VA | U.S. Department of Veterans Affairs

Dayton VA Medical Center

Doctoral Psychology
Internship Program Brochure
2026-2027

Dayton VA Medical Center
Doctoral Psychology Internship Program
Mental Health (17P)
4100 West Third Street, Dayton, Ohio 45428

Application Due Date
November 1, 2025

Start Date
July 15, 2026

Inquiries should be addressed to:
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Psychology Internship Program (116)
VA Medical Center
4100 West Third Street
Dayton, Ohio 45428

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

National Matching Service Program Code:
151211 General Psychology Internship

Accredited by the American Psychological Association
Commission on Accreditation
Office of Program Consultation and Accreditation
750 First Street, NE
Washington, DC 20002-4242
Phone: (202) 336-5979

Member of the Association of Psychology and Postdoctoral Internship Centers
10 "G" Street, NE Suite 440
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Overview of the Dayton VA Medical Center

The Veterans Health Administration (VHA) is part of the Department of Veterans Affairs, which is a cabinet level organization. The VA Medical Center, Dayton, Ohio offers a full time, one year, funded doctoral internship to doctoral students enrolled in clinical or counseling psychology programs that are accredited by the American Psychological Association (APA). Our psychology internship program is accredited by the APA. We were awarded ten-year accreditation in 2025.

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

The medical center is located at the western edge of Dayton, Ohio. Much of the pastoral setting was preserved while establishing a modern, state of the art comprehensive medical facility. The current complex consists of approximately 60 buildings on about 382 acres co-located with the Dayton National Cemetery. The Medical Center provides a broad spectrum of programs in primary, secondary, and most levels of tertiary care. The medical center serves 16 counties in central and western Ohio along with one county in Indiana with a total patient population of about 166,000. There are approximately 6,500 inpatient stays and close to 500,000 outpatient visits each year. The medical center is a teaching facility that has numerous affiliation agreements with colleges, medical centers, medical schools, universities, and training programs throughout the area along with sharing agreements with other medical centers in the area and the Department of Defense. The medical center has excellent research facilities along with administrative and clinical support for such activities.

Internship Training Program
Welcome Letter

Dear Prospective Applicant,

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

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

Sincerely,

Dayton VA Medical Center

Philosophy

We believe the internship year is crucial in the transition of the individual from student to professional. We encourage the development of professional knowledge, skills, and beliefs/attitudes that form the basis for a solid professional identity along with the competent practice of psychology. We encourage collaboration in the development of your training plan and will emphasize evidence-based practice in psychology.

Title

We use the title of Psychology Intern.

Model

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

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

Aim

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

Approach to Training

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

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

Training is individualized to meet the professional needs of each intern. There is proactive dialogue among all relevant parties that begins before and continues throughout the internship year.

Training occurs in a manner consistent with American Psychological Association (APA) ethics and accreditation standards and Department of Veterans Affairs Policies. Exploration of professional values, attitudes, and behaviors is expected in supervision. A reasonable degree of challenges and struggles during the intern year are considered developmentally appropriate and normal as this is expected to be a year of considerable professional growth. The Psychology Internship Program was developed to assure high quality training within a competency-based approach. Feedback anchored to the competencies should occur ongoing and include both positive and constructive observations of intern performance.

Discipline level responsibility for the Psychology Internship Program rests with the Chief of Psychology who delegates routine responsibilities to the Internship Training Director and Assistant Training Director. The Psychology Training Committee collaboratively manages the maintenance and development of the Psychology Training Program under the leadership of the Training Directors (internship, residency, and practicum). The Psychology Training Committee is responsible for recruitment, selection, evaluation, and termination of interns. Monthly meetings focused on trainee progress (or additional meetings at the discretion of the Training Director) are run by the Training Director. An additional quarterly meeting is focused on administrative aspects of the training program, and interns are invited to attend a portion of this meeting. Training supervisors who are actively providing intern supervision are required to attend these two PTC meetings or report on progress prior to meetings. While training supervisors who are not actively supervising interns are not necessarily required to be at all meetings, all psychologists involved in training are welcome to attend.

In general, the Training Director is responsible for daily administrative decisions affecting the internship program and is assisted with these decisions by the Assistant Training Director. Program development, including curricular content and evaluative activities, policy decisions, and development of training philosophy are determined by consensus of the Psychology Training Committee under the leadership of the Training Director. Individuals who wish to have the committee address an issue can request that the Training Director or Assistant Training Director place the topic on the committee's agenda. Although the members of the training committee work toward consensus when making decisions, a simple majority vote is all that is required. The Training Director, Assistant Training Director, and Chief of Psychology are readily available for emergency supervision or consultation with interns.

Profession Wide Competencies

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

The profession wide competencies identified in APA's Standards of Accreditation (see also IR C-8 I) are evaluated across rotations. The competencies are presented and discussed with the interns during orientation week, and are documented on formal competency evaluation forms.:

Completion

Minimal Level of Achievement for completion of Internship is "Readiness for Entry Level Practice" defined as:

1. the ability to independently function in a broad range of clinical and professional activities.

2. the ability to generalize skills and knowledge to new situations; and,

3. the ability to self-assess when to seek additional training, supervision, or consultation.

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 2 reflects an intermediate level of functioning - "many skills in this area have been acquired and intern works with moderate supervision." Level 3 reflects "most skills in this area have been acquired and intern works with minimal supervision." Level 4 reflects an advanced level of skills appropriate for independent functioning.

For successful completion of the internship, an intern must have on all rotations a Final Rotation score at or above Level 3. The intern must also receive at least one Final Rotation score for a major rotation at or above Level 4 by the end of the training year, which suggests that an intern has demonstrated readiness for entry level practice.

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 (e.g.., neuropsychology – assessment skills; MHC – intervention skills).

Throughout the internship year, the intern will receive an ongoing evaluation. If, at any point, the supervisor evaluates the intern to be performing at a substandard level this will prompt consideration of remediation by the Psychology Training Committee. If the committee votes that remediation is warranted, a written remediation plan will be developed by the Training Director with input from the intern's supervisors and the intern. The plan will be tailored to meet the specific needs of the intern to enhance the areas of substandard performance and to support the intern in meeting the minimum required standards.

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

Program Requirements for Successful Completion of the Internship[1]

1. Compete all assigned initial competency assessments during intern orientation and review with the training director or major rotation supervisor. Due: During Orientation

- **a.** Self-Assessment of Cross-Cultural Competence (see below for additional details)
- **b.** Ethics Baseline Competency Assessment
- **c.** Reflective Practice Self-Assessment
- **d.** Scientific Knowledge Foundations

2. Cross-cultural competence activities, including completion of:

- **a. Self-Assessment of Cross-Cultural Competence:** Complete a self-assessment regarding cross-cultural competence factors during orientation. You will also attend a didactic later in the training year to review changes in your self-assessment since the beginning of internship.
- **b. Community Immersion Project:** To develop competence in providing clinical care to our local Veteran population, interns will complete a community immersion project. They will engage in an experience within the Dayton community to better understand local cultural influences that may be seen within the patient population. You will be expected to participate in discussion of your experience in the context of group supervision.
- **c. Family of Origin Rules & Expectations:** The goal is to investigate the cultural influences that have shaped your development. Questions to ask yourself include: how does your family's background help form your sense about what is acceptable and not acceptable? Discuss this topic with at least one family member (of note, family can be defined in many ways) to seek clues into cultural influences. This assignment is to be completed and discussed on an ongoing basis within the context of supervision. You will submit a 1–2-page summary about what you have learned to a supervisor of your choice and meet with them to discuss. Due: April 30, 2026.
- **d. Cross-Cultural Competence Seminar:** Every other month during group supervision, you will discuss issues related to providing clinically competent care to Veterans from a wide variety of personal backgrounds. During these meetings, interns will discuss their community immersion projects, present journal articles relevant to cross-cultural competence, and deliver case presentations that include consideration and discussion of how personal characteristics and background of the provider and Veteran impact treatment, with a focus on providing Veteran-centered care.

3. Case conceptualization and presentation

- **a.** During group supervision, you will deliver two evidence-based psychotherapy (EBP) case presentations over the course of the year. The goal is to appropriately apply your theoretical orientation and demonstrate the application of evidence-based treatment. You will need to explain your conceptualization of your patient's symptoms and diagnosis based on your orientation. As part of this, you need to send an empirical article that informs your practice with the Veteran to peer interns and

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

group supervision supervisors at least one week in advance and review key points from this article during your presentation. These presentations should include audio or video-tape parts of sessions (ensure that appropriate forms are complete- VA FORM 10-3203). Due: End of internship.

4. **Maintain a caseload sufficient to ensure a minimum of 500 hours of face-to-face, direct patient service is provided.**
   - **a.** During the year services must be provided to a minimum of five Veterans with serious mental illness (e.g., psychosis, bipolar disorder, chronic PTSD).
   - **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. (Click here for Ohio requirements).

5. **Attend all assessment seminars (weekly) when not on leave status and complete 12 comprehensive assessments (six major assessments and six minor assessments) that include a narrative devoted to the patient's mental status and behavioral observations. See below under the comprehensive assessment section for additional details.**

6. **Lead or Co-lead at least two psychotherapy groups (either psycho-educational or process-oriented) with a minimum of six sessions each.**

7. **Bring video or audio recordings of sessions to supervision or be involved in "live" supervision as determined by rotation supervisor.**
   - **a.** A sampling of assessment and/or therapy sessions will be observed by the rotation supervisor either via 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 developmental needs, interest, and time availability/practical logistics. All formal evaluations will be based on direct observation by the supervisor in addition to other methods of assessment.
   - **b.** Prepare to provide video or audio recordings in supervision as requested by supervisor.
   - **c.** Ensure that appropriate forms are completed by patient- VA FORM 10-3203
   - **d.** Use recordings as a component of EBP Case Presentations (see #3)

8. **Attend all intern didactics (weekly), unless you are on leave status (didactic schedule available on internship SharePoint). You will also prepare and deliver one didactic to the psychology training committee and your peers.**
   - **a.** Regular, weekly intern didactics are presented by PTC members, as well as providers from other disciplines, with a wide range of topics.
   - **b.** Intern-delivered didactics typically occur in March of internship year. You are to deliver a standard, 2-hour, didactic presentation to your peers. Members of the psychology training committee will also be invited. Many interns in the past have presented on their dissertation research although you are able to present on any topic of interest to you. The goal is to synthesize relevant information and discuss the way in which the information can be applied by psychologists in their work. This should be a professional-appearing presentation modeled after the didactics you receive from psychologists throughout the year.

9. Complete Training Log and Patient Log

a. Interns are expected to track clinical and supervision hours though an excel log or through other tracking platforms (e.g., Time2Track). Interns must submit a monthly summary to current supervisors and the Training Director). In addition, interns must keep a patient log of all patients seen over the year. The log should include number of sessions, rotation seen in, and any additional information that would be helpful for Intern (e.g., demographics, type of intervention, etc.). PHI should not be tracked on the log.

10. Attend at least six grand-rounds or other training activities, either medical or psychiatric, over the course of the training year. Attendance at these events is to be tracked by the intern and submitted to the Training Director as requested and at the end of the year.

a. You will select which training to attend based upon your interests and professional goals - these can be hospital grand-rounds, outside of VA training, or TMS trainings which are of interest to you. You are also encouraged, although not required, to select at least a few training courses throughout the year that are outside of your identified interests with the goal of broadening your scope of knowledge and becoming a well-rounded clinician.

b. The Training Director will send out training options throughout the training year, but you are also able to find and attend training courses on your own.

c. The goal of this requirement is to prepare you for the Continuing Education requirements you will have as a component of maintaining your licensure.

11. Be prepared for and attend at least four hours of supervision per week

a. Intern supervision is regularly scheduled and sufficient relative to the intern's professional responsibility assuring at a minimum that a full-time intern will receive at least four hours of supervision per week, at least three hours of which will include individual supervision (typically two hours with major rotation supervisor, one hour with minor rotation supervisor) and one hour of group supervision).

12. Participate in mock supervision to develop supervision competencies.

a. Most supervision training typically occurs in the context of group supervision meetings. Additionally, there may be opportunities to engage in umbrella supervision of practicum students based on student availability, developmental level of intern, and supervisor involvement in practicum training,

13. Complete a Theory of Change paper.

a. Write a brief paper (2-5 pages) identifying your conceptualization of the Process of Change in Psychotherapy. The description of this assignment is intentionally vague - you are to discuss your ideas of both why you believe people get better through engagement in psychotherapy and how you think this change occurs over time. You can discuss your current understanding of your theoretical orientation and how this informs your work. Feel free to use de-identified case examples from during an internship year. This will be turned to a supervisor of your choosing, processed in a supervision meeting, and then shared in group supervision with your intern class. Due: Present in Group Supervision Theory of Change discussion

Comprehensive Assessment Requirement

1. A comprehensive assessment is an assessment that includes:

- **a.** Multiple data sources (which can include the following):
  - **i.** Thorough chart review
  - **ii.** Interview with staff/treatment team members
  - **iii.** Interview with pt's family/friends/etc.
  - **iv.** Interview with patient (which can include the following):
    1. Assessment clinical interview
    2. Biopsychosocial (BPS)
    3. Functional assessment
    4. Screener
- **b.** Reason for referral
- **c.** Relevant background information
- **d.** Mental status exam
- **e.** Test results/interpretation
- **f.** Diagnostic impression
- **g.** Recommendations/Plan
- **h.** Integration of all this data into one coherent psychological report ****The specific style of the report may vary depending on rotation service area and supervisor. ****

2. Complete 12 comprehensive assessments:

- **a.** Six major assessments must include:
  - **i.** Assessment clinical interview or BPS
  - **ii.** Two standardized instruments/surveys/screens, and one objective personality measure .
- **b.** Six minor assessments:
  - **i.** Three of these assessments should include an interview (assessment clinical interview, BPS, screener, or functional assessment) and AT LEAST ONE symptom inventory.
  - **ii.** Three of these assessments should include an interview (assessment clinical interview, BPS, screener, or functional assessment) and one cognitive screen. (***All neuropsychological testing – this does not include cognitive screens – must be supervised by a staff psychologist with specialty privileges in neuropsychology***)

3. The Assessment Coordinator will manage psychodiagnostics assessment consults and assist with assigning these to interns as appropriate.

4. The intern's clinical supervisor(s) will provide training, consultation, and support for meeting assessment requirements. The intern's major rotation supervisor is responsible for identifying and supervising most assessment cases.

5. The intern is responsible for keeping a record of the number and type of assessments completed in their Internship Training Plan, to have their supervisor off the log, to ensure that they are making steady progress throughout the year, and that they have fulfilled the requirement by the end of the year. The Assessment Coordinator and Training Director will ensure that the interns' progress towards completion of this requirement is regularly addressed at PTC meetings.

6. Interns will have a total of eight hours per month dedicated to assessment (shared between major and minor rotation) which can be utilized for case preparation, test administration, scoring, report writing, and feedback.

7. Attendance is required for all assessment seminars unless on approved leave status. Each intern must present a minimum of three assessment cases in seminar (additional may be assigned). The intern must notify the supervisor on the case well in advance as they are expected to attend the case presentation.

Evaluation

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

Rotation Format and Assignment

Training plans will be collaboratively developed between the intern and training program. Intern preferences are given the highest level of consideration when assigning rotations. Additionally, feedback from the graduate program, previous clinical experience, and results of the initial competency assessment will be used to inform each individualized training plan. The Training Director engages in ongoing discussion with each intern to include Match Day, internship orientation, and prior to all rotation changes. Our goal is to work with the intern individually to ensure a training plan is developed that meets their goals and needs.

The basic rotation structure is for each intern to participate in two six-month major rotations in addition to spending one day per week in a 12-month minor rotation. Decisions about rotations and their duration are made on a case-by-case basis and we anticipate meeting most intern preferences. Any group of two rotations plus the one day per week minor rotation is consistent with our objectives/competences. It is common for interns with interests outside of their chosen rotations to be given additional training opportunities if all basic requirements are met.

6-Month Major Rotation #1	6-Month Major Rotation #2
12-Month Minor Rotation	

Each major rotation is three days per week. For the duration of the internship, a fourth day is spent on a minor rotation, and a fifth day is utilized for training purposes (i.e., assessment seminar, didactics, group supervision, dissertation, etc.). All interns will be required to complete a minimum of three different rotations during their internship year.

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

Typical Weekly Schedule

Monday	Tuesday	Wednesday
8-10:30am: Professional Development **10:30-11:30am:** Assessment Seminar **12-12:30pm:** Meeting with Training Director and Assistant Training Director **1-2pm:** Group supervision **2-4pm:** Didactic	Minor Rotation (minimum 1-hour individual supervision)	Major Rotation (minimum 2 hour individual supervision)

Rotation Descriptions

Currently, trainees are working on site. Depending on the clinic, some staff are working in-person, and some are working hybrid schedules (I.e. virtual and in-person). Training experiences are being offered to interns in both a virtual and face-to-face format. Training experiences will be modified as needed throughout the training year to ensure the safety of trainees, Veterans, and other staff while also continuing to provide the best training and patient care possible. If you have questions or concerns about this, please reach out to the Training Director who can confirm and address current practices.

Geropsychology

Supervisors: Mattie Biggs, Psy.D., Jeremy Johnson, PhD. and Patricia A. Perry, Psy.D.

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

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

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

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

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

Mental Health Clinic (MHC)

Supervisors: David Baum, Psy.D., Louis Bodkin, Psy.D., Maren Froemming, Ph.D., Jessica Moss, Psy.D., Shapree Summerville, Ph.S., and Troy Weathers, Psy.D.

The Mental Health Clinic (MHC) provides opportunities to engage in evidence-based individual and group treatment with Veterans across a range of presenting problems and demographic variables. Therapists in the MHC provide a variety of evidence-based psychotherapies including but not limited to cognitive behavioral therapy (CBT), DBTdialectical behavior therapy (DBT), ACTacceptance and commitment therapy, IPTinterpersonal therapy, CPTcognitive processing therapy, Unified Protocolunified protocol, ERPexposure and response prevention, MAP-4mastery of your anxiety and panic, MAW mastery of your anxiety and worry, EMDReye-movement desensitization and reprocessing, cognitive behavioral therapy for insomniaCBT-I, MBSRmindfulness based stress reduction (MBSR), STAIRskills training in affective and interpersonal regulation, and brief psychodynamic therapy. Participation is possible in a variety of outpatient groups, with possibilities including CBT, WRAP, CALM compassionate awareness learning module (CALM) – MBSR, DBT, and anger management. In addition to providing generalist experience, interns who select the MHC for a major rotation can create more personalized training experience by selecting a subspecialty in which to gain additional experience and expertise. Options for subspecialty include but are not limited to anxiety and related disorders, mood disorders, serious mental illness, personality disorders, military sexual trauma, and treatment of women Veterans, older adults and/or treatment of individuals who identify as LGBTQ+. The Mental Health Clinic rotation will also afford additional opportunities to build competence in personality assessment, treatment planning, and multidisciplinary collaboration through participation on a multidisciplinary treatment team.

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

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

Neuropsychology

Supervisor: Mary Foster, Ph.D. and Erica Benfield, Ph.D.

Due to staffing changes the neuropsychology rotation is on hold. We expect to be able to provide some neuropsychological specific experiences but are unable to plan for full rotation currently.

Posttraumatic Stress Disorder Clinical Team/Trauma Recovery Clinic (TRC)

Supervisors: Albine Bizimana, Psy.D., Joshua Gootzeit, Ph.D., Mindy Merricle-Wurst, Psy.D., Jenna Plumb-Sisson, Psy.D., Adam Ripley, Ph.D., and Kristin Rodzinka, Ph.D., ABPP (Clinical Psychology)

The Trauma Recovery Clinic is staffed by the Dayton VA's PTSD Clinical Team (PCT) and offers outpatient, virtual outpatient, and residential treatment for PTSD. The mission of the program is "to empower Veterans by providing evidence-based, trauma-focused treatments for PTSD to promote recovery from the harmful impact of trauma". These high EBP reach programs are led by a VISN 10 PTSD Mentor and offer both evidence-based assessment and evidence-based psychotherapy (EBP) for PTSD. Shared decision making and measurement-based care are also emphasized. We seek to assist Veterans with PTSD in achieving the fullest possible degree of psychosocial functioning and quality of life possible within the least restrictive setting.

TRC provides evidence-based treatments consistent with the VA/DoD Department of Defense Clinical Practice Guidelines as they have been well researched and demonstrated to be effective in treating PTSD. These are manualized, time-limited, and trauma-focused interventions. We have providers trained in all first line EBPs for PTSD. Internship training on this rotation will focus on depth over breadth of skills, learning at least one EBP for PTSD to competency during their experience with us (typically CPT). Interns participate as a full member of both our outpatient and residential interdisciplinary treatment teams. TRC culture is highly committed to process improvement and generally focused on one or more efforts to improve programming.

The primary treatment modalities offered are:

1. Cognitive Processing Therapy (CPT)

2. Prolonged Exposure

3. Eye Movement Desensitization and Reprocessing (EMDR) [note – we are unable to train in EMDR]

4. Written Exposure Therapy

5. COPE (PE or COPE).

Additional interventions which may also be offered include:

6. Adaptive Disclosure Treatment

7. Concurrent Treatment of PTSD and Substance Use Disorders (COPE)

8. Narrative Exposure Therapy

9. Present-Centered Therapy

10. Dual diagnosis treatment (for veterans with PTSD and substance abuse problems)

11. Cognitive Behavioral Therapy for Insomnia

Primary Care Mental Health Integration (PCMHI)

Supervisors: Lyndsey Miller, Psy.D., MSCP and Jacob Shoenleben, Psy.D.

The rotation in Primary Care Mental Health Integration (PCMHI) emphasizes the provision of psychological services in the medical primary care clinics at the medical center. Such services include assessment of patients referred for a variety of issues – most commonly depression, anxiety, substance abuse, nonadherence to indicated treatment regimens, adjustment to medical conditions/disabilities, psychological factors impacting presentation of medical symptoms, and stress management. Interventions offered to primary care patients typically include brief, time limited treatments as well as psychoeducational activities such as health education groups. Each intern will become involved with the various primary care teams within the facility, as well as other individuals from various professions (i.e., physicians' assistants, nurse practitioners, registered nurses, licensed practical nurses, dietitians, social workers, pharmacists, administrative associates, and others).

Psychologists assigned to PCMHI provide a range of other services. Such services include programs for chronic pain management, weight management, smoking cessation, patient adherence issues, and sleep (e.g., insomnia, PAP adherence). Consultation services are provided to specialty clinics and inpatient wards: cardiology, infectious disease, neurology, oncology, surgery, sleep, and rehabilitation.

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

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

Substance Abuse Treatment Program (SUD)

Supervisor: Jacqueline Allen, Psy.D. and Elisabeth Wise, Psy.D.

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

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

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

Additional Training Experiences and Support

Training Seminars

Didactic Series: There is an ongoing didactic series throughout the internship year on Mondays from 2:00 – 4:00pm. The topics and presenters are quite varied. Intern attendance is mandatory unless on approved leave status. We also participate in a collaboration with Wright Patterson Air Force Base's APA accredited internship program. Several times each year we coordinate shared didactics taking advantage of the strengths and unique aspects of each program and provide opportunities to spend time with interns from other local programs.

Assessment Seminar: Additionally, a one-hour weekly assessment seminar is provided on Monday mornings to supplement and support the required clinical experiences with evidence-based assessment. Intern attendance is mandatory unless on approved leave status.

Group Supervision

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

Making your "Bucket List"

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

Bucket lists often include some of the basic requirements of your chosen rotation but should also expand to other opportunities that you can explore while an internship since you're here and in training.

Examples of additional intern experiences:

- Joining in on a specific task associated with a rotation you didn't choose
- Participation in programming is not available for full rotation, but can be added on (i.e., DBT Team with consultation meetings and skills groups)
- Focusing on specific patient populations within your chosen rotations (i.e., women, geropsychology, LGBT)

- Focusing on specific diagnoses/problems (i.e., SUD, anxiety disorders, relational issues, chronic pain, trauma, SMI)
- Active membership of the Mental Health Quality Council (may include Program Development, Research Development and Technology, or Quality Improvement)
- Assisting with or developing a new Program Evaluation project
- Observing or conducting specialty evaluations (i.e., competency, bariatric, transplant, other pre-surgical evals)
- Observing or assisting with a wide range of administrative tasks – we've got an awful lot of psychologists in leadership roles here!
- Attend an evaluation with a Home-Based Primary Care Psychologist
- Observing or assisting with Compensation & Pension (C&P) evaluations – these are forensic evaluations for Veterans Benefits Administration (VBA) and different from assessments for treatment
- Observing psychiatry/mental health prescriber sessions
- Collaborating with non-Mental Health programs/services (admin and/or medical)
- Helping with updating/revising program materials
- Developing new programming (i.e., starting a new group)

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

Self-Care Matters

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

The "Grotto" is on site and part of a nice 15–20-minute walk when you need a break.

Testing Materials

Medical records are fully computerized and include access to a wide variety of personality inventories, self-rating forms, etc. We also maintain and regularly update an extensive selection of noncomputerized psychological tests and neuropsychological instruments. (See also the Assessment Requirements listed above.) Note: The VAMC follows Centers for Disease Control and Prevention (CDC) standards regarding safety concerns and personal protective equipment, special office spaces, and cleaning procedures are available as needed.

Library

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

Liability Protection for Trainees

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

Professional Development

An intern will be given up to 40 total hours of authorized absence (equivalent to five days) during the training year. This time can be used to attend professional presentations, conferences, workshops, and organizational meetings that are consistent with professional development plans. This time can also be applied in support of dissertation related activities such as dissertation defense, etc. In addition, interns are provided with a 2.5-hour block of time each week for professional development, for the purpose of dissertation work or other approved scholarly work. Finally, each intern is encouraged to make use of the many educational presentations within the medical center and the surrounding academic community.

Physical Setting and Support

Intern offices are currently located in B302 on the Dayton VA campus at 4100 W. Third Street, Dayton, OH 45428. The location of office space on campus is subject to change. Primary offices may be shared, with additional shared space to conduct clinical work while maintaining confidentiality. Conference and group rooms are available as well. You can expect to be equipped with a webcam, dual monitors, and headsets. Rotations located away from buildings B302 and 410 have additional office space, including computer access, for any intern to enable seeing patients and completing paperwork in that work area.

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

We have beautiful and large grounds here and will encourage you to take breaks. It can be very helpful to step away from the computer and get out of your office to walk and take a breath (we might just join you!).

Application

Appointment and Benefits

Each intern (Health Professions Trainee/HPT) receives a temporary appointment with the Department of Veterans Affairs regulations and is eligible for Federal Employee Healthcare Benefits (FEHB).

Eligibility for FEDVIP (Federal Employees Dental and Vision Insurance Program) has expanded to include temporary employees. Health Professions Trainees (HPTs) who work 130 hours or more per month for at least 90 consecutive days may be eligible. Please see the link below for more information, including who to contact with questions and how to sign up if you are eligible.

www.benefeds.gov

The internship year will begin on Wednesday, July 15, 2026. The total number of hours is 2,080 to include established holiday leave, annual leave, and sick leave. Annual leave and sick leave are accrued at a rate of four hours per pay period. We are not authorized to purchase unused annual leave at the completion of internship. Sick leave can be accrued and maintained "on the books" indefinitely and may be used if one becomes a federal employee at some time in the future. For the purpose of state licensure, our procedure is to verify a 2,080-hour internship. For the 2025-2026 academic year, the pay is $35,593, to be paid in equal installments over 26 biweekly pay periods. As of this writing, the salary for the 2026-2027 training year has yet to be published.

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

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

Admission Requirements

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

National VA Eligibility Requirements

For the most current eligibility information please go to:
Resources for Health Professions Trainees Coming to VA | Eligibility and Forms - Office of Academic Affiliations

Health Professions Trainees (HPTs) are appointed as temporary employees of the Department of Veterans Affairs. As such, HPTs are subject to laws, policies, and guidelines posted for VA staff members. There are infrequent times in which this guidance can change during a training year which may create new requirements or responsibilities for HPTs. If employment requirements change during the course of a training year, HPTs will be notified of the change and impact as soon as possible and options provided. Your Training Director will provide you with the information you need to understand the requirements and reasons for the requirement in a timely manner.

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 receiving a stipend (VA paycheck) must be U.S. citizens. Non-U.S. citizen trainees who are not VA-paid (known as without compensation-WOC) may be appointed on the condition that they provide current immigrant, non-immigrant or exchange visitor documents proving that you can legally reside or work in the United States.

2. U.S. Social Security Number. HPTs must have a U.S. social security number (SSN) prior to beginning the VA pre-employment, onboarding process. If you have applied, but do not yet have an SSN, you must wait. HPTs not eligible to apply for an SSN should immediately contact your program and be reassigned.

3. U.S. Selective Service Registration. Federal law requires that most males living in the US between the ages of 18 and 26 register with the Selective Service System.. Males required to register, but who failed to do so by their 26th birthday, are barred from any position in any Executive Agency. Visit www.sss.gov to register, print proof of registration or apply for a Status Information Letter.

4. Proof of Identity. On-boarding requires two source identification documents (IDs) to prove identity. Documents must be unexpired and names on both documents must match. For more information visit: vaww.oicam.va.gov/wp-content/uploads/2022/03/PIV-Credential-Identity-Verification-Matrix.pdf. States have begun issuing Secure Driver's Licenses. Be sure yours will be accepted as a Real ID www.dhs.gov/real-id

5. National Practitioner Data Bank. HPTs who are currently licensed, or who previously held a license in the same or a different discipline, must be screened against the NPDB. Visit the site to perform a self-query and confirm your eligibility for VA appointment. www.npdb.hrsa.gov/

6. List of Excluded Individuals and Entities. The Department of Health and Human Services Office of the Inspector General has compiled a list of individuals excluded from participation in Medicare, Medicaid and all other Federal health care programs. Visit the site to confirm you are NOT on this list https://exclusions.oig.hhs.gov.

7. Health Requirements. As a condition of appointment, HPTs must be physically and mentally fit to perform the essential functions of the training program and immunized following current Centers for Disease Control guidelines and VHA policy: immunizations include TB screening, Hepatitis B vaccination, and annual seasonal influenza vaccination (alternative for influenza vaccination is to wear a mask when at a VA health care facility)[2].

8. Fingerprint Screening and Background Investigation. HPTs will be fingerprinted and undergo screenings and background investigations. A VA Human Resources Personnel Suitability Specialist will determine suitability. Additional details can be found here: www.archives.gov/federal-register/codification/executive-order/10450.html.

9. Drug-Free Workplace. HPTs do not undergo pre-employment drug screening. However, they are subject to random drug testing throughout the entire VA appointment period. You will be asked to sign an acknowledgement document stating you are aware of this practice (see document site below).

10. 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.

11. 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. Your VA appointment cannot happen until the TQCVL is submitted and signed by senior leadership from the VA facility.

- **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 Centers for Disease Control (CDC) guidelines and VHA policy. This protects you, other employees and patients while working in a health care 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.

12. Additional On-boarding Forms. Additional pre-employment forms include the Application for Health Professions Trainees (VA 10-2850D), the Declaration for Federal Employment (OF 306), and HPT Random Drug Testing Notification and Acknowledgement memo. These documents and others are available online for review at www.va.gov/oaa/hpt-eligibility.asp. *Falsifying any answer on these required Federal documents will result in the inability to appoint or immediate dismissal from the training program.*

[2]Note – it should not be assumed that legal recreational use of substances or having a prescription for medical use will make it permissible to fail a drug screen. This site will follow all federal rules and policies, and any use could potentially impact your placement and/or completion of internship. answer on these required Federal documents will result in the inability to appoint or immediate dismissal from the training program.

Additional information regarding eligibility requirements:

- Trainees receive term employee appointments and must meet eligibility requirements for appointments as outlined in VA Handbook 5005 Staffing, Part II, Section B. Appointment Requirements and Determinations. www.va.gov/vapubs/viewPublication.asp?Pub_ID=1454&FType=2
- Most (if not all) Federal internship positions in the U.S., including those sponsored by the Department of Veterans Affairs (VA), require males to register with the Selective Service System by the age of 26. Applicants can confirm registration at https://www.sss.gov; FAQs are at www.sss.gov/faq. Applicants should check directly with each site for details about their Selective Service registration requirements prior to submitting their internship applications .

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

b. *Specific factors.* In determining whether a person is suitable for federal employment, only the following factors will be considered a basis for finding a person unsuitable and taking 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.

b. *Additional considerations.* Office of Personnel Management (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 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 to societal conditions; and

7. The absence or presence of rehabilitation or efforts toward rehabilitation.

[3] Note - regarding the VA requirement for Selective Service registration, past experience with this issue would suggest that exceptions to this policy are extremely rare. Requests will be reviewed on a case-by-case basis, and it can take months to obtain a decision.

Application Procedures

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

To apply you must complete:

- APPIC Uniform Application (AAPI), available at www.appic.org.

- Rotation Preferences sentence (unique to our site). This should be included in your cover letter.

- The deadline for receipt of application materials is **Saturday, November 1, 2025**. Please follow APPIC instructions and guidelines for completing and submitting the AAPI.

Our procedure is to review each qualified application and select applicants for **virtual** interviews. Interviews are scheduled from 9:00am to 4:00pm and will allow time for applicants to meet with the Training Director and Assistant Training Director, for an overview of the training program. Attend break-out sessions to learn more about the three rotations you are most interested in, and meet with the current interns. The day will conclude with individual interviews and an introduction to the Psychology Training Committee (PTC) members. Those conducting the interview are selected based on rotation preferences identified by the applicant. We try to schedule no more than seven applicants per interview day. Our general practice is to rank those applicants who attend interviews for the purpose of the match. Applicants who are selected for interviews but do not attend will not be ranked for the match.

Based on our recent experiences and positive feedback from applicants we will continue to offer only virtual interviews. These virtual meetings are held in a similar format to previous in-person interviews and do require a scheduled and confirmed interview slot. If you are unable to be (virtually) present for your scheduled interview date, we may be able to make some adjustments in scheduling (although this is not guaranteed).

Virtual interview dates are:

Tuesday, 1/6/26: 9:00am – 4:00pm EST

Wednesday, 1/7/26: 9:00am – 4:00pm EST

Thursday, 1/8/26: 9:00am – 4:00pm EST

Friday, 1/9/26: 9:00am – 4:00pm EST

Our program will be utilizing the National Matching System (NMS) Interview for scheduling purposes. You will receive additional instructions regarding scheduling from the Training Director when interview offers are made.

Match Day

The official dates for the match each year are posted by APPIC at:
www.appic.org/internships/Match/About-The-APPIC-Match/APPIC-Match-Dates

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

Rotation Preferences

This information MUST be included in your cover letter.

The following worksheet is to help you organize the information we will need included in your application cover letter. Our interns participate in three rotations over the year.

Rotation Preferences

Please rank order your three-rotation preferences to include both major and minor rotations of interest.

_____ Geropsychology (GERO)
_____ Mental Health Clinic (MHC)
_____ Primary Care Mental Health Integration (PCMHI)
_____ Trauma Recovery Clinic/PTSD (TRC)
_____ Substance Abuse Treatment Program (SUD)

Sample sentence:
To best meet my training goals my rotation preferences are 1) PTSD (6 months), 2) PCMHI (6 months), and 3) MHC (minor).

Directions to the Dayton VA Medical Center

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

www.dayton.va.gov/visitors/campus.asp#campus_map.

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

For history buffs, the Dayton VA was one of the original Soldier's Homes and is now a National Historic Site.

Psychology Staff Involved in Training

Allen, Jacqueline

Psy.D. Clinical, 2009, Wright State University of Professional Psychology
Program Manager: Substance Use Disorder Clinic
Psychology Assessment Coordinator, Psychological Diagnostic Assessment Team
At Dayton VA Medical Center since 2018
Licensed Psychologist, State of Ohio
Internship Training Program Role: Supervisor
Professional Organizations: DAPA
Clinical Interests: Substance Use Disorder, Trauma Disorders, Group Therapy, Personality Disorders with primary interest in Anti-Social Personality Disorder
Theoretical Orientation: Cognitive-Behavioral

Conceptualization Statement: My interest in working with substance use disorders and trauma was a gradual process that increased through my work at a men's prison, for the United States Air Force (as a civilian contractor), and most recently in my work at the Dayton VA. My experiences with active duty service members and Veterans have underscored my passion for helping our service members in treating some of the unhealthy coping strategies they have developed because of trauma and other mental health symptoms and diagnosis. I utilize an integrative approach to address substance use and other co-occurring mental health diagnosis through Evidence Based Treatments (EBPs) for substance use, including Cognitive Behavioral Therapy for Substance Use Disorder (CBT-SUD), Motivational Enhancement Therapy (MET), Concurrent Treatment of PTSD and Substance Use Disorders Using Prolonged Exposure (COPE), and Eye Movement Desensitization and Reprocessing (EMDR). I approach each Veteran from a strength-based and recovery approach. This approach encourages the Veteran to reduce self-shaming thoughts and behaviors while considering the Veteran to be an expert on themselves. Further, I consider the Veteran's stage of change and incorporate measurement-based care and motivational interviewing skills and strategies into each session. Utilizing shared decision making and collaborative treatment planning, I work with the Veteran to determine if abstinence or risk reduction is most appropriate for their presenting concerns, treatment goals, and overall wellness, thus increasing the Veteran's ownership of their goals and treatment.

Baum, David

Psy.D. Clinical Psychologist 2016, Xavier University
Program Manager: Mental Health Clinic
At Dayton VA Medical Center since 2015 (internship 15-16)
Licensed Psychologist, State of Ohio
Licensed Independent Chemical Dependency Professional, State of Ohio
Internship Training Program Role: Supervisor
Professional Organizations: APA, OPA
Clinical Interests: Substance Use Disorder, Borderline Personality Disorder, Trauma-Related Disorders
Theoretical Orientation: DBT/CBT

Benfield, Erica

Clinical Psychology PhD (2022), University of Detroit-Mercy
Clinical Neuropsychologist (Board Eligible) At Dayton VA Medical Center since 2024
Licensed Psychologist, State of Michigan Professional Organizations: American Psychological Association-Div 22 and 40, National Association of Neuropsychologists, American Academy of Clinical Neuropsychology, International Neuropsychological Association
Clinical Interests: Neuropsychological Assessment; Traumatic Brain Injury, Somatic Symptom Disorder, Stroke
Theoretical Orientation: Integrative; Psychodynamic, ACT

Biggs, Mattie

Psy.D. Clinical, 2023, Baylor University
Geropsychologist (Community Living Center [CLC] & Mental Health Clinic [MHC])
At Dayton VA Medical Center since 2024
Licensed Psychologist, State of Indiana
Professional Organizations: National Register of Health Service Psychologists, American Psychological Association (APA) Divisions 38 & 20, Society for Music Perception & Cognition
Clinical Interests: Cognitive assessment, decision-making capacity assessment, neurocognitive disorders, health psychology, palliative & hospice care
Theoretical Orientation: Cognitive-behavioral & third-wave psychotherapies

Bischoff, Andrea M.

Psy.D. Clinical, 2008, Wright State University School of Professional Psychology
Assistant Chief of MHS
Program Director: Recovery & Rehabilitation Services
At Dayton VA Medical Center since 2012
Licensed Psychologist, State of Ohio
Professional Organizations: DAPA, Division 36
Clinical Interests: Primary Care Integration, Behavioral Medicine, Women's Health
Theoretical Orientation: Cognitive-Behavioral

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

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

gravitate towards brief interventions that blend a variety of techniques pulled from cognitive behavioral therapy, such as behavioral activation, MI, and acceptance and commitment therapy.

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

Bizimana, Albine

Psy.D. Clinical, 2019, Wright State University School of Professional Psychology
Staff Psychologist, Trauma Recovery Clinic, PTSD Outpatient Lead
At Dayton VA Medical Center since 2019
Licensed Psychologist, State of Ohio
Internship Training Program Role: Supervisor & Group Supervision
Theoretical Orientation: Cognitive-Behavioral
Professional Organizations: DAPA
Clinical interests: Evidence-based treatment for PTSD, anxiety, substance use disorders, acute psychiatry and managing high risk cases, complex trauma; group psychotherapy; supervision, mentorship
Research interests: Trauma-informed models, PTSD, mindfulness-based therapies, treating comorbid dx with PTSD, burnout, and compassion fatigue, diversity and inclusion.

Conceptualization Statement: I am a clinical psychologist who works within the Dayton VA PTSD clinic. My interest in psychology began in high school after I took my first psychology elective and found myself fascinated with what drives human behavior. My interest in trauma psychology is related to my own background as a Rwandan refugee and what I have seen with regards to post traumatic growth. My aim as a clinician is to help those who have encountered trauma access what I believe to be an innate trajectory for natural recovery and post traumatic growth.

My path to becoming a clinical psychology began at Wright State University where I was an undergraduate student, earning a BS in psychology, and then a graduate student within the School of Professional Psychology. My dissertation focused on creating and implementing a trauma-informed model within schools to prevent burnout and compassion fatigue among teachers and staff. I interned at the Chillicothe VA and enjoyed rotations within Acute Psychiatry and the Mental Health and PTSD clinics. My internship experience increased my exposure to evidenced based treatments for PTSD, a training goal, and I began to utilize Cognitive Processing Therapy (CPT) and Prolonged Exposure (PE).

I joined the Dayton VAMC Trauma Recovery Clinic in 2019 and have expanded my scope and knowledge base across evidenced based modalities for PTSD. I now also utilize Narrative Exposure Therapy (NET), Written Exposure Therapy (WET), Concurrent Treatment of PTSD and Substance Use Disorders (COPE), Adaptive Disclosure in addition to CPT and PE. My theoretical approach is influenced by Interpersonal Therapy (IPT), and 3rd Wave Cognitive Behavioral Therapies such as Acceptance and Commitment Therapy (ACT) as well as Dialectical Behavioral Therapy (DBT). I also enjoy implementing therapies that are consistent with the whole health model, to include treating insomnia through CBT-I and leading a trauma focused Tai-Chi group. I have experience providing diagnostic clarification using objective personality assessment (primarily using PAI and MMPI instruments). I also serve Veterans on an outpatient and residential level of care and participate as an individual and group supervisor for psychology interns.

Bodkin, Louis

Psy.D. Clinical, 2021, Xavier University
Staff Psychologist, Mental Health Clinic
At Dayton VA Medical Center since 2022 (internship 20-21, now staff)
Licensed Psychologist, State of Ohio
Internship Training Program Role: Supervisor
Clinical Interests: Evidence-Based Psychotherapy, Anxiety Disorders / Panic Disorder, PTSD
Theoretical Orientation: Cognitive-Behavioral

Farr, Kenneth

Ph.D. Clinical, 1996, University of Texas Southwestern Medical Center at Dallas
Staff Psychologist, Compensation and Pension Service
At Dayton VA Medical Center since 2016
Licensed Psychologist, State of Texas
Internship Training Program Role: Assessment Seminar
Clinical Interests: Psychological Assessment, Trauma-related Disorders, Iraq and Afghanistan Veterans
Theoretical Orientation: Eclectic

Feiner, Adam J.

Psy.D. Clinical, 2009, Widener University
MBA, Business Administration, 2010
Program Manager: MHICM (ICMHR) & CRC
At Dayton VA Medical Center since 2006
Licensed Psychologist, State of Ohio and Commonwealth of Pennsylvania
Internship Training Program Role: Group Supervision
Professional Organizations: DAPA, OPA, APA Division 13, APA Division 49
Clinical Interests: Evidence-based treatment for Serious Mental Illness; Chronic Pain; Depression
Theoretical Orientation: Acceptance and Commitment / Mindfulness Based Cognitive-Behavioral

Conceptualization Statement: Clinical work has included children, adolescents, adults, seniors and. I have provided services in the areas of general mental health, eating disorders, adolescents who have sexually acted out, and with adults with substance use disorders, as well as those with severe mental illness. I am currently the Program Manager for the Dayton VAMC Mental Health Intensive Case Management Program and Community Residential Care Program within Psychosocial Rehabilitation Services. My conceptualization draws from multiple sources, blending Rogerian and cognitive behavioral with some aspects of psychodynamics in understanding those I serve. In practice, I generally apply a blend of cognitive behavioral, acceptance and commitment therapy, and person-centered treatment, tailored to the individual's needs.

Foster, Mary

Ph.D. Clinical, 2010, University of Cincinnati
Neuropsychologist
At Dayton VA Medical Center since 2021

Licensed Psychologist, State of Ohio
Internship Training Program Role: Supervisor
Clinical Interests: Neuropsychology, dementia (major neurocognitive disorder), mild cognitive impairment (mild neurocognitive disorder)
Theoretical Orientation: Cognitive Behavioral

Conceptualization Statement: My work at the VA primarily incorporates neuropsychological assessment. I love fitting the different pieces of someone's cognitive strengths and weaknesses together in a puzzle of how their brain functions. My work with older adults with neurodegenerative conditions including dementia (major neurocognitive disorder) and their families drives me to provide the highest quality patient care I can in a compassionate manner. I believe that a solid history, assessment used to test hypotheses, and specific and relevant feedback are the key components of my work. I used a flexible-fixed battery approach to testing. In other words, I typically use a common core of tests but adapt the battery when needed to clarify a particular question. My current work consists mostly of outpatient neuropsychological assessment, supervisor and co-facilitator of the Internship Assessment Seminar, membership on the Dementia Committee at the Dayton VA, and as a member of the Psychology Training Committee.

I found my love for neuropsychology as an undergraduate at the University of Michigan when I took classes in cognitive psychology and cognitive neuropsychology. I expanded upon this growing interest during my graduate work in psychology with an emphasis in clinical neuropsychology at the University of Cincinnati. I later completed my internship in geropsychology and neuropsychology at the Ann Arbor VA Medical Center. I finished my training with a postdoctoral fellowship in neuropsychology at the Cleveland Clinic Foundation. After my fellowship, I worked in a hospital with individuals affected by stroke and at a memory disorders clinic in Connecticut, before returning to the Midwest for a position at a health system-based outpatient neuropsychology practice. I joined the Dayton VA in 2021 and enjoy being a part of the Psychology Staff in the training program. Outside of the VA, I enjoy traveling, spending time with my family, reading, and baking.

Froemming, Maren

Ph.D. Clinical, 2020, Bowling Green State University
Military Sexual Trauma Coordinator, Women's Mental Health Champion
Psychology Practicum Coordinator
At Dayton VA Medical Center since 2021
Licensed Psychologist, State of Ohio
Internship Training Program Role: Supervisor
Clinical Interests: Evidence-based treatments, trauma-related disorders, group psychotherapy, sexual health
Theoretical Orientation: Traditional and third-wave cognitive-behavioral

Gootzeit, Joshua

Ph.D. Clinical, 2014, University of Iowa
Staff Psychologist, Trauma Recovery Clinic (PTSD Residential Lead)
At Dayton VA Medical Center since 2015
Licensed Psychologist, State of Ohio
Internship Training Program Role: Supervisor
Clinical Interests: Assessment and treatment of PTSD, EBPs for PTSD, behaviorism, acceptance-based treatments
Theoretical Orientation: Cognitive-Behavioral

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

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

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

Johnson, Jeremy T.

Ph.D. Clinical, 2012, Sam Houston State University
Program Manager: Consult & Liaison and 7S Inpatient
At Dayton VA Medical Center since 2014
Licensed Psychologist, State of Alabama
Internship Training Program Role: Supervisor
Clinical Interests: Differential diagnosis, cognitive assessment, neurocognitive disorders, forensic psychology, risk management
Theoretical Orientation: Cognitive-Behavioral, Interpersonal

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

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

Therapeutic, evidenced-based services include: CBT for depression, chronic illness, and palliative care; IPT for depression, loss, and role-adjustment; ACT and other mindfulness-based approaches for managing anxiety; biofeedback, progressive muscle relaxation, deep-breathing, guided imagery, and other physiologically-

based interventions for managing anxiety and reducing stress; supportive intervention for end-of-lifeissues and adjustment to polytrauma; behavioral/environmental intervention for managing challenging dementia-related behavior (STAR-VA) and management of disruptive behavior; social skills training for serious mental illness populations; and the Cancer 2 Health biobehavioral intervention for those undergoing oncologic treatment.

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

Merricle-Wurst, Mindy

Psy.D. Clinical, 2020, Wright State University, School of Professional Psychology
SUD/PTSD Psychologist, Trauma Recovery Clinic
At Dayton VA Medical Center since 2019 (internship 19-20, residency 20-21, and now staff)
Licensed Psychologist, State of Virginia
Internship Training Program Role: Supervisor
Clinical Interests: Evidence-based treatment for PTSD, anxiety, depression, anger management, grief and loss issues, and serious mental illness; group psychotherapy; couples and family therapy, mentorship, program development
Theoretical Orientation: Cognitive Behavioral

Conceptualization Statement: I am the SUD/PTSD psychologist. My interest in psychology started when I was about 12 years old, at which point I set very specific goals for myself regarding my trajectory for a career in psychology. I attended Wright State University and majored in Psychology with minors in Women Studies and Sexuality Studies. During this time, I started to develop a strong interest in trauma-focused work which led to my interest in engaging in trauma treatment specifically with the Military population. I completed my doctorate at Wright State University School of Professional Psychology as a generalist, which set me up to develop a wide range of experiences including work with teenagers and young adults in education and career technical training program, and working at the women's prison, and within the VA system. Being able to work from multiple theoretical frameworks during clinical training led to a better understanding and conceptualization of the individual in front of me. My doctorate program emphasizes cultural competence, which shapes a lot of my interactions and experiences with others while considering my stimulus value in the room.

My passion for working with the Veteran population grew during my doctorate program after completing additional electives and clinical training focused on the population which spurred me to focus on internships specifically focused on care for the Veteran population. I completed my internship with the Dayton VAMC with rotations in the PTSD Clinic, Family Services, and a minor in the Mental Health Clinic. My internship training allowed me to further develop my professional skills as well as develop my Cognitive Behavioral theoretical orientation which shapes my approach to conceptualization today. My internship secured my desire to remain with the VA system and engaged in continued trauma-focused treatments.

After internship, I completed a Postdoctoral Residency in Primary Care Mental Health Integration at the Dayton VAMC. The residency training year provided me with opportunities to utilize brief interventions and treatments that helped better prepare me for a whole health approach with Veterans. I was also provided with an opportunity to gain experience with the C&L team and engaged in interventions with Veterans who were in the process of detoxing. During my residency year, I had an opportunity to see more aspects of the inner workings of the VA hospital, understand the referral process from PCMHI to other mental health clinics, as well as develop relationships with Primary Care providers. I utilize the skills and techniques I obtained during residency for improved rapport, facilitation of referrals, and an increased chance for collaboration on Veteran's needs in my work with the Trauma Recovery Clinic.

Throughout my training with practicum, internship, and residency I was provided an opportunity to utilize group treatment to facilitate change on a wider scale with Veterans. Amongst my training and in my current role I have facilitated and created material for a multitude of groups such as an Anxiety Group, Anger Management Group, Trauma-focused groups to include psychoeducation, mindfulness and acceptance-based skill development, depression, and anxiety groups as well as health-based groups to include the VA's MOVE group. As a result, I have found an opportunity to continue with groups in my current role and find them to be a meaningful way to have Veterans collaborate and improve relationships while obtaining important skills and education.

Miller, Lyndsey N.

Psy.D. Clinical, 2010, Wright State University School of Professional Psychology
MSCP, Psychopharmacology, 2015, College of Pharmacy University of Hawaii at Hilo
Program Manager: Integrated Care
Director of Training, Psychology Postdoctoral Residency
VISN 10 PCMHI Co-Chair
Disruptive Behavior Committee Chair
At Dayton VA Medical Center since 2016
Licensed Psychologist, State of New Mexico
Internship Training Program Role: Supervisor
Professional Organizations: APA, GPA, APA Divisions 12, 18, 28, 38, & 55
Clinical Interests: Behavioral Sleep Medicine, Cultural Diversity, Differential Diagnosis, Assessment, Neuroscience
Research Interests: Health Psychology
Theoretical Orientation: Cognitive-Behavioral, Integrative

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

Recovery, and Social Skills Training for severe and persistent mental illness. This evolution of my approach and skills has been influenced by the plethora of clinical experiences I have been fortunate enough to participate in thus far.

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

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

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

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

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

Moss, Jessica

Psy.D. Clinical, 2010, Wright State University School of Professional Psychology
Internship Training Director
BHIP Team D Lead, Mental Health Clinic
At Dayton VA Medical Center since 2023
Licensed Psychologist, State of Ohio
Professional Organizations: National Register of Health Service Psychologists
Clinical Interests: Trauma-informed care, assessment
Theoretical Orientation: Cognitive-Behavioral, DBT

Conceptualization statement: Before starting at Dayton VAMC's Mental Health Clinic in 2023, I spent most of my career in college counseling. Both settings have called on me to develop a strong generalist practice. In my approach to clinical work and supervision, I am attentive to context, intersecting identities, and power dynamics so that I can share power with others where possible and use my power ethically. With that as my base, I use cognitive-behavioral interventions, often integrating mindfulness and strategies from dialectical behavior therapy. I am invested in working with clients to find a balance between acceptance and change that moves them towards their goals. My clinical interests include trauma-informed care, and I have a background in intervening with people who have used and experienced intimate partner violence.

Perry, Patricia A.

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

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

As a psychologist, I would describe my theoretical orientation, i.e., how I conceptualize a client's problems/ circumstances, as interpersonal or dynamic. My intervention strategies are eclectic and integrative, depending on a client's needs and ability to learn and change. I value a comprehensive assessment, i.e., a bio-psycho-social-spiritual evaluation, to provide a firm foundation for establishing all diagnoses. Furthermore, I want to ensure that each treatment plan addresses all diagnoses and is collaboratively

discussed with clients in an understandable and straightforward manner. Lastly, I believe in and regularly seek consultation with members of the interdisciplinary team for their contributions to problem solving.

In general, I want to educate a client to better understand his / her problems in functioning, to empower so that they can be a more active member of the health care team, to increase awareness of how his /her interpersonal functioning informs coping, and to promote use of existing skills and strengths as well as acquisition of new, positive behaviors.

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

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

Plumb-Sisson, Jenna

Psy.D. Clinical, 2016, Midwestern University
Staff Psychologist, Trauma Recovery Clinic
At Dayton VA Medical Center since 2024
Licensed Psychologist, State of Ohio
Internship Training Program Role: Supervisor
Professional Organizations: OPA
Clinical Interests: Assessment of PTSD, Capacity Assessment, Cognitive Assessment, Health Psychology, LGBT, and Evidence-Based Psychotherapies for Chronic Pain, Depression, Insomnia, PTSD
Theoretical Orientation: Cognitive-Behavioral

Rodzinka, Kristin J.P.

ABPP 2013, Clinical Psychology
Trauma Recovery Clinic/PTSD Residential Programs Manager
VISN 10 PTSD Mentor
Training Director for the Dayton VA Psychology Internship from 2008-2023
At Dayton VA Medical Center since 2007
Licensed Psychologist, State of Ohio (Indiana – inactive)
Internship Training Program Role: Supervisor
Professional Organizations: VAPTC, AVAPL
Research Interests: Sexual Trauma; PTSD; Psychology Training; Competency Based Supervision

Clinical Interests: evidence-based treatment for PTSD; cultural humility; developmental/complex trauma; group psychotherapy; clinical supervision, mentorship
Theoretical Orientation: Mindfulness Based Cognitive-Behavioral

Conceptualization Statement: I absolutely love the mission of VA and the plentiful opportunities this large system has to offer to include training! I was actively involved as a training director (2008-2023) and served on the national VA Psychology Training Council Executive Committee for 10 years, to include being Chair during the height of the pandemic and representing VA Training with CCTC and APPIC as the VAPTC External Liaison. I also served on the APPIC Membership Review Committee for 12 years (Chair for two). I have previously served on the Board of Trustees for the Dayton Area Psychological Association (DAPA) and have experience working in VA Central Office from an 8-month special assignment detail in 2023. I manage our PTSD Clinical Team who serve the Trauma Recovery Clinic and PTSD Residential Program and am an active VISN 10 PTSD Mentor with training in Implementation Facilitation. We adopt a strong team-based care approach to serving Veterans. My job provides me with a variety of administrative and supervisory responsibilities as well as the opportunity to work with individuals with a wide range of functioning levels, diagnoses, and mental health needs. My work has included caring for Veterans who have experienced complex trauma related to military sexual trauma, combat trauma, and non-military trauma. I have experience treating PTSD, psychotic disorders, mood disorders, anxiety disorders, traumatic brain injury, personality disorders, substance abuse and other medical health issues. I believe in a recovery-based approach and culturally minded evidence-based practice. I have worked in and managed PTSD, Military Sexual Trauma, Family Services, and Dialectical Behavior Therapy programs. I believe that training and implementation in Empirically Supported Treatments is necessary but alone is not sufficient. I have a strong Cognitive-Behavioral theoretical orientation that influences my case conceptualization and treatment interventions. Particularly when working with individuals with extensive trauma histories and complicated mental and medical health issues, comprehensive and ongoing case conceptualization (to include measurement-based care) and multifaceted treatment approaches are a necessity. I believe that change requires hope, skills, and support. I use an interpersonal approach and value nurturing positive therapeutic relationships to create opportunities for implementing effective interventions. I work to maintain a mindfulness-oriented approach to psychotherapy as well as in life in general. I use a biopsychosocial model to inform my case conceptualization. I believe in striking a therapeutic balance between acceptance and change oriented interventions. I am committed to offering evidence-based treatments; however, one size does not fit all, and creativity and flexibility are necessary to meet the needs of our patients. I believe strong case consultation and supervision (both formal and informal) are essential for developing good clinical skills. This is a process I greatly enjoy and look forward to being a part of that journey with you.

Shelgren, Machensey

Psy.D. Clinical, 2024, Wright State University School of Professional Psychology
Graduate Psychologist, Mental Health Clinic (BHIP)
At Dayton VA Medical Center since 2024
Professional Organizations: National Register of Health Service Psychologists
Clinical Interests: Psychological and forensic assessment, Trauma treatment, Experiences of stigma
Theoretical Orientation: Integrative, Humanistic/Existential, CBT framework as foundation

Shoenleben, Jacob

Psy.D. Clinical Psychology, 2018, Wright State University School of Professional Psychology
Staff Psychologist, Health Behavior Coordinator (HBC)
At Dayton VA Medical Center since 2022 (internship 17-18, residency 18-19, and now staff)
Licensed Psychologist, State of Ohio
Internship Training Program Role: Supervisor & Assessment Seminar
Research Interests: Obesity and weight management, Behavioral medicine/health psychology
Clinical Interests: Weight management, pre-bariatric surgery evaluations, behavioral medicine/health psychology, anxiety
Theoretical Orientation: Cognitive-Behavioral
Summerville, Shapree
Ph.D. Clinical
Staff Psychologist, Mental Health Clinic
At Dayton VA Medical Center since 2024

Thisler, Troy

Psy.D. Clinical, 2023, Nova Southeastern University
Graduate Psychologist, Trauma Recovery Clinic
At Dayton VA Medical Center since 2023
Professional Organizations: APA (general member, Division 44, Division 51, and Division 56)
Research Interests: Trauma, LGBTQ+ issues, gender, working alliance, the art drag, body image
Clinical Interests: Trauma, intersectional identities on mental wellbeing, and LGBTQ+ issues
Theoretical Orientation: Third-wave cognitive-behavioral with an emphasis on evidence-based relationship variables

Weathers, M. Troy

Psy.D. Clinical, 2022, Xavier University
Staff Psychologist, Mental Health Clinic
LGBTQ+ Veteran Care Coordinator
At Dayton VA Medical Center since 2021 (internship 21-22)
Internship Training Program Role: Supervisor
Professional Organizations: DAPA, OPA, ABCT (Military/Veteran and Sexual & Gender Minority SIGs), APA (divisions 18, 44, 50, 55, and 56), GLMA (Health Professionals Advancing LGBT Equity), AVAPL
Research Interests: LGBT, DBT, group psychotherapy, Program Evaluation
Clinical Interests: LGBT, Trauma/PTSD, Addictions/Substance Abuse, group psychotherapy, DBT, suicide prevention and postvention
Theoretical Orientation: CBT, DBT, MI

Conceptualization Statement: I completed my internship with rotations in the Trauma Recovery Clinic, Substance Use Disorder Program, and Mental Health Clinic at the Dayton VAMC. Following my internship, I was offered the opportunity to stay at Dayton VAMC in a staff position in the Mental Health Clinic. I value being a clinical generalist, although I've also sought specialized training in the treatment of substance abuse and trauma, and I have a specific interest in working with LGBT-identifying Veterans. In addition to my work in MHC, I also serve on the DBT and suicide postvention teams.

When I entered graduate school at Xavier University, I sought training experience with adolescents and young adults because I thought I wanted to pursue a career as a psychologist in a college counseling setting. I've received training in several settings including the VA, a psychiatric hospital, and college counseling centers. Even though it's not what I originally imagined for myself, my own history of coming from a military family, my desire to be part of an interdisciplinary system, and my clinical interests of trauma and substance abuse brought me to the VA to start my career. Given that my own professional goals have shifted over time, I strongly encourage trainees to experiment and explore new areas of clinical practice during their training.

In my clinical work, I strive to start every interaction with Veterans from the place of building a collaborative relationship built on trust and nonjudgement and I view therapy as a partnership. From there, I work from a CBT and DBT (including the biosocial model) perspective while incorporating elements of motivational interviewing to help Veterans balance acceptance and change using mindfulness and awareness of personal values and goals. I believe in the value of shared decision making with Veterans both initially when selecting appropriate therapy goals and interventions and throughout the therapeutic process to evaluate progress and outcomes. I also value evidence-based practice which includes the delivery of empirically supported treatments (e.g., CPT, DBT, CBT for Depression, ACT, UP, etc.) in a way that maintains fidelity to the model while also incorporating some flexibility for the Veteran's specific needs, desires, and individual characteristics. My hope is that my work ultimately helps Veterans reduce their suffering and engage in a meaningful values-guided life.

Wise, Elizabeth

Psy.D. Clinical, 2023, George Fox University
Graduate Psychologist, Substance Use Disorders Clinic
At Dayton VA Medical Center since 2022 (internship 22-23)
Internship Training Program Role: Supervisor
Clinical Interests: Substance Use Disorders, PTSD, and Assessment
Theoretical Orientation: Still exploring! Mostly utilize cognitive-behavioral lens, but this is an area I continue to explore.

APPENDIX A

Internship Admissions, Support, and Initial Placement Data

Program Disclosures

Does the program or institution require students, trainees, and/or staff (faculty) to comply with specific policies or practices related to the institution's affiliation or purpose? Such policies or practices may include, but are not limited to, admissions, hiring, retention policies, and/or requirements for completion that express mission and values?	No
If yes, provide a website link (or content from brochure) where this specific information is presented:	

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:
Link to current VA eligibility requirements: Resources for Health Professions Trainees Coming to VA | Eligibility and Forms - Office of Academic Affiliations **Applicants must meet the following prerequisites to be considered for our program:** 1. Doctoral student in an accredited clinical or counseling psychology program 2. Approval of internship status by graduate program training director 3. U.S. citizenship 4. Male applicants born after 12/31/1959 must have registered for the draft by age 26 5. Matched interns are subject to fingerprinting and background checks. Match result and selection decisions are contingent on passing these screens. (For complete information about eligibility for VA appointment see Eligibility section above on page 30.) 6. VA is a Drug-Free Workplace. While applicants are not required to undergo pre-employment drug screening, they are subject to random drug testing throughout the entire VA appointment period. It should not be assumed that legal recreational use of substances or having a prescription for medical use will make it permissible to fail a drug screen. This site will follow all federal rules and policies, and any use could potentially impact your placement and/or completion of internship.

Dayton VA Selection Process

Applicants must have completed all required graduate coursework and have successfully completed appropriate practicum experience. Applicants will be selected based on the quality of their essays, relevant intervention and assessment experience, and letters of recommendation. Applicants who have experience working with complex adult patient populations and advanced assessment skills will receive higher ratings. Although this program reviews applications holistically and has chosen not to identify firm minimum numbers of hours, we look for evidence of adequate direct patient contact such that our interns will be prepared for the nature of VA work. Applicants without adult intervention experience or basic assessment skills to include the WAIS-IV and objective personality assessment may not be considered for interview and ranking. Appropriate considerations will be made due to limitations resulting from the pandemic. Top rated applicants will be invited to attend virtual interviews taking place in January 2025.

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	No	(400+ preferred)
Total Direct Contact Assessment Hours	No	(100+ preferred)

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

Financial and Other Benefit Support for the Upcoming

Annual Stipend/Salary for Full-time Interns	$35,593 (2025-2026)	
Annual Stipend/Salary for Half-time Interns	N/A	
Program provides access to medical insurance for	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)	4hrs accrued/2-week pay period (104	
Hours of Annual Paid Sick Leave	4hrs accrued/2-week pay period (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?	4hrs accrued/2-week pay period (104 hours)	
Other Benefits (please describe): Authorized Absence for training/dissertation defense; 11 annual federal holidays (paid); liability protection (Federal Tort Claims Act)		

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

Internship Program Tables
Updated July 2025

Initial Post-Internship PositionsTraining Year
(Provide an Aggregated Tally for the Preceding 3 Cohorts)

	2022-2025	
Total # of interns who were in the 3 cohorts	9	
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree	0	
	PD	**EP**
Academic teaching	0	1
Community mental health center	0	0
Consortium	0	0
University Counseling Center	0	0
Hospital/Medical Center	0	0
Veterans Affairs Health Care System	2	1
Psychiatric facility	0	0
Correctional facility	0	0
Health maintenance organization	0	0
School district/system	0	0
Academic university/department	0	0
Independent practice setting	0	5
Other	0	0

*Note: "PD" = post-doctoral residency position; "EP" = Employed Position. Everyone 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.