

## **REHABILITATION PSYCHOLOGY**

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Training Locations:  
West Roxbury Campus – 3 days  
Brockton Campus – 1 day  
Varying among campuses – 1 day

**Number of Interns: 1**

### **~ OVERVIEW ~**

Rehabilitation Psychology focuses on helping individuals with disabilities (congenital or acquired) and chronic health conditions achieve optimal psychological, physical, and social functioning. Psychotherapy and neuropsychological assessment are provided as part of a multidisciplinary team, specifically:

- Inpatient acute rehabilitation for spinal cord injury, stroke and amputation (West Roxbury campus);
- Sub-acute rehabilitation / transitional care (Brockton campus), typically as a transition from inpatient acute medical/ surgical care back to home, or to long-term care if needed;
- Long-term care for veterans with spinal cord injury (Brockton campus), and
- Outpatient psychotherapy and assessment (West Roxbury campus, Jamaica Plain campus).

All training is designed to develop foundational and functional competencies for professional rehabilitation psychology practice consistent with Division 22 standards of American Psychological Association and the American Board of Rehabilitation Psychology (i.e., ABPP specialty certification in Rehabilitation Psychology).

This rotation focuses on the entire network of biological, psychological, social, neuropsychological, and environmental factors that affect the functioning of persons with

disabilities and illness, all operating from a scientist-practitioner model. Supervisors function as clinical-academic mentors and interns will have opportunities to be active in areas of clinical practice, clinical research, team building, documentation and education relating to being a professional psychologist within an interdisciplinary team. The approach is patient centered with an appreciation for diversity and individual strengths.

Strengths of the rotation include opportunities to implement the biopsychosocial model in the context of an interdisciplinary team that includes physicians, social work, nursing, occupational therapy, physical therapy, speech and language pathology, therapeutic recreation, kinesiotherapy, nutrition, pharmacy, and case management. Ongoing consultation occurs with team members and patients formally and informally. The entire continuum of care is covered from acute injury to chronic disability to palliative and end of life care.

The Rehabilitation Psychology rotation emphasizes closely supervised clinical experiences in inpatient and outpatient settings through the provision of psychological services to individuals with both acute and chronic disabilities. Building upon prior experiences and skills, the intern utilizes supervision and clinical experiences to further develop the provision of psychology services with increased professional autonomy. Interns who complete an 8-month rotation should achieve a proficiency in rehabilitation psychology practice at the internship level, while interns who complete a 4-month rotation will gain exposure and experience in the area of rehabilitation psychology.

### ~ CLINICAL EXPERIENCE ~

The primary training site is located at the West Roxbury campus (2 - 3 days per week), 1 - 2 days per week at the Brockton campus, and the fifth day reserved for other training needs. The veterans we care for have a range of chronic medical conditions, most commonly spinal cord injury/disorders (SCI/D), multiple sclerosis, stroke, or amputation. Spinal cord injuries/disorders are a specialty area for the VA Boston Healthcare System. VA Boston is the regional spinal cord center as a part of the “hub and spokes” model of care for VISN 1 (all VAs in New England) and is one of the premier, pioneering centers in the field of Spinal Cord Medicine. Comprehensive care is provided to patients to improve their health and functional abilities, and maintain quality of life from onset of injury throughout their life. The Rehabilitation Psychology intern works in three distinct clinical settings with veterans with SCI/D over the course of the rotation: an inpatient acute and general medical unit, outpatient clinic, and long-term residential care.

- **Inpatient Acute Rehabilitation** – West Roxbury Campus: Interns will work in an acute rehab hospital with individuals with SCI/D, amputation and stroke. Treatment is guided by the biopsychosocial model, and includes a CARF-accredited SCI inpatient program with intensive involvement from medicine,

nursing, occupational therapy, physical therapy, kinesiology, speech and language pathology services, recreational therapy, social work, and psychology.

Interns will be trained in psychological principles and techniques to treat mental health issues including depression, grief, anxiety, late-life PTSD, dementia, behavioral concerns; rehabilitation issues such as adaptation to disability, acute and chronic pain, motivation for therapy, neuropsychological assessment as it pertains to treatment and discharge planning, and complex neuropsychiatric presentations which require a full "team intervention" to optimize care. This rotation will be exciting for interns with interests in acute adjustment issues relating to new and pre-existing disability and illness, family roles, re-integration into the community, neuropsychology, capacity evaluations, acute and chronic pain, crisis intervention, and effects of long-term hospitalization.

- Supervisors: Melissa Amick, Ph.D., Kysa Christie, Ph.D., Susan Mcglynn, Ph.D., ABPP/cn
- **Subacute Rehabilitation** – Brockton Campus: The Brockton Community Living Center includes two ~30 bed units for sub-acute rehabilitation/transitional care, typically as a transition from inpatient acute medical/surgical care back to home, or to long-term care if needed. Veterans receiving rehabilitation care tend to be middle-aged or older, and frequently have complex, co-morbid medical, psychiatric, substance abuse, and social problems. The intern will attend weekly team meetings, and provide psychological assessment, psychotherapy, and consultation services as part of a consult liaison team that includes a psychologist, psychiatrists, and some combination of the two geropsychology postdoctoral fellows, two geropsychology interns, and a practicum student at times. Skills developed include: participation in interdisciplinary team discussions of treatment planning; cognitive and mood screenings; capacity evaluations; differential diagnosis in complex patient presentations; adapting psychotherapy interventions for ill or frail elders; and providing nursing staff education and support. Assessment issues include differential diagnosis, decision making capacity, defining the impact of psychological issues on rehabilitation, and communicating assessment results to patients, families, and treatment teams.
- Supervisor: Kate Hinrichs, Ph.D., ABPP
- **Long-Term Residential Care** – Brockton Campus: The Brockton campus offers long-term residential care for veterans with SCI/D. This unit maintains an active inpatient census including 22 long-term, 6 transitional, and 2 respite care beds, which together provide the opportunity to gain exposure to a wide range of

clinical experiences relating to rehabilitation for individuals with SCI/D that fully encompasses the application of the biopsychosocial model. This rotation includes the same systematic training of psychological principles as stated above in the other clinical settings for rehabilitation psychology. The possibilities in working at this campus are exciting for interns with interests in team development, effects of aging on chronic disability, recreation therapy for quality of life, neuropsychology, capacity evaluations, chronic pain, exposure to clinical ethics, program evaluation, and staff and family issues. This rotation typically includes practicum students with an opportunity for trainees to supervise less advanced students.

- Supervisor: Maggi Budd, Ph.D., M.P.H., ABPP/rp
- **Outpatient Psychotherapy and Assessment** – West Roxbury and Jamaica Plain Campuses: Interns provide outpatient psychotherapy and neuropsychological assessment to individuals living in the community. Individual psychotherapy cases typically have comorbid physical and mental health diagnoses (e.g. SCI/D and depression / anxiety). Opportunities for couples / family therapy may also be available. Neuropsychological assessment referrals typically include cognitive dysfunction secondary to a medical or psychiatric condition, ADHD, LD, traumatic brain injury and dementia. Neuropsychology assessments involve a clinical interview, test administration, scoring of test data, test interpretation, written report, and in-person feedback to patients.

Interns are also involved in the SCI/D outpatient clinic, specifically the veteran's annual evaluation appointment. As part of this yearly check-up, the intern conducts psychosocial and cognitive screenings. Screenings focus on issues related to adjustment to life changes and stressors, cognitive challenges, sleep, pain management, health promotion and psychoeducation, etc.).

Finally, group therapy is conducted in partnership with the Neuropsychology service and includes psychoeducational/cognitive rehabilitation interventions (individual and group co-leadership). The intern will select one or two groups to co-lead. Current groups include Memory and Aging and Memory, ADHD, Epilepsy support group.

- Supervisors: Melissa Amick, Ph.D., Kysa Christie, Ph.D., Laura Grande, Ph.D., ABPP/cn, John Otis, Ph.D.

### ~ DIDACTICS ~

The Rehabilitation Psychology rotation includes a weekly didactic in psychotherapies that are particularly relevant to chronic illness and disability (e.g. coping effectiveness,

motivational interviewing, chronic pain management, ACT). Interns are also expected to attend the weekly Geropsychology seminar, and encouraged to attend the SCI/D physician lecture series and journal club. There are also monthly lectures and educational opportunities including Schwartz Rounds and Mental Health Ground Rounds. Interns have opportunities to attend other educational opportunities through VA Boston, Boston University School of Medicine, and Harvard Medical School.

### **~ SELECTION CRITERIA ~**

The successful applicant will have had a minimum of one practicum experience with a medical population. Coursework and/or research in the areas of behavioral medicine, rehabilitation psychology, medical psychology, neuropsychology, geropsychology or any similar demonstration of interest and commitment to the field of rehabilitation psychology are beneficial. Previous exposure to cognitive or neuropsychological assessment is useful but not required.

### **~ SUPERVISION ~**

The rehabilitation psychology intern receives at least four hours of weekly supervision, at least two hours of which are individual with the primary supervisor and in accordance with the intern's selected cases. Weekly group supervision is also provided as an opportunity to discuss cases from multiple perspectives. The long-term therapy supervisor provides an additional hour of supervision. Interns also will have an opportunity to provide clinical case consultation / "supervision" to practicum students on the Brockton campus, under the direction of a licensed psychologist.

### **~ RESEARCH ~**

Interns have the opportunity to collaborate on a number of clinical research projects that are at various stages of development. Opportunities exist for assisting with and coordination of data collection and analysis, manuscript writing, and conference presentations. Additional experiences are often available to help with peer editing for professional journals. Scholarly inquiry, program evaluation, dissemination and literature reviews relating to clinical cases are a regular part of this rotation.

Current active areas of research include:

- Caregiver stress;
- Adaptive yoga for spinal cord injuries;
- Biomarkers of OEF/OIF Deployment related cognitive and emotional disorders;
- Biomarkers of cerebrovascular risk in SCI;
- Post traumatic headache, pain and PTSD, and application of the Unified Protocol;

- Creating a model for interest in living versus desire to die in populations with severe disabilities;
- Ethical dilemmas within clinical practice.

**Selected recent publications from our staff:**

Alschuler, K., & Otis, J.D. (2014). An examination of the impact of posttraumatic stress disorder on the classification of pain as mild, moderate, or severe in a sample of veterans with chronic pain. *Psychological Services*. 11(3), 273-80.

Amick, MM, Kraft, M, McGlinchey, R. (2013) Driving simulator performance of veterans from the Iraq and Afghanistan wars. *Journal of Rehabilitation Research and Development*. 2013;50(4):463-70.

Amick, MM, Clark, A, Fortier, CB, Esterman, M, Rasmussen, AM, Kenna, A, Milberg WP, McGlinchey, R. (2013) PTSD modifies performance on a task of affective executive control among deployed OEF/OIF veterans with mild traumatic brain injury. *Journal of the International Neuropsychological Society*. (7):792-801.

Christie, K. M., Meyerowitz, B. E., Giedzinska-Simons, A., Gross, M., Agus, D. B. (2009). Predictors of affect following treatment decision-making for prostate cancer: Conversations, cognitive processing, and coping. *Psycho-Oncology*, 18: 508 - 514.

Budd, M.A., Hough, S., Stiers, W., & Wegener, S. (in press). *Practical Psychology in Medical Rehabilitation*. New York, Springer Publication (978-3-319-34032-6)

Christie, K.M., Penzo, J. (2014). If a Caregiver is Burdened, Is the Patient a Burden? Paralyzed Veterans of America Summit, Las Vegas, NV.

Sharma, A\*, Budd, M.A. & Zhan, E. (2016). Chronic kidney disease and spinal cord injury: Associated neuropsychological findings. Poster presented at Harvard Medical School Psychiatry Research Day and Mysell Lecture, Boston, MA, April 19.

Kasl-Godley, J.E., Christie, K.M. (2014). Advanced illness and the end of life. In *The Oxford Handbook of Clinical Geropsychology*. Eds Nancy A. Pachana and Ken Laidlaw.

Lawson, R.\* & Budd, M.A. (2015). Desire to die? Or disinterest in living? Poster presented at Harvard Medical School Psychiatry Research Day and Mysell Lecture, Boston, MA, April 19.

- Foley, J., Salat, D.H., Stricker, N.H., Zink, T.A., Grande, L.J., McGlinchey, R.E., Milberg, W.P. & Leritz, E.C. (2014). Interactive effects of Apo lipoprotein e4 and diabetes risk on later myelinating white matter regions in neurologically healthy older aged adults. *American Journal of Alzheimer's Disease and Other Dementias*, 29(3), 222-35.
- Fortier, C.B., Amick, M., Grande, L., McGlynn, S., Kenna, A., Morra, L., Clark, A., Milberg, W.P., & McGlinchey R.E. (2013). The Boston Assessment of Traumatic Brain Injury-Lifetime (BAT-L) Semi-structured Interview: Preliminary Evidence of Research Utility and Validity. *Journal of Head Trauma Rehabilitation*, 22(3).
- Hinrichs, K.L.M., Sharma, S., Thurston, J, Sivashanker, K., & Chang, G.H. (2016). Management of opioid use disorders among veterans in subacute rehab: Use of an interdisciplinary task force to address an emerging concern. *Substance Abuse*.
- Mlinac, M., Page, K.S., & Hinrichs, K.L.M. (in press). Geriatric rehabilitation psychology. In M.A. Budd, S. Hough, W. Stiers, & S. Wegener (Eds.), *Practical Psychology in Medical Rehabilitation*. New York, NY: Springer.
- Otis, J. D. & Levine, A., & Higgins, D. M. (2014). Assessment of pain and pain-related disorders. Bush, S (Ed.). *Psychological Assessment of Veterans*, Oxford University Press
- Page, K.S. & Hinrichs, K.L.M. (in press). Swimming against the tide: A case study on the removal of conservatorship and guardianship. *Clinical Gerontologist*.
- Scioli-Salter, E., Forman, D.E., Otis, J.D., Tun C., Allsup, K., Marx, C., Hauger, R., Shipherd, J.C., Higgins D., Tyzik A., & Rasmusson, A.M. (In Press). Potential neurobiological benefits of exercise in chronic pain and post-traumatic stress disorder: A pilot study. *Journal of Rehabilitation, Research and Development*, 53, 95-106.
- Topor, D., Christie, K.M. (In press). Group Psychotherapy. In M. Budd, S. Hough, W. Stiers, S.T. Wegener (Eds.), *Practical Psychology in Medical Rehabilitation*.
- Vasterling, J.J., Verfaellie, M., and McGlynn, S. (2011). Mild traumatic brain injury in returning veterans with posttraumatic stress disorder. In Moore, B.A. and Penk, W. E. (Eds.), *Handbook for the Treatment of PTSD in Military Personnel*. Guilford Press.