

DOCTORAL PSYCHOLOGY INTERNSHIP PROGRAM 2021-2022



Dayton VA Medical Center

Doctoral Psychology Internship Program

Mental Health (17P)

4100 West Third Street

Dayton, Ohio 45428



Match Number

General Psychology Internship 151211

Pre Post Doc Neuropsychology 151212

Application Due Date

November 1, 2020

Start Date

July 19, 2021

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Note: All application materials must be submitted electronically as part of the Online APPI. For more information go to: www.appic.org/Match/About-The-APPIC-Match/Application.

National Matching Service Program Code

151211 General Psychology Internship

Accredited by the American Psychological Association
Commission on Accreditation
Office of Program Consultation and Accreditation
750 First Street, NE
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Overview of the Dayton VA Medical Center

The Veterans Health Administration (VHA) is part of the Department of Veterans Affairs, which is a cabinet level organization. The VA Medical Center, Dayton, Ohio offers a full time, one year, funded doctoral internship to doctoral students enrolled in clinical or counseling psychology programs that are accredited by the American Psychological Association (APA). Our psychology internship program is accredited by the APA. We were awarded seven year accreditation in 2016. Our next regularly scheduled site visit will be during 2023.

The origin of the Dayton VHA Medical Center dates back to March 3, 1865, when President Abraham Lincoln signed into law an act of congress establishing the National Home for Disabled Volunteer Soldiers to care for disabled Veterans of the Union Army. Dayton, Ohio was one of three original sites selected. Originally, the grounds consisted of 355 acres west of the city of Dayton. Lakes, surrounded by scenic trails, provided a pleasant atmosphere for relaxation and rehabilitation. A large farm provided much of the produce used by the Veterans. By the turn of the 19th to the 20th century, Dayton was the largest facility in the National Soldier's Home System. During 1930, when the Veterans Administration was formed, the National Soldier's Home System was discontinued and incorporated into the new organization. During 1989, the Veterans Administration was made a cabinet level organization and the title was changed to the Department of Veterans Affairs.

The medical center is located at the west edge of Dayton, Ohio. Much of the pastoral setting was preserved while establishing a modern, state of the art comprehensive medical facility. The current complex consists of approximately 60 buildings on about 382 acres co-located with the Dayton National Cemetery. The Medical Center provides a broad spectrum of programs in primary, secondary, and most levels of tertiary care. The medical center serves 16 counties in central and western Ohio along with one county in Indiana with a total patient population of about 166,000. There are approximately 6,500 inpatient stays and close to 500,000 outpatient visits each year. The medical center is a teaching facility that has numerous 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 medical center has excellent research facilities along with administrative and clinical support of such activities. The Dayton Veterans Affairs Medical Center is a well-established multicultural setting that employs about 1,900 full-time employees who reflect considerable diversity.

Internship Training Program

Welcome Letter

Dear Prospective Applicant,

Thank you for expressing an interest in the APA Accredited, Doctoral Psychology Internship Program at the Dayton VA Medical Center. The internship year can be one of the most exhilarating, challenging and significant experiences in your development as a professional psychologist. We are excited about the opportunity to participate in this process and hope that this brochure will provide you with an understanding of the experiences offered in our program. In addition to describing the clinical rotations, training requirements, and application procedure, these materials are meant to depict the overall aim and philosophies of our program and give some sense of the training experience at the Dayton VA Medical Center.

We appreciate your interest in our Doctoral Psychology Internship Program and look forward to reviewing your application. Please feel free to contact us with questions about the program or the application process.

Sincerely,

Dayton VA Medical Center

COVID-19 Statement

The Dayton VA Psychology Training Programs seeks to provide the highest quality Veteran care, training, and supervision possible. During this time of global pandemic, a variety of adjustments have been made to ensure continuity of clinical services as well as training experiences and supervision. The safety of our patients, staff, and trainees is a top priority. As such, a significant amount of clinical, supervision, and training experiences may be delivered in a “virtual” format for the foreseeable future. Training will be provided in the provision of tele mental health to include both logistical and ethical/clinical considerations. Attention is being paid to ongoing changes in laws, directives, and guidance within the field. It is our expectation that both clinical services and training experiences may be modified over time to meet current needs as we navigate new ways of living in this COVID-era.

We are monitoring information daily from sources to include:

VA's Office of Academic Affiliations (OAA)

VA's Office of Mental Health and Suicide Prevention (OMHSP)

American Psychological Association (APA)

Association of Psychology Postdoctoral and Internship Centers (APPIC)

Association of State and Provincial Psychology Boards (ASPPB)

We recognize that various diversity factors, to include race, health status, and age, may increase the risk of COVID-19 for some applicants. We will collaborate with prospective applicants, applicants, and matched interns to meet your needs as much as we are able. We also acknowledge that not all applicants will have had the same training opportunities typically expected due to the consequences of the pandemic.



Dr. Rodzinka with the 2019-2020 Graduating Interns. They did it! 😊

Philosophy

We believe the internship year is crucial in the transition of the individual from student to professional. We encourage the development of professional knowledge, skills, and beliefs/attitudes that form the basis for a solid professional identity along with the competent practice of psychology. We encourage individual professional responsibility while recognizing the importance of communicating and sharing responsibility with other professionals. Interns are encouraged to be innovative and creative with their professional development while using well established principles, techniques, and procedures as a basis for professional activities.

Title

We use the title of Psychology Intern.

Model

The Dayton VAMC Psychology Internship Program philosophy is consistent with the Practitioner- Scholar model (Vail model) of academic training and practice as summarized by Rodolfa et al. (2005). This model emphasizes the "mutuality of science and practice" and the practical application of scholarly knowledge. Psychological science is viewed as a human practice, and psychological practice is construed as a human science, with the two informing each other. The model emphasizes the development of reflective skills and multiple ways of knowing in the practice of psychology. It stresses clinical practice and the importance of theory and the use of research to inform practice. Interns are trained to be psychologists who think critically and engage in disciplined inquiry focused on the individual and who gain clinical experience rather than conducting laboratory science. Consistent with the ACCTA definition of practitioner scholar programs, it is also our philosophy to "include empirically supported treatments, a value on the psychologist as a consumer of research, recognition of the importance of generating knowledge through practice, and an expectation that interns participate in scholarly activities." Our pedagogical approach to the application of this model is that of a developmental/apprenticeship process that "nurtures people in making the transition from trainee to competent autonomous professional, thus helping them to integrate their personal and professional selves; places a high value on respecting the diversity and uniqueness of every individual; and underscores the importance of supervisory relationship and the mentoring process."

The Practitioner-Scholar Model is consistent with the mission of the VHA which includes patient care, education/training, and research.

Mission

We take pride in our profession and in the training of interns to become psychologists. We recognize the special responsibilities associated with the training of interns. The

mission of the Psychology Internship Program is to establish and maintain an environment that maximizes the potential for professional development for each psychology intern.

Approach to Training

There are various forms of supervision. Within the Internship program, we define supervision by using the term “Supervision for the Purpose of Training.”

- Inherent in supervision for the purpose of training is a complex social relationship that is operated on a number of levels simultaneously. It is important that all parties concerned recognize, and are sensitive to, the multiple levels.
- Supervision for the purpose of training has four components.
 - Formal knowledge
 - Skills/experience
 - Attitudes/beliefs
 - Ensure safety of consumers
- Supervision for the purpose of training has a developmental quality.

We utilize a programmatic approach to training. Within a programmatic approach, each intern enters an ongoing patient care system and performs the duties of a psychologist. Within the context of programmatic approach, the apprenticeship approach is utilized to varying degrees. Variation is due to the specific needs of each intern and the tasks being learned.

We have adopted situational management theory as our conceptual basis. The role of a training supervisor evolves as an intern develops competence in a given task: direct, coach, consult, independence. The theory is elegant in its simplicity and incorporates well the developmental nature of a psychology Internship.

Within the various guidelines, rules, regulations, laws, standards of care, and models that govern our professional behavior, training is individualized in order to meet the professional needs of each intern. There is a proactive dialogue among all relevant parties that begins before, and continues throughout, the Internship year.

Our general approach is to behave in a manner consistent with American Psychological Association (APA) guidelines and Department of Veterans Affairs Policies regarding the disclosure of personal information and to routinely maintain good boundaries in that regard. Training supervision activities include, but are not limited to, the exploration of professional and personal values, the exploration of personal experiences along with their impact on the practice of psychology, the development of understandings regarding emotional reactions to events that occur during the course of professional activities, and the exploration of consistencies/inconsistencies between one's personal behavior patterns and behavior patterns that are consistent/inconsistent with good health and quality of life.

The Psychology Internship Program was developed to assure high quality training. We have developed a specific, competency-based approach. The competencies notion is applied to all aspects of the training program. Within the context of this competency-based structure, both positive and constructive feedback have heuristic value. Each serves to inform how well an element or process is functioning.

The Lead Psychologist and the Co-Directors of Training are administratively responsible for the Psychology Internship Program, while the Psychology Training Committee (PTC) is the governing body. Regular meetings are held monthly. Interns may be members of the training committee. Training supervisors who are actively providing intern supervision are required to attend PTC meetings or report on progress prior to meetings. While training supervisors who are not actively supervising interns are not necessarily required to be at all meetings, all psychologists involved in training are welcome to attend. Although the members of the training committee work toward consensus when making decisions, a simple majority vote is all that is required.

Aim

To train psychology interns who will become independently licensed, culturally competent, recovery oriented, evidence-based practitioners of psychology.

Profession Wide Competencies

Our overall goal is for each intern to be fully prepared for entry level practice. Entry level practice is defined as being fully prepared to begin the required period of supervision prior to licensure. It is the equivalent to a GS-11 psychologist in the Department of Veterans Affairs.

The profession wide competencies identified in APA's Standards of Accreditation (see also IR C-8 I) are evaluated across rotations. The competencies are documented on formal competency evaluation forms. What follows are broad statements regarding the areas evaluated and examples of some of the behavioral anchors assessed.

Research

Understanding of research, research methodology, techniques of data collection and analysis, biological bases of behavior, cognitive-affective bases of behavior, and development across the lifespan. Respect for scientifically derived knowledge. Understanding of current body of research relevant to practice in area of rotation placement.

- Displays scientific critical thinking
- Independently applies knowledge and understanding of scientific foundations to practice

Ethical and legal standards

Application of ethical concepts and awareness of legal issues regarding professional activities with individuals, groups, and organizations.

- Recognize ethical dilemmas as they arise and apply ethical decision-making processes in order to resolve the dilemmas.
- Conduct self in an ethical manner in all professional activities.

Individual and cultural diversity

Awareness, sensitivity and skills in working professionally with diverse individuals, groups and communities who represent various cultural and personal background and characteristics defined broadly and consistent with APA policy.

- Demonstrates an understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves
- Demonstrates the ability to independently apply their knowledge and approach in working effectively with the range of diverse individuals and groups encountered during internship

Professional values, attitudes, and behaviors

Behavior and comportment that reflects the values and attitudes of psychology. Practice conducted with personal and professional self-awareness and reflection and engagement in appropriate self-care.

- 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
- Engages in self-reflection regarding one's personal and professional functioning; engages in activities to maintain and improve performance, well-being, and professional effectiveness
- Actively seeks and demonstrates openness and responsiveness to feedback and supervision

Communication and interpersonal skills

Relate effectively and meaningfully with individuals, groups, and/or communities both verbally and in writing.

- Develops and maintains effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services

- Demonstrates effective interpersonal skills and the ability to manage difficult communication well

Assessment

Assessment and diagnosis of problems, capabilities and issues associated with individuals, groups, and/or organizations.

- Independently 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
- Interprets assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective
- Communicates orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences

Intervention

Interventions designed to alleviate suffering and to promote health and well-being of individuals, groups, and/or organizations.

- Demonstrates the ability to establish and maintain effective relationships with the recipients of psychological services
- Develops evidence-based intervention plans specific to the service delivery goals
- Implements interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables
- Independently evaluates intervention effectiveness, and adapts intervention goals and methods consistent with ongoing evaluation

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
- 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 peer supervision with other trainees

Consultation and interprofessional/interdisciplinary skills

Provides expert guidance or professional assistance in response to a client/program's needs or goals. Demonstrates knowledge of key issues and concepts in related disciplines. Identifies and interacts with professionals in multiple disciplines.

- Applies knowledge of consultation in direct or simulated consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior.
- Demonstrates knowledge and respect for the roles and perspectives of other professions

Completion

Completion of the internship program is conditional upon an intern meeting the stated objectives along with professional behavior that meets or exceeds competencies. No partial credit is granted regarding the internship. Successful completion of the internship is an all-or-none decision.

Particularly during this time of transitions related to the global pandemic, reasonable adjustments may be made to internship requirements for successful completion if necessary. That stated, our emphasis on developing essential competencies will be our top priority as these will need to be met regardless of any other modifications during the internship year.

Interns are rated from Level 0 – Level 5 across each competency area and then given an overall score for each rotation. Level 3 reflects an intermediate level of functioning - “many skills in this area have been acquired and intern works with moderate supervision.” Level 4 reflects “most skills in this area have been acquired and intern works with minimal supervision.” Level 5 reflects an advanced level of skills appropriate for independent functioning.

For successful completion of the internship, an intern must have on all rotations, a Final Rotation score at or above Level 3. Additionally, prior to successful completion an intern must demonstrate a minimum level of achievement at Level 3 or above on all rated competencies.

Two of the four rotations must have an overall competency score of “Level 4” or greater. If an intern takes a 6-month special emphasis rotation, an overall score of “Level 4” or greater must be obtained for that rotation.

At the beginning of each rotation, the assigned supervisor(s) will review the competency assessment with the intern and clarify critical domains for that professional experience. Overall rotation scores should flow naturally from the scores assigned; however, specific domains may have greater or lesser weight from one rotation to another (i.e., neuropsychology – assessment skills; MHC – intervention skills).

Throughout the internship year, the intern will receive ongoing evaluation. If, at any point, the supervisor evaluates the intern to be performing at a substandard level this will prompt a remediation plan to go into effect. This written remediation plan will be developed by the intern's primary supervisor with the intern's input. The plan will be tailored to meet the specific needs of the intern in order to enhance the areas of substandard performance and to support the intern in meeting the minimum required standards.

If the intern does not respond to remediation (i.e. continues to perform at substandard level), due process procedures will be implemented.

Program Requirements for Successful Completion of the Internship¹

1. *Diversity special emphasis including completion of:*
 - a. Diversity Pre-Assessment: Complete a self-assessment regarding individual and cultural diversity during orientation
 - b. Diversity Project: Place yourself in an environment where you are the minority. Situations might include a religious ceremony that is different from your own, a particular social event that you are not used to being a part of. Think about diversity in terms of: ethnicity, SES, religion, sexual orientation, education, disability, age. Write a reaction paper based on this experience. This is to be completed by the end of January and will be discussed in the diversity seminar.
 - c. Family Origin Rules & Expectations: Investigate the cultural influences of your development. How does your family's ethnic, religious, SES, sexual orientation, etc., help form your sense about what is acceptable and not acceptable. Discuss this topic with at least one parent or grandparent to seek clues to particular cultural influences. To be completed and discussed ongoing within the context of supervision. Submit a summary about what you have learned by the end of April and process with your MHC supervisor.
 - d. Diversity Seminar: Every other month we will process diversity issues in a group format—This will be scheduled as part of two diversity related journal presentations, one intern discussion of the diversity project, and three diversity related case presentations (each intern will present one diversity case, and participate in discussion of the others) during the group supervision meetings.
2. *Case conceptualization and presentation*
 - a. Present two case studies in a didactic presentation, which employs your theoretical orientation including evidence-based treatment. Explain your conceptualization of patient's symptoms and diagnosis based on your orientation. You are to include audio or video-taped parts of sessions.
3. *Maintain a caseload sufficient to ensure a minimum of 500 hours of face-to-face, direct patient service is provided.*
 - a. During the year services must be provided to a minimum of 5 Veterans with serious mental illness.
 - b. Within the first month of internship, interns are encouraged to contact their respective licensing board to ascertain if this requirement will fulfill their state licensing requirement.

¹ Note: Should circumstances make it impossible for the intern and program to meet all stated expectations, an emphasis will be placed on ensuring all interns have adequate direct patient care and other experiences to meet or exceed all profession wide competencies. The minimum hours requirement is in place to ensure adequate clinical training, to meet APPIC membership criteria, and to ensure eligibility for licensure post-internship. Thus far, all interns have been able to meet these requirements despite functioning virtually due to the pandemic.

4. *12 comprehensive assessments that respond to the referral question and integrate appropriate data to provide diagnostic and/or treatment recommendations.*
 - a. This would include neuropsych, transplant, mental health, PTSD, substance abuse. Specific requirements are listed below.
5. *Lead or Co-lead at least 2 psychotherapy (either psycho-educational or process-oriented) groups with a minimum of 6 sessions each.*
6. *Video or audio-tape sessions or be involved in "live" supervision.*
 - a. A sampling of assessment and/or therapy sessions at the beginning of the rotation will be observed by the rotation supervisor either via means of audio/video recording or through live observation. Recording or live observation throughout the duration of the rotation will be left up to the discretion of the rotation supervisor who will base their decision on intern needs, interest, and time availability/practical logistics. All formal evaluations will be based on direct observation by the supervisor in addition to other methods of assessment.
 - b. Have tape ready for supervision
 - c. Provide information for case conceptualization (see #2)
7. *Attend all intern didactics, including one on consultation and supervision unless on Leave Status*
8. *Complete Training Log and Patient Log*
 - a. Intern is expected to track clinical and supervision hours. Intern must submit a monthly summary to current supervisors and the Co-Director of Training.
9. *Attend 1 Grand-Round, either medical or psychiatric, per month, which is to be tracked by the intern and submitted to a Training Director as requested and at the end of the year*
10. *Be prepared for and attend 4 hours of supervision per week.*
 - a. Intern supervision is regularly scheduled and sufficient relative to the intern's professional responsibility assuring at a minimum that a full-time intern will receive 4 hours of supervision per week, at least 3 hours of which will include individual supervision.
11. *Participate in mock supervision to develop supervision competencies.*

Opportunities to engage in umbrella supervision of practicum students may be provided based on student availability and supervisor involvement in practicum training.
12. *Complete a Theory of Change paper.*
 - a. Write a brief paper (2-5 pages) identifying your conceptualization of the Process of Change in Psychotherapy. This will be turned in by the end of May to your MHC supervisor, processed, and then shared in group supervision with your intern class.

Comprehensive Assessment Requirement for Interns

- A. A comprehensive assessment is an assessment that includes: 1) multiple data sources (e.g., thorough chart review, interview with staff/treatment team members, interview with pt's family/friends/etc, interview with pt, mental status, behavioral observations); 2) at least one standardized test/screening instrument/inventory or a specialty interview which tests the patient's psychological or cognitive status in some way (e.g., decisional capacity) and does not merely collect background information/history/symptoms/presenting problem as in a traditional clinical interview; and 3) integrates all this data into one coherent psychological report, which includes sections such as the following (as a general guideline): reason for referral, relevant background information, mental status, interview with patient, interview with collateral sources, test results/interpretation, diagnostic impression, recommendations/plan. (The specific style of the report may vary depending on service area and supervisor.)
- B. Attendance is required for all assessment seminars unless on approved leave status. Each intern must present a minimum of two assessment cases in seminar (additional may be assigned). The intern must notify the supervisor on the case well in advance as they are expected to attend the case presentation.
- C. Complete 12 comprehensive assessments over the course of the internship year. Half of these assessments (i.e., 6) must each include a minimum of 3 standardized instruments/surveys/screens, at least one of which must be an objective personality measure (e.g., MMPI, PAI, MCMI). It is anticipated that all or most of these six assessments will be obtained in the MHC while performing intake evaluations. It is permissible, however, for some or all of these six assessments to be completed on other rotations if the opportunity arises, and the above requirements can be met.
- D. The Assessment Coordinator will provide training, monitor, consult, and at times supervise interns for the purpose of meeting assessment requirements. The intern's primary supervisor is responsible for identifying and supervising most assessment cases. Each intern will be assigned three of their required assessment cases from consults placed to the psychology diagnostic assessment team. Those evaluations will be supervised by a member of the psychology diagnostic assessment team.
- E. The other six comprehensive assessments, will be rotation-specific, and need only to meet the general requirements as outlined in Section A. The goal of these assessments is to give the intern "real world" training with regard to how a psychologist working with a specific population in a specific setting will competently assess patients (e.g., substance abuse; PTSD; medically ill inpatients; cognitively impaired, seriously mentally ill, or elderly patients who cannot tolerate lengthy testing). An intern will be required to complete at least one of these assessments for every two months on a rotation (i.e., a 2-month rotation = 1 assessment; a 4-month rotation = 2 assessments; a 6-month rotation = 3 assessments).

- F. Of the 12 comprehensive assessments that will be completed, the following is required:
- a. all assessments will include a section (narrative, not template) devoted to the patient's mental status and behavioral observations
 - b. a minimum of 6 objective personality measures (i.e., MMPI, PAI, MCMI)
 - c. a minimum of 3 cognitive screens (e.g., Cognistat, RBANS, MOCA, SLUMS, DRS) or neuropsychological instruments
 - d. a minimum of 3 symptom inventories (e.g., BDI, BAI, STAI, GDS, PCLC, DAES, PHQ9)
 - e. ***all neuropsychological testing - this does not include cognitive screens - must be supervised by a staff psychologist with specialty privileges in neuropsychology***
- G. The intern is responsible: to keep a record of the number and type of assessments completed (on a log sheet that will be provided to them), to have their supervisor initial off on the log, to ensure that they are making steady progress throughout the year, and that they have fulfilled the requirement by the end of the year. The Assessment Coordinator and Co-DoTs will ensure that the interns' progress towards completion of this requirement will be regularly addressed at PTC meetings. A supplemental form will be attached to all mid- and end-rotation evaluations which will address whether the intern is meeting the comprehensive assessment requirement. (Both the intern and rotation supervisor will sign off on this form.)

*Note – local policies regarding pandemic related procedures will be followed. If it is not possible for interns to safely administer psychological tests another provider will conduct the face-to-face portion of testing or sample data will be provided to ensure these requirements can be met safely.

Evaluation

Evaluations are an integral component of the internship training process and occur throughout the internship year. At the beginning of each rotation there is a general assessment of an intern's professional skills. There is a formal assessment of competencies about halfway through a rotation and a formal assessment at the end of each rotation with feedback provided. At the end of each rotation, the intern also completes an evaluation form on the supervisor and rotation. At the end of the internship year each intern completes formal evaluations of the program.

Rotation Format and Assignment

Training plans will be collaboratively developed between the intern and training program. Intern preferences are given the highest level of consideration when assigning rotations. Additionally, feedback from the graduate program, previous clinical experience, and results of the initial competency assessment will be used to inform each individualized training plan. The Co-Director of Training engages in ongoing

discussion with each intern to include Match Day, internship orientation, and prior to all rotation changes. Our goal is to always have a tentative rotation structure in place prior to the beginning of the internship year that is consistent with the intern's needs and expectations.

There are two major rotation plans from which an intern can choose. Specifically, the intern may choose to have three 4-month rotations (4-4-4). Alternatively, an intern can choose to spend 6-months on two rotations. The second option is often preferred by interns who desire to implement a professional developmental plan that includes particular clinical emphases or specializations. Please note, while this internship program anticipates being able to meet most of these requests, any particular intern's rotation structure is decided upon on a case-by-case basis consistent with training needs. It is common for interns with interests outside of their chosen rotations to be given additional training opportunities as long as all basic requirements are being met.

Each major rotation is three days per week, regardless of whether the intern is completing a 4- or 6-month rotation. For the duration of internship, a fourth day is spent on a minor rotation (often a general mental health rotation such as the Mental Health Clinic), and a fifth day is utilized for training purposes (i.e., didactics, group supervision, Grand Rounds, dissertation, etc.). All interns will be required to complete a minimum of three different rotations during their internship year.

We do recognize that, after arrival and familiarization with the setting, an intern may wish to change a rotation and/or the sequence of rotations. Also, we recognize that professional development plans can, and do, change. Our preference is for such changes to take place early on during the internship year in order to best accommodate both the intern and supervisors.

Weekly Schedule

Monday	Tuesday	Wednesday	Thursday	Friday
8-11 Professional Development 11-12 Assessment seminar 1-2 Group supervision 2-4 Didactic	Minor Rotation (min 1hr ind sup)	Major Rotation (min 2 hrs ind sup)		

Rotation Descriptions

At this time, trainees and most staff are working on site. The vast majority the training experiences described below are available to interns in a virtual versus face-to-face format. Due to the global pandemic, this facility has transitioned services to include group meetings, individual meetings, and patient care to virtual formats whenever possible. Training experiences will be modified as needed throughout the training year

to ensure safety of trainees, Veterans, and other staff while also continuing to provide the best training and patient care possible. If you have questions or concerns about this, please reach out to the Training Director who can confirm and address current practices.

Family Services Program

Supervisor: Rahema Rodgers, Psy.D., ABPP (Clinical Psychology)

The Family Services Program rotation provides the opportunity to engage in family focused evidenced-based practice for the treatment of couples and families. This rotation includes opportunities to provide couples therapy to improve satisfaction with marital or conjugal-like relationships, treatment of PTSD using a couples' modality, as well as a variety of services to meet the needs of families of the seriously mentally ill to promote improved management of the mental illness and overall family functioning. Interventions include Integrative Behavioral Couples Therapy (IBCT) developed by Jacobson & Christensen (1996), Cognitive Behavioral Conjoint Therapy for Posttraumatic Stress Disorder (CBCT for PTSD) developed by Monson & Fredman (2008), and Behavioral Family Therapy (BFT) developed by Mueser & Glynn (1999). This rotation also consists of opportunities to do family crisis management, family consultation (education about mental illness, accessing care, obtaining support, goal setting, safety planning for what to do in a crisis), Support And Family Education (SAFE) programming for loved ones, short- and long-term psycho education based family therapy, inpatient groups, and educational workshops. Interns will develop skills in engagement and assessment with the identified patient and family members as well as couples, providing education about mental illness, improving communication skills, teaching effective problem-solving strategies, treatment of trauma, and improving quality of marital or conjugal-like relationships. Outside of these experiences, interns will also complete integrative diagnostic assessments under the supervision of Dr. Rodgers, which count toward the assessment requirements of the internship.

In addition to regular supervision on site, this rotation includes the opportunity to interface with multiple interdisciplinary treatment providers from various programs to facilitate improved treatment planning and patient compliance. Specific intern activities will be determined by intern-supervisor goals, the intern's interests, and prior level of experience, as well as rotation competency requirements. Previous couples or family therapy experience is not required for the rotation. The rotation provides a unique opportunity for the intern to acquire skills in treatment of relationships as well as an appreciation of family systems issues that directly impact the successful management of a mental illness. The acquisition of this knowledge can come from multiple sources including didactics with the rotation supervisor, VHA medical center sponsored seminars, readings, interactions with experienced interdisciplinary team members, and clinical work. In addition to clinical duties, the intern is required to complete assigned readings and attend regularly scheduled supervision meetings.

Geropsychology

Supervisor: Patricia A. Perry, Psy.D.

The Dayton VA Medical Center Geropsychology Service welcomes interns who have a desire to serve the older Veteran; previous geropsychology and neuropsychology experience is not a prerequisite for this rotation. This service affords the intern an experience in geropsychological services across a continuum of care. Services are provided within a variety of settings: the inpatient rehabilitation unit, skilled nursing home units, at Veterans' homes, and/or at the VA hospice/palliative care unit. These settings potentially allow an intern to follow older adults between different levels of care as their needs change with the aging process.

The rotation provides a unique opportunity for the intern to acquire an appreciation of issues impacting an aging population, such as: dementia, delirium, cognitive changes, spirituality, adjustment/emotional reactions to functional decline, loss, psychiatric conditions, death/dying, and ethical issues. The intern is required to complete assigned readings pertinent to these topics, to be prepared and attend regularly scheduled supervision meetings.

Referrals to geropsychology are based on consultative need, often with a request for an assessment, testing, decisional capacity evaluation, intervention, and/or psychotherapy treatment for the Veteran and/or for the Veteran's family member(s). The intern will work with the geropsychologist to form a conceptualization, diagnostic impression, recommendations, and provide feedback to the Veteran and the interdisciplinary team. Throughout this process, special consideration is given to the Veteran's background, culture, military history, education, family dynamics, values/beliefs, medical and psychiatric diagnoses and comorbidities.

The intern will work with the rotation supervisor(s) to respond to consultation requests and to provide pertinent oral and written feedback in therapy settings (individual, group, family), in treatment team meetings, and in consultation with physicians and allied health providers.

Specific intern activities will be determined by intern-supervisor goals and prior level of experience and interest. Rotation proficiency requirements will be incorporated from APA's "Guidelines for Psychological Practice With Older Adults" and from the Council of Professional Geropsychology Training Programs/Pikes Peak Model.

Mental Health Clinic

Supervisors: Jessica Alldredge, Ph.D. and Joshua Wilson, Ph.D.

The Mental Health Clinic (MHC) provides opportunities to engage in evidence-based individual and group treatment with Veterans across a range of presenting problems and demographic variables. Participation is possible in a variety of outpatient groups, with possibilities including ACT, DBT, and anger management. In addition to providing a generalist experience, interns who select the MHC for a major rotation are able to create a more personalized training experience by selecting a subspecialty in which to gain additional experience and expertise. Options for subspecialty include but are not limited to anxiety and related disorders, mood disorders, serious mental illness, personality disorders, treatment of people of color, treatment of older adults, and treatment of individuals who are LGBTQ+. The Mental Health Clinic rotation will also afford additional opportunities to build competence in personality assessment, treatment planning, and multidisciplinary collaboration through participation on a multidisciplinary treatment team.

The MHC is offered as both a major (three days per week) or minor (one day per week) rotation. We believe that core competencies in assessment and treatment of a general mental health population may be obtained through the one-day/week experience. It is our goal to offer experiences that will facilitate more advanced competencies and skills mastery, particularly in assessment and evidence-based practice, for those choosing MHC for a major rotation.

While there is not a current inpatient psychiatry rotation, the Dayton VA does have a psychiatric inpatient unit and interested interns may have the opportunity to observe and provide acute services.

Neuropsychology

Supervisor: tbd

Due to staffing changes the neuropsychology rotation is on hold. We expect to be able to provide some neuro specific experiences but are unable to plan for a full rotation at this time.

Posttraumatic Stress Disorder Clinical Team

Supervisors: Jacqueline Allen, Psy.D., Joshua Gootzeit, Ph.D., and Kristin Rodzinka, Ph.D., ABPP (Clinical Psychology).

The Trauma Recovery Clinic is staffed by the Dayton VA's Post-Traumatic Stress Disorder Clinical Team (PCT) and has traditionally offered both outpatient and residential treatment for PTSD related to military trauma. Due to the pandemic, we are currently offering virtual assessment and treatment options and have added a virtual IOP in place of the residential track. The mission of the program is "to empower Veterans by providing evidence-based, trauma-focused treatments for PTSD to promote recovery from the harmful impact of trauma". This program offers evidence-based treatments as the first-line treatment for PTSD. The goal of the program is to assist Veterans with PTSD in achieving the fullest possible degree of psychosocial functioning and quality of life of which they are capable, provided in the least restrictive setting. Evidence-based treatments are those treatments that have been well-researched and shown to be effective for treating PTSD. These are time-limited treatments, which are highly structured and involve completing work outside of the session.

The primary treatment modalities offered are Cognitive Processing Therapy (CPT) and Prolonged Exposure (PE or COPE). Additional interventions which may also be offered include:

- 1) Written Exposure Therapy
- 2) Adaptive Disclosure Treatment
- 3) Narrative Exposure Therapy
- 4) Present-Centered Therapy
- 5) Anger Management for PTSD
- 6) Skills Training in Affective and Interpersonal Regulation (STAIR): focuses on learning how to manage emotions and improve interpersonal functioning
- 7) Dual diagnosis treatment (for veterans with PTSD and substance abuse problems: focuses on both PTSD and substance abuse issues)
- 8) Cognitive Behavioral Therapy for Insomnia: focuses on treating sleep problems
- 9) Nightmare Therapy: focuses on reducing trauma-related nightmares
- 10) Cognitive-Behavioral Conjoint Therapy for PTSD: couples therapy that focuses on PTSD
- 11) Complementary and integrative health (CIH) services (e.g., mindfulness, yoga) consistent with a Whole Health model of care

Primary Care Mental Health Integration

Supervisors: Lyndsey Miller, Psy. D., MSCP, Kelly Obert, Psy.D., and Ramon Verdaguer, Ph.D., ABPP (Clinical Health Psychology)

The rotation in Primary Care Mental Health Integration (PCMHI) emphasizes the provision of psychological services in the medical primary care clinics at the medical center. Such services include: assessment of patients referred for a variety of issues – most commonly depression, anxiety, substance abuse, nonadherence to indicated treatment regimens, adjustment to medical conditions/disabilities, psychological factors impacting presentation of medical symptoms, and stress management. Interventions offered to primary care patients typically include brief, time limited treatments as well as psychoeducational activities such as health

education groups. Each intern will become involved with the primary care team that consists of physicians, nurses, a psychologist, a psychiatrist, physician assistants, dieticians, a social worker, a pharmacist, and administrative associates.

Psychologists assigned to PCMHI provide a range of other services. Such services include programs for chronic pain management, weight management, smoking cessation, patient adherence issues, and sleep (e.g., insomnia, PAP adherence). Consultation services are provided to specialty clinics and inpatient wards: cardiology, infectious disease, neurology, oncology, surgery, sleep, and rehabilitation. An additional important role in health psychology is responsibility for conducting evaluations of patients who are candidates for an organ transplant, bariatric surgery, and spinal cord stimulators.

While many of the training activities and professional responsibilities are established as part of the routine program, the rotation is designed with an orientation toward flexibility to meet an intern's specific professional interests and needs. One of the explicit competencies in all rotations is the provision of consistent messages to patients. An intern can anticipate an exploration of their personal behavior patterns (e.g., use of nicotine products) relative to behavior patterns that maximize good health and quality of life.

Additional opportunities may be available in Consultation and Liaison to include specialty medical pre-evaluations and medical inpatient consultation.

Psychosocial Rehabilitation

Supervisor: Yolanda T. Garmon, Psy.D.

Psychosocial Rehabilitation (PSR) at the Dayton VA provides a continuum of care for Veterans with serious mental illness.

The Psychosocial Rehabilitation and Recovery Center (PRRC), also known as the "Building Bridges" Program, is an intensive outpatient recovery center that provides daily-recovery focused services to Veterans who are diagnosed with serious mental illness and experience severe functional impairments in one or more areas.

The mission of the "Building Bridges" Program is to provide Veterans with services that will help them to take back their lives and take part in their communities. "Building Bridges" staff members fulfill this mission by providing Veterans with hope, focusing on their strengths, and teaching life skills that will help them reach their self-chosen goals.

Interns on this rotation will have the opportunity to learn how to deliver recovery-oriented services to a population with serious mental illness. Interns will learn the basics of psychiatric rehabilitation that focus on helping Veterans achieve self-identified goals for recovery, improved psychosocial functioning, and greater integration into the communities of their choosing. Interns will have opportunities to complete biopsychosocial assessments and treatment plans that focus on helping Veterans to identify their self-chosen recovery goals; to provide individual recovery coaching sessions to support Veterans with problem-solving as they work to achieve community goals; and to facilitate evidence-based groups, such as Social Skills Training, Illness Management and Recovery, and Wellness Recovery Action Planning.

Interns involved in the Psychosocial Rehabilitation rotation may also choose to participate in a Family Services Program supplementary experience.

Substance Abuse Treatment Program

Supervisor: Janine Toliver, Psy. D.

The SUD Programs (residential and outpatient) consist of interdisciplinary teams including psychologists, social workers, psychiatrists, and addiction therapists. The psychology intern will function as a member of the team, providing individual therapy, group therapy, and assessments. Measurement-based care is utilized in the programs. Interested interns may have the opportunity to assist in program evaluation.

Substance Use Disorder treatment at the Dayton VA has expanded significantly over the past few years. Programming includes Medication Assisted Treatment (MAT), outpatient SUD treatment, residential SUD treatment, Dual Diagnosis treatment, and Aftercare.

Interns on this rotation will have the opportunity to learn how to deliver recovery-oriented services to a population with substance use disorders in addition to a wide range of co-occurring mental health and medical issues. Interns will be expected to utilize evidence-based treatments for substance use disorders, including the basics of motivational interviewing, use of a stages of change model, and cognitive behavioral therapy (CBT for SUD). Interns will have the opportunity to co-facilitate and facilitate SUD recovery groups in addition to individual psychotherapy work.

Additional Training Experiences and Support

Training Seminars

There is an ongoing didactic series throughout the internship year on Mondays from 2:00 – 4:00pm. The topics and presenters are quite varied. Intern attendance is mandatory. We also participate in a collaboration with Wright State University's School of Professional Psychology and Wright Patterson Air Force Base internship programs. Several times each year we coordinate shared didactics taking advantage of the strengths and unique aspects of each program and provide opportunities to spend time with interns from other local programs. A one-hour weekly assessment seminar has also been added to supplement and support the required clinical experiences with evidence-based assessment.

Group Supervision

Each Monday, 1:00 – 2:00pm, is group supervision. The general approach is to augment supervision taking place in other settings and to provide a venue in which interns can support their mutual professional development. Both interns and training supervisors present cases for consultation providing a venue to discuss, in greater depth, diverse and complex cases. Interns are expected to participate as consultants to the presenter to help develop case conceptualization and supervisory skills. Specific subjects are quite varied: case presentations, diversity discussions, evidence-based psychotherapy discussions, concepts/theories, etc. Interns are encouraged to identify

goals and to practice competency-based supervision skills during this time. Intern attendance is mandatory.

Making your “Bucket List”

Dr. Rodzinka thinks internship year is the coolest year of training you get. The Dayton VA has countless opportunities for you to learn and grown both within and outside your primary interest areas. Internship is a great time to try things you’ve never done and aren’t sure if you would even like. Every year, each intern is asked to develop an internship bucket list. This is meant to include both your priorities for training as well as any other ideas you have about experiences you may want to take advantage of this year. You will review your training goals, priorities, and bucket list with Dr. Rodzinka at the beginning of internship, after you’ve been here a bit (and have a better idea about who and what you might want to take advantage of), mid-way, and before the end of internship.

Bucket lists often include some of the basic requirements of your chosen rotation but should also expand to other opportunities that aren’t weird to try on internship since you’re here and in training.

Examples of extra intern experiences:

- Jumping in on a specific task associated with a rotation you didn’t choose
- Participating in programming not available for a full rotation (i.e., DBT Team with consultation meetings and skills groups)
- Focusing on specific patient populations within your chosen rotations (i.e., women, gero, LGBT)
- Focusing on specific diagnoses/problems (i.e., SUD, anxiety disorders, relational issues, chronic pain, trauma, SMI)
- Attending, or even co-facilitating, our monthly Diversity Lunch and Learn
- Active membership on the Mental Health Quality Council (may include Program Development, Research Development and Technology, or Quality Improvement)
- Assisting with or developing a new Program Evaluation project
- Observing ECT
- Observing biofeedback
- Sitting in on or conducting specialty evaluations (i.e., competency, bariatric, transplant, other pre-surgical evals)
- Sitting in or assisting with a wide range of administrative tasks – we’ve got an awful lot of psychologists in leadership roles here!
- Riding along with a Home-Based Primary Care Psychologist
- Sitting in or assisting with Compensation & Pension (C&P) evaluations – these are forensic evaluations for VBA and different from assessments for treatment
- Observing psychiatry/mental health prescriber sessions
- Collaborating with non-Mental Health programs/services (admin and/or medical)
- Helping with updating/revising program materials
- Developing new programming (i.e., starting a new group)

While we can't promise you every experience you might list, you would be amazed how many we can accomplish over the course of a year when we collaborate and know your interests. These lists are intended to evolve and develop over the course of the year and it's always a fun review as folks approach graduation.

Self-Care Matters

The philosophy of this program is to help interns transition from overworked students to healthy professional psychologists. We will make every effort to model good self-care. We will also encourage you to rediscover lost interests, find new ones, and attend to healthy work-life balance. We might even take a walk during supervision.



The “Grotto” is right here on site and part of a nice 15-20 minute walk when you need a break. Photo taken by Mindy Merricle-Wurst, 2019-2020 intern, 2020-2021 fellow.

Testing Materials

Medical records are fully computerized including access to a wide variety of personality inventories, self-rating forms, etc. We also maintain and regularly update an extensive selection of noncomputerized psychological tests and neuropsychological instruments. (See also the Assessment Requirements listed above.) Note: standard operating procedures have been developed to enable face-to-face psychological testing when deemed clinically appropriate within the context of current safety concerns. PPE, special office spaces, and cleaning procedures are in place.

Library

The Health Sciences Library provides access to professional books and professional journals. Immediate access to a wide variety of online electronic resources is available.

Medical Media

Medical Media is available to assist the hospital staff with a variety of services including photographs, graphic art, and video production. The staff is quite helpful with teaching and the development of presentations.

Liability Protection for Trainees

When providing professional services at a VA healthcare facility, VA sponsored trainees acting within the scope of their educational programs are protected from personal liability under the Federal Employees Liability Reform and Tort Compensation Act 28, U.S.C.2679 (b)-(d).

Professional Development

An intern will be given up to 24 total hours of authorized absence during the training year. This time can be used to attend professional presentations, conferences, workshops, and organizational meetings that are consistent with professional development plans. This time can also be applied in support of dissertation related activities such as trips to the university, oral defense, etc. In addition, interns are provided with a three-hour block of time each week for the purpose of dissertation work or other approved scholarly work. Finally, each intern is encouraged to make use of the many educational presentations within the medical center and the surrounding academic community.

Physical Setting and Support

Primary intern offices are located in Building 302 where the majority of outpatient Mental Health services are offered. Each intern has an individual office equipped for a clinical staff member (to include computer, telephone, therapy space). Many psychologists are co-located to include the Co-Director of Training. A conference room and several group rooms are available as well. You can expect to be equipped with a webcam, dual monitors, headsets, and windows! Rotations located away from the outpatient Mental Health Building have additional office space, including computer access, for any intern to enable seeing patients and completing paperwork in that work area.

Medical records are electronic and almost all of the professional activities are accomplished through use of various computer programs. The first two weeks of the academic year are devoted almost entirely to orientation and training. Within a few days of arriving, each intern has full computer access and is able to engage in the full range of psychological services.

We recognize that the transition to an on-site virtual environment for training and patient care can be a strain. We have a beautiful and large grounds here and will encourage you to take breaks. It can be very helpful to step away from the computer, stare out your window or even get up and out of your office to walk and take a breath (we might just join you!).



Cierra Edwards, 2020-2021 intern, waving from her desk – and yes those are real trees and sunlight you see behind her.

Application

Appointment and Benefits

Each intern receives a temporary appointment per Department of Veterans Affairs regulations. The type of appointment allows us to provide the same benefits offered to any regular employee including health insurance.²

The internship year will begin on **Monday, July 20, 2020**. The total number of hours is 2,080 to include established holiday leave, annual leave, and sick leave. Annual leave and sick leave are accrued at a rate of four hours per pay period. We are not authorized funds to purchase unused annual leave at the completion of internship. Sick leave can be accrued and maintained “on the books” indefinitely and may be used if one becomes a federal employee at some time in the future. For the purpose of state licensure, our procedure is to verify a 2,080 hour internship. The pay is \$26,787 for the year to be paid in equal installments over 26 biweekly pay periods.

Prior to the actual appointment, a matched applicant must complete the appropriate paperwork and complete a physical examination that certifies they are capable of the duties required. As a federal employee, drug screens and background checks are routine (see a complete list of eligibility requirements below). It is possible to coordinate with Human Resources to arrange for these appointments at your nearest VA. The Department of Veterans Affairs, and consequently this medical center, adheres to the Americans With Disabilities Act and will provide reasonable accommodations for an individual who informs us that they have a disability.

Additional information about VA training may be reviewed at:
<https://www.psychologytraining.va.gov/index.asp>

Admission Requirements

The official appointment as a Psychology Intern is contingent upon successful completion of practica and academic requirements (other than dissertation) along with continued professional conduct consistent with quality practice of psychology. In addition to psychotherapy experience, all applicants are expected to have psychological assessment and testing experience including the administration and interpretation of Objective Personality Assessments and standard IQ measures.

National VA Eligibility Requirements

www.psychologytraining.va.gov/eligibility.asp

² Note: On June 26, 2013, the Supreme Court ruled that Section 3 of the Defense of Marriage Act (DOMA) is unconstitutional. As a result of this decision, the Office of Personnel Management (OPM) has now extended benefits to employees and annuitants who have legally married a spouse of the same sex.

The Department of Veterans Affairs (VA) adheres to all Equal Employment Opportunity and Affirmative Action policies. As a Veterans Health Administration (VHA) Health Professions Trainee (HPT), you will receive a Federal appointment, and the following requirements will apply prior to that appointment

1. **U.S. Citizenship.** HPTs who receive a direct stipend (pay) must be U.S. citizens. Trainees who are not VA paid (without compensation-WOC) who are not U.S. citizens may be appointed and must provide current immigrant, non-immigrant or exchange visitor documents.
2. **U.S. Social Security Number.** All VA appointees must have a U.S. social security number (SSN) prior to beginning the pre-employment, on-boarding process at the VA.
3. **Selective Service Registration.** Male applicants born after 12/31/1959 must have registered for the Selective Service by age 26 to be eligible for U.S. government employment, including selection as a paid or WOC VA trainee. For additional information about the Selective Service System, and to register or to check your registration status visit <https://www.sss.gov/>. Anyone who was required to register but did not register before the age of 26 will need to apply for a Status Information Letter (SIL) and request a waiver. Waivers are rare and requests will be reviewed on a case by case basis by the VA Office of Human Resources Management. This process can take up to six months for a verdict.
4. **Fingerprint Screening and Background Investigation.** All HPTs will be fingerprinted and undergo screenings and background investigations. Additional details about the required background checks can be found at the following website: <http://www.archives.gov/federal-register/codification/executive-order/10450.html>.
5. **Drug Testing.** Per Executive Order 12564, the VA strives to be a Drug-Free Workplace. HPTs are not drug-tested prior to appointment, however are subject to random drug testing throughout the entire VA appointment period. You will be asked to sign an acknowledgement form stating you are aware of this practice. See item 8 below.
6. **Affiliation Agreement.** To ensure shared responsibility between an academic program and the VA there must be a current and fully executed Academic Affiliation Agreement on file with the VHA Office of Academic Affiliations (OAA). The affiliation agreement delineates the duties of VA and the affiliated institution. Most APA-accredited doctoral programs have an agreement on file. More information about this document can be found at <https://www.va.gov/oaa/agreements.asp> (see section on psychology internships). Post-degree programs typically will not have an affiliation agreement, as the HPT is no longer enrolled in an academic program and the program is VA sponsored.

7. **TQCVL.** To streamline on-boarding of HPTs, VHA Office of Academic Affiliations requires completion of a Trainee Qualifications and Credentials Verification Letter (TQCVL). An Educational Official at the Affiliate must complete and sign this letter. For post-graduate programs where an affiliate is not the program sponsor, this process must be completed by the VA Training Director. Your VA appointment cannot happen until the TQCVL is submitted and signed by senior leadership from the VA facility. For more information about this document, please visit <https://www.va.gov/OAA/TQCVL.asp>
 - a. **Health Requirements.** Among other things, the TQCVL confirms that you, the trainee, are fit to perform the essential functions (physical and mental) of the training program and immunized following current Center for Disease Control (CDC) guidelines and VHA policy. This protects you, other employees and patients while working in a healthcare facility. Required are annual tuberculosis screening, Hepatitis B vaccine as well as annual influenza vaccine. *Declinations are EXTREMELY rare.* If you decline the flu vaccine you will be required to wear a mask while in patient care areas of the VA.
 - b. **Primary source verification of all prior education and training** is certified via the TQCVL. Training and Program Directors will be contacting the appropriate institutions to ensure you have the appropriate qualifications and credentials as required by the admission criteria of the training program in which you are enrolled.
8. **Additional On-boarding Forms.** Additional pre-employment forms include the Application for Health Professions Trainees (VA 10-2850D) and the Declaration for Federal Employment (OF 306). These documents and others are available online for review at <https://www.va.gov/oaa/app-forms.asp>. Falsifying any answer on these required Federal documents will result in the inability to appoint or immediate dismissal from the training program.
9. **Proof of Identity per VA.** VA on-boarding requires presentation of two source documents (IDs). Documents must be unexpired and names on both documents must match. For more information visit: <https://www.oit.va.gov/programs/piv/media/docs/IDMatrix.pdf>

Additional information regarding eligibility requirements

- Trainees receive term employee appointments and must meet eligibility requirements for appointment as outlined in VA Handbook 5005 Staffing, Part II, Section B. Appointment Requirements and Determinations. https://www.va.gov/vapubs/viewPublication.asp?Pub_ID=646&FType=2
- Selective Service website where the requirements, benefits and penalties of registering vs. not registering are outlined: <https://www.sss.gov/Registration/Why-Register/Benefits-and-Penalties>

Additional information specific to suitability information from Title 5 (referenced in VHA Handbook 5005):

(b)Specific factors. In determining whether a person is suitable for Federal employment, only the following factors will be considered a basis for finding a person unsuitable and taking a suitability action:

- (1)** Misconduct or negligence in employment;
- (2)** Criminal or dishonest conduct;
- (3)** Material, intentional false statement, or deception or fraud in examination or appointment;
- (4)** Refusal to furnish testimony as required by § 5.4 of this chapter;
- (5)** Alcohol abuse, without evidence of substantial rehabilitation, of a nature and duration that suggests that the applicant or appointee would be prevented from performing the duties of the position in question, or would constitute a direct threat to the property or safety of the applicant or appointee or others;
- (6)** Illegal use of narcotics, drugs, or other controlled substances without evidence of substantial rehabilitation;
- (7)** Knowing and willful engagement in acts or activities designed to overthrow the U.S. Government by force; and
- (8)** Any statutory or regulatory bar which prevents the lawful employment of the person involved in the position in question.

(c)Additional considerations. OPM and agencies must consider any of the following additional considerations to the extent OPM or the relevant agency, in its sole discretion, deems any of them pertinent to the individual case:

- (1)** The nature of the position for which the person is applying or in which the person is employed;
- (2)** The nature and seriousness of the conduct;
- (3)** The circumstances surrounding the conduct;
- (4)** The recency of the conduct;
- (5)** The age of the person involved at the time of the conduct;
- (6)** Contributing societal conditions; and
- (7)** The absence or presence of rehabilitation or efforts toward rehabilitation.

Application Procedures

Our primary source of information is the AAPI. We additionally require all applicants to include an Interview Dates and Rotation Preference paragraph in the cover letter to facilitate our interview process. This additional information is included at the end of this brochure and can be cut and pasted into your cover letter. We adhere to the Association of Psychology Postdoctoral and Internship Centers (APPIC) guidelines for the recruitment and selection of psychology interns including the policy that no person at this training facility will solicit, accept, or use any ranking related information from any applicant prior to Uniform Notification Day.

To apply you must complete:

- APPIC Uniform Application (AAPI), available at www.appic.org.
- Interview Dates and Rotation Preferences paragraph (unique to our site). This should be included in your cover letter.
- The deadline for receipt of application materials is **Sunday, November 1, 2020**. Please follow APPIC instructions and guidelines for completing and submitting the AAPI.

Our procedure is to review each qualified application in detail and invite 25-28 applicants for **virtual** interviews. The customary agenda is for the applicants to meet with the Lead Psychologist and Directors of Training as a group. Each applicant then meets with three different supervisors who, as much as possible, are chosen based upon rotation preferences. Applicants meet with current interns as a group in a non-evaluative information sharing meeting. Finally, there is a general meeting among all applicants, supervisors, and current interns. We encourage applicants to become familiar with our staff and setting to assist in their decision-making process. We try to schedule no more than seven applicants per interview day. Our practice is to rank those applicants who attend interviews for the purpose of the match. Only in rare circumstances would an applicant who is interviewed not also be ranked. Applicants who are invited for interviews but do not attend will not be ranked for the match.

Given our concern for the safety and well-being of all involved, at this time we will not offer in-person interviews this year. *All interviews will be held virtually.* These virtual meetings will be held in the same format as previous in-person interviews and do require a scheduled and confirmed interview slot. If you are unable to be (virtually) present for your scheduled interview date, we may be able to accommodate some adjustments in scheduling (although this is not guaranteed).

Scheduled **virtual interview** dates are:

- Tuesday, January 12, 2021; 12:00pm – 4:15pm

- Thursday, January 14, 2021; 12:00pm – 4:15pm
- Tuesday, January 19, 2021; 8:00am – 12:15pm
- Wednesday, January 20, 2021; 8:00am – 12:15pm

Match Day

The official dates for the 2021 – 2022 academic year is posted by APPIC at:
<http://www.appic.org/Match/About-The-APPIC-Match/APPIC-Match-Dates>

Phase I:

- February 5, 2021: Deadline for submission of Rank Order Lists.
- February 19, 2021: APPIC Phase I Match Day.

Immediately after learning the names of applicants with whom we have been matched, a Co-Director of Training will make contact through email and/or telephone. They will also be mailed two signed copies of a letter confirming the match. Each applicant is to return one signed copy of the letter confirming their agreement with the internship placement.

Interview Dates and Rotation Preferences

***This information MUST be included in your cover letter.**

The following worksheet is to help you organize the information we will need included in your application cover letter. Please rank all four **virtual interview** dates and a minimum of three rotations. Our interns participate in three or four rotations during their internship year (including the MHC).

Interview Dates

Please **rank** in order your preferences for interview dates. We will contact you to arrange your **virtual interview**.

	Morning	Afternoon
Tuesday, January 12, 2021		_____
Thursday, January 14, 2021		_____
Tuesday, January 19, 2021	_____	
Wednesday, January 20, 2021	_____	

Rotation Preferences

Please rank order your three rotation preferences to include both major and minor rotations of interest. Please note if you prefer two six month rotations (if available).

Family Services Program	_____
Geropsychology	_____
Mental Health Clinic	_____
Primary Care Mental Health Integration	_____
Trauma Recovery Clinic/PTSD	_____
Psychosocial Rehabilitation	_____
Substance Abuse Treatment Program	_____

Sample paragraphs*:

My preference for interview dates are as follows: 1) Tuesday, 1/19, 2) Tuesday, 1/12, 3) Thursday, 1/14, 4) Wednesday, 1/20. To best meet my training goals my rotation preferences are 1) PTSD (6 month), 2) Health Psychology, 3) Geropsychology.

My preference for interview dates are as follows: 1) Wednesday, 1/20, 2) Tuesday, 1/19, 3) Thursday, 1/14, 4) Tuesday, 1/12. To best meet my training goals my rotation preferences are 1) Substance Abuse, 2) PTSD, 3) Mental Health Clinic.

Directions to the Dayton VA Medical Center

***Due to the pandemic, we are not hosting any in person interviews. If you are in the area and would like to visit the campus, please be aware of the coronavirus restrictions. Everyone entering the facility must be screened, and visitors are limited. Face coverings are mandatory. While you may certainly tour our beautiful historic grounds, please contact us first if you wish to plan a visit. We will not engage in interviewing nor use data from your visit to increase or improve your rankings. While we understand that visiting a facility can help inform your rankings and choices you need to make, it is our goal to maintain fairness and safety for all.

Interstate road 70 runs east-west a few miles north of Dayton. Interstate road 75 bisects Dayton in a north-south direction and US 35 bisects Dayton in an east-west direction. The VA Medical Center is on the west side of Dayton. Visitors are advised to use US 35 west from the I-75 / US 35 interchange. Take US 35 west to Liscum Drive (second traffic light). The medical center is on the right. Building 302 (Outpatient Mental Health) is on the south side of the campus with parking in the rear of the building. If you need further directions, lodging information, or have other questions, please feel free to contact us by telephone or email. Also, a map can be obtained on the Dayton VHA Medical Center Web Site at https://www.dayton.va.gov/visitors/campus.asp#campus_map.

Note: It is our experience that electronic devices have not been reliable with providing good driving directions on the VA campus. We encourage you to look at a map as the campus is large and it can be easy to get misdirected if you come in by the National Cemetery.

For any history buffs, the Dayton VA was one of the original Soldier's Homes and is now a National Historic Site. For more info check out:

<https://www.dayton.va.gov/about/history.asp>

<https://www.dayton.va.gov/museum/index.asp>



Psychology Staff

Aldredge, Jessica Beadel

Ph.D. Clinical Psychology, 2016, University of Virginia
Postdoctoral Training at University of Cincinnati Stress Center/Cincinnati VAMC
Staff Psychologist, Mental Health Clinic
At Dayton VA Medical Center since 2019
Licensed Psychologist, State of Ohio and State of Indiana
Clinical Interests: Anxiety and related disorders, trauma-related disorders, cognition, evidence-based practice
Theoretical Orientation: Cognitive-Behavioral
Professional Memberships: ABCT, APS, APA
Google Scholar Link: <https://scholar.google.com/citations?user=88ptUxLfZDUC&hl=en&oi=ao>

Allen, Jacqueline

Psy.D. Clinical 2009, Wright State University of Professional Psychology
Staff Psychologist, Trauma Recovery Center and Substance Use Disorder
At Dayton VA Medical Center since 2018
Licensed Psychologist, State of Ohio
Professional Organization: DAPA, EMDRIA
Clinical Interests: PTSD, Substance Use Disorder, Group Therapy, Personality Disorders with primary interest in Anti-Social Personality Disorder
Theoretical Orientation: Cognitive-Behavioral

Baum, David

Psy.D. Clinical, 20016, Xavier University
Staff Psychologist, SUDS, DBT
At Dayton VA Medical Center since 2017
Licensed Psychologist, State of Ohio
Licensed Independent Chemical Dependency Counselor, State of Ohio
Professional Organizations: OPA, APA
Research Interests: Substance Use Disorders, Trauma-Related Disorders
Professional Interests: DBT, Program Development, SUD and Trauma-Related Disorders
Theoretical Orientation: Behavioral, Cognitive-Behavioral

Bischoff, Andrea M.

Psy.D. Clinical, 2008, Wright State University School of Professional Psychology
Program Director, MHR RTP and Special Emphasis Programs
At Dayton VA Medical Center since 2012
Licensed Psychologist, State of Ohio
Professional Organizations: DAPA, Division 36
Clinical Interests: Primary Care Integration, Behavioral Medicine, Women's Health
Theoretical Orientation: Cognitive-Behavioral

Bizimana, Albine

Psy.D. Clinical, 2019, Wright State University School of Professional Psychology
Staff Psychologist, Trauma Recovery Clinic
At Dayton VA Medical Center since 2019
Theoretical Orientation: Cognitive-Behavioral

Chaffins, Belinda

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

De Marchis, Massimo

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

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 18, 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

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

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, Mental Health Residential Rehabilitation 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: serious mental illness; 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, Trauma Recovery Clinic

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, Chief Mental Health Residential Rehabilitation Treatment 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, sexual health

Theoretical Orientation: Cognitive-Behavioral, Psychodynamic

Johnson, Jeremy T.

Ph.D. Clinical Psychology, 2012, Sam Houston State University

Program Manager, Consultation and Liaison Team

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

Lenhoff, Karen

Ph.D. Counseling Psychology, University of Kentucky 1996

Doctoral Internship, New Orleans VA Medical Center, 1995-1996

Lead Psychologist, Evidence-Based Psychotherapy Coordinator, Acting DBT Coordinator

At Dayton VA Medical Center since 2014

Licensed Psychologist, State of Kentucky

Clinical Interests: psychological trauma, PTSD, health psychology, anxiety disorders, substance abuse, program development and evaluation

Miller, Lyndsey

Psy.D. Clinical Psychology, 2010, Wright State University School of Professional Psychology

MSCP Clinical Psychopharmacology, 2015, University of Hawaii, Hilo

Staff Psychologist, Primary Care-Mental Health Integration and Women's Health Clinic

At Dayton VA Medical Center since 2016

Licensed Psychologist, State of New Mexico

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

Obert, Kelly

Psy.D. Clinical, 2017, Wright State University School of Professional Psychology
Staff Psychologist- Primary Care Mental Health Integration and Women's Health Clinic
Co-Director of Training
At Dayton VA Medical Center since 2017
Licensed Psychologist, State of Ohio
Professional Organizations: OPA, DAPA, Division 38
Clinical Interests: Behavioral Medicine
Research Interests: Health Psychology, Program Evaluation
Theoretical Orientation: Cognitive-Behavioral

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

Rodgers, Rahema

Psy.D. Clinical Psychology, 2006, Wright State University School of Professional Psychology
ABPP 2013, Clinical Psychology
Clinical Psychologist with Family Services Program
At Dayton VA Medical Center since 2010
Licensed Psychologist State of Ohio
Professional Organizations: Dayton Area Psychological Association, Association of Veteran Affairs
Psychology Leaders, Ohio 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, Trauma Recovery Clinic Programs Manager

At Dayton VA Medical Center since 2007
Licensed Psychologist, State of Ohio (Indiana – inactive)
Professional Organizations: DAPA, AVAPL, VAPTC
Research Interests: Sexual Trauma; PTSD; Psychology Training; Competency Based Supervision
Clinical Interests: evidence-based treatment for anxiety, depression, personality disorders, and serious mental illness; group psychotherapy; supervision
Theoretical Orientation: Mindfulness Based Cognitive-Behavioral

Schwendener-Holt, Mary J.

PhD. Counseling Psych. 1995, Southern Illinois University – Carbondale
ABPP, 2019, Counseling Psychology
MDiv 2015, Earlham School of Religion
Staff Psychologist, Home Based Primary Care
At Dayton VA Medical Center since 2012
HSPP Licensed Psychologist, State of Indiana
Licensed Clinical Addictions Counselor, State of Indiana
Professional Organizations: American Psychological Association (APA), Indiana Psychological Association (IPA), Dayton Psychology Association (DPA)
Clinical Interests: general psychotherapy, women's issues, trauma, addictions, dual diagnosis, personality disorders, adult children of dysfunctional families, mindfulness
Theoretical Orientations: Mindfulness/Acceptance based treatment, interpersonal, psychodynamic, cognitive behavioral, and systems

Toliver, Janine

PsyD, Clinical Psychology, 2017, Wright State University School of Professional Psychology
Staff Psychologist – Substance Use Disorder Clinic
At Dayton VA Medical Center since 2018
Licensed Psychologist, State of Ohio
Professional Organizations: APA
Clinical Interests: Substance Use Disorders, Insomnia, PTSD, & Grief and Loss, Health Psychology
Research Interests: Multicultural Issues, Substance Use Disorders, Mindfulness Based Practices, Health and Wellness, Disability
Theoretical Orientation: Cognitive-Behavioral

Verdaguer, Ramon

Ph.D. Clinical, 1990, Loyola University of Chicago
ABPP 2004, Clinical Health Psychology
Acting Lead Psychologist/Health Behavior Coordinator
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
Theoretical Orientation: Cognitive-Behavioral

Wilson, Joshua

PhD. Counseling Psychology, University of Oklahoma
Staff Psychologist/Interim Program Manager, Outpatient Mental Health Clinic
At Dayton VA Medical Center since 2020
Licensed Psychologist, State of Ohio and Wyoming
Professional Organization: NRHSP
Clinical Interests: PTSD, Group Therapy, Personality Disorders
Theoretical Orientation- Cognitive-Behavioral

APPENDIX A

Internship Admissions, Support, and Initial Placement Data

Internship Program Tables

Date Program Tables are updated: August 2020

Internship Program Admissions:

<p>Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program's policies on intern selection and practicum and academic preparation requirements:</p>		
<p>Applicants must meet the following prerequisites to be considered for our program:</p> <ol style="list-style-type: none"> 1. Doctoral student in an accredited clinical or counseling psychology program 2. Approval for internship status by graduate program training director 3. U.S. citizenship 4. Male applicants born after 12/31/1959 must have registered for the draft by age 26 5. Matched interns are subject to fingerprinting, background checks, and urine drug screens. Match result and selection decisions are contingent on passing these screens. <p>(For complete information about eligibility for VA appointment see Eligibility section above on page 26.)</p>		
<p>Dayton VA Selection Process</p> <p>Applicants must have completed all required graduate coursework and have successfully completed appropriate practica. Applicants will be selected based on the quality of their essays, relevant intervention and assessment experience, and letters of recommendation. Applicants who have experience working with complex adult patient populations and advanced assessment skills will receive higher ratings. Although this program reviews applications holistically and has chosen not to identify firm minimum numbers of hours, we look for evidence of adequate direct patient contact such that our interns will be prepared for the nature of VA work. Applicants without adult intervention experience or basic assessment skills to include the WAIS-IV and objective personality assessment may not be considered for interview and ranking. Appropriate considerations will be made due to limitations resulting from the pandemic.</p> <p>Top rated applicants will be invited to attend virtual interviews taking place in January 2021.</p>		
<p>Does the program require that applicants have received a minimum number of hours of the following at time of application? If Yes, indicate how many:</p>		
Total Direct Contact Intervention Hours	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	(400+ preferred)
Total Direct Contact Assessment Hours	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	(100+ preferred)

Describe any other required minimum criteria used to screen applicants: Strongly prefer those with experience administering and scoring the WAIS-IV and objective personality measures.

Financial and Other Benefit Support for Upcoming Training Year*

Annual Stipend/Salary for Full-time Interns	\$26,787	
Annual Stipend/Salary for Half-time Interns	N/A	
Program provides access to medical insurance for intern?	X Yes	No
If access to medical insurance is provided:		
Trainee contribution to cost required?	X Yes	No
Coverage of family member(s) available?	X Yes	No
Coverage of legally married partner available?	X Yes	No
Coverage of domestic partner available?	Yes	X No
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	4hrs accrued/2-week pay period (104 hours)	
Hours of Annual Paid Sick Leave	4hrs accrued/2-week pay period (104 hours)	
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?	X Yes – to be determined on a case by case basis	No
Other Benefits (please describe): Authorized Absence for training/dissertation defense; 10 annual federal holidays (paid); liability protection		

*Note. Programs are not required by the Commission on Accreditation to provide all benefits listed in this table.

Initial Post-Internship Positions

(Provide an Aggregated Tally for the Preceding 3 Cohorts)

	2017-2020	
Total # of interns who were in the 3 cohorts	9	
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree	0	
	PD	EP
Community mental health center	0	0
Federally qualified health center	0	0
Independent primary care facility/clinic	0	0
University counseling center	0	0
Veterans Affairs medical center	5	0
Military health center	0	0
Academic health center	0	0
Other medical center or hospital	0	0
Psychiatric hospital	0	0
Academic university/department	2	0
Community college or other teaching setting	0	0
Independent research institution	0	0
Correctional facility	0	0
School district/system	0	0
Independent practice setting	2	0
Not currently employed	0	0
Changed to another field	0	0
Other	0	0
Unknown	0	0

*Note: "PD" = Post-doctoral residency position; "EP" = Employed Position. Each individual represented in this table should be counted only one time. For former trainees working in more than one setting, select the setting that represents the primary position.

APPENDIX B

Why we love living and working in the Dayton Area

<https://www.daytonohio.gov/> - official city website with lots of great info for living, working, and visiting in Dayton

<https://www.metroparks.org/> - hiking, biking, kayaking, fishing, and just being outside here is WONDERFUL (this is Dr. Rodzinka's favorite!)

No traffic!

<https://www.daytonlocal.com/events.asp> - all the things from axe throwing to trivia to online events (cuz COVID..)

<https://ohiofestivals.net/dayton-festivals/> - have we got a festival for you (used to be almost every weekend Spring – Fall; many are virtual now but there are still amazing food trucks to be found in our area)

Awesome urban, suburban, and rural living options!

<https://www.daytonlive.org/> - for a great theater scene without the big city hassles - symphony, ballet, musical theater, opera. Did you know the Dayton Ballet is the second oldest in the US? We have a beautiful historic theater (the Victoria) as well as a newer state-of-the-art theater (Schuster Center).

<http://www.daytonartinstitute.org/> - and if you like the arts our local museum has reopened

Lots of great places to play!

<https://www.milb.com/dayton/> - Dayton Dragons are a super fun minor league baseball team (with a great park and awesome microbreweries nearby)

<https://www.metroparks.org/places-to-go/2nd-street-market/> - for an authentic fresh and local street market experience downtown

Beautiful four seasons weather – but never too terribly hot or too cold (at least not for more than a week or so)

<http://www.theoregondistrict.org/> - a fun historic district with amazing bars, restaurants, art, shops, independent theater, and a comedy club

<https://frontstreet.art/> - we really do have a wonderful and diverse community

<https://www.boonshoftmuseum.org/> - a great children's museum and zoo

Lots of great donut shops (no seriously, we're not kidding!)

<https://www.nationalmuseum.af.mil/> - awesome, free, US Air Force museum with TONS of cool planes

<https://www.yellowspringsohio.org/> - fun little town nearby, great hiking, shops, and food (and besides, Dave Chappelle lives there and is known to be seen around town)

<https://www.hockinghills.com/> - beautiful nearby spot for a quick getaway

It's also super easy to get to Cincinnati, Columbus, Indianapolis



Riverscape view of downtown Dayton

APPENDIX C

Conceptualization Statements of Training Supervisors

Training supervisors are psychologists whose responsibilities include participation on the Psychology Training Committee and the provision of supervision for the purpose of training. The statements are intended to be similar to the conceptualization statements written by applicants with an orientation toward the setting in which the supervisor engages in the practice and training of professional psychology.

Jessica Alldredge, Ph.D.
Mental Health Clinic

I am a staff psychologist in the Mental Health Clinic and the Practicum Coordinator at the Dayton VAMC. My areas of clinical specialization include anxiety disorders, obsessive-compulsive and related disorders, and posttraumatic stress disorder. I received my Ph.D. in Clinical Psychology from the University of Virginia under Dr. Bethany Teachman. I completed my internship right here at the Dayton VAMC, and I then completed a postdoctoral fellowship at the University of Cincinnati Stress Center/Cincinnati VA specializing in the treatment of PTSD under the supervision of Dr. Kathleen Chard, one of the creators of Cognitive Processing Therapy. In addition to the VA, I have worked in several settings including a state psychiatric hospital, community mental health, and a University hospital behavior medicine clinic. After being away for several years, I made my way back to the Dayton VAMC because I find great meaning in serving Veterans and I greatly appreciate and respect the team of psychologists and other professionals with whom I work.

I am a strong advocate of evidence-based practice and the use of empirically supported treatments. My theoretical orientation is cognitive-behavioral, though I believe that adopting a “one size fits all” approach vastly oversimplifies the therapeutic process. Flexibility is an important skill for therapists to master and I embrace the importance of shared decision making and collaborative empiricism when working with clients. As a result, I adopt an idiographic approach when utilizing empirically supported treatments including Cognitive Behavioral Therapy, the Unified Protocol, Mastery of Anxiety and Panic (MAP-3), Exposure and Response Prevention, Cognitive Processing Therapy, and Prolonged Exposure as well as third-wave cognitive-behavioral therapies including Acceptance and Commitment Therapy and Dialectical Behavior Therapy.

In addition to my clinical work, I continue to be active in research in the area of anxiety. Very broadly, my program of research focuses on factors that contribute to the development and maintenance of anxiety and strengthening treatments for anxiety. My research knowledge and experience greatly informs my clinical practice and decision-making. I typically have multiple projects in various stages of the research process at a given time and am always open to interns who are interested in collaborating on research.

Jacqueline Allen, Psy.D.
Trauma Recovery Clinic

I am the PTSD-SUD Psychologist at the Dayton VA working within the PTSD Clinical Team (PCT). My interest in working with trauma was a gradual process that increased through my

work at a men's prison, for the United States Air Force (civilian), and into my work at the Dayton VA. My experiences with active duty service members and veteran's has underscored my passion for helping our military members in treating their trauma and some of the unhealthy coping strategies they have developed as a result of trauma, including substance use.

I utilize an integrative approach to address PTSD and substance use, through Evidence Based Treatments (EBPs) for PTSD, including Cognitive Processing Therapy for PTSD (CPT), Concurrent Treatment of PTSD and Substance Use Disorders Using Prolonged Exposure (COPE), Written Exposure Therapy (WET), and Eye Movement Desensitization and Reprocessing (EMDR). In addition, I utilize ACT for PTSD and ACT for Substance Use Disorders.

I approach each veteran that I work with from a strength-based and recovery approach. This approach encourages the veteran to reduce self-shaming thoughts and behaviors while considering the veteran to be an expert on themselves. I further encourage the veteran to consider both abstinence as well as risk reduction, thus increasing the veteran's ownership of their goals and treatment. Forcing the veteran into full abstinence from all substances model does not fit for every person and it may reduce trust and openness between veteran and provider.

Andrea M. Bischoff, Psy.D.

Program Director of MHRTP & Specialized Programs

I have been trained as a generalist and have practiced in a variety of settings, including community mental health, private practice, and federally qualified health center. It was during my internship year at Cherokee Health Systems, one of the pioneering sites in primary care integration, I learned that I loved the fast pace and variety of issues, both medical and psychological, that comes with working in a primary care setting.

By being present in the primary care clinic and available to see patients in "real time", I was able to provide services to patients who may otherwise be unwilling to utilize mental health services. Seeing the patients in the medical office also allowed me the opportunity to assist in prevention of illness or help the medical team identify maladaptive patterns before further issues develop. Using a biopsychosocial approach with the medical team, I have assisted patients in learning skills to prevent or manage health problems. I also helped the medical team in identify psychosocial issues present in the patient's life that might otherwise go unnoticed. To assist a patient and medical team in the overall goal of prevention and management, I gravitate towards brief interventions that blend a variety of techniques pulled from cognitive behavioral therapy, such as behavioral activation, MI, and acceptance and commitment therapy.

I have served as the Co-Director of Training, managing the postdoctoral fellowship and now have the privilege of using my skills to serve in a leadership role on the Mental Health Executive Team.

Yolanda T. Garmon, Psy.D.

Psychosocial Rehabilitation

In my professional career, I have worked with adults, senior adults, adolescents, and children. I have provided services in the areas of domestic violence, geriatric mental health, chemical dependency, and community mental health. I currently serve as the Program Manager for the Dayton VAMC Family Services Program and the Psychosocial Rehabilitation and Recovery

Center (PRRC - which is also known as the “Building Bridges” Program). Most of the Veterans that I serve have serious mental illness and severe functional impairments.

I have found that regardless of my practice setting, most individuals respond well to respect, empowerment, and collaborative treatment planning. It has always been my belief that everyone is capable of learning and growing, and that treatment should be based on a person’s strengths, so it was quite refreshing to learn that the VA aligns with the recovery model for treatment services. Many of the Veterans we serve struggle with stigma and have received direct or indirect messages that the most they should hope for is to manage symptoms in order to avoid hospitalization. Part of the work we do in “Building Bridges” is deconstructing former notions about treatment. We choose to focus on wellness, and not illness. We believe that everyone can live meaningful lives, and we work to instill hope and build skills that will help Veterans to overcome obstacles in order to assist them in reaching their self-chosen goals for recovery.

Implementation of the recovery model includes the use of evidenced-based practices. I often utilize cognitive-behavioral interventions in my practice. I believe that a person’s difficulties can often be traced back to maladaptive beliefs. In treatment, individuals can learn to identify, challenge, and modify these beliefs—leading to growth-promoting change. Engaging in the examination and behavioral testing of potentially irrational beliefs empowers an individual to take control of his or her own emotions and behaviors. It is my opinion that this also fosters hope, which is essential to the recovery process.

In working with individuals with serious mental illness (SMI), my team and I have also witnessed positive outcomes following the implementation of Social Skills Training, which is an evidenced-based practice for working with the SMI population. This approach uses modeling, feedback, and positive social reinforcement to increase effective use of appropriate social skills, including assertiveness, conversational, and conflict management skills. In our program, we have witnessed Veterans implementing these learned skills not only with other Veterans, but also while on outings beyond the VA campus, which reflects the goal of our program: to help Veterans integrate into the community.

Joshua H. Gootzeit, Ph.D.
Trauma Recovery Clinic

I am a staff psychologist in the Dayton VA PTSD Clinical Team (PCT). My interest in PTSD and trauma began as a graduate student at the University of Iowa, when I conducted research on the diagnostic structure of PTSD and trauma-related symptoms, leading to a strong interest in accurate and scientific assessment of the disorder. During that time, I was also becoming more interested in behaviorist and acceptance-based interventions with my clients. An early practicum in a VA PTSD clinic allowed me to combine these interests and to begin to learn how to integrate empirically-based psychological principles with evidence-based treatments for PTSD. I have continued to gain experience treating PTSD in several settings since that time and have continued to refine my approach to assessing and treating the disorder.

Much of the treatment I provide includes offering Evidence Based Treatments (EBPs) for PTSD, including Cognitive Processing Therapy for PTSD (CPT) and Prolonged Exposure for PTSD (PE). My current treatment approach is also greatly influenced by principles of Acceptance and Commitment Therapy (ACT). I have found that it is possible to balance fidelity to an EBP approach to treatment while also seeing each person as an individual with unique needs and flexibly applying appropriate psychological principles.

I strongly believe in a recovery model of treatment, where "recovery" means not only a remission of symptoms but a re-engagement with a valued, meaningful life. By introducing and eliciting a vision for positive life change, and by offering tools to overcome barriers to change, I have found that individuals are able to rise to the occasion and to use positive coping skills to build better, more active, and more meaningful lives.

Jeremy T. Johnson, Ph.D.

Consultation and Liaison Mental Health

My clinical experiences have included the provision of consultative, therapeutic, and assessment services for a wide variety of diverse patients in both clinical and forensic settings. Diagnostic presentations range from sub-acute adjustment-related and dysthymic complaints to serious and persistent mental illness (schizophrenia-spectrum disorders, severe bipolar disorder, major depressive disorder, and post-traumatic stress disorder).

Consultative services include: differential diagnosis and diagnostic refinement; interdisciplinary care planning; health behavior change; non-pharmacologic pain management; psychoeducation and training for staff and caregivers; education and supportive intervention for veteran's families; improving communication within and between interdisciplinary team members, veterans, and their families; synthesizing and conceptualizing complex medical and mental health presentations to inform treatment and care.

Therapeutic, evidenced-based services include: CBT for depression, chronic illness, and palliative care; IPT for depression, loss, and role-adjustment; ACT and other mindfulness-based approaches for managing anxiety; biofeedback, progressive muscle relaxation, deep-breathing, guided imagery, and other physiologically-based interventions for managing anxiety and reducing stress; supportive intervention for end-of-life issues and adjustment to polytrauma; behavioral/environmental intervention for managing challenging dementia-related behavior (STAR-VA) and management of disruptive behavior; social skills training for serious mental illness populations; and the Cancer 2 Health biobehavioral intervention for those undergoing oncologic treatment.

Assessment services include: psychodiagnostic evaluation and consultation; cognitive and mood evaluation for differentiating amongst and between neurocognitive disorders, delirium, and depression; monitoring of mental status and psychiatric/behavioral stability; suicide and homicide risk assessment; mental health assessment for pre-surgery and pre-transplant candidacy, and assessment of independent living and decision-making capacity. Statements of expert evaluation, to be used during formal guardianship hearings, are frequently completed to assist the court.

Karen Lenhoff, Ph.D.

Lead Psychologist/Evidence-Based Psychotherapy Coordinator

I have worked in multiple settings throughout my career and returned to the VA in 2007. I have always been interested in the impact of psychological trauma and was previously the PTSD Clinical Team Program Manager. I have since taken on the roles of Lead Psychologist and EBP Coordinator. While at the Lexington VA, I was the SUD/PTSD psychologist, as well as the VISN 9 PTSD Mentor and VISN 9 EBP Lead. I have also worked in other settings, including a state psychiatric hospital and a private practice. I have a background in health psychology, having completed a certificate program in Medical Behavioral Science through the University of Kentucky College of Medicine.

In my current role, I serve as the psychologists' representative to the MH Executive Leadership Team. I also am the Chair of the Mental Health Quality Council. I think it is important to evaluate the effectiveness of what we do, both as individual providers and for our programs as a whole. I am the acting coordinator of our Dialectical Behavior Therapy Team. I also co-lead the Psychology Assessment Team, along with Dr. Johnson and Dr. Miller. Although my current role is primarily administrative, I do maintain some clinical duties, primarily involving assessment and treatment for anxiety disorders. Dr. Miller, Dr. Johnson, and I share the responsibility for the Assessment Seminar.

I value shared decision-making, working with clients to determine the treatment that best suits their current needs and wishes, as well as being effective for their identified presenting issues. I respect clients' rights to self-determination, including making the decision whether to engage in treatment and what type of treatments they wish to do. Much of my training has been in cognitive-behavioral interventions. I enjoy learning and mastering new treatments and believe we should always be willing to modify our treatment behavior to be more effective. I am trained in evidence-based psychotherapies for PTSD, depression, anxiety, and substance use disorders. I am currently learning Cognitive-Behavioral Therapy for Insomnia. I believe we have a group of strong clinicians here at the Dayton VA. We challenge one another to strengthen our skills and to become better mental health providers.

Lyndsey N. Miller, Psy.D., MSCP

Primary Care-Mental Health Integration

My career thus far has taught me that being a generalist with multiple tools in my toolbox is essential in being an effective psychologist. This ensures broad flexibility to tailor interventions and evaluations to the patient rather than fitting patients into predetermined approaches. As such, I tend to conceptualize cases through a social constructivist perspective and a biopsychosocial lens that incorporates diversity factors. My approach, flexible as it is, tends to be integrative with a strong cognitive-behavioral foundation in the context of a genuine therapeutic relationship. I tend to pull from evidenced based treatments, such as dialectical behavior therapy, acceptance and commitment therapy, and motivational interviewing as well as interpersonal strategies. I also have experience in evidence-based treatments, such as Cognitive Behavioral Therapy for Insomnia, Problem Solving Therapy, Cognitive Processing Therapy, Prolonged Exposure, Prolonged Exposure for Primary Care, Seeking Safety, Illness Management and Recovery, and Social Skills Training for severe and persistent mental illness. This evolution of my approach and skills has been influenced by the plethora of clinical experiences I have been fortunate enough to participate in thus far.

I have wanted to be a psychologist since high school. I always found the human mind fascinating and wanted to learn more about it. In undergraduate at Ohio State University, I not only obtained experience in human research, but I also began working with children with Autism Spectrum Disorders. I continued in this work while earning my Bachelor's degree. Because I was not particularly fond of research, I sought out PsyD programs, which emphasized clinical practice rather than research. Subsequently, I was accepted to Wright State University School of Professional Psychology.

While in graduate school, I developed an interest in PTSD and completed a practicum at the Cincinnati VA's Trauma Recovery Center. Not only did I learn and implement evidenced based treatments for PTSD in an outpatient setting, but I also implemented these in residential settings for both men and women. My dissertation was focused on evaluating newly proposed criteria for PTSD in DSM-5. Although I had a strong interest in trauma, I obtained invaluable clinical practicum experience in general mental health settings as well. This is where I was first introduced to brief interventions, mindfulness, motivational interviewing, cognitive behavioral therapies, and interpersonal strategies.

In 2010, I completed my internship at the Bay Pines VAMC in St. Petersburg, Florida. There my rotations included Inpatient Psychology, Neuropsychology, Substance Abuse, Primary Care-Mental Health Integration, and outpatient and residential combat PTSD programs. I also made a strong effort to focus on developing psychological assessment skills and was able to conduct a variety of evaluations, including pre-surgical and transplant evaluations, differential diagnosis, neuropsychological evaluations, and neurocognitive screenings. Although I had planned to become a VA Psychologist specializing in PTSD after graduating, the universe had other plans.

Instead of joining the VA, my husband and I moved halfway across the world to the Pacific island and U.S. Territory of Guam. My first postdoctoral job was at the Guam Behavioral Health and Wellness Center – the island's only community mental health center. In this position, I gained extensive experience in treating those with severe and persistent mental illness from a wide variety of cultural backgrounds different from my own. Our approach was recovery-oriented and client-centered. I worked in outpatient, residential, and inpatient settings as well as facilitating some groups within the substance abuse program. Crisis intervention was an integral and daily part of my job. Additionally, I had many community experiences as well, especially with the court system by acting as a liaison, conducting forensic psychological evaluations, and testifying in involuntary commitment hearings. Eventually, I opened a part-time private practice focusing on vocational rehabilitation evaluations and brief therapy. While in Guam, I also returned to school at the University of Hawaii at Hilo and graduated with my Masters in Clinical Psychopharmacology (MSCP) in August 2015. My experiences in Guam are too many to list here; however, I can say that this was not only the most professionally valuable, but also the most personally salient experience I've had in my life. A part of my heart will always be in Guam.

In 2016, we returned home to Ohio to be closer to family. It was at this time that I joined the Dayton VAMC in Primary-Care Mental Health Integration. In this position, I have found that not only has my generalist training, broad range of experience, and flexibility helped me in the fast-paced, never-know-what's-coming-through-your-door environment of Primary Care, but also my training in clinical psychopharmacology. I thoroughly enjoy working in an integrated setting utilizing a team-based approach. Every day is different and every day I learn something new. In my experience of working at three different VA's, I've found this one to be the most welcoming and supportive. I think you will too!

Kelly Obert, Psy.D.

Primary Care-Mental Health Integration

I am a staff psychologist working in Primary Care Mental Health Integration (PCMHI). I was fortunate enough to match with the Dayton VAMC for my psychology internship and completed rotations in PCMHI, Geropsychology, and the Mental Health Clinic. I not only grew as a psychologist during my internship year, but also enjoyed the experience immensely! As a result, I happily accepted a position with the PCMHI team upon completion of my internship.

My journey to becoming a psychologist has been somewhat non-traditional. Following the completion of my undergraduate degree in psychology, I worked as a case manager with the Seriously Mentally Ill (SMI) population and then with children diagnosed with a chronic medical illness. These experiences motivated me to pursue a Master's degree in clinical social work. I then returned to working as a therapist with the SMI population. After working as a therapist for a few years, I was promoted to the Clinical Supervisor position for the therapy team which required me to consider the business aspects of providing mental health care. My education and training provided me with a good clinical foundation but did not fully prepare me to lead a department. Therefore, I decided to pursue a doctorate in psychology.

Based on my past professional experiences and doctoral training, I have developed an integrative approach to working with veterans that includes a strong emphasis on cognitive behavioral principles. I incorporate a biopsychosocial framework with cognitive behavioral theories and strategies while considering a veteran's stage of change, diversity variables, and social justice principles to establish my clinical orientation.

Dr. Obert serves as a Co-Director of Training in Psychology managing the post-doctoral fellowship program.

Patricia A. Perry, Psy.D.

Geropsychology

The main areas of clinical practice that I have worked in have been community mental health and geropsychology. These areas have influenced my theoretical orientation, choice of intervention tools, and my view of self as a member of an interdisciplinary health care team. In community mental health I have worked in a day treatment program, and in outpatient clinics (e.g. sexual abuse recovery, vocational counseling). I have worked within all levels of long-term care, from independent living on a retirement campus, to assisted living and the nursing home. My work has most often been with the lower socioeconomic status, underserved clients in the community.

As a psychologist, I would describe my theoretical orientation, i.e., how I conceptualize a client's problems / circumstances, as interpersonal or dynamic. My intervention strategies are eclectic and integrative, depending on a client's needs and ability to learn and change. I value a comprehensive assessment, i.e., a bio-psycho-social-spiritual evaluation, to provide a firm foundation for establishing all diagnoses. Furthermore, I want to ensure that each treatment plan addresses all diagnoses and is collaboratively discussed with clients in an understandable and straightforward manner. Lastly, I believe in and regularly seek consultation with members of the interdisciplinary team for their contributions to problem solving.

In general, I want to educate a client to better understand his / her problems in functioning, to empower so that they can be a more active member of the health care team, to increase

awareness of how his / her interpersonal functioning informs coping, and to promote use of existing skills and strengths as well as acquisition of new, positive behaviors.

In long term care settings, I see three therapeutic roles for the psychologist: 1) to assist the client both in the initial transition from community living to long term care campus life, and within levels of care (independent living to assisted living to the nursing home); 2) to help the client understand his / her health issues including functional losses / adaptations; and 3) to encourage the client to maintain the highest quality of life, especially in regard to relationships with family, friends, other residents, and God. As individuals experience the multiple losses of this stage of life (e.g., driving, home ownership, loss of partner / spouse, decisional capacity), the psychologist can be a skilled professional presence and a powerful ally in processing change.

In conclusion, geropsychology is especially exciting to me for several reasons. It is one of the growth areas of psychology, as the population continues to age. In a zeitgeist of brief therapy, this specialty offers a unique opportunity to form a trusting therapeutic relationship, potentially lasting many years, that promotes ongoing development and adaptation. (The average length of stay in nursing homes nationally is 7 years.) This specialty has allowed me to learn one-on-one from the previous generation about changes in culture, life, and values, as well as our place in time. It is both ironic and fitting that working in this specialty has enriched and informed my work with clients of every age.

Rahema Rodgers, Psy.D., ABPP (Clinical Psychology)

Family Services Program

I first discovered my love for psychology in the spring of my junior year of undergrad. I took an introduction to psychology class simply to fulfill a general requirement. I loved the class so much I decided to take another, then another, until I finally changed my major. I knew that as a psychology major I could continue pursuing my lifelong goal (declared at the age of 3) to become a medical doctor. I loved the thought that I could learn about something I was passionate about in the meantime. When it came time to apply for medical school, I went through all the steps. However, going through the motions helped me realize it was no longer my heart's desire to attend medical school. I prayed, searched my heart, researched my options, and determined I would pursue a PsyD.

Upon entering my doctoral training, I assumed I would gravitate toward a psychodynamic approach, and was excited when I started the intervention series. I also took cognitive behavioral, again to fulfill a requirement. Much to my surprise, cognitive behavioral was the therapy approach that I felt worked the best when helping a person make lasting changes to benefit their mental health. Reluctant to dismiss psychodynamic too quickly, I sought out an opportunity for focused supervision with a supervisor who identified as psychodynamic. I believe this experience further solidified my preference for CBT in treatment, while also enhancing my respect for what psychodynamic offered regarding client conceptualization. At that point, I began to form a conceptualization style in which I looked at the factors from the client's background that have contributed to their current dysfunction. I was very interested in family of origin, childhood experiences, attachment, and relationships with people who played a key role during the developmental years. I felt the CBT approach helped to "dig into" a person's psyche and uncover the underlying issues.

As my training continued, I was exposed to brief solution focused therapy, and crisis intervention. Again, these approaches influenced my style of therapy, in that I learned how to identify and

isolate issues that were of higher priority to a person's current functioning. This helped me let go of the idea that a therapist must address each and every problem they uncovered before the client could be considered "finished" with a course of treatment. I learned that effective treatment could be time limited and focused on the most distressing issue and saw that clients could make significant progress on that particular issue in a short time span.

Next, I pursued my special interest in family therapy, and was exposed to family systems. This was the final piece of my conceptualization puzzle; it reinforced a belief I already held that the people in the client's household were important influences on the progress of clients, especially with children, but even for adults. The dysfunction was not isolated to the identified client. The family, neighborhood, and greater community were also part of the picture and were also impacted by changes the client made through therapy.

I use my training and expertise to help people with severe mental disability on their path to recovery. I see myself as but an instrument for God to use. I believe my time in the clients' lives, be it long or short, is for a purpose.

Kristin Rodzinka, Ph.D., ABPP (Clinical Psychology)

Trauma Recovery Clinic

I am the Trauma Recovery Clinic (PTSD) Programs Manager and Co-Director of Psychology Training. I absolutely love the mission of VA and the plentiful opportunities this large system has to offer. I am actively involved in the national VA Psychology Training Council, to include being Chair of the Executive Council and past Chair for the Clinical Advisory Committee. I have also served on the APPIC Membership Review Committee for the past 12 years and am a member of the VISN 10 PTSD Experts workgroup. I have previously served on the Board of Trustees of the Dayton Area Psychological Association (DAPA).

My job provides me with a variety of administrative and supervisory responsibilities as well as the opportunity to work with individuals with a wide range of functioning levels, diagnoses, and mental health needs. My work has included caring for Veterans who have experienced complex trauma related to military sexual trauma, combat trauma, and non-military trauma. I have experience treating PTSD, psychotic disorders, mood disorders, anxiety disorders, traumatic brain injury, personality disorders, substance abuse and other medical health issues.

I believe in a recovery-based approach and evidence-based practice. I have worked in and managed PTSD, Military Sexual Trauma, Family Services, and Dialectical Behavior Therapy programs. I believe that training in Empirically Supported Treatments is necessary but alone is not sufficient. I have a strong Cognitive-Behavioral theoretical orientation that influences my case conceptualization and treatment interventions. That stated, I have found ESTs to be most effective when there is a good fit and the Veteran has adequate skills and readiness to engage in them. Particularly when working with individuals with extensive trauma histories and complicated mental and medical health issues, comprehensive and ongoing case conceptualization (to include measurement-based care) and multifaceted treatment approaches are a necessity.

I believe that change requires motivation, skills, and support. I use an interpersonal approach and value nurturing positive therapeutic relationships to create opportunities for implementing effective interventions.

I work to maintain a mindfulness-oriented approach to psychotherapy as well as life in general. I use a biopsychosocial model to inform my case conceptualization. I believe in striking a therapeutic balance between acceptance and change oriented interventions. I am committed to offering evidence-based treatments; however, one size does not fit all, and creativity and flexibility are necessary to meet patients where they are at. I believe strong case consultation and supervision (both formal and informal) are essential for developing good clinical skills. This is a process I greatly enjoy.

In my role as a Training Director I have provided mentorship, developed national level training, and created tools to assist with the dissemination and implementation of a competency-based supervision approach within psychology training programs.

Dr. Rodzinka serves as a Co-Director of Training in Psychology managing the internship program.

Janine Toliver, Psy.D.
Substance Use Disorder Clinic

Throughout my life, I have seen the impact of trauma and substance abuse on familial relationships. I made a commitment to focus my education on psychology and understand the detrimental cycle that had a hold on so many people I knew. At the University of Connecticut, I studied Psychology and Therapeutic Horsemanship Education. From there, I moved to Ohio to complete graduate school at Wright State University. My internship at the Lexington VAMC, is where I found my interest for working with clients in residential and behavioral health settings. In my current position, I am a Psychologist in the Substance Use Disorder's Clinic. I really enjoy being a part of someone's journey to a sober, happier, healthier way of living.

I may be biased but I believe there is so much value in therapy and I appreciate the leap of faith clients take to see a therapist. In many communities, psychological treatment is uncommon, frightening, and even frowned upon. I strongly believe a healthy and welcoming therapeutic environment is the basis of treatment. I value using Evidence-Based Treatments with my clients, such as CPT, CBT-I, CBT-SUD, CAMS, and CBT-D. I really enjoy helping clients develop the awareness and coping skills to maintain a meaningful and healthier way of living. Both personally and professionally, I work to create balance and awareness in all aspects of life.

Ramon Verdaguer, Ph.D., ABPP
Clinical Health Psychology

As Health Behavior Coordinator one of my responsibilities is to help develop processes that support adoption of healthy behaviors through education of, and consultation with healthcare delivery teams, and through direct patient contact.

We understand that treatment of chronic illness, such as coronary artery disease, diabetes, and hypertension is a major burden on VA Healthcare and on the Nation as a whole. We also know that often these illnesses could be prevented or ameliorated through adoption of healthy behaviors. As a result VA is re-emphasizing the importance of illness and disease prevention, in particular through primary care programs and primary care based interventions. The development of our Primary Care Patient Aligned Care Teams (PACT) is a major shift in the delivery of healthcare which emphasizes patient centeredness and illness prevention. For

example, counseling about the health risks of smoking, and alcohol use as well as the benefits of exercise and a healthy diet, is now commonly integrated into routine primary care visits.

One of the roles of a psychologist in the primary care setting is to facilitate change in people who have identified the implementation of healthy behaviors as an effective mean to prevent and/or manage chronic illness and are prepared to embark in such a change. The Transtheoretical Model (Prochaska & DiClemente), a process theory of change, is a useful construct in determining who may be ready to embark in that change and to which interventions they may be more receptive.

Although skill acquisition and enlargement is an objective, the underlying goal is to assist in the development of a self-regulatory mechanism that can maintain and drive those positive behaviors on a long-term basis in the face of occasional lapses, frustrations, and lack of concrete positive feedback and reinforcement. The concept of *integration*, as defined by Deci et al. (1994) in the Self-Determination Theory perspective, in which a behavior is “volitional” and “emanates from oneself” and results in self-determined behavior seems to capture the essence of this aim. A combination of psycho-educational strategies, client-centered and cognitive-behavioral therapeutic interventions are useful in enabling individuals to attain this level of integration.

Yet, we also know that availability of information and education about the consequences of high-risk behaviors and the availability of alternative health behaviors does not always translate into positive behavior change. In that light, another role of the psychologist is to promote behavior change with those people who may not be necessarily ready or prepared to undertake such a change. In this case, it is important to acknowledge that people may not be ready to change for a variety of reasons. Some of these reasons may be the result of intrapersonal issues such as perceived susceptibility, low self-efficacy, ability, and outcome expectations. Environmental issues can also impact the decision to change and may include situational barriers or lack of resources, and demographic or sociological variables. Clearly, the nature and severity of the illness can also impact on a decision to change. The biopsychosocial model is, therefore, a useful umbrella framework through which to conceptualize the individual and the factors influencing readiness to change. It lays out an outline for inquiry that can lead to an actionable roadmap for intervention.

In general, the orienting principle of my work is to assist people to act in ways that are consistent with their life values and goals. As such, I conceptualize my work as involving 2 phases. The first phase moves forward the process of value elucidation, goal determination, and choice clarification. Cognitive, emotive, and experiential strategies tend to be most effective in this phase. This process leads to the second phase, which involves facilitating decision making and actions that are consistent with attainment of the goals. Behavioral strategies tend to have a good response during this phase.

This process implicitly accepts that some people’s values and goals are not necessarily congruent with the clinician’s values and that not everyone can, will, or should change. This may at times be incongruent with the institutional goals, but its acceptance is crucial if one is to respect the individual and if one is to remain vitally committed to good patient care without losing oneself in the process.

Joshua Wilson, Ph.D.
Mental Health Clinic

I am a staff psychologist (and currently the interim Program Manager) for the Dayton, Ohio VA Outpatient Mental Health Clinic. Prior to my employment at the VA I spent 7 years (2012-2019) on Active Duty as a Psychologist in the United States Air Force, reaching the rank of Major. My entire adult life has either been spent in college, graduate school, or on active duty (as I was enlisted in the United States Marines from 1999-2004). While on active duty I deployed to Iraq at the beginning of the Operation Iraqi Freedom (March-August 2003). During my time in the USAF, I was fortunate to work in several different MAJCOMs (Major Commands, each of whom has a very unique focus. I served as a Psychologist for AETC (Air Education and Training Command), AFSOC (Air Force Special Operations Command), and finally AFMC (Air Force Materiel Command) where I was assigned to Edwards AFB, the test base of the Air Force.

I decided to focus on a career as a Psychologist while an undergraduate who had recently separated from the United States Marine Corps and was using my GI Bill. My interest in the field had actually started while on active duty, going through Survival, Evasion, Resistance, Escape (SERE) School. I knew that I was interested in human psychology, but I knew next to nothing about what a Psychologist did until meeting a few professors and learning more. I completed my academic training at the University of Oklahoma, Norman.

I have been trained in Cognitive Processing Therapy (CPT) and Prolonged Exposure (PE) as evidence-based practices for treating PTSD. I have also been trained in Dialectic Behavior Therapy (DBT) and serve as one of the co-facilitators of the DBT group. My clinical focus is evidence-based treatment for PTSD and personality disorders.

****https://www.dayton.va.gov/careers/Psychology_Internship_Brochure_Web2021-2022.pdf**