



Psychology Internship Program

Richard L. Roudebush VA Medical Center
1481 West 10th Street (116P)
Indianapolis, IN 46202
(317) 988-3366
<http://www.indianapolis.va.gov/>



Applications Due: November 15th

Substance Use Disorder Recovery (1 position) – **216811**
Serious Mental Illness and Recovery (2 positions) – **216812**
Interpersonal Approaches to Wellness in Residential Treatment (1 position) - **216813**

Note: Information in this brochure reflects updates as of November 2nd, 2016.

Accreditation Status

Internship Program The doctoral internship at the Richard L. Roudebush V.A. Medical Center is a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC). This program is accredited by the Commission on Accreditation (CoA) of the American Psychological Association, effective November 5th, 2013 with the next site visit expected in 2020. For more information or questions please contact CoA at:

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

Application & Selection Procedures

Criteria for acceptance into the program

In accordance with VA policy, our internship seeks applicants who are U.S. citizens and are enrolled in APA-accredited doctoral programs in clinical or counseling psychology. In addition, we require that a prospective intern's university advisor or director of training 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. As an equal opportunity training program, the internship welcomes and strongly encourages applications from all qualified candidates, regardless of gender, gender identity, age, religion, race, ethnicity, culture, nationality, socioeconomic status, sexual orientation, disability, or other minority status. We are committed to ensuring a range of diversity among our training classes, and we select candidates representing different kinds of programs and theoretical orientations, geographic areas, ages, racial and ethnic backgrounds, sexual orientations, disabilities, and life experiences. All things being equal, consideration is given to applicants who identify themselves as veterans; as members of historically underrepresented groups on the basis of racial or ethnic status; as representing diversity on the basis of sexual orientation; or as representing diversity on the basis of disability status. These factors may be indicated on their application.

We also seek candidates who evidence professionalism, scientific mindedness and good interpersonal skills. In addition, we look for those who demonstrate strong verbal expressive skills and overall goodness-of-fit with our training program. We are interested in applicants who have obtained a range of clinical experiences but who are also interested in pursuing a range of ideas as their careers emerge. Applicants should have met the Basic Competency Requirements established by APA for readiness to

enter the Internship Program. In addition we require a minimum of 500 intervention hours, 60 assessment hours and 5 integrated reports. Other requirements include:

1. Verification by the intern's host program DCT of eligibility for participation in the APPIC internship match, which is included in the completed AAPI.
2. Enrollment in an APA Accredited clinical or counseling graduate program (Ph.D or Psy.D)
3. Successful completion of comprehensive examinations
4. Graduate GPA of 3.0 or higher
5. No evidence of significant professional conduct issues
6. Completion of academic and practicum requirements

Further VA internship eligibility requirements:

1. U.S. citizenship. VA is unable to consider applications from anyone who is not currently a U.S. citizen. Verification of citizenship is required following selection. All interns and fellows must complete a Certification of Citizenship in the United States prior to beginning VA training.
2. A male applicant born after 12/31/1959 must have registered for the draft by age 26 to be eligible for any US government employment, including selection as a paid VA trainee. Male applicants must sign a pre-appointment Certification Statement for Selective Service Registration before they can be processed into a training program. Exceptions can be granted only by the US Office of Personnel Management; exceptions are very rarely granted.
3. Interns and Fellows are subject to fingerprinting and background checks. Match result and selection decisions are contingent on passing these screens.
4. 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.
5. 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.
6. Approved for internship status by graduate program training director.
7. To be eligible for employment as a VA Psychologist, a person must be a U.S. citizen and must have completed an APA-accredited graduate program in Clinical or Counseling psychology AND must have completed an APA-accredited internship in Psychology, with the emphasis area of the degree consistent with the assignment for which the applicant is to be employed. The only exception is for those who complete a new VA internship that is not yet accredited.

Position information:

1. The stipend for the training year is \$24,083.
2. Only 52-week full-time internships are available (2088 hours).
3. Our anticipated start date is in mid-August, 2015.
4. This setting complies with all APPIC guidelines and with local licensing requirements.
5. APPIC Program Match Numbers:
 - Substance Use Disorder Recovery (1 position) – **216811**
 - Serious Mental Illness and Recovery (2 positions) – **216812**
 - Interpersonal Approaches to Wellness in Residential Treatment (1 position) - **216813**

Application Process

Our internship program participates in the APPIC match, and application must be made through the online AAPI ([APPIC Application for Psychology Internships](http://www.appic.org/)), which can be found at the APPIC website: www.appic.org/. No mail or email application materials will be accepted. We request no additional supplemental documents beyond those indicated on the APPIC website. The deadline for completed applications is **November 15th**. Interviews will be arranged for selected applicants (see *Candidate Interviews* below for more information).

Offers of acceptance will be made in agreement with the guidelines developed by the Association of Psychology Postdoctoral and Internship Centers (APPIC). APPIC Match Policies are available on the APPIC website (<http://www.appic.org/>). Applicants must obtain an Applicant Agreement from the National Matching Service (<http://www.natmatch.com/psychint>) and register for the match in order to be eligible to match to our program. This internship site agrees to abide by the APPIC Policy that no person at this training facility will solicit, accept, or use any ranking-related information from any intern applicant. We will offer appropriate guidance to all applicants during the application process. We strongly suggest that you apply to this program only if it ranks highly in terms of your personal and professional priorities.

Prior to beginning the internship year, it will be necessary for applicants selected for the internship training program to complete an Optional Application for Federal Employment (OF 612) and a Declaration for Federal Employment (OF 306). Initial drug screen and physicals are mandatory and a part of the on-boarding process. During the training year, interns are responsible for adhering to the policies and procedures of the Psychology Training Program and the Psychology Section. Also, many of the laws, rules, and guidelines that apply to federal employees are applicable to trainees in federal training positions. For example, interns may be subject to random drug screening. A copy of the policies and procedures of this training program will be made available to intern applicants during orientation at the beginning of the training year.

The application procedure includes the following steps:

1. Complete the **on-line APPIC Application for Psychology Internships**.
2. Initiate three letters of recommendation from individuals, as part of the Online AAPI.
3. Indicate in your cover letter your major track preferences. Candidates are encouraged to apply to multiple tracks.
4. All materials should be received prior to November 15th.
5. Psychology staff will review all applications and will offer interviews to those who best match with our program and clinical tracks. Preference is given to applicants who have specific training and/or research experiences that are consistent with the type of work that is performed at the Roudebush VAMC. Notification of interview status will be sent by December 15.

All correspondence and application materials should be sent to:

Training Director and Assistant Training Director

Amanda Wickett-Curtis, Psy.D
Director of Training, Psychology
Roudebush VA Medical Center
1481 W. 10th St. (116P)
Indianapolis, IN 46202

Email: amanda.wickett@va.gov
Phone: (317) 988-3366
Fax: (317) 988-5204

Selection and Interview Process

The Selection Committee is comprised of a least all three major emphasis area mentors and meets to review all applications for basic eligibility. Each emphasis area mentor selects approximately 10 applicants to invite to interview. All personal interviews are conducted individually and by invitation only. Candidates will be informed by e-mail by December 15th as to whether or not they have been invited for a personal interview. Applicants invited to interview will be informed about the emphasis area they for which they are being considered as applicants are free to apply to more than one emphasis area. Therefore, applications to more than one emphasis area does not necessarily mean that candidates will be considered for all areas of interest.

Interviews are typically held the second and third Friday of January. Interviews serve as a two-way process: a chance for us to meet and learn more about you, and an opportunity for you to meet us and 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 and answer your questions by telephone. An interview is required to match with our program.

Match Process

We will adhere strictly to 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.

Psychology Setting

The Richard L. Roudebush VAMC is a Category 1A facility located in the heart of downtown Indianapolis, and it serves veterans from a 45-county area in Indiana and Illinois. The Psychiatry Service employs 26 psychologists and includes programs representing the entire continuum of mental health services. Our facility is affiliated with the Indiana University School of Medicine and has participated in training of IU psychology interns. We maintain academic affiliations with seven APA-approved graduate psychology programs at five different universities including University of Indianapolis, Indiana University - Purdue University Indianapolis, Ball State University, Indiana State University, Indiana University-Bloomington, and Purdue University.

The psychology staff members at our facility are supervised by a lead psychologist who reports to the Chief of Psychiatry and the Chief of Patient Care Services. The 26 psychologists are organized into six groups based on similarity of function, purpose, or activities. The program is overseen by lead psychologist Steven M. Herman, Ph.D and is managed by both Director of Training Amanda Wickett-Curtis and Associate Director of Training Paul Lysaker, Ph.D. Our program is rapidly growing, and more than half of our psychologists have been hired in the past five years.

Training Model and Program Philosophy

We adhere to a practitioner-scholar training model and provide opportunities to engage in numerous clinical, educational, and research activities. Rather than developing one specific area of deep concentration, the program is designed to develop psychologists who are adept at managing a wide range of adult psychological disorders, conducting therapy in multiple modalities (e.g. individual, group, couples, and family), conducting and interpreting psychological and neuropsychological assessments, and providing psychoeducation. The emphasis areas of the internship are the provision of mental health and behavioral medicine services in recovery from substance use disorders, the residential treatment of homeless Veterans with and without substance use issues, and mental health treatment and the care of Veterans with serious mental illness. As a site serving primarily adult veterans and some active military service people, the population served is predominantly male, although a higher percentage of younger Veterans and active duty service members are women. Because we are a general medical and surgical facility rather than a neuropsychiatric facility, several of the training opportunities that we provide have a behavioral medicine or health psychology focus.

We utilize separate match numbers for each emphasis area which helps ensure that applicants are guaranteed an experience in their expressed area of interest. We also flexibly tailor our internship program to meet the training needs of each intern. No differentiation is made between clinical and counseling interns with respect to the content of their clinical training experiences.

Training Schedule and Rotations

During orientation week, interns meet with their primary supervisor/mentor and the training director to discuss their preferences regarding their training schedule for the entire year. Interns then collaboratively establish their training plan with the other supervisors who will be involved in their training. The training Director approves the training plan to ensure that it includes experiences that best meet the interns' individual training needs and interests. Interns are expected to develop a well-balanced rotation schedule rather than one that is narrowly focused. Interns are given considerable latitude in their choice of specific rotations, providing that sufficient attention is given to any training deficiencies and clinical coverage issues.

Interns can expect to participate in 12 hours of training activities weekly. Interns are expected to provide no less than an average of 10 hours of direct services per week. Interns will spend approximately 24 hours per week (3 days) in one of five major rotations and approximately eight hours per week (one day) in one of four minor rotations. Each rotation lasts six months. One exception to this is the Mindfulness rotation requirement that the intern will spend approximately four hours per week for the duration of the year. Interns may also elect to participate in the Mental Health Administration rotation in addition to other selected rotations which requires approximately 2-4 hours per week for six to 12 months depending on availability and intern interest.

In two cases, the intern's first major rotation will be in their major emphasis area: This will be the Substance Use Disorder Recovery Rotation and one of the Severe Mental Illness and Recovery major rotation (SMI). These Interns will complete a second major rotation in either the Outpatient Mental Health Clinic or Returning Combat Veteran Integrated Care. For the other two interns, the second SMI rotation and Interpersonal Approaches to Wellness in Residential Treatment rotation, their first rotation will be in either the Outpatient Mental Health Clinic or Returning Combat Veteran Integrated Care, and their placement in their major area of emphasis will occur in the second semester. For both of the SMI rotations, interns will be involved in a minor rotation in SMI during the semester in which they are in their major rotations in either the Outpatient Mental Health Clinic or Returning Combat Veteran Integrated Care. Thus both SMI rotations will involve participation in that rotation for the full year with six months devoted to the rotation as a major and six months as a minor rotation.

Program Aims and Objectives

The overall mission of the doctoral psychology internship training program is to provide a high-quality, experiential learning environment from which to cultivate ethical, scientifically grounded, psychologically flexible skills, experience, and knowledge that will guide an intern in the transition from graduate student to entry-level professional in the field of psychology. Through a developmental approach, interns will experience graduated exposure to increased autonomy as training progresses throughout the year. Specific aims of the training program include ensuring interns demonstrate competence in nine key areas including:

1. Individual and Cultural Diversity
2. Professional Values, Attitudes and Behaviors
3. Ethical and Legal Standards
4. Communication and Interpersonal Skills
5. Assessment
6. Intervention
7. Supervision
8. Consultation and Interprofessional/Interdisciplinary Skills
9. Research

Among these aims, specific objectives involve the development of foundational and functional competencies reflecting readiness for entry-level practice. Objectives related to foundational competencies include developing awareness and abilities in reflective practice self-assessment, scientific knowledge and methods, relationships, individual and cultural diversity, ethical and legal standards and policy, and interdisciplinary systems. Functional competency objectives include knowledge, skills and abilities in assessment, diagnosis and case conceptualization, intervention, consultation, research and evaluation, supervision and teaching, management and administration and science and practice. We seek to expose our interns to an array of treatment settings and therapeutic challenges as they progress through the internship year to accomplish these objectives. Interns will learn through graded exposure, based on their individual needs, readiness, and previous experience. Graduating interns develop the competencies and a sense of professional identity needed for entry-level positions or post-doctoral residencies. Interns will receive training in shared decision making, the sustenance of long term relationships, recovery and integration within interdisciplinary collaboration. See *Requirements for Completion* for more information about experiential training objectives.

Program Structure

We have four full-time funded internship positions. Interns will complete two six-month major rotations and two six-month minor rotations while supplementing training with adjunctive training experiences. Interns are guaranteed a rotation in their selected emphasis area and receive mentorship from their emphasis area supervisor. To ensure sufficient exposure to the outpatient population, each intern will be required to complete one major rotation in either the Outpatient Mental Health clinic or Returning Combat Veteran Integrated Care. Interns will also be encouraged to complete one six-month minor rotation (or 2-8 hours per week) in their major emphasis area to ensure continuity of training, sufficient contact with mentor and potential for long-term therapy cases under supervision of mentor. One primary supervisor will be associated with each major rotation and interns will be assigned a mentor who is also the primary supervisor in the intern's respective area of emphasis. Each intern has one major and one minor rotation supervisor at any given time, and each rotation supervisor provides one hour of scheduled individual supervision weekly with additional supervision provided as needed.

As interns rotate throughout their year they maintain a working relationship with their mentor who serves to provide support and guidance throughout the year. Each supervisor is responsible for selecting patients and making referrals, representing Psychology with the intern in team meetings, and scheduling individual supervision and possibly some group supervision sessions as well. One day per week will be set aside for training activities including didactics, case presentations, reading, research, special projects. Interns can expect at least two hours of individual supervision and two hours of group supervision per week. One hour of group supervision takes place in the context of treatment team staff meetings and related multidisciplinary meetings. There will also be opportunities to gain experience in supervision by providing adjunctive umbrella supervision to practicum students who are also receiving supervision by a licensed staff psychologist. The degree of responsibility given the intern and the amount of structure provided depends on his or her level of prior experience.

Interns will be formally evaluated at the mid-point and the end of each rotation and upon completion of the training year for a total of four evaluations in order to provide feedback and to cultivate a collaborative effort toward skill advancement. Interns also provide feedback to the program quarterly for the purposes of program quality enhancement. At mid-year and the year's end, interns will meet with the training director individually to discuss training issues and program quality enhancement in more depth. Please see the *Requirements for Completion* section for more information about evaluation processes.

Training Experiences

Below is a list of the five major rotations and four minor rotations that are currently available for psychology interns at the Richard L. Roudebush VA Medical Center. The specific program developed by an intern must involve the approval of the Director of Training.

Major Emphasis Area Rotations

1. Substance Use Disorder Recovery (SUDRP)
2. Serious Mental Illness and Recovery (PRRC)
3. Interpersonal Approaches to Wellness in Residential Treatment

Generalist Major Rotations (one is required)

1. Outpatient Mental Health Clinic (MHC)
2. Returning Combat Veteran Integrated Care (RCVIC)

Minor Rotations (at least one is required)

1. Neuropsychology
2. Mindfulness
3. Pain Psychology
4. Mental Health Administration (adjunctive experience)

Major Emphasis Area	Semester 1	Semester 2
Serious Mental Illness and Recovery intern #1		
Major Rotation	PRRC	MHC or (RCVIC)
Minor Rotation	?	PRRC
SMI intern #2		
Major Rotation	MHC or (RCVIC)	PRRC
Minor Rotation	PRRC	?
Interpersonal Approaches to Wellness in Residential Treatment		
Major Rotation	MHC or (RCVIC)	DOM
Minor Rotation	DOM	?
Substance Use Disorder Recovery		
Major Rotation	SUDRP	MHC or (RCVIC)
Minor Rotation	?	SUDRP

Major Rotations

The Substance Use Disorders Recovery Program (SUDRP):

Supervisor: Dominic Letizia, Psy.D., HSPP

Program: The program is designed to provide the intern with a broad range of training opportunities in the area of recovery from Substance Use Disorders. The intern will learn to function as a vital member of a multidisciplinary team within the Substance Use Disorder Recovery Program (SUDRP). This team consists of staff from a variety of disciplines including addiction psychiatrists, psychiatric residents, nurse practitioners, nursing staff, social workers, addictions therapists, and peer support counselors and offers a wide range of services including Opioid Replacement Therapy/Medication Management, Intensive Outpatient Programming, Relapse Prevention, and Individual Psychotherapy. The clinic works from both an abstinence based as well as harm reduction model which is largely dependent on the veterans specific needs, and where they fall on the transtheoretical stage change model. The clinic places a strong emphasis on integrated care and psychology as a discipline is highly valued in the treatment process.

Psychology Training Provided: Interns will receive training in Motivational Enhancement Therapy, Rational Emotive Behavioral Therapy, and Cognitive Behavioral Therapy approaches for the treatment of addiction. There will also be training opportunities for the co-facilitate/facilitate a number of different groups including Psychoeducation, Process/Psychotherapy, Relapse Prevention, and Seeking Safety (manualized treatment designed for trauma survivors with co-occurring substance use disorder). In addition to substance use related problems many of the veterans who receive services from the clinic are afflicted with co-occurring mental health disorders. As such opportunities are available to provide trauma focused psychotherapy, as well as individual psychotherapy for the treatment of depressive and anxiety related disorders. Assessment opportunities are available as well and likely to focus on understanding disorders co-occurring with substance use.

Roles and responsibilities of interns in this rotation include the following:

- Conducting assessments and lengthier addiction evaluations
- Managing a caseload of substance use disorder psychotherapy patients
- Co-facilitating addiction-related support and therapy groups
- Attending team meetings and educational activities
- Collaborating and consulting with providers representing other disciplines involved in patient care
- Utilization of evidence-based interventions (e.g., CBT, Motivational Interviewing) to promote both mental health and recovery from addiction.

Interpersonal Approaches to Wellness in Residential Treatment

Supervisor: Paul Lysaker, Ph.D., HSPP and Liz Belanger, Psy.D., HSPP

Program: The Domiciliary Residential Rehabilitation and Treatment Program (DRRTP) provides mental health care in a 50-bed program designed to address the biopsychosocial needs of male and female homeless veterans with significant health care and social-vocational needs. Patients seen in DRRTP engage in group and individual therapy, recovery planning, vocational rehabilitation, recreation therapy, and case management. The DRRTP is made up of an interdisciplinary team including a psychologist, nurse practitioner, social workers, vocational counselors, recreation therapists, peer counselors, and a chaplain. Common diagnoses treated within the clinic include personality disorders, substance use disorders, PTSD, and affective disorders. Group programming offers a range of possible experiences, including interpersonal process groups and manualized training such as DBT and Seeking Safety.

This rotation offers experiences performing group and individual psychotherapy for adults with a range of comorbid psychiatric conditions often including personality disorders. It utilizes a strong recovery framework in which meaningful recovery must be directed by the client. The clinical work and supervision is based on a metacognitive model of personality disorders which stresses interventions that assist clients to utilize integrated ideas about themselves and others to decide how to effectively respond to the psychosocial challenges posed by psychiatric conditions. This work, rather than focusing on the contents

of thoughts alone, is deeply interested in how information is pieced together to form a sense of the larger social world and to decide how to manage emotional pain. Emphasis will be placed on developing an understanding of barriers to recovery, which include stigma, emotion dysregulation, narcissism trauma history, deficits in social cognition and metacognition and demoralization, as well as methods used to formally assess these barriers and intervene accordingly. Interns will become able to deliver services in which both cognitive and intersubjective processes are utilized within psychotherapy to assist clients to take charge of their own lives. Interns will become familiar with methods for assessing metacognition and using that as a framework to guide intervention. The intern will also be able to consult and participate in interdisciplinary treatment team meetings with fellow DRRTP providers to develop comprehensive psychological conceptualizations to guide treatment planning. Opportunities to learn about supervision will be provided

Psychology Training Provided: Individual and group psychotherapy, diagnostic and personality assessment, and clinical research.

Roles and responsibilities of interns in this rotation include the following:

- Managing an individual psychotherapy caseload
- Facilitating and/or co-facilitating group psychotherapy
- Providing psychological assessment and testing
- Participating in Domiciliary treatment team meetings and educational activities
- Providing staff in-service, education, and consultation
- Collaborating and consulting with outpatient providers
- Participating in clinical research, program evaluation, and performance improvement activities

Serious Mental Illness and Recovery

Supervisor: Paul Lysaker, Ph.D., HSPP

Program: The Psychosocial Rehabilitation and Recovery Center (PRRC) is a clinic designed for persons with persistent mental illness. Patients seen in PRRC engage in group and individual therapy, and family counseling if desired. The PRRC is made up of an interdisciplinary team including psychologists, psychiatrists, nurse practitioners, social workers, and psychology trainees. Common diagnoses treated within the clinic include schizophrenia and schizoaffective disorder, bipolar disorder, personality disorders, and PTSD. Group programming offers a range of possible experiences, including process groups and social skills training.

This rotation offers experiences performing integrative group and individual psychotherapy for adults with severe mental illness. It utilizes a strong recovery framework in which meaningful recovery must be directed by the client. The clinical work and supervision is based on a metacognitive model of psychosis which stresses interventions that assist clients to form the kinds of integrated ideas about themselves and others needed to navigate the psychosocial challenges posed by psychiatric conditions. This work rather than focusing on the contents of thoughts alone is deeply interested in how information is pieced together to form a sense of oneself in the world. Emphasis will be placed on developing an understanding of barriers to recovery, which include stigma, trauma history, deficits in social cognition and metacognition and demoralization, as well as methods used to formally assess these barriers and intervene accordingly. Interns will become able to deliver services in which both cognitive and intersubjective processes are utilized within psychotherapy to assist clients to take charge of their own lives, develop their own consensually valid accounts of their recovery and to attain an acceptable quality of life. Interns may have the opportunity to offer supervision to practicum students who are providing similar services to adults with severe mental illness. Interns will become familiar with methods for assessing metacognition and using that as a framework to guide intervention.

The intern joining this rotation will have the opportunity to be involved with Dr. Lysaker in his clinical research, which has been support by federal funding since 1991. Current research is examining the impact of a new group treatment to combat stigma in SMI, study of metacognition in schizophrenia and

borderline personality disorder, and research related to the psychosocial impact of medical illnesses, including HIV and diabetes. The intern can participate at all levels of research including data collection, data analysis, and manuscript submission.

Psychology Training Provided: Individual and group psychotherapy, diagnostic assessment and clinical research.

Roles and responsibilities of interns in this rotation include the following:

- Carrying a caseload of individual psychotherapy patients during the rotation and throughout the training year
- Facilitating group psychotherapy
- Providing psychological assessment
- Attending team meetings
- Providing staff in-service and education
- Participating in ongoing clinical research

Returning Combat Veteran Integrated Care

Supervisor: Donna Lazarick, Ph.D

Program: Dr. Lazarick supervises this clinic rotation which serves veterans returning from combat deployment and provides rich opportunities to engage in psychological services. It operates according to the Medical Home Model and is a standard of integrated care across the VHA. This multidisciplinary team functions as part of the Seamless Transition Integrated Care Clinic (STICC) which also includes a primary care clinic, 6 case managers, and other ancillary services such as the homeless team, representatives from the Wounded Warrior project, the Caregiver Support Program, and Veteran's Benefits. Seamless transition following deployment is a national directive designed to remove barriers for returning veterans seeking means to readjust to civilian life. The STICC is one of the most advanced examples of this care model in the United States. Returning Combat Veteran Integrated Care is a critical part of this team and is comprised of a fully staffed team comprised of two psychiatrists, 5 social workers, and two advanced practice nurses. Dr. Lazarick supervises interns who typically participate in staffing, integrated care conferences, initial assessment, and ongoing treatment. Intern training needs and preferences will be taken into account as much as possible when assigning cases, assessments and other experiences.

Returning combat veterans participating in treatment present with a wide-range of psychological disorders and adjustment difficulties. For example, PTSD, Major Depression, complicated grief, traumatic brain injury and situational stressors, along with numerous physical ailments, which are signature wounds of the conflicts in Iraq, Afghanistan and other locations considered combat zones. To serve current combat veterans, Case management, Primary Care and OEF/OIF Mental Health are all housed in a single clinic which allows for well-coordinated care. Allied programs (Homeless Team, Veteran's Benefits, Wounded Warrior etc.) are also included. The mission is to provide a seamless transition in which veterans are able to have all of their needs met in one place while learning how to access services within the larger system. Veterans range in age from early 20's to early 60's. Interns will experience multidisciplinary teams and understand the professional role of the psychologist as evaluator and psychotherapist within the team.

Psychology Training Provided: This rotation offers a wide range of opportunities to work with diverse populations with multifaceted problems and to experience integrated patient centered care. Dr. Lazarick and Mental Health Team are very committed to providing access to high quality treatment and developing patient centered and recovery oriented treatment plans. Veterans are collaborators in the process of healing psychologically, emotionally, physically and spiritually while also adjusting to daily life by building skills to function at home, at school, and at work. If possible, interns will be able to perform two initial assessments a day until building a caseload that includes 6-9 regularly scheduled individuals over the 6 month rotation with varying levels of complexity. Opportunities for testing evaluations are readily available with an emphasis on differential diagnosis and matching evidenced based treatments to veteran needs and preferences. Initially, interns will spend time observing intakes and evaluations, participating in

groups and learning the characteristics and EBP's best suited to the clinic population. The intern may acquire a caseload with veterans who suffer from TBI/Chronic Pain/PTSD as well as readjustment issues such as unemployment, financial stress, educational challenges and so forth. Other veterans present with less complicated presentations. The intern will enhance his or her own therapeutic skills with recent combat veterans. Interns are highly valued by the entire mental health staff. The clinic strives to provide a warm and welcoming environment with plenty of support for the intern during the initial adjustment to this exciting and rich environment.

Individual, couples, group and family therapies will be available training modalities in this rotation. Crisis intervention is a critical aspect in the program as is an understanding of the complex interplay between co-morbid conditions, in particular PTSD or Mood Disorders co-morbid with Substance Use Disorders (SUDS) and/or physical conditions such as TBI, physical injuries, sleep disorders and pain. Interns will learn effective assessment and differential diagnosis with veterans in varying degrees of acute and chronic distress. This rotation offers unique opportunities to bridge services in behavioral medicine with opportunities to learn Evidence Based Psychotherapies (EBPs) such as Prolonged Exposure (PE), CBT, CBT-I, Cognitive Processing Therapy (CPT) and Motivational Interviewing (MI) as well as stress management techniques and integrated psychotherapy. Because of the rich depth and breadth of experiences available, interns will be able to tailor their experiences to meet their professional aims while gaining solid therapeutic skills to meet the needs of a wide range of individuals. Most importantly, by participating in a collaborative care environment, interns will be prepared for future employment in a variety of professional settings.

Roles and responsibilities of interns in this rotation include the following:

- Conducting walk-in triage appointments and in depth evaluations for differential diagnosis across a breadth of presenting problems
- Managing a caseload of psychotherapy patients who are returning from deployment or leaving the military
- Co-facilitating support and therapy groups
- Attending team meetings and educational activities
- Collaborating and consulting with providers representing other disciplines involved in patient care
- Utilization of evidence-based interventions (e.g., CPT, CBT-I EMDR, Motivational Interviewing, etc.) to promote both physical and mental health
- If an intern has interest in Traumatic Brain Injury, consultation with the Physical Medicine and Rehabilitation Service (PMRS) psychologist is possible.

Outpatient Mental Health

Supervisors: Carol Wright-Buckley, Ph.D., HSPP & Amanda Wickett-Curtis, Psy.D, HSPP

Program: The purpose of the rotation is to provide the intern with intensive experience in an outpatient mental health clinic. Dr. Wright-Buckley will act as lead supervisor for the intern in this rotation. The Mental Health Clinic is a very active, full-service general adult outpatient mental health clinic, serving the full and comprehensive mental health needs of all veterans. Though not required, interested interns will have the opportunity to gain experience in working with evidence-based treatment of trauma under the secondary supervision of Dr. Wickett-Curtis, in coordination with the PTSD Clinical Team.

Psychology Training Provided: Trainees may expect to treat individuals diagnosed with a wide spectrum of psychiatric disorders utilizing a variety of evidence-based individual, group, family, and marital/relationship psychotherapies including Cognitive Behavioral Therapy (CBT), Acceptance and Commitment Therapy (ACT) and Dialectical Behavioral Therapy (DBT) in application to specific disorders (depression, anxiety, personality disorder). Group psychotherapy experiences range from psychoeducational to experiential and supportive. Trainees rotating through MHC will participate with a multidisciplinary treatment team of psychiatrists, advanced nurse practitioners, psychologists, and social workers. Opportunities will be available to perform a wide variety of psychological assessments.

Dialectical Behavior Therapy Program. Dr. Wright-Buckley will provide weekly supervision for students with interest in diagnostic assessment of borderline personality disorder and evidence-based psychotherapy treatment for borderline personality disorder (BPD) in the newly developed Dialectical Behavior Therapy (DBT) Program. The program follows Dr. Marsha Linehan's dialectical cognitive behavioral model and case formulation to inform and guide treatment so relevant readings for basic knowledge of theoretical orientation will be required. The Program consists of dual elements of treatment to include weekly skills training group and weekly individual psychotherapy. Training opportunities include diagnostic assessment, learning to use a structured clinical diagnostic screening tool, opportunities to co-facilitate the structured psycho-educational skills training group and to participate on the multidisciplinary DBT consultation team. Interns may elect to continue with a veteran as a long-term therapy case. Students will be expected to carry a caseload of at least one veteran diagnosed with BPD and co-facilitate at least one of the four 8 week skills training Modules for group.

PTSD Clinical Team. Dr. Wickett-Curtis will supervise students in the evaluation and treatment of veterans participating in the Trauma Recovery Program (TRP). The TRP is a time-limited trauma-focused treatment program that offers evidence-based therapies to veterans with symptoms of PTSD. Interns will have the opportunity to learn and administer gold-standard diagnostic interviews for PTSD diagnosis including the Clinician Administered PTSD Scale for DSM-5 (CAPS-5) and PTSD Checklist (PCL-5). If the intern chooses to participate in this training opportunity, they will: carry a caseload of 1-2 veterans with PTSD symptoms; participate in weekly training and supervision of Cognitive Processing Therapy for PTSD; and will have opportunities to educate veterans, staff, and the community about signs, symptoms, and treatment of PTSD. Finally, the intern will have the opportunity to attend and participate in the multi-disciplinary PTSD Clinical Team Meetings.

Roles and responsibilities of interns in this rotation include the following:

- Carrying a caseload of individual psychotherapy patients
- Facilitating and/or co-facilitating group psychotherapy. Groups offered include but are not limited to: Cognitive Therapy for Depression; Acceptance and Commitment Therapy for Anxiety; Men's Sexual Trauma Group
- Conducting diagnostic psychological assessments
- Attending and actively participating multidisciplinary treatment team meetings
- Participating in vertical supervision of practicum students
- Learning and utilizing brief, time-limited evidence-based psychotherapies

Minor Rotations

Neuropsychology

Supervisor: Jay Summers, Ph.D., HSPP

Program: The purpose of the rotation is to provide training in neuropsychology that is tailored to the intern's previous level of experience in the area. Specifically, interns with little to no experience in neuropsychology will have the opportunity to familiarize themselves with the process of neuropsychological assessment, including learning about normative statistical comparisons, standardized test administration, basic neuropsychological test interpretation, and basic report writing. Interns with a background in neuropsychology will have the opportunity to gain more experience with complex assessment, advanced neuropsychological test interpretation, comprehensive report writing, and application of current scientific research findings. The neuropsychology program provides clinical neuropsychological consultation to the entire healthcare facility. Patients referred to the program typically complete ½ day of neuropsychological testing. Typical diagnoses of patients seen include cortical and subcortical dementia due to various etiologies, mild cognitive impairment, cognitive dysfunction associated with conditions including traumatic brain injury, hepatitis C, Parkinson's disease, and mood disorder. Other referral issues are related to mental capacity and appropriateness for medical

procedures. Results of the patient's testing are incorporated into the neuropsychological evaluation, the purpose of which is to describe the patient's current cognitive and emotional functioning, consider potential etiological factors associated with cognitive dysfunction, and offer appropriate treatment recommendations to patients and their caregivers. Interns complete neuropsychological evaluations for both inpatients and outpatients with known and suspected cognitive difficulties.

Psychology Training Provided: The intern can expect to learn a standard clinical interview and a flexible battery of neuropsychological tests, including those designed to assess engagement in the testing process. Interns will be responsible for interpreting test data and composing a neuropsychological report that contains diagnoses and recommendations applicable to the patient's treatment regimen. Interns will participate in a bi-weekly case conference offered in conjunction with the neuropsychology post-doctoral program at the Indiana University School of Medicine. Interns are assigned an average of approximately four neuropsychological cases each month. Supervision of testing is done on a one-to-one basis with a board eligible neuropsychologist.

Pain Psychology

Supervisor: Sarah Skeeters, Psy.D., HSPP

Program: The purpose of this rotation is to provide the intern with experience in pain psychology, a rapidly growing area of behavioral medicine. Many veterans live with persistent pain, and these same patients frequently present with comorbid mental health disorders (e.g., anxiety, depression, PTSD), Axis II Disorders, and Substance Use Disorders. This internship rotation is designed to familiarize the intern with the interdisciplinary treatment of persistent pain introduce them to various functions of the psychologist in this setting. There is a specific focus on evidence based treatments for chronic pain including Cognitive Behavior Therapy for Chronic Pain. Training takes place in the PM&R Chronic Pain Clinic, an interdisciplinary clinic providing specialty care to veterans with persistent pain. The program conceptualizes and treats persistent pain using a biopsychosocial approach with an emphasis on self-management. The mission of the clinic is to provide the best possible pain management care, to help ensure new opioid prescription guidelines are met, and to give patients the tools they need to maintain quality of life while coping with chronic pain. The clinic staff includes physical rehabilitation medicine physicians, psychologists, physical therapists, recreational therapists, social workers and pharmacists. The clinic also has a working relationship with the SUDRP clinic in which we provide collaborative care to veterans with co-morbid chronic pain conditions and substance use disorders.

Psychology Training Provided: The internship rotation is designed to provide experience in the assessment and treatment of veterans with persistent pain in a dynamic interdisciplinary team setting. The intern will assess pain patients to determine the role of psychosocial factors in the maintenance of pain conditions. The intern can expect to be involved in individual and/or group treatment of veterans with persistent pain. Treatment approaches are time-limited and include Cognitive-Behavioral Therapy for Chronic Pain, Acceptance and Commitment Therapy for Chronic Pain, relaxation techniques, and motivational interviewing. Interns may also provide mental health consultation to other providers in the pain clinic. There is ample opportunity for interns to participate program development (e.g., intensive outpatient group treatment services, new educational programs, etc.) as the clinic continues to grow. Other areas in which interns may elect to receive training include: psychological evaluation for spinal cord stimulator placement, development of psychoeducational materials, and analysis of outcome measures.

Mental Health Administration

Supervisor: Scott Patterson, Ph.D., HSPP

Program: The purpose of this rotation is to expose interns to the processes involved in managing a large outpatient mental health clinic. This rotation functions as an adjunctive training experience, offering exposure to administrative aspects of managing a VA mental health clinic (with the exception of disciplinary action and hiring), including policy development, program evaluation, monitoring VA performance measures, developing action plans and evaluating their outcome, and interacting with administrators of other sections within Psychiatry. Trainees will attend administrative meetings,

committee meetings, System Redesign meetings, and will learn how mental health fits into the bigger picture of the VA facility. Trainees will learn to use basic statistics and the VHA Support Service Center (VSSC) to make policy decisions.

Psychology Training Provided: Trainees will learn the basic procedures for running a mental health clinic and will learn how that clinic fits into the bigger picture of the VA facility in general. This will include learning about using statistics and data to make informed decisions about clinic operation, writing policies, and developing action plans. Direct supervision includes both scheduled and unscheduled weekly sessions. Interns will have the opportunity to receive additional supervision from staff involved in Performance Improvement, Quality Assurance, or Human Services Research and Development. Supervision is purely didactic in nature.

Mindfulness

Supervisors: Jay Summers, Ph.D., & Louanne Davis, Psy.D., HSPP

Program: The purpose of the mindfulness rotation is twofold: (1) to assist interns to develop a personal mindfulness skill base as a platform for their clinical use of mindfulness, and (2) to become familiar with and begin developing clinical skills in delivering mindfulness-based interventions. The mindfulness rotation involves training experiences in conjunction with mindfulness-based programs such as Mindfulness-Based Stress Reduction that are offered by Dr. Summers and Dr. Davis to patients referred through the Primary Care Mindfulness Clinic. Currently this consists of the 8-week Mindfulness-Based Stress Reduction Class that is offered each year in the fall, winter and summer. *The rotation requires a yearlong commitment of on average 4 hours weekly, and includes evening hours as the MBSR classes are taught on Thursdays from 4:30 to 7:00 pm with an all-day retreat on a Sunday.*

Psychology Training Provided: Personal mindfulness skills are developed when interns participate in the 8-week Mindfulness-Based Stress Reduction Course and mindfulness practice during weekly supervision. Interns will also progress from participant/observer to assisting Dr. Summers and/or Dr. Davis during a second and third cycle of the MBSR program. Past trainees have indicated how valuable this rare opportunity to observe an experienced clinician modeling how mindfulness is taught as well as receive feedback informed by direct observation of the trainee by the supervisor. Each intern will be asked to complete a mindfulness-related project during the rotation as agreed upon by the intern and supervisors, e.g. creating a mindfulness exercise or guided practice script, or written patient education materials. Interns will spend 1 hour weekly in group supervision that will include practice leading mindfulness meditations, planning for and discussing what is occurring in the MBSR classes, and discussing readings from books and research papers from journals pertaining to mindfulness and the theoretical underpinnings of clinical applications. There may be opportunities to participate in papers, presentations and workshops related to clinical applications of mindfulness.

Didactics

The Internship Seminar meets weekly throughout the year. Each two-hour session consist of topics spanning the breadth of internship rotation areas, as well as issues commonly encountered by our patients and staff. Areas covered include: Introduction to Military Culture and the VA, Psychological Disorders, Health Psychology within Primary Care, Personality Disorders and Attachment, Supervision and Consultation, Interdisciplinary Perspectives, Pharmacotherapy, Ethics and State Law, Neuropsychological Assessment, Psychotherapy Orientations and Modalities (including Prolonged Exposure and Acceptance and Commitment Therapy), Rehabilitation, First-episode and Chronic Psychosis, Metacognitive Approaches to Treatment, Assessment and Treatment of Disorders related to Traumatic Stress Exposure and related conditions, and others. Several seminars are dedicated to topics related to Professional Development. Several experiential diversity seminars are also included on training day throughout the year. Psychology staff members and some invited speakers will be responsible for the training provided in the Internship Seminar.

In addition to the Internship Seminar, one hour per week is dedicated to a group supervision seminar. This is a forum for interns to present cases, journal articles and special projects. This time will also be utilized to discuss supervision, application to post-doctorate programs, professional career development, licensure preparation and other related topics.

Requirements for Completion

It is expected that each intern will attend all scheduled didactic presentations and actively engage in the training rotations for the full duration of the assignment unless there is prior approval for the absence. Program completion requires 2088 hours of internship training activities under clinical supervision (two to four hours weekly). It is expected that, upon completion of the program, all interns will demonstrate competence in the nine general domains mentioned above.

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

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

An overall rotation score from both major and minor rotations is documented at mid-year and at the year’s end. For successful completion of internship, an intern should not receive a mean score on of less than “Level 4” in all competency domains. In addition, minimum levels of competency are required in essential domains which include those listed in the table below.

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

Despite some variability, there are Critical Foundational skills our program considers essential for the development of all psychologists. As such, the following minimum competency thresholds must be obtained order to be granted an overall score greater than or equal to Level 3:

Critical Foundational Competency Components	Minimum Score for 1st Semester Major and Minor Rotations	Minimum Score for 2nd Semester Major and Minor Rotations
Individual & Cultural Diversity: Self-Awareness	3	4
Professional Values, Attitudes & Behaviors: Self-Assessment and Self-Care	3	4
Communication and Interpersonal Skills: Affective Skills	3	4
Ethical & Legal Standards: Ethical Conduct	3	4
Research: Scientific Foundation of Psychology	3	4

Throughout the internship year, the intern will receive ongoing evaluation. If, at any point, the supervisor evaluates the intern to be performing at a substandard level, or if the intern scores lower than the minimum required scores in the Critical Foundational Competency or rotation-specific Science and Practice areas, this will prompt a remediation plan to go into effect. This written remediation plan will be developed by the intern's primary supervisor with the intern's input. The plan will be tailored to meet the

specific needs of the intern in order to enhance the areas of substandard performance and to support the intern in meeting the minimum required standards.

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

Initial Evaluation: Prior to beginning the internship, the intern completes a self-evaluation that examines experiences with specific treatments, inquires about perceived areas of strength and weakness, and helps to define overall training aims. At the beginning of internship, the intern's performance is observed closely by the primary supervisor in order to identify strengths and further assess training needs. Supervisors then share these observations informally with each other in a staff meeting one month after commencement of the first rotation and make recommendations to interns as indicated.

Rotation Evaluations: Interns are evaluated at the midpoint and end of each rotation (quarterly). This involves written evaluation of the intern's progress and performance during the rotation. The intern also evaluates the supervision received. Feedback is exchanged in order to improve the quality of supervision and to facilitate the professional development of the intern. At the end of each rotation, training staff meets to evaluate each intern's progress according to specific criteria that have been provided in written form to interns during the first week of internship. The Supervising Psychologist communicates the results of this evaluation to each intern individually. The evaluation serves to establish aims for the second half of the internship.

Final Evaluation: This follows the same format as the end-of-rotation evaluation and occurs during the final month of the internship. Each intern completes a written evaluation of the internship experience as well, including recommendations for change, and this is submitted to the Director of Psychology Training and overall results are shared with training staff. Each intern completes a written evaluation of the internship experience as well, including recommendations for change, and this is submitted anonymously to the Director of Psychology Training. Results are discussed with the training committee and are utilized to improve program quality.

Specific Program Requirements for Successful Completion of the Internship

1. Diversity/Issues related to individual and group differences are addressed as an integral part of all clinical material addressed. In addition to this, we require special emphasis diversity experiences which include the completion of a Diversity Project. For this project, the intern selects a dissonant area of diversity to pursue either within their assigned major or minor rotations, organization treatment areas, or volunteer organization within the community at large, in which they are exposed to a patient population, treatment issue, or therapeutic service area that differs significantly from their own area of comfort or experience. Interns write a reaction paper and present their experience, findings, and key leanings about themselves and others in group supervision (diversity seminar)
2. Case conceptualization and presentation
 - a. Present at least two case studies in a didactic presentation, which employs your theoretical orientation, client conceptualization and treatment description. Explain your conceptualization of patient's symptoms and diagnosis based on your orientation. Two articles relevant to the case (e.g. describing the theory, evidence based treatment, challenges in working with the population) should be provided to fellow interns and training director the week prior to the presentation
3. Caseload sufficient that a minimum average of 10 client hours/week face-to-face direct service is provided
 - a. During the year, the intern will carry at least 3 individual therapy cases at all times.
 - b. Within the first month of internship, students are encouraged to contact their respective licensing board to ascertain if this requirement will fulfill their state licensing requirement
4. Interns are required to complete 12 comprehensive assessments that respond to the referral question and integrate appropriate data to provide diagnostic and/or treatment recommendations using at least three measures

5. Lead or Co-lead at least 2 psychotherapy (either psycho-educational or process-oriented) groups with a minimum of 6 sessions each
6. Video or audio-tape sessions or be involved in “live” supervision.
 - a. A sampling of assessment and/or therapy sessions at the beginning of the rotation will be observed by the rotation supervisor either via means of audio/video recording or through live observation. Recording or live observation throughout the duration of the rotation will be left up to the discretion of the rotation supervisor who will base their decision on intern needs, interest, and time availability/practical logistics.
 - b. have tape ready for supervision
 - c. provide information for case conceptualization (see #2)
7. Attend all intern didactic seminars unless on Leave Status. Participation in didactic seminars including those involving training in competency based supervision and clinical consultation are required for completion. Interns will complete a pre-test and a post-test for these trainings to demonstrate learning. If on Leave Status, this requirement has been made-up by completing a response paper that evidences intern’s review of relevant literature and response summarizing the topic missed. When appropriate, interns may also elect to complete a different self-guided learning task and take the pre-test and post-test for that topic area
8. Complete Hours Log and submit monthly summary of training hours to training director.
9. Attend 1 professional development activity per month. (This may include psychology grand-rounds, psychiatrically oriented medical staff luncheon, IUSM neuropsychology case presentation, Seminars/Conferences at the local, regional, or national level).
10. Be prepared for and attend 4 hours of supervision per week
Intern supervision is regularly scheduled and sufficient relative to the intern’s professional responsibility assuring at a minimum that a full-time intern will receive 4 hours of supervision per week, at least 2 hours of which will include individual supervision.
11. Present didactic seminar on topic of choice at psychologist’s meeting.
12. Mean score of ‘level 3’ or greater in all competency domains except Individual & Cultural Diversity: Self-Awareness, Professional Values, Attitudes & Behaviors: Self-Assessment and Self-Care, Communication and Interpersonal Skills: Affective Skills, Ethical & Legal Standards: Ethical Conduct and Research: Scientific Foundation of Psychology, which must be at ‘level 3’ or greater by mid-year and ‘level 4’ or greater by the year’s end
13. Engage in umbrella supervision of practicum students

University Contacts: We follow the Councils of Chairs of Training Councils (CCTC) guidance for communication between host program. During the month preceding internship, the Director of Psychology Training corresponds with the university director of clinical/counseling training for each incoming intern. A copy of this brochure is sent to the directors. This affords the university faculty an opportunity to communicate with the Director of Psychology Training about the internship and the training needs of their students. Competency evaluations at mid year and upon the year’s end are sent to host program DCT. Additional exchanges between the internship and the intern’s academic program faculty are welcome and may be necessary under special circumstances.

Facility and Training Resources

Interns are provided with office space and will each have his or her own computer and phone, along with space to write reports and notes. They have access to the online VA Medical Library, as well as the Medical Library located on the grounds. A program support assistant serves psychology and assists interns in scheduling and managing appointments.

Administrative Policies and Procedures

Our internship policy and procedure manual covers all domains applicable to our trainees, including, but not limited to (a) Administrative (e.g., training committee structure and function, intern’s involvement in faculty meetings, intern selection, evaluations of interns, faculty, rotation, etc.); (b) Training (e.g.,

compliance with training and ethical requirements, outside placements, supervisor qualifications, rotation placement changes, etc.); and (c) Other (e.g., grievance procedures, disciplinary procedures.). Our privacy policy is clear: we will collect no personal information about you when you visit our website, and our internship program does not require self-disclosure.

Due Process: A specific policy is established to ensure and guide due process for all interns. Grievances covered by this policy include, but are not limited to (a) challenging a performance rating, (b) grievances, against clinical, teaching, supervision, or other professional behavior of faculty member(s); or (c) challenging a program policy or procedure. (This policy does not deny the intern's right to grieve directly to the Chief of Staff or the Human Resources Management Service.)

Leave policies follow the national VA standards for sick and annual leave. Five working days of Authorized Absence will be granted for approved professional activity including attendance at educational events, conferences, dissertation defense, and similar activities. To be approved, educational events or conferences must be relevant to practice or research in clinical or counseling psychology. The professional relevance of the activity is judged by the Director of Psychology Training after consulting with the intern, the immediate supervisor and, if necessary, the Training Committee.

Training Staff

PSYCHOLOGY STAFF QUALIFICATIONS AND INTERESTS

BELANGER, Liz

Current VA Position: Clinical Psychologist, Domiciliary Residential Rehabilitation Treatment Program (DRRTP)

Degree: Psy.D., University of Indianapolis, 2016

VA Hire: 2016

Doctoral Internship: Roudebush VA, Interpersonal Approaches to Wellness in Residential Treatment 2015-2016

E-mail address: Elizabeth.belanger2@va.gov

Theoretical Orientation: Integrated metacognitive and interpersonal

Areas of clinical specialization: personality disorders, trauma, substance use

Publications: Clinical research focusing on intersubjectivity in therapy with persons diagnosed with schizophrenia, qualitative research

Teaching/Training Interests: Supervision, professional development

BOO, Jenelle N.

Current VA Position: Clinical Psychologist, Director of PTSD Clinical Team

Degree: Ph.D., Ball State University, 2010

VA Hire: 2013

Doctoral Internship: Illinois State University, Student Counseling Services, 2009-2010

E-mail address: jenelle.boo@va.gov

Licensure: Virginia (2011)

Theoretical Orientation: Integrated Interpersonal, Feminist, Cognitive Behavioral

Areas of clinical specialization: PTSD, Sexual Trauma, Interpersonal Trauma, Spirituality, College Student Development

Publications: Interpersonal Relationships, Attachment, Career Development and Dual Roles, Giftedness

Professional Organizations: American Psychological Association (Division 17, Counseling Psychology; Division 35; Society for the Psychology of Women)

Teaching/Training Interests: Evidence-Based Therapy for PTSD, Diversity Issues (Spirituality, Gender), Sexual Assault, Supervision

DAVIS, Louanne W.

Current VA Position: Clinical Research Psychologist

Area of Specialization: Clinical Psychology

Degree: Psy.D., University of Indianapolis, 2001

VA Hire: 2001

Doctoral Internship: Northeastern Ohio Universities College of Medicine, 2001-2002

E-mail address: louanne.davis@va.gov

Licensure: Indiana (2003)

Theoretical Orientation: Integrative: Cognitive-Behavioral, Mindfulness-Based

Areas of clinical specialization: Serious Mental Illness, Mindfulness-Based Interventions, Vocational Rehabilitation

Publications: Schizophrenia, Therapeutic Alliance, Mindfulness, Cognitive-Behavioral Therapy, Vocational Rehabilitation

Professional Organizations: Association for Behavioral and Cognitive Therapies, Society for Psychotherapy Research, American Psychological Association, Indiana Psychological Association

Intern Training Rotation: Mindfulness

Teaching/Training interests: adaptation and evaluation of cognitive and mindfulness-based interventions for chronic mental and physical illnesses, development of therapeutic alliance

LAZARICK, Donna

Current VA Position: Clinical Psychologist, Seamless Transition Integrated Care Clinic (OEF/OIF)

Area of Specialization: Counseling Psychology

Degree: Ph.D., University of Notre Dame, 1985

Doctoral Internship: University of Cincinnati Counseling Center, 1985-1986

VA hire: 2008

E-mail address: Donna. Lazarick@va.gov

Licensure: Indiana, 1987

Theoretical Orientation: Integrative; Cognitive-Behavioral, Interpersonal and EMDR

Areas of clinical specialization: Treatment of Trauma and MST, Group, individual and couples therapy

Publications: Depression and Social Skills, Exercise of Volition

Professional Organizations: American Psychological Association,

Intern Training Rotation: Returning Combat Veteran Integrated Care

Teaching/Training interests: Treatment of PTSD for survivors of combat, sexual assault, childhood abuse, and other traumatic events; exploration of co-morbidities and preferred treatment modalities in the current returning veteran's population as well as the further development of the integrated care model.

LETIZIA, Dominic

Current VA Position: Staff Psychologist, Substance Use Disorder Recovery Program

Degree: Psy.D., University of Indianapolis

Doctoral Internship: Illiana VA, Danville IL. 2013-2014

VA Hire: 2014

Email Address: dominic.letizia@va.gov

Licensure: Indiana 2015

Theoretical Orientation(s): Rational Emotive Behavioral Therapy; Motivational Enhancement Therapy

Areas of clinical specialization: Co-Occurring Substance Use and Mental Health Disorder

Intern Training Rotation: Substance Use Disorder Recovery Program

Teaching/Training Interests: Individual and Group Therapy for Co-Occurring Disorders

LYSAKER, Paul H

Current VA Position: Staff Psychologist, Psychosocial Rehabilitation and Recovery Center

Area of Specialization: Clinical Psychology

Degree: Ph.D., Kent State University, 1991

Doctoral Internship: West Haven VAMC, 1988-1989

VA hire: 1998

E-mail address: plysaker@iupui.edu

Licensure: Indiana 1995

Theoretical Orientation: Integrative

Areas of clinical specialization: Integrative Psychotherapy, Metacognitive and intersubjectively focused psychotherapy for persons with serious mental illness

Publications: Psychosis, schizophrenia, vocational rehabilitation, psychotherapy, stigma, phenomenology, trauma, metacognition, theory of mind, insight

Professional Organizations: American Psychological Association

Intern Training Rotation: Serious Mental Illness and Recovery

Teaching/Training interests: Psychotherapy and metacognition

PATTERSON, Scott M.

Current VA Position: Staff Psychologist, Local Recovery Coordinator

Area of Specialization: Clinical Psychology

Degree: Ph.D., Louisiana State University, 2008

Doctoral Internship: Washington DC VAMC, 2006-2007

VA hire: 2006

E-mail address: scott.patterson2@va.gov

Licensure: Indiana (2010)

Theoretical Orientation: Cognitive-Behavioral

Areas of clinical specialization: Rehabilitation psychology, Severe Mental Illness, Substance use disorders

Publications: Substance use, Decision Making, Expectancy Theory

Professional Organizations: Society for Research on Nicotine and Tobacco

Training Rotation: Mental Health Administration

Teaching/Training interests: Rehabilitation and recovery processes with chronic mental health issues, decision-making and risk-taking, cognitive strategies and engagement in mental health services

SCHNUR, Kristoffer

Current VA Position: Health Behavioral Coordinator/Clinical Psychologist

Area of Specialization: Clinical Psychology

Degree: Ph.D., Counseling Psychology, Indiana State University, 2009

Doctoral Internship: GEO Care South Florida State Hospital 2008-2009

VA hire: December 2012

E-mail address: Kristoffer.schnur@va.gov

Licensure: Indiana (2010)

Theoretical Orientation: Integrative

Areas of clinical specialization: CBT-I for Insomnia, general psychotherapy, psychological testing, behavioral health assessments, Training providers in patient centered communication (Motivational Interviewing), Tobacco cessation, health psychology

Teaching/Training interests: CBT-I for Insomnia, general psychotherapy, psychological testing, behavioral health assessments, Training providers in patient centered communication (Motivational Interviewing), Tobacco cessation, health psychology

SKEETERS, Sarah

Current VA Position: Staff Psychologist, PMRS Chronic Pain Clinic

Area of Specialization: Clinical Psychology

Degree: Psy.D., University of Indianapolis, 2014

Doctoral Internship: Hunter Holmes McGuire VAMC, Richmond, VA 2013-2014

Postdoctoral Fellowship: Dayton VAMC Postdoctoral Fellowship Program Emphasis in Primary Care Integration, Women's Health, and Behavioral Medicine, 2014-2015

VA hire: 2015

E-mail address: Sarah.Skeeters@va.gov

Licensure: Indiana (2015)

Theoretical Orientation: Cognitive-Behavioral

Areas of clinical specialization: Clinical psychology, health psychology
Professional Organizations: American Psychological Association
Intern Training Rotation: Chronic Pain Clinic
Teaching/Training interests: Coping with chronic pain, PTSD and chronic pain, coping with chronic illness, health psychology

SUMMERS, Jay

Current VA Position: Staff Psychologist, Primary Care
Area of Specialization: Clinical Psychology
Degree: Ph.D., University of Kansas, 1993
Doctoral Internship: Palo Alto VAMC, 1992-1993
Postdoctoral Fellowships: Postdoctoral Fellow in Clinical Neuropsychology, Rehabilitation Institute of Michigan, Detroit, Michigan 1993-1994; Postdoctoral Fellow in Clinical Neuropsychology, Barrow Neurological Institute/St. Joseph's Hospital & Medical Center, Phoenix, Arizona, 1994-1995
VA hire: 2012
E-mail address: jay.summers@va.gov
Licensure: Arizona (1994)
Theoretical Orientation: Cognitive-Behavioral
Areas of clinical specialization: Clinical neuropsychology, rehabilitation psychology, health psychology
Professional Organizations: American Psychological Association, Arizona Psychological Association
Intern Training Rotation: Mindfulness, neuropsychology
Teaching/Training interests: Psychological assessment, neuropsychological assessment, mindfulness-based psychotherapy

WICKETT-CURTIS, Amanda

Current VA Position: Director of Training, Psychology; Substance Use Disorder-PTSD Specialist
Area of Specialization: Clinical Psychology
Degree: Psy.D., Clinical Psychology, University of Indianapolis, 2004
Doctoral Internship: Southern Louisiana Internship Consortium, Baton Rouge, LA, 2003-2004
Postdoctoral Fellowship: Metropolitan Saint Louis Psychiatric Center, Saint Louis, MO, 2004-2005
VA hire: 2007
E-mail address: amanda.wickett@va.gov
Licensure: Missouri (2005), Indiana (2006)
Theoretical Orientation: Constructivist, Integrative
Areas of clinical specialization: Trauma and Addiction, Psychology of Women, Severe Mental Illness, Cluster B Personality Disorders
Publications: Personality and Symptom Correlates in Schizophrenia, Narrative Psychotherapy and Schizophrenia.
Professional Organizations: American Psychological Association
Teaching/Training interests: Assessing and Treating Co-occurring Trauma and Substance Use Disorders, Cognitive Processing Therapy, Dissociation, Clinical Supervision, Integrative and Intersubjective Psychotherapy Approaches

WRIGHT-BUCKLEY, Carol E.

Current VA Position: Staff Psychologist, Psychiatry Ambulatory Care Clinic
Area of Specialization: Clinical Psychology
Degree: Ph.D., University of Mississippi, 1986
Doctoral Internship: Eisenhower Army Medical Center, 1985-1986
VA hire: 2006
E-mail address: carol.wright-buckley@va.gov
Licensure: Indiana (1987)
Theoretical Orientation: Integrative: Cognitive-Behavioral, Interpersonal
Areas of clinical specialization: Individual, group, couples therapy

Publications: Journal of Counseling Psychology

Professional Organizations: Indiana Association of Black Psychologists

Intern Training Rotation: Psychiatry Ambulatory Care Clinic

Teaching/Training interests: Evidence-Based psychotherapy practice, Compassion fatigue and resiliency in trauma-related disorders, Professionalism and self-awareness, cross cultural sensitivity

Local Information

The Richard L. Roudebush VA Medical Center includes the main medical center complex in Indianapolis, a local primary care treatment annex and three community-based outpatient clinics located in Bloomington, Terre Haute & Martinsville. The Roudebush VAMC is part of the Veteran's Integrated Service Network (VISN) 11, which also includes VA Medical Centers in Fort Wayne and Marion IN,

Danville, Illinois, Ann Arbor, MI, Detroit, MI, Battle Creek, MI, Saginaw, MI and outlying clinics. It is located downtown in the heart of the city and adjacent to Indiana University- Purdue University at Indianapolis (IUPUI) and the Indiana University Medical Center.

The City of Indianapolis is the country's 13th largest city and located in central Indiana. Indianapolis proudly hosts the Indianapolis 500 which is the largest one-day sporting event in the world. Indianapolis boasts the world's largest children's museum and hosts Black Expo and Indy Jazz Fest.

Directions to the Richard L. Roudebush VA Medical Center

The Outpatient Mental Health Clinic (MHC) is located on the 5th floor in the main building.

From the North

I-65 to West Street Exit (#114). Turn west (right) on 11th Street which becomes 10th Street. Follow 10th Street until you see the VA Medical Center on the left hand side of the road.

I-69 South to I-465, south to I-70, west to I-65 North to West Street Exit (#114). Turn west (right) on 11th Street which becomes 10th Street. Follow 10th Street until you see the VA Medical Center on the left hand side of the road.

From the South

I-65 to I-70, west on I-70 to West Street Exit (#79), north (right) on Missouri Street which turns to West Street. Follow West Street, which turns into Dr. Martin Luther King Jr. Street to 11th Street. Turn west (right) on 11th Street which becomes 10th Street. Follow 10th Street until you see the VA Medical Center on the left hand side of the road.

I-465 to I-65, north to I-70, west on I-70 to West Street Exit (#79), north (right) on Missouri Street which turns into West Street. Follow West Street, which turns into Dr. Martin Luther King Jr. Street to 11th Street. Turn west (right) on 11th Street which becomes 10th Street. Follow 10th Street until you see the VA Medical Center on the left hand side of the road.

From the West

I-70 east to West Street Exit (#79), north (right) on Missouri Street which turns into West Street. Follow West Street, which turns into Dr. Martin Luther King Jr. Street to 11th Street. Turn west (right) on 11th Street which becomes 10th Street. Follow 10th Street until you see the VA Medical Center on the left hand side of the road.

US-136 turn east (right) onto Crawfordsville Road, or take I-74 which becomes Crawfordsville Road. Follow Crawfordsville Road (Speedway) which becomes 16th Street. Follow 16th Street to Stadium Drive. Turn south (right) onto Stadium Drive. Follow Stadium Drive to 10th Street. Turn west (right) onto 10th Street. Follow 10th Street until you see the VA Medical Center on the left hand side of the road.

From the East

I-70 to I-65, north to West Street Exit (#114). Turn west (right) on 11th Street which becomes 10th Street. Follow 10th Street until you see the VA Medical Center on the left hand side of the road.