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
Neuropsychology Match Number: 220412
Applications Due: November 12, 2019

Accreditation Status

The doctoral internship at the Chillicothe Veteran Affairs Medical Center is accredited by the Commission on Accreditation of the American Psychological Association.

*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 1st Street, NE, Washington, DC 20002-4242
Phone: (202) 336-5979 / E-mail: apaaccred@apa.org
Web: www.apa.org/ed/accreditation
TDD/TTY: (202) 336-6123
Internship Program Admissions

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:

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 profession wide competencies of 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.

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:

- Total Direct Contact Intervention Hours: YES – 450
- Total Direct Contact Assessment Hours: YES – 50

Describe any other required minimum criteria used to screen applicants:

1. Students must have written a minimum of 5 adult integrated psychological testing reports. The AAPI definition of an integrated psychological testing report is a report that includes a review of history, results of an interview and at least two psychological tests from one or more of the following categories: personality measures, intellectual tests, cognitive tests, and neuropsychological tests.
2. Students must demonstrate completion of at least three years of graduate course work
3. Doctoral student in good standing at an American Psychological Association (APA)- or Canadian Psychological Association (CPA) -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.
4. 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.

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/](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](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](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](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](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 (with hyperlinks)

- 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 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.
## Internship Admissions, Support, and Initial Placement Data

### Financial and Other Benefit Support for Upcoming Training Year

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Stipend/Salary for Full-time Interns</td>
<td>$27,187</td>
</tr>
<tr>
<td>Annual Stipend/Salary for Half-time Interns</td>
<td>NA</td>
</tr>
</tbody>
</table>

Program provides access to medical insurance for intern? Yes

- If access to medical insurance is provided
  - Trainee contribution to cost required? Yes
  - Coverage of family member(s) available? Yes
    - Coverage of legally married partner available? Yes
  - Coverage of domestic partner available? No

Hours of Annual Paid Personal Time Off (PTO and/or Vacation) 104
Hours of Annual Paid Sick Leave 104

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? Yes

Other Benefits (please describe) NA
### Post-Internship Positions

(Provide an Aggregated Tally for the Preceding 3 Cohorts)

<table>
<thead>
<tr>
<th>Position</th>
<th>Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community mental health center</td>
<td>0</td>
</tr>
<tr>
<td>Federally qualified health center</td>
<td>0</td>
</tr>
<tr>
<td>Independent primary care facility/clinic</td>
<td>0</td>
</tr>
<tr>
<td>University counseling center</td>
<td>0</td>
</tr>
<tr>
<td>Veterans Affairs medical center</td>
<td>1</td>
</tr>
<tr>
<td>Military health center</td>
<td>0</td>
</tr>
<tr>
<td>Academic health center</td>
<td>0</td>
</tr>
<tr>
<td>Other medical center or hospital</td>
<td>4</td>
</tr>
<tr>
<td>Psychiatric hospital</td>
<td>0</td>
</tr>
<tr>
<td>Academic university/department</td>
<td>0</td>
</tr>
<tr>
<td>Community college or other teaching setting</td>
<td>0</td>
</tr>
<tr>
<td>Independent research institution</td>
<td>0</td>
</tr>
<tr>
<td>Correctional facility</td>
<td>0</td>
</tr>
<tr>
<td>School district/system</td>
<td>0</td>
</tr>
<tr>
<td>Independent practice setting</td>
<td>1</td>
</tr>
<tr>
<td>Not currently employed</td>
<td>0</td>
</tr>
<tr>
<td>Changed to another field</td>
<td>0</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
</tr>
<tr>
<td>Unknown</td>
<td>1</td>
</tr>
</tbody>
</table>

**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 their primary position.
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. Neuropsychology Track applicants must submit 2-deidentified integrated assessment reports.
6. 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 one of the Training Directors with any questions.

Jenna Plumb-Sisson, Psy.D.  Stephen J. Owens, Ph.D., ABPP
Chillicothe VAMC  Chillicothe VAMC, Athens CBOC
740-773-1141 ext 7979  740-773-1141 ext 1514
Jenna.Plumb-Sisson@va.gov  Stephen.Owens@va.gov

Candidate Interviews
All interviews are conducted individually and by invitation only. Candidates will be informed by e-mail by **December 2, 2019** 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. 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. We value a fair selection process that is not influenced by candidates’ abilities (financial or otherwise) to travel to Chillicothe, thus 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 General Track Chillicothe VAMC Match Number is 220411. The Neuropsychology Track Chillicothe VAMC Match number is 220412.**

**Psychology Setting**
2020-2021 will be the ninth 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**

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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.

The Chillicothe VAMC Psychology Training program believes diversity among psychology staff and interns creates an environment that enhances and improves psychological service delivery, professional development, and the training experience as a whole. The training program, through its program development, application review and selection process, and training processes explicitly values the diverse backgrounds of all people. The training program embraces diversity in all of its forms and encourages those from diverse backgrounds to consider our training program.
Training Schedule and Rotations

Between Match Day and the start of the internship, Interns communicate with the Training Directors 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 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 Structure

The program is divided between a General Track (4 Interns) and the Neuropsychology Track (1 Intern); these tracks will have separate APPIC match codes. Applicants can apply to both tracks if desired. The most important difference between the General and Neuropsychology tracks is that the Intern selected for Neuropsychology Track will complete the Neuropsychology major rotation during the first 6 months. Interns selected in the general track are eligible to complete the neuropsychology major rotation during the second 6 months of internship.

Each Intern will be expected to complete 2 Major rotations and 1 Minor rotation. Major rotations require 22 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) Acute Psychiatry/Psychosocial Residential Rehabilitation Treatment Program (PRRTP), 4) Psychosocial Rehabilitation (locally named Veterans Transition and Empowerment Center, VTEC), 5) Community Living Center, and 6) Primary Care Mental Health Integration (PCMHI), 7) Pain psychology and 8) Neuropsychology. Minor Rotations are offered in 1) the Athens Community Based Outpatient Clinic, 2) Substance Use Disorders/PTSD, 3) PTSD Clinic, 4) Lancaster Outpatient Clinical Video Telehealth, 5) Outpatient Mental Health Clinic.

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.

Each Intern will be expected to successfully demonstrate competency in comprehensive assessment. 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 regard 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: Justine Gray, Psy.D., Jenna M. Plumb, Psy.D., & Carrie Robinson, 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, cognitive processing therapy, and eye movement desensitization and reprocessing. In addition, imagery rehearsal therapy for nightmares, cognitive behavioral therapy for insomnia, and moving forward: a problem-solving therapy are commonly provided. 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, including having the opportunity to utilize VA Video Connect (telehealth).
Mental Health Clinic
Supervisors: Jennifer L. Lemkuil, Ph.D.

The Mental Health Clinic is comprised of a multidisciplinary team of psychologists, nurses, social workers, clinical pharmacy specialists, physician assistants, 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. This rotation is designed to enable the Interns to develop competency 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, mood disorders, adjustment disorders (including adjustment to a variety of medical problems and employment/retirement issues), anger, grief, PTSD, substance abuse, and marital discord.

Therapy occurs individually as well as in the context of groups. Interns choose to participate in groups from the following offerings (the list of groups offered may change in response to increase or decline of needed services): DBT Skills, ACT for Depression, ACT for Anger, CBT-I (CBT for Insomnia), 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 under the close supervision of a staff psychologist. 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.

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.

**Psychosocial Rehabilitation**

**Supervisors: Jaclyn Hillis, Psy.D. and 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.

**Community Living Centers**

**Supervisor: Shalagh McBride, 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 learned increased flexibility and improved time management skills that are essential for offering psychological services and completing documentation in a medical setting.

**Primary Care Mental Health Integration (PCMHI)**

**Supervisors: Eric Reinhart, Psy.D. & Randall Wenker, Ph.D.**

The PCMHI team provides support to the Primary Care Patient Aligned Care Teams (PACT) at the Chillicothe VAMC. The PCMHI team consists of a nurse, a clinical pharmacist with specialty focus in psychiatry, a part-time social worker, and two full-time psychologists. A primary function of the team is to provide impromptu consultation and to address “warm handoffs” when requested by the PACT teams – such as to screen for depression, PTSD, at risk alcohol use, insomnia, suicidal ideation, dementia, treatment adherence concerns, etc. The team also offers follow-up services, including standardized symptom-based evaluations of mental health conditions commonly seen in primary care settings, medication management, symptom monitoring, brief behavioral interventions for mild to moderate symptom severity, and referral management for veterans in need of services not provided by PCMHI. Treatment concerns enrolled in behavioral medicine intervention services are limited to those that are anticipated to respond to brief, problem-focused interventions. Session length is limited to 30 minutes, with overall intervention including 5-6 sessions over a 2-3 month period. These limits are necessary to ensure the ample open access time that allows us to function as an integrated component of the PACT teams, as opposed to simply being a traditional mental health clinic that happens to be located in Primary Care. Special attention is given to avoiding booking a full schedule, which would preclude ability for real-time access by PACT clinicians for immediate veteran needs. Trainees can expect to be involved in conducting structured assessments, risk assessment, intakes for brief interventions, and implementing brief interventions, as well as consultation with PCMHI team members and PACT clinicians. Additionally, attempts are made to involve trainees in warm handoffs, at least as observers. Depending on the trainee’s clinical skill, and familiarity with our facility/available services, trainees might progress into the role of conducting warm handoffs. Our program is continuing to evolve, and trainees may also have the opportunity to contribute to program development and expansion. Trainees will work with veterans from a wide variety of SES and educational backgrounds. Although veterans from
across the lifespan access primary care service, the population seen in PCMHI tends to most often fall in the age range of 45-80 years. Many of our veterans reside in rural and/or Appalachian areas. Economic hardship is common in this area. Depressive disorders, trauma history with or without PTSD, anxiety disorders, chronic pain, substance use disorders (past/present), marital stress, insomnia, poverty, hypertension, diabetes, obesity, and COPD comprise some of the most common diagnoses or concerns for our population. Given its prevalence, trainees will inevitably work with veterans with chronic pain. Although not truly fitting within the PCMHI model for brevity, training in the VA-developed CBT-Chronic Pain protocol (a 10-session protocol), may be integrated for those trainees working with Dr. Smith.

**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 complex chronic pain from a biopsychosocial perspective, gaining an understanding of related factors such as neuroplasticity and comorbidities 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 evidence-based therapies (CBT, iRest meditation, 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 Interdisciplinary Integrative Pain Care Team is a consultative team that consists of professionals from a number of different disciplines within primary care and the pain clinic. This team meets in clinic weekly to assess and make recommendations for intractable and complex cases from primary care providers, as well as meeting administratively to plan coordinated treatment across the VAMC. Interns will have the opportunity to participate in IIPCT at a number of levels, 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.

**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 (medical and psychiatric), residential, 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, 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. Common referrals involve diagnostic clarification, treatment recommendations, capacity evaluations, and evaluation of disease progression. Interns are also able to increase
conceptualization abilities with the opportunity to provide same day feedback immediately after testing to Veterans, loved ones/caregivers, and treatment teams.

Neuropsychology Emphasis Track: The Chillicothe VAMC Neuropsychology Track will be offered for the 2019-2020 cohort for the first time since 2012. The training model adheres to the Houston Conference Guidelines on training in neuropsychology (https://theaacn.org/wp-content/uploads/2015/11/Houston_Conference.pdf). Thus, the Track is designed to further the education and training in general clinical psychology with preparation to seek specialty training in neuropsychology at the fellowship level. The ideal candidate for the Neuropsychology Track is an Intern interested in pursuing a career in neuropsychology with doctoral education in brain-behavior relationships.

Interns matching in the Track will complete the first major rotation on the Neuropsychology rotation. However, Interns in the General Psychology Track may have an opportunity to complete the Neuropsychology rotation during the second six months depending on interest. In addition to the Neuropsychology/Geropsychology didactic seminar offered to all Interns, the Track also provides additional neuropsychology specific didactic seminars, including participation in a VISN teleconference series. 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 and particular cases. Supervision will also provide time for guidance in preparation for postdoctoral fellowship applications.

Applicants interested in applying to the Neuropsychology Track should also include two de-identified neuropsychology reports and note interest in the Neuropsychology Track their cover letter. Applicants to the Neuropsychology Track should also indicate which rotations from the general track they are interested in for their second major rotation and minor rotation. Please note: applicants interested in the Neuropsychology Track can also be considered for the General Psychology Track (thus, ranking this internship twice on the APPI). While previous neuropsychology practicum experience is expected, applicants are also encouraged to demonstrate strong general psychology skills and training. This specialty track is designed for Interns who foresee a career in neuropsychological assessment but also are invested in enhancing their clinical intervention skills during internship.

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 Veteran's 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 treatment for insomnia (CBT-I). 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.

**Substance Use Disorder (SUD)/PTSD**  
**Supervisor: Kamara McGill, Ph.D. & Lindsay DeMuth, Psy.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.

**Lancaster Outpatient Clinical Video Telehealth (CVT)**  
**Supervisor: Brooke Wright, Psy.D.**

Telehealth is a means to provide care to veterans via video conferencing when veteran and provider are at different locations. Veterans and clinicians are able to see and hear one another in real time, even when in different cities. Clinicians use CVT from Community Based Outpatient Clinics (CBOCs) to provide mental health care to veterans in other CBOCs. CVT is also available for treating patients in their homes. Interns will work from Lancaster CBOC with a psychologist who provides CVT care to veterans in other Chillicothe-based CBOCs, and
possibly in their homes or other personal locations. Treatment experiences include working with veterans with a wide array of issues, typical of an outpatient veteran clinic, with an emphasis on PTSD.

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 Standards of Accreditation of the APA Commission on Accreditation. For example, a minimum of four hours of supervision must be provided weekly for interns, of which three 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. There are specific didactics that focus on neuropsychology and geropsychology topics. Intern input during the year will permit addition of timely topics as training needs emerge. Interns will also attend relevant presentations offered by other services and treatment units such as Grand Rounds. Interns will also have the opportunity to participate in monthly teleconferences offered by the VA (e.g., PTSD, TBI, MST).

Interns also participate in a monthly journal club, case presentations, several didactic presentations, and on occasion, interns present to audiences outside of the Chillicothe VA.

**Profession-Wide Competencies**

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 Profession-Wide Competencies, each of which has several specific aims and observable skills.

1. **Research:** At the completion of training, interns will be competent in Strategies of Scholarly Inquiry

   **Aims for Competency 1:** Our Psychology Internship program will:
   1. Train clinicians who recognize the importance of empirically supported practice.
   2. Train clinicians who incorporate empirical evidence related to treatment into practice.
   3. Train clinicians who are skilled at exploring, evaluating, and referencing clinical research.

   **Observable skills for Competency 1:**
   1. Is able to effectively summarize relevant literature in journal clubs and professional talks.
   2. Completes scholarly activities of professional quality in local or national outlets (e.g., seminar presentations, professional conferences).
3. Is knowledgeable about several empirically supported methods or tools for measuring clinical progress and outcomes and can administer, interpret, and appropriately utilize them to inform initial and ongoing treatment planning.

2. **Ethical and Legal Standards**: At the completion of training, interns will be competent in Ethical and legal practices.

   **Aims for Competency 2**: Our psychology Internship program will:
   1. Train providers whose practice is consistent with current APA ethics code.
   2. Train providers whose practice is consistent with VA policies and standards.
   3. Train providers whose practice is consistent with current standards of Legal Practice as it relates to the provision of psychological services in Ohio.

   **Observable skills for Competency 2**:
   1. Performs informed consent and explains limits of confidentiality.
   2. Demonstrates awareness of and adherence to APA ethics related to:
      a) Assessment and diagnosis.
      b) Consultation.
      c) Supervision.
      d) Research.
      e) Behavioral standards.
   3. Demonstrates awareness of and adherence to VA policies and standards related to:
      a) Assessment and diagnosis.
      b) Supervision.
      c) Behavioral standards.
   4. Demonstrates awareness of and adherence to Ohio state laws that Laws and Rules Governing the Practice of Psychology:
      a) Assessment and diagnosis.
      b) Supervision.
      c) Behavioral standards.

3. **Individual and Cultural diversity**: At the completion of training, interns will be competent in Cultural and Individual Diversity.

   **Aims for Competency 3**: 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 Veteran populations.
   3. Train clinicians that are competent to work with rural populations.

   **Observable skills for Competency 3**:
   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.
5. Is sensitive to issues of diversity in supervision.
6. Is sensitive to issues of diversity in case conceptualization.

4. **Professional Values, attitudes, and behaviors:** At the completion of training, interns will be competent in demonstrating a Professional Demeanor.

**Aims for Competency 4:** Our Psychology Internship program will:
1. Train clinicians who treat others with respect.
2. Train clinicians who exhibit professionalism in their work relationships.
3. Train clinicians who exhibit consistent responsibility and dependability at work.

**Observable skills for Competency 4:**
1. Presents a professional appearance and demeanor.
2. Shows a positive professional attitude towards assignment.
3. Takes on responsibilities appropriately.
4. Exhibits dependability.
5. Shows good judgment.
6. Demonstrates timeliness of written material.
7. Demonstrates self-direction in work.

5. **Communication and interpersonal skill:** At the completion of training, interns will be competent in demonstrating effective and professional communication and interpersonal skill:

**Aims for Competency 5:** Our Psychology Internship program will:
1. Train clinicians who communicate clearly and effectively.
2. Train clinicians who have effective interpersonal skill.

**Observable skills for Competency 5:**
1. Develops good relationships with other professionals.
2. Develops good relationships with peers.
3. Develops good relationships with patients.
4. Demonstrates clear and direct oral presentation.
5. Demonstrates clear and direct written presentation.

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

**Aims for Competency 6:** 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 incorporate empirical evidence related to assessment into practice.
6. Train clinicians who are effective in providing accurate feedback to clients.

**Observable skills for Competency 6:**
1. Demonstrates diagnostic interviewing skills including the capacity to make a differential diagnosis.
2. Selects appropriate assessment/evaluation tools.
3. Administers measures appropriately.
4. Accurately and thoroughly interprets psychological tests and evaluation data.
5. Reviews and integrates medical record information into interpretation, diagnosis, recommendations.
6. Writes integrated assessment reports.
7. Integrates relevant scientific literature into interpretation/impression.

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

**Aims for Competency 7:** 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.
6. Train clinicians who adhere to evidenced based standardized protocols when available and relevant.

**Observable skills for Competency 7:**
1. Integrates bio/psycho/social data from patient, medical record, and knowledgeable informants into case conceptualization.
2. Performs risk assessments consistent with standards of practice.
3. Establishes and documents goal of treatment interventions or consultation (i.e., treatment plans).
4. Develops and maintains a good working relationship with patients.
5. Uses appropriate interventions.
6. Effectively applies empirically supported treatments within clinical work.
7. Demonstrates a working understanding of process issues in clinical work.
8. Effectively accomplishes termination of therapy.
9. Maintains professional boundaries.
10. Manages caseload well.

8. ** Supervision.** At the completion of training, interns will be competent in Theories and/or Methods of Supervision.
**Aims for Competency 8:** Our Psychology Internship program will:
1. Train clinicians who are knowledgeable of supervision practices.
2. Train clinicians who are skilled at explaining psychologist principles.
3. Train clinicians who are skilled in guiding less seasoned professionals in developing clinical skills and professional identity.

**Observable skills for Competency 8:**
1. Effectively works with other treatment providers whom they are providing consultation.
2. Establishes clear goals, objectives, and agendas for supervision.
3. Seeks consultation as needed to guide teaching and supervision.
4. Responds professionally and effectively to feedback from supervisors.

**9. Consultation and interprofessional/interdisciplinary skills.** At the completion of training, Interns will be competent in Theories and/or Methods of Consultation and interdisciplinary collaboration.

**Aims for Competency 9:** 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.

**Observable skills for Competency 9:**
1. Develops and maintains a good working relationship with the parties involved in consultation efforts.
2. Effectively works with other treatment providers.
3. Demonstrates confidence in relaying information to members of other disciplines.
4. Seeks consultation as needed to guide teaching, consultation, and presentations.

**Requirements for Completion**
It is expected that upon completion of the program all interns will demonstrate competence in the following nine Profession-Wide Competencies:

A. Research  
B. Ethical and Legal Standards  
C. Individual and Cultural diversity  
D. Professional Values, attitudes, and behaviors  
E. Communication and interpersonal skill  
F. Assessment  
G. Intervention  
H. Supervision  
I. Consultation and interprofessional/interdisciplinary skills
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. At the end of the 2nd and 4th quarters, the training co-directors complete the COMPREHENSIVE Intern Competency Assessment Form. This evaluation is completed with input from supervisors, review of rotation evaluations, review of clinical documentation, input from training committee members, evaluations from case presentations, journal club presentations, and didactic presentations; audio/video recording may also be reviewed.

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 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), CPRP; pronouns: he/him/his. 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: Psychiatric Rehabilitation Association (PRA). University Appointment: Wright State University School of Professional Psychology (Clinical Assistant Professor). Also: I have completed the VA training and consultation 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 baseball with my two children, and cheer on my beloved
Margaret DeHoff, Psy.D. (clinical); pronouns: she/her. 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: I have completed the VA training and consultation in Social Skills Training, Behavioral Family Therapy, and Motivational Interviewing. When I’m not chasing around after my two kiddos, I spend as much time as I can practicing classical piano (Chopin and Beethoven being my favorites to play) and reading/watching anything sci-fi/fantasy.

Lindsay A. DeMuth, Psy.D. (clinical); pronouns she/her. Nova Southeastern University, 2009. Assignment: Psychology Program Manager, Addiction Recovery Coordinator. 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, consultation and liaison medical psychology. Teaching and supervision interests: motivational interviewing, mindfulness, tobacco treatment, brief evidence based psychotherapy, program development, administration. Also: I have completed the VA training and consultation in Cognitive Behavioral Therapy for Insomnia (CBT-I), Moving Forward (Problem Solving Therapy), and VA national consultant for Moving Forward/Problem Solving Therapy-Primary Care. My personal interests include traveling all over the globe, watching and playing sports-especially hockey and football (Go Steelers!), and volunteering at the Columbus Zoo.

Beth Gensner, Psy.D. (clinical); pronouns: she/her. 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. I have completed the VA training and consultation in Social Skills Training (SST) for Serious Mental Illness. Chillicothe VA LGBT Veteran Care Coordinator. 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.

(especially college basketball), and travelling.


organizations: American Psychological Association (div: 12(2), 18, 20, 56), Ohio Psychological Association. University Appointments: Ohio University (Adjunct). I have completed the VA training and consultation in Cognitive Processing Therapy for PTSD, Prolonged Exposure for PTSD, and Cognitive Behavioral Therapy for Insomnia. My family and I have lived in Athens for 19 years and enjoy spending time outdoors. In my personal time, I enjoy restoring and driving classic cars/trucks and playing/building banjos.

**Jenna M. Plumb-Sisson (Plumb), Psy.D. (clinical)**; pronouns: she/her/hers. Midwestern University, 2016. Assignment: Co-Training Director and Posttraumatic Stress Disorder Clinical Team (PCT). Theoretical orientation: Cognitive-Behavioral. Clinical interests: Health psychology, evidence-based psychotherapies, PTSD, and geropsychology. Teaching and supervision interests: assessment, case conceptualization, and burnout. Also: VA provider status in Cognitive Processing Therapy for PTSD, Cognitive Behavioral Therapy for Depression, MOVE! (national weight management program designed by VA), and Strength at Home (Intervention for Interpersonal Violence offenders); non-VA trained in Eye Movement Desensitization and Reprocessing and IASIS Microcurrent Neurofeedback. In my spare time, I enjoy good food, music, running, and spending time outdoors with my family and goldendoodle.

**Eric T. Reinhart, Psy.D. (clinical)**; pronouns: he/him/his. Wright State University – School of Professional Psychology, 2016. Assignment: Primary Care Mental Health Integration (PCMHI) and Prevention and Management of Disruptive Behavior (PMDB) Coordinator. Theoretical orientation: Assimilative - Behavioral/Multicultural. Clinical interests: Health psychology & behavioral medicine, mindfulness, Acceptance and Commitment Therapy (ACT), prevention and treatment of burnout, holistic models of treatment, and interdisciplinary collaboration. Teaching and supervision interests: Same as clinical interests. Professional organizations: Association for Contextual Behavioral Science (ACBS). I have completed the VA training and consultation in Cognitive Processing Therapy for PTSD and Motivational Interviewing. My family and I have lived in the Columbus area for 18 years and enjoy spending time together, whether that be outdoors or binge watching our favorite TV shows. In my personal time I enjoy participating in the Scouting program with my children, the study of martial arts, gardening, as well as foraging, cooking, and eating wild edible plants.


**Carrie Robinson, Ph.D. (counseling)**; pronouns: she/her/hers. The Ohio State University, 2007. Assignment: Outpatient Division Manager and Specialty Services Coordinator – Mental Health Care Line, to include 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 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: VISN 10 Regional Cognitive Processing Therapy Trainer and Consultant. I have completed the VA training and consultation 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 three adult children. I was formerly a veterinarian and co-owned a small animal practice until 2001. I enjoy walking for exercise, and am a member of the cadre of “tunnel walkers” we have here at the VA.

Nathan D. Shiflett, D.O. (clinical) Assistant Professor of Psychiatry at Ohio University, College of Osteopathic Medicine. Dr. Shiflett is the Psychiatry Residency Program Directory at the Chillicothe VA Medical Center in Chillicothe, OH. He graduated from Elkins High School in Elkins, WV. After earning his Bachelor of Science degree in Nursing from the Medical University of South Carolina in Charleston, SC, Dr. Shiflett obtained his medical degree at The University of Health Sciences, College of Osteopathic Medicine in Kansas City, MO. He completed his residency in psychiatry at the University of Kansas Medical Center in Kansas City, KS. He is board certified in Psychiatry from the American Board of Psychiatry and Neurology. His clinical interests include Bipolar Disorder, Schizophrenia and Somatoform Disorders.

Laura Smith, Ph.D. (clinical); pronouns: she/her/hers. University of Kentucky, 2004. Assignment: Pain Clinic; Associate Training Director of Psychology Internship Program. Theoretical orientation: Cognitive Behavioral. Clinical interests: Behavioral medicine, integrated care, ACT, yoga, Motivational Interviewing, biofeedback training, pain management, sleep disorders, and weight management. Teaching and supervision interests: similar to clinical interests. Professional organizations: American Psychology Association (APA), Association for Applied Psychophysiology and Biofeedback (AAPB), Association for Contextual Behavioral Science (ACBS). Also: I have been with the VA system 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 facility. I supervised interns, postdocs, and pre-licensure psychologists during that time. I have completed the VA training and consultation in in CBT for Depression, Motivational Interviewing, CBT for Chronic Pain, and Problem Solving Training in Primary Care; and served as a training consultant for both CBT for Chronic Pain and Problem Solving Training in Primary Care. I am board certified in biofeedback training, by the Board Certification in Biofeedback International Alliance (BCIA). Additionally, the VA sponsored two clinicians from our facility to attend a yoga teacher training program in 2017. As Yoga Alliance 200 hour Registered Yoga Teachers (RYT® 200), we now offer yoga as a wellness option for veterans. I live in Circleville with my husband, two children, two poodles, and a cat. My personal interests include family, movement (yoga, walking, hiking, biking, etc.), nutrition, mindfulness, and humor.

sports, particularly baseball and football. I enjoy outdoor activities such as gardening, camping, fishing, and hiking.

Arthur Thalassinos, M.D., Assistant Professor of Psychiatry at Ohio University, Heritage College of Osteopathic Medicine. Doctor Thalassinos is the Associate Psychiatry Residency Training Director at the Chillicothe VA Medical Center in Chillicothe, OH. Doctor Thalassinos obtained his medical degree at the Aristotelian University, Medical College of Thessaloniki, Greece. Completed his residency in psychiatry at the Ohio State University in Columbus, in Columbus Ohio and his fellowship in Geriatric Psychiatry at the University of Cincinnati in Cincinnati Ohio. Is board certified in Psychiatry and Geriatric Psychiatry. Has supervised medical students, psychiatry residents, pharmacy residents and physician assistants. Has lectured extensively over the years and has been involved in research studies of Second Generation Antipsychotics.


Brittany Weeks, Psy.D. (clinical); pronouns: she/her/hers. Marshall University, 2018. Assignment: Vocational Domiciliary Psychologist. Theoretical orientation: 3rd wave Cognitive-Behavioral (ACT, DBT), interpersonal therapy. Clinical interests: Recovery oriented care, patient centered care. Teaching and supervision interests: mindfulness, values clarification, assessment, program development. Also: VA provider status ACT-D (acceptance and commitment therapy – for depression) and CPT. My personal interests include spending time with my nieces and nephews, sports (especially watching my nieces and nephews), and caring for my many pets (4 dogs, 1 cat).


family, traveling, landscaping/gardening, and painting.

Susan B. Young, Ph.D. (counseling); pronouns: she/her/hers. Indiana University, 1997. Assignment: Marietta and Cambridge CBOC. Theoretical orientation: Feminist-Multicultural. Clinical interests: trauma, socio-cultural influences on rapport in and utilization of mental health treatment, pain management, chronic disease, biofeedback training, meditation and relaxation training. Teaching and supervision interests: developmental approaches to supervision, neuroplasticity, holistic and biopsychosocial models for pain, stress, and chronic disease. Professional organizations: APA. I have completed the VA training and consultation in CBT for Chronic Pain, trained in biofeedback, and a Level 1 teacher-in-training in iRest yoga nidra meditation. Before starting work at the VA in January 2016, I worked in private practice for six years in Athens, OH. Before that, I worked as staff psychologist at two different university counseling centers, serving as graduate student training and group coordinator in my first job and training director in my second; developed and coordinated eating disorders treatment teams in both centers, and championed best practice treatment for LGBT people, including starting a coordinated team approach to treatment for transgender individuals and running a transgender support group for many years. I live near Glouster, OH, with the love of my life in an intentional community and we have three adult children. I am an avid gardener and seed saver, and helped start a non-profit seed company as well as do gardening/cooking education in Athens in order to improve food security and chronic health concerns in the southeast Ohio region.
## Recent Application and Trainee Information

<table>
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<tr>
<th>Year</th>
<th>Applications</th>
<th>Interviews</th>
<th>Programs</th>
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| 2012-13  | 22           | 18         | 1. California School of Professional Psychology of Alliant International University  
2. Wright State University School of Professional Psychology  
3. Argosy University, Washington, D.C. |
| 2013-14  | 28           | 22         | 1. Wright State University School of Professional Psychology (2 students)  
2. Argosy University, Twin Cities |
| 2014-15  | 56           | 37         | 1. Alliant University - Los Angeles  
2. University of Indianapolis  
3. Fielding Graduate University in Maryland |
| 2015-16  | 29           | 22         | 1. Wright State University School of Professional Psychology  
2. Argosy University, Washington, D.C.  
3. Midwestern University in Illinois |
| 2016-17  | 73 (phase I) | 43 (phase I) | 1. Carlos Albizu University-Miami Campus  
2. Carlos Albizu University-San Juan Campus  
3. Immaculata University  
4. Marshall University  
5. Minnesota School Prof Psych, Argosy-Twin Cities |
|          | 33 (phase II) | 29 (phase II) |                                                                                                                                                 |
| 2017-18  | 50           | 44         | 1. Bowling Green State University  
2. Marshall University  
3. Ohio University  
4. Regent University  
5. University of Wisconsin-Madison |
| 2018-19  | 31           | 27         | 1. George Fox University  
2. Wright State University School of Professional Psychology  
3. Bowling Green State University  
4. Marshall University  
5. Chatham University |
| 2019-2020| 50 (phase I) | 42 (phase I) | 1. Bowling Green State University  
2. Eastern Kentuck University  
3. Fielding Graduate University  
4. Illinois Institute of Technology  
5. Northern Arizona University |
|          | 20 (phase II) | 10 (phase II) |                                                                                                                                                 |

### Local Information

The Chillicothe VAMC is located in a rural area. For Interns expecting to complete the Internship year without personal transportation, limited public transportation is available and can be explored here: [http://www.chillicothe.com/transit.html](http://www.chillicothe.com/transit.html).

Our facility is located about 50 miles south of Columbus and a number of psychology staff and Interns commute from this location. Columbus is the capital and largest city of Ohio and the 14th-largest city in the United States. Columbus offers a range of opportunities including an
active arts community, professional and college sports, and outdoor activities. Find out more at:  
https://www.experiencecolumbus.com/ ,
http://www.citytowninfo.com/places/ohio/columbus ,

Many psychology staff and Interns choose to live in the local area. 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. There are five state parks within a 30-minute drive of the city. The local area is rich with biking and hiking paths, including one atop our levee alongside the Scioto River. The premier outdoor drama "Tecumseh!" draws people from many states. Sports fans will enjoy 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/

Chillicothe.com
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/

Ohio State Fair
http://ohiostatefair.com/

Ross County Fairgrounds
http://rosscountyfair.com/
Check out our nearby state parks:
Hocking Hills
http://www.hockinghills.com/

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

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