

CLINICAL PSYCHOLOGY POSTDOCTORAL FELLOWSHIP PROGRAM

2013-2014



Edward Hines, Jr. VA Hospital

Bernard J. Sladen, Ph.D.

Psychology Training Director

Psychology Service (116B)

5000 South Fifth Avenue

Building 228, Room 3021

Hines, Illinois 60141-3030

Telephone: (708) 202.2444

Fax: (708) 202.2687

Applications due: January 1, 2013

Fellowship year begins: September 3, 2013

Emphasis Areas:

Medical Rehabilitation Psychology

Neuropsychology

Primary Care and Health Psychology

Trauma and Dual Diagnosis

TABLE OF CONTENTS

Introduction	3
Hines VA Hospital	3
Academic Affiliations	4
Hines and Chicago	5
Psychology Service	6
Philosophy and Mission Statement	6
Training Model	7
Training Program Goals and Focus	9
Training Objectives and Core Competencies	10
Program Structure	17
Rotational Structure	17
Illinois Licensure	18
Supervision and Mentorship	18
Supervision Rights and Responsibilities	19
Training Assignments	20
Psychology Training Director	21
Postdoctoral Fellowship Training Committee	22
Psychology Ombudsman	22
Training Director's Meeting	23
Seminars	23
Teaching Opportunities	24
Research Opportunities	24
Diversity Programming	24
Evaluation	25
Grievances and Discrimination	26
Advisement and Termination	27
Non-Discrimination Policy	28
Commitment to Diversity	28
Fellowship Selection	28
Interviews	29
Staff Psychologists	29
Supervisors	32
Psychology Service Staff Descriptions	32
Current Fellows	39
Past Fellows	39
Internship and Externship Training in Psychology	41
Rotational Structure	41
Emphasis in Trauma and Dual Diagnosis	42
Emphasis in Neuropsychology	52
Emphasis in Primary Care and Health Psychology	56
Emphasis in Medical Rehabilitation Psychology	67
Administrative Rotations	86
Minor Rotations	89
Administrative Services	91
Physical Resources	92
Accreditation Status	92
General Information	93
Qualifications	93
Deadlines and Offers	94
Application Procedure	94
Directions	96
Map to Hines	97

INTRODUCTION

Thank you for your interest in postdoctoral training in Clinical Psychology at Edward Hines, Jr. VA Hospital. Hines VA was approved to offer postdoctoral training in Clinical Psychology beginning September 2008. Our Clinical Psychology fellowship program offers four emphasis areas within the umbrella of Clinical Psychology. These emphasis areas include: 1) Medical Rehabilitation Psychology, 2) Neuropsychology, 3) Primary Care and Health Psychology and 4) Trauma and Dual Diagnosis. All fellowship positions are for one year. Our one-year traditional practice emphasis in Neuropsychology position does not meet Houston Conference Guidelines for training in Clinical Neuropsychology. However, a second year of more focused training in clinical neuropsychology, outside the auspices of this Program, is available to the Fellow in our Neuropsychology emphasis. We will not be recruiting this winter for a Fellow in our Neuropsychology emphasis.

The Postdoctoral Fellowship Program is designed to meet the Guidelines and Principles for Accreditation of Programs in Professional Psychology. To that end, our Fellowship Program completed its Site Visit by the Commission on Accreditation on October 18-19, 2012, for initial accreditation by the American Psychological Association. The Program expects a decision by the American Psychological Association in 2013. Our Brochure details the program's philosophy, training model, programmatic structure and training opportunities. Our large and growing Psychology Service enthusiastically welcomes your application and the possibility of providing you postdoctoral training.

The Fellowship is organized within Psychology Service at Hines VA Hospital, which is a department within the Hospital's Mental Health Service Line. The Fellowship year begins September 3, 2013, and ends September 1, 2014. Each Fellow participates in Major Rotations within an area of Emphasis, which comprises a minimum of 60% of the training year. Fellows also elect Minor Rotations, which afford the opportunity to enhance generalist skills in our primary clinical training objectives (psychotherapy, assessment and consultation) that complement their work within their area of Emphasis. This experience is available across a number of clinics and programs in which Psychology participates and comprises approximately 15% of the training year. Research experience is elective and may not exceed 25% of the Fellowship year. Fellows who do not elect formal research experience typically allocate up to 85% of the year within their area of Emphasis. The year is designed to ensure that Fellows have sufficient opportunities to successfully meet the Program's overarching training goals within the expected duration of the Program.

HINES VA HOSPITAL

Edward Hines, Jr. VA Hospital, in suburban Chicago, is one of the largest and most diversified medical and surgical hospitals in the Department of Veterans Affairs system. Hines is one of the flagship hospitals in the VA health care system, and is located 12 miles west of downtown Chicago, on a 147 acre campus. The hospital is a tertiary referral center with many specialty services, including some that serve a large U.S. regional area. Hines is authorized to operate 471 hospital beds, and logged over 631,000 outpatient visits last year. The hospital staff and students saw approximately 56,000 patients last year. Hines has one of the largest research programs in the VA system, with 553 projects, 159 investigators, and an estimated budget of approximately \$20 million (VA and non-VA). The units and patient programs served by Psychology Service include: Ambulatory Care/Primary Care, Blind Rehabilitation, Community-Based Outpatient Clinics, Community Living Center (Geriatric), Compensation and Pension, Emergency Department, General Medicine and Surgery, Health Promotion and Disease Prevention Program,

Home Based Primary Care, Infectious Disease, Inpatient/Residential Rehabilitation Psychiatry, Managing Overweight/Obesity in Veterans Everywhere Program, Memory Disorders Clinic, Mental Health Clinic (Outpatient Psychiatry), Mental Health Intake Center, Mental Health Intensive Case Management, Mental Health Transplants, Neurosurgery, Neurology, Oak Park Vet Center, Patient Centered Medical Home Program, OEF/OIF Primary Care Psychology, Physical Medicine and Rehabilitation, Polytrauma Program, Primary Care Mental Health Integration Program, Psychosocial Rehabilitation and Recovery Center, Spinal Cord Injury & Disorders, Substance Abuse (inpatient and residential), Traumatic Brain Injury Clinic, and Trauma Services Program.

As a VA hospital, Hines is dedicated to the care of veterans whose injuries or medical conditions were obtained while in the military service of the United States. Hines is also authorized to serve all veterans who have limited financial resources. Fellows are afforded ample opportunity to provide psychological evaluation, treatment and consultation to a veteran population that is characterized by diversity across socio-economic status, race, ethnicity, religion, gender, sexual orientation, age and physical as well as cognitive ability. As a VA Hospital, the patient population is heavily skewed toward men, but approximately 4,500 female veterans were enrolled last year at Hines. Twenty-two percent of veterans under age 35 at Hines are female. Training opportunities also often include involvement with partners and caregivers who may be female, as well as with female veterans. Likewise, as a VA Hospital, we provide services to veterans who have served across various wartime periods (i.e., World War II, Korean Conflict, Vietnam Era, Gulf War, Operation Enduring Freedom /Operation Iraqi Freedom/Operation New Dawn) as well as to individuals serving during peacetime. Our patient population reflects the notable ethnic diversity of the Chicago area, although the patient population is likely more predominantly European- and African-American than the overall Chicago area population. Still, there are adequate opportunities to work with veterans who are Hispanic-American and Asian-American. Opportunities exist as well to work with LGBT patients and patients and family members/caregivers across the full spectrum of age from young adulthood to the elderly, as well as individuals with varying types of disabilities (i.e., sensory, physical, cognitive) and impairment levels (i.e., ranging from mild to severe). Religious and socio-economic diversity may be somewhat limited, as most patients come from a Christian background, but the large Chicago area Jewish and Muslim populations afford some religious diversity across caseload. To afford opportunities to work with a diverse patient population, supervisors make significant efforts to provide a caseload of patients that is characterized by diversity. Our hospital staff is characterized by notable diversity as well, and likely reflects the diversity of the Chicago area population.

The Hospital is accredited by The Joint Commission. Some hospital programs are accredited by the Commission for Accreditation of Rehabilitation Facilities (CARF).

ACADEMIC AFFILIATIONS

Hines is affiliated with approximately 70 colleges and universities for the education of undergraduate and graduate students in health care professions. 164 medical residents and 134 associated health trainees (including six Psychology Interns and five Psychology Postdoctoral Fellows) receive funded training at Hines this year. An additional 1,587 students receive unfunded training this year (including 11 Psychology Externs).

Hines is institutionally affiliated with Loyola University of Chicago, Stritch School of Medicine, and also maintains affiliations with the University of Illinois-College of Medicine, Chicago, and Northwestern University Feinberg School of Medicine. Loyola University Medical Center, which shares a campus with Hines, is one of the largest medical centers in the Chicago area, with 523

licensed beds on a 70-acre campus. Loyola is a nationally recognized leader in many health care specialties, including cardiology, oncology, neurology, and organ transplant.

The Hospital and its academic affiliates conduct many symposia, workshops and consultant presentations on a broad range of topics from many health care fields. Several national, regional and state conferences and conventions, as well as the meetings of various psychological and related mental health professional associations are held on an annual basis in Chicago.

HINES AND CHICAGO

Hines VA is one of three VA medical centers that serve veterans in the Chicago area, which has a population of approximately 9,500,000 people. Although Chicago is often described as a world-class city and is currently ranked fifth among world economic centers (*Foreign Policy*, 2010), it retains a very friendly and comfortable character, and may be the most livable major American city. The area, with its striking architecture, is home to hundreds of theatre companies and art galleries and to dozens of symphony orchestras, opera and dance companies, and art museums, many world-renowned. Cultural offerings are surpassed only in New York. Shopping is superb, with an extensive supply of both brand name and one-of-a-kind stores at all price levels. Recreational opportunities abound, with 33 miles of lakefront beach and park, many professional and NCAA Division sports teams, and more restaurants, bars, clubs and festivals than anyone could cover in a lifetime. In 1997, Places Rated Almanac rated Chicago as the #1 metropolitan area in North America in its supply of recreational assets. In 2010, a Harris Interactive poll for Forbes Magazine rated Chicago the fourth “coolest” city in the U.S. The diversity of the population adds tremendously to the richness of experience in living here. The Chicago area has one of the largest African-American, Latino and Asian-American populations in the country. Chicago is the third largest Catholic Archdiocese in the U.S. and has the fourth largest Jewish population in the U.S. The Chicago area has one of the most diverse populations in the country across European heritage, with especially large numbers of people of German, Irish, Polish, Italian, English, Swedish, Czech, French, Russian, Norwegian, Dutch and Greek heritage. The gay and lesbian community is also one of the largest in the country, and has available hundreds of community and entertainment venues. Civil union for same-sex couples is legal in Illinois, affording all Illinois state legal rights afforded married couples. This demographic diversity affords the Chicago area with many distinct neighborhoods and communities that enrich the region as a whole and make neighborhood exploration great fun. Families raising children will find available many communities with excellent school systems and very family-friendly environments. Public transportation is excellent within the city, and it is possible to take public transportation to Hines from the city or from nearby suburbs. The region as a whole is well served by a large network of highways. O’Hare Airport has more flights than any other airport in the nation, except for Hartsfield (Atlanta). Chicago is one of the primary academic centers in the U.S., with 46 colleges, universities and professional schools that serve nearly 500,000 students. With such a large student population, there is a wealth of rental properties available for interns moving to Chicago. Housing prices, and the cost of living in general, exceed the national average, but are quite reasonable relative to the nation’s other principal cities. The two principal downsides to Chicago are traffic congestion and the climate. Winters are challenging, especially for those not accustomed to living in the Midwest or Northeast, and internship interviewees will have the opportunity to experience Chicago at one of its most challenging times of year, January. However, the vitality of the city does not diminish with the inclement weather, and summer and fall, in particular, offer plenty of opportunity to take advantage of the numerous outdoor recreational activities that the city has to offer. For more detailed information about the city, please contact the City of Chicago’s web site at www.ci.chi.il.us/.

PSYCHOLOGY SERVICE

Psychology Service at Hines is one of several departments in the hospital's Mental Health Service Line. The Chief, Psychology Service, reports directly to the Service Line Manager. Psychology Service is comprised of 43 doctoral-level psychologists, and two program assistants. Several Loyola-based doctoral-level psychologists also serve as core faculty to our Internship Program. The broad range of expertise, background and experience represented in the staff at Hines is also reflected in the diversity of their professional assignments throughout the hospital. Most are involved in the training program as either major or minor supervisors. There is a wide range in experience and theoretical orientation, as well as academic background. Supervisors are actively involved in professional psychology associations and organizations, may be actively engaged in research, program development and evaluation, and/or professional administrative and leadership functions in the hospital that reflect their expertise and that provide modeling experience to interns. Some supervisors hold faculty appointments at universities in the Chicago area and several serve as national trainers within their discipline.

Psychology has maintained a Psychology Externship Program since 1947, and a Psychology Internship Program since 1950. The Internship Program has been formally accredited by APA since 1976. The Internship Program is designed to foster significant clinical and didactic collaboration between interns and fellows. Detailed information about our Internship Program is available on our webpage at www.hines.va.gov/education/psychology/index.asp. The Fellowship Program expects a decision regarding its recent site visit for the purpose of initial accreditation by APA in early 2013.

PHILOSOPHY AND MISSION STATEMENT

The overarching purpose of the program is to prepare postdoctoral Clinical Psychology Fellows for general advanced practice across a broad range of competencies viewed as necessary for independent professional psychology practice. These competencies include assessment, psychotherapy and intervention, consultation, program development and evaluation, supervision, teaching, strategies of scholarly inquiry and clinical problem-solving, organization, management and administration relevant to Psychology, professional, ethical and legal conduct, and issues of cultural and individual diversity relevant to all the above. Complementing our goal of preparing Fellows for advanced professional psychology practice, the Program also helps Fellows develop skills for practice in high priority areas of health care for veterans. The Program's four Emphasis areas include Medical Rehabilitation Psychology, Neuropsychology, Primary Care and Health Psychology, and Trauma and Dual Diagnosis. Through their training across a variety of clinical placements, Fellows develop general advanced professional practice knowledge and skills as well as a depth of advanced knowledge and skills in working with specific populations. Fellows' training is consistent with our training program philosophy, as described below:

(1) Hines Psychology embraces a generalist tradition in training. We believe that the best training to prepare today's postdoctoral Fellows for the demands of tomorrow's professional challenges consists of providing depth through focused training in the Fellow's area of primary clinical interest concurrent with breadth through strengthening generalist knowledge and competencies in professional psychology that can be adapted to a variety of interdisciplinary settings. Focused clinical training and enhancement of generalist advanced practice skills should build upon generalist foundational training at the predoctoral level.

(2) Hines Psychology embraces the scholar-practitioner training model (Peterson, Peterson, Abrams and Stricker (1997), in which science and practice inform each other. This training model

reflects the “mutuality of science and practice” as described by Hoshmand and Polkinghorne (1992). Reflecting a focus on evidence based clinical practice, Fellows are encouraged to base their conceptualization, assessments and interventions on the available scientific knowledge and, when applicable, empirically validated therapies, while also acknowledging the real limits of our scientific knowledge and the complexities of people in our clinical practice. This productive integration of science and practice permeates the clinical work across our department and drives the training focus of our program. We also believe that effective integration of science and practice is best achieved through a concurrent ongoing focus on enhancement of skills in clinical conceptualization and critical thinking. The Program’s focus on productive integration of science and practice, development of skills in conceptualization and critical thinking, and exposure to various theoretical orientations, actualize our scholar-practitioner model. The Program’s encouragement of Fellows’ involvement in ongoing research and its requirements in program development and evaluation further support this training focus.

(3) Our long-range objective for each Fellow is to solidify the development of a sense of professional judgment, ethics, responsibility and identity, as well as compassion for others, consistent with independent professional practice as a clinical or counseling psychologist in both a generalist capacity and in the Fellow’s area of Emphasis. Throughout the year we provide a supportive and collaborative atmosphere in which Fellows, under supervision and mentorship, can accept increasing responsibility for their professional work in collegial and interdisciplinary contexts. Our goal is for the Fellow to function and feel competent to function as an independently practicing clinical or counseling psychologist in psychological assessment and diagnosis, treatment, consultation, student supervision, teaching, administration relevant to professional practice, program development and evaluation and scholarly inquiry in their domains of generalist and/or Emphasis at the conclusion of the postdoctoral Fellowship year. Our Program attempts to foster development of these skills across practice areas within the context of the VA patient population and hospital system.

(4) Our philosophy is that a Fellow is viewed as a respected and important part of our health care team. A logical extension of this philosophy is that the Fellow’s case load is determined by the amount of professional work that will optimize the Fellow’s learning experience. Their experience at Hines is training-based rather than production-based. Expectations for performance are solely based on training objectives.

(5) Fellows will have exposure to a demographically diverse caseload as they enhance their skills in cultural competence in assessment, treatment, and consultation. The training experience is optimized through individual appreciation and clinical understanding of human diversity as it interfaces all aspects of psychological practice.

TRAINING MODEL

Following our philosophy, we embrace a training model in which Fellows rotate across a number of clinical settings that optimizes breadth and depth of the knowledge and skills set required for generalist independent professional psychology practice as well as development of advanced knowledge and skills in working with specific populations. This training model affords the Fellow the opportunity to develop generalist advanced practice knowledge and skills in a number of hospital settings with a wide range of patient problems and a number of supervisors. The development of knowledge and skills in an area of Emphasis is supported by rotational placements within that Emphasis and are further advanced through the Fellow’s pairing with a Mentor in the Fellow’s area of Emphasis. Mentors, as well as other supervisors, model the integration of scholarly inquiry with clinical practice. Mentors and supervisors further promote

the Fellow's initiative and self-direction in the Fellowship training year as the Fellow works toward achieving the knowledge, skills and identity necessary for independent professional practice in psychology. The training focus over the course of the year includes the following training objectives, which all Fellows are expected to develop to a level of knowledge and skills competency appropriate to independent advanced professional psychology practice:

1. Theories and methods of psychological assessment and diagnosis,
2. Theories and methods of psychological intervention,
3. Consultation,
4. Program development and evaluation,
5. Supervision,
6. Teaching,
7. Strategies of scholarly inquiry and clinical problem solving (including optional research),
8. Organization, management and administration relevant to psychology practice,
9. Professional, ethical and legal conduct,
10. Skills and knowledge in an area of Emphasis, and
11. Knowledge and proficiency regarding issues of cultural and individual diversity that are relevant to all the above.

Reflecting our principle that clinical practice must embody a research and theory based orientation, we afford the Fellow an experience in which clinical practice is integrated with the scholarly inquiry surrounding practice. Reflecting that model, we especially seek postdoctoral applicants with strong scientific and theoretical grounding in clinical and counseling psychology. Training at Hines is viewed as an extension of the doctoral training the Fellow has received at their academic program and internship. The Fellow, their Mentor and the Training Director design each Fellow's training at Hines to ensure that it is integrated with the Fellow's doctoral training and is aimed at further progression and development of the Fellow's knowledge base, professional judgment and skills attainment as well as in professional capability and identity.

Our program is learning- and training-based, as opposed to production-based. Service delivery is subsumed under the Fellows' training needs and interests, with the Fellows' clinical work during Fellowship focused on preparing them to function in independent professional psychology practice. Our strong bias toward learning-based training is a point of pride for our program, and is characterized by a supervision-rich environment that includes mentoring and by training that is focused on enhancement of skills in psychological conceptualization in clinical practice.

The priority given to supervision and education for Fellows, which limits actual service delivery time, further demonstrates our Fellowship Program's focus on training over production. Fellows are not expected to work more than 40 hours weekly, to ensure adequate time for the Fellow to engage in reading, audiotape review, self-processing of clinical work, research-related activity (if desired), self-care and personal interests. Fellows spend approximately 25-28 hours weekly engaged in direct patient service delivery and related support activities (e.g., report writing, progress notes). Fellows have at least 4 ½ hours of supervision weekly and they typically schedule 2-3 hours weekly supervision with interns and/or externs. Approximately 8-10 hours weekly are devoted to didactics, meetings, research, paperwork and other commitments. Participation at educational seminars and workshops on- and off-station is encouraged during work hours, further demonstrating our commitment to training. Given the nature of funding for our hospital, revenue generation plays no role in determining any aspects of the Fellows' clinical activity.

The extent of clinical activity in which Fellows participate is structured to afford them the opportunity to focus on intensive work with fewer patients rather than less intensive work with more patients. We believe that this focus allows for more conceptualized learning and for more opportunity to integrate theoretical and scientific grounding with clinical practice.

Although Fellows follow programmatically set Major Rotations, flexibility is afforded in selecting Fellowship activities that enhance skills within the area of Emphasis and that enhance generalist clinical skills across our Program's training objectives. Our ability to provide both broad-based generalist training in core clinical training objectives and Emphasis training reflects our wealth of rotational placements and supervisors available at Hines. Rotational selection and activity are based on Fellows' training needs that are requisites for achieving our Program's goals, on Fellows' training interests, and on supervisory availability. An assessment of the Fellow's training needs will be made by the Fellow, the Fellow's Mentor and the Training Director. Training assignments are made only after discussions between them.

Service delivery needs within the various clinics and programs at Hines do not play a role in determining rotational selection. Furthermore, the clinical functions carried by Fellows within a given setting are determined more by their training interests and needs than by the clinical service needs of the setting. Fellows are also assigned a demographically diverse caseload to promote their training in issues of individual and cultural diversity.

The Psychology Fellowship Program is committed to a training approach that is sensitive to human diversity. Fellows are assigned a caseload characterized by individual and cultural diversity and are encouraged to bring issues of cultural and individual diversity into supervision. Supervisors attempt to provide Fellows with female veterans for their caseload to promote caseload diversity by gender. Aspects of human diversity, including race, gender, ethnicity, sexual orientation, age, physical illness and disability are covered in didactics throughout the year. Fellows are also welcome to participate in hospital committees that focus on diversity in our workplace. These committees reflect the support and respect for diversity that characterizes our hospital.

Reflecting our focus on training that is sensitive to cultural and individual diversity, our Program also attempts to recruit classes that are characterized by cultural and individual diversity. We believe that a diverse Fellowship class promotes quality clinical care and optimizes the learning environment. We also believe that learning is enhanced by recruiting a class that is diverse across theoretical orientations.

Reflecting our emphasis on education, training on rotations is supplemented by workshops, seminars, lectures, and grand rounds, as described in Program Structure and in Rotation Descriptions. The didactic education and the supervision afforded the Fellow also aim to provide the Fellow with the means to integrate science and practice to a level appropriate for independent licensed practice as a professional psychologist.

TRAINING PROGRAM GOALS AND FOCUS

Training over the year focuses on helping Fellows develop skills in our training objectives to a point appropriate and competitive for independent licensed practice in professional psychology by the conclusion of the Fellowship year. By the conclusion of the Fellowship year, we expect our Fellows to achieve our objectives through a range of experience in their area of Emphasis and in generalist practice. Fellows are supported in their development of skills and knowledge in generalist and Emphasis clinical practice and in their development of an identity as an independently practicing psychologist through a mentorship with a psychologist practicing in the

Fellow's area of Emphasis and through intensive yet collegial supervision with a range of supervisors across the training year.

The overarching training goals may be summarized as follows:

1. Fellows will develop the knowledge and skills required for functioning as an independent professional psychologist with a veteran population, with a focus on the following training objectives: assessment, psychotherapy and intervention, consultation, supervision, teaching, strategies of scholarly inquiry and clinical problem-solving, program development and evaluation, organization, management and administration in psychology practice, professional, ethical and legal conduct, and issues of cultural and individual diversity relevant to the above.
2. Fellows will develop professional knowledge and skills necessary for more specific and focused practice in a high priority area of health care for veterans, within an area of Emphasis.

Our core competencies define our objectives. Developing these core competencies to this skills level can be viewed as the training objectives that operationalize our program's overall goal.

TRAINING OBJECTIVES AND CORE COMPETENCIES

The primary core competencies that define our Program's training objectives are described below, and should be achieved through supervised structured clinical and professional experiences across Major Rotations. These clinical and professional experiences are detailed within the rotation descriptions that follow. These competencies may be also partially achieved through generalist clinical experience in Minor Rotations and through optional participation in an administrative rotation or in research endeavors. Secondary core competencies that also define our training objectives are noted on the evaluation form that supervisors complete at the end of the quarter.

In addition, there are specific core competencies that map onto our Program's overarching goals and objectives to master within each Emphasis that are unique to that Emphasis. Core competencies specific to each Emphasis are described on the first page of each Emphasis description below.

Assessment

1. Judgment in selecting assessment approaches
2. Ability to develop rapport with clients of diverse clinical, age, gender and cultural groups
3. Diagnostic interviewing
4. Interpreting objective personality tests
5. Interpreting intelligence and academic tests
6. Skill in conducting mental status examination
7. Skill in observing and describing behavior

8. Integrating assessment data
9. Awareness of legal issues in assessment (e.g., malpractice, confidentiality, conflicts of interest, mandatory reporting, disability, commitment, forensics, court testimony)
10. Knowledge of the scientific, theoretical, empirical and contextual bases of assessment
11. Awareness of and sensitivity to cultural diversity issues in assessment
12. Awareness of and sensitivity to developmental, medical, pharmacological, social, systems, and other issues in assessment
13. Diagnosis
14. Understanding of psychiatric nosology (DSM IV)
15. Prepares timely, clear, objective, organized, useful, integrated reports
16. Formulating appropriate treatment recommendations
17. Clinical judgment/critical thinking in assessment
18. Uses culturally relevant best practices in assessment

Psychotherapy and Intervention

1. Effectiveness as a therapist
2. Communicates empathy, warmth and genuineness with clients
3. Ability to focus and control session
4. Ability to make direct, relevant, therapeutically timed comments effectively when needed
5. Treatment formulations and judgment about intervention alternatives, necessity, objectives, strategies, length and termination
6. Ability to facilitate client's self awareness/present therapeutic interpretations
7. Understanding and management of client's boundaries
8. Flexibility and/or creative problem solving
9. Ability to facilitate hypothesis generation and exploration/insight
10. Obtains informed consent/provides treatment rationale before initiating services
11. Monitors progress toward therapeutic goals

12. Clinical judgment
13. Awareness of and sensitivity to cultural diversity issues in psychotherapy and interventions
14. Knowledge/scientific foundation of psychotherapy (e.g., best practices, evidence based practice, models, outcomes, principles, guidelines, practice, research, theory, technique)
15. Awareness of ethical and legal issues in psychotherapy and intervention (e.g., referrals, hospitalizations, contracts with patients/families, consent to treatment, dual relationships, privileged communication, mandated reporting)
16. Skill in managing special situations (behavioral emergencies/crises)
17. Engages in self-evaluation (i.e., reflects on own performance, attitudes, behaviors, skills)
18. Uses culturally relevant best practices in psychotherapy/intervention
19. Written reports/progress notes/organization
20. Brief or time-limited therapy
21. Empirically validated treatment
22. Group therapy
23. Individual therapy

Consultation

1. Understanding, knowledge and handling of consultation role and processes
2. Demonstrates timely response to consultation requests
3. Provides timely and effective provision of oral and written feedback
4. Participates actively at treatment team meetings
5. Effectively collaborates as a consultant/defines own role/contributions
6. Establishes/maintains rapport/collegiality/boundaries with other professionals
7. Understands/respects other disciplines' contributions/roles/perspectives
8. Awareness of/sensitivity to cultural diversity issues in consultation
9. Uses culturally relevant best practices in consultation

Supervision

1. Openness and responsiveness to supervision
2. Preparation for supervision/takes responsibility for own learning
3. Effectively incorporates feedback from supervision into clinical practice
4. Ability to tolerate critical evaluation
5. Capacity for self-examination
6. Knowledge of models, theories, modalities and research on supervision
7. Assesses own strengths and weaknesses across competencies
8. Seeks consultation regarding diversity issues as needed
9. Keeps own supervisor sufficiently informed of cases
10. Interested and committed to supervision
11. Assists in coherent conceptualization of clinical work
12. Assists in translation of conceptualization into techniques
13. Effective in intern's/extern's development of assessment skills
14. Effective in intern's/extern's development of treatment skills
15. Incorporates dimensions of diversity in conceptualizations, skills and techniques
16. Adapts own professional behavior in a culturally sensitive manner

Teaching

1. Organization of programming
2. Quality of programming
3. Appropriate level of teaching
4. Integration of research and clinical issues
5. Incorporation of issues related to individual/cultural diversity

Program Development and Evaluation

1. Conceptualizes evaluation questions
2. Translates questions into an operationalized evaluation
3. Manages data collection effectively
4. Conducts effective analysis of evaluation results
5. Integrates diversity related issues as appropriate

Organization, Management and Administration

1. Interacts effectively/sensitively with relevant staff in Psychology
2. Interacts effectively/sensitively with relevant staff outside Psychology
3. Organizes administrative work and sets priorities effectively
4. Ability to develop and/or recommend new or revised policies and procedures to advance effective administration

Professional, Ethical and Legal Conduct

1. Knowledge/understanding of/adherence to APA Ethical Principles and code of conduct, and other professional standards
2. Awareness of/adherence to legal (e.g., mandatory reporting, HIPAA, commitment, testimony) and regulatory (e.g., Board of Psychology) standards
3. Maintenance of records and timeliness of reports, prior authorization, treatment plans and treatment summaries
4. Maintains expected work load and professionalism in fulfilling clinical responsibilities
5. Development of identity as a psychologist/socialization into the profession
6. Communication/assertiveness skills
7. Integrates research and practice
8. Thinks critically/analytically/scientifically (i.e., in evaluating information, communication, situations and in addressing problems)/"thinks like a psychologist"
9. Awareness of/sensitivity to/respect for others (autonomy, cultural diversity, dignity, rights and welfare)
10. Demonstrates punctuality for patient contacts and professional meetings

11. Demonstrates promptness in carrying out other assignments
12. Understanding and management of professional boundaries with clients
13. Awareness of personal issues in relationships with clients/colleagues/supervisors
14. Ability to prevent personal problems from interfering with patient care or professional conduct
15. Presents self maturely/acknowledges own limits
16. Appropriate attire and presentation
17. Initiative and motivation
18. Dependability
19. Demonstrates effective self care

Strategies of Scholarly Inquiry and Clinical Problem-Solving

1. Application of scholarly inquiry and clinical problem solving
2. Knowledge of EBT approaches to clinical practice
3. Knowledge of scientific/theoretical literature relative to rotation
4. Appropriate application of literature to practice
5. Conceptualizes cases/situations
6. Demonstrates knowledge of different theoretical perspectives
7. Evaluates outcome data
8. Shows awareness of potential sources of cultural bias
9. Uses culturally relevant best practices
10. Articulates an integrative conceptualization of diversity

Aspects of Cultural and Individual Diversity Relevant to the Above Objectives

1. Ability to develop rapport with clients of diverse clinical, age, gender, and cultural groups (assessment)
2. Diagnostic interviewing: Speaks at client's level of comprehension
3. Awareness of and sensitivity to cultural diversity issues in assessment

4. Awareness of and sensitivity to developmental, medical, pharmacological, social, systems, and other issues in assessment
5. Uses culturally relevant best practices in assessment
6. Awareness of and sensitivity to cultural diversity issues in psychotherapy and interventions
7. Uses culturally relevant best practices in psychotherapy and interventions
8. Engages in self-evaluation (i.e., reflects on own performance, attitudes, behaviors, skills) (psychotherapy and intervention)
9. Uses culturally relevant best practices in psychotherapy/intervention
10. Awareness of/sensitivity to cultural diversity issues in consultation
11. Uses culturally relevant best practices in consultation
12. Awareness of/sensitivity to/respect for others (autonomy, cultural diversity, dignity, rights and welfare (professional, ethical and legal conduct)
13. Awareness of personal issues in relationships with clients/colleagues/supervisors (professional, ethical and legal conduct)
14. Ability to prevent personal problems from interfering with patient care or professional conduct (professional, ethical and legal conduct)
15. Capacity for self-examination (supervision)
16. Seeks consultation regarding diversity issues as needed (supervision)
17. Incorporates dimensions of diversity in conceptualizations, skills and techniques (supervision)
18. Adapts own behavior in a culturally sensitive manner (supervision)
19. Shows awareness of potential sources of cultural bias (scholarly inquiry and clinical problem-solving)
20. Uses culturally relevant best practices (scholarly inquiry and clinical problem-solving)
21. Articulates an integrative conceptualization of diversity (scholarly inquiry and clinical problem-solving)
22. Incorporates dimensions of diversity in conceptualizations, skills and techniques (in supervision)
23. Adapts own professional behavior in a culturally sensitive manner (in supervision)
24. Integrates diversity related issues as appropriate (program development/evaluation)

25. Incorporation of issues related to individual/cultural diversity (teaching)
26. Interacts effectively/sensitively with relevant staff in Psychology (organization, management and administration)
27. Interacts effectively/sensitively with relevant staff outside Psychology (organization, management and administration)
28. Integrates relevant diversity literature into research (optional, research)

Research (optional)

1. Conducts research professionally/ethically (protects subjects' rights/maintains privacy and confidentiality of data)
2. Skill in designing and organizing research
3. Skill in preparing literature review
4. Skill in data entry, data management, statistical analysis/data interpretation
5. Progress in preparing dissertation for publication

Each rotation within each Emphasis carries its own site-specific goals and objectives respectively. These goals and objectives flow from the overall training goals and objectives of the Hines Psychology Fellowship Program. The goals and objectives of each rotation are described in the Fellowship Brochure.

PROGRAM STRUCTURE

The Psychology Fellowship Program is designed to offer graduates from APA-Accredited clinical and counseling psychology doctoral programs and internships a 12-month intensive training experience. All Fellowship slots follow our generalist model of exposure to a variety of experiences concurrent with particular focus in the Fellow's area of Emphasis. This model affords each Fellow the opportunity to develop core clinical skills in a variety of hospital settings in both generalist and Emphasis practice with a variety of patient problems and diverse supervisory exposure.

ROTATIONAL STRUCTURE

Each Emphasis is composed of Major Rotations, which comprise 60-85% of the training year and participation in Minor Rotations, which comprise about 15% of the year. Each Emphasis may have its own rotational requirements within this frame. Participation in Minor Rotations provides opportunities to enhance generalist skills defining the Program's clinical training objectives and may fill gaps in previous clinical experience. Research is optional to a maximum dedication of 25% of the Fellowship year. Time dedicated to an Administrative Rotation is available within the 25% time allocated to optional research.

The Fellowship year is divided into four 3-month quarters. Assignments are made to one rotation for a minimum of three months and a maximum of 12 months. The Fellow may work within one rotation quarter-time or half-time throughout the year or for a shorter period of time on a quarter-time, half-time or three-quarter time basis that extends at least three months. Quarters exist primarily as set times in which to change rotations and to complete quarterly evaluations by supervisors, Fellows, and Interns or Externs (when working with a Fellow). The calendar is maintained in this flexible schedule to a) allow for clinical experience within and outside one's Emphasis, b) afford ongoing clinical work within a program/clinic as part of one's Emphasis, c) allow ongoing work within a research protocol and d) afford the opportunity for ongoing involvement in an administrative rotation.

Minor Rotations function as a flexibly designed component of the Fellowship Program whose purpose is to afford Fellows the opportunity to enhance their generalist clinical skills in psychotherapy, assessment and consultation outside Emphasis rotations. Fellows are expected to allocate approximately six hours each week to Minor Rotations, which includes direct service, related work (e.g., progress notes, report writing) and supervision. Fellows may meet this programmatic requirement in a number of clinical settings in which psychologists work and which provide a sufficiently clinically diverse population to afford enhancement of generalist clinical skills. The Fellow may select clinical opportunities that complement knowledge and skills within an Emphasis or fill gaps in previous clinical training. It is likely that the Fellow will rotate across several of these settings to ensure adequate availability of psychotherapy, assessment and consultation experiences. Supervision is assigned to a psychologist working within that setting.

ILLINOIS LICENSURE

The Fellowship is designed to meet the State of Illinois Division of Professional Regulation requirements for supervised postdoctoral experience.

SUPERVISION AND MENTORSHIP

The Fellow will typically have one supervisor during a quarter in which he/she follows a full-time rotation. The Fellow will have more than one supervisor during a quarter if he/she follows two or three part-time rotations concurrently during that quarter.

Each Fellow will select a Mentor typically within their Emphasis in September of the training year to afford timely completion of the Fellow's Training Plan. The Fellow has primary responsibility for arranging mentorship with a supervisor, although the Training Director will provide as much assistance as the Fellow desires. Selection of a Mentor typically reflects the Fellow's clinical and career goals and personality fit. In order to accomplish the goals and objectives of the Program in concert with the Fellow's particular professional and clinical interests regarding these goals and objectives, the Fellow and Mentor design a Training Plan that guides the Fellow across the year. The plan is designed as a fluid template, given changes in interest and development of opportunities that may arise over the course of the training year. The Mentor serves as a professional and clinical role model for the Fellow. The Fellow and Mentor will meet regularly (at least one regularly scheduled hour each month) within a collaborative and collegial structure, with focus placed on attaining professional identity as a psychologist working in that Emphasis, on personal career development, on development of advanced level clinical skills, and on integration of personal and professional parts of the Fellow's life. The mentorship relationship is collegial but also reflective of the Mentor's supervisory and guidance functions in fostering skills and professional development.

The Training Plan is reviewed each quarter by the Fellow and Fellow's Mentor, and subsequently by the Training Director, to ensure adequate progression toward achievement of training objective goals noted on the Training Plan. Progression is noted on the Training Plan Quarterly Review.

Fellows will receive a weekly minimum of 3.5 formally scheduled hours of individual supervision on rotation by licensed Psychology staff supervisors. Three hours are formally scheduled within Major Rotations and ½ hour is formally scheduled within Minor Rotations each week. In addition, given the high level of interest and motivation of staff to provide education, Fellows typically receive additional informally scheduled supervision on rotation. Fellows have at least one hour of formal supervision each month with their Mentor. Fellows also receive one hour of formally scheduled Group Supervision/Case Conference twice a month by a rotating group of licensed staff psychologists. Supervisory styles vary across supervisors, but supervision is viewed as collegial and collaborative. The frame of supervision may include direct observation of the supervisor or the Fellow, co-therapy and co-consultation, review of audio-taped materials, and discussion of integration of scientific knowledge or clinical theory with the clinical presentation of the patient or the clinical direction taken with the patient. Each supervisor will provide a reading list to be reviewed in a didactic but collegial format. The Fellow will also take initiative to access resources and initiate critical discussion of materials. Supervision is very focused on helping the Fellow integrate theory and science with practice to a level consistent with independent licensed professional practice. In addition to referral to suggested and required theoretical and scientific readings, Fellows may be encouraged to explore various theoretical perspectives as applicable to their clinical work, discuss their practice through referral to scientific and theoretical underpinnings, increase their knowledge through didactic involvement with interdisciplinary staff, and participate in didactic presentations.

Group Supervision/Case Conference is scheduled on the second and fourth Fridays of the month between 8:00-9:00 am. A number of licensed staff psychologists rotate through group supervision over the course of the training year. Fellows take responsibility for presenting cases, and are encouraged to bring cases that present challenging clinical and/or professional questions.

The Supervision of Supervision Seminar provides Fellows an opportunity to discuss their own experiences in provision of supervision as well as review models of supervision and issues in supervision. This seminar is scheduled from 10:00-11:00 on the third Friday of the month.

SUPERVISION RIGHTS AND RESPONSIBILITIES

Supervisors and Fellows should adhere to responsibilities described in VHA Handbook 1400.04 Supervision of Associated Health Trainees. Supervisors and Fellows also have the rights to be treated in a professional and respectful manner within a collaborative and collegial relationship. They should adhere to the VA Code of Conduct/Statement of Organization Ethics Policy Memorandum 578-09-001-108. Fellows and supervisors are also expected to follow the APA Ethical Principles of Psychologists and Code of Conduct. These documents are provided to Fellows during Psychology Orientation.

The roles and responsibilities of Fellows and supervisors are delineated within a formal Supervision Agreement that the Fellow and supervisor discuss and sign at the beginning of a rotation. The Training Director will retain a copy of the Agreement.

TRAINING ASSIGNMENTS

General Overview

A major goal of our rotational system is to expose the Fellow to a variety of therapeutic models and applied skills relevant to general advanced professional psychology practice within the Fellow's area of Emphasis, as well as an opportunity to develop and/or refine skills in other clinical, professional and research domains. A second but equally important goal is the consideration of the Fellow's present interests and future goals.

Training assignments are made only after extensive individual discussions between the Training Director, Fellow's Mentor and each Fellow. The Fellow is encouraged to speak with various supervisors within the Fellow's area of Emphasis and with supervisors in clinics and programs participating in Minor Rotations to provide additional rotation selection guidance. The first quarter clinical rotations are usually assigned before the Fellowship year begins. The remaining rotations are often determined prior to the start of the second quarter. The Fellow will complete a Training Plan Self-assessment at the beginning of the training year, which affords self-assessment of training needs and interests. The Fellow, the Fellow's Mentor and the Training Director will then review and discuss the Fellow's self-assessed training needs and interests and will complete a Training Plan for the year. Appropriate rotational assignments and activities within rotations will be then determined for the remainder of the training year. However, this process is designed to be flexible in order to accommodate Program requirements and changes in rotation and activity preference as the Fellow's interests and training needs become increasingly clarified and as the optimal manner in which to meet those needs, interests and goals become better defined. Assignments within the Neuropsychology, Primary Care and Health Psychology, and PTSD/Substance Abuse emphases are mostly programmatically defined, with flexibility built in for selection of activities focus within Major and Minor Rotations, administrative rotations, and research.

The Fellow meets regularly with their Mentor and individually and within quarterly group meetings with the Training Director to discuss progress and make changes in the Training Plan. Fellows discuss their training regularly with their clinical supervisors as a part of their supervision.

Procedures

1. During the summer, following selection for the Fellowship class, the Fellowship Handbook is mailed to each student. The Handbook contains a detailed description of each available rotation. The information includes a description of the assignment area and the services provided, its patient population, its training goals and objectives, and its supervision structure.

2. After receiving the Fellowship Handbook, the Training Director will meet or speak by phone with the Fellows to review their rotational preferences, as well as the Fellow's previous internship experiences and career plans. This meeting will focus on determination of the Fellow's training interests, goals and needs during and following the Fellowship. Further clarification of various Fellowship rotations will be provided the Fellow. This clarification includes description of the population available, skills to be learned and supervisory style of each rotation. The Fellow will be encouraged to speak with supervisors with whom they may have an interest in working.

3. A preliminary rotation schedule for the year will be set with the Fellow, with an understanding that only the first rotation must be settled when the Fellow begins the year at Hines and that rotational scheduling will be formally determined following review of the Training Plan Self-assessment and the Fellow Self-assessment of Diversity Experiences, and subsequent development of the Training Plan. The Fellow will work with their Mentor and with the Training Director to develop the Training Plan.

4. Every effort is made to honor the Fellow's strongest preference, where applicable, by making it a rotation early in the Fellowship year. This will, however, depend on factors such as the supervisor's availability. The schedule for the remainder of the year is flexible within the guidelines of that Emphasis area, with alteration expected as the Fellow gains increased exposure to offerings at Hines and becomes increasingly attuned to his/her own training needs and interests as the year progresses. The rotational schedule is also set to ensure that the Fellow receives sufficient training across all general Program training objectives that are seen as necessary during Fellowship. This assurance is set via an assessment of the Fellow's training needs at the beginning of the year by the Director, the first quarter primary supervisor, the Mentor and the Fellow, and the subsequent development of the Fellow's Training Plan.

5. During the first week of the Fellowship, the Fellows are oriented to the various aspects of Hines Hospital, Psychology Service, and administrative guidelines. Fellows attend a hospital-required New Employee Orientation to obtain an overview of the hospital and are processed through Human Resources. Psychology Orientation follows New Employee Orientation and provides Fellows an opportunity to meet all staff psychologists within our Service.

6. During the first week of training (and on an ongoing basis as desired), Fellows are also encouraged to schedule individual meetings with prospective supervisors to obtain further information. The Training Director reviews Psychology Service guidelines during Orientation as well. The Fellows also will be provided time with their first rotation supervisors to become oriented to that setting and to their work there. The supervisor will introduce the Fellow to the program in which he/she rotates. This introduction includes the following:

- a. office set-up,
- b. overview of administrative guidelines for the site,
- c. introduction to interdisciplinary staff,
- d. discussion of training opportunities in the rotation,
- e. discussion of the Fellow's training desires and needs in the rotation,
- f. an initial rotation schedule,
- g. and introduction to electronic charting, scheduling, e-mail and computer-administered testing.

The Fellow will receive a detailed schedule for the week on the first day of Psychology Orientation.

PSYCHOLOGY TRAINING DIRECTOR

Two of the basic functions of the Training Director are: 1) to arrange appropriate assignments for each Fellow based on their needs, interests, experience, training, and professional readiness, and 2) to design and maintain a program rich enough and flexible enough to provide essential clinical knowledge and skills in all Program core competencies.

The Training Director has broad program management and operation responsibilities for the Psychology Postdoctoral Fellowship Program. The Training Director has oversight of administrative and programmatic resources of the program, including comprehensive planning, developing and implementing policies and procedures, determining needs of the programs, overseeing the quality and quantity of training, and establishing program initiatives and direction with the limitation of available staff and budget. The Training Director coordinates programming within the training program with managers of other programs in the hospital (e.g., research and development). The Training Director manages the work of the program and program staff, ensuring that work is assigned in a systematic way and meets facility and VA guidelines and standards. The Training Director has administrative responsibility directing the training activities of the licensed psychologist clinical supervisors that participate in the Program. Multiple deadlines exist throughout the year including the recruitment, selection and orientation of Interns and postdoctoral Fellows, the quarterly evaluation of Fellows and supervisors, development of didactic programming, as well as coordinating program self-studies, site visits and other regulatory requirements as needed to maintain/establish national accreditation of these programs. The Training Director's responsibilities also include monitoring of outcomes using a data-driven quality assurance process in the training programs that deliver specialized, complex and highly professional services that are important program components of the hospital and that significantly affect the health care provided to veterans. The Training Director evaluates the quality, quantity and effectiveness of training throughout an ongoing quality assurance process, including a comprehensive evaluation system, other surveys and self study. The Training Director may serve as a supervisor for Fellows in a clinical rotation and in the Psychology Training Administration rotation and may serve as a Mentor for a Fellow. The Training Director directs supervision of supervision seminar, participates in Group Supervision/Case Conference and presents Fellowship clinical and professional seminars.

Each Fellow should feel free to discuss issues and personal progress with the Training Director at frequent intervals. The Training Director maintains an open door policy. Time will be set aside for an exit conference during the final three weeks of the training year.

PSYCHOLOGY POSTDOCTORAL FELLOWSHIP TRAINING COMMITTEE

The Psychology Fellowship Program Training Committee meets monthly to discuss training issues and to recommend and implement changes that may enhance programming. The Committee discusses resources available, and examines and directs Program structure and activity. Fellowship Program Training Committee members may be delegated responsibilities by the Training Director. Fellowship Program Training Committee members also take a lead in organization and implementation of various programmatic activities. It is also the responsibility of the Psychology Fellowship Program Training Committee and Psychology staff relevant to each Postdoctoral Fellowship Emphasis Area, chaired and coordinated by the Psychology Training Director, to recruit, evaluate the credentials, interview and select applicants for Postdoctoral Fellowships in Psychology at this hospital. Current Training Committee members include Dr. Kathleen O'Donnell (Ex Officio), Dr. Bernard Sladen (Chair), Dr. Caroline Hawk (Chair Elect), Dr. David Kinsinger, Dr. Kelly Maieritsch, Dr. Barbara Pamp, Dr. Irena Persky and Dr. Erin Zerth.

PSYCHOLOGY OMBUDSMAN

Dr. Laura Schmitt serves as Psychology Service Ombudsman to the Internship and Postdoctoral Fellowship Programs. She is available to discuss issues that arise for trainees in instances in which they prefer not to discuss issues with their supervisor, Fellowship Training Committee

members and the Training Director. Dr. Schmitt will maintain source confidentiality and bring issues to the Training Committee as needed. She will schedule a meeting with the Fellows at the start of the training year, discuss the scheduling of meetings during the year, and will meet with all Fellows as a group toward the conclusion of the year.

TRAINING DIRECTOR'S MEETING

Each Fellow will attend a quarterly Fellowship meeting chaired by the Training Director. This meeting is scheduled on a Friday from 8:00 am until 9:30 am. This meeting will provide a supportive and cohesive environment for the Fellows as a group and will ensure that professional development and program experiences meet Fellows' and the Program's expectations. This is also an opportunity for Fellows to have input in decisions that will be made regarding Fellowship programming, e.g., seminars and consultant scheduling. These issues may also be discussed during the individual meeting with the Director, but the focus at this meeting will be placed on programmatic and career development issues. Individual meetings with all Fellows will be arranged on a quarterly basis.

SEMINARS

In addition to curriculum didactics focused on enhancing skills and knowledge in the Fellow's area of Emphasis, all Fellows will attend other programmatic didactics as a group.

Each Fellow will attend a monthly Supervision of Supervision Seminar with the Training Director. Discussion and readings provide a forum to discuss process as well as didactic material related to Fellows' provision of supervision. Fellows discuss readings related to developmental and competency based theories and methods of supervision. They may also introduce issues related to their current supervision of Interns or Externs, which affords opportunities for collaborative processing and problem solving. Concurrent with the seminar series, all Fellows are required to provide supervision to at least one Intern or Extern over the course of the year. This seminar is scheduled the third Friday of the month at 10:00 am.

Our bi-weekly 90-minute Postdoctoral Fellowship Seminar Series includes many professional psychology topics related to entry and practice in the field (e.g., clinical privileging, EPPP preparation, employment search, salary negotiation, vita workshop). Psychology staff present seminars that provide a conceptual frame of the work entailed within their area of clinical focus, providing context to the roles psychologists play and the knowledge and skills necessary to function within the various programs in which Hines psychologists work. Several seminars focus on diversity related topics and all seminars are expected to incorporate critical thinking related to diversity as relevant into their presentations. Other seminars focus on enhancement of clinical skills in assessment, psychotherapy and supervision. The Postdoctoral Fellowship seminars are attended only by Fellows, which provides a formal opportunity for peer interaction, learning and consultation. These seminars are led by Psychology Service staff and by outside psychologist consultants. Fellows have opportunities throughout the year to recommend topics that they find relevant to their professional training.

The Postdoctoral Fellowship Seminar Series is scheduled from 8:00-9:30 on the first and third Fridays of the month.

All Fellows may follow the HSR&D Cyber Seminars. This weekly Live Meeting seminar series covers a range of topics focused on issues relevant to conducting research and working with specific populations. Recent topics included assessing VA health care use, research access to VA

data, cost effectiveness analyses, and assessment and treatment of individuals with a history of TBI and PTSD.

Fellows are also afforded the opportunity to participate in Internship seminars, and are encouraged to attend seminars within the Professional Series and Diversity Series that may fill gaps in knowledge. In addition, all Fellows may attend monthly Psychiatry Grand Rounds and other hospital didactics. Psychiatry Grand Rounds topics vary, but generally include new psychopharmacological treatments from evidence-based practice, new and emerging therapy methodologies, and case conference presentations. Faculty also welcomes Fellows' interest in presenting at Grand Rounds.

Fellows also attend the Diversity Topics Journal Club, which meets once a month. At these seminars, Fellows and Interns review a scientific article related to an issue of cultural or individual diversity. Each Fellow is expected to chair one meeting of the Diversity Topics Journal Club at some point during the Fellowship year. The Journal Club usually meets on the first Friday of the month from 10:00-11:00 am.

Each Fellow will be engaged in additional didactic programming with their supervisors within their area of Emphasis. Didactic structure varies across special emphases.

Although not a seminar series, Fellows may join our unlicensed Psychology staff in their informal collaborative learning structure as they review EPPP preparation materials.

TEACHING OPPORTUNITIES

Each Fellow will develop a three-session didactic curriculum within their area of Emphasis, which they will present to Interns and to relevant Psychology staff. Fellows will also present a seminar in the area of cultural and individual diversity in which the Fellow focuses gaining additional expertise during the training year. Interns will formally provide assessment and feedback aimed at helping the Fellows enhance their teaching skills within their area of clinical focus. Fellows are also invited to formally present at one Grand Rounds.

RESEARCH OPPORTUNITIES

Dedicated time to research will be available to all Fellows. However, it is expected that interest in incorporating formal research involvement will vary among the Fellows. Depending on availability of Research Department or Psychology Service Mentors, compatibility of research interests, and suitability of research skills, Fellows may participate in ongoing funded research at Hines, or other aspects of research. Alternatively, Fellows may use available research time to prepare their dissertation or other prior research for publication. Fellows are allocated up to one quarter of the year for a research rotation.

It is expected that each Fellow will develop a program development and evaluation study during their Fellowship year, either within their area of Emphasis or as a part of their optional Administrative Rotation.

DIVERSITY PROGRAMMING:

Upon completion of the Fellow Self-Assessment of Diversity Experiences, each Fellow meets with the Training Director and their Mentor to develop an individualized learning plan to enhance knowledge and competency in the area of individual differences and cultural diversity, which is

further incorporated into their larger personal Training Plan for the year. During this meeting, the Fellow, Training Director and Mentor identify particular areas in which the Fellow has had less training and experience, which can be developed during the training year through various clinical and didactic activities. The supervisor works with the Fellow to ensure that the diversity objectives in the Training Plan are embedded in work within rotation, e.g., case load, readings, supervision focus.

In addition, the Fellow will work with the Training Director and Mentor to identify a specific diversity related area that is of particular clinical interest to the Fellow in which they will develop more advanced knowledge and skills. The Fellow receives ongoing supervision from their Mentor as well as from identified staff with specific clinical or research expertise in the identified area, who work consultatively with the Fellow on the development of this knowledge base and presentation. This effort will be noted in the Fellow's Training Plan. In Psychology Orientation at the start of the training year, staff psychologists note their area of expertise in an area related to diversity and individual differences, affording an opportunity for the Fellow to identify relevant Psychology staff who may provide consultation.

At a later point in the training year, the Fellow demonstrates their expertise in their particular area of interest relevant to diversity through formal presentation to other trainees and staff. This presentation incorporates relevant scientific and theoretical literature and addresses clinical application. Assessment of the Fellows' presentation is available through review of Interns', staff psychologists' and other attendees' written evaluation of Fellows' didactic presentations.

Fellows also acquire an appreciation of diversity's interface with clinical psychology as well as demonstrate their competence, knowledge and skills in the arena of diversity through formal pairing with one or two pre-doctoral psychology interns, who are in the process of preparing a formal case presentation focused on psychological assessment or intervention. The Fellow will help the intern integrate relevant diversity-related science and theory into the clinical material the intern will present to other interns and case presentation supervisors.

EVALUATION:

Supervisors complete a quarterly progress evaluation form, the Minnesota Supervisory Inventory (MSI) for each Fellow. The MSI measures competencies relevant to development of advanced practice knowledge and skills required for functioning as an independent psychologist, with a focus on the following training objectives: competency in assessment, psychotherapy and intervention, consultation, professional, ethical and legal conduct, supervision, strategies of scholarly inquiry and clinical problem solving, program development and evaluation, teaching, organization, management and administration in psychology practice, and research (optional). Issues of cultural and individual diversity relevant to all the above is an additional training objective and is interwoven within various aforementioned objectives and also evaluated in a narrative section of the MSI. The competencies that define each training objective are rated on the MSI, with ratings that range from 1="Inadequate (further training and supervision is required to meet expectations" to 3= "Ready for independent licensed practice in clinical psychology. Fully capable of initiating and performing all professional responsibilities independently, and seeking consultation as needed". Our goal is for Fellows to achieve at or near the latter level across all training objectives at the conclusion of their Fellowship programming.

At minimum, the following achievement thresholds for successful completion of the Program include:

1) An overall training objective competence rating=3 “Ready for independent licensed practice in clinical psychology. Fully capable of initiating and performing all professional responsibilities independently, and seeking consultation as needed” on the MSI by completion of the training year, and

2) a rating=3 on 80% of all individual primary competencies on each training objective on the MSI by completion of the training year.

The MSI also measures competencies relevant to the Fellow’s area of Emphasis. These competencies are drawn from accepted or emerging standards of training in each of the Emphases. Ratings for the Fellow’s Emphasis also range from 1 to 3 on the aforementioned scale. Our goal is for Fellows to achieve at or near the latter level in their area of Emphasis at the conclusion of their Fellowship programming. Achievement thresholds in Emphasis ratings for successful completion of the Program mirror those in the paragraph above.

The supervisor completing the MSI reviews that evaluation of the Fellow with that Fellow at the end of each quarter, although supervisors routinely provide evaluative feedback throughout the course of the Fellow’s training with that supervisor. The Training Director reviews these evaluations following each quarter to ensure that Fellows progress toward achievement of programmatic goals and objectives through the course of the training experience.

Fellows also complete an evaluation form regarding supervision and certain aspects of their training experiences, the Fellow Evaluation of Supervisor (FES). The FES offers a detailed appraisal of the supervision provided the Fellow across domains relevant to supervisor competency. They may, but are not required to, discuss their ratings and comments with their supervisor before returning this form to the Training Director.

Fellows also complete a self-evaluation form at Orientation (Orientation Self-assessment Form). During September, the Fellows also complete a Self-assessment of Postdoctoral Fellowship Training Objectives in Generalist and Emphasis Practice, and a Fellow Self-Assessment of Diversity Experiences. Fellows review these self-assessments with their Mentor and the Training Director, discussing training needs and optimal means to meet them. This self-assessment serves development of the Training Plan that each Fellow generates with support from his/her Mentor. The Fellow also completes the MSI-Self-Assessment Version at the end of each quarter. This self-assessment replicates the MSI completed by the supervisor and affords the Fellow an opportunity to assess his/her progress in developing competencies across the Program’s goals and objectives over the course of the year.

GRIEVANCES AND DISCRIMINATION:

It is Psychology Service policy to provide clear procedures for trainees to follow when conflicts of a serious nature arise between trainees and other Psychology Service and/or other hospital staff. Psychology Service is committed to maintaining a positive, ethical and collegial environment that fosters an optimal training experience for trainees. When conflicts of a serious nature occur, the trainee has a responsibility to address the matter. Conflicts of a serious nature include requests made of a trainee by a VA employee to engage in behavior conflicting with the American Psychological Association Ethical Principles of Psychologists and Code of Conduct and the Federal Employee Code of Conduct, acts of discrimination, sexual harassment, and observation of serious professional misconduct.

It is the responsibility of the Psychology Training Director, through the Chief of Psychology, Psychology Service, to ensure that procedures are followed. This will be done in such a manner to

ensure that trainees have fair and equitable avenues of recourse when serious conflicts arise between trainees and Psychology Service or other hospital staff (with the exception of the Psychology Training Director). It is the responsibility of the Chief of Psychology, Psychology Service, to ensure that procedures are followed in such a manner to ensure that trainees have fair and equitable avenues of recourse when serious conflicts arise between trainees and the Psychology Training Director.

A formally structured grievance procedure for training problems and discrimination complaints involves an expanding hierarchy of hospital authority. Trainees are urged to resolve problems arising from hospital activities with their immediate supervisor in Psychology Service. The Ombudsman is available to provide support, guidance and strategy should the fellow prefer to discuss concerns prior to discussing these with the Psychology Training Director. Unresolved difficulties may be brought to the attention of the Psychology Training Director, who will either address the problem individually with the trainee, or will function as the trainee's advocate in mediating a grievance with the supervisor or other members of the hospital. Also, in the event a trainee feels uncomfortable addressing problems with her/his supervisor, the difficulty can be addressed with the Psychology Training Director. Problems not resolved in a satisfactory manner for the trainee may be taken to the Chief of Psychology, Psychology Service. The Psychology Training Director will inform the Chief of Psychology of the issues presented and the measures taken to resolve them. A grievance may also be brought, by the trainee, to the Chief of Psychology, if a problem originates from trainee interaction with the Psychology Training Director. The Psychology Training Committee will be informed of those actions taken to date.

Psychology Service will follow VA policy regarding EEO issues for complaints that cannot be handled within Psychology Service to the satisfaction of the trainee. The trainee is free to report grievances and/or discrimination or other complaints to the American Psychological Association Accreditation and/or Ethics Committees, the Association of Psychology Postdoctoral and Traineeship Centers, and/or the State of Illinois Service of Professional Regulation.

ADVISEMENT AND TERMINATION:

Fellows receive regular feedback through procedures established for Fellow performance evaluation. The primary supervisor(s), Fellow's Mentor and Psychology Training Director meet with the Fellow when overall performance ratings are below expectation in any training objective rated by the supervisor(s) on the Minnesota Supervisory Inventory. Review of deficiencies is followed by a written plan for improvement jointly developed between the Fellow, the primary supervisor(s), the Fellow's Mentor and the Psychology Training Director. The success of the performance improvement plan is determined by the ratings received by the Fellow on the following quarter's Fellow evaluation. The performance improvement plan is defined as successful when overall ratings in all training objectives meet expectation on the following quarter's Fellow evaluation. The success of the jointly developed plan in remediating deficiencies will also be detailed in writing by the primary supervisor(s) and provided to the Fellow. The Performance Improvement plan will include (in writing) a) a description of the problematic performance behavior(s), b) specific recommendations for rectifying the problem(s), c) a timeframe for the probation period during which the problem is expected to be ameliorated, and d) procedures to assess concurrently whether the problem(s) has (have) been appropriately rectified.

A Fellow may be terminated from the Fellowship Program under a variety of serious conditions. A Fellow may be terminated when overall performance ratings remain below expectation in any core competency rated by the supervisor(s) in two consecutive quarters. A Fellow may also be

terminated from the Program at any point during the year if the Fellow has demonstrated behavior that seriously conflicts with the APA Ethical Principles of Psychologists and Code of Conduct and/or Federal Employee Code of Conduct. Furthermore, a Fellow may be terminated if the Fellow demonstrates a pattern of dysfunctional behavior that interferes with acceptable practice of psychology and that appears unlikely to remediate by the end of the Fellowship year, as determined by two consecutive primary supervisors. Psychology Service maintains procedural policy should termination from the Program be recommended.

NON-DISCRIMINATION POLICY:

Our hospital and our Service ensure that applicants and trainees in its training programs are not discriminated against in application to the programs and in their training experience in the hospital, including these programs' avoidance of any actions that would restrict program access on grounds that are irrelevant to success in these training programs and in the practice of clinical or counseling psychology. The training programs fully follow hospital policy regarding Equal Employment Opportunity as outlined in hospital memoranda.

COMMITMENT TO DIVERSITY:

Our Program attempts to recruit a diverse fellowship class through targeted advertising of our Program to reach a diverse pool of applicants and through a selection system that affords consideration to applicants' diversity status. Our programming at the didactic, clinical and evaluation levels demonstrates the strong value placed on diversity and multicultural competence articulated in our Program philosophy. In addition, Fellows are afforded the opportunity provided to all staff to participate in hospital committees that reflect our hospital's appreciation and value of a diverse staff population (e.g., LGBT Emphasis Program). We believe that we have been successful in our attempts to recruit a fellowship class characterized by diversity.

FELLOWSHIP SELECTION

Psychology Postdoctoral Fellowship Training Committee/Emphasis supervisor rankings of Fellowship applicants are made on the basis of the application information combined with the interview. Diversity is sought in terms of the applicant's academic affiliation, geographic location, and personal demographic background. The Program is most favorably disposed to applicants who:

1. attended a Boulder-model scientist-practitioner doctoral program,
2. have broad-based training in our Program's training objectives,
3. have demonstrated skills in the applicant's Emphasis area,
4. have academic exposure to diversity issues as well as clinical experience with a demographically diverse population,
5. have experience and accomplishment in research and extensive scientific and theoretical grounding in psychology, and
6. have letters of recommendations that attest to the applicant's strengths in conceptual thinking, personal maturity and responsibility, clinical judgment, and ethical behavior. Such

applicants are seen as most likely to be well-prepared academically and through clinical training experience in these five relevant above-noted areas.

INTERVIEWS

Individual interviews are considered an important part of the application process. Our procedure is to screen applications on the basis of several criteria, such as amount and kind of clinical experience, research experience, letters of recommendation, and graduate course grades, before an interview is offered.

All applicants recommended by the Training Committee and Emphasis supervisors will be invited to interview with us following our application deadline. Out-of-state applicants needing interview selection information early in order to make travel arrangements should ensure all application materials are received by our Program at least one week before our deadline. An interview is required for acceptance into the Fellowship Program.

Applicants are typically interviewed by three staff members, including the Training Director and two staff members working in the applicant's Emphasis area. During the applicant interview, the applicant can field questions with the Training Director. Applicants are encouraged to arrange, in advance, meetings with staff members who work in areas of interest to them. Applicants may email staff they would like to meet to schedule a time (staff email addresses are listed below). To facilitate coordination, applicants may prefer to ask the Training Director to schedule meetings with staff, especially when applicants would like to meet more than one staff member.

A second interview may be suggested on rare occasion for some applicants when clarification or elaboration of some first interview issues is needed. If a second interview is suggested, a telephone contact is sufficient.

STAFF PSYCHOLOGISTS (Almost all are state licensed.)

Kathleen O'Donnell, Ph.D. – Chief, Psychology Service
(kathleen.odonnell@va.gov)

Anjuli Amin, Ph.D. (unlicensed) – Home Based Primary Care
(anjuli.amin2@va.gov)

Tomasz Andrusyna, Ph.D. – Program Manager, Outpatient Mental Health Services, also Evidence Based Psychotherapy Coordinator
(tomasz.andrusyna@va.gov)

Michael Blacconiere, Ph.D. - Physical Medicine & Rehabilitation/ Community Living Center
(michael.blacconiere@va.gov)

Jeff Canar, Ph.D. – Spinal Cord Injury, also Integrated Ethics Program Officer
(jeff.canar@va.gov)

Robert Chimis, Ph.D. - Mental Health Clinic, Post Traumatic Stress Disorder
(robert.chimis@va.gov)

Matthew Davis, Ph.D. – Health Promotion/Disease Prevention
(matthew.davis2@va.gov)

Marilyn Garcia, Ph.D. – Psychosocial Rehabilitation and Recovery Center
(marilyn.garcia@va.gov)

Patricia Garcia, Ph.D. - Mental Health Intensive Case Management Program
(patricia.garcia@va.gov)

Azi Ghaffari, Ph.D. (unlicensed) – Spinal Cord Injury
(azi.ghaffari@va.gov)

Rebecca Graham, Ph.D. – Inpatient Psychiatry
(rebecca.graham@va.gov)

Caroline Hawk, Ph.D. - Spinal Cord Injury, Psychology Training Director effective April 1, 2013
(caroline.hawk@va.gov)

Julie Horn, Ph.D. - Ambulatory Care/Primary Care
(julie.roberts@va.gov)

Holly Hunley, Ph.D. – Trauma Services Program
(holly.hunley@va.gov)

Paul Johnson, Ph.D. - Spinal Cord Injury
(paul.johnson@va.gov)

Jennifer Kiebles, Ph.D. – Physical Medicine and Rehabilitation
(jenniferl.kiebles@va.gov)

David Kinsinger, Ph.D. – Practicum Coordinator, also Neuropsychology
Coordinator
(david.kinsinger@va.gov)

Ariel Laudermith, Ph.D. – Home Based Primary Care
(ariel.laudermith@va.gov)

Kelly Maieritsch, Ph.D. – Trauma Services Program
(kelly.maieritsch@va.gov)

Jamie Matthews, Psy.D. – Joliet CBOC/Home Based Primary Care
Beginning October 2012

Megan Mayberry, Ph.D. – Mental Health Clinic, Inpatient Psychiatry
(megan.mayberry@va.gov)

Meghan McCoy-Hess, Ph.D. - Psychosocial Rehabilitation and Recovery Center
(megan.mccoy-hess@va.gov)

J. Richard (Ric) Monroe, Ph.D. – Trauma Services Program
(j.richard.monroe@va.gov)

Kurtis Noblett, Ph.D. – Trauma Services Program
(kurtis.noblett@va.gov)

Patrick Nowlin, Ph.D. – Mental Health Clinic, Mental Health Intake Center
(patrick.nowlin@va.gov)

Golnaz Pajoumand, Ph.D. – Home Based Primary Care
(golnaz.pajoumand@va.gov)

Barbara Pamp, Ph.D. – Trauma Services Program
(barbara.pamp@va.gov)

Irena Persky, Ph.D. - Home Based Primary Care
(irena.persky@va.gov)

Rene Picher-Mowry, Ph.D. – TBI/Polytrauma Program
(rene.pichler-mowry@va.gov)

Kristin Raley, Ph.D. (unlicensed). – Mental Health Clinic, Mental Health Intake Center
(kristin.raley2@va.gov)

Kathleen Richard, Ph.D. – Mental Health Clinic
(kathleen.richard@va.gov)

Patrick Riordan, Ph.D. – Consultation/Liaison
(patrick.riordan@va.gov)

Laura Schmitt, Ph.D. – Blind Rehabilitation Center, also Ombudsman
(laura.schmitt@va.gov)

Jeffrey Sieracki, Ph.D. – Oak Lawn CBOC/Mental Health Clinic
(jeffrey.sieracki@va.gov)

Amber Singh, Ph.D. – Substance Abuse Residential Rehabilitation Treatment
Program
(amber.singh@va.gov)

Bernard Sladen, Ph.D. – Psychology Training Director, also Addiction
Treatment Program and Mental Health Clinic, through April 1, 2013
(bernie.sladen@va.gov)

Jonathan Sutton, Ph.D. – Mental Health Clinic
(jonathan.sutton@va.gov)

Amanda Taylor, Ph.D. – Psychosocial Rehabilitation and Recovery Center
(amanda.taylor3@va.gov)

Amanda Urban, Ph.D. – Neuropsychology
(amanda.urban@va.gov)

Laura Wiedeman, Psy.D. (unlicensed) – Primary Care Mental Health Integration
(laura.wiedeman@va.gov)

Anne Wiley, Ph.D. – Neuropsychology, Mental Health Intake Center
(anne.wiley@va.gov)

Erin Zerth, Ph.D. – Health Behavior Coordinator
(erin.zerth@va.gov)

Additional positions are currently in recruitment.

ASSOCIATED PSYCHOLOGIST

David Mohr, Ph.D. – HSR&D
(david.mohr@va.gov)

SUPERVISORS

The direct patient experience, combined with the supervision received, constitute the most important elements of any training experience. The Psychology Staff at Hines is a large and varied group of doctoral level Psychologists. They come from 21 different universities, and some currently hold faculty appointments at various teaching institutions in the Chicago area. There is a wide variety in the theoretical orientations among the supervisors and many have been active in publication, professional advocacy and other areas of professional contribution. Almost all of the Psychology staff are full time, and therefore supervisors are available not only for regularly scheduled meetings but for unscheduled supervision as well.

We believe that our department and hospital provides a highly desirable work environment that has supported our success in retaining psychologists hired. Of the approximately 30 psychologists hired since 2000, only three have left employment at Hines for reasons other than retirement.

Psychology hired seven psychologists during the past year, most of which are currently licensed. These additional staff members may be available as clinical supervisors to the Fellowship Program.

PSYCHOLOGY SERVICE STAFF DESCRIPTIONS

It should be noted that only licensed staff are eligible to serve as supervisors. However, unlicensed staff may provide adjunctive training (e.g., co-therapy, didactics). Most licensed psychologists serve as supervisors within Major Rotations in Emphases or within Minor Rotations or provide didactic training.

AMIN, Anjali -

Ph.D. in Counseling Psychology from Southern Illinois University, Carbondale. Professional Interests: Multiculturalism; Aging; End-of-Life; Health Disparities; Health Psychology/Behavioral Medicine; Women's Health; Sexual Health. Research Focus: Women's Health; Health Disparities; Sexual Health. Theoretical Orientation: Humanist; Cognitive Behavioral; Existential.

ANDRUSYNA, Tomasz –

Ph.D. in Clinical Psychology from Northwestern University, Evanston. Professional Interests: Empirically Validated Treatments, Treatment Efficacy and Effectiveness, Mood and Anxiety Disorders, Diagnostic Assessment, Therapeutic Alliance. Research Focus: Psychotherapy Process and Outcome. Theoretical Orientation: Cognitive Behavioral.

BLACCONIERE, Michael J. -

Ph.D. from Northern Illinois University. Professional Interests: Geropsychology, Rehabilitation, Post-Traumatic Stress Disorder. Research Focus: health-risk and health enhancing behavior, eating disorders, PTSD, job satisfaction. Theoretical Orientation: Cognitive-Behavioral.

CANAR, Jeff -

Ph.D. from Illinois Institute of Technology. Professional Interests: Behavioral Medicine, Rehabilitation, Organizational Ethics. Research Focus: Hospital Quality Improvement. Theoretical Orientation: Cognitive Behavioral and Interpersonal.

CHIMIS, Robert S. -

Ph.D. from Northwestern University. National Register of Health Service Providers in Psychology. Professional Interests: War-Zone Related Post Traumatic Stress Disorder. Research Focus: assessment of PTSD, Interaction between PTSD and Personality Features, Treatment Outcome Evaluation. Theoretical Orientation: Psychoanalytic.

DAVIS, Matthew

Ph.D. from Texas A&M University; M.P.H. from Texas A&M Health Science Center. Professional Interests: health psychology, health-risk behavior, primary care-mental health integration, and program development and evaluation, with a special focus on reduction of health disparities. Research/Diversity Focus: health risk behavior, health literacy, cultural health disparities, and evaluation of brief interventions for behavior change/psychological treatment. Theoretical Orientation: Integrative - Cognitive Behavioral, Interpersonal, and Psychodynamic.

GARCIA, Marilyn –

Ph.D. from Northern Illinois University. Professional Interests: Affective Disorders, Stress and Coping, Psychosocial Rehabilitation, Sexual Trauma. Research Focus: Development and Maintenance of PTSD, Secondary Emotional and Cognitive Responses to Sexual Trauma. Theoretical Orientation: Cognitive-Behavioral, Interpersonal.

GARCIA, Patricia -

Ph.D. from Northern Illinois University. Professional Interests: Severe Mental Illness, Psychosocial Rehabilitation, Affective and Psychotic Disorders, Assessment. Research Focus: Minority Mental Health, Suicide, Depression. Theoretical Orientation: Cognitive Behavioral.

GHAFFARI, Azi –

Ph.D. from Purdue University. Professional Interests: Rehabilitation Psychology, Geropsychology, Behavioral Medicine, Pain Management, Spinal Cord Injury, and Multiculturalism. Research Interests: Health Disparities, Stigma, Perceived Discrimination, and Psychological Help-Seeking. Theoretical Orientation: Cognitive Behavioral, Interpersonal.

GRAHAM, Rebecca –

Ph.D. from University of Louisville. Professional Interests: Personal Values Clarification and Activation; Motivation Enhancement; Dialectical Behavior Therapy; Psychosis; Personality Disorders. Theoretical Orientation: Cognitive-Behavioral, Interpersonal.

HAWK, Caroline – Psychology Training Director, effective April 1, 2013

Ph.D. from DePaul University. Professional Interests: Pain Management, Biofeedback, Relaxation Training, Rehabilitation Psychology, Spinal Cord Injury. Research Interests: Chronic Fatigue Syndrome, Diagnostic Reliability, Program Development, and Evaluation. Theoretical Orientation: Cognitive Behavioral.

HORN, Julie –

Ph.D. from Florida State University. Professional Interests: Clinical Health Psychology in Medical Settings, Psychophysiological Disorders, Health Promotion/Disease Prevention, Short-term Solution-Focused Therapies, Non-compliance and compliance Motivation, Management of Difficult Patients. Research Interest: Movement Disorders that are associated with long-term use of neuroleptics. Theoretical Orientation: Psychodynamic.

JOHNSON, Paul B. -

Ph.D. from University of Illinois at Chicago. National Register of Health Service Providers in Psychology. Professional Interests: Physical Disability and Rehabilitation, especially involving Spinal Cord Injury and Multiple Sclerosis. Research Focus: Impact of Rehabilitation Intervention on Psychological Status and Health Psychology. Theoretical Orientation: Cognitive Behavioral.

KIEBLES, Jennifer –

Ph.D. in Clinical & Rehabilitation Psychology from Illinois Institute of Technology, Chicago. Professional Interests: Health Psychology, Behavioral Medicine, Rehabilitation Psychology, Pain Management, Motivational Interviewing, Geropsychology, Positive Psychology. Research Experience/Interests: Pain measurement, pain and disability, chronic medical conditions and disability, health and behavior change. Theoretical Orientation: Cognitive Behavioral.

KINSINGER, David –

Ph.D. from the University of Miami. Professional Interests: Clinical Neuropsychology, Geriatric Neuropsychology, Rehabilitation Psychology, Mild Cognitive Impairment and Dementias. Theoretical Orientation: Cognitive Behavioral.

LAUDERMITH, Ariel –

Ph.D. from the University of South Dakota, Specialization in Disaster Mental Health. Professional Interests: Clinical Health Psychology in Medical Settings, Integrated Primary Care, Short-Term Solution Focused Therapies. Research Interests: Behavioral Change, Health Risk Behaviors, Treatment Outcome. Theoretical Orientation: Cognitive Behavioral, Integrative.

MAIERITSCH, Kelly Phipps -

Ph.D. from Central Michigan University. Professional Interests: Post-Traumatic Stress Disorder, Empirically Validated Treatments (specifically Cognitive Processing Therapy and Prolonged Exposure), and Diagnostic Assessment. Research Focus: Treatment Outcome, Program Evaluation. Theoretical Orientation: Cognitive Behavioral.

MAYBERRY, Megan –

Ph.D. from University of Illinois at Urbana Champaign. Professional Interests: Emotional and Behavioral Regulation Difficulties, Trauma and Recovery; Family Therapy, Severe Mental Illness, and Substance Use. Research Focus: Treatment Efficacy and Effectiveness. Theoretical Orientation: Dialectical Behavior Therapy and Systems Theory.

MCCOY-HESS, Meghan –

Ph.D. from Pacific Graduate School of Psychology at Palo Alto University. Professional Interests: Psychosocial Rehabilitation, Recovery Model, Severe Mental Illness, and Affective Disorders. Research Focus: Program Development, Posttraumatic Stress Disorder, Anxiety Sensitivity, Depression, and Pain. Theoretical Orientation: Cognitive-Behavioral

MOHR, David C. (associated)–

Ph.D. in Clinical Psychology from the University of Arizona in 1991. Research Interests: Use of Telecommunications Technologies (telephone, internet, palm technology) to Extend Psychological Interventions, Integration of Psychological Care into Primary Care. Full Professor, Dept. of Preventive Medicine at Northwestern University, joint appointment as a researcher at Hines VA HSR&D Center of Excellence.

MONROE, J. Richard (Ric) –

Ph.D. from The University of South Dakota, Specialization in Disaster Mental Health. Professional Interests: Posttraumatic Stress Disorder, Motivational Interviewing, Empirically Validated Treatments (Cognitive Processing Therapy, Prolonged Exposure), Psychological Assessment, Cultural Competence. Research Interests: PTSD Assessment, Treatment Outcome, Barriers to Treatment. Diversity Interests: Culturally sensitive psychotherapy. Theoretical Orientation: Cognitive Behavioral.

NOBLETT, Kurtis –

Ph.D. from University of Wisconsin-Milwaukee. Professional Interests: Post-Traumatic Stress Disorder, Anger Management, Empirically Validated Treatments, Diagnostic Assessment. Research Focus: Psychotherapy Outcome, Clinical Neuroscience. Theoretical Orientation: Cognitive Behavioral, Integrative.

NOWLIN, Patrick –

Ph.D. from the State University of New York at Buffalo. Professional Interests: Mood and Anxiety Disorders, Behavioral Activation. Research Focus: The influences of parents, peers, and ethnic identification on adolescent tobacco use. Theoretical Orientation: Primarily Cognitive-Behavioral.

O'DONNELL, Kathleen – Chief, Psychology Service

Ph.D. from Southern Illinois University- Carbondale. Professional Interests: Neurodegenerative Disorders, Mild Cognitive Impairment, Assessment of Competency. Research Interests: Memory and aging; Use of neuropsychological assessment to predict functional outcome. Theoretical Orientation: Psychodynamic.

PAJOUMAND, Golnaz –

Ph.D. from Illinois Institute of Technology. Professional Interests: Affective Disorders, Posttraumatic Stress Disorder, Substance Use Disorders, Empirically Validated Treatments, Health Psychology, Stress and Coping, Sexual Trauma, Team and organization development. Research Focus: Gender Differences in the development and maintenance of Posttraumatic Stress Disorder. Theoretical Orientation: Cognitive Behavioral, Integrative.

PAMP, Barbara -

Ph.D. from Purdue University. Professional Interests: Post-Traumatic Stress Disorder, Empirically Validated Treatments for PTSD, Supervision and Training. Research Focus: Risk (e.g., anxiety sensitivity, previous trauma) and Protective Factors (e.g., resilience, spirituality) in PTSD, Program Evaluation. Theoretical Orientation: Cognitive Behavioral.

PERSKY, Irena –

Ph.D. from the University of Illinois at Chicago. Professional Interests: Health Psychology in Primary Care Settings, Adherence to Medical Treatments and Behavior Change, Interface of Clinical and Community Psychology. Research Interests: Health Promotion/Disease Prevention, Multiple Risk Behaviors, Adjustment to Challenging Life Transitions. Diversity Interests: Acculturation. Theoretical Orientation: Primarily Cognitive Behavioral.

PICHLER-MOWRY, Rene E,

Ph.D. from Illinois Institute of Technology. Professional Interests: Health Psychology, Rehabilitation Psychology, Pain Management, Biofeedback, Relaxation Training, working with families of Veterans within TBI/Polytrauma population. Research Interests: Pain Management, Adjustment to Physical and Mental Illnesses. Theoretical Orientation: Primarily Cognitive Behavioral. Diversity Interests: Diversity issues within Psychotherapy.

RALEY, Kristin –

PhD from Auburn University. Professional interests: Post-traumatic Stress Disorder with special interest in childhood and sexual abuse, LGBT (Lesbian, Gay, Bisexual, Transgender) issues, Affective Disorders, Personality Disorders. Research interests: social stigma toward individuals with mental disorders and minority groups. Theoretical orientation: Integrative.

RICHARD, Kathleen –

Ph.D. from Northern Illinois University. Professional Interests: Substance Abuse, Trauma, PTSD, Psychosocial Rehabilitation, Eating Disorders, Individual and Couples Therapy, Relationship Issues and Dissociative Disorders. Research Focus: Psychosocial Rehabilitation. Theoretical Orientation: Cognitive Behavioral and Interpersonal.

RIORDAN, Patrick –

Ph.D. from the University of Mississippi. Professional Interests: Clinical Neuropsychology, Dementia, Mild Cognitive Impairment, Traumatic Brain Injury, Capacity Assessment. Theoretical Orientation: Cognitive Behavioral.

SCHMITT, Laura –

Ph.D. from Illinois Institute of Technology. Professional Interests: Health Psychology, Rehabilitation Psychology, Neuropsychology, Care Giver Mental Health. Research Interests: Health Psychology, Neuropsychology. Theoretical Orientation: Primarily Cognitive-Behavioral, Integrative.

SIERACKI, Jeffrey –

Ph.D. from Loyola University Chicago. Professional Interests: Mood and Anxiety Disorders, Empirically Validated Treatments, Family Therapy, Behavioral Activation. Research Interests: Implementing Empirically Validated Treatments in Community-Based Settings, Child Welfare Decision Making and Outcomes. Theoretical Orientation: Cognitive Behavioral

SINGH, Amber –

Ph.D. from Emory University. National Professional Interests: The interface of personality and psychopathology, comorbid substance abuse and psychopathology, empirically supported treatments. Research Focus: Developmental psychopathology, genetic and environmental influences underlying personality and psychopathology, heterogeneity and longitudinal trajectories of psychopathology. Theoretical Orientation: Cognitive Behavioral.

SLADEN, Bernard J. – Psychology Training Director through April 1, 2013

Ph.D. from Washington University in St. Louis. National Register of Health Care Providers in Psychology. Professional Interests: Substance Abuse, HIV Disease, Psychological Evaluation, Couples/Family Therapy. Research Focus: Mental Health Manpower, HIV Disease. Diversity Interests: Training in Diversity, Clinical Interface of Social Class/SES and Ethnicity, Diversity Issues in Psychotherapy. Theoretical Orientation: Integrative (Psychodynamic, Systems, Ecological).

SUTTON, Jonathan –

Ph.D. from Northwestern University in Evanston. Professional Interests: Mood and Anxiety Disorders, Mechanisms and Maintenance of Treatment Gains, Resilience and Prevention. Research Focus: Life Stress and Depression. Theoretical Orientation: Primarily Cognitive-Behavioral.

TAYLOR, Amanda –

Ph.D. from Indiana University Purdue University, Indianapolis. Professional Interests: Serious Mental Illness, Psychosocial Rehabilitation, Evidence-Based Practices for Individuals with Serious Mental Illness. Research Focus: Supported Employment for Individuals with Serious Mental Illness, Program Evaluation, Hospital Quality Improvement. Theoretical Orientation: Cognitive Behavioral.

URBAN, Amanda –

Ph.D. from Illinois Institute of Technology. Professional Interests: Neuropsychology, Anxiety Disorders, Rehabilitation Psychology. Research Interests: Neuropsychological Sequelae of Traumatic Brain Injury, Neurodegenerative Dementias, Ecological Validity of Neuropsychological Assessment. Theoretical Orientation: Cognitive Behavioral and Interpersonal.

WIEDEMAN, Laura –

Psy.D. from Pepperdine University. Professional Interests: Posttraumatic Stress Disorder, Substance Use Disorders, Mood and Anxiety Disorders, Evidence-Based Therapies (particularly Prolonged Exposure, Cognitive Processing Therapy, Acceptance and Commitment Therapy), Couples Therapy (particularly Integrative Behavioral Couple Therapy, Cognitive Behavioral Conjoint Therapy for PTSD). Research Interests: Outcome Research and Program Evaluation, Couples Therapy Outcome and Process Research. Diversity Interests: Cultural Competency within Evidence-Based Practice. Theoretical Orientation: Primarily Cognitive Behavioral.

WILEY, Anne –

Ph.D. from Illinois Institute of Technology. Professional Interests: Clinical Neuropsychology, Geriatric Neuropsychology, Rehabilitation Psychology, Mild Cognitive Impairment and neurodegenerative disorders. Theoretical Orientation: Cognitive Behavioral.

ZERTH, Erin –

Ph.D. from Southern Illinois University-Carbondale. Professional Interests: Clinical Health Psychology in Primary Care, Physical Disability and Rehabilitation, Geropsychology, Weight Management, Pain Management, Neuropsychology. Research Focus: Interventions for Caregivers of Older Adults, Telehealth Interventions, Legislative Advocacy for Psychology. Theoretical Orientation: Cognitive Behavioral, Integrative.

CURRENT FELLOWS

Timothy Baardseth, Ph.D. (Primary Care and Health Psychology)

Ph.D. – University of Wisconsin-Madison

Internship – Clement Zablocki VA Medical Center, Milwaukee

Christa Marshall, Psy.D. (Medical Rehabilitation Psychology)

Psy.D. – Roosevelt University

Internship – Hunter Holmes McGuire VA Medical Center, Richmond

Tamara McKenzie, Psy.D. (Neuropsychology)

Psy.D. – American School of Professional Psychology, Washington, D.C.

Internship – Bay Pines VA Healthcare System

Kelly Moore, Ph.D. (Integrated Care and Behavioral Medicine-temporary position)

Ph.D. – Marquette University

Internship – Southwest Consortium, Raymond G. Murphy VA Medical Center, Albuquerque

Dana Weber, Ph.D. (Trauma and Dual Diagnosis)

Ph.D. – Arizona State University

Internship – Edward Hines, Jr. VA Hospital

PAST FELLOWS

2011-12

Anjuli Amin, Ph.D. (Primary Care and Health Psychology)

Ph.D. – Southern Illinois University at Carbondale

Internship – Clement J. Zablocki VA Medical Center, Milwaukee, Wisconsin

Current Employment: Edward Hines, Jr. VA Hospital

Kathleen Matthews, Ph.D. (PTSD/Substance Abuse)

Ph.D. – Idaho State University

Internship – VA Ann Arbor Healthcare System, Ann Arbor, Michigan

Current Employment: VA Central Iowa Health Care System, Des Moines, Iowa

S. Cameron Sepah, Ph.D. (Integrated Care and Behavioral Medicine-temporary position)

Ph.D. – University of California, Los Angeles

Internship – UCSD and VA San Diego Medical Centers, San Diego, California

Benjamin Tallman, Ph.D. (Medical Rehabilitation Psychology)

Ph.D. – University of Iowa
Internship – Edward Hines, Jr. VA Hospital
Current Employment: St. Luke’s Medical Center, Cedar Rapids, Iowa

Patrick Riordan continued fellowship training at Hines outside the auspices of the Fellowship Program. See information for 2010-11.

2010-11

Wendy Guyker, Ph.D. (Primary Care and Health Psychology)
Ph.D. – University at Buffalo, State University of New York
Internship – VA Western New York Healthcare System, Buffalo
Current Employment: University at Buffalo, State University of New York

Genevieve Pruneau, Ph.D. (PTSD/Substance Abuse)
Ph.D. – Auburn University
Internship – The Boston Consortium in Clinical Psychology
Current Employment: Central Arkansas Veteran’s Healthcare System, Little Rock

Patrick Riordan, Ph.D. (Neuropsychology)
Ph.D. – University of Mississippi
Internship – Central Arkansas Veteran’s Healthcare System, Little Rock
Current Employment: Edward Hines, Jr. VA Hospital, Hines, Illinois

Sara Walters-Bugbee, Psy.D. (Medical Rehabilitation Psychology)
Psy.D. – La Salle University
Internship: VA Gulf Coast Veterans Health Care System, Biloxi, MS
Current Employment: Louis Stokes Cleveland VA Medical Center

2009-10

Justin Greenstein, Ph.D. (PTSD/Substance Abuse)
Ph.D. –University of Illinois at Chicago
Internship – Edward Hines, Jr. VA Hospital
Current Employment: Jesse Brown VA Medical Center, Chicago

Jessica Kinkela, Ph.D. (Neuropsychology-Second Year)
Ph.D. – Ohio University
Internship – John D. Dingell VA Medical Center
Employment: Battle Creek VA Medical Center, Battle Creek, Michigan

Brenda Sampat, Ph.D. (Primary Care and Health Psychology)
Ph.D. – University of Kansas
Internship – Edward Hines, Jr. VA Hospital
Current Employment: Birmingham VA Medical Center, Birmingham, Alabama

Jessica Thull, Ph.D. (Medical Rehabilitation Psychology)
Ph.D. – Marquette University
Internship – Louis Stokes Cleveland Dept. of VA Medical Center
Current Employment: Clement J. Zablocki VA Medical Center, Milwaukee, Wisconsin

2008-09

David Cosio, Ph.D. (Primary Care and Health Psychology)

Ph.D. - Ohio University

Internship – University of Massachusetts-Amherst, Mental Health Services (UHS)

Current Employment: Jesse Brown VA Medical Center, Chicago

Elizabeth Frazier, Ph.D. (PTSD/Substance Abuse)

Ph.D. – University of Alabama at Birmingham

Internship – San Francisco VA Medical Center

Current Employment: James A. Haley Veterans Hospital, Tampa, Florida

Elizabeth Horin, Ph.D. (Medical Rehabilitation Psychology)

Ph.D. – DePaul University

Internship – Ann Arbor VA Healthcare System and University of Michigan
Healthcare System

Current Employment: VA Long Beach Healthcare System, Long Beach, California

Jessica Kinkela, Ph.D. (Neuropsychology-First Year)

Ph.D. – Ohio University

Internship – John D. Dingell VA Medical Center

Employment: Battle Creek VA Medical Center, Battle Creek, Michigan

INTERNSHIP AND EXTERNSHIP TRAINING IN PSYCHOLOGY

Hines is authorized to provide clinical and counseling psychology internship training to six students in 2012-13. Detailed information about the Internship Program, including interns who have trained at Hines, is available in our Internship Brochure, which is available at www.hines.va.gov/education/psychology/index.asp. Hines offers externship training to 11 externs in 2012-13. Detailed information about our externship training is available in our Externship Handbook. The internship and externship year began July 2, 2012.

Our current internship class includes:

Steven Nick Du Bois, University of Illinois at Chicago

Victoria Egizio, University of Pittsburgh

Cornelia Iucha, University of Minnesota

Ellen Jorstad-Stein, Temple University

Kathryn Noth, Illinois Institute of Technology

Aaron Weiner, University of Illinois at Champaign-Urbana

ROTATIONAL STRUCTURE

During the first quarter, the Training Director and Mentor will meet with the Fellow to complete an individual training schedule for the year. The training year is divided into four three-month quarters. Because Fellows may concurrently work within various rotations across the year, quarterly periods serve primarily as time points for evaluations and for transition from one rotation to another. Listed below are the rotations designated within each Emphasis area and rotational selection structure.

EMPHASIS IN TRAUMA AND DUAL DIAGNOSIS

This Emphasis affords opportunities in the assessment and treatment of veterans who have experienced trauma and the wide range of resulting sequelae. There is a particular emphasis on utilization of evidence based practice. Supervision and individualized didactics provide an advanced and broad knowledge of the research and theoretical underpinnings of PTSD and the relationship with other comorbidities including but not limited to Polytrauma injury and addiction. The emphasis highlights focus on the enhancement of conceptualization skills and other clinical core competencies, as well as an enhanced understanding of individual differences, and a primary focus on the integration of these elements. Interdisciplinary consultation, administration, teaching, and program development and outcome evaluation are also integral elements of this Emphasis.

Over the year, the Fellow is expected to spend at least half time in the Trauma Service Program (TSP) for the entire postdoctoral year. During the first half of the year the fellow will spend at least half-time in TBI/Polytrauma and the second half of the year one quarter time in the Substance Abuse Residential Rehabilitation and Treatment Program (SARRTP). Time will be afforded within the major emphasis rotations to complete research and administration projects. The final fourth quarter time rotation will be devoted to Minor Rotations and other activities as listed above. Primary rotations in this Emphasis include supervision by Drs. Hunley, Maieritsch, Monroe, Noblett, & Pamp (TSP), Dr. Pichler/Mowry (TBI/Polytrauma), and Dr. Singh (SARRTP). These supervisors may also serve as Mentors in the Emphasis.

Training prepares the Fellow in this Emphasis to achieve advanced practice knowledge and skills appropriate for independent licensed professional practice across the following core competencies:

1. Accurately diagnoses and classifies PTSD/TBI/SUD
2. Demonstrates familiarity with substance use inventories
3. Proficiently screens and diagnoses PTSD/TBI/SUD using evidence based assessment measures including the Clinician Administered PTSD Scale
4. Demonstrates knowledge of physical, intellectual, behavioral and emotional concomitants of PTSD/TBI/SUD
5. Understands the etiological relationship (including attachment theory, biopsychosocial, and cognitive strengths and weaknesses) and recovery model (values assessment, systems and family issues) of PTSD/TBI/SUD
6. Accurately assesses relapse potential, high-risk issues
7. Demonstrates familiarity with evidence based individual and group treatments for PTSD/TBI/SUD including but not limited to Prolonged Exposure, Cognitive Processing Therapy, DBT, ACT, Biofeedback, Motivational Interviewing.
8. Demonstrates empirical and theoretical knowledge base re: issues in Polytrauma, Substance Abuse and PTSD treatment.

9. Demonstrates familiarity with concepts and skills necessary to treat patients with co-morbid substance abuse, PTSD and other disorders, including differential treatment considerations
10. Demonstrates skill in integrating various theoretical models in individual and group treatments for PTSD/TBI/SUD
11. Demonstrates familiarity with current practices in psychopharmacology of PTSD/TBI/SUD
12. Demonstrates ability to frame relevant psychological issues regarding PTSD/TBI/SUD in consultation with interdisciplinary staff
13. Demonstrates an ability to plan, implement and analyze research related to PTSD/TBI/SUD
14. Demonstrates an ability to make formal scholarly presentations about PTSD/TBI/SUD to professional staff and interns/externs
15. Demonstrates familiarity with the use of outcome measures to assess efficacy of PTSD/TBI/SUD treatment
16. Demonstrates the skills, knowledge and self-confidence necessary to supervise psychology interns/externs in their work with PTSD/TBI/SUD patients
17. Demonstrates knowledge of diversity factors related to diagnosis, treatment and recovery in PTSD/TBI/SUD

ASSIGNMENT SUPERVISORS: **Holly Hunley, Ph.D.**
 Kelly Maieritsch, Ph.D.
 Ric Monroe, Ph.D.
 Kurt Noblett, Ph.D.
 Barbara Pamp, Ph.D.

ASSIGNMENT LOCATION: **Trauma Services Program, Building 228, 4S**

ASSIGNMENT DESCRIPTION:

This rotation is focused on providing education, assessment, and psychotherapy for veterans who have experienced trauma and manifest trauma-related symptoms and/or problems with functioning. Veterans may have experienced all types of trauma including but not limited to: combat, sexual assault, physical assault, and survivors of attempted homicide. Veterans may also have dual diagnosis of Trauma and Dual Diagnosis/dependence. Patients consist of men and women representing all eras of service (e.g., Vietnam, Desert Storm, OEF/OIF). The Trauma Services Program is a specialty program (previously referred to as the PTSD Clinical Team) whose primary mission is to provide psychoeducation and evidence-based treatments to veterans coping with posttraumatic reactions. Another key component of the program is training and consultation for other VA staff.

The Fellow will have the opportunity to participate in various aspects of this program depending on preferences and time allowance. S/he can expect to administer empirically-based individual and/or group psychotherapies. The Fellow will be specifically trained in the provision of Cognitive Processing Therapy (CPT), Prolonged Exposure (PE), evidence-based treatments provided individually. Drs. Maieritsch, Monroe, and Noblett are trainers/consultants for training initiatives in the VA system for these therapies and fellows will have the opportunity, if not already completed, to complete formal training in CPT that will result in provider status upon completion of the fellowship and licensure. The Fellow will also have the opportunities to provide group therapies that may include: Acceptance and Commitment Therapy, Dialectical Behavior Therapy, Anger Management, and Motivational Interviewing. The Fellow may participate in an introductory psychoeducation class disseminating information regarding trauma, trauma reactions, and therapy options to veterans. The Fellow will be encouraged to utilize objective assessment measures for both diagnostic and outcome purposes, as well as for treatment planning. The Fellow will also be trained to provide structured assessments including the Clinician Administered PTSD Scale (CAPS).

The Trauma Services Program currently consists of six psychologists, one social worker, and a part-time psychiatrist. Weekly meetings with the treatment team provide the opportunity for case discussion and treatment planning. Attendance at weekly group consultation provides further training and consultation in the implementation of evidence-based practice.

GOALS:

1. Demonstrate accurate diagnostic skills based on objective assessment and interview.
2. Develop treatment plans specific to the unique mental health needs of each patient.
3. Exhibit competence in the administration of empirically based treatments.

4. Provide consultation with other staff members who provide multidisciplinary care to the patients.
5. Provide and participate in didactics for the internship/externship training programs.
6. Follow and document patient activity in accordance with Trauma Services standard operating procedures.
7. Function autonomously and responsibly in handling all aspects of patient care.
8. Provide Supervision for other trainees rotating in the Trauma Services

TRAINING OBJECTIVES:

1. Demonstrate accurate diagnostic skills based on objective assessment and interview. Select and administer appropriate assessment measures (e.g., CAPS, SCID, MINI, MMPI, PAI) specific to the patient's needs. Review patient records and integrate information from diagnostic interview into integrated reports. Utilize psychotherapy outcome measures (e.g., BDI, BAI, PTSD checklist) for quality assurance and treatment planning.
2. Develop treatment plans specific to the unique mental health needs of each patient. Incorporate data from assessment and interview in directing treatment strategies. Draft comprehensive treatment plans for each new patient; modify over the course of treatment as needed.
3. Exhibit competence in the administration of empirically-based treatments. Select appropriate treatment manuals for the administration of empirically based treatments. Serve as primary therapist or co-therapist in weekly psychotherapy or psychoeducation groups.
4. Provide consultation with other staff members who provide multidisciplinary care to the patients. Attend weekly meetings with Trauma Services treatment team. Provide referrals for medication management and consultation to other staff members as necessary.
5. Provide and participate in didactics for the internship/externship training programs. Supervise intern case presentations. Provide at least one didactic presentation regarding professional development for the internship training seminar series.
6. Provide accurate and timely follow-up to patient activity through phone contact, electronic database maintenance, and paper charting of treatment documents and outcome assessment.
7. Function autonomously and responsibly in handling all aspects of patient care. Submit reports and treatment notes in a timely manner. Schedule initial sessions quickly and respond to no-shows/ cancellations effectively and within the designated timeframe of the Trauma Services standard operational procedures. Coordinate

multidisciplinary care through formal consultation and direct contact with other treatment providers.

8. Provide a minimum of 1 hour weekly supervision to psychology extern or interns rotating in Trauma Services.

SUPERVISION:

Supervision will be provided to the Fellow in accordance with APA licensing guidelines for the state of Illinois via weekly meetings with one of the clinic's licensed psychologists. The additional .5 supervision will be provided individually by licensed psychologists serving as group co-facilitators. Additional "as needed" supervision will be made available by all licensed psychologists on the team. Although supervision will be available via weekly meetings and on an "as needed" basis, the Fellow will be expected to function independently as an active member of the psychology staff.

ASSIGNMENT SUPERVISOR: Rene E. Pichler-Mowry, Ph.D.

ASSIGNMENT LOCATION: TBI/Polytrauma Psychology Program
Mental Health Building 228

ASSIGNMENT DESCRIPTION:

Polytrauma is defined as two or more injuries sustained in the same incident that affect multiple body parts or organ systems and result in physical, cognitive, psychological, or psychosocial impairments and functional disabilities. Blast injuries (i.e., IED's) resulting in Polytrauma and Traumatic Brain Injury (TBI) are among the most frequent combat-related injuries from Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF). TBI frequently occurs as part of the Polytrauma spectrum in combination with other disabling conditions, such as amputations, burns, pain, fractures, auditory and visual impairments, post traumatic stress disorder (PTSD), and other mental health conditions. When present, injury to the brain is often the impairment that dictates the course of rehabilitation due to the nature of the cognitive, emotional, and behavioral deficits related to TBI.

Hines is a **Polytrauma Network Site (PNS)**. As a PNS, Hines provides key components of post-acute rehabilitation care for individuals with Polytrauma and TBI including, but not limited to inpatient and outpatient rehabilitation. A dedicated interdisciplinary team of rehabilitation professionals, including but not limited to Physiatry, Physical Therapy, Occupational Therapy, Speech and Language Pathology, Social Work, Psychology, Neuropsychology, Psychiatry, and Nursing, provides services to veterans that include comprehensive evaluation and treatment of TBI, development and management of a rehabilitation and community re-integration plan, as well as mental health services. When Polytrauma and TBI patients are admitted for inpatient care, the PNS team will assume an active role in the development and management of the plan of care. Hines is also dedicated to providing support to family members of Polytrauma/TBI veterans.

As part of the TBI/Polytrauma Psychology Program, the Fellow will learn how to work as part of an interdisciplinary team dedicated to evaluating and treating individuals who have sustained multiple, and/or possibly life threatening combat related injuries. Patient population will mainly consist of newly returning soldiers/veterans from Iraq and Afghanistan who have been involved in blasts, mortar attacks, or motor vehicle accidents. Patients represent a variety of racial and ethnic backgrounds. Most of the patients are young (20's), but ages may vary (22-55).

Primary duties will include providing psychotherapy to the TBI/Polytrauma patients. Typically, the Fellow will treat the patients on a weekly basis. Treatment modalities include individual therapy, couples therapy, family therapy, and potentially group therapy. The Fellow will learn how to complete a thorough mental health intake assessment if necessary. This intake includes obtaining a thorough personal history, military history, medical issues, psychosocial stressors, and diagnosis. Additionally, the fellow will create an appropriate treatment plan with goals, interventions, etc. The Fellow will have the opportunity to attend weekly Polytrauma administrative meetings and/or interdisciplinary patient staffing. Opportunities are available to communicate/consult with providers from other departments/disciplines to ensure quality patient care.

The Fellow will have the opportunity to work with patients that present with chronic pain and other health related issues. The Fellow will learn how to use relaxation skills and biofeedback in an outpatient mental health setting.

GOALS:

1. Display clinical competence in conducting intake assessments and diagnostic interviewing.
2. Display clinical competence in conducting various psychotherapeutic treatment interventions.
3. Develop competent writing skills.
4. Become comfortable and familiar with working with interdisciplinary team.
5. Communicate patient information effectively, appropriately, and ethically to other providers.
6. To strengthen clinical skills, specifically in the areas of relaxation skills and biofeedback as applied to behavioral health concerns.
7. To learn the specialized knowledge required of the populations being served, and the role that a psychologist plays with these populations.

TRAINING OBJECTIVES:

1. The Fellow will complete intake assessments with Polytrauma/TBI patients who are new to the Mental Health Service Line. Diagnostic interviews will be conducted with those patients who are already active in the MHSL, but new to psychotherapy.
2. The Fellow's caseload will depend on time spent within the clinic and level of complexity of the cases. Treatment modalities may include individual, couples, family or group therapy.
3. The Fellow will complete clinically relevant intake reports, progress notes, and treatment plans.
4. Communicate and collaborate with other TBI/Polytrauma team members regarding the patient's rehabilitation. Be available to consult with other team members regarding psychological issues. When clinically relevant, attend and participate in TBI/Polytrauma meetings.
5. When clinically indicated, the Fellow will collaborate with other providers (e.g., Psychiatry, MH Intake Staff, Social Work, Neuropsychologist, etc.) to help ensure good patient care.
6. The Fellow will be responsible for reading and developing specialty knowledge in the areas of Post Traumatic Stress Disorder (PTSD), pain management, relaxation skills, biofeedback, and other behavioral health and mental health concerns.

SUPERVISION:

Both formal and informal supervision will be provided. The Fellow will be required to attend weekly 1.5 hours of formal supervision on this half-time rotation. Supervisor will be readily available for informal supervision.

ASSIGNMENT SUPERVISOR: Amber Singh, PhD

ASSIGNMENT LOCATION: Substance Abuse Residential Rehabilitation and Treatment Program (SARRTP), Building 228, 2N

ASSIGNMENT DESCRIPTION:

The SARRTP provides treatment to veterans with substance use disorders requiring a higher level of care than traditional outpatient treatment. Patients reside in this highly structured environment for 14-21 days. They participate in intensive, primarily group, treatment drawing from CBT, Motivational Interviewing, Anger Management, Coping Skills, Seeking Safety, Relapse Prevention, and 12-step facilitation. Patients also attend psycho-education classes daily, recreation therapy, spirituality groups, and participate in a daily exercise program. The treatment team is interdisciplinary consisting of a psychologist, a psychiatrist, 3 social workers, 2 nurses, 2 addiction specialists, and trainees (social work and nursing).

Patients receiving treatment in the SARRTP come from a variety of referral sources including the Hines Psychiatric Inpatient Unit (~60%), Hines outpatient substance abuse treatment programs (~20%), Hines medical units (~10%), Hines Mental Health Intake Center (~5%), and other VA hospitals (~5%). In Fiscal Year 2011 the average age of residents is 50 years old (range 27-70 years old). Patients have a wide range of co-occurring psychiatric disorders including depression, PTSD (28%), and SMI (19%). Additionally, many of the patients are at high risk for suicide (24%).

This rotation is focused on providing education and assessment for veterans who have experienced trauma and have comorbid substance abuse/dependence. The Fellow will have the opportunity to complete detailed evaluations and facilitate complex treatment planning for veterans enrolled and pending discharge from the SARRTP. This quarter-time rotation will be primarily focused on assessment, and will also likely include a program evaluation and/or research component.

GOALS:

1. Demonstrate accurate diagnostic skills based on objective assessment and interview.
2. Develop treatment plans specific to the unique mental health needs of each patient.
3. Exhibit competence in the administration of empirically based assessment tools.
4. Provide consultation with other staff members who provide multidisciplinary care to the patients.
5. Function autonomously and responsibly in handling all aspects of patient care.

TRAINING OBJECTIVES:

1. Demonstrate accurate diagnostic skills based on objective assessment, cognitive assessment and interview. Select and administer appropriate assessment

measures (e.g., CAPS, SCID, MINI, MMPI, PAI) specific to the patient's needs. Review patient records and integrate information from diagnostic interview into integrated reports. Utilize psychotherapy outcome measures (e.g., BDI, BAI, PTSD checklist) for quality assurance and treatment planning.

2. Develop treatment plans specific to the unique mental health needs of each patient. Incorporate data from assessment and interview in directing treatment strategies.
3. Exhibit competence in the administration of empirically-based assessments. Select appropriate assessment tools and research additional measures that address the specific needs of the referral question and/or presenting problems as noted by the fellow.
4. Provide consultation with other staff members who provide multidisciplinary care to the patients. Attend weekly meetings with SAR RTP treatment team. Provide referrals for medication management and consultation to other staff members as necessary. Also serve as liaison with other outpatient programs including but not limited to the Addiction Treatment Program, Mental Health Clinic, and Trauma Services Program.
5. Function autonomously and responsibly in handling all aspects of patient care. Submit reports and treatment notes in a timely manner. Coordinate multidisciplinary care through formal consultation and direct contact with other treatment providers.

SUPERVISION:

Both formal and informal supervision will be provided. The Fellow will be required to attend weekly 1 hour of formal supervision on this quarter-time rotation. Supervisor will be readily available for informal supervision.

EMPHASIS IN NEUROPSYCHOLOGY

The Hines VA Psychology Service has three clinical neuropsychologists assigned to cover neuropsychology services throughout the hospital. This postdoctoral experience provides training that emphasizes core domains, including clinically based assessments, TBI rehabilitation services, consultation experience, didactic training, opportunities to provide supervision, and research inquiry. Fellows will complete several major rotations in an attempt to gain competency in the core domains: 1) Outpatient Neuropsychology, 2) Inpatient Neuropsychology Consultation, and 3) Polytrauma/TBI. In addition, all post-doctoral trainees will have an opportunity to participate in minor areas of study aimed at broadening their neuropsychology experience (see complete list below). The Training Director, in concert with the Fellow's Mentor (and Neuropsychology team) and the Fellow, will formulate an individualized training plan that emphasizes basic practice competencies and maximizes each Fellow's training goals. While at least half of the Fellow's time will be engaged in clinical neuropsychology rotations, Minor Rotations, additional elective training experiences (described below) and optional research or an adjunctive administration rotation will fill the remainder of the Fellow's time. Drs. Kinsinger, O'Donnell, Urban and Wiley are available as Mentors in this Emphasis.

Training prepares the Fellow in this Emphasis to achieve advanced practice knowledge and skills appropriate for independent licensed professional practice across the following core competencies:

1. Demonstrates understanding of neuroanatomy
2. Demonstrates effective clinical interviewing skills
3. Demonstrates accurate administration of neuropsychological tests
4. Demonstrates accurate interpretation of neuropsychological tests and overall case conceptualization
5. Demonstrates effective and useful report writing
6. Understands neurocognitive disorders commonly associated with aging
7. Demonstrates effective consultation skills in neuropsychology
8. Demonstrates effective supervision of neuropsychology interns/externs
9. Demonstrates effective neuropsychology didactic presentation skills
10. Understands diversity issues relevant to neuropsychology

ASSIGNMENT SUPERVISORS: David Kinsinger, Ph.D., Kathleen O'Donnell, Ph.D.,
Amanda Urban, Ph.D., and Anne Wiley, Ph.D.

ASSIGNMENT LOCATION: Psychology-Building 228
Throughout Hospital

ASSIGNMENT DESCRIPTION:

This experience will emphasize a clinically-oriented, flexible approach to neuropsychological assessment. Individualized qualitative and quantitative assessment techniques which are designed to answer specific referral questions will be highlighted. The Fellow will learn how to operate in the role of a consultant, providing neuropsychology services to both inpatient and outpatient populations. Referral sources include Neurology, Psychiatry, General Medical and Surgical, and other medical services. Referral questions are varied but may include diagnostic differentiation, documentation of symptoms related to specific neurological disorder/disease, rehabilitation/vocational needs, behavioral management, and determination of medical/financial capacity. Opportunities to become familiar with CT, MRI, SPECT, and EEG reports will be available, allowing the trainee to correlate neuropsychological findings with neuroanatomical dysfunction. The student will be exposed to a wide variety of neurocognitive disorders, including but not limited to: known and suspected dementias (including cases of MCI), strokes and vascular disease, traumatic brain injury, toxic/metabolic disorders, aphasias, amnesic syndromes, various neurological diseases, and neuropsychiatric disturbances. The Fellow will become skilled at providing feedback to the patient, family members, and other health care providers. Trainees will have the opportunity to provide supervision to practicum students and neuropsychology interns from our APA accredited psychology internship program. Each week, fellows will be required to attend the Neurology case conference and the Neuropsychology didactic. By the completion of post-doctoral training, the Fellow will have completed a formal neuroanatomy course and there will be ongoing opportunities to attend brain cuttings during the course of training.

Description of Major Rotations:

1. Outpatient Neuropsychology: Patients will be scheduled into the fellow's Neuropsychology clinic and seen on an outpatient basis. Fellows will be entirely responsible for completing comprehensive evaluations, including interviewing and evaluating patients, writing reports, providing patient feedback, and consulting with the medical provider when necessary. Consultation questions commonly involve differential diagnosis of dementia, but fellows will have an opportunity to gain experience with a broad spectrum of referral questions and a wide-variety of neurocognitive disorders.
2. Inpatient Neuropsychology Consultation: This rotation truly emphasizes a flexible approach to Neuropsychology. Patients must be seen within a short window of time and the evaluation is often much briefer than the typical outpatient battery. The fellow will learn how to interpret referral questions and become more comfortable in their role as a consultant. Fellows will also learn the art of writing shorter reports with quicker turnaround times. Referral questions will be wide-ranging, but common questions will involve delirium vs. dementia, differential diagnosis of dementia, and questions about medical/financial/independent living capacities.
3. Polytrauma/TBI: Primary duties will include providing neuropsychological assessments to patients with known or suspected traumatic brain injury. The patient population will mainly consist of newly returning soldiers/veterans from Iraq and Afghanistan who have been involved in IED blasts, mortar attacks, or motor vehicle accidents resulting in a traumatic brain injury.

Many of the patients are young (20's), but ages may vary (20-55). Fellows will be responsible for conducting the clinical interview and neuropsychological testing, writing the report, and providing feedback to patients and family members regarding the evaluation results and recommendations. Opportunities to provide education regarding traumatic brain injury to patients, family members, and fellow team members will also be available. Fellows will learn how to work as part of an interdisciplinary treatment team by attending weekly Polytrauma administrative meetings and/or interdisciplinary staffings. If interested, opportunities to shadow other rehabilitation professionals and participate in a family support/education program may also be available during this rotation.

Additional (elective) Training Rotations:

- Spinal Cord Unit: psychological assessment and intervention; neurocognitive screenings
- Acute Inpatient Rehabilitation Unit: psychological assessment and intervention; neurocognitive screenings
- Blind Rehabilitation Unit: psychological assessment and intervention; neurocognitive screenings
- Geropsychology: psychological assessment and intervention on acute, intermediate, and long-term care units; neurocognitive screenings
- PTSD: psychological assessment and intervention
- Neurology Consultation: an opportunity to round with Neurology attending and residents; basic understanding of neurology examination

GOALS AND TRAINING OBJECTIVES:

1. A thorough understanding of standardized neuropsychological assessment procedures with an emphasis on a flexible, process-oriented approach.
2. Advanced ability to independently conceptualize cases and write strong reports in a timely manner.
3. Advanced skills in neuropsychological consultation sufficient for independent practice.
4. Extensive knowledge of common neurological and neuropsychiatric disease entities.
5. Advanced understanding of brain-behavior relationships and basic neuroanatomy.
6. Development of basic supervisory skills necessary for mentoring student trainees at the graduate and intern levels.
7. Increased comfort with your professional identity as a neuropsychologist.
8. Eligibility for state licensure and board certification in clinical neuropsychology by the American Board of Professional Psychology.

SUPERVISION:

Individual supervision will be provided a minimum of three hours each week. The Fellow will have an opportunity to gain exposure to a diversity of supervisory styles since s/he will work with each of our Neuropsychology staff members. Group supervision, involving the fellow, interns, and practicum students, will also take place. Fellows will have an opportunity to gain experience as supervisors themselves, conducting supervision with Externs and Interns (under the supervision of a licensed provider). In order to help the Fellow better understand the administrative tasks of Neuropsychology, s/he will attend Neuropsychology team meetings twice each month.

Didactic programming specific to neuropsychology includes:

1. Weekly Neuropsychology Didactic: includes a mix of formal presentations, journal readings, and case presentations. A 6-week clinical neuroanatomy series will be part of this didactic series.
2. Psychology Professional Series: special topics in psychology (1.5 hours every other week)
3. Weekly Neurology Case Conference
4. An opportunity to attend brain cuttings within the medical center
5. Formal neuroanatomy course: foundations of neuroanatomy.

EMPHASIS IN PRIMARY CARE AND HEALTH PSYCHOLOGY

In this Emphasis, the Fellow attains competencies in both behavioral medicine and general professional practice. The Fellow will develop advanced skills necessary to function as a competent collaborative practitioner who provides biopsychosocially-oriented care to patients in primary interdisciplinary medical care settings. Through clinical practice and supervision, the Fellow will develop advanced skills in the evaluation and treatment of biopsychosocial factors that affect patient health outcomes and functioning. In addition, the Fellow will acquire advanced skills in effective interdisciplinary consultation and collaboration within the framework of primary care. Over the course of the training year, the Fellow is expected to complete a six-month, major rotation within Home-Based Primary Care (HBPC) Program. The Fellow will spend the second half of the year in major Primary Care Behavioral Health and/or Health Promotion/Disease Prevention rotations. Time devoted to minor rotations will comprise about 5-6 hours/week. The Fellow may also elect an adjunctive administration or research component. Drs. Amin, Davis, Horn, Laudermitth, Pajoumand, Persky and Zerth may serve as Mentors in this Emphasis.

The Fellow will be encouraged to attend relevant didactic opportunities available throughout Hines VA, the affiliated Loyola University Medical Center, or other area grand rounds, seminars and workshops as available.

Training prepares the Fellow in this Emphasis to achieve advanced practice knowledge and skills appropriate for independent licensed professional practice across the following core competencies:

1. Knowledge of the biopsychosocial components of health and illness, including the impact of emotional, behavioral, sociocultural and developmental factors
2. Knowledge and skill in assessing, evaluating, and utilizing information to design and implement treatment, health promotion, and prevention interventions using an evidence-based practice approach
3. Knowledge and skill in identifying and managing the distinctive ethical and legal issues encountered in primary care practice (e.g., capacity/decision making)
4. Develop knowledge and skill in clinical and practice management (e.g., utilization of evidence based treatments, application of population based care, rapid problem identification, focus on functional outcomes)
5. Demonstrate the ability to provide consultation within integrated care settings and interact with fellow health care professionals in ways that facilitate improved treatment implementation and cultivate mutual understandings across disciplines
6. Develop competency in Management/Administration within the primary care setting
7. Develop an understanding of how health policy and health care systems affect health outcomes

ASSIGNMENT SUPERVISOR: **Anjuli Amin, Ph.D. (licensure expected 2/2013); Ariel Laudermitth, Ph.D., Golnaz Pajoumond, PhD., Irena Persky, Ph.D.**

ASSIGNMENT LOCATION: **Home-Based Primary Care Service (HBPC)
Building 1/Building 228; Community (patients' homes and assisted living centers)
Inpatient follow-up, when appropriate
*Optional opportunity to gain Primary Care Experience in a Rural Setting via Hines Satellite Clinics within HBPC***

ROTATION DESCRIPTION:

On this rotation, the Fellow will work as a collaborative and integrated member of an interdisciplinary Home Based Primary Care (HBPC) team, which is comprised of the following disciplines: medicine, nursing, pharmacy, kinesiotherapy, dietetics, social work, psychology, and psychiatry. The team provides a comprehensive array of services to Veterans with complex, chronic, and disabling medical diseases, who often present with co-morbid mental and behavioral health conditions. The majority also have difficulty accessing the ambulatory care setting for continued primary care needs. Medical conditions managed by the team include, but are not limited to diabetes, COPD, CHF, cancer, multiple sclerosis, ALS, stroke, morbid obesity, and dementia. Services focus on supporting the effective management of chronic illness and reducing inpatient hospitalization days and total cost of care by empowering Veterans and their families/caregivers to maintain/restore health, maximize functioning and foster optimal quality of life. The overwhelming majority of patients in the program are geriatric, but ages vary widely (25-100).*** Hines HBPC program is one of the largest in the country, with four psychologists, one psychiatrist, and four social work staff who are integral members of the treatment team.

The Psychology Fellow will provide a full range of mental and behavioral health services that include biopsychosocial, cognitive, and capacity assessments, psychotherapeutic and behavioral medicine/rehabilitative interventions, and prevention-oriented services. The Fellow will have the opportunity to address Axis I conditions as well as subclinical symptoms of dysphoria and anxiety, and adjustment difficulties (e.g., adjustment to chronic or terminal illness, end-of-life issues). In addition, the Fellow will provide behavioral medicine interventions to manage pain, optimize rehabilitative gains, address sleep difficulties, promote weight loss and smoking cessation, enhance medical adherence and manage maladaptive behaviors. The Fellow will also promote communication/interactions between interdisciplinary team members and patients and their families to facilitate the medical treatment process.

Psychological services will utilize evidenced-based and best-practice approaches focusing on integrated, patient-centric models of care. The Fellow will provide psychoeducational and supportive interventions for caregivers (i.e., spouses, family members) who are crucial to sustaining the Veteran in the home environment, managing their chronic illnesses, and preserving dignity at the end-of-life. For example, caregivers may be trained to better manage behavioral problems associated with dementia allowing for a reduction in the use of psychotropic medication as a means of controlling behavioral problems. Individual, couples, family and group interventions will also be provided across a variety of settings, including patients' homes (in both urban and rural communities), assisted living residences, outpatient hospital clinics, and inpatient hospital units (for continuity of care needs). In general, only 25%-35% of clinical services are provided by the Fellow in patients' homes. In order to maximize learning opportunities, driving

time is minimized as much as possible. When joint home visits are conducted driving time will be utilized for consultation or supervision purposes.

Assessment and interventions will be provided through different modalities, such as direct in-person encounters and through telephone or telehealth mediums. As part of collaborative patient care, the Fellow will provide ongoing team consultation services through activities such as participation in interdisciplinary team meetings, "curbside consultation," and making joint home visits with professionals from other disciplines. The Fellow will also have opportunities to present information at didactic seminars, develop programming and participate in performance improvement projects. As a portion of services will be provided in patients' homes, there will be an emphasis on learning how to practice in the context of family and community and integrate the patient's ecology into the treatment plan. Opportunity to gain rural primary care experience is available through Hines' satellite clinics.

TRAINING GOALS:

1. To develop advanced skills necessary to function as a competent collaborative practitioner who provides biopsychosocially-oriented care to patients in primary medical care settings
2. To develop advanced skills in the evaluation and treatment of emotional, behavioral, and cognitive factors that affect patient health outcomes and functioning
3. To develop advanced skills in effective interdisciplinary functioning within the primary care framework

TRAINING OBJECTIVES:

The Fellow will develop and solidify core competencies in the following domains (adapted from Robinson & Reiter, 2007):

1. Clinical practice

- a. Diagnostic interviewing to identify problem/s of concern; limit number of target problems consistent with strategic theories of change; focus on functional outcomes
- b. Conduct appropriate assessments (e.g., identification of Axis I symptomatology, cognitive impairment, diminished capacity)
- c. Show knowledge of and implement best practice guidelines, and use evidence-based or empirically supported treatments for clinical, subclinical and behavioral health conditions with a focus on brief, solution-focused treatment
- d. Develop advanced understanding of relationship of medical and psychological processes
- e. Show knowledge of psychotropic medications and strategies for promoting adherence
- f. Provide health promotion/disease prevention/primary care lifestyle interventions
- g. Since the majority of HBPC patients are age 65+, the fellow will develop foundations within geropsychological practice

2. Practice management

- a. Use sessions efficiently; stay on time when conducting consecutive appointments; use intermittent visit strategy to support home-based practice model

- b. Choreograph patient visits within existing medical services process; coordinate triage of patients to and from external specialty services (e.g., mental health, Alcohol Treatment Program)
- c. Evaluate outcomes of interventions and implement alternative treatment when indicated

3. Consultation and team performance

- a. Focus on and respond to the referral question; tailor recommendations to work pace of medical units; make recommendations concrete and easily understood by all HBPC team members; focus on recommendations that reduce physician/nurse visits and workload
- b. Provide timely feedback to referring providers
- c. Conduct effective unscheduled/high need/risk consultations
- d. Be willing and able to assertively follow-up with health care team members, when indicated
- e. Prepare and present brief psychoeducational presentations to HBPC staff
- f. Attend and actively participate in interdisciplinary team meetings

1. Documentation/administrative skills

- a. Document response to referral question in a timely manner
- b. Write timely, clear and concise chart notes indicating assessment results, with objective, quantifiable goals for treatment, response and patient adherence to homework/ treatment recommendations
- c. Document curbside consultations, telephone calls, forms completed and letters written for or received from patients
- d. Understand and apply risk management protocols
- e. Document patient and/or family/caregiver education

***For Fellows with an interest in Geropsychology, the nature of the HBPC population also allows for fulfillment of training objectives specific to and based on the Pikes Peak Model for Geropsychology Training (Knight, Karel, Hinrichsen, Qualls, and Duffy, 2008):

1. Knowledge in the following domains:
 - a. Adult development, aging, and the older adult population (e.g., normal adult biological, psychological, emotional, and social development)
 - b. The interaction of life span development with increased neurological and health problems in later life (e.g., cognitive changes, functional changes)
 - c. Distinctive features of psychopathology in later life
 - d. Developmental, cohort, contextual and systemic issues
2. Skill in:
 - a. Understanding and applying aging-specific aspects of informed consent, confidentiality, capacity and competency, end-of-life decision making, and elder abuse and neglect
 - b. Applying understanding of cultural and individual diversity among older adults to assessment, intervention, and consultation

SUPERVISION:

Following a graduated levels of responsibility model, the Fellow will initially have opportunities to shadow the supervising psychologist on home visits, then be accompanied on home visits by the supervising psychologist (i.e., taking the lead during

encounters), and subsequently transition to making home visits on his/her own. The Fellow will have a VA issued cell phone while in the community and a supervisor will be reachable via phone at all times while the Fellow is off-site conducting home visits. The Fellow will meet weekly with the supervising psychologist regarding core competencies and overall professional development. A major focus of supervision will be on evidence-based practice in psychology and professional development. Using actual treatment cases, the supervisor and the Fellow will collaboratively explore ways to access the most current, clinically relevant research and integrate this information into patient care given their clinical expertise and patient ecology. Supervision will also encompass a didactic component. That is, the Fellow will be provided with a reference list of readings relevant to practicing in a primary care medical setting, with a geriatric population, and in a home setting. These readings may be discussed in supervision. Supervision will also be available on an “as needed” basis.

ASSIGNMENT SUPERVISORS: **Matthew Davis, Ph.D., Julie Horn, Ph.D., Erin Zerth, Ph.D.**

ASSIGNMENT LOCATION: **Primary Care Behavioral Health Program**
Primary Care (Patient Aligned Care Team or "PACT")
Building 200, Building 228

ASSIGNMENT DESCRIPTION:

On this rotation, the Fellow will work as a fully incorporated member of an interdisciplinary Primary Care-Mental Health Integration team and utilize the latest empirically supported practice models. Primary Care Behavioral Health (PCBH) Psychology provides co-located, collaborative biopsychosocially oriented consultation, assessment and intervention services within Primary Care's "Patient Aligned Care Team" (PACT) and select specialty medicine clinics. PCBH Psychology is housed within Primary Care and under the umbrella of the Mental Health Service Line which is consistent with the co-located, collaborative integrated care component of the VA's Primary Care-Mental Health Integration initiative. The Fellow would work within a fast paced and primarily outpatient primary care setting, with opportunities to follow patients who have been admitted to the hospital. Psychology plays an integral role within the interdisciplinary PCBH Team (comprised of psychology, psychiatry, social work, advanced practice nursing) and Primary Care service (comprised of physicians, medical residents, nursing, nurse practitioners, pharmacy, dietetics, education service, and medical social work) in assisting primary care providers manage the overall health and well-being of their respective patient panels. Interdisciplinary interaction takes place via participation in PCBH team meetings, primary care "teamlet" huddles, and curbside and formal consultation.

Primary Care Behavioral Health Psychology provides same-day, open access behavioral medicine services via consultation with primary care providers as well as targeted evaluation and brief treatment for patients with broad ranging clinical presentations such as anxiety and mood spectrum disorders, substance misuse, chronic illness, chronic pain, adjustment disorders, bereavement, attaining and maintaining healthy lifestyles, and somatic concerns. PCBH Psychology also provides behavioral and mental health group treatment for primary care and specialty clinic patients. Groups are structured following empirically based treatment protocols and emphasize adjustment to illness and management of emotional difficulties secondary to medical problems. Goals of the PCBH Team are to increase patient accessibility to mental health care and assist primary care staff with early identification and intervention of maladaptive health behaviors and mental health difficulties. The Hines VA Primary Care general clinic patient population is primarily male, over age 50 and ethnically diverse although Psychology also provides services to Primary Care's distinct Women's Health and OIF/OEF clinics.

On this rotation the Fellow may also elect an optional opportunity to participate in the supervision of Primary Care Mental Health "care management" services based on the Behavioral Health Laboratory, a guideline-based telehealth treatment support system which includes brief psychological assessment and intervention for several specific problem areas within the PCBH Team (e.g., chronic pain, depression, anxiety, substance misuse). This opportunity involves an administrative and consultative component.

- Broadly, the Fellow will focus on developing proficiency in health consultation, assessment and interventions that are respectful of the complexities and interactions of the biopsychosocial model of health. The role of psychologists in Hines' Primary Care

Clinic is truly integrative and Fellows will work collaboratively with Primary Care providers to enhance treatment of the full spectrum of medical and psychological problems that are presented by clinic patients. There will be an emphasis on both patient-centered consultation and cross-disciplinary collaboration. The Fellow will be provided with medical knowledge sufficient to communicate with physicians and other Primary Care providers and to understand medical charts as well as the relationship between health and behavior.

- The Fellow will gain an understanding of health care systems and learn to understand and appreciate the importance of and essential roles other team members have in delivering quality patient care.
- The Fellow will focus on developing assessment skills with specific patient populations (e.g., patients with insomnia, patients with diabetes w/ adherence issues, patients w/ cardiac issues and depressive symptoms) as well as assessment skills geared toward understanding how personality, psychopathology, and cognitive impairment can impact one's ability to optimally participate in health care. The Fellow will have the opportunity to learn how medical illness may complicate the psychological diagnostic process as well as how psychological and behavioral health problems negatively impact one's ability to optimally participate in maintaining their physical well being.
- Treatment is typically geared toward helping patients cope more effectively with major medical illnesses, promoting healthy lifestyles, encouraging treatment adherence, enhancing overall quality of life and helping patients adjust to functional changes and shifts in family roles/dynamics that may occur as a result of medical problems
- The majority of interventions are short-term, solution-focused, cognitive-behavioral in nature. There will be an emphasis on using empirically validated or evidence-based treatments for a spectrum of disease processes.

GOALS:

1. The primary responsibility of the Fellow will be to develop advanced competence in providing clinical services to patients who are coping with acute and/or chronic medical conditions and to facilitate lifestyle change in those patients who are at risk for chronic disease.
2. The Fellow will conduct individual, couples and group psychotherapy aimed at symptom reduction and increased adherence.
3. The Fellow will learn to develop and carry out evidenced-based behavioral medicine treatment plans.
4. The Fellow will develop advanced skills in serving as a consultant-liaison to interdisciplinary treatment teams in the Primary Care setting.
5. The Fellow will have the opportunity to spend a significant part of their rotation focusing on developing skills in program development and outcome monitoring/evaluation. The Fellow will be allotted research time to conduct literature reviews aimed at identifying empirically-based/validated treatments for specific medical conditions. In addition, the Fellow will have the opportunity to identify outcome measures that can be used in clinical settings (i.e., group therapy) to track meaningful changes in symptom reduction, with the aim of assessing the efficacy of the aforementioned treatments.

6. The Fellow will establish collaborative working relationships with medical residents and participate in providing psychoeducation on the impact of psychological functioning on physical health to team members
7. The Fellow will participate in the supervision of Psychology Service Interns.

TRAINING OBJECTIVES:

The Fellow will demonstrate competency in the following areas:

1. Clarify and appropriately respond to requests for consultation in a timely manner
2. Conduct diagnostic interviewing aimed at assessing the full spectrum of problems/issues that may impact one's physical health including, but not limited to, Axis I and II diagnoses, adherence issues, cognitive status, social support, substance use/abuse as well as subclinical symptoms.
3. Develop advanced understanding of the complex interrelationship between psychological and physical well being.
4. Demonstrate advanced skills in using time efficiently and managing resources in a manner that is respectful of the fast-paced primary care environment.
5. Develop treatment plans that are respectful of a short-term, solution-focused, evidenced based practice model, with a focus on functional outcomes as well as health promotion/disease prevention.
6. Use appropriate outcome measures to assess the efficacy of interventions.
7. Actively participate in the training of medical residents by providing instruction aimed at increasing their understanding of the biopsychosocial model of patient treatment.
8. Demonstrate advanced knowledge of psychotropic medications and the importance of adherence with various aspects of patient's treatment plans.

SUPERVISION:

The Fellow will meet weekly with supervising psychologists. A major focus of supervision will be on evidenced-based practice in Health Psychology. Supervision time will focus on the development/identification of outcome measures that may be utilized in empirically-based treatments, with subsequent monitoring of symptom change. Supervision time will also focus on professional issues related to the role that health psychologists hold within interdisciplinary medical teams. Additionally, there will be a didactic component focused on helping the fellow achieve advanced understanding of medical problems, with underlying psychological symptoms and/or how psychological diagnoses/maladaptive personality traits negatively impact one's ability to optimally participate in health care.

ASSIGNMENT SUPERVISOR: **Matthew Davis, Ph.D., Erin Zerth, Ph.D.**

ASSIGNMENT LOCATION: **Health Promotion/Disease Prevention**
Primary Care (Patient Aligned Care Team or "PACT")
Building 200
Also Health Promotion/Disease Prevention Committee
(throughout Medical Center)

ROTATION DESCRIPTION:

Health Promotion/Disease Prevention is a VA initiative launched in recognition that maladaptive health behaviors affect the development and maintenance of chronic disease. This assignment incorporates a strong behavioral medicine focus and emphasizes the unique health psychology skill set involved in the provision of both individualized patient-centered care and population-focused care to support veterans in making positive health behavior changes. On this rotation, the Fellow will collaborate with the facility's Health Behavior Coordinator (HBC) in the provision of direct clinical care (individual and group), staff education, patient consultation and program development/management/evaluation services consistent with health promotion and disease prevention initiatives. Health Promotion/Disease Prevention Services are interdisciplinary in nature and highly integrated within Primary Care's Patient Aligned Care Team (PACT) and among other medical center programs.

On this rotation, the Fellow will engage in biopsychosocially oriented health behavior evaluations and individual and group empirically based and time-limited interventions, such as motivational interviewing, health behavior coaching and problem solving therapy. Clinical services will be directed towards a diverse range of clinical presentations and patient demographics related to health maintenance and prevention of chronic disease. The Fellow will also participate in the provision of formal staff training programs aimed at mentoring interdisciplinary primary care providers in the appropriate utilization of empirically supported patient self-management approaches. Additionally, the Fellow will provide patient consultative services in health promotion/disease prevention to providers throughout the VA medical center's primary care program and affiliated community based outpatient programs. Such behavioral health based consultation occurs in both 'curbside' and formal situations that includes mentoring of individual interdisciplinary primary care providers, addressing real-time primary care provider concerns regarding complex patient presentations, participating in joint appointments with primary care providers, and through contributing in interdisciplinary primary care team huddles and treatment planning meetings. Furthermore, the Fellow will have a significant role in program development, management and evaluation through active participation in the activities of the Hines' Health Promotion/Disease Prevention Program (HP/DP) Committee. For example, the Fellow may assist in the development of new or adaptation of existing VHA programs, guiding program implementation and coordinating evaluation strategies to help determine the efficacy of health promotion and disease prevention at Hines. As a participant in the HPDP Committee, the Fellow will also gain exposure to the spectrum of health promotion clinical services available throughout the hospital (e.g., weight loss, smoking cessation, physical activity promotion, stress management).

TRAINING GOALS:

The overall goal of this rotation is to develop the advanced knowledge, skills, and abilities to function as a medical system leader in health promotion and chronic disease prevention. Specifically:

1. Provision of specialty health psychology assessment/intervention through participation in individual and group health promotion/disease prevention programs
2. Participation in the training of primary care team members and other medical center clinicians in evidence-based methodologies to effectively communicate with, motivate, coach, and support health promotion and disease prevention
3. Provision of curbside and formal consultation with interdisciplinary primary care team members and others in supporting patient health promotion and disease prevention
4. Participation in the medical center's Health Promotion and Disease Prevention Committee as well as immersion in program development and outcome evaluation of disease prevention and chronic disease management programs

TRAINING OBJECTIVES:

1. Knowledge of and ability to effectively develop and implement health behavior interventions for the promotion of general health and address health risk behaviors as part of disease prevention and chronic disease management
2. Ability to provide health behavior assessment and intervention with patients with multiple co-morbidities and/or chronic disease, special needs and complex clinical presentations
3. Knowledge of and ability to utilize and modify existing evidence-based behavioral health resource materials as well as develop new materials
4. Demonstrate ability to serve as a lead clinician in behavioral health programs
5. Contribution to the training of primary care team clinicians and others in evidence-based methodologies to more effectively communicate with, motivate, coach, and support patients in increasing awareness about relevant health risks, assisting patients in clarifying personal goals for health promotion and disease prevention programs and developing individualized patient self-management plans
6. Develop skill in consulting with and supporting the other primary care, prevention and patient health education team members in conducting preventive medicine programs
7. Clarify and appropriately respond to requests for consultation in a timely manner
8. Demonstrate advanced skills in using time efficiently and managing resources in a manner that is respectful of the fast-paced primary care environment
9. Demonstrate ability to plan, develop, adapt and implement health behavior interventions for the promotion of general health and to address health risk behaviors as part of disease prevention and chronic disease management
10. Use appropriate outcome measures to assess the efficacy of interventions

SUPERVISION:

The Fellow will meet at least weekly for a minimum of one hour with the supervising psychologist regarding core clinical, educational, consultative and program developmental competencies as well as overall Fellow professional development, with additional 'as needed' or curbside consultation. Congruent with the post-doctoral level of training, supervision of clinical experiences will be consultative in nature, with the Fellow guiding the supervision material to be discussed. The Fellow will also be expected to participate in regular interdisciplinary treatment team, primary care service, and hospital committee meetings associated with health promotion/disease prevention, and will be required to actively participate in several aspects of such meetings (e.g. updating committee on program development, presenting relevant research literature reviews, case presentation, or providing a formal staff in-service,). Didactics provided by the rotation supervisor will include a relevant reading list and guidance in completing online orientation programs.

EMPHASIS IN MEDICAL REHABILITATION PSYCHOLOGY

This Emphasis provides the opportunity to conduct assessment and intervention with a broad range of medical disabilities that may include physical, sensory, neuro-cognitive, emotional and/or behavioral components. The Hines VA Hospital is fortunate to have 5 distinct medical rehabilitation programs that provide a breadth of experience found at very few medical centers. These programs include: Acute Medical Rehabilitation, the Blind Center, Geriatric Rehabilitation, the Polytrauma Program and Spinal Cord Injury. The fellow will develop a comprehensive knowledge of rehabilitation theory and expertise by working through several of these settings. The Fellow will provide a variety of clinical services, including psychological and brief neuropsychological assessment, counseling, psychotherapy and psychoeducation to the patient and their significant others (e.g., family members, caregivers). The Fellow will have considerable opportunities to serve as a member of interdisciplinary teams and provide consultation and cross-collaborative services to other healthcare professionals, including physicians, nurses, social workers, physical and occupational therapists, dieticians and blind rehabilitation specialists. There will also be ample opportunity for participation in interdisciplinary didactics, administration, teaching, program development, and outcome evaluation.

During the year, the Fellow will spend a minimum of one half-time in some combination of the five Rehabilitation Psychology rotations. These rotations include: Acute Medical Rehabilitation, Geropsychology, Blind Rehabilitation, the Polytrauma Program, and Spinal Cord Injury. An additional quarter of the year may be devoted to any of these five rotations, research or an adjunctive administration rotation. A fourth quarter time is devoted to Emphasis rotations and Minor Rotations. Drs. Blacconiere, Canar, Hawk, Johnson, Pichler-Mowry and Schmitt are available as Mentors in this Emphasis.

Training prepares the Fellow in this Emphasis to achieve advanced practice knowledge and skills appropriate for independent licensed professional practice across the following core competencies:

1. Understands the professional role provided by the medical rehabilitation psychologist
2. Understands the underlying medical conditions found in specialized rehabilitation settings
3. Understands and properly uses medical terminology used in a specialized rehabilitation setting
4. Understands services provided by other rehabilitation specialists and their interactions
5. Functions effectively as a consultant to other rehabilitation team members
6. Understands cultural and individual diversity issues as they may apply to specific disabilities
7. Understands professional issues in rehabilitation psychology

ASSIGNMENT SUPERVISOR: Michael Blacconiere, Ph.D.

ASSIGNMENT LOCATION: CLC- Rehabilitation Psychology

ASSIGNMENT DESCRIPTION:

Patients seen on this rotation may come from any of three wards at the Community Living Center (CLC). Most patients seen by a Fellow would likely come from the Reactivation Unit. These patients have been identified as needing physical rehabilitation for several weeks to several months: They have limitations in abilities and not "disabilities." Their problems are wide ranging and might include stroke, amputation, traumatic head injury, cardiac impairment, renal failure and cancer. In some instances, the patient incurred prior mental health problems which are exacerbated by their current condition, and in other instances, the current illness(es) lead to difficulties in adjustment in otherwise well-adjusted individuals. It is not unusual to include the caretakers and loved ones in our evaluations and treatments. Some of the patients are transferred from acute rehabilitation, and in those instances it may be possible for students to follow the patient through an extended time period as he or she adapts to a medical condition.

After a brief introduction, postdoctoral Fellows would interview patients independently and provide diagnoses and treatment planning. In general, an intervention of several sessions based on evidence based practice in psychology (EBPP) follows. The interventions are customized to the patient and their particular needs. For example, a patient with some deficits in social support may be provided with such support, but also may receive training with assertiveness and communication skills to obtain greater involvement of family and friends. Other treatment modalities may employ techniques such as relaxation training, cognitive restructuring and goal setting.

Another important function of the psychologist in this setting is serving as a consultant to staff when patients present with behavioral problems. In these cases, the intervention may involve staff education and training. The psychologist also responds to consults regarding a patient's competency to make medical and financial decisions.

GOALS:

This rotation affords postdoctoral students with experience in the assessment, diagnosis, and treatment of rehabilitation patients. The overall goals for the postdoctoral student would be to acquire the skills and knowledge to function independently in a rehabilitation setting.

TRAINING OBJECTIVES (with focus on evidence based practice):

- a. By the end of the rotation postdoctoral Fellows will be able to accomplish a large set of proficiencies. He or she will be able to administer, score and evaluate objective psychological tests that contribute to differential diagnosis and outcome measurement, screen for neuropsychological impairment and assign DSM-IV diagnoses as indicated.
- b. The postdoctoral Fellow will develop and implement detailed treatment plans to meet the often complex needs of the individual patient. As such, the Fellow will integrate their knowledge of empirically based science with the unique cultural, personality and biopsychosocial features of the patient in an often creative way.

- c. These diagnoses and treatments will be accurately documented in an electronic treatment plan.
- d. He or she will provide appropriate clinical feedback to other professionals, patients and their families in line with current HIPPA standards and APA ethical principles. Often, the postdoctoral Fellow will work closely with the interdisciplinary staff in various phases of the interventions. For example, a patient with anxiety regarding rehabilitation may be accompanied to physical therapy by the psychology postdoctoral Fellow. The Fellow may meet with the treatment team to help establish and accomplish patient goals. It is expected that the Fellow will establish his or her professional identity as a psychologist within the context of the interdisciplinary team.

SUPERVISION:

Supervision is designed to facilitate the postdoctoral Fellow's professional identity with emphases on support, honesty and excellence. The level of knowledge of the postdoctoral Fellow will continue to develop throughout the rotation through attendance and participation in didactic experiences. There will be opportunities for advanced Fellows to instruct and to supervise pre-doctoral Fellows.

ASSIGNMENT SUPERVISOR: **Laura Schmitt, Ph.D.**

ASSIGNMENT LOCATION: **Blind Rehabilitation Center - Building 113**

ASSIGNMENT DESCRIPTION:

The Hines Blind Rehabilitation Center is a 34 bed residential treatment center. Legally blind veterans from 14 Midwestern states are referred here for intensive blind rehabilitation training. The patients range in age from their late teens to their late 90s but the majority are in their 60s and 70s. The full treatment program includes training in Orientation and Mobility, Living Skills, Manual Skills, Communication Skills, and Low Vision Skills, and will last from 6-14 weeks depending on the needs and abilities of the patient.

All new patients are assessed by Psychology for their adjustment to blindness, their cognitive abilities, and their overall psychiatric status. The most commonly encountered psychiatric diagnoses include: the mood disorders (from adjustment reaction to major depression); PTSD; and, substance abuse. Approximately 10% have significant neuropsychological deficits, while less than 5% have been diagnosed with schizophrenia, bipolar disorder, borderline personality disorder or antisocial personality disorder. The psychologist develops treatment plans that address the specific needs of each patient and assists the other staff members in adapting their program to the limitations a patient may have.

The most common causes of blindness are: macular degeneration; glaucoma; diabetic retinopathy; and, trauma. A variety of other ocular disorders are also represented. The majority of patients have significant medical/physical conditions, which may or may not be related to their vision loss (e.g. diabetes mellitus, coronary artery disease, CVA, osteoarthritis, hypertension, renal failure, etc.). The Fellow is expected to become knowledgeable about these conditions and the manner in which they may affect the patient's adjustment and progress in rehabilitation.

The Fellow who does a major rotation in the BRC would have the primary responsibility for the assessment, treatment and management of any and all psychological issues presented by the individuals on their caseload. Their scope of practice would be based on Evidence Based Practice in Psychology (EBPP) as recommended by the 2005 Preferred Practices Patterns for Psychologists in VA Blind Rehabilitation. The Fellow would also be encouraged to develop their own expertise by seeking out and applying relevant literature through the internet and other sources. Clinical supervision would be provided by the incumbent BRC psychologist.

In addition to patient assessment and intervention the Fellow will provide consultation on a regular basis to the BRC rehabilitation teachers in 5 departments as well as medicine, nursing, optometry, and social work. The Fellow will have the opportunity to consult with other sections of Hines Hospital and to obtain consultation from other psychologists and mental health professionals with different expertise (e.g. pain control, addictions, PTSD, psychopharmacology, etc.) The Fellow will participate in team meetings and the development of individual care plans.

Other responsibilities and options include: supervising psychology doctoral interns in the BRC, teaching a psychology class to blind rehabilitation interns, and participating in ongoing satisfaction and outcome research or initiating a research protocol of their own design.

GOALS:

1. To understand and develop a professional identity as a health care psychologist in a multidisciplinary rehabilitation setting.
2. To develop the clinical skills needed to conduct assessments and provide short-term interventions with a population that has little psychopathology but significant adjustment issues related to blindness and medical conditions.
3. To develop the consultative skills needed to work effectively with medical and blind rehabilitation specialists in providing insights and feedback about a patient's psychological and cognitive functioning.
4. To acquire specialized knowledge about the field of blindness, rehabilitation processes, and co-morbid medical conditions, and their influence on psychological functioning.

TRAINING OBJECTIVES

1. The Enhancement of Assessment and Interviewing Skills
 - a. Review medical records, interview and assess a minimum of 30 new patients during the rotation.
 - b. Assess the psychological functioning of each patient. This will include possible DSM IV diagnoses, overall adjustment to blindness and the quality of social support system.
 - c. Conduct mental status screening during each assessment. Utilize other neuropsychological screening devices as warranted.
 - d. Conduct vocational assessment interviews as needed,
 - e. Produce a written product for each assessment that is done in language which is technically correct and suited for medical/rehabilitation professionals.
2. The Enhancement of psychotherapy skills
 - a. Conduct individual supportive or growth oriented psychotherapy with a caseload of approximately 4 clients per week.
 - b. Provide assessment feedback to each patient and appropriate family members.
 - c. Refine and adapt their own therapy model for working with a person who has a Visual Impairment (VI). Develop interventions and treatment goals that are specific for each patient.
 - d. Develop and present psychoeducational material during weekly group therapy sessions.

3. The Enhancement of Skills of Consultation Skills
 - a. Develop a familiarity with models for the provision of psychological consultation in medical and rehabilitation settings.
 - b. Provide independent consultation to members of the professional staff directly working with a patient. This may be done on an emergency or routine basis.
 - c. Participate in staffings. Present findings and recommendations based on the results of the psychological assessment. Develop objective, data driven treatment plans.
 - d. Understand and consider the dynamics of the institution, the history of the center and hospital, the institutional politics and other influences on the treatment program.
 - e. Establish their own professional identity as part of the rehabilitation treatment team.

4. Develop a Specialty Knowledge Base with Regard to Blindness, Rehabilitation and Geropsychology
 - a. Each Fellow will participate in the patient (training) role for 16 hours of blind rehabilitation classes.
 - b. Become familiar with readings and research in rehabilitation psychology, blind rehabilitation, vocational psychology, and geropsychology as well professional material from other related fields.
 - c. Become familiar with legal and political issues as they pertain to blindness and disability.
 - d. Become familiar with the professional roles and philosophies of other rehabilitation team members.
 - f. Attend didactic seminars and workshops as available.

5. Other Responsibilities
 - a. Supervision of pre-doctoral interns (when available).
 - b. Teach psychology class to graduate school interns from the field of blind rehabilitation.
 - c. Participate in ongoing satisfaction and outcome research or initiate a research protocol of their own design.
 - c. Present at least one seminar to members of the BRC staff.

SUPERVISION:

Supervision will be available as needed and will be scheduled for a minimum of 3 hours each week. At the post-doctoral level it is expected that supervision will be more consultative in format and that the Fellow will be responsible for selecting the work material that is to be discussed. Assessment and intervention strategies will be addressed but broader issues of personal and professional identity are just as likely to be focused on.

Educational content will include the following areas: blind rehabilitation, geriatrics, medical psychology, and basic neuropsychology. This will be achieved through readings that have been assembled by the supervisor and previous trainees, supervision, and attendance at BRC and other hospital seminar programs. The Fellow will also be expected to make at least one formal presentation to the BRC staff.

ASSIGNMENT SUPERVISORS: **Jeff Canar, Ph.D.**
 Caroline Hawk, Ph.D.
 Paul Johnson, Ph.D.
 Azi Ghaffari, Ph.D.

ASSIGNMENT LOCATION: **Spinal Cord Injury Service**
 Acute Rehabilitation Unit, Building 128,
 Medical Care SCI Units (2), Building 128.
 Outpatient Clinic, Building 128 / Home Care
 Clinic
 Residential Care Facility

ASSIGNMENT DESCRIPTION:

Hines SCIS is a regional center that provides acute rehabilitation, medical and sustaining care, long-term residential care, home care and outpatient care to veterans having a spinal cord injury. The veteran population tends to be bi-modal in age with younger veterans acquiring traumatic injuries due to accidents, etc. and older veterans acquiring SCI due to progressive disease or injuries related to falls, etc. The hospital based SCIS consists of two 34 bed units with approximately 6-8 of those beds committed to acutely injured individuals undergoing intensive rehabilitation. The Residential Care Facility houses 30 veterans who are spinal cord injured and require long term residential care. Finally, SCI outpatients are seen on follow-up in the acute hospital setting as well as in the home based care program.

Several of the following rotation options can be combined (e.g., 50% time on the acute unit can combined with 50% on the RCF).

Rotation Description: Acute Medical/Sustaining Care-Inpatient Rotation

Dr. Ghaffari supervises this half- or full-time rotation on the SCI-South medical inpatient unit. SCI-S is a 28 bed inpatient SCI unit for veterans experiencing medical complications associated with their spinal cord injury, acute/chronic medical conditions that require hospitalization, or sub-acute rehabilitation. This rotation affords the Fellow an opportunity to learn about spinal cord injury associated medical complications as well as other medical conditions, while having the experience of working on a multidisciplinary inpatient medical unit.

SCI medical inpatients experience a variety of psychological problems including depression, substance abuse, PTSD, and anxiety. They range in age from 20 years to over 80 years, so the opportunity to treat individuals in a broad range of life stages is available. Approximately 10% have a head injury or dementia that impacts their cognitive function. SCI-S sees both newly injured and old injury patients. Psychology Fellows will have opportunities to assess and treat both inpatients and outpatients for mood disorders, treatment compliance, delirium, dementia, adjustment to disability, obesity, pain, and sexuality. Patient length of stay can vary between very short to extended (over 1 month), so interventions provided by psychology range from brief solution focused therapy to more extended psychotherapy. In addition, family therapy and caregiver support opportunities may also be available.

Fellows will provide consultation to a multidisciplinary team of psychologists, physicians, nurses, physical therapists, social workers, and dieticians. Fellows will participate in weekly

multidisciplinary discharge rounds, and have an option to attend weekly rounds with the physicians and psychologists. In addition, Fellows will have an opportunity to co-lead two groups, a bi-weekly nursing support group for nursing staff on the inpatient unit, and an SCI education group on adjustment, depression, and substance abuse for SCI patients. The workload activities on this rotation tend to be evenly distributed between consultation, assessment, and individual therapy.

In addition, opportunities are often available to observe and conduct Transplant Evaluations for the general Hines veteran population.

GOALS:

1. To develop an overall understanding of the role of psychologist on an inpatient medical service working within a multidisciplinary team model.
2. To develop individual treatment skills to provide primarily individual interventions to help people cope with their disability and their emotional reaction to their disability.
3. To develop professional skills relevant to working collaboratively with medical providers and multi-disciplinary rehabilitation professionals.

TRAINING OBJECTIVES:

1. The full-time Fellow will provide 3-5 comprehensive assessments. These assessments include clinical interviewing and psychometric assessment when indicated.
2. The full-time Fellow will carry an overall caseload of approximately 6-8 medical inpatients. Clinical services provided to these patients will involve assessment and weekly individual therapy. Fellows are expected to meet with patients they are assigned to at least once a week for follow-up and therapy.
3. The Fellow will co-lead/lead a patient education seminar for acutely injured individuals with SCI, and a nursing staff support group.
4. The Fellow will provide evaluation and treatment services medical inpatients having SCI. Clinical services include differential diagnoses, follow-up counseling, team consultation, and triage to specialty services (e.g. Psychiatry, Mental Health, Speech Pathology, etc.) as indicated.
5. The Fellow will be responsible for timely chart reporting, test reports, treatment plans, etc. for patients they see (preferably within one working day of seeing patient).
6. The Fellow will be responsible for reading and developing specialty knowledge in the areas of psychology pertaining to adjustment, spinal cord injury, caregiver stress.
7. Based on availability, the Fellow may also observe and conduct transplant evaluations for the Hines VA veteran population.

SUPERVISION:

The Fellow will receive three hours a week on a full-time rotation.

Rotation Description: Acute Medical/Sustaining Care-Inpatient Rotation and Outpatient SCI Clinic

This rotation, supervised by Dr. Hawk, provides Fellows the opportunity to work with spinal cord injury (SCI) patients in a primary care setting. These patients are seen on one of the SCI inpatient medical units and the SCI outpatient clinic. Patients seen on the SCI inpatient unit are veterans who have an acute medical condition (e.g., congestive heart failure, UTI, pressure ulcer) in addition to a SCI. Some of these patients have lengthy hospitalizations (4 months +) due to the nature of their medical problems while others' length of stay can be quite brief. The population on this unit tends to be either middle aged (50's) or elderly (70+). There is therefore an opportunity to gain experience in geropsychology. Common presenting complaints include depression, anxiety, PTSD, pain, and difficulty adjusting to aging with a disability. Other common issues involve substance abuse, compliance with medical treatment, and assessment of mental status changes. Services provided include: diagnostic testing, consultation, individual therapy and family therapy.

Patients seen in the SCI outpatient clinic are veterans generally presenting for follow-up medical care or routine health screenings (e.g., annual evaluation). Coverage of the outpatient clinic by SCI psychologists is provided to identify and triage veterans in need of mental health services. Services provided include: brief diagnostic interview/assessment, formal diagnostic testing (as needed), preventive health screening & counseling, and consultation with clinic physicians and nursing staff. Patients initially seen in the outpatient clinic may be seen for ongoing psychotherapy and behavioral health management if such services are needed.

Fellows will have the opportunity to function as a member of a multidisciplinary team comprised of physicians, nurses, physical therapists, social workers, psychologists and dietitians. Attendance at weekly multidisciplinary staffings and monthly grand rounds is expected. The workload activities on this rotation tend to be evenly distributed amongst consultation, assessment, and individual therapy.

GOALS:

1. Refinement of professional identity as a health psychologist and understanding of the roles a health psychologist holds in a multidisciplinary medical setting.
2. Ability to consult and communicate effectively with physicians, nurses, and other multidisciplinary team members regarding patient management issues.
3. Ability to conduct efficient, diagnostically accurate clinical interviews.
4. Ability to provide verbal feedback to patients and their families regarding assessment results, treatment planning, treatment progress, and treatment outcome.
5. Ability to provide short-term therapy skills and/or solution-focused treatment in a timely and competent manner.

6. Report writing skills comparable to those of an independently practicing psychologist.

TRAINING OBJECTIVES:

Fellows will provide comprehensive assessments (i.e. full intake interviews of 7-8 individuals with SCI. These assessments include clinical interviewing as well as any indicated psychometric assessments of personality, mood, and cognitive function. Fellows are expected to produce an integrated report to be entered in the patient's chart within one week of completing interviewing and assessment.

Fellows will carry an overall caseload of approximately 6-8 medical inpatients having SCI. In general, clinical services provided to these patients will involve assessment and weekly individual therapy. Fellows are expected to meet with patients they are assigned to at least once a week for follow-up and therapy. Fellows are also expected to write chart notes on these patients in a timely manner (preferably same day as the patient was seen).

Coverage in the outpatient SCI clinic 1-2 days a week.

Fellows will be responsible for reading provided materials on SCI and developing specialty knowledge in the area of spinal cord injury.

SUPERVISION:

Fellows will receive a minimum of 3 hours of direct individual supervision per week on a full-time rotation. Additional supervision is always available as needed and can be scheduled on a regular basis. Fellows are expected to become more autonomous as the rotation progresses and their skills develop.

Rotation Description: Acute Rehabilitation and Acute SCI Clinic

Dr. Canar supervises this rotation. The acute rehabilitation program on spinal cord injury is a multidisciplinary program focusing on medical as well as psychosocial functioning throughout the patient's inpatient and outpatient care. The treatment team consists of medicine, occupational therapy, physical therapy, social work, nutrition, educational therapy, recreational therapy, nursing and psychology. The average length of stay is 8-12 weeks. Patients present with a variety of spinal cord problems (both traumatic and non-traumatic) as well as psychological problems which may or may not be related to their spinal cord impairment. Approximately 30% have some diagnosable psychological problem; most typically present with affective disorders and/or substance abuse. Severe psychiatric disorders (e.g., schizophrenia) are infrequent. Psychology Services provides assessment and individual counseling to all rehabilitation patients, coordinates psychological and psychiatric care with the patient's attending physician, and acts as a consultant to the treatment team as necessary.

Fellows will have the opportunity to function as a member of a multidisciplinary team comprised of physicians, nurses, physical therapists, occupational therapists, recreational therapists, nurse practitioners, social workers, psychologists and dietitians. Attendance at weekly multidisciplinary staffings and monthly grand rounds is expected.

GOALS:

1. Further improve one's understanding of the roles and functions of a health psychologist on a medical inpatient unit.
2. To learn to function as a key member of a multidisciplinary treatment team, communicate effectively with other providers, and provide insight and feedback about patients to treatment team members.
3. To develop clinical skills allowing for differential diagnosis of pathology through assessment, consultation and treatment planning, crisis management, case management, and patient advocacy.
4. Ability to provide verbal feedback to patients and their families regarding assessment results, treatment planning, treatment progress, and treatment outcome.
5. Report writing skills comparable to those of an entry level psychologist.

ROTATION OBJECTIVES:

1. The Fellow will provide comprehensive psychosocial assessments of 8-12 acutely injured individuals with SCI. The number of assessments is determined by the number of admissions over the course of the rotation.
2. The Fellow will attend the patient family staffings, acute rehab team meetings, and the monthly coordinating conference.
3. The Fellow will provide individual therapy for 8-12 acutely injured individuals with SCI. The number of therapy clients is determined by the number of admissions over the course of the rotation.
4. The Fellow will be responsible for chart reporting, test reports, treatment plans, and feedback to patients, family and the treatment team.
5. The Fellow will be responsible for reading and developing specialty knowledge in the areas of rehabilitation as well as spinal cord injury. A reading list is provided.
6. If time allows, the Fellow may participate in ongoing performance improvement projects for the SCI service and can also participate in hospital committee work (Dr. Canar is the current chair of the Patients Rights and Preventive Ethics Committee).

SUPERVISION:

Fellows are scheduled for a minimum of 3 hours direct, individual supervision per week on a full-time rotation. Additional supervision is always available as needed. Formal evaluation of written work and assessments is ongoing throughout the rotation.

Rotation Description: Residential and Long-term Care sub-rotation:

Dr. Johnson supervises this rotation. The Residential Care Facility (RCF) houses 30 long-term care patients with varying levels of psychological need. Fellows can gain experience in short-term psychotherapy and assessment with patients, as well as consultation and skill building with the Nursing staff and other members of the treatment team. Patient presenting problems include: depression, anxiety, treatment non-compliance (especially related to diet and pressure sore prevention/healing), adjustment to long-term disability, sleep disorders, obesity, chronic pain, substance abuse, dementia, and personality disorders. The Fellow will work with patients with varying levels of physical functioning. Some are fairly highly functioning and independent, and others are almost entirely dependent for their care needs. The Fellow will also contribute to weekly multidisciplinary staffing meetings, and participate in team building sessions with the RCF Nursing staff as needed.

GOALS:

1. To learn how to function independently as a health psychologist on a long-term care unit, managing a diverse caseload of pathology ranging from mild mood disturbance to severe Axis I and Axis II disorders.
2. To strengthen clinical skills allowing for differential diagnosis of pathology through assessment, consultation and treatment planning, brief problem-focused therapy, supportive counseling, crisis management, case management, and patient advocacy.
3. To develop skills in working with the interdisciplinary team on both patient-focused care issues, as well as on conflict resolution between staff and patients.
4. To learn the specialized knowledge required of the SCI/D population, and the role that a health psychologist plays with the SCI/D population.
5. To learn special therapeutic and assessment-related needs, specific to individuals with significant physical limitations.

ROTATION OBJECTIVES:

1. The Fellow will complete comprehensive assessments on one patient each month or as needed. The Fellow will integrate interview data with objective psychometric measures.
2. The Fellow will follow 2-4 patients for supportive or short-term, problem-focused, individual therapy.
3. The Fellow will complete 2-5 brief quarterly patient assessments per week.
4. The Fellow will participate in developing topics for, and facilitation of, the RCF team building group.
5. The Fellow will contribute to weekly staff meetings.
6. The Fellow will be responsible for chart reporting, test reports, treatment plans, feedback, etc. for patients they see professionally.

7. The Fellow will be responsible for reading and developing specialty knowledge in the area of spinal cord injury and adjustment to disability.

SUPERVISION:

Fellows will receive a minimum of 3 hours of direct individual supervision for their work on RCF on a full-time rotation. Additional supervision will be available as needed.

ASSIGNMENT SUPERVISOR: Rene E. Pichler-Mowry, Ph.D.

ASSIGNMENT LOCATION: TBI/Polytrauma Psychology Program
Mental Health Building 228

ASSIGNMENT DESCRIPTION:

Polytrauma is defined as two or more injuries sustained in the same incident that affect multiple body parts or organ systems and result in physical, cognitive, psychological, or psychosocial impairments and functional disabilities. Blast injuries (i.e., IED's) resulting in Polytrauma and Traumatic Brain Injury (TBI) are among the most frequent combat-related injuries from Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF). TBI frequently occurs as part of the Polytrauma spectrum in combination with other disabling conditions, such as amputations, burns, pain, fractures, auditory and visual impairments, post traumatic stress disorder (PTSD), and other mental health conditions. When present, injury to the brain is often the impairment that dictates the course of rehabilitation due to the nature of the cognitive, emotional, and behavioral deficits related to TBI.

Hines is a **Polytrauma Network Site (PNS)**. As a PNS, Hines provides key components of post-acute rehabilitation care for individuals with Polytrauma and TBI including, but not limited to inpatient and outpatient rehabilitation. A dedicated interdisciplinary team of rehabilitation professionals, including but not limited to Physiatry, Physical Therapy, Occupational Therapy, Speech and Language Pathology, Social Work, Psychology, Neuropsychology, Psychiatry, and Nursing, provides services to veterans that include comprehensive evaluation and treatment of TBI, development and management of a rehabilitation and community re-integration plan, as well as mental health services. When Polytrauma and TBI patients are admitted for inpatient care, the PNS team will assume an active role in the development and management of the plan of care. Hines is also dedicated to providing support to family members of Polytrauma/TBI veterans.

As part of the TBI/Polytrauma Psychology Program, the Fellow will learn how to work as part of an interdisciplinary team dedicated to evaluating and treating individuals who have sustained multiple, and/or possibly life threatening combat related injuries. Patient population will mainly consist of newly returning soldiers/veterans from Iraq and Afghanistan who have been involved in blasts, mortar attacks, or motor vehicle accidents. Patients represent a variety of racial and ethnic backgrounds. Most of the patients are young (20's), but ages may vary (22-55).

Primary duties will include providing psychotherapy to the TBI/Polytrauma patients. Typically, the Fellow will treat the patients on a weekly basis. Treatment modalities include individual therapy, couples therapy, family therapy, and potentially group therapy. The Fellow will learn how to complete a thorough mental health intake assessment if necessary. This intake includes obtaining a thorough personal history, military history, medical issues, psychosocial stressors, and diagnosis. Additionally, the fellow will create an appropriate treatment plan with goals, interventions, etc. The Fellow will have the opportunity to attend weekly Polytrauma administrative meetings and/or interdisciplinary patient staffings. Opportunities are available to communicate/consult with providers from other departments/disciplines to ensure quality patient care.

The Fellow will have the opportunity to work with patients that present with chronic pain and other health related issues. The Fellow will learn how to use relaxation skills and biofeedback in an outpatient mental health setting.

GOALS:

2. Display clinical competence in conducting intake assessments and diagnostic interviewing.
2. Display clinical competence in conducting various psychotherapeutic treatment interventions.
3. Develop competent writing skills.
8. Become comfortable and familiar with working with interdisciplinary team.
9. Communicate patient information effectively, appropriately, and ethically to other providers.
10. To strengthen clinical skills, specifically in the areas of relaxation skills and biofeedback as applied to behavioral health concerns.
11. To learn the specialized knowledge required of the populations being served, and the role that a psychologist plays with these populations.

TRAINING OBJECTIVES:

7. The Fellow will complete intake assessments with Polytrauma/TBI patients who are new to the Mental Health Service Line. Diagnostic interviews will be conducted with those patients who are already active in the MHSL, but new to psychotherapy.
8. The Fellow's caseload will depend on time spent within the clinic and level of complexity of the cases. Treatment modalities may include individual, couples, family or group therapy.
9. The Fellow will complete clinically relevant intake reports, progress notes, and treatment plans.
10. Communicate and collaborate with other TBI/Polytrauma team members regarding the patient's rehabilitation. Be available to consult with other team members regarding psychological issues. When clinically relevant, attend and participate in TBI/Polytrauma meetings.
11. When clinically indicated, the Fellow will collaborate with other providers (e.g., Psychiatry, MH Intake Staff, Social Work, Neuropsychologist, etc.) to help ensure good patient care.
12. The Fellow will be responsible for reading and developing specialty knowledge in the areas of Post Traumatic Stress Disorder (PTSD), pain management, relaxation skills, biofeedback, and other behavioral health and mental health concerns.

SUPERVISION:

Both formal and informal supervision will be provided. The Fellow will be required to attend weekly three hours of formal supervision on a full-time rotation. Supervisor will be readily available for informal supervision.

ASSIGNMENT SUPERVISOR: Anjuli Amin, Ph.D. (licensure expected 2/2013); Ariel Laudermitth, Ph.D., Golnaz Pajoumond, PhD., Irena Persky, Ph.D.

ASSIGNMENT LOCATION: Home-Based Primary Care Service (HBPC)
Building 1/Building 228; Community (patients' homes and assisted living centers)
Inpatient follow-up, when appropriate
Optional opportunity to gain Primary Care Experience in a Rural Setting via Hines Satellite Clinics within HBPC

This rotation includes clinical activity and a population that is viewed as appropriate for an Emphasis in Integrated Care and Behavioral Medicine, in Primary Care and Health Psychology, and in Medical Rehabilitation Psychology. A full description of the rotation is included in the brochure section describing the Emphasis in Primary Care and Health Psychology.

ASSIGNMENT SUPERVISORS: David Kinsinger, Ph.D., Kathleen O'Donnell, Ph.D.,
Amanda Urban, Ph.D., and Anne Wiley, Ph.D.

ASSIGNMENT LOCATION: Neuropsychology
Psychology-Building 228
Throughout Hospital

This rotation includes clinical activity and a population that is viewed as appropriate for an Emphasis in Neuropsychology and in Medical Rehabilitation Psychology. A full description of the rotation is included in the Handbook section describing the Emphasis in Neuropsychology.

ADMINISTRATIVE ROTATIONS:

An administrative rotation in Psychology Training is currently available. Additional rotations or opportunities in Psychology Administration with Dr. O'Donnell and in Hospital Ethics with Dr. Canar may be available as well. Fellows may meet program requirements in Administration through these avenues of involvement and/or through administrative work within their Emphasis.

ASSIGNMENT SUPERVISOR: **Caroline Hawk, Ph.D.**

ASSIGNMENT LOCATION: **Psychology – Building 228**

ASSIGNMENT DESCRIPTION:

This rotation provides an introduction to the responsibilities and roles maintained by the Psychology Training Director. Through a Mentorship approach, the supervisee will gain an introduction to most activities directed by the Training Director. The Fellow will also have an opportunity to develop and implement a quality improvement project that directly relates to regulatory requirements of psychology training programs. Because of the diverse experiences that occur over set times across a calendar year, this rotation is recommended as an adjunctive experience that extends over a minimum six months period.

GOALS:

1. The Fellow will develop an understanding of regulatory requirements of a psychology internship and postdoctoral training program.
2. The Fellow will develop an understanding of the conceptual framework under which a program is organized and accredited.
3. The Fellow will understand policies and procedures related to trainee recruitment and selection, trainee evaluation, budgeting, and program coordination with hospital requirements and procedures.
4. The Fellow will understand the relationship between training goals/objectives and development of program curricula.
5. The Fellow will gain an understanding of the role of program evaluation in meeting internal and regulatory body requirements.

TRAINING OBJECTIVES:

1. The Fellow will review requirements for program accreditation by the American Psychological Association, membership in the Association for Psychology Postdoctoral and Internship Centers, and membership/accreditation within other relevant regulatory bodies.
2. The Fellow will review the philosophy, models, goals and objectives of the Hines training programs and will understand how these are conceptualized and operationalized to develop and maintain a coherent and fully integrated training program.
3. The Fellow will participate in the Training Director's activities involving public information development, coordination of recruitment activity, development of educational curricula, within-department and outside department activity coordination, policy and procedure development, and program evaluation through coordinated work activity with the Training Director and through participation in the Fellowship Training Committee or the Internship Training Committee.

4. The Fellow may develop a quality improvement protocol and be responsible for all elements including needs assessment, operationalized plan and project, data collection and analysis, and final report.

MINOR ROTATIONS

The Fellow will devote approximately 15% of the year to involvement in Minor Rotations, to enhance generalist skills in professional psychology practice, as consistent with our training program philosophy. The Fellow will spend approximately half the year working within a program or clinic in which psychotherapy skills development is emphasized. The Fellow will spend approximately half the year working within a program or clinic in which assessment and consultation skills development is emphasized. Fellows may determine which programs or clinics they would like to work within to enhance their generalist skills. They may elect to work within programs that provide complementary experience to their Emphasis or within programs that serve to fill deficits in previous clinical training. Regardless of setting, the training focus emphasizes enhancement of generalist skills in psychological treatment, assessment and consultation. Additional settings beyond those described below may be available for rotation.

Addiction Treatment Program

The Addiction Treatment Program (ATP) is an outpatient program for patients with a substance use disorder diagnosis. The patient population consists of veterans from diverse demographic backgrounds and diagnoses. Patients may be seen in group, individual, or couples therapy with treatment completion expected within 4 to 9 months. Evidence-based treatment informs the Program's structure. Group therapy modules, which typically occur within 6-12 week timeframes, include content derived from empirically based treatments, including Seeking Safety, Dialectical Behavior Therapy, Motivational Enhancement, Mindfulness; and Cognitive-Behavioral Therapy. Additional groups are also offered to patients dependent upon their treatment needs, and include: a Women's Group; Smoking Cessation Groups; and a Family Group for patients' family members or friends. The Program maintains an interdisciplinary focus with a clinic structure that promotes ongoing consultation and collaboration across disciplines. The Fellow will provide individual, group and/or couples therapy to patients in ATP, with an emphasis on enhancing core psychotherapeutic skills, with a focus on developing skills in evidence based practice and empirically supported treatments. Supervision supports 1) development of an advanced ability to clinically integrate the role that the patient's substance use disorder plays with other elements of the patient's psychological and social functioning, and 2) development of enhanced case conceptualization skills that integrate the various spheres of influence on the patient's psychological functioning.

Supervisor: TBD

Blind Rehabilitation Center (BRC)

The Hines BRC provides a comprehensive rehabilitation program as well as advanced specialty training to veterans who are blind or visually impaired. The incumbent psychologist conducts assessments, provides direct treatment and education, and consults extensively with the other team members to provide the veteran with a life plan and abilities that are consistent with or superior to their life prior to vision loss. This work is done through the teaching of skills, attention to the emotional adjustment to vision loss and by addressing any pre-existing or comorbid psychiatric and/or medical conditions. The fellow who elects a minor rotation in the BRC would specialize in consultation and have some opportunities for treatment. The veterans may be referred to the fellow for any problem that is impeding their progress in the program. These may

include: questions about cognitive abilities or limitations, psychiatric condition and symptoms, issues of motivation, and behavioral or interpersonal anomalies.

Supervisor: Laura Schmitt, Ph.D.

Inpatient Acute Rehabilitation (15W) & Geriatrics (15ETC)

The Physical Medicine & Rehabilitation service serves a socio-economically and an ethnically diverse population of veterans who are hospitalized on the acute or subacute/geriatric rehabilitation units. Veterans are hospitalized for various reasons including knee and hip arthroplasty, amputation, prosthesis training, stroke, cardiac rehabilitation, and medical management (and in some cases end-of-life care). Psychological issues encountered include PTSD, other anxiety disorders, mood disorders, adjustment disorders, psychoses, personality disorders, substance abuse, and pain disorders. Psychological treatment modalities include individual and group therapy (spanning education, stress/anxiety management, cognitive behavioral therapy, support, and chronic pain management). The psychologist works within the interdisciplinary team (medicine, nursing, PT, OT, RT, SLP, social work, pharmacy) and is responsible for psychological assessment (including cognitive testing and medical decision making evaluation), treatment planning, individual brief interventions, group therapy, and team consultation. Therapy conceptualizations include cognitive, behavioral, and solution-focused approaches.

Supervisor: Jennifer Kiebles, Ph.D.

Mental Health Clinic:

The Mental Health Clinic serves a socio-economically and an ethnically diverse population of psychiatric outpatient veterans (with possible contacts with collaterals as well). Problems treated include PTSD, other anxiety disorders, mood disorders, adjustment disorders (including adjustment to a variety of medical problems), marital/family problems, psychoses, personality disorders, substance abuse, and habit control issues. Interdisciplinary treatment modalities include individual, group, and couples/family therapy, hypnosis, and psychopharmacology. Psychologist responsibilities include assessment/ evaluation, treatment planning, individual psychotherapy, and team consultation. Acquaintance with and application of evidence based approaches as appropriate is encouraged. Therapy conceptualizations include integrative, cognitive behavioral, ACT, and solution-focused approaches.

Supervisors: Michael Blacconiere, Ph.D., Robert Chimis, Ph.D., Kathleen Richard, Ph.D., and Jonathan Sutton, Ph.D.

Mental Health Service Line Intake Center

The MHSLIC at Edward Hines, Jr. VA Hospital is the entry point for new patients (veterans eligible for VA mental health services) seeking mental health services at Edward Hines, Jr. VA Hospital. Such services may include triage/screening, assessment and/or emergent treatment as well as subsequent referral/disposition for all patients seeking services from the MHSL. Patients may be referred to the MHSLIC by self, other services within or outside of Edward Hines, Jr. VA Hospital. MHSLIC also provides emergent and urgent supportive and backup services to patients currently enrolled in the various MHSL programs/clinics at Edward Hines, Jr. VA Hospital. Such patients would be coming to MHSLIC on referral, as walk-ins, or as ER consults.

Supervisor: Patrick Nowlin, Ph.D.

TBI/Polytrauma Program

Hines is a Polytrauma Network Site (PNS). As a PNS, Hines provides key components of post-acute rehabilitation care for individuals with Polytrauma and TBI including, but not limited to inpatient and outpatient rehabilitation. A dedicated interdisciplinary team of rehabilitation professionals, including but not limited to Physiatry, Physical Therapy, Occupational Therapy, Speech and Language Pathology, Social Work, Psychology, Neuropsychology, Psychiatry, and Nursing, provides services to veterans that include comprehensive evaluation and treatment of TBI, development and management of a rehabilitation and community re-integration plan, as well as mental health services. When Polytrauma and TBI patients are admitted for inpatient care, the PNS team will assume an active role in the development and management of the plan of care. Hines is also dedicated to providing support to family members of Polytrauma/TBI veterans. The fellow will learn how to work as part of an interdisciplinary team dedicated to evaluating and treating individuals who have sustained multiple, and/or possibly life threatening combat related injuries. Primary duties will include providing psychotherapy to TBI/Polytrauma patients. Treatment modalities include individual therapy, couples therapy, family therapy, and potentially group therapy. The fellow may have the opportunity to work with patients that present with chronic pain and other health related issues. The fellow will learn how to use relaxation skills and biofeedback in an outpatient mental health setting.

Supervisor: Rene Pichler-Mowry, Ph.D.

Primary Care Behavioral Health Program

The Primary Care Behavioral Health (PCBH) Program provides collaborative and biopsychosocially oriented consultation, assessment and intervention services within Primary Care's "Patient Aligned Care Team" (PACT). Psychology plays an integral role within the interdisciplinary PCBH Team in assisting primary care providers manage the overall health and well-being of their respective patient panels. PCBH provides same-day, open access behavioral medicine services via consultation with primary care teams as well as targeted evaluation and brief individual treatment for patients with broad ranging clinical presentations such as anxiety and mood spectrum disorders, substance misuse, chronic illness, chronic pain, adjustment disorders, bereavement, attaining and maintaining healthy lifestyles, and somatic concerns. PCBH also provides focused care management based on the Behavioral Health Laboratory as well as behavioral and mental health group treatment for primary care and specialty clinic patients. Evidence based treatment modalities are encouraged as appropriate.

Supervisors: Julie Horn, Ph.D., and Erin Zerth, Ph.D.

ADMINISTRATIVE SERVICES:

Two full-time program assistants in Psychology Service provides limited clerical and sufficient administrative support to the Fellows. The Fellows have access to the Test Library and can request items be purchased within the limits of the budget for Psychology or the hospital. Support services available include EAP services if desired, VA legal assistance available to all VA employees, library resource services, computer and telephone technical support, and hospital day care (although usually wait-listed if not sought in advance). As federal employees, Fellows have

malpractice liability covered through the protection of the Federal Tort Claims Act. Psychology Service provides additional technical services (e.g., computer trouble-shooting, software access) and some clerical support within Psychology and the Mental Health Service Line (e.g., educational registration, travel memoranda, new employee preparation). Hospital-wide services are described during New Employee Orientation.

PHYSICAL RESOURCES:

The facilities that the Fellows use in their work vary somewhat across rotations. Each Fellow has an office setting within a room shared by the four Fellows with their own desk, chair, telephone with voice mail and computer with Internet and e-mail capabilities. Some rotations offer individual offices to the Fellow on rotation with the aforementioned furnishings and equipment. Each Fellow maintains a cell phone. Psychology Service and the Mental Health Service Line have conference rooms that are sufficiently spacious to accommodate our educational programming and administrative activities. Treatment/assessment rooms in Psychology are available on a reserved basis for use by trainees. Additional rooms for treatment and assessment are also available in all rotational areas with the exception of Primary Care and Health Psychology. The Fellows providing clinical services on those rotations provide those services in the reserved treatment/assessment offices in Psychology. Psychology is aware that office space is not optimal at this time, reflecting significant hiring by the Mental Health Service Line, including Psychology Service, during the past several years. However, the hospital committed significant funds to renovate Psychology space during the past 1-2 years to provide additional office space for patient care as well as administrative space for Psychology trainees.

The hospital provides an ideal environment to offer training that meets our Program's goals and objectives. Hines VA is one of the largest hospitals in the VHA system, with a vast array of clinical settings appropriate to our Program's goals and objectives. Psychology Service provides clinical services across a wide range of our hospital's departments, programs and clinics. These settings provide a breadth of training opportunities for Fellows for knowledge and skills development in both general advanced psychology practice competency and in emphasis areas.

ACCREDITATION STATUS

Our Postdoctoral Fellowship Program was newly funded in 2008. The Commission on Accreditation completed its Site Visit for the purpose of initial accreditation of the Fellowship Program by APA on October 18-19, 2012. Our Internship Program has been APA-Accredited since 1976. Our most recent Internship Program Site Visit was completed October 11-12, 2012.

Questions related to the program's accredited status should be directed to the Commission on Accreditation:

Office of Program Consultation and Accreditation
American Psychological Association
750 First Street, N.E.
Washington, DC 20002-4242
Phone: (202) 336-5979 / Email: apaaccred@apa.org
Web: www.apa.org/ed/accreditation

GENERAL INFORMATION

Number of hours of supervised training required during fellowship = 2,080. The Program meets State of Illinois requirements for supervised postdoctoral practice hours.

Stipend - \$46,287 (less deductions, plus FICA), paid every two weeks for 26 pay periods.

13 days vacation leave and 13 days available sick leave, in addition to the 10 annual Federal Holidays.

Health and life insurance coverage is available to Psychology Fellows in the VA system.

VA will provide malpractice liability coverage through the protection of Federal Tort Claims Act.

Free parking. Public transportation subsidy for Fellows using public transportation to come to work.

On-site day care center.

Personal computers with internet access in most Fellow offices and work areas.

Pager.

Full use of Hines and Loyola medical libraries, including their resources and capabilities for topical searches (including Ovid and Medline), are available to the Fellows.

Various software applications (e.g., SPSS) available to all Psychology staff are also available to Fellows.

Fellows may request administrative absence to attend conferences outside the hospital and to present at them. Time at conferences is counted as work time.

There is a possibility for government background checks and for pre- and post- employment drug screening. The Program may not provide letters of recommendation to Fellows who depart the Program prior to completion of it.

QUALIFICATIONS

U.S. Citizen

Applicants must complete all requirements of an APA-Accredited doctoral program in clinical or counseling psychology and an APA-Accredited internship in clinical or counseling psychology prior to entering the program. Applications are accepted from applicants who are currently in the process of completing these requirements.

All offers for our Postdoctoral Fellowship Program are contingent upon the applicant meeting all academic requirements for their doctoral degree. Evidence in the form of a copy of the doctoral diploma, an official transcript with awarding date of the doctorate, or a written attestation of doctoral degree from Psychology Service Chair are acceptable forms of proof. Our Program must receive proof of doctoral degree no later than July 1, 2013. If the applicant cannot meet this

deadline, the applicant may request a 30-day or a 60-day extension, to which the Program may or may not agree. If, at the end of the extension, the applicant cannot demonstrate evidence of doctoral degree or if the Fellowship does not agree to the extension, the Program's offer of acceptance into the Program is withdrawn. The Program will re-open the search process to fill that position at that time. The applicant may re-apply if he/she wishes. If the applicant has met all requirements for the doctoral degree with the exception of completion of the clinical or counseling psychology internship, and the completion date of that internship is no later than September 2, 2013, an extension will automatically be afforded the applicant. In this situation, the applicant should make every effort following internship completion to provide proof of degree to our Program as soon as possible.

Finally, a Certification of Registration Status and Certification of U.S. Citizenship are required to become a VA Fellow. The Federal Government requires that male applicants to VA positions who were born after 12/31/59 must sign a Pre-appointment Certification Statement for Selective Service Registration before they are employed. It is not necessary to submit this form with the application, but if you join our Fellowship Program and fit the above criteria, you will have to sign it. All Fellows will have to complete a Certification of Citizenship in the United States prior to beginning the fellowship. We will not consider applications from anyone who is not currently a U.S. citizen (unless one has a scheduled naturalization date and can provide us a copy of one's Certificate of Naturalization prior to January 31, 2011). The VA conducts drug screening exams on randomly selected personnel as well as new employees. Fellows are not required to be tested prior to beginning work, but once on staff they are subject to random selection as are all staff members.

DEADLINES AND OFFERS

Applications must be received by January 1, 2013. Interviews and offers will be scheduled following our application deadline.

APPLICATION PROCEDURE

The following materials are required to apply:

1. A cover letter that includes in detail the following elements:
 - a. Previous clinical, educational and research experience in our generalist core competencies.
 - b. Previous clinical, educational and research experience in the Emphasis track to which you have applied.
 - c. A description of your career goals and the way in which the Fellowship will advance them.
2. Curriculum Vitae
3. Official transcripts from graduate school (including awarding date of doctoral degree). If the doctoral degree has not yet been awarded, we will require an official transcript with awarding date before admission to the Program.

4. Three or four letters of recommendation, including one from your dissertation Chair, one from a clinical supervisor who is especially familiar with your work in your area of Emphasis, and one from another clinical supervisor who is very familiar with your clinical work. At least one letter should be from an internship supervisor. The letter from your dissertation Chair should note the status of your dissertation and anticipated completion date, if your doctoral degree has not yet been awarded.
5. A letter from your psychology internship director discussing progress on internship and anticipated completion date.
6. A completed Hines VA Psychology Postdoctoral Fellowship Training Program Application, which is available on our webpage.

This Brochure as well as our Program Announcement may be obtained from our Program Assistant, Brandon LeFlore by e-mail – brandon.leflore2@va.gov or by phone – 708.202.2692.

Questions about the Program may be addressed to Dr. Sladen by email – bernie.sladen@va.gov or by phone – 708.202.2444.

Our fax number is 708.202.2687.

Please mail the full application package to Bernard Sladen, Ph.D. at

**Edward Hines, Jr. VA Hospital
Psychology Training Programs
Psychology Service (116B)
5000 South Fifth Avenue
Building 228, Room 3021
Hines, IL 60141- 3030**

Deadline for receiving the completed application: January 1, 2013.

Fellowships begin September 3, 2013.

DIRECTIONS

Hines VA Hospital is located in Chicago's western suburbs, at Fifth Avenue and Roosevelt Road, adjacent to the towns of Maywood and Broadview. Loyola University Medical Center and the State of Illinois' Madden Mental Health Center are located adjacent to Hines in Maywood.

O'Hare and Midway Airports are less than 30 minutes away by car. Downtown Chicago and the lakefront are about 15-20 minutes east of the hospital (about 12 miles).

From the North (including O'Hare Airport) or South

Take I-294 (Tri-State Tollway) - to I-290 (Eisenhower Expressway).
East on I-290 (Chicago) - to First Avenue exit (Exit #20).
Turn right (South) on First Avenue - to Roosevelt Road (Route 38).
Turn right (West) on Roosevelt - go to Fifth Avenue (the first stop light).
Turn left to enter the Hines Hospital grounds.

From the Far Western suburbs.

Take I-88 - to I-290.
East on I-290 - to (First Avenue Exit) - Exit #20.
Follow directions above from Exit #20.

From Downtown Chicago:

Take I-290 (West) - to (First Avenue Exit) - Exit #20.
Turn left (South) on First Avenue - to Roosevelt Road (Route 38).
Follow directions above from Roosevelt Road (Route 38).

Visitor Parking is readily available in parking lots in front of Building 200 (the 15 story white tower) and next to Building 228 (the Psychiatry Building), which is a newer 5-story red brick building immediately east (to the left) of Building 200. Enter Building 228, and take the elevator to the third floor. Psychology Service is on 3 South.

As an alternative, enter Building 200 and ask directions to Building 228 (Information Desk in the lobby of Building 200). Building 228 is connected to Building 200 by an indoor corridor.

If lost in either building, ask any employee for directions to this location. We all try to be friendly and helpful. Because Psychology offices are located throughout the hospital, be sure to ask directions to the specific building (Building 228), and location (3rd floor, South).

