. Interns have remarked that supervisors are always available for scheduled supervision in addition to informal consultation and emergency supervision. Our supervisors have been described as enthusiastic, dedicated, and invested in training and the professional growth of interns.

Local Information



Pittsburgh is located in southwestern Pennsylvania, where the Monongahela and Allegheny Rivers meet to form the Ohio River. Contrary to popular belief, Pittsburgh is no longer the industrial steel town of the 50's and 60's. In fact, Pittsburgh was rated the "Most Livable City" in the 2007 edition of the Places Rated Almanac and again in 2010 by Forbes.com! The downtown area and riverfront have undergone massive

renovation, and several vibrant sub-communities have emerged over the past decade. An exciting blend of old and new, Pittsburgh is a city of history, business, culture, research, medicine, sports, and recreation that pleasantly surprises newcomers!

The largest metropolitan area in the Ohio Valley and Appalachia, Pittsburgh is a growing city. “The Steel City” has 446 bridges, creating a unique urban terrain within a beautiful natural valley. The city is home to numerous diverse cultural groups, and offers a variety of authentic world cuisines within our various districts. For lovers of the culinary arts, you will find a variety of coffee shops, bakeries, and restaurants. Rich in American history, Pittsburgh also has a growing art and cultural scene. It is the home of the Andy Warhol Museum, the Carnegie library system, and has numerous universities and colleges such as University of Pittsburgh, Carnegie Mellon, Duquesne, and Chatham, creating a constant influx of energy, creative thought, and activity. There are also a wide variety of entertainment opportunities, including events at the CONSOL Energy Center, local music venues, as well as Broadway shows in the downtown theatre district. The city is ideal for families, with a local zoo, aquarium, the Phipps Conservatory and Botanical Gardens, and the National Aviary. Sports enthusiasts will be welcomed into the loyal hometown community, supporting the Pirates, Steelers, and Penguins. With its unique location, Pittsburgh also offers easy accessibility to a variety of city and state parks, water sports, caving systems, and wildlife preserves, creating a multitude of activities for naturalists.

For more information about our exciting city and the diversity of “the ‘Burgh”, view these websites:

www.visitpittsburgh.com

www.pump.org

www.coolpgh.pitt.edu

www.vibrantpittsburgh.org



Many of our interns have enjoyed their experience in Pittsburgh and have offered the following testimonials:

“I was surprised with how much I fell in love with PGH during my internship year...I loved how different neighborhoods had their own unique identity, I loved the easy access to large parks within the city, and loved how beautiful PGH is with all its hills, bridges, and public art. What a gem of a city!”

“PGH has a ‘small city’ feel and it’s easy to find your niche here. At the same time, it’s a vibrant place to live, with lots going on. There is something for everyone—whether you love hiking and spending time outside or watching sports, or going to museums.”

“The great dining and food scene, and the very reasonable cost of living compared to other regions.”

"The city had a lot more diversity and cultural activities than I expected. Lots of great places to eat and things to do. I like the ethnic diversity of my neighborhoods. Easy access to natural areas inside and outside the city."

"I found lots of social groups/clubs outside of work and made many friends that I still stay in touch with after leaving the area."

Training Staff

VA Pittsburgh Healthcare System Doctoral Training Staff

*Indicates research authorship in this area

Hey-Mi Ahn, Psy.D.,

Indiana University of Pennsylvania, 2009.
Psychologist, Fayette County CBOC
Interests: Geropsychology, Primary Care Psychology

Sara E. Anderson, Psy.D.,

Virginia Consortium Program in Clinical Psychology, 2010
Clinical Neuropsychologist, Neurobehavioral Program
Interests: Neuropsychology, Symptom Validity Testing, Personality Assessment, Traumatic Brain Injury, Dementias, Cognitive Rehabilitation

Karianne D. P. Bilsky, Ph.D.

West Virginia University, 2013
Psychologist, Combat Stress Recovery Clinic
VAPHS Domestic Violence Coordinator
Interests: PTSD, Cognitive Processing Therapy, Prolonged Exposure therapy, Female Veterans, Trauma and Spirituality, Posttraumatic Growth, Training/Supervision

Kimberly A. Christensen, Ph.D.,

Kent State University, 2000.
Supervisory Psychologist, HJ Heinz Campus; Community Living Center psychologist
Interests: Long-term care*, Geropsychology*, Cognitive Assessment, Training/supervision, Family Caregiving*.
Dr. Christensen has completed VA training and consultation in Cognitive Behavioral Therapy for Depression and has provider status.

Shannon Coleman, Ph.D.,

Binghamton University (SUNY), 2010
Psychologist, Combat Stress Recovery Clinic (PTSD Clinic), Evidence-Based Psychotherapy Coordinator for the PTSD Clinical Team
Interests: PTSD*, OCD*, GAD*, Social Anxiety, Mental Health Literacy*, Prolonged Exposure, Anger Management
Dr. Coleman has completed VA training and consultation in Prolonged Exposure (PE) and Cognitive Processing Therapy (CPT) and has provider status. Dr. Coleman is also a national consultant for the National Center for PTSD Prolonged Exposure Therapy Initiative.

Frances K. Dannenberg, Ph.D.,

Case Western Reserve University, 1984.
Psychologist, Veterans Recovery Center
Dr. Dannenberg has completed Motivational Interviewing Training of New Trainers and is a consultant for VA MI and MET EBP's.

Interests: Motivational Interviewing, Group Psychotherapy, Personality Assessment, Rorschach Techniques.

Kathleen DeNardi, Ph.D.,

Miami University, 2008.

Psychologist, Combat Stress Recovery Clinic: PTSD- Substance Use Disorder specialist

Interests: PTSD, Sexual Victimization*, Substance Use Disorders, Prolonged Exposure, DBT.

Dr. DeNardi has completed VA training and consultation in Prolonged Exposure and Cognitive Processing Therapy and has provider status. She is also a national consultant for the National Center for PTSD Prolonged Exposure Therapy Initiative.

Jennifer Fabrizio, Ph.D.

Bowling Green State University, 2001

Psychologist and Team Leader, Omega Behavioral Health Interdisciplinary Program (BHIP)

VAPHS Women's Mental Health Champion

Interests: Acceptance and Commitment Therapy (ACT), Anxiety Disorders, Cognitive-Behavioral Therapy (CBT), Eating Disorders

Dr. Fabrizio carries VA provider status in Acceptance and Commitment Therapy for Depression (ACT-D), Cognitive Processing Therapy (CPT), and Integrative Behavioral Couple Therapy (IBCT). She is a national training consultant for the VA ACT-D Evidence Based Psychotherapy (EBP) roll-out.

Alyssa Ford, Ph.D.

Western Michigan University, 2012

Psychologist, University Drive Primary Care Clinic and VAPHS Cancer Center

Interests: Health Behavior Change, Adjustment to Medical Illness, Health Promotion and Disease Prevention, Psycho-Oncology, Family Caregiving, Palliative Care, Hospice, Bereavement

Dr. Ford has completed VA training and consultation in Problem Solving Therapy and has provider status.

Dr. Ford also has experience with Motivational Interviewing.

Marci L. Gaither, Ph.D.

Ball State University, 2002.

Psychologist and Team Leader, Sigma Behavioral Health Interdisciplinary Program (BHIP).

Interests: Schizophrenia-spectrum disorders*, CBT for Psychosis*

Dr. Gaither has completed VA training and consultation in Behavioral Family Therapy and Social Skills Training for Serious Mental Illness and has provider status. She also completed a 6-month certification in Cognitive-Behavioral Therapy, focused on treating psychosis, through the Beck Institute.

Leigh A. Gemmell, Ph.D.,

University of Maryland, Baltimore County, 2007

Psychologist, Center for Treatment of Addictive Disorders

Dr. Gemmell has completed VA training and consultation in Cognitive Behavioral Therapy for Depression and she has provider status.

Interests: Motivational Interviewing, Behavioral Medicine, Chronic Illness Self-Management, Health Behavior Change

Rebecca Henning, Ph.D.,

West Virginia University, 2009.

Psychologist, Primary Care Clinic at the H.J. Heinz Facility.

Interests: Geropsychology*, Health Psychology*, Multicultural Psychology*

Dr. Henning has completed VA training and consultation and carries provider status in Integrative Behavioral Couple Therapy (IBCT) and Cognitive Behavioral Therapy for Depression (CBT-D).

Kristen Hosey, Ph.D.,

University of Louisville, 2012.

Psychologist, Center for the Treatment of Addictive Disorders

Interests: comorbidity of PTSD and substance use disorders, non-combat trauma, Motivation Interviewing, Cognitive Processing Therapy, Prolonged Exposure, Dialectical Behavior Therapy
Dr. Hosey has completed VA training and consultation in CPT for PTSD and has provider status. As of August 2014 Dr. Hosey will have also completed training to become a CPT regional trainer.

Ryan Hosey, Ph.D.,

University of Louisville, 2012.

Psychologist, Center for the Treatment of Addictive Disorders

Interests: Substance use disorders and comorbid anxiety disorders, Motivational Interviewing, Motivational Enhancement Therapy, ACT, mindfulness, anger management

As of July 2014 Dr. Hosey will have also completed the VA training in Motivational Enhancement Therapy.

Stephen Huegel, Ph.D.,

California School of Professional Psychology, 1996

Dr. Huegel has completed VA training and consultation in Cognitive Behavioral Therapy for Depression and has provider status.

Interests: Schizophrenia, Health, Training/Supervision

Susan Jefferson, Psy.D.

Indiana University of Pennsylvania, 2013

Psychologist, Community Based Outpatient Clinic in Beaver County

Interests: Geropsychology, Primary Care/Mental Health Integration, Training/Supervision

Dr. Jefferson has completed VA training and consultation in Cognitive Processing Therapy (CPT) and has provider status. Dr. Jefferson also has experience with Acceptance and Commitment Therapy (ACT), Cognitive Behavioral Therapy (CBT), the Unified Protocol for Transdiagnostic Treatment of Emotional Disorders (UP), and Skills Training in Affective and Interpersonal Regulation (STAIR).

Melissa K Johnson, Ph.D.,

University of Minnesota, 2011.

Staff Psychologist, Center for Treatment of Addictive Disorders

Interests: Substance Use, Serious Mental Illness, Acceptance and Commitment Therapy

Lauren Jost, Psy.D.

Xavier University, 2014

Clinical Psychologist Geriatric Evaluation and Management (GEM) Clinic, Primary Care, Omega team

Interests: Geropsychology, Dementia, Caregiving, Diversity

Edward M. Kendjelic, Ph.D.,

University of Louisville, 1998.

Neurobehavioral Program Team Leader.

Interests: Neuropsychology, Dementias, Geropsychology*, Case Formulation*.

Cynthia A. Kirsch, Ph.D.,

SUNY Albany, 1989.

Staff Psychologist, Program Director of the Interdisciplinary Pain Rehab Program

Interests: Chronic Pain*, Behavioral Medicine*, Cognitive-Behavioral Therapy.

Jennifer M. Keller, Psy.D., ABPP

Board Certified in Clinical Neuropsychology

Argosy University/Washington, DC, 2007

Clinical Neuropsychologist, Neurobehavioral Program

Interests: Neuropsychology, Symptom and Performance Validity Testing, Movement Disorders, Dementias, Caregiving

Roksana Korchynsky, Ph.D.,

Bowling Green State University, 2000.
Beta Team/Military Sexual Trauma (MST) Coordinator/Evidence-Based Psychotherapy (EBP) Coordinator.
Interests: PTSD, Women's Health, Cognitive-Behavioral Therapy
VA-recognized provider for: Cognitive Processing Therapy (CPT), Cognitive Behavioral Therapy (CBT), Acceptance and Commitment Therapy (ACT). Regional CPT Trainer & Consultant

David Menges, Ph.D.

Rutgers University, 2010
Psychologist, Center for Treatment of Addictive Disorders
Interests: Motivational Interviewing, CBT for SUDs, couples therapy, and 12-Step Facilitation.
Dr. Menges has completed VA training and consultation in Motivational Enhancement Therapy (MET), has provider status in MET, and serves as a consultant for the MI/MET VA Initiative. Dr. Menges has also completed VA training for Behavioral Couples Therapy for SUDs (BCT-SUD) and is currently receiving consultation.

Anya Moon, Ph.D.,

Virginia Commonwealth University, 2008
Psychologist, Center for Treatment of Addictive Disorders
Dr. Moon has completed VA training and consultation in Cognitive Processing Therapy for PTSD and has provider status.
Interests: Acceptance and Commitment Therapy, Mindfulness-based therapies, sexual addiction

Jebediah Northern, Ph.D.

Bowling Green State University, 2010.
Psychologist, Primary Care Clinic at the H.J. Heinz Facility.
Interests: Health Psychology*, Stress*, Geropsychology, Health Behavior Change, Motivational Interviewing
Dr. Northern has completed VA training and consultation in ACT for depression and has provider status. Dr. Northern also has experience with CBT for depression, Motivational Interviewing, and CBT for insomnia.

Danielle M. Novick, Ph.D.

University of Pittsburgh, 2010
Psychologist, Beta Team/Mood Disorders Clinic and Women's Health Clinic
Interests: Mood* and sleep* disorders, Reproductive mental health*, Interpersonal psychotherapy (IPT)*, Interpersonal and social rhythm therapy (IPSRT)*, Diversity, Training/supervision

Dawnelle Paldino, Ph.D.

Binghamton University (SUNY), 2007
Psychologist, Omega Behavioral Health Interdisciplinary Program (BHIP)
Coordinator, Behavioral Health Initial Evaluation Clinic
VAPHS LGBT Veteran Care Coordinator
Interests: Couple Therapy, Marital Satisfaction and Discord*, Training/Supervision
Dr. Paldino carries VA provider status in Integrative Behavioral Couple Therapy (IBCT), Cognitive Processing Therapy (CPT), and Cognitive Behavioral Therapy for Depression (CBT-D).

Bernadette Pasquale, Ph.D.,

Ohio University, 1995.
Director of Clinical Training and Coordinator for Ex-POW Program, Omega BHIP, GEM/GDSC Teams.
Dr. Pasquale has completed VA training and consultation in Cognitive Behavioral Therapy for Depression and has provider status.
Interests: Geropsychology*, Training/Supervision.

Stephen T. Perconte, Ph.D.,

Virginia Polytechnic Institute and State University, 1983
Executive Psychologist
Interests: PTSD*, Behavior Therapy, Partial Hospitalization*.

Lauren E. Roth, Ph.D.

Lehigh University, 2012
Psychologist, Post Deployment (PD) Clinic
Dr. Roth is a VA trained and certified provider of Cognitive Processing Therapy (CPT), Prolonged Exposure (PE) and Cognitive Behavioral Therapy for Depression (CBT-D).
Interests: Cognitive Behavioral Therapy, Trauma Focused Treatment, Training and Supervision, Multicultural Competence

Nazar D. Seyala, Ph.D.

Ball State University, 2011
Geropsychologist, H.J. Heinz Community Living Center
Interests: Geropsychology, Cognitive Assessment, Staff Intervention, Caregiver Support

Sarah A. Smith, Ph.D.,

Northern Illinois University, 2010.
Psychologist, Post Deployment (PD) Clinic
Interests: Anxiety Disorders, PTSD, Prolonged Exposure Therapy, Cognitive-Processing Therapy
Dr. Smith has completed VA training and consultation in Prolonged Exposure (PE) and Cognitive Processing Therapy (CPT) and has provider status. Dr. Smith is also a national consultant for the National Center for PTSD Prolonged Exposure Therapy Initiative.

Laura Smith-Seemiller, Ph.D., ABPP

Board Certified in Clinical Neuropsychology
Ohio State University, 1989
Neuropsychologist, Neurobehavior Program.
Interests: Neuropsychology*, Traumatic brain injury*, post-concussion syndrome*, rehabilitation.

Trent T. Thatcher, Psy.D.,

Wright State University, 2003.
Psychologist, H.J. Heinz Community Living Center.
Interests: Long-term care, Geropsychology, Neuropsychology, Dementias, Palliative and Hospice Care.
Dr. Thatcher has completed didactic VA training and consultation in Motivational Interviewing (MI) and has provider status.

Katherine Timmons, Ph.D.

Florida State University, 2012
Psychologist, Telehealth Hub
Interests: Telehealth, Depression*, Suicidal behavior*, Adjusting to Medical Illness.
Dr. Timmons has provider status in Acceptance and Commitment Therapy for Depression (ACT-D) and has completed VA training and consultation in Cognitive Processing Therapy (CPT)

Jody Tomko, Ph.D.,

Western Michigan University, 2008
Psychologist, Primary Care Clinic at the H. J. Heinz Facility
Interests: Geropsychology*, Health Behavior Change, Family Caregiving, Training/Supervision, Cultural Diversity.
Dr. Tomko has completed VA training and consultation in CBT for Depression and Motivational Interviewing and has provider status.

Victor Wong, Ph.D.,

Oklahoma State University, 2009.
PTSD Clinical Team/PTSD Intensive Out Patient Program Coordinator

Dr. Wong has completed VA training and consultation in Cognitive Processing Therapy, Prolonged Exposure and has provider status.

Interests: PTSD/Combat Stress, Spiritual/Moral injury, Existential and Narrative therapy, Couples therapy, facilitating self-actualization, and program evaluation and design.