Psychology Postdoctoral Residency Program
Emphasis in Primary Care Integration,
Women’s Health, and Behavioral Medicine

2018-2019

Dayton VA Medical Center
Psychology Residency Program
Primary Care
4100 West Third Street
Dayton, Ohio 45428
Accreditation Status

The postdoctoral residency program at the Dayton VAMC is accredited by the American Psychological Association. Questions regarding the program’s accreditation status may be addressed to: American Psychological Association, Office of Program Consultation and Accreditation, 750 First Street, NE, Washington, DC 20002-4242, phone: (202) 336-5979.

Application & Selection Procedures

To apply to the residency program, please submit the following materials using the APPIC website portal:

1. A cover letter that describes your personal training goals and how our residency program may meet those goals. In your letter, please describe your previous educational, research, and clinical experience relevant to the residency and your career goals.
2. A copy of your curriculum vitae.
3. Two (2) letters of recommendation from faculty members or clinical supervisors who are familiar with your clinical and research work.
4. A letter or email from the graduate program Training Director specifying current dissertation status and the projected timeline for completing all requirements for the doctoral degree (if the degree has already been completed, please submit the certificate or similar official documentation).
5. A letter or email from the internship Training Director indicating good standing in the internship program and expected completion date (if the internship is already completed, please submit certificate or similar official documentation).
6. One (1) official graduate transcript from each graduate program attended.

Submission:
Please use the APPA CAS (APPIC Psychology Postdoctoral Application) online centralized application system to submit your application. Paper applications will NOT be accepted or reviewed. The APPA CAS can be accessed with the following link: https://appicpostdoc.liaisoncas.com

The deadline for all completed application materials is January 2, 2018

Please direct any questions to:

Director of Training
Psychology Residency Program (11P)
Dayton VA Medical Center
4100 West Third Street
Dayton, OH 45428

Telephone: (937) 268-6511 x4501
Email: 552fellowship@va.gov

Selection and Interview Process: Written application materials will be reviewed upon receipt by all relevant psychology training faculty. Top candidates will be invited for interviews that will take place in late January to early February. In person interviews are preferred, but telephone interviews can be arranged if needed. Candidates for interview will be selected based on several criteria, including meeting the requirements described above, clinical experiences, and applicant fit with our residency program. Please be sure to indicate daytime and evening telephone numbers in your application materials so you can be reached to schedule an interview.
Application due date: January 2, 2018  
Interview date: Late January - Early February, in person or by telephone.  
Official notification date: February 27, 2018

Upon acceptance to the residency program, Human Resources Management Service (HRMS) will begin the process of employment. The applicants are required to complete an OF 612 (Optional Application for Federal Employment) and a physical exam. The appointment to a residency position is contingent upon the individual’s application being cleared through a national data bank to screen for possible ethical and legal violations. The applicant must pass employment screenings through the Department of Health and Human Services, Office of Inspector General, List of Excluded Individuals and the National Practitioner Health Care Integrity and Protection Data Bank, as well as a fingerprint check, before the appointment becomes official. An applicant must also pass the pre-employment physical completed by a VA hospital before he or she can begin the residency. The applicant must also complete Online Cyber Security Awareness Training, Privacy Training, and sign the Rules of Behavior before arriving for orientation.

Post-Doctoral Residency Admissions, Support, and Initial Placement Data  
Date Program Tables are updated: AUG 2017

<table>
<thead>
<tr>
<th><strong>Residency Program Admissions</strong></th>
</tr>
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<tbody>
<tr>
<td><strong>Important Information:</strong></td>
</tr>
<tr>
<td>Persons must have a doctoral degree in Clinical or Counseling Psychology from an APA-accredited program or an APA-accredited re-specialization training program in Clinical or Counseling Psychology. An emphasis in health or community psychology is preferred, but not required. Applicants must also have completed an internship program accredited by the APA Commission on Accreditation or have completed a VA-sponsored internship (including a new VA internship that is not yet APA accredited).</td>
</tr>
</tbody>
</table>

Additionally, certification of U. S. citizenship and drug screening are required for all VA postdoctoral residents. Also, the Federal government requires that male applicants to VA positions born after 12/31/59 must sign a Pre-Appointment Certification Statement for Selective Service Registration before they are employed. It is not necessary to submit this form with the application, but if you are selected for this residency and fit the above criteria, you will have to sign it. All residents will have to complete a Certification of Citizenship in the U. S. prior to beginning the residency. Applications from non-citizens will not be considered. The VA conducts drug screening exams on randomly selected trainees as well as employees. Residents are not required to be tested prior to beginning work, but once on staff they also are subject to random selection for testing. Residents are also subject to fingerprinting and background checks. Selection decisions are contingent on passing these screens.

Our training program is committed to creating a supportive learning environment for individuals of diverse backgrounds. As such, Our program abides by the Department of Veterans Affairs commitment to ensuring equal opportunity (EEO), and promoting diversity and inclusion, all applicable Federal EEO laws, regulations, Executive Orders, and Management Directives. As provided by the Policy, the VA will not tolerate discrimination or harassment on the basis of race, color, religion, national origin, sex, pregnancy, gender identity, genetic information, parental status, sexual orientation, age or disability.

<table>
<thead>
<tr>
<th><strong>Other Minimum Criteria:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>An emphasis in health or community psychology is preferred, but not required.</td>
</tr>
</tbody>
</table>
### Financial and Other Benefit Support for Upcoming Training Year

<table>
<thead>
<tr>
<th>Benefit Support</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Annual Stipend/Salary for Full-time Residents</strong></td>
<td>$43,009</td>
</tr>
<tr>
<td><strong>Annual Stipend/Salary for Part-time Residents</strong></td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Program provides access to medical insurance for residents?</strong></td>
<td>Yes</td>
</tr>
<tr>
<td>If access to medical insurance is provided:</td>
<td></td>
</tr>
<tr>
<td>Trainee contribution to cost required?</td>
<td>Yes</td>
</tr>
<tr>
<td>Coverage of family member(s) available?</td>
<td>Yes</td>
</tr>
<tr>
<td>Coverage of legally married partner available?</td>
<td>Yes</td>
</tr>
<tr>
<td>Coverage of domestic partner available?</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Hours of Annual Paid Personal Time Off (PTS and/or Vacation)</strong></td>
<td>Yes - 4hrs accrued/2 week pay period</td>
</tr>
<tr>
<td><strong>Hours of Annual Paid Sick Leave</strong></td>
<td>Yes - 4hrs accrued/2 week pay period</td>
</tr>
<tr>
<td>In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?</td>
<td>Yes – to be determined on a case by case basis</td>
</tr>
</tbody>
</table>

### Initial Post-Residency Positions

<table>
<thead>
<tr>
<th>Year</th>
<th>Total # of residents who were in the 3 cohorts</th>
<th>Total # of residents who remain in training in the residency program</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014-2017</td>
<td>10</td>
<td>0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Post-doctoral Position</th>
<th>Employed Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community mental health center</td>
<td>NA</td>
</tr>
<tr>
<td>Federally qualified health center</td>
<td>NA</td>
</tr>
<tr>
<td>Independent primary care facility/clinic</td>
<td>NA</td>
</tr>
<tr>
<td>University counseling center</td>
<td>NA</td>
</tr>
<tr>
<td>Veterans Affairs medical center</td>
<td>NA</td>
</tr>
<tr>
<td>Military health center</td>
<td>NA</td>
</tr>
<tr>
<td>Academic health center</td>
<td>NA</td>
</tr>
<tr>
<td>Other medical center or hospital</td>
<td>NA</td>
</tr>
<tr>
<td>Psychiatric hospital</td>
<td>NA</td>
</tr>
<tr>
<td>Academic university/department</td>
<td>NA</td>
</tr>
<tr>
<td>Community college or other teaching setting</td>
<td>NA</td>
</tr>
<tr>
<td>Independent research institution</td>
<td>NA</td>
</tr>
<tr>
<td>Correctional facility</td>
<td>NA</td>
</tr>
<tr>
<td>School district/system</td>
<td>NA</td>
</tr>
<tr>
<td>Independent practice setting</td>
<td>NA</td>
</tr>
<tr>
<td>Not currently employed</td>
<td>NA</td>
</tr>
<tr>
<td>Changed to another field</td>
<td>NA</td>
</tr>
<tr>
<td>Other</td>
<td>NA</td>
</tr>
</tbody>
</table>
Psychology Setting

Training Setting

The Dayton VAMC is part of VISN10, which covers the entire state of Ohio and portions of Kentucky, Michigan, and Indiana. The medical center is also responsible for four Community Based Outpatient Clinics (CBOCs) in Springfield, Ohio, Middletown, Ohio, Lima, Ohio, and Richmond, Indiana. The Richmond, Indiana CBOC has been designated as a rural site by VACO. The medical center is located at the west edge of Dayton, in Southwestern Ohio. Much of the pastoral setting was preserved while establishing a modern, state of the art comprehensive medical facility. The current medical center complex consists of approximately 60 buildings on about 240 acres.

The Dayton VAMC is an active teaching hospital affiliated with the Boonshoft School of Medicine at Wright State University. It also has numerous other affiliation agreements with colleges, medical centers, medical schools, universities, and training programs throughout the area along with sharing agreements with other medical centers in the area and the Department of Defense.

The Psychology Training Program staff includes more than 30 psychologists of diverse geographic, ethnic, age, academic, and specialty backgrounds. Clinically, our psychologists serve in various areas of the Medical Center, and their activities encompass direct patient care services within Internal Medicine, Primary Care, Extended Care, Rehabilitation Services, and Mental Health. Administratively, psychology does not exist as a separate entity, but rather psychologists work within and report to Mental Health Service or Primary Care Service.

The residency program is primarily located in the Primary Care Outpatient Clinic at the Dayton VA Medical Center. The Primary Care Service is a very active program at the VAMC. Within the Primary Care Service, psychologists function in the context of a co-located, collaborative mental health integrated team (PC-MHI). All PC-MHI psychologists are imbedded within their respective Primary Care "teamlets" that include a Provider, an RN, an LPN, and an MSA. Services include consultation, assessment, brief therapy, and staff education. Treatments offered are brief, evidence based CBT based interventions and psychoeducational groups.

The Dayton VAMC has embraced and implemented the concept of the Patient Centered Medical Home and is amidst the process of its implementation. The psychologist’s role within the Patient Centered Medical Home will continue to evolve over the course of its implementation. Furthermore, all psychologists in Primary Care are also active with other clinical functions and activities in support of other medical center programs. These include the psychiatric Consultation & Liaison team (serving inpatient medical units), Diabetes Clinic, Diabetes Self-Management Program, Health Promotion/Disease Prevention, Congestive Heart Failure Clinic, and the MOVE Program, among others. All psychologists are also involved in provision of specialty type assessments, such as pre-surgical transplantation evaluations.

For more information on the Dayton VA Medical Center, please go to the web site: http://www.dayton.va.gov/

Training Model and Program Philosophy

The postdoctoral residency will provide advanced generalist education and training with an emphasis on provision of services within primary care and interdisciplinary settings. The training and services provided will occur within the framework of the Patient Centered Medical Home, and will be designed to incorporate training in and provision of healthcare services for Women Veterans. The residents will develop expertise in complementary areas of combat trauma, through interaction with the OEF/OIF clinic (Freedom Center), Health Promotion and Disease Prevention, and specialty psychological assessments, such as pre-surgical transplantation evaluations.
The residents will have an opportunity to develop and utilize consultation and behavioral health skills needed while providing mental health services in a primary care setting. The model for providing these services, the Primary Care Mental Health Integration (PC-MHI) Model, encourages the resident to provide services that are evidence-based, timely, strength-based, and sensitive to the needs of the veteran.

The training provided is consistent with the Practitioner-Scholar model. Advanced clinical training will be provided to each resident with an emphasis on consultation and behavioral health. The program will produce psychologists who are capable of understanding and implementing evidence-based interventions and use their skills to further contribute to our scientific understanding and literature in the field of psychology.

There will be an emphasis in our program on the clinical, consultation, and behavioral health skills needed to provide patient centered care as part of a multidisciplinary team. Multidisciplinary teams in PC-MHI will include primary care physicians, nurse practitioners, pharmacologists, psychiatrists, psychologists, social workers, nurses, nutritionists/dieticians, and administrative staff. Our residents will have the opportunity to train with other students and developing professionals from varying disciplines including but not limited to: pharmacology students and nursing students of varying levels.

The Psychology Training Program recognizes and respects the varied interests, backgrounds, and professional goals residents bring to our training program. Every effort will be made to accommodate their career aspirations and provide them with individualized career advising, including interdisciplinary collaboration, membership in professional organizations, attendance at conferences, and pursuit of research interests, such that they may further develop their specific interests and carve out their unique career trajectory.

Aim

The overarching aim of the residency is to produce psychologists with advanced competence in health service psychology, with an emphasis on providing services in a variety of interprofessional settings, including primary care and medical settings.

Professional Wide Competencies

The residency program provides broad, general skills reflecting the competencies of psychological practice. The profession wide competencies identified in APA’s Standards of Accreditation (see also IR C-81) are evaluated across rotations. The competencies are documented on formal competency evaluation forms.

A. Research
Demonstration of integration of science and practice. Respect for and application of scientifically derived knowledge.

- Displays scientific critical thinking
- Demonstrate advanced level knowledge of core science (i.e., scientific bases of behavior) and scientific foundations to practice, with a focus on evidence-based practice
- Demonstrate understanding of core literature relevant to specific work area/rotation. Independently incorporate discussion of literature within the context of supervision.
- Demonstrate the substantially independent ability to critically evaluate research or other scholarly activities (e.g., case conference, presentation, publications) at the local (including the host institution), regional, or national level.

B. Ethical and Legal Standards
Responds professional in increasingly complex situations with a greater degree of independence across settings. Application of ethical concepts and awareness of legal issues regarding professional activities with individuals, groups, and organizations.

- Knowledgeable of and acts in accordance with the Ethical, Legal and Professional Standards and Guidelines.
- Recognition of ethical dilemmas as they arise and apply ethical decision-making processes in order to resolve the dilemmas; seeks feedback from appropriate professionals.
- Conduct self in an ethical manner in all professional activities.

C. Individual and Cultural Diversity
Conducts all professional activities with sensitivity to human diversity, including the ability to deliver high quality services to an increasingly diverse population. Demonstrates knowledge, awareness, sensitivity, and skills when working with diverse individuals and communities who embody a variety of cultural and personal background and characteristics.

- Demonstrates an understanding of how one’s personal/cultural history, attitudes, and biases may affect how he/she understands and interacts with people different from oneself.
- Demonstrates independent application of knowledge and approach in working effectively with the range of diverse individuals and groups.

D. Professional Values, Attitudes, and Behaviors
Responds professionally in increasingly complex situations with a greater degree of independence across levels of training. Monitors and independently resolves situations that challenge professional values and integrity.

- Conducts self and behaves in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others.
- Independently attends to priorities and completes tasks in a timely manner. Attends scheduled meetings/appointments on time.
- Displays consolidation of professional identity as a psychologist; effectively conveys to others the roles/skill set that the psychologist brings to specific settings.
- Accurately self-assesses competence in all competency domains; integrates self-assessment in practice; recognizes limits of knowledge/skills and acts to address them; has extended plan to enhance knowledge/skills.
- Actively seek and demonstrate openness and responsiveness to feedback and supervision.
- Self-monitors issues related to self-care and promptly intervenes when disruptions occur; recognizes the importance of health professional self-care in medical settings.

E. Communication and Interpersonal Skills
Responds professionally in increasingly complex situations with a greater degree of independence across levels of training. Demonstrates effective interpersonal skills and the ability to manage difficult communication well. Verbal communication is informative, clear, and appropriate to the audience.

- Develops and maintains effective relationships with a wide range of individuals, including colleagues and staff within and outside the immediate workgroup and a wide variety of clients (both internal and external); Demonstrates understanding that patient care is the responsibility of a team of professionals, not a single clinician, and practices accordingly.
- Produce and comprehend oral, nonverbal, and written communications that are informative and well-integrated; demonstrate a thorough grasp of professional language and concepts; uses language appropriate to the patient’s and clinician’s education and culture; uses visual aids to enhance a patient’s and family’s understanding of plan of care, intervention, etc.

F. Assessment
Conducts evidence-based assessment consistent with the scope of Health Service Psychology.
• Selects and applies assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics; collects relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient; understands strengths and limitations of screening and assessment tools designed for specialty mental health services when adapted for primary care/medical settings
• Independently understands the strengths and limitations of diagnostic approaches and interpretation of results from multiple measures for diagnosis and treatment planning
• Utilizes case formulation and diagnosis for intervention planning in the context of stages of human development and diversity and treatment setting
• Independently and accurately conceptualizes the multiple dimensions of the case based on the results of assessment
• Independently applies knowledge of evidence-based practice, including empirical bases of assessment

G. Intervention
Demonstrates competence in evidence-based interventions consistent with the scope of Health Service Psychology
• Demonstrates the ability to establish and maintain effective relationships with the recipients of psychological services.
• Application of evidence-based intervention specific to the service delivery goals and treatment setting; Application of relevant research literature to clinical decision making
• Displays clinical skills with a wide variety of clients and uses good judgment even in unexpected or difficult situations
• Evaluate intervention effectiveness, and adapt intervention goals and methods consistent with ongoing evaluation.
• Demonstrates ability to identify risk factors for suicide. Demonstrates knowledge of appropriate interventions and procedures for hospitalizing suicidal patients.

H. Supervision
Supervision and training in the professional knowledge base of enhancing and monitoring the professional functioning of others.
• Understands ethical, legal, and contextual issues of the supervisor role to include evaluation, power, responsibility/liability, and imperative
• Demonstrates knowledge of and effectively addresses limits of competency to supervise
• Actively participates in group supervision and didactic trainings; shares professional perspective and knowledge with others in a manner which is helpful and palatable to others
• Applies knowledge of supervision in direct or simulated practice with psychology trainees or other health professionals. Examples of direct or simulated practice examples of supervision include, but are not limited to, role-played supervision with others, and umbrella supervision with other trainees

I. Consultation and Interprofessional/Interdisciplinary Skills
Intentional collaboration of professionals in health service psychology with other individuals or groups to address a problem, seek or share knowledge, or promote effectiveness in professional activities
• Independently determines situations that require different role functions and shifts roles accordingly to meet referral needs; demonstrates understanding of various contexts of consultation (e.g., patient-centered; consultee-centered; primary care; inpatient medical setting)
• Demonstrate knowledge and respect for the roles and perspectives of other professions.
• Demonstrates beginning, basic knowledge of and ability to display the skills that support effective interdisciplinary team functioning
Program Structure

Residents will participate in a wide variety of clinical and consultation experiences during their residency year. Core clinical activities will include brief therapy interventions, psychological assessment cases, initial psychotherapy intakes, and suicide risk assessments. Consultation activities will include curbside consultations with primary care staff and inpatient medical staff, participation in mental health and primary care meetings, and potential educational trainings for staff. Residents will participate in didactic and professional development activities, as well as a minimum of two (2) hours of weekly individual supervision.

Supervision

Supervision is based on a developmental model, taking into account that residents are mature learners who, throughout the residency year, are expected to perform with increasing degrees of independence. The residency provides for open and ongoing contact between supervisors and the resident. The resident will function as a colleague in the primary care service and mental health service, with daily access to supervisors and other professionals. In addition, there will be possibilities for the resident to help mentor psychology interns.

Residents can expect to receive a minimum of 2 hours of individual supervision per week, in addition to two (2) hours of group supervision obtained through the weekly didactic series, including group supervision, case consultation, and seminars. Additional supervision meetings will be set up with relevant psychology faculty for more specialized supervision on areas including assessment, consultation, research, and professional development. These additional supervision meetings will depend on the resident's areas of interest and the mutual agreement of the resident and the Co-Director of Training on areas the resident would like to focus on and gain additional skills. Methods of supervision will include direct observation, review of notes, and consultation with other mental health professionals interacting with the resident. Residents may have an opportunity to provide umbrella supervision to psychology interns and/or practicum trainees. Residents will also provide formal didactic presentations to the Dayton VAMC and Wright Patt Airforce Base psychology interns throughout the year. In addition, residents will have opportunities to provide informal mentorship to the psychology interns throughout the year in less formal capacities (e.g., journal club, case presentation, and/or discussions with interns).

Method and Frequency of Evaluation

Each resident is expected to develop and demonstrate certain functional and foundational competencies in clinical skills during the residency year. The evaluation process is a yearlong ongoing activity that is done formally and informally through oral and written feedback in the context of direct observation of the resident's activities, during face to face supervision, through review of work samples, and through formal semiannual progress review of the various clinical and professional behaviors. The resident will complete a self-evaluation at the start of the residency year and the supervisor will provide a formal written evaluation of the competencies at the mid- and end-of-the-year points.

Successful completion of the residency program requires the demonstration of these competencies. Satisfying competencies requires demonstration and observation of a level of knowledge and skill expected of a resident who is preparing to enter the practice of psychology as an independent professional.

Training Experiences

Residents will have opportunities to develop and utilize consultation, assessment, diagnostic, and intervention skills while providing mental health and health psychology services in a primary care setting. The model for providing the bulk of these services, the Primary Care Mental Health Integration (PCMHI)
Model, encourages the resident to provide services that are evidence-based, timely, strengths-based, and sensitive to the needs of the veteran.

The residents will gain clinical experience by providing direct services in many settings, potentially including the Outpatient Primary Care Clinic, the Women’s Health and Wellness Center, and inpatient and outpatient medical units.

**Primary Care-Mental Health Integration/Primary Care Outpatient Clinic**

The residents will be integrated into the Prime Care-Mental Health Integration (PC-MHI) team, working in concert with and under the supervision of the Primary Care psychologists and in collaboration with the other PC-MHI staff (i.e., psychiatrist, social worker, and RN BHL care manager). During this clinical experience, the resident will have opportunities to provide:

- Assessment and diagnostic evaluations
- Brief, evidence-based psychological treatments and interventions
- Consultation on pain and polytrauma conditions
- Psycho-educational interventions, including:
  - MOVE! (weight management)
  - Diabetes self-management
- Consultation to primary care providers, RNs, LPNs, social workers, pharmacists, and other support staff
- Provide triage, assessment, and referrals
- Provide on-call and crisis management services
- Provide staff education
- Provide student training
- Program Development
- Clinical Leadership activities

**Women Health and Wellness Center (WHC)**

The Women’s Health and Wellness Center provides gender specific comprehensive primary care and behavioral health services for women veterans. Each training year 1 or 2 residents will have opportunity to be embedded within the WHC to address on the unique needs of women veterans and the growing primary care service for women veterans. The resident will have opportunities to provide:

- Assessment and diagnostic evaluations
- Brief, evidence-based psychological treatments and interventions
- Consultation on pain and polytrauma conditions
- Consultation to WHC primary care providers, RNs, LPNs, social workers, and other support staff
- Psycho-educational interventions
- Provide triage, assessment, and referrals
- Provide on-call and crisis management services
- Provide staff education
- Program Development
- Clinical Leadership activities, including participation in quarterly Women Veterans Health Committee meetings

**Consultation & Liaison (C&L)**

The residents will spend one (1) day per week for 6 months with the inpatient psychiatric Consultation & Liaison team. The residents will have the opportunity to serve in a consultation role for inpatient medical and surgical units throughout the medical center, including the Emergency Department. Within the C&L team, residents may have opportunities to provide:

- Assessment and diagnostic evaluations
- Formulation of recommendations
- Development of intervention strategy
- Facilitation of communication among staff, patients, and family members
Pre-surgical transplantation evaluations  
Provide on-call and crisis management services

Clinical Leadership/Activities
To assist residents in developing the foundational and functional competency areas, the residents must complete the following activities in conjunction with the supervisor(s) and/or the Co-Director of Training (adequate time will be allotted to accommodate these activities):

1. **Program Development**: Each resident will propose and execute one (1) of the following:
   a. A program to improve clinical functioning of patients or among patients and medical staff or
   b. A project designed to improve patient or professional competence of PC-MHI staff, primary care staff, or other Dayton VAMC staff or
   c. A program evaluation project designed to evaluate a component of an existing psychological or medical service offered through the residency program.

2. **Clinical Supervision**: To assist in the development of the reflective practice self-awareness, supervision, ethical-legal standards-policies, and management-administration competencies, the resident will receive instruction in clinical supervision. In addition, the residents may also be provided opportunities to practice performing clinical supervision via umbrella supervision to psychology pre-doctoral interns or practicum level trainees. Residents are also encouraged to participate in Psychology Training Committee meetings.

3. **Clinical leadership**: The residents will be instructed in management procedures required for operating a clinical service within a primary care setting.

4. **Didactic Series**: The residents are required to attend all scheduled didactic series, unless on Leave Status. As part of the didactic series, the residents are required to complete the following activities:
   a. Diversity Case/Article Review
   b. Educational Seminars

5. **Grand Rounds**: The residents are required to attend two (2) Grand Rounds per residency training year. Grand Rounds are offered by VA Medical Grand Rounds or Wright State Medical School’s Psychiatry Department.

6. **Caseload**: The residents will maintain a caseload sufficient that a minimum of 10 client hours per week of face-to-face, direct service is provided

7. **Specialty Assessments**: The residents will complete a minimum of two (2) pre-surgical/transplantation evaluations (e.g., renal pre-transplantation, bariatric pre-surgical, spinal cord stimulator pre-surgical).

8. **Specialty Clinic**: The residents will participate in at least one (1) specialty medical clinic providing brief psychological intervention and/or psychoeducation. Residents currently participate in the Congestive Heart Failure and Metabolic clinics; however, there are additional clinics available, including but not limited to: Neurology, and Spinal Cord Injury.

Other didactic, training, and/or mentoring opportunities will be made available to the residents, including, workshops and seminars held at Wright Patterson Air Force Base, training workshops sponsored by the Dayton Area Psychological Association and the Center for Deployment Psychology, internship journal club, diversity brown bags, VA mental health service educational meetings, and other training/learning opportunities as available throughout the year. Some of the topics presented in the past among these opportunities have included: PTSD and Dementia; ACT; TBI; Sleep Disorders; Motivational Interviewing; Substance Abuse; Eating Disorders; and Borderline Personality Disorders.
**Requirements for Completion of Postdoctoral Residency**

The performance and progress of residents will be evaluated using the Competency Evaluation form at the beginning of the year (resident self-evaluation) and supervisor evaluations at the mid-point and end of the training year. Throughout the residency year, the resident will receive ongoing evaluation. If, at any point, the supervisor evaluates the resident to be performing at a substandard level, or if the resident scores lower than the minimum required scores in Competency Evaluation form, this will prompt a remediation plan to go into effect. This written remediation plan will be developed by the resident’s primary supervisor with the resident’s input. The plan will be tailored to meet the specific needs of the resident in order to enhance the area(s) of substandard performance and to support the resident in meeting the minimum required standards of the residency program. If the resident does not respond to the remediation (i.e., continues to perform at a substandard level), due process procedures will be implemented.

No partial credit is granted regarding the residency program; successful completion of the residency program is an all-or-none decision.

In order for the resident to successfully complete the residency program, all of the following minimum requirements must be met:

1. For the end of the training year evaluation period, obtain ratings of at least a 3 "Resident has achieved mastery appropriate for independent functioning" in all items for each Goal/Competency area.

2. Execution/completion of the Clinical Leadership/Activities in consultation with the primary supervisor and/or Co-Director of Training (see Training Experiences for further detail of these Clinical Leadership/Activities).

3. Not to have been found to have engaged in any significant ethical/legal transgression during the training year.

**Facility and Training Resources**

Each resident will have an assigned work space in the Primary Care Outpatient Clinic. Our medical center includes state-of-the-art computer equipment, with access to the hospital network and Windows-based software, including computerized patient record system (CPRS), VA Vista, and Office-based applications (version 2010). Internet and intranet LAN connectivity are provided. In the first two weeks, the resident will receive training and orientation on the various computer system and Dayton VA policies and procedures.

Medical records are electronic and almost all of the professional activities are accomplished through use of various computer programs. Within a few days of arriving, each resident has full computer access and is able to engage in the full range of psychological services. Standard programs include the Computerized Patient Record System (CPRS), psychological tests, Windows Office (including: Microsoft Outlook, Microsoft Word, Microsoft Windows, Excel, and Power Point), and internet access.

The Health Sciences Library houses many volumes of professional books and subscribes to over 300 professional journals. Immediate access to a wide variety of online electronic journals is available. Library staff members are experts at completing literature searches and are able to obtain copies of articles and borrow books from other institutions. Also, the library has an extensive collection of audio, video, and microfilm holdings.
The residents will also have access to the Prime Care Mental Health Integration administrative assistant, who is available to assist with scheduling and communicating with patients (e.g., reminder calls, mailing letters).

**Administrative Policies and Procedures**

**Stipend:** Residents receive a competitive stipend paid in 26 biweekly installments. VA residency stipends are locality adjusted to reflect different relative costs in different geographical areas. Currently, the stipend for the Dayton VAMC residency is $43,009 for the one year position.

**Training year:** The training year will be from mid-August 2018 to mid-August 2019. It is expected that residents will complete the entire residency training year.

**Benefits:** The residency appointments are for 2080 hours, which is full-time for a one year period. VA residents are eligible for health insurance (for self, married spouse, and legal dependents) and for life insurance, just as are regular employees. As temporary employees, residents may not participate in VA retirement programs.

**Holidays and Leave:** Residents receive 10 annual federal holidays. In addition, residents accrue 4 hours of sick leave and 4 hours of annual leave for each full two week pay period as a resident, for a total of between 96 and 104 hours of each during the residency training year.

**Authorized Leave Policy:** With satisfactory progress toward training goals, authorized absence (AA) may be given for attendance at educational activities outside the medical center, including conferences, workshops, and professional meetings, relevant clinical research opportunities, job talks and interviews, and military leave. AA for educational activities counts fully toward the 2080 hour residency. As with annual leave, authorized absence must be worked out in advance with clinical supervisor(s) and the Co-Director of Training. If military or personal leave takes up more than the available personal leave, it may be necessary to accumulate equivalent extra hours to complete the residency program. AA hours are not accrued.

**Due Process Statement:** It is the practice of the Dayton VAMC residency program to attempt to address all problems and complaints at the lowest possible level, utilizing formal procedures only when standard supervisory approaches have proven unsuccessful in resolving an issue.

As no one set of procedures can be established to cover all potential problem scenarios, emphasis is placed on resolving issues (a) at the lowest possible level, (b) using the least formal means, and (c) in a manner that supports all parties involved. Some situations may require little if any input from the psychology training committee, some events may require formal action immediately, while some situations may involve long term informal monitoring. Professional judgments will be required. In all cases it is important to maintain the identity and integrity of the residency program.

**Privacy policy:** We do not collect personal information from potential applicants who visit our website.

**Self-Disclosure:** The faculty of the Dayton VAMC residency program value self-reflection in professional training. We view self-reflection as an integral component of being an effective, compassionate professional. While supervisors vary in the level of self-disclosure they encourage in supervision, some level of self-reflection and self-disclosure is part of the supervisory process. Applicants and residents are encouraged to discuss this issue with prospective supervisors.

As stated in the APA Ethics Code, a resident may be required to disclose personal information if it becomes necessary to evaluate or obtain assistance for the resident whose personal problems are preventing them from performing their training or professionally related activities in a competent manner or posing a threat to students or others.
**Training Staff**

**Primary Care–Mental Health Integration Supervisors:**

**Bischoff, Andrea M.**  
Psy.D. Clinical, 2008, Wright State University School of Professional Psychology  
Co-Director of Training- Psychology Postdoctoral Residency  
Team Lead, Primary Care-Mental Health Integration  
At Dayton VA Medical Center since 2012  
Licensed Psychologist, State of Ohio  
Professional Organizations: OPA, DAPA, Division 36  
Clinical Interests: Behavioral Medicine, Women's health  
Research Interests: Health Psychology  
Theoretical Orientation: Cognitive-Behavioral

**Miller, Lyndsey N.**  
MSCP, Psychopharmacology, 2015, College of Pharmacy University of Hawaii at Hilo  
Psy.D. Clinical, 2010, Wright State University School of Professional Psychology  
Primary Care-Mental Health Integration  
At Dayton VA Medical Center since 2016  
Licensed Psychologist, Guam  
Professional Organizations: APA, GPA, APA Divisions 12, 18, 28, 38, & 55  
Clinical Interests: Behavioral Medicine, Cultural Diversity, Differential Diagnosis, Assessment, Neuroscience  
Research Interests: Health Psychology, Cultural Diversity  
Theoretical Orientation: Cognitive-Behavioral, Interpersonal

**Verdaguer, Ramon**  
Ph.D. Clinical, 1990, Loyola University of Chicago  
ABPP 2004, Clinical Health Psychology  
At Dayton VA Medical Center since 1996  
Licensed Psychologist, State of Ohio and Illinois (inactive)  
Professional Organizations: Div. 38, APA.  
Research Interests: Positive psychology  
Clinical Interests: Wellness and health promotion, pre-surgical psychological evaluations

**Consultation & Liaison Supervisor:**

**Johnson, Jeremy T.**  
Ph.D. Clinical Psychology, 2012, Sam Houston State University  
Clinical Psychologist, Consultation and Liaison  
At Dayton VA Medical Center since 2014  
Licensed Psychologist, State of Alabama  
Clinical Interests: Differential diagnosis, cognitive assessment, neurocognitive disorders, forensic psychology, risk management  
Theoretical Orientation: Cognitive-Behavioral, Interpersonal

**Other Primary Care-Behavioral Mental Health Integration** (non-supervisory):

**Holthaus, Justine**  
BSN, RN  
Behavioral Health Laboratory (BHL) Care Manager  
At Dayton VA Medical Center since 2014
Kaylor, Jeri L.
MSW, Clinical 2012, Heath Specialization and Child and Family Concentration, Loyola University Chicago
Primary Care-Mental Health Integration Clinical Social Worker and Behavioral Health Laboratory (BHL)
Care Manager
At Dayton VA Medical Center since 2013
Licensed Independent Social Worker w/ Supervision Designation State of Ohio; Licensed Master Social
Worker Clinical, State of Michigan; Licensed Practical Nurse State of Michigan
Professional Organizations: NASW, AVASW
Clinical Interests: Chronic Pain, Complementary and Alternative Treatments for Mental Health Conditions
Research Interests: Subsyndromal Depression and Anxiety, Treatment of Chronic Pain in an Integrated
Setting, Building Resiliency
Theoretical Orientation: Cognitive-Behavioral, Interpersonal

Lusignolo, Tina
M.D., 2000, The Ohio State University College of Medicine
Staff Psychiatrist
Primary Care Mental Health Integration
At Dayton VA Medical Center since 2016
Clinical Interests: Psychosomatic Medicine, Psychodynamic Psychotherapy, Forensic Psychiatry

Psychology Training Committee:

Bunn, Justin
Psy.D., Clinical, 2009, University of Indianapolis
Staff Psychologist
At Dayton VA Medical Center since 2009
Licensed Psychologist, State of Ohio
Professional Organizations: APA, OPA, Division 36
Research Interests: Religion/Spirituality and Psychotherapy
Clinical Interests: Evidence-based practice with SMI populations, recovery focused interventions,
connecting veterans back to their communities
Theoretical Orientation: Cognitive-Behavioral, Interpersonal, Integrative

Byrd, Anthony
Psy.D., Clinical, 1989, Wright State University School of Professional Psychology
Clinical Neuropsychologist, Mental Health Service
At Dayton VA Medical Center since 1992
Licensed Psychologist, State of Ohio & Arizona
Professional Organizations: American Psychological Association (APA), Division 40, National Academy of
Neuropsychology
Clinical Interests: neuropsychology, dementia, psychopharmacology.
Theoretical Orientation: Eclectic

Chaffins, Belinda
Psy.D., Clinical, 2003, Wright State University School of Professional Psychology
Clinical Psychologist in Mental Health Clinic
At Dayton VA Medical Center since 2010
Clinical Interests: Sexual Health, Couples, Health and Wellness, Alzheimer’s
Theoretical Orientation: Cognitive-Behavioral and Humanistic

DeMarchis, Massimo
Psy.D. Clinical Psychology, 1987, Wright State University School of Professional Psychology
At Dayton VA since November 2009
Licensed Independent Chemical Dependency Counselor (LICDC)
APA Certificate of Proficiency in the treatment of Substance Use Disorders
Resident, American Board of Sleep Medicine
Clinical Interests: General mental health, forensic psychology, addictions, sleep disorders
Theoretical orientation: Cognitive-Behavioral and ACT

DeShetler, Linda
Ph.D. Clinical, 2005, Fielding Graduate University
Clinical Psychologist/Geropsychologist, serve in the Department of Physical Medicine and Rehabilitation and in the Community Living Center
At Dayton VA 2007-2012 and 2013-present
Licensed Psychologist, State of Ohio
Professional Organizations: Dayton Area Psychological Association, Ohio Psychological Association (OPA), Dayton Area Psychological Association (DAPA).
Clinical Interests: Health Psychology, Primary Care Integration, Geropsychology, Disability, Terminal illness/End of life, Grief/Loss/Faith, and Resilience.
Research Interests: Neurobehavioral Disorders, Delirium, Decisional Capacity, Psychoneuroimmunology, Theoretical Orientations: Cognitive Behavioral and Biopsychosocial

Diehl, Jane A.
Ph.D., Clinical, 1984, University of Toledo
Staff Psychologist, Substance Abuse Treatment Program
At Dayton VA Medical Center since July 2009
Licensed Psychologist, State of Ohio
Professional Organizations: Dayton Area Psychological Association, Ohio Psychological Association, American Psychological Association, APA divisions 29, 39, and 42, founding member Caring Connections (association of Dayton women private practice psychologists), International Society for the Psychological Treatment of the Schizophrenias and Other Psychoses
Clinical and Research Interests: Psychotherapy of schizophrenia and related disorders; other psychoses; dissociative disorders; borderline and other personality disorders; trauma, PTSD; adult children of physical, sexual, and emotional abuse and addictions
Theoretical Orientations: Psychodynamic, Interpersonal, Cognitive, Eclectic

Downey, Deborah L.
Psy.D., Clinical, 2002, Wright State University
Staff Psychologist, Post Traumatic Stress Disorder Program
At Dayton VA Medical Center since 2009
Licensed Psychologist, State of Ohio
Professional Organizations: APA, OPA, ABCT
Clinical Interests: PTSD; couples and families; values and identity formation
Theoretical Orientation: Eclectic with a foundation in CBT

Drake, David
Ph.D., Clinical, 1992, University of North Texas
Staff Psychologist, Mental Health Clinic
At Dayton VA Medical Center since 2010
Licensed Psychologist, State of Ohio and Kentucky
Professional Organizations: APA
Clinical Interests: Treatment of depression and anxiety disorders
Theoretical orientation: Psychodynamic

Drown, Eric
Psy.D., Clinical, Wright State University
Staff Psychologist; PTSD Outreach Services
At Dayton VA Medical Center since 2006
Licensed Psychologist, State of Ohio
Professional Organizations: APA, OPA
Clinical Interests: PTSD, geropsych, integrated mental health services in Primary Care, grief and bereavement
Theoretical orientation: Cognitive-behavioral, Existential, Integrative

**Farr, Kenneth L.**
Ph.D., Clinical Psychology
Staff Psychologist, Mental Health Clinic
At Dayton VA Medical Center since 2016
Clinical Interests: PTSD
Theoretical Orientation: Cognitive-behavioral, Psychodynamic

**Feiner, Adam J.**
Staff Psychologist, Substance Abuse Treatment Program
At Dayton VA Medical Center since 2016

**Garmon, Yolanda T.**
Psy.D., Clinical, 2003, Wright State University
Staff Psychologist, Psychosocial Rehabilitation and Recovery Center
At Dayton VA Medical Center since 2009
Licensed Psychologist, State of Ohio
Clinical Interests: women's issues; domestic violence issues; substance abuse; family/couple therapy; group therapy; geriatric issues
Theoretical Orientation: cognitive-behavioral

**Gootzeit, Joshua**
Ph.D. Clinical Psychology, 2014, University of Iowa
Staff Psychologist, Posttraumatic Stress Disorder Program
At Dayton VA Medical Center since 2015
Licensed Psychologist, State of Ohio
Clinical Interests: Assessment and treatment of PTSD, EBPs for PTSD, behaviorism, acceptance-based treatments
Theoretical Orientation: Cognitive-Behavioral

**Jackson, Monica**
Ph.D., Clinical, 1993, University of Cincinnati
Staff Psychologist, Dual Diagnosis Residential Program
At Dayton VA Medical Center since 2009
Professional Organizations: Ohio Psychological Association
Licensed Psychologist, State of Ohio
Clinical Interests: Chronic mental illness, substance dependence, women's issues, cultural issues, trauma
Theoretical Orientation: Cognitive-Behavioral, Psychodynamic

**Lee, Rebecca**
Psy.D. Clinical Psychology, 2015, California School of Professional Psychology
PTSD/SUD Psychologist
At Dayton VA Medical Center since 2015
Professional Organizations: APA, AVAPL
Research Interests: PTSD, trauma resilience
Clinical Interests: Evidence-based trauma treatment, mindfulness-based cognitive therapy
Theoretical Orientation: Cognitive-Behavioral, Interpersonal
Lenhoff, Karen  
Ph.D. Clinical Psychology  
Evidence Based Program Coordinator/Program Developer  
Lead Psychologist  
At Dayton VA Medical Center since 2014  
Clinical Interests: psychological trauma, PTSD, healthy psychology, substance abuse, Evidence-Based Psychotherapy Coordinator, program development and evaluation, measurement-based care.

Macobin, Brian  
Staff Psychologist, PTSD Program  
At Dayton VA Medical Center since 2015

Malcein, Monica  
Ph.D Clinical Psychology/Neuropsychology Specialty, 2000, University of Kentucky  
Postdoctoral Residency, 2000-2002, Duke University Medical Center  
Clinical Neuropsychologist, Mental Health Service  
At Dayton VA Medical Center since 2014  
Licensed Psychologist, State of Colorado  
Professional Organizations: National Academy of Neuropsychology, APA Division 40  
Clinical Interests: Neuropsychology, Aging/Dementia, TBI  
Theoretical Orientation: Cognitive-Behavioral

Maxwell, Christina  
Staff Psychologist, MST Coordinator  
At Dayton VA Medical Center since 2016

Perry, Patricia A.  
Psy. D. Clinical, 1996, Wright State University, Dayton, Ohio.  
Staff Psychologist, Community Living Center  
At Dayton VA Medical Center since 2008  
Licensed Psychologist, State of Ohio (Indiana – inactive)  
Professional Organizations: APA  
Clinical Interests: Psychodiagnosis, psychopharmacology, resident adjustment to long term care and family caregiver stress, sexual abuse survivor treatment, termination issues in therapy, the development of the therapist over time, managing compassion fatigue, and interdisciplinary collaboration  
Research Interests: Evaluating the effective use of supervision, determining competence / proficiency in interviewing, and meeting the needs of an aging population in long-term care settings  
Theoretical Orientation: Interpersonal or dynamic case conceptualization with eclectic and integrative interventions

Rankins, J. LeBron  
Ph.D. Clinical Psychology, Kent State University  
Clinical Psychologist with Home Based Primary Care  
At Dayton VA Medical Center since 2013  
Licensed Psychologist, State of New York  
Clinical Interests: Suicide prevention, men's issues, depression and anxiety  
Theoretical Orientation: Cognitive-Behavioral and Client Centered

Ray, Justine  
Staff Psychologist, PTSD Program  
At Dayton VA Medical Center since 2014

Rodgers, Rahema  
Psy.D. Clinical Psychology, 2006, Wright State University School of Professional Psychology
ABPP 2013, Clinical Psychology
Clinical Psychologist, Family Services Program
At Dayton VA Medical Center since 2010
Licensed Psychologist State of Ohio
Professional Organizations: Dayton Area Psychological Association
Research Interests: Multicultural & Family Issues
Clinical Interests: Marriage and Family, Assessment
Theoretical Orientation: Cognitive-Behavioral

Rodzinka, Kristin J.P.
Ph.D. Clinical, 2005, University of Arkansas
ABPP 2013, Clinical Psychology
Co-Director of Training, Psychology Doctoral Internship
PTSD Programs Manager
At Dayton VA Medical Center since 2007
Licensed Psychologist, State of Ohio (Indiana – inactive)
Professional Organizations: APA, DAPA, AVAPL, VAAPC
Research Interests: Sexual Trauma; PTSD
Clinical Interests: treatment for anxiety, depression, personality disorders, and serious mental illness;
group psychotherapy; family therapy; supervision
Theoretical Orientation: Mindfulness Based Cognitive-Behavioral

Schwendener-Holt, Mary J.
PhD. Counseling Psych. 1995, Southern Illinois University – Carbondale
Staff Psychologist, Home Based Primary Care
At Dayton VA Medical Center since 2012
Licensed Psychologist, State of Indiana
Licensed Clinical Addictions Counselor, State of Indiana
Professional Organizations: Indiana Psychological Association (IPA)
Clinical Interests: general psychotherapy, women’s issues, trauma, addictions, dual diagnosis, personality
disorders, adult children of dysfunctional families, mindfulness
Theoretical Orientations: Mindfulness/Acceptance based tx, interpersonal, psychodynamic, cognitive
behavioral, and systems

Local Information
Information about Dayton, OH can be obtained from these websites:

http://www.cityofdayton.org/Pages/default.aspx