

# Psychology Internship Program



Chillicothe VAMC  
17273 State Route 104 (116A)  
Chillicothe, OH 45601  
(740) 773-1141  
<http://www.chillicothe.va.gov/>

**General Psychology Match Number: 220411**  
**Applications Due: November 06, 2015**

## ***Accreditation Status***

The doctoral internship at the Chillicothe Veteran Affairs Medical Center is accredited on contingency by the Commission on Accreditation of the American Psychological Association since March 20, 2015.

## ***Application & Selection Procedures***

### **Criteria for acceptance into the program**

1. Students must demonstrate completion of at least three years of graduate course work
2. Must have a minimum of **50 direct contact** hours in assessment
3. Must have a minimum of **450 direct contact** hours in intervention
4. U.S. citizenship. VA is unable to consider applications from anyone who is not currently a U.S. citizen. Verification of citizenship is required following selection. All interns and fellows must complete a Certification of Citizenship in the United States prior to beginning VA training.
5. A male applicant born after 12/31/1959 must have registered for the draft by age 26 to be eligible for any U.S. government employment, including selection as a paid VA trainee. Male applicants must sign a pre-appointment Certification Statement for Selective Service Registration before they can be processed into a training program. Exceptions can be granted only by the U.S. Office of Personnel Management; exceptions are very rarely granted.
6. Interns and Fellows are subject to fingerprinting and background checks. Match result and selection decisions are contingent on passing these screens.
7. VA conducts drug screening exams on randomly selected personnel as well as new employees. Interns and Fellows are not required to be tested prior to beginning work, but once on staff they are subject to random selection for testing as are other employees.
8. Doctoral student in good standing at an APA-accredited graduate program in Clinical or Counseling psychology. Persons with a doctorate in another area of psychology who meet the APA criteria for respecialization training in Clinical or Counseling Psychology are also eligible.
9. The university advisor or director of training must verify that he or she approves and recommends that the student receive an internship at this facility

as specified on the APPIC “Academic Program’s Verification of Internship Eligibility and Readiness” form.

Only 52-week (2080 hour) full-time internships are available.

### **Application Process**

To apply, applicants should send us the following via the on-line application system (APPIC):

1. The APPIC Application for Psychology Internship (AAPI)
2. A copy of your curriculum vitae
3. A transcript of your graduate courses
4. Three letters of recommendation from individuals who are acquainted with your academic performance and/or training experience.
5. Please specify in your cover letter the **two major rotations** and **one minor rotation** you are most interested. Then please specify your interest in **one alternate major rotation** and **one alternate minor rotation**. This is not an official rotation selection. Rotation selection will not be solely determined by preference. Training needs and supervisor availability also determine rotation assignment. The information will be used to set up interviews with the appropriate supervisors whenever possible.

**Please contact the Training Director with any questions.**

**Jennifer Lemkuil Ph.D.**  
**Chillicothe VAMC**  
**740-773-1141 ext 7736**  
[Jennifer.Lemkuil@va.gov](mailto:Jennifer.Lemkuil@va.gov)

### **Candidate Interviews**

All interviews are conducted individually and by invitation only. Candidates will be informed by e-mail by **December 11, 2015** concerning whether or not they have been invited for an interview. We regard interviews as a two-way process: a chance for us to learn more about you, and an opportunity for you to get a better understanding of our program. The total interview process should take about five hours. For those who are invited for an interview and are unable to visit our program in person, we will be happy to conduct an interview by telephone. An in-person interview is not required to match with our program. We adhere strictly to the selection process guidelines established by the Association of Psychology Postdoctoral and Internship Centers (APPIC).

### **Match Process**

We will follow the match policies established by APPIC. The only information that we may communicate to applicants prior to the February deadline is whether they are still under consideration for admission. Additional information regarding the match is available through the National Matching Services. ***The Chillicothe VAMC Match Number is 220411.***

Questions related to the program's accreditation status should be directed to the

Commission on Accreditation:

Office of Program Consultation and Accreditation  
American Psychological Association  
750 First St, NE  
Washington, DC 20002-4242  
Email: [apaaccred@apa.org](mailto:apaaccred@apa.org)  
Phone: (202) 336-5979  
TDD/TTY: (202) 336-6123  
Web: [www.apa.org/ed/accreditation](http://www.apa.org/ed/accreditation)

### ***Psychology Setting***

Two Thousand and Sixteen will be the fifth year for psychology internship training at the Chillicothe VAMC.



There are over 20 psychologists who provide comprehensive services to patients and their families throughout the Medical Center. They serve as members of multidisciplinary treatment teams in psychiatric care, as consulting and unit psychologists in specialized medical areas, and as coordinators or program managers of several patient care programs. In addition to clinical and administrative duties, psychologists are also actively involved in training. There is a wide range of professional activities in which an intern may engage, and a large, diverse, and experienced staff with whom to interact.

### ***Training Model and Program Philosophy***

The primary goal of the Psychology Internship program is to expand upon academic graduate studies with the knowledge and skills of evidence-based clinical practice as a psychologist. Our goal is to prepare Interns for entry level or postdoctoral positions in the field of professional psychology with particular emphasis on practice, as it relates to both the public and private sector, rural medical and mental health settings. To this end, we emphasize the development of intermediate to advanced skills in the core competencies of professional psychology, in addition to facilitating further development of relative expertise in an area of emphasis (e.g., PTSD, Serious Mental Illness).

The Psychology Internship has a focus on rural psychology with an Appalachian Veteran population. Interns will be expected to become knowledgeable of the specific challenges and health disparities to which Appalachian Veterans are vulnerable. Additionally, Interns will be expected to develop behavioral

competency for culturally-sensitive delivery of services to rural Appalachian Veterans.

Our training program's philosophy for the education and training of doctoral psychology Interns is best characterized as a practitioner-scholar model. Students are taught to use science in the service of clinical practice. This is a process that guides all decisions regarding training objectives. The psychology staff views the development of knowledge and skills related to evidence-based treatments as critical to competence in professional practice, and actively guide students through the process of incorporating evidence-based practices into their clinical work across rotations and through didactic experiences.

### ***Training Schedule and Rotations***

Between Match Day and the start of the internship, Interns communicate with the Training Director their desired training schedule for the entire year. Interns will rate their preferences for two major and one minor rotation. The training committee will review availability of rotations, the Interns' past experiences and their training goals, and determine the Interns rotations for the year. Major rotations are six months. The Intern will participate in the minor rotation for the full year of the internship. Interns will spend about twenty-four hours per week in the major rotation and eight hours per week in their minor rotation. The remainder of the work week will be divided between supervision and didactics. Interns are expected to spend at least 25% of their work week in provision of direct clinical services.

### ***Program Goals & Objectives***

Our program is organized with the goal of producing graduates with the knowledge and skills necessary to assume a number of different roles as professional psychologists. Subsumed under this overarching goal are the following nine training Goals, each of which has several objectives (Note: on the Psychology Intern Competency Assessment Form, competencies for ethics and diversity are incorporated into the competencies of several goals):

#### **Goal 1:**

*At the completion of training, Interns will be competent in **Theories and Methods of Assessment and Diagnosis***

#### **Objectives for Goal 1:**

Our Psychology Internship program will:

1. Train clinicians who are competent at using the clinical interview as an assessment tool.
2. Train clinicians who are competent in the administration and interpretation of psychological testing measures.
3. Train clinicians who are competent in the administration and interpretation of personality assessment measures.

4. Train clinicians who are competent in integrating interview and assessment findings into diagnosis and treatment recommendations.
5. Train clinicians who are effective in providing accurate feedback to clients.

**Competencies for Goal 1:**

1. Is sensitive to issues of diversity when conducting assessments, during interpretation, and when providing feedback.
2. Performs informed consent and explains limits of confidentiality.
3. Demonstrates diagnostic interviewing skills including the capacity to make a differential diagnosis.
4. Selects appropriate assessment/evaluation tools.
5. Administers measures appropriately.
6. Accurately and thoroughly interprets psychological tests and evaluation data.
7. Reviews and integrates medical record information into Interpretation, diagnosis, recommendations.
8. Writes integrated assessment reports.
9. Integrates relevant scientific literature into interpretation/impression.
10. Demonstrates awareness of and adherence to APA ethics related to assessment and diagnosis.
11. Demonstrates awareness of and adherence to VA policies and standards related to psychological assessment and diagnosis.

**Goal 2:**

*At the completion of training, Interns will be competent in **Theories and Methods of Effective Intervention***

**Objectives for Goal 2:**

Our Psychology Internship program will:

1. Train clinicians who are competent at case conceptualization.
2. Train clinicians who are competent at risk assessment.
3. Train clinicians who are competent at developing and implementing treatment plans.
4. Train clinicians who are competent at individual psychotherapy.
5. Train clinicians who are competent at group psychotherapy.

**Competencies for Goal 2:**

1. Performs informed consent and explains limits of confidentiality.
2. Integrates bio/psycho/social data from patient, medical record, and knowledgeable informants into case conceptualization.
3. Performs risk assessments consistent with standards of practice.
4. Establishes and documents goal of treatment interventions or consultations (i.e., treatment plans).
5. Develops and maintains a good working relationship with patients.

6. Uses appropriate interventions.
7. Effectively applies empirically supported treatments within clinical work.
8. Demonstrates a working understanding of process issues in clinical work.
9. Effectively accomplishes termination of therapy.
10. Maintains professional boundaries.
11. Manages caseload well.
12. Is sensitive to issues of diversity when providing group/individual Psychotherapy.
13. Demonstrates awareness of and adherence to APA ethics related to clinical Interventions.
14. Demonstrates awareness of and adherence to VA policies and standards related to psychological interventions.

**Goal 3:**

*At the completion of training, Interns will be competent in **Theories and Methods of Empirically Based/Supported Treatments***

**Objectives for Goal 3:**

Our Psychology Internship program will:

1. Train clinicians who incorporate empirical evidence related to assessment into practice.
2. Train clinicians who incorporate empirical evidence related to treatment into practice.
3. Train clinicians who adhere to evidenced based standardized protocols when available and relevant.

**Competencies for Goal 3:**

1. Uses appropriate interventions.
2. Effectively applies empirically supported treatments within clinical work.
3. Demonstrates awareness of and adherence to VA policies and standards related to psychological interventions.
4. Is able to effectively summarize relevant literature in case conferences.

**Goal 4:**

*At the completion of training, Interns will be competent in **Theories and/or Methods of Consultation***

**Objectives for Goal 4:**

Our Psychology Internship program will

1. Train clinicians who are skilled at consultation with a variety of allied health professionals.
2. Train clinicians who communicate effectively about psychological principles with other allied health professions.
3. Train clinicians who collaborate respectfully in interdisciplinary treatment planning.

4. Train clinicians who have effective presentation skills to address diverse audiences.

**Competencies for Goal 4:**

1. Develops and maintains a good working relationship with the parties involved in consultation efforts
2. Effectively works with other treatment providers
3. Is sensitive to issues of diversity in clinical consultations
4. Seeks consultation as needed to guide teaching, consultation, and presentations
5. Demonstrates awareness of and adherence to APA ethics related to consultation
6. Demonstrates awareness of and adherence to VA policies and standards related to psychological consultation

**Goal 5:**

*At the completion of training, Interns will be competent in **Theories and/or Methods of Program Evaluation***

**Objectives for Goal 5:**

Our Psychology Internship program will

1. Train clinicians who have an understanding of program evaluation

**Competencies for Goal 5:**

1. Effectively contributes to one or more program evaluation activities
2. Demonstrates awareness of and adherence to APA ethics related to evaluation
3. Demonstrates awareness of and adherence to VA policies and standards related to evaluation

**Goal 6:**

*At the completion of training, interns will be competent in **Theories and/or Methods of Supervision***

**Objectives for Goal 6:**

Our Psychology Internship program will

1. Train clinicians who are knowledgeable of supervision practices.
2. Train clinicians who are knowledgeable of ethical concerns in supervision.
3. Train clinicians who are skilled at explaining psychologist principles I like them all. Maybe we need one regarding helping students or less seasoned professionals with development of professional identity, and we need one about culture in supervisory relationships.

4. Train clinicians who are skilled in guiding less seasoned professionals in developing clinical skills and professional identity.

5. Train clinicians who are sensitive to diversity factors that may impact both clinical and supervisory relationships.

**Competencies for Goal 6:**

1. Effectively works with other treatment providers
2. Establishes clear goals, objectives, and agendas for supervision
3. Seeks consultation as needed to guide teaching and supervision
4. Demonstrates awareness of and adherence to APA ethics related to supervision
5. Demonstrates awareness of and adherence to VA policies and standards related to supervision

**Goal 7:**

*At the completion of training, interns will be competent in **Strategies of Scholarly Inquiry***

**Objectives for Goal 7:**

Our Psychology Internship program will

1. Train clinicians who recognize the importance of empirically supported practice
2. Train clinicians who are skilled at exploring, evaluating, and referencing clinical research

**Competencies for Goal 7:**

1. Is able to effectively summarize relevant literature in journal clubs and professional talks.
2. Demonstrates awareness of APA ethics in research.
3. Demonstrates awareness of diversity issues in research.
4. Completes scholarly activities of professional quality in local or national outlets (e.g., seminar presentations, professional conferences)
5. Responds professionally and effectively to feedback from supervisors and peers

**Goal 8:**

*At the completion of training, interns will be competent in **Issues of Cultural and Individual Diversity***

**Objectives for Goal 8:**

Our Psychology Internship program will

1. Train clinicians who incorporate an understanding of issues of diversity into their practices.

2. Train clinicians that are competent to work with rural populations.

**Competencies for Goal 8:**

1. Is sensitive to issues of diversity when conducting assessments, during interpretation, and when providing feedback.
2. Demonstrates awareness of issues of diversity in research.
3. Is sensitive to issues of diversity when providing group/individual psychotherapy.
4. Is sensitive to issues of diversity in clinical consultations

**Goal 9:**

*At the completion of training, interns will be competent in demonstrating a Professional Demeanor*

**Objectives for Goal 9:**

Our Psychology Internship program will

1. Train clinicians who adhere to APA ethic and behavioral standards.
2. Train clinicians who adhere to current VA Policies and Standards.
3. Train clinicians who treat others with respect.
4. Train clinicians who communicate clearly.
5. Train clinicians who exhibit professionalism in their work relationships
6. Train clinicians who exhibit consistent responsibility and dependability at work.

**Competencies for Goal 9:**

1. Presents a professional appearance and demeanor.
2. Shows a positive professional attitude towards assignment
3. Develops good relationships with other professionals.
4. Develops good relationships with peers.
5. Develops good relationships with patients.
6. Takes on responsibilities appropriately.
7. Exhibits dependability.
8. Shows good judgment.
9. Demonstrates clear and direct oral presentation.
10. Demonstrates clear and direct written presentation.
11. Demonstrates timeliness of written material
12. Demonstrates self-direction in work
13. Demonstrates confidence in relaying information to members of other disciplines
14. Responds professionally and effectively to feedback from supervisors and peers

***Program Structure***

Each Intern will be expected to complete 2 Major rotations and 1 Minor rotation. Major rotations require 24 hours per week and are 6 months in duration. Minor rotations require 8 hours per week and are 12 months in duration. Major rotations

are offered in the following areas: 1) PTSD Clinic, 2) Outpatient Mental Health Clinic, 3) Neuropsychology, 4) Acute Psychiatry/Psychosocial Residential Rehabilitation Treatment Program (PRRTP), 5) Pain Psychology, 6) Psychosocial Rehabilitation (locally named Veterans Transition and Empowerment Center, VTEC), 7) Vocational Domiciliary Program, and 8) Community Living Center. Minor Rotations are offered in 1) the Athens Community Based Outpatient Clinic, 2) Home Based Primary Care, 3) Substance Use Disorders/PTSD, 4) PTSD Clinic, and the 5). Outpatient Mental Health Clinic. Interns will have the opportunity to participate in Tele-mental Health services as we develop and integrate them into the mental health services we provide.

Interns should strive to achieve a balance of therapy and assessment experiences. Therefore, each Intern has the option of carrying additional outpatient psychotherapy cases if their major rotations do not include much therapy exposure, or to pursue additional assessment cases if their major rotations are primarily therapy. These additional experiences will be developed as needed through collaboration with the Intern in conjunction with their individualized training plan.

Each Intern will be expected to successfully demonstrate competency in comprehensive assessment. This consists of two major components. First, interns must demonstrate satisfactory completion of a Compensation and Pension (C&P) evaluation early in the year as an initial evaluation of intern assessment skills. Additionally, interns must complete a minimum of two comprehensive assessments per rotation -- for 6 total comprehensive assessments. Each assessment must be rated as satisfactory by the supervising psychologist in order to meet this criterion. Comprehensive assessments include personality, cognitive, and/or psychiatric assessment. These assessments may include C&P evaluations, inpatient psychiatry referrals, outpatient mental health referrals, or they may be assigned by any major or minor rotation supervisor. This evaluation will include complete psychosocial diagnostic evaluation including a variety of psychometric instruments.

Interns should expect to receive training in both individual and group psychotherapy. Interns will have the opportunity to co-lead certain groups with staff from a variety of disciplines including social work, nursing, psychiatry, and pharmacy. In addition to therapy groups, Interns will also have the opportunity to participate in a number of psychoeducational groups. Individual therapy experiences are available on all rotations.

Interns will be expected to become active members of interprofessional treatment teams on most rotations. They will attend staff meetings and collaborate on treatment teams with professionals from a variety of disciplines. For example, Interns would receive opportunities on the Psychosocial Residential Rehabilitation Treatment Program to partner with a multidisciplinary treatment

team (physician, clinical pharmacist, psychologists, social worker, chaplain, recreational therapist, nursing staff) to identify and address goals of rehabilitation, recovery, health maintenance, improved quality of life, and community integration. It is expected Interns involvement on multidisciplinary teams will transition from initially being a consumer of interdisciplinary information to that of active consultant to other disciplines in regards to the mental health components of Veterans' care.

### ***Training Experiences***

Below are descriptions of the rotations currently available for psychology interns at the Chillicothe VAMC. The rotations are divided into Major and Minor rotations.

#### **Major rotations**

##### **Posttraumatic Stress Disorder Clinical Team (PCT)**

**Supervisors: Carrie Robinson, Ph.D. & Jennifer Lemkuil, Ph.D.**

The PTSD Clinical Team is an outpatient clinic that treats Post Traumatic Stress Disorder resulting from military trauma (i.e., military sexual trauma, combat trauma, training accidents) with empirically supported treatments. Veterans receiving treatment include both males and females from all eras of service. The PTSD clinic will provide an intern an opportunity to learn from an interdisciplinary team that includes psychologists, peer support specialists, and a board certified psychiatrist. Interns would have opportunities to attend staff meetings, perform assessments, and conduct group and individual therapies for the treatment of PTSD. The PTSD clinic offers Prolonged Exposure Therapy (individual) and Cognitive Processing Therapy. In addition, Imagery Rehearsal Therapy for nightmares, Seeking Safety, Cognitive Behavioral Therapy for Insomnia, and Moving Forward: A Problem-Solving Therapy are commonly provided. We also provide education about PTSD to Veterans and their partners/families. Opportunities selected for interns will be guided by their interests and the clinical care being offered at the time of the rotation. In treating rural Veterans with PTSD, isolation can be one of the most significant obstacles to address in treatment. Interns will learn how to deal with this unique factor as they work with Veterans with PTSD.

##### **Mental Health Clinic**

**Supervisor: Randall Wenker, Psy.D.**

The Mental Health Clinic is comprised of a multidisciplinary team of psychologists, nurses, social workers, and psychiatrists that serves a diverse population of psychiatric outpatient Veterans. Interns have the opportunity to conduct assessment, treatment planning, individual therapy, group therapy, and compensation & pension exams (C&Ps).

The majority of Veterans utilizing the Mental Health Clinic are from rural areas, and trainees receive training in working within this context. This rotation is designed to enable the Interns to develop competent skills in the differential diagnosis of psychopathological disorders and to develop and implement

individualized treatment plans essential for successful intervention. Interns have the opportunity to work with Veterans experiencing a wide range of problems including anxiety disorders, mood disorders, adjustment disorders (including adjustment to a variety of medical problems and employment/retirement issues), anger, personality disorders, substance abuse, and marital discord.

Therapy occurs individually as well as in the context of groups. Interns choose to participate in three groups from the following offerings (the list of groups offered may change in response to increase or decline of needed services): DBT Skills, ACT, CBT-I (CBT for Insomnia), Anger Management, and Pain Management (ACT for Pain). In addition, there may be an opportunity to design and implement a psychotherapy group if the Intern so desires. Interns have the opportunity to lead psychoeducational groups in MOVE, the national weight management program designed by the VA, if interested.

Interns have the opportunity to conduct C&Ps on a weekly basis under the close supervision of a staff psychologist C&P examiner. The Intern is expected to work in collaboration with the multidisciplinary team to coordinate client care. The primary emphasis of this rotation draws from cognitive and behavioral approaches to case conceptualization, intervention, and treatment planning. The Intern's own interests and theoretical orientation are incorporated within the context of appropriate client needs. Interns receive training in evidence-based psychotherapeutic treatment.

### **Neuropsychology**

#### **Supervisor: Rebecca Resavy, Psy.D.**

The Neuropsychology rotation provides Interns with a number of assessment and professional development opportunities. The clinical requirements of the rotation include inpatient and outpatient neuropsychological evaluations. The populations served include Veterans with histories of TBI, concerns for dementia, one or more neuropsychiatric illness, and those diagnosed with a variety of neurological disorders. Educational level and quality of education and their influence on cognitive test performance are unique factors Interns will learn how to incorporate into their assessments of our rural Veteran population.

The training model adheres to the Houston Conference Guidelines on training in neuropsychology. Interns are expected to participate in weekly neuropsychology specific didactic seminars, which will be held for the entire Internship year. Didactics will cover topics ranging from an overview/review of neuroanatomy to the neuropsychological presentations of specific diseases/disorders. Case conceptualization will be enhanced through case presentations, ABCN style fact-finding presentations, and directed readings on topics specific to clinical neuropsychology. The goal of the neuropsychology rotation is to prepare Interns for successful acceptance into a formal neuropsychology post-doctoral residency/fellowship.

## **Acute Psychiatry/Psychosocial Residential Rehabilitation Treatment Program (PRRTP)**

**Supervisors: Beth Gensner, Psy.D. and Margaret DeHoff, Psy.D**

Interns assigned to this rotation will receive training opportunities on the acute psychiatric unit and PRRTP, both co-ed units with 28 and 25 beds, respectively. Interns will develop foundational competencies in assessment and intervention of a wide range of psychopathology within the context of a multidisciplinary team. There are ample opportunities to assess for risk of suicide and homicide, to provide diagnostic clarification, to offer input to the multidisciplinary team regarding readiness for discharge and treatment recommendations, and to initiate brief psychotherapy with Veterans participating in inpatient/residential treatment. Interns will have an opportunity to treat Veterans as they transition from the acute psychiatric unit to a less restrictive hospital environment. This is a unique training opportunity and challenges Interns to adjust their assessment and intervention goals across these different treatment environments. Psychometric testing is utilized as needed in order to effectively address consult requests. Interns will engage in individual and group therapy on both units, and may have an opportunity to see select Veterans for long-term therapy upon their discharge to the community. Interns will have an opportunity to develop/facilitate a group (psychoeducational and/or process-oriented) of their choosing on the units as well.

The primary emphasis of this rotation will draw from recovery-oriented (i.e., strengths-based) approaches to case conceptualization, intervention, and treatment planning. Related to this philosophy, Interns will receive training in Social Skills Training, an evidence-based treatment for individuals diagnosed with SMI. While supervised clinical experiences will be rooted in the recovery model, Interns will be challenged to continue to refine their own interests and theoretical orientation.

## **Pain Psychology**

**Supervisor: Laura Smith, Ph.D.**

Interns will participate as integrated members of our multidisciplinary pain management team working together to treat chronic pain conditions from a biopsychosocial perspective. Chronic pain can be an extremely disabling condition, and one for which traditional medical interventions are sorely limited. Cognitive, behavioral, and emotional factors are linked with chronic pain in a self-perpetuating cycle. For that reason, psychology plays a prominent role. Interns will be involved in assessment of pain conditions as well other more general psychosocial issues such as PTSD, depression, anxiety, interpersonal stressors, and substance use disorders. Interns will gain experience in individual and group treatments for chronic pain, with a special emphasis in EBT-based therapies (CBT, and possibly Motivational Interviewing). For the most part, such interventions are structured and time-limited. In treating chronic pain, common areas of focus include behavioral activation, pacing of activity, healthy lifestyle choices, cognitive restructuring, stress management, and relaxation and mindfulness skills. The Chronic Pain Rehabilitation Program (CPRP) is an

interactive outpatient program, during which groups of veterans are taught self-management skills by a nurse, a physical therapy assistant, and a psychologist. Interns will have the opportunity to participate in CPRP at a number of levels of complexity, based on experience and comfort level. Interns will also have optional exposure to biofeedback training. Depending on current needs, interns might also have the opportunity to participate in projects such as staff education, designing patient education material, and development and implementation of new programming.

### **Psychosocial Rehabilitation**

#### **Supervisors: Nathan Bidlack, Psy.D.**

The Psychosocial Rehabilitation and Recovery Center (PRRC) locally named the Veteran's Transition and Empowerment Center (VTEC), provides a unique opportunity to work with Veterans diagnosed with a Severe Mental Illness (SMI). Criteria for the program include a SMI diagnosis, such as Schizophrenia, Schizoaffective Disorder, Bipolar Disorder, Major Depressive Disorder, and severe PTSD, and a Global Assessment of Functioning (GAF) score under 50. VTEC is a supportive outpatient recovery center that is rooted in the recovery model. There are several groups offered throughout the day, including Illness Management and Recovery and Social Skills Training, an evidence-based treatment for SMI. Each Veteran is assigned a Recovery Coach that serves as their primary contact person within the program. The Recovery Coach works with the Veteran to identify individual recovery goals to help the person improve his or her overall quality of life. VTEC also emphasizes community integration and assists Veterans with identifying and participating in meaningful roles within the community based on individual preference. Veterans who are enrolled in VTEC learn the fundamental principles of psychiatric rehabilitation with an emphasis on developing and achieving individual recovery goals, improved psychosocial functioning, and greater integration in their communities of choice. The VTEC staff work with Veterans to instill hope and utilize strengths to recover from psychiatric problems. Interns involved with this rotation will learn the basic principles of psychosocial rehabilitation, and have the opportunity to complete biopsychosocial assessments, facilitate group psychotherapy, and individual psychotherapy. Interns will be able to learn about the evidenced-based practices for the SMI population, including Social Skills Training, Illness Management and Recovery, and Peer Support. They will also have the opportunity to design their own groups based on Veteran needs and approval from the VTEC team.

### **Vocational Domiciliary Program**

#### **Supervisor: Brian Macobin, Psy.D.**

The Vocational Domiciliary Program at the Chillicothe VAMC is a four-to-six-month residential program that offers mental health and vocational rehabilitation services to qualified veterans. The overall goals of the program are to prepare veterans to secure stable, gainful employment and establish independent housing in the community. In support of these goals: a staff of vocational rehabilitation counselors helps veterans prepare for and secure

employment; a full-time psychologist provides mental health services; and a full-time social worker provides case management and mental health services. Relatively common diagnoses for veterans in the program include depressive syndromes, anxiety syndromes, personality disorders, and substance dependence. Most of the veterans in the program participate in ongoing substance abuse treatment. Interns have the opportunity to work with complex symptom presentations including concurrent mood, personality, and substance use disorders.

Typical activities for the Vocational Domiciliary Program Intern may include providing individual psychotherapy, crisis intervention, and psychological assessment (especially assessment of personality and emotional functioning) services to veterans in the program. The Intern may also regularly and actively consult with vocational rehabilitation, nursing, and social work staff to facilitate care, especially for veterans with complicated treatment needs. Group programming for the vocational domiciliary is currently under development.

### **Community Living Centers**

#### **Supervisor: Shalagh Frantz, Psy.D.**

Interns selecting this rotation will receive training that includes consultation to other professionals, interdisciplinary collaboration, assessment, and intervention with a diverse population. The Community Living Center (CLC) is home to Veterans who require short or long-term care; some of whom are unable to live independently in the community. The vast majority of these Veterans have complex, overlapping medical and mental health conditions. For example: CLC residents may have multiple chronic medical problems, cognitive impairment/dementia, serious mental illness (SMI), or co-morbid psychiatric and substance abuse issues. In addition, the residents of the CLC are frequently demographically characterized as older adults/elderly, rural, and from low socioeconomic status. Loss of independence and reliance on others for care is often an issue for many older Veterans living on the CLC, particularly for our tenacious and self-reliant rural Veterans. Through collaboration with the interdisciplinary team, interns will have an opportunity to learn how to address these issues in order to help Veterans preserve as much independence as possible while ensuring they are provided with the adequate support services they need upon discharge to promote their safety. Aiding Veterans returning to a rural area with limited community support services can be a particularly daunting task.

Development of case conceptualization skills to inform diagnosis and treatment are emphasized throughout this rotation. Assessment experiences include honing diagnostic interviewing, brief cognitive assessment, lethality/risk assessments, and capacity evaluations. Evidence-based psychotherapy training opportunities include cognitive-behavioral treatment for depression. In the future, this rotation will include training in STAR-VA, which is a behavioral management program designed to assist staff in managing dementia-related behaviors. In addition, interns will also receive training in brief interventions, supportive therapy, facilitation of treatment adherence, effects of psychopharmacology,

management of behavior problems, end-of-life therapeutic interventions, stress reduction, mindfulness, caregiver support, grief counseling, and end-of-life therapeutic interventions. Professional development opportunities are abundant as a part of this rotation via participation in several interdisciplinary treatment teams (CLC units, Hospice/Palliative Care) and daily consultation with nursing, social work, and medical staff. Interns will complete this rotation having learning increased flexibility and improved time management skills that are essential for offering psychological services and completing documentation in a medical setting.

### **Minor Rotations**

Interns will typically spend one day each week working in their minor rotation. Therefore, the training opportunities may depend on which day of the week the Intern spends in the minor rotations. For example, a certain group treatment or team meeting may only occur on a specific day. Interns are encouraged to discuss rotations with potential supervisors to determine if the desired training experience matches the Intern's availability based on his or her major rotation schedule.

### **Athens Outpatient Clinic**

#### **Supervisor: Stephen Owens, Ph.D., ABPP**

As an extension of the Chillicothe VAMC, the Athens Community Based Outpatient Clinic (CBOC) provides medical and mental health care to 2000 Veterans. Most of the Veterans served in the Athens clinic reside in rural communities. Mental health services are provided in the context of a primary care clinic; multidisciplinary collaboration occurs regularly. The Athens CBOC mental health team consists of a psychiatrist, psychologist, and social worker. Training will emphasize evidence-based treatments for posttraumatic stress disorder; opportunities include training in both cognitive processing therapy and prolonged exposure in the treatment of posttraumatic stress disorder. In addition to working with Veterans diagnosed with PTSD, Interns will have the opportunity to conduct evidence-based assessment and provide cognitive behavioral interventions related to other diagnoses. Depending on an Intern's interests, Interns could work with clients suffering from a variety of psychopathology. Interns may also have the opportunity to lead/co-lead group treatments for anger management, PTSD, and relaxation training. Opportunities will also allow for trainees to complete thorough suicide assessments and create safety plans for Veterans who are suicidal but do not require hospitalization. All neuropsychological examinations are completed in Chillicothe, but CBOC trainees will administer the RBANS and mental status examinations.

### **Home Based Primary Care**

#### **Supervisors: Melissa Horn, Psy.D., Laura Fox, Ph.D., Megan Nichols, Psy.D**

Interns will work with an interdisciplinary team (i.e., physicians, nurses, dietitians, and social workers) and provide mental health services for Veterans in their homes. Clinicians in the HBPC clinic provide assessment and treatment of

emotional and cognitive disorders, including decision-making capacity assessments. The Veterans served are home-bound, geriatric, medically complex, and largely reside in rural settings. Palliative care and end-of-life issues are often the focus of treatment. Interns will also have the opportunity to work with family/caregivers providing education and support. The Intern will be assessed periodically using the graduated levels of responsibility to determine the appropriate level of supervision to be provided during the rotation.

### **Substance Use Disorder (SUD)/PTSD**

**Supervisor: Kamara McGill, Ph.D.**

SUD/PTSD Interns would help facilitate systematic and comprehensive assessment and diagnosis of posttraumatic stress disorder and substance use disorders in both SUD and PTSD settings. Clinical interviews and formal psychometric assessments are routinely done on these patients. Treatment for patients with both PTSD and SUD can be effectively delivered concurrently. We serve a diverse population with many of our Veterans being rural and others coming to our area for treatment from nearby larger cities. We work with all types of substance abuse and have a suboxone clinic for opiate dependence. Abuse of opiates and particularly prescription pain medications is a major area of concern in our rural communities; we work to address this issue through our suboxone clinic.

Interns will be trained in motivational interviewing techniques, including Motivational Enhancement Therapy, to address substance use disorders along with PTSD. Interns would co-facilitate Seeking Safety (which was developed specifically for treatment of co-occurring SUD and PTSD and has been shown to be well received by clients). In addition, the Intern would be offered the opportunity to participate in treatment of tobacco use disorders in Veterans with PTSD and other substance use disorders. Interns would participate in a multidisciplinary treatment team (Substance Abuse Treatment Program) and would have individualized opportunities based on his/her interests.

**Minors can also be offered in the outpatient mental health clinic and the PTSD rotations. See the description provided under major rotation.**

### ***Supervision***

As described in VHA Handbook 1400.04 (Supervision of Associated Health Trainees), supervision of psychology interns is provided by licensed psychologists who also are privileged providers within the VAMC medical staff organization (professional staff). To a limited degree, qualified practitioners of other disciplines within the medical center may provide supervision to psychology interns. The amount and type of supervision provided by a licensed psychologist must fulfill the requirements set forth by the Guidelines and Principles (G&P) of the APA Commission on Accreditation. For example, a minimum of four hours of supervision must be provided weekly for interns, of which two hours must be regularly scheduled individual supervision.

Each week, Interns can expect to receive at least 3 hours of individual supervision (2 hours per major, and 1 hour per minor rotation), and at least 1 hour of group supervision, at regularly scheduled times. Interns who opt for Cognitive Processing Therapy training will receive an additional 1 hour per week of group consultation. Interns will also find that supervisors are readily available for informal consultation, so actual supervisory hours will exceed minimum requirements most weeks. Supervisors are immediately accessible during times of emergency, and Interns are expected to seek supervision as soon as a crisis becomes apparent. Interns can expect that supervisors will alert them to an alternative supervisor if the primary supervisor will be inaccessible for a period of time. Style and modes of supervision vary. Videotapes, audiotapes, observation, role-plays, process notes, and co-therapy are among the tools used to aid in supervision. Interns receive supervision on their clinical work and reports, their case presentations in team meetings and seminars, their consultative/supervisory work, and their overall professional conduct. Interns should expect to be assigned readings and literature reviews as part of their supervision.

All work performed by psychology interns must be supervised. Interns must always be aware of who their supervisor is at any time they are on site. Generally, this will be consistent throughout the year. When a supervisor takes leave, they should notify their interns of the person who will be 'covering'. **No** clinical work is to be done after hours as there will be no covering psychologist available (this includes phone calls to patients). Finally, in addition to discussing psychotherapy cases, interns must have all consultation reports and progress notes co-signed by a staff psychologist.

Interns may also be provided with "vertical supervision". Vertical Supervision is supervision provided by an unlicensed psychologist. The unlicensed supervisor must be supervised by a licensed psychologist regarding the supervision of the intern. In all cases, it is ultimately the licensed and privileged supervisor who retains clinical, ethical, and legal responsibility for all supervision and patient care provided by interns. Vertical supervision by more senior psychologist trainees increases the proficiency of unlicensed psychologists developing in the area of supervision and also benefits the intern through the addition of multiple perspectives and additional oversight. Such vertical supervision does not replace the required minimum supervision provided directly to the intern by a licensed practitioner and at no time will be considered a substitute for this requirement.

### ***Didactics***

Interns will participate in a series of didactic presentations offered on a weekly basis throughout the year. Taught by staff and consultants, these seminars will be designed to educate Interns about current developments in clinical practice, research, and theory. They will consist of both general and specialized clinical

topics that focus on development of clinical knowledge and skills in assessment, psychotherapy, and consultation (e.g., differential diagnosis, evidence-based treatment for PTSD, risk assessment, and homelessness), as well as issues related to the professional practice of psychology (e.g., diversity topics, journal club, cultural competence, ethics, rural health). Some seminars will be presented in a series format in order to provide more comprehensive exposure to topics. Interns will also attend an interdisciplinary weekly didactic series held in conjunction with the Psychiatry and Pharmacy residency programs. Intern input during the year will permit addition of timely topics as training needs emerge. Interns will be encouraged to attend relevant presentations offered by other services and treatment units such as Grand Rounds as schedules permit. Interns will also have the opportunity to participate in monthly teleconferences offered by the VA (e.g., PTSD, TBI, MST).

### ***Requirements for Completion***

***It is expected that upon completion of the program all interns will demonstrate competence in the following nine general domains:***

- A. Theories and Methods of Assessment and Diagnosis
- B. Theories and Methods of Effective Intervention
- C. Theories and Methods of Empirically Based/Supported Treatments
- D. Theories and/or Methods of Consultation
- E. Theories and/or Methods of Program Evaluation
- F. Theories and/or Methods of Supervision
- G. Strategies of Scholarly Inquiry
- H. Issues of Cultural and Individual Diversity
- I. Professional Demeanor

At the beginning of the training year, each intern receives a Psychology Intern Handbook that specifies the required competency elements within each domain, along with the expected levels of performance for an Intern at the end of each quarter. The Intern is rated on a quarterly basis by each of their rotation supervisors on all competency elements that apply to their major and minor rotations.

### ***Facility and Training Resources***

All Interns are provided with office space and secure networked computers necessary for patient care and administrative responsibilities. They have access to the VA Medical Library services such entire text databases like EBSCO Host, as well as VA Intranet and Internet resources for clinical work and research.

### ***Administrative Policies and Procedures***

The Chillicothe VAMC's policy on Authorized Leave is consistent with the national standard.

***Holidays and Leave:*** Interns receive the 10 annual federal holidays. In addition,

interns accrue 4 hours of sick leave and 4 hours of annual leave for each full two week pay period as an intern, for a total of between 96 and 104 hours of each during the year.

***Due Process:*** All trainees are afforded the right to due process in matters of problematic behavior and grievances. A due process document is distributed to every intern during orientation and reviewed with them subsequently. A copy of our due process policy is available on request.

***Privacy policy:*** We collect no personal information from you when you visit our Website.

***Self-Disclosure:*** We do not require interns to disclose personal information to their clinical supervisors except in cases where personal issues may be adversely affecting an intern's performance and such information is necessary to address these difficulties.

### ***Training Staff***

**Nathan Bidlack, Psy.D. (clinical)**, Wright State University School of Professional Psychology, 2009. Assignment: Coordinator, Veteran's Transition and Empowerment Center (VTEC). Theoretical orientation: Existential and cognitive. Clinical Interests: Severe mental illness and trauma. Teaching and supervision interests: Recovery-based care for SMI, group and individual psychotherapy for SMI. Professional organizations: Division 32: Society for Humanistic Psychology. University Appointment: Wright State University School of Professional Psychology (Clinical Assistant Professor). Also: VA certified provider in Social Skills Training for Severe Mental Illness, Cognitive Processing Therapy for PTSD, and Motivational Interviewing. In my spare time, I practice tae kwon do, play video games and t-ball with my two kids, and cheer on my beloved Cincinnati Bengals and Boston Red Sox.

**Margaret DeHoff, Psy.D. (clinical)**, Indiana State University, 2010. Assignment: Acute Psychiatry/Psychosocial Residential Rehabilitation Treatment Program (PRRTP). Theoretical orientation: Integrative (primarily Interpersonal & CBT). Clinical interests: personality disorders, trauma, dissociation, interpersonal functioning. Teaching and supervision interests: interpersonal therapy, behavioral family therapy, dynamics of process groups, dissociative disorders, suicide risk assessment, treating suicidal behavior. Professional organizations: Ohio Psychological Association. Also: VA certified provider in Social Skills Training, Behavioral Family Therapy, Motivational Interviewing.

**Lindsay DeMuth, Psy.D. (clinical)**, Nova Southeastern University, 2009. Assignment: Substance Abuse Treatment Program (SATP) Program Manager. Theoretical orientation: Behavioral/Cognitive-Behavioral. Clinical interests: Health psychology, substance use disorders, weight management, sleep disorders, behavioral medicine, preventative health care, patient centered care, relationship based care. Teaching and supervision interests: motivational interviewing,

mindfulness, tobacco treatment, brief evidence based psychotherapy, program development, administration. Also: VA certified in Cognitive Behavioral Therapy for Insomnia (CBT-I), and Moving Forward (Problem Solving Therapy), VA consultant for Moving Forward. My personal interests include traveling and volunteering.

**Laura Fox, Ph.D. (clinical)**, Ohio University, 2008. Assignment: Home Based Primary Care. Ancillary clinical duties: Healthy Hearts Program. Theoretical orientation: Cognitive Behavioral, eclectic. Clinical interests: health psychology/behavioral medicine, cognitive assessment, pain management, interdisciplinary consultation/collaboration, and adult ADHD. Teaching and supervision interests: same as clinical interests. Professional organizations: American Psychological Association; Ohio Psychological Association. VA-certified provider in CBT for Chronic Pain. I live in Athens, Ohio with my husband, sons, and large (fabulous) dog. Recreational interests include hiking, playing tennis, vegetarian cooking, knitting, and spending time with family.

**Shalagh Frantz, Psy.D. (clinical)**, Wright State University School of Professional Psychology, 2014. Assignment: Community Living Centers. Theoretical orientation: Eclectic (Feminist, CBT, existential). Clinical interests: geropsychology, cognitive assessment, interdisciplinary consultation/collaboration, and palliative care. Teaching and supervision interests: geropsychology, case conceptualization, topics related to human diversity, and medical ethics. Professional organizations: Ohio Psychological Association. In my spare time, I enjoy hiking, camping, walking with my black Labrador retriever, and traveling to visit my family.

**Beth Gensner, Psy.D. (clinical)**, Spalding University, 2007; Internship: Ancora State Psychiatric Hospital, Rutgers Univ. at Camden (NJ). Assignment: Acute Psychiatry/Psychosocial Residential Rehabilitation Treatment Program (PRRTP). Theoretical orientation: Interpersonal, psychodynamic, feminist, recovery-focused. Clinical interests: Severe mental illness, multicultural populations. Teaching and supervision interests: recovery, positive psychology, effective interventions with individuals diagnosed with a severe/persistent mental illness, risk assessment, and topics pertaining to human diversity. VA certified provider in Social Skills Training (SST) for Serious Mental Illness. Crisis/back-up clinician with Scioto Paint Valley Mental Health (Pickaway County Clinic). I am a Columbus, OH native and currently live in Grove City. I spend my free time on the playground circuit with my two young children, and also enjoy weightlifting, road trips, and Netflix.

**Melissa Horn, Psy.D. (clinical)**, Wright State University School of Professional Psychology, 2007. Assignment: Home Based Primary Care. Theoretical orientation: Cognitive Behavioral, existential. Clinical interests: Health Psychology, psychocardiology. Teaching and supervision interests: Health Psychology and Geriatrics. Certified in the PAIRS method of couples counseling.

**Jennifer Lemkuil, Ph.D. (counseling)**, University of Wisconsin- Milwaukee, 2007. Assignment: Training Director and Posttraumatic Stress Disorders Clinical Team (PCT). Theoretical orientation: Cognitive Behavioral. Clinical interests: PTSD, women's mental health, military sexual trauma, empirically supported therapies for PTSD including Cognitive Processing Therapy and Prolonged Exposure, Imagery Rehearsal Therapy Teaching and supervision interests: PTSD, assessment of PTSD, women's mental health, military sexual trauma, Prolonged Exposure Therapy, sleep and nightmare therapies including Imagery Rehearsal Therapy, Cognitive Processing Therapy, and Trauma Informed Care. VA certified in Cognitive Processing Therapy for PTSD and Prolonged Exposure Therapy. I have two young boys and spend most of my time with my family.

**Brian Macobin, Psy.D. (clinical)**, Baylor University, 2010 (Internship: White River Junction VAMC, Postdoctoral Fellowship: PTSD, New Orleans VA). Assignment: Vocational Domiciliary Program, MHR RTP. Theoretical orientation: Integrative (interpersonal, dynamic, and cognitive approaches integrated through the model of Interpersonal Neurobiology). Clinical interests: personality disorders, psychological trauma. Teaching and supervision interests: case conceptualization; treatment of personality disorders, trauma, and complex comorbidities. Professional organizations: American Psychological Association. Trained in: Cognitive Processing Therapy and Prolonged Exposure for treatment of PTSD; Interpersonal Psychotherapy for Depression. My academic interests include application of dynamical systems theory to psychological systems.

**Kamara McGill, Ph.D. (clinical)**, Washington University, 2005. Assignment: Substance Abuse Treatment Program and Posttraumatic Stress Disorders Treatment Clinic. Theoretical orientation: Cognitive Behavioral. Clinical interests: Health psychology, PTSD, substance use disorders. Teaching and supervision interests: PTSD and SUD, Seeking Safety, Tobacco Treatment. Also: VA certified in Cognitive Processing Therapy for PTSD, Prolonged Exposure Therapy for PTSD, Cognitive Behavioral Therapy for Insomnia, and Moving Forward (using a problem-solving approach to achieve life's goals), VA consultant for Moving Forward. I commute to Chillicothe from Columbus daily. I really enjoy living closer to a large city and working in a more rural, close-knit community. I am married and have kids. I enjoy traveling and spending time with my family.

**Megan Nichols, Psy.D. (clinical)**, Wright State University School of Professional Psychology, 2014. Assignment: Home Based Primary Care. Ancillary clinical duties: Compensation and Pension (C&) Examinations. Theoretical orientation: Cognitive Behavioral, eclectic. Clinical interests: behavioral medicine, severe mental illness, interdisciplinary care. Teaching and supervision interests: behavioral medicine, cognitive assessment, interdisciplinary care. VA certified provider in Cognitive Processing Therapy (CPT) for PTSD. I currently live in Bellbrook, Ohio with my husband, young son, and two Yorkshire terriers

(full house!). My hobbies include: spending time with my family, traveling, and organizing...*anything*.

**Stephen J. Owens, Ph.D. (clinical), ABPP**, Purdue University, 2000.

Assignment: Athens CBOC. Theoretical orientation: Cognitive Behavioral. Clinical interests: PTSD, geropsychology, evidence-based treatments. Teaching and supervision interests: telepsychology, rural mental health. Professional organizations: American Psychological Association (div: 12(2), 18, 20, 56), Ohio Psychological Association. University Appointments: Ohio University (Adjunct). VA certified provider in Cognitive Processing Therapy for PTSD, Prolonged Exposure for PTSD, and Cognitive Behavioral Therapy for Insomnia. I am Board certified in Clinical Psychology and a Certified Tobacco Treatment Specialist. My family and I have lived in Athens for 15 years and enjoy spending time outdoors. In my personal time, I enjoy restoring and driving classic cars/trucks and playing/building banjos.

**Rebecca Resavy, Psy.D. (clinical)**, American School of Professional Psychology at Argosy University, Washington DC, 2013. Assignment: Neuropsychology. Assessment Orientation: Flexible Battery Approach. Clinical interests: Clinical Neuropsychology. Teaching and supervision interests: inpatient and outpatient clinical neuropsychology and psychological assessment. Professional organizations: American Psychological Association (Divisions 19, 40, and 56), International Neuropsychology Society. Personal information: Personal interests include traveling, adventure seeking (e.g., sky diving), comedy, yoga, and volunteering.

**William J. Resch, D.O.**, (teaching/clinical) Ohio University Heritage College of Osteopathic Medicine, 1999. Assignment: Staff Psychiatrist and Director of the Psychiatric Residency Program. Clinical and research interests; Delirium, Suicide and the Media, TMS, and Substance Abuse. University appointments: Assistant Clinical Professor at Ohio University College of Osteopathic Medicine and The Ohio State University. Current treasurer and membership committee chair of the Ohio Psychiatric Physicians Association. I am born and bred a "Buckeye" and have lived in central Ohio my entire life. Hobbies include boating, ATV/Dir Bike off-road riding, and sports/historical memorabilia collecting.

**Carrie Robinson, Ph.D. (counseling)**, The Ohio State University, 2007.

Assignment: Posttraumatic Stress Disorder Clinical Team (PCT). Theoretical orientation: Cognitive Behavioral. Clinical interests: Evidence-based treatments, PTSD. Teaching and supervision interests: Cognitive Processing Therapy, Prolonged Exposure Therapy, Cognitive Behavioral Conjoint Therapy for PTSD, Cognitive Behavioral Therapy for Insomnia. Professional organizations: American Psychological Association, Ohio Psychological Association, National Register of Health Service Providers in Psychology, Association of VA Psychologist Leaders. Also: Local Evidence Based Treatment Coordinator for facility; VISN 10 Regional Cognitive Processing Therapy Trainer and Consultant. VA certified provider in Cognitive Processing Therapy for PTSD, Prolonged Exposure Therapy for PTSD,

and Cognitive Behavioral Therapy for Insomnia. I have been working at the Chillicothe VA since 2007. I live in Pickerington, Ohio, and have four children. I was a veterinarian and co-owned a small animal practice in my previous career. I enjoy walking for exercise, and am a member of the cadre of “tunnel walkers” we have here at the VA.

**Laura Smith, Ph.D. (clinical)**, University of Kentucky, 2004. Assignment: Associate Training Director of Psychology Internship Program, Pain Management Clinic. Theoretical orientation: Cognitive Behavioral. Clinical interests: Behavioral medicine, pain management, biofeedback training, Motivational Interviewing, mindfulness meditation and relaxation training, and weight loss. Teaching and supervision interests: same as clinical interests. Professional organizations: APA. Also: I have been with the VA since 2003. I worked with spinal cord injured veterans for five years in the SCI/D long-term care unit at the Hines VA Hospital (near Chicago), after having completed my internship at the same hospital. I supervised interns, postdocs, and pre-licensure psychologists during that time. VA certified provider in CBT for Depression, Motivational Interviewing, and CBT for Chronic Pain; training consultant for CBT for Chronic Pain. I live in Circleville and am the mother of two small children and two poodles (one big, one small). My self-care activities include mindfulness, humor, and daily exercise (yoga, cardio, walking).

**Robert L. Taylor, Ph.D. (clinical)**, Bowling Green State University, 1998. Assignment: Chief Psychologist, Mental Health Care Line Manager. Theoretical orientation: Behavioral/Cognitive-Behavioral. Clinical interests: Assessment, administration. Teaching and supervision interests: biological psychology, personality. Also: University Appointments: Ohio University-Chillicothe (Adjunct.) I live in Chillicothe and have a wife, 2 children, and a collie mix. My interests include sports, particularly baseball and football. I enjoy outdoor activities such as gardening, camping, fishing, and hiking.

**Christopher Thomas, Pharm.D.**, Butler University, 2000. Assignment: Director of Clinical Pharmacy Residency. University Appointments: Clinical Associate Professor of Pharmacology at Ohio University College of Osteopathic medicine and UC college of pharmacy.

**Randall B. Wenker, Psy.D. (clinical)**, Wright State University School of Professional Psychology, 1998. Assignment: Outpatient Mental Health Clinic, EAP Coordinator. Theoretical orientation: Cognitive-Behavioral & Interpersonal. Clinical interests: Assessment, individual and group psychotherapy. Teaching and supervision interests: Didactic, supervision practicum, intern, post-doctoral students. Professional organizations: APA. VA EBT certification: ACT, CBT-I, IBCT, CPT. Father of two daughters. Owner/operator organic dairy farm. Other interests/pursuits: Health/nutrition/fitness, gardening, meditation/spirituality.

## ***Trainees***

In our first year we received 22 applications and invited 18 applicants for interviews. Our inaugural class of (2012-2013) was comprised of interns from the California School of Professional Psychology of Alliant International University; Wright State University School of Professional Psychology; and Argosy University, Washington, D.C. Our next class (2013-2014) was composed of interns from Wright State University School of Professional Psychology (2 students) and Argosy University, Twin Cities. For the 2013-2014 year we received 28 applications and invited 22 applicants for interviews. For our third year, (2014-2015) year we received 56 applications and invited 37 applicants for interviews. We matched with students from Alliant University- Los Angeles, University of Indianapolis, and Fielding Graduate University in Maryland. Our fourth year (2014-2015) intern class is from Wright State University School of Professional Psychology, Argosy University, Washington, D.C, and Midwestern University in Illinois. We received 29 applications and invited 22 to interview.

## ***Local Information***

Chillicothe and Ross County are blessed with abundant historical and recreational opportunities for people of all ages. We boast one of the best small-town museums in the nation that recently opened a \$1 million addition. We have five state parks within a 30-minute drive of the city. We have biking and hiking paths, including one atop our levee alongside the Scioto River. We have the premier outdoor drama in the United States in "Tecumseh!" We have the Chillicothe Paints baseball team - members of the top collegiate wood bat league in the country. And there's much, much more. Below are links to the websites of many of those attractions. We hope you'll join us and take advantage of our southern Ohio hospitality.

Ross-Chillicothe Convention & Visitors Bureau  
<http://www.visitchillicotheohio.com/>

Adena State Memorial  
<http://www.adenamansion.com/>

Hopewell Culture National Historical Park  
<http://www.nps.gov/hocu/index.htm>

Ross County Historical Society  
<http://www.rosscountyhistorical.org/>

Tecumseh! Outdoor Drama  
<http://www.tecumsehdrama.com/>

City of Chillicothe  
<http://www.chillicothe.com/>



Pump House Center for the Arts  
<http://www.pumphouseartgallery.com/>

Chillicothe Paints Baseball  
<http://www.chillicothepaints.com/>

Tri-County Triangle Trail  
<http://www.tricountytriangletrail.org/>

Southern Ohio Storytelling Festival  
<http://www.sostoryfest.com/>

Ohio State Fair  
<http://ohiostatefair.com/>

Ross County Fairgrounds  
<http://rosscountyfair.com/>

**Check out our nearby state parks:**

Scioto Trails  
<http://www.dnr.state.oh.us/tabid/787/Default.aspx>

Great Seal  
<http://www.dnr.state.oh.us/tabid/738/Default.aspx>

Paint Creek  
<http://www.dnr.state.oh.us/tabid/776/Default.aspx>

Tar Hollow  
<http://www.dnr.state.oh.us/tabid/792/Default.aspx>

Pike Lake  
<http://www.dnr.state.oh.us/parks/tabid/777/Default.aspx>

Lake White  
<http://www.dnr.state.oh.us/parks/tabid/760/Default.aspx>

Rocky Fork  
<http://www.dnr.state.oh.us/tabid/784/Default.aspx>

