

PREDOCTORAL INTERNSHIPS
IN CLINICAL AND COUNSELING
PSYCHOLOGY

2017-2018



VETERANS HEALTH ADMINISTRATION
PSYCHOLOGY SERVICE
EDWARD HINES, JR. VA HOSPITAL
HINES, IL 60141

Training Director:
Caroline Hawk, Ph.D.
Email: caroline.hawk@va.gov
Phone: (708) 202 - 2444

ACCREDITED BY
THE AMERICAN PSYCHOLOGICAL ASSOCIATION

INTERNSHIP BROCHURE

TABLE OF CONTENTS

	<u>PAGE</u>
Hines Hospital	3
Academic Affiliations	4
Hines and Chicago	4
Psychology Service	5
Internship Program Philosophy	5
Training Model and Goal	6
Training Objectives	9
Core Competencies	10
Supervision	12
Supervision Rights and Responsibilities	13
Evaluation	13
Seminars	15
Research Involvement	15
Psychology Internship Structure	16
General Track	16
Neuropsychology Track	17
Rotation Assignments	18
Internship Selection	18
What Hines Expects of a Psychology Intern	19
Former Interns' Home Universities (1980-2012)	19
Post-Internship Employment	19
Interviews	20
Non-Discrimination Policy/Commitment to Diversity	21
Grievances and Discrimination	21
Advisement and Termination	22
Postdoctoral Fellowship Program	24
Psychology Service Staff & Descriptions	25
Non-Staff Psychologists	32
Rotational Scheduling Summary Sheet	33
Rotation Descriptions	34
Administrative Services	100
Physical Resources	100
Hospital Care Liability	100
Malpractice Liability	100
Accreditation Status	101
General Information	101
Qualifications	101
Application Requirements	102
Directions	103
Map to Hines	104

HINES 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). The Psychology Internship Program is accredited by the American Psychological Association (APA) and abides by the standards of the Association of Psychology Postdoctoral and Internship Centers (APPIC), including APPIC Match Policies adopted August 15, 2016.

INTERNSHIP BROCHURE

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 seven Psychology Interns and six Psychology Postdoctoral Fellows) receive funded training at Hines this year. An additional 1,587 students receive unfunded training this year (including 13 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.

Interns may follow one rotation available at Loyola, have full access to Loyola's large medical library, and may join Loyola's highly rated health club. Our Internship Program maintains a formal affiliation agreement with Loyola that allows interns to rotate there without any administrative difficulties. Many of our interns elect to do a rotation at Loyola.

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 49 doctoral-level psychologists, and two program assistants. A few 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. Psychology also has a Clinical Psychology Postdoctoral Fellowship Program that began September 2008. In October of 2012 the Fellowship Program was awarded seven years of full APA-Accreditation. The fellowship program maintains six one-year fellowship positions, with emphases in PTSD, Integrated Care and Primary Care Mental Health Integration, Integrated Care and Home Based Primary Care, Integrated Care and LGBT Health Care, Medical Rehabilitation Psychology, and Neuropsychology. The fellow in the Neuropsychology emphasis completes a second year of fellowship training in our Service outside the auspices of the Fellowship Program in order to meet Houston Conference guidelines. Psychology Service plans to submit a self-study to the Commission on Accreditation this fall for the purpose of seeking accreditation for a specialty practice fellowship program in Clinical Neuropsychology. The Fellowship Program is designed to foster significant clinical and didactic collaboration between interns and fellows. Detailed information about our Fellowship Program is available on our webpage at www.hines.va.gov/about/Psych_Post.asp.

Training Program Overview

INTERNSHIP PROGRAM PHILOSOPHY

1. For over 60 years, the Hines VA Hospital has embraced a generalist tradition in its training of clinical and counseling psychology students. We believe that the best training to prepare today's interns for the demands of tomorrow's professional challenges consists of providing the highest quality learning experiences to enhance maximum proficiency in clinical work across socio-economic and cultural boundaries that can be adapted to a variety of settings. Toward this goal, the Hines Internship Program provides training experiences in the context of a broad exposure to both medical and psychiatric patients. We believe that a familiarity with the psychological understandings, skills, and techniques utilized with both populations will enhance our graduates' effectiveness throughout their later careers, whether they

INTERNSHIP BROCHURE

work in health or traditional psychology. It is our philosophy that specialization as a psychologist is best accomplished at the postdoctoral level.

2. The Hines internship embraces a scholar-practitioner evidence based model of training in which science and practice inform each other. 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, interns 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 Psychology Service 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.

3. Our long-range objective is for each intern is to encourage the development of a sense of professional judgment, responsibility and identity, as well as compassion for others, in addition to putting their academic preparation into ethical practice. Throughout the year we provide an atmosphere in which interns, under supervision, can accept increasing responsibility for their professional work by learning to function as autonomously as their levels of competence, knowledge, and skills permit. Our goal is for the intern to transition from a student role to one in which the intern functions and feels competent to function in entry-level practice in clinical or counseling psychology at the conclusion of the internship year. That transition toward a professional identity as a psychologist includes an appreciation of the contributions and roles of a psychologist, and a demonstration of the professional conduct and ethical practice of a psychologist.

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

5. Interns will have exposure to a demographically diverse caseload as they enhance their skills in psychological 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 and GOAL

Following our philosophy, we embrace a training model in which interns rotate across a range of clinical settings, in order to provide maximum exposure to a variety of experiences. This affords the intern the opportunity to develop skills in a number of hospital settings with a variety of patient problems and a number of supervisors. Assignments to supervisors are determined primarily on the basis of the skills to be learned by the intern and by the intern’s training interests. The training focus in each setting includes the following elements:

1. development of site-specific knowledge and skill,
2. development of general clinical skills in assessment, consultation and treatment,
3. scholarly inquiry, and

4. development of a sense of professional judgment, responsibility and identity, and appreciation and understanding of individual diversity.

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

Our Program emphasizes generalist training. The overall training goal at Hines is for interns to develop the knowledge and skill necessary for postdoctoral or entry-level professional practice in clinical or counseling psychology across the following training objectives: assessment, psychotherapy and intervention, consultation, supervision, professional presentations, professional, ethical and legal conduct, strategies of scholarly inquiry and clinical problem-solving, and issues of cultural and individual diversity that are relevant to all of the above. This overarching goal includes proficiency in psychological assessment and diagnosis, psychological treatment and psychological consultation. In addition, our goal is to promote interns' integration of psychological science and theory with psychological practice, enhance the development of skills in clinical conceptualization and encourage the interns' appreciation for and understanding of individual diversity as it interfaces with psychological practice. It is also expected that the intern practices psychology in a professional and ethical manner and moves to a point of responsibility and identity consistent with entry-level or near entry-level practice in clinical or counseling psychology. Development of a professional identity is viewed as an essential component of our training program.

Interns' training experiences are graduated in complexity over the course of the year. Initial activities reflect the intern's assessed level of functioning, with training and learning activities structured to afford development to a level of independent professional functioning across objectives by the end of the training year. Training builds on established competencies through enhancement of existing knowledge and skill to afford a more advanced level of generalist professional functioning. Training is sufficiently individualized to afford sequential knowledge and skill development and to optimize professional development as interns' needs and interests become increasingly clarified. As interns' knowledge and skill increase, they are afforded increasing autonomy and supervision becomes increasingly collegial.

The Psychology Training Program is designed to offer graduate students from APA-Accredited schools a 12-month intensive training experience. Interns will typically have one supervisor during a quarter in which they follow a full-time rotation. Interns will have more than one supervisor during a quarter if they train in two or three part-time rotations concurrently during that quarter.

Our program is learning- and training-based, as opposed to production-based. Service delivery is subsumed under the interns' training needs and interests, with the interns' clinical work during internship focused on preparing them to function in entry-level practice in clinical or counseling psychology. Our strong bias toward learning-based training is a point of pride for our program, and is characterized by a supervision-rich environment and by training that is focused on development of skills in psychological conceptualization.

Interns' training experiences are graduated in complexity over the course of the year. Initial activities reflect the intern's assessed level of functioning, with training and learning activities structured to afford development to a level of postdoctoral or entry level professional functioning across objectives by the end of the training year. Training builds on established competencies through enhancement of existing knowledge and skill to afford a more advanced level of generalist professional functioning and through

INTERNSHIP BROCHURE

providing the intern opportunities for training experience across competencies in the interns' focal areas of interest. Training is sufficiently individualized to afford sequential knowledge and skill development and to optimize professional development as interns' needs and interests become increasingly clarified. As interns' knowledge and skill increase, they are afforded increasing autonomy and supervision becomes increasingly collegial.

The priority given to supervision and education for interns, which limits actual service delivery time, further demonstrates our Internship Program's focus on training over production. Interns are not expected to work more than 40 hours weekly, to ensure adequate time for the intern to engage in reading, audiotape review, self-processing of clinical work, dissertation-related activity (if needed), self-care and personal interests. Participation at educational conferences, seminars and workshops on- and off-station is encouraged during work hours, further demonstrating our commitment to training and our support for interns' development of a professional identity. Given the nature of funding for our hospital, revenue generation plays no role in determining any aspects of the interns' clinical activity.

The extent of clinical activity in which interns 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.

Reflecting our model, interns determine to good measure their rotations, focusing on their training needs and interests. Within our generalist track, interns have considerable opportunity to customize an internship year that meets their training and professional needs and goals. Within the neuropsychology specialty track, 50% of the intern's rotations are electives chosen by the intern. The remaining 50% of the intern's rotations is dictated by the specialty track (i.e, the neuropsychology intern will spend 50% of the year on neuropsychology rotations). Rotational selection is based on interns' training needs that are requisites for achieving our Program's training objectives, on interns' training interests, and on supervisory availability. An assessment of the intern's training needs will be made by the Training Director and the intern. Training assignments are made only after extensive discussions between them. The first quarter rotations are assigned before the internship year begins. The remaining rotations are often determined later in the year. This process is designed to be flexible in order to accommodate programmatic requirements and changes in rotation preference as the interns' interests evolve and training needs and post-internship plans become increasingly clarified.

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 interns within a given setting are determined more by their training interests and needs than by the clinical service needs of the setting. Interns are also assigned a demographically diverse caseload to promote their training in issues of individual diversity.

The Psychology Internship Program is committed to a training approach that is sensitive to human diversity. Interns are assigned a demographically diverse caseload and are encouraged to bring issues of ethnic, cultural, and individual diversity into supervision. Supervisors attempt to provide interns with female veterans for their caseload to promote caseload diversity by gender. Opportunities to develop a caseload that is diverse across cultural and individual differences are enhanced by the availability of off-site rotations at Loyola University Medical Center. Aspects of human diversity, including race, ethnicity, gender, sexual orientation, age, physical illness and disability are covered in seminars throughout the year. Interns are also welcome to participate in hospital committees that focus on diversity in our workplace.

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 internship 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 and clinical/professional focus.

Reflecting our emphasis on education, training on the unit is supplemented by workshops, seminars, lectures, and staff meetings. Psychology Service staff members provide weekly training seminars, and consultants from outside Hines provide training seminars throughout the year. Interns are provided the opportunity to develop their own seminars and to make their own case presentations. Monday and Friday afternoons each week are devoted to seminars and workshops. Our interns are also encouraged to attend professional seminars and workshops in other clinical departments at Hines and at Loyola and in the community.

The didactic education and the supervision afforded the intern also aim at providing the intern with the means to integrate science and practice to a level appropriate for a professional clinical or counseling psychologist.

Seminar and workshop offerings present facets of both research and theoretical underpinnings and actual practice across a diverse range of psychiatric, neuropsychological and medical disorders and psychological techniques. Interns' involvement in grand rounds also provides them with scientific information related to the disorders of patients with whom they work clinically.

Supervision is very focused on helping the intern integrate theory and science with practice. Interns are referred to appropriate suggested and required theoretical and scientific readings, may be encouraged to explore various theoretical perspectives as applicable to their clinical work, defend their practice through referral to scientific and theoretical underpinnings, may increase their knowledge through didactic involvement with interdisciplinary staff, and participate in didactic presentations. Interns may also present findings of their readings to staff and may participate in the collection of outcome data or may consider studies that might evaluate clinical conjectures.

Interns also make one Case Presentations that require discussion of the theoretical and scientific bases of their clinical work regarding the patient being presented. Interns formally present their doctoral research or a research area of interest to them as a seminar during the internship year. The intern's level of ability in integrating science and theory with practice is evaluated by both the supervisor and by the intern at the end of each rotation.

TRAINING OBJECTIVES

Our overarching training goal is for interns to develop competence across eight training objectives to a level appropriate for postdoctoral or entry-level Ph.D. or Psy.D. clinical or counseling psychology practice by the conclusion of the internship year. Our objectives define our overarching training goal.

Detailed objectives for training include competency in:

1. assessment,
2. psychotherapy and intervention,
3. consultation,
4. supervision,
5. professional presentations,
6. professional, ethical and legal conduct,
7. strategies of scholarly inquiry and clinical problem-solving, and
8. issues of cultural and individual diversity that are relevant to all of the above.

At the conclusion of the internship year, achievement by the intern of a level of competence at or near entry-level practice in clinical or counseling psychology on each of these objectives indicates to us that the intern has successfully completed the goal of our program.

INTERNSHIP BROCHURE

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

CORE COMPETENCIES

Each training objective is operationally defined by various core competencies. The primary core competencies that operationally define each training objective are described below:

Assessment

Interns should be able to conduct a clinical interview, administer, score and interpret psychological test data in the areas of intellectual and personality assessment, integrate data from the interview, testing and other sources, and communicate results effectively in writing and in verbal communication with patients and relevant interdisciplinary staff. Interns should demonstrate good judgment in selecting assessment approaches. They should demonstrate the ability to develop rapport with clients of diverse clinical, age, gender and cultural groups. Interns should be able to conduct a mental status examination. They should effectively observe and describe behavior. Interns should be able to arrive at accurate DSM-IV diagnoses and make appropriate and helpful recommendations to patients and interdisciplinary staff. Interns should have knowledge of the empirical basis of assessment instruments and should be attuned to ethical and diversity-related issues relevant to their assessments. They should demonstrate awareness of legal issues, e.g., malpractice, confidentiality, conflicts of interest, mandatory reporting, disability, commitment, forensics and court testimony. Interns should demonstrate awareness of cultural diversity issues in assessment and should use culturally relevant best practices in assessment. Interns should be aware of and sensitive to developmental, pharmacological, social, systems and other issues relevant to assessment. Interns should prepare timely, clear, objective, organized, useful and integrated reports. Interns rotating through neuropsychology should develop an understanding of neuroanatomy and physiology, localizing, developmental, medical and neurological issues on task performance, and professional issues within neuropsychology.

Psychotherapy and Intervention

Interns should be able to competently conduct individual and group psychotherapy, including brief or time-limited therapies and empirically validated therapies, across a variety of problems and populations. If provided experience, they should be able to competently conduct couples and/or family psychotherapy across a variety of problems and populations. Interns should be familiar with the empirical bases of their interventions and should be able to competently conduct empirically-based therapy. Interns should demonstrate knowledge of the scientific foundation of psychotherapy, e.g., best practices, evidenced based practice, research, theory and technique. Interns should be familiar with the legal, ethical and diversity-related issues relevant to their interventions. Interns should be able to demonstrate effective rapport, empathy, warmth and genuineness with clients. Interns should be able to demonstrate support of clients but also effectively focus and control sessions. Interns should be able to make effective interpretations in interventions and facilitate clients' self awareness. They should effectively understand and manage clients' boundaries. Interns should demonstrate flexibility and creative problem-solving in treatment. Interns should demonstrate the ability to facilitate hypothesis generation, exploration and insight. Interns should demonstrate understanding of process issues as they arise in psychotherapy and other interventions. Interns should obtain informed consent and provide a rationale for treatment before initiating services. They should monitor progress toward goals, including using outcome measures. They should demonstrate awareness and sensitivity to cultural diversity issues in psychotherapy and interventions and should use culturally relevant best practices in treatment. They should engage in self-evaluation. Interns should demonstrate awareness of ethical and legal issues in psychotherapy and intervention, e.g., referrals, hospitalizations, contracts with patients and families, consent to treatment, dual relationships, privileged communication, mandated reporting. Interns should demonstrate good clinical judgment. Interns should effectively manage special situations, such as behavioral emergencies and crises. Written reports and progress notes should be organized and professional.

Consultation

Interns should be able to effectively conduct consultation to interdisciplinary staff. Interns should have knowledge of their consultation role and of institutional and systems' dynamics and functions. Interns should demonstrate timely response to consultation requests, provide effective verbal and written feedback, and demonstrate rapport and participation in interdisciplinary settings. They should effectively collaborate as a consultant and define their own roles and contributions. Interns should be aware and sensitive of diversity-related issues as they impact on consultation and should use culturally relevant best practices in consultation. Interns should understand and respect other disciplines' contributions, roles and perspectives.

Supervision

Interns should demonstrate openness and responsiveness to supervision, effectively prepare for supervision and effectively incorporate feedback from clinical supervisors into clinical practice. Interns should be familiar with methods and theories of supervision. Interns should demonstrate a professional ability to tolerate critical evaluation and be able to accurately assess their own strengths and weaknesses across competencies. If provided experience, interns may become effective as supervisors of practicum students. Interns should have knowledge of models, theories, modalities and research on supervision. They should keep supervisors sufficiently informed of cases and demonstrate interest and commitment to supervision. Interns should seek consultation regarding diversity issues as needed, incorporate dimensions of diversity in conceptualizations, skills and techniques, and adapt their own behavior in a culturally sensitive manner.

Professional Presentations

Interns should be able to conduct effective professional presentations to other interns and Psychology Department staff. Interns should be able to demonstrate appropriate preparation, level and organization of presentations. Interns' presentations should be of high quality, should include literature review, and should integrate research, diversity and clinical issues as appropriate. Interns should actively participate in others' presentations.

Professional, Ethical and Leal Conduct

Interns should adhere to and understand the application of APA Ethical Principles and code of conduct, and other Professional Standards. They should be familiar with and adhere to legal and regulatory standards in professional psychology. They should maintain records and demonstrate timeliness of reports, prior authorizations, treatment plans and treatment summaries. Interns should maintain expected work load and demonstrate professionalism in fulfilling clinical responsibilities. Interns should demonstrate development of identity as a psychologist and socialize into the profession. They should demonstrate professional communication and assertion. They should integrate research and practice. Interns should think critically, analytically and scientifically. They should be aware of, sensitive to and respectful of others, including issues related to autonomy, cultural and individual diversity, dignity, rights and welfare. Interns should be punctual for patient contacts and professional meetings and should be prompt in carrying out assignments. Interns should effectively understand and manage professional boundaries with clients. They should be aware of personal issues in relationships with clients, colleagues and supervisors. They should prevent personal problems from interfering with patient care and professional conduct. They should present themselves maturely and acknowledge their own limits. Interns should demonstrate initiative, motivation, appropriate attire and presentation, dependability and self-care.

INTERNSHIP BROCHURE

Strategies of Scholarly Inquiry and Clinical Problem-Solving

Interns should demonstrate effective applications of scholarly inquiry and clinical problem-solving in their clinical work, supervision and professional presentations. They should demonstrate knowledge of empirically based treatment and evidence based practice in clinical work. Interns should demonstrate knowledge of the scientific and theoretical literature relevant to their rotations and should appropriately apply literature to practice. Interns should effectively conceptualize clinical cases and situations. Interns should demonstrate familiarity with various theoretical perspectives relevant to their clinical work. Interns should be able to evaluate outcome data, should demonstrate awareness of potential sources of cultural bias, should use culturally relevant best practices, should articulate an integrative conceptualization of diversity, and should demonstrate progress on their dissertations.

Issues of Cultural and Individual Diversity that are Relevant to all of the Above

Interns should be able to develop rapport with clients of diverse clinical age, gender and cultural groups. Interns should demonstrate awareness of sensitivity to cultural diversity issues in assessment. Interns should use culturally relevant best practices in assessment, psychotherapy and intervention, and consultation. Interns should demonstrate awareness of and sensitivity to cultural diversity issues in psychotherapy and interventions. Interns should demonstrate awareness of and sensitivity to cultural diversity issues in consultation. Interns should demonstrate awareness of, sensitivity to and respect for others (including autonomy, cultural diversity, dignity, rights and welfare. Interns should show awareness of potential sources of cultural bias in scholarly inquiry and clinical problem solving. They should demonstrate the ability to prevent personal problems from interfering with patient care or professional conduct. Interns should incorporate dimensions of diversity in conceptualizations, skills and techniques. They should seek consultation regarding diversity issues as needed and adapt their own professional behavior in a culturally sensitive manner. Case presentations should integrate research, diversity and clinical issues.

At the conclusion of the internship year, achievement by the intern of a level of competence equal to that of a late-year intern or entry-level practitioner in clinical or counseling psychology on each of these training objectives indicates to us that the intern has successfully completed the goal of our program.

SUPERVISION

Learning is accomplished through experiential supervised practice with the patient population on rotation. All clinical work is supervised by licensed clinical psychologists. All interns receive a minimum of three regularly scheduled hours of individual supervision weekly. In addition, given the high level of interest and motivation of staff to provide education, interns usually have daily access to informal supervision as well. Supervision is geared toward moving the intern toward increasingly autonomous practice, with training experiences that are graduated in complexity over the course of the year. Supervision is individualized to note the entry level of skills the intern brings into the particular setting, and affords sequential knowledge and skills development to optimize professional development as interns' needs and interests become increasingly clarified. Initial activities reflect the intern's assessed level of functioning, with training and learning activities structured to afford development to a level of entry-level generalist professional functioning across objectives by the end of the training year. Supervisory styles vary across supervisors. Consequently, although the intern may expect a minimum of three hours weekly of scheduled individual supervision, many supervisors maintain a mentorial focus which entails much more intern supervisory interaction. There is also ample opportunity to receive additional input on an as-needed basis from other staff or consultants with special expertise.

Students receive additional supervision if they carry long-term therapy cases from previous rotations. The intern will receive ongoing individual supervision from the supervisor initially responsible for the therapy case.

Interns also participate in group supervision with the training director, Dr. Hawk. Group supervision lasts one hour and meets each week.

The intern receives additional group supervision and opportunities for formal presentation within the Psychodiagnostic Seminar series and the Case Presentation series. Each intern is required to present 1 case presentation and 2 psychodiagnostic test cases to their internship class over the course of the year. These presentations take place during either the seminar time slot or the group supervision time slot. Case presentations are 45-minutes long and testing case presentations are 90-minutes long. Interns are responsible for presentation and discussion of assessment and therapy cases within these series, which are facilitated by Dr. Hawk or one of our staff psychologists.

Supervision on each rotation follows a developmental progression from didactic education and observation toward increasingly autonomous practice. Supervision may include the following elements that are aimed at moving the intern toward increasingly autonomous practice of training objectives. The frame of supervision may include:

1. direct observation of the supervisor performing clinical activity,
2. direct observation of the intern performing clinical activity,
3. co-therapy and co-consultation,
4. review of audio-taped material, and
5. discussion of integration of scientific knowledge or clinical theory with the clinical presentation of the patient or the clinical direction taken with the patient.

Some supervisors will assist interns in examining their own issues to better understand how those issues interface with the various therapeutic cases being followed.

SUPERVISION RIGHTS AND RESPONSIBILITIES

Supervisors and Interns should adhere to responsibilities described in VHA Handbook 1400.04 Supervision of Associated Health Trainees. Supervisors and Interns 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. Interns and supervisors are also expected to follow the APA Ethical Principles of Psychologists and Code of Conduct. These documents are provided to Interns 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.

EVALUATION

The intern's progress in meeting Program goals and objectives and interns' own goals for training and achievement are formally assessed on the Minnesota Supervisory Inventory (MSI) following each quarter of the training year. Ratings on the MSI are characterized by progressive competency benchmarks across all the Program's training objectives. Performance expectations, as measured by the MSI, are graduated, reflecting an expectation that intern functioning will progress toward increasingly autonomous practice over the course of the internship year. Competency benchmarks, as presented on the MSI Core Competency Item Ratings Guide, provide a clear portrait of graduated knowledge and skill expectations

INTERNSHIP BROCHURE

for each primary competency across the Program's training objectives. At the end of each quarter, the intern also completes the MSI Self Assessment, in which the intern assesses their perceived degree of development across the Programs' competencies as well as their self-assessed level of skill and knowledge across the Program's training objectives. The Training Director reviews completed MSI Self Assessments each quarter to ensure continued intern development across the Program's training objectives and the competencies defining training objectives.

Interns' training experiences are graduated in complexity over the course of the year, reflecting a developmental model. Training builds on established competencies through enhancement of existing knowledge and skill to afford a more advanced level of generalist professional functioning and through providing the intern opportunities for training experience across the Program's training objectives. Training is sufficiently individualized to afford sequential knowledge and skill development and to optimize professional development as interns' needs and interests become increasingly clarified. Supervision is geared toward moving the intern toward increasingly autonomous practice, although supervision is individualized to note the entry level of skills the intern brings into the particular setting and follows the intern's progression of skills attainment. Supervision on each rotation follows a typical progression from didactic education and observation toward increasingly autonomous practice to afford development to a level at or near entry-level generalist professional functioning across objectives by the end of the training year. As interns' knowledge and skill increase, they are afforded increasing autonomy, and supervision becomes increasingly collegial in nature. Supervisors document the level of direct supervision needed on the Graduated Levels of Responsibility, with assessment ranging from "(in the) room" to "available". The Graduated Levels of Responsibility is an active document that affords discussion between supervisors and interns during assessment of the level of autonomy that supervisors believe interns can be afforded. Development of sequential knowledge and skill is supported by supervisors providing interns with increasing responsibility for patient care and by selecting caseloads for interns that are comprised of patients with increasingly complex and severe clinical presentations.

Each supervisor completes the MSI each quarter for interns on their rotation. These evaluations are kept in our files, with a copy sent to each academic Director of Clinical Training. The supervisor completing the MSI reviews that evaluation of the intern with that intern at the end of each quarter, although supervisors routinely provide evaluative feedback throughout the course of the intern's training with that supervisor. The Training Director reviews these evaluations following each quarter to ensure that interns progress toward achievement of programmatic goals and objectives through the course of the training experience. Supervisors also complete an Exit Criteria Interview Form at the end of the rotation, which serves as an assessment of the degree to which the intern met rotational objectives.

The MSI measures objectives relevant to development of intermediate to advanced practice knowledge and skill required for functioning as a postdoctoral fellow or entry-level psychologist, with a focus on the following training objectives: competency in assessment, psychotherapy and intervention, consultation, professional, ethical and legal conduct, supervision, professional presentations, and strategies of scholarly inquiry and clinical problem solving. Issues of cultural and individual diversity relevant to the above are interwoven within various aforementioned objectives and are 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 to 4. Our goal is for interns to achieve at or near the latter level across all training objectives at the conclusion of their internship programming.

Ratings are defined as follows:

*1= The intern needs very intensive supervision; competency level does not meet standards for an intern in training and the need for remediation is major; thorough documentation of supervision (on site) is required; the assigned type of supervision is **room**; direct observation and modeling is required; restrictions may be placed on the intern's clinical activities.*

2= A common rating following the first and second quarters of the internship year. Competence is demonstrated beyond the practicum level. The intern needs more intensive supervision; competency level

*indicates the need for clinical experience and may indicate the need for minor remediation; documentation of supervision (on site) is required; the assigned type of supervision is **area** or **room**; direct observation and modeling is frequently required.*

*3= A frequent rating following the third and fourth quarters of the internship year. Competency is mostly attained in all but non-routine cases; supervisor provides overall management of trainee's activities; depth of supervision varies as clinical needs warrant; documentation of supervision (on site) is required while in training status; the assigned type of supervision is **available**, **area**, or **room**; direct observation and modeling may occasionally be required.*

*4=The intern requires less frequent supervision; exceeds late year internship expectations/competency attained at an entry-level psychologist position with continued supervision recommended; documentation of supervision (on site) is required while in training status; the assigned type of supervision is **available** or **area**; direct observation and modeling is not required.*

All interns must meet the following evaluation requirements in order to successfully complete the Internship Program:

- 1) Over the course of the year, ratings of "3" or "4" are required at least once on each training objective overall rating on the MSI to successfully complete the Internship Program. In addition,
- 2) To successfully complete the Internship Program, 100% of primary (bolded) competency items on the MSI must be rated a "3" or "4" at some point over the course of the year.

The intern 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 interns an opportunity to assess their progress in developing competencies across the Program's goal and objectives over the course of the year. Interns also complete a self-evaluation form at Orientation (Orientation Self Assessment Form).

Interns also complete an evaluation form each quarter regarding supervision and certain aspects of their training experiences, the Intern Evaluation of Supervisor.

SEMINARS

Monday and Friday afternoons are devoted to seminars and psychodiagnostic testing case presentations.

Monday seminars focus on both general and specialized clinical topics with focus on development of clinical knowledge and skills in assessment, psychotherapy and consultation. Many Friday seminars examine issues related to professional practice in psychology and cultural and individual diversity in clinical practice. Other Friday seminars build on clinical skills development. Some seminars are presented in a series format in order to provide more comprehensive exposure to topics. Seminar schedules are available on request.

Many rotations offer additional didactics relevant to their specific populations (e.g., Primary Care Ground Rounds; Neuropsychology, Trauma Services Program).

RESEARCH INVOLVEMENT

Interns interested in collaborating with a staff member on an ongoing Psychology Service research project may find that opportunity within one or more rotational assignments. Collaboration between Psychology staff and interns has resulted in professional presentations by interns at professional meetings and conferences.

INTERNSHIP BROCHURE

Five percent (5%) of the internship training hours are approved for interns' dissertation research, including defense related activity, or for other non-rotational research if the dissertation has been completed. Interns who have defended their dissertation are encouraged to use research time to prepare their dissertation or other research for publication.

PSYCHOLOGY INTERNSHIP STRUCTURE: TRACKS

Hines VA trains 7 interns per year. The training year is divided into four three-month quarters. There is a great deal of flexibility in structuring the training year. Most rotations are available on a part-time basis and can be combined with one other part-time rotation. Part-time rotations often are taken for 6 months (i.e., 2 quarters). Full-time rotations typically are taken for just 3 months (1 quarter). The Rotation Summary Scheduling Sheet on page 33 provides scheduling options for each rotation.

Please note that a few settings may not be available for all or part of the year due to unforeseen changes in supervisor availability. Lastly, only one 3-month half-time rotation may be taken off-site (e.g., Loyola) per VA regulations.

❖ **GENERAL TRACK** Match ID # 127511 - 6 positions

The general track is ideal for interns wanting to specialize in general mental health, health psychology, or a combination of the two. General Track Interns may choose any combination of rotations as long as the following criteria are met:

- At least 25% of the training year is spent in a medical setting and at least 25% of the year is spent in a psychiatric setting. Thus, an intern could spend 75% of the year in health focused rotations and 25% of the year in psychiatric focused rotations or vice versa. An intern could also spend 50% of the year in health focused rotations and 50% of the year psychiatric focused rotations.

Available Training Rotations:

PSYCHIATRIC SETTINGS

Acute Recovery Center
Inpatient Mental Health
Mental Health Clinic
Mental Health Service Line Intake
Psychosocial Rehab. Rec. Prog.
SARRTP
Trauma Services Program
Outpatient/Residential Substance Use Disorder

MEDICAL SETTINGS

Blind Rehabilitation
CLC/Geropsychology
Health Promotion/Disease Prev.
Home Based Primary Care
Primary Care/PACT
Oncology (Loyola)
Spinal Cord Injury
TBI/Polytrauma Psychology
THRIV

OTHER SETTINGS

Psychology Training
Research (dissertation must be defended)

❖ **NEUROPSYCHOLOGY TRACK** Match ID # 127513 – 1 position

The neuropsychology specialty track position has slightly different rotation requirements for the year as compared to the General Track positions. Fifty percent (50%) of the of the neuropsychology track intern’s rotation time will be dedicated to neuropsychology. However, the training philosophy of our psychology internship strongly supports breadth of training for all interns. As such, the neuropsychology track internship position still adheres to the overall internship program philosophy; training model and goals; training objectives; core competencies; policies regarding supervision; methods of evaluation; and the didactic training explained above.

Only the intern accepted for the Neuropsychology Track will be able to rotate with the Neuropsychology service. The Neuropsychology clinic is comprised of three, full-time neuropsychologists. The intern in the neuropsychology track will complete inpatient and outpatient evaluations. He/she will also be expected to spend part of their time following veterans within the TBI/Polytrauma Service, which will include participation in the TBI/Polytrauma multi-disciplinary team meetings. In addition to attending the required Psychology Internship didactics, the Neuropsychology Intern will be required to attend and participate in the year-long, weekly neuropsychology didactic seminar series. These seminars are attended and led by: the neuropsychology supervisors and other Hines VA staff members, the post-doctoral fellow, and the neuropsychology externs.

*****If you apply to the Neuropsychology Track you cannot apply to the General Track.*****

Rotational requirements for the Neuropsychology track are as follows:

- The Neuropsychology Intern will be required to spend at least 50% of their training year in a neuropsychology rotation.
- The Neuropsychology Intern will be required to spend 25% of their training year in one rotation in a psychiatric setting. The intern may choose from the following list of opportunities:

Psychosocial Rehab. Rec. Prog.	Mental Health Clinic
Inpatient Mental Health	Trauma Services Program
SARRTP	Mental Health Intake Center
Acute Recovery Center	Outpatient/Residential Substance Use Disorder

- The Neuropsychology Intern may choose to complete the remaining 25% of their training time in any rotation of their choosing, including spending additional time on a neuropsychology rotation.

INTERNSHIP BROCHURE

ROTATION ASSIGNMENTS

Prior to the first internship quarter, the Training Director will speak with the intern to set up the first rotation and to discuss potential subsequent rotations.

During the first internship quarter, the Training Director will meet with each intern to complete an individual training schedule for the year. Rotational assignments will be based upon: 1) the intern's assessed training needs or deficiencies, 2) the intern's training interests, 3) the Program's training objective requirements, and 4) currently available rotations.

The training year is divided into four three-month quarters. There is a great deal of flexibility in structuring the training year. Most rotations are available on a part-time basis and can be combined with one, possibly two, other part-time rotation(s). Part-time rotations are most often taken for 6 months (2 quarters), but in some case can be taken for only 3 months (1 quarter). Full-time rotations typically are taken for just 3 months (1 quarter). The Rotation Summary Scheduling Sheet on page 33 provides scheduling options for each rotation.

INTERNSHIP SELECTION

Hines VA Hospital currently has five paid internship positions within our general track, one paid position within our Interdisciplinary Outpatient Mental Health track, and one paid position within our neuropsychology track. We anticipate that we will have a total of seven positions for the 2017-18 training year. There are no un-stipended internships available. Internship Training Committee rankings of internship 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 students who:

1. have an approved doctoral dissertation proposal and a likely defense date scheduled before completion of internship
2. attend a Boulder-model scientist-practitioner doctoral program
3. have broad-based training in treatment and assessment
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 practicum experience in these six relevant aforementioned areas.

WHAT HINES EXPECTS OF A PSYCHOLOGY INTERN

Beyond the intellectually curious and bright psychology students that virtually every graduate program produces, there are special characteristics that we seek. Because of our focus on more intensive work with fewer patients and our emphasis on supervision and training, we prefer interns who have very strong conceptualization abilities. The skills to work on a team and communicate well with other disciplines on the team are also necessary. A sense of self-awareness and motivation to structure time and function in an independent fashion are also highly important given the number and variety of clinical settings through which interns rotate over the course of the year. Interns who are especially interested in clinical work and who seek close supervision find that they have a good "fit" at Hines.

INTERNS' HOME UNIVERSITIES (1980-2016)

Alliant University-Fresno	Temple University
Arizona State University	Texas A&M University
Auburn University	Texas Tech University
Bowling Green State University	Uniformed Services University of the Health Sciences
Chicago School of Prof. Psychology	University of Albany/State U. of New York
City University of New York	University of Delaware
DePaul University	University of Florida
Duke University	University of Georgia
Emory University	University of Illinois at Chicago
Florida Institute of Technology	University of Illinois at Urbana-Champaign
Florida State University	University of Iowa
Howard University	University of Kansas
Illinois Institute of Technology	University of Kentucky
Illinois School of Prof. Psychology	University of Louisville
Indiana State University	University of Michigan
Indiana University-Bloomington	University of Minnesota
Kent State University	University of Missouri-Columbia
Loyola University Chicago	University of Missouri-Kansas City
Marquette University	University of North Carolina-Greensboro
Michigan State University	University of Notre Dame
Northern Illinois University	University of Pittsburgh
Northwestern University-Evanston	University of South Dakota
Northwestern University Medical School	University of South Florida
Ohio State University	University of Southern Mississippi
Pacific Graduate School of Psychology	University of Tennessee
Pennsylvania State University	University of Texas at Austin
Pepperdine University	University of Wisconsin-Madison
Roosevelt University	University of Wisconsin-Milwaukee
Rosalind Franklin U of Medicine and Sci.	Virginia Polytechnic Institute & State U.
St. Louis University	Virginia Commonwealth University
Southern Illinois University	Washington State University
Stanford University/Pacific GSP	
Stony Brook U./State U. of New York	

POST-INTERNSHIP EMPLOYMENT

Upon completing the internship year, the vast majority of our interns move on to postdoctoral training positions. Our interns are routinely accepted by their first or second choice institution of postdoctoral

INTERNSHIP BROCHURE

training. Below is a listing of the postdoctoral training sites our interns have accepted offers from over the past 7 years.

Private Sector Chicago Based Fellowship Placements:

Northwestern University Medical School, the University of Chicago, the Chicago Center for Family Health/University of Chicago, the University of Illinois at Chicago, Rush University Medical Center (Chicago), Northwestern University-Evanston, Evanston Northwestern Hospital (Evanston, Illinois), and Loyola University Medical Center.

Private Sector Fellowship Placements Outside of the Chicago Area:

Cleveland Clinic, Duke University, Georgetown University, Indiana University School of Medicine-Indianapolis, Indiana University-Bloomington, the University of Wisconsin Hospital and Clinics-Madison, the University of Minnesota-Minneapolis, the University of Michigan-Ann Arbor, Kellogg Foundation/Morgan State University/Johns Hopkins University (Baltimore), University of Oklahoma Health Sciences Center, Emory University, Cambridge Health Alliance/Harvard Medical School, Children's Hospital of Philadelphia, Kaiser Permanente Hospital (Santa Clara, California), Dartmouth University/Togus VA Medical Center (Augusta, Maine), Barrow Neurological Institute, the Hawaii Department of Education (Lihue, Maui, Hawaii), Stanford University, Tampa Center for Innovation on Disability and Rehabilitation Research, University of Washington, Washington State University, and Brooke Army Medical Center (San Antonio).

Fellowship Placements within the VA Healthcare System:

Ann Arbor VAMC, Battlecreek VA Medical Center, Edward Hines, Jr. VA Hospital, Togus VA Medical Center, VA Puget Sound Healthcare System-Seattle, Durham VA Medical Center, VA Long Beach Health Care System (California), Clement Zablocki VA Medical Center (Milwaukee), Jesse Brown VAMC (Chicago), James A. Haley Veterans Hospital (Tampa), San Francisco VA, South Texas Veterans Health Care System (San Antonio), VA Pittsburgh Healthcare System and VA St. Louis Health Care System.

Interns choosing to not complete postdoctoral fellowships found employment in the following sectors: twelve found positions in VA hospitals (including ten at Hines), three obtained positions in university-affiliated private practices in Chicago, two obtained positions in non-university-affiliated private practices in Chicago, two accepted a university teaching positions, two accepted university teaching and research positions, and one took a position at an industrial/organizational psychology area at a private company.

The diversity of employment settings in which our previous interns found jobs may reflect our effort at providing broad-based training, our interns' usual interest in obtaining broad-based training, and the diversity of work settings that is increasingly typical of professional psychologists working today.

INTERVIEWS

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

INTERNSHIP BROCHURE

All applicants recommended by the Internship Training Committee will be invited to interview with us during January. Notification of interview status will be no later than December 16, 2016. Interviews are expected to be in person, however; if an applicant is unable to make it to our site due to uncontrollable circumstances (e.g., a cancelled flight), a phone interview may be substituted.

Applicants are typically interviewed by three staff members, including the Training Director. During the applicant interview day, the applicant can field questions with the Training Director and during a meeting with current interns. A tour of the hospital is available to all interested interviewees.

Matched applicants are notified in February in accordance with APPIC guidelines for the internship match.

The Hines VA Internship Program agrees to abide by the APPIC Policy that no person at this training facility will solicit, accept or use any ranking-related information from any intern applicant.

NON-DISCRIMINATION POLICY/ COMMITMENT TO DIVERSITY:

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.

Our Program attempts to recruit a diverse internship class through affording consideration to applicants' diversity status. We try to ensure that our class is characterized by cultural and individual diversity as well as geographic and theoretical diversity.

In addition, interns 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 Special Emphasis Program).

Several Internship Training Committee members have strong professional interests in the area of individual and cultural diversity, including a history of publications in this area. Other Psychology staff members also have professional interests in the area of individual and cultural diversity, which are noted in the Program Brochure, in the section titled Psychology Service Staff Descriptions and which are incorporated into the training and supervision afforded interns. The collegial environment within Psychology Service that is characterized by support and respect for others of diverse background, as well as leadership roles in Psychology that are maintained by psychologists reflecting cultural and individual diversity, further demonstrate a positive professional training and working environment.

Psychology Service also promotes a supportive training environment through its inclusive social activities in which Psychology staff and trainees participate. Psychology has annual non-denominational summer and winter parties at staff psychologists' homes (summer) and restaurants (winter) to which all Psychology staff, trainees, and their partners/guests and children are invited.

GRIEVANCES AND DISCRIMINATION:

It is Psychology Service policy to provide clear procedure for interns to follow when conflicts of a serious nature arise between interns 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 interns.

INTERNSHIP BROCHURE

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 intern or fellow prefer to discuss concerns prior to discussing these with the Psychology Training Director. The Psychology Externship Coordinator is available to serve in that capacity for externs.

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.

The 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 EEO at Hines VA, 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:

The primary supervisor(s) and the Psychology Training Director meet with the intern 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 intern, the primary supervisor(s) and the Psychology Training Director. The success of the performance improvement plan is determined by the ratings received by the intern on the following quarter's intern evaluation. The performance improvement plan is defined as successful

when overall ratings in all training objectives meet expectation on the following quarter's intern 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 intern.

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 time-frame for the probation period during which the problem is expected to be ameliorated.
- d) Procedures to assess concurrently whether the problem(s) has (have) been appropriately rectified (e.g., supervisory feedback, MSI evaluation).

Possible remedial steps include (but are not limited to) the following:

- a) increased supervision
- b) change in the format, emphasis and/or focus of supervision.

Termination:

An intern may be terminated from the Internship Program under a variety of serious conditions.

1. An intern may be terminated from the Internship Program when overall performance ratings remain below expectation in any training objective rated by the supervisor(s) in two consecutive quarters. Performance expectations for each training quarter and for Program completion are detailed in the MSI Ratings Definition Guide
2. An intern may also be terminated from the Program at any point during the year if the intern has demonstrated behavior that seriously conflicts with the APA Ethical Principles of Psychologists and Code of Conduct and/or Federal Employee Code of Conduct.
3. Furthermore, an intern may be terminated if the intern demonstrates a pattern of dysfunctional behavior that interferes with acceptable practice of psychology and that appears unlikely to remediate by the end of the internship year, as determined by two consecutive primary supervisors.
4. Termination from the Internship Program requires involvement of the Psychology Internship Training Committee meeting with the Psychology Training Director to review the intern's training progress and performance. The Psychology Training Director will also consult with the intern's Academic Director of Training. The intern receives written notification of the meeting between the Psychology Internship Training Committee and the Psychology Training Director within 14 days of that meeting. A written recommendation regarding termination will be completed by the Internship Training Committee and the Psychology Training Director within 14 days.
5. An appeal of their decision may be made within 14 days to the Chief, Psychology Service, who will gather information from all parties involved in order to arrive at a decision. The intern's Academic Director of Training will be apprised of the decision by the Chief, Psychology Service,

INTERNSHIP BROCHURE

or the Psychology Training Director. The intern will receive written notification of this decision within 14 days of the appeal by the intern.

6. If the intern does not agree with the decision made by the Chief, Psychology Service, the intern may formally appeal this decision to Human Resources Service or EEOC at Hines. The intern may also report ethical or procedural violations that the intern believes were made by Psychology Service and/or the intern's Academic Program to the appropriate committees of the American Psychological Association and/or the Association of Psychology Postdoctoral and Internship Centers.

POSTDOCTORAL FELLOWSHIP PROGRAM:

Psychology Service has a postdoctoral clinical psychology fellowship program that includes six positions in the following Emphasis areas: maintains six one-year fellowship positions, with emphases in PTSD, Integrated Care and Primary Care Mental Health Integration, Integrated Care and Home Based Primary Care, Integrated Care and LGBT Health Care, Medical Rehabilitation Psychology, and Neuropsychology. Interns will have ongoing opportunities for collaboration with our fellows and will likely be supervised by a fellow at some point during their internship year.

The postdoctoral fellowship program was awarded seven years of full APA-Accreditation in October 2012. Our next re-accreditation site visit for the fellowship program is scheduled for late 2019.

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).

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

Ph.D. from Southern Illinois University- Carbondale. Clinical specialization: Neuropsychology. Professional Interests: Coordinating care for behaviorally challenging patients. Serves as Chair of Hines VA Hospital Coordinated Care Review Board. Licensed in Illinois.

Tomasz Andrusyna, Ph.D. – Clinical Director, Outpatient Mental Health Services, also Evidence Based Psychotherapy Co-Coordinator (tomasz.andrusyna@va.gov)

Ph.D. in Clinical Psychology from Northwestern University, Evanston. Professional Interests: Empirically Supported Treatments, Treatment Efficacy and Effectiveness, Mood and Anxiety Disorders, Therapeutic Alliance, and Hospital/Mental Health Management/Leadership/Program Development. Research Focus: Psychotherapy Mechanism, Process, and Outcome. Theoretical Orientation: Cognitive Behavioral. Licensed since 2009 in Illinois.

Jonathan Beyer, Ph.D. – Trauma Services Program (Jonathan.Beyer2@va.gov)

Ph.D. from Wayne State University. Professional Interests: Evidence-based Psychotherapy, PTSD/SUD Comorbidity, Therapeutic Alliance, Motivational Enhancement, Clinical Supervision. Theoretical Orientation: Cognitive Behavioral. Licensed since 2011 in Illinois.

Michael Blacconiere, Ph.D. – Mental Health Clinic & Extended Care Center (michael.blacconiere@va.gov)

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. Licensed since 1989 in Illinois.

Patricia Cano, Ph.D. – Psychosocial Rehabilitation and Recovery Center (patricia.cano@va.gov)

Ph.D. from Northern Illinois University. Professional Interests: Psychosocial Rehabilitation, The Recovery Model, Serious Mental Illness, and Affective and Psychotic Disorders. Research Focus: Minority Mental Health, Suicide, and Depression. Theoretical Orientation: Cognitive Behavioral. Licensed since February 2008 in Illinois.

Courtney Cornick, Ph.D.- Spinal Cord Injury Service (courtney.cornick2@va.gov)

Ph.D. from University of Iowa. Professional interests: Rehabilitation Psychology, Clinical Hypnosis, Pain Management, Behavioral Medicine, and Spinal Cord Injury. Research Experience/Interests: Clinical Hypnosis for Pain Management, Clinical Hypnosis Interventions with Ethnically Diverse Groups, Behavioral Pain Management Interventions. Theoretical Orientation: Cognitive Behavioral.

INTERNSHIP BROCHURE

Scott Creamer, Ph.D. – Spinal Cord Injury Service, Residential Care Facility
(scott.creamer@va.gov)

Ph.D. from Washington State University. Professional Interests: Clinical Health Psychology in Medical Settings, Geropsychology, Spinal Cord Injury, Neuropsychology, Substance Use Disorders, Pain Management. Research Experience/Interests: Neuropsychology; Recovery from TBI; Assessment of ADHD Adults. Theoretical Orientation: Integrative- Interpersonal, Cognitive Behavioral, and Existential. Licensed in Illinois since 2015.

Matthew Davis, Ph.D., M.P.H. – Health Promotion Disease Prevention and Primary Care Behavioral Health
(matthew.davis2@va.gov)

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 wellness based intervention programming. Research/Diversity Focus: health risk behavior, health literacy, cultural health disparities, and evaluation of brief interventions for behavior change/psychological treatment. Theoretical Orientations: Motivational Interviewing, Cognitive Behavioral, Interpersonal. licensed in Illinois since 2012.

Anne Day, Ph.D. – Home Based Primary Care (anne.day2@va.gov)

Ph.D. from Binghamton University. Professional Interests: Substance Use Disorders, Smoking Cessation, Evidence-Based Practice, Integrated Care. Research Interests: Substance Use Disorders, Smoking Cessation, Positive Psychology. Theoretical Orientation: Cognitive Behavioral. Licensed since 2015 in Rhode Island.

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

Ph.D. from Northern Illinois University. Professional Interests: Affective Disorders, Stress and Coping, Psychosocial Rehabilitation, Sexual Trauma. Research Focus: Program Development and Evaluation, Development and Maintenance of PTSD, Secondary Emotional and Cognitive Responses to Sexual Trauma. Theoretical Orientation: Primarily Cognitive-Behavioral. Licensed since 2009 in Illinois.

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

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. Licensed since 2013 in Illinois.

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

Ph.D. from University of Louisville. Professional Interests: Personal Values Clarification and Activation; Psychosis; Personality Disorders. Theoretical Orientation: Integrative (Interpersonal and Dialectical Behavior Therapy). Licensed since 1993 in Ohio.

INTERNSHIP BROCHURE

Caroline Hawk, Ph.D. – Training Director (caroline.hawk@va.gov)

Ph.D. from DePaul University. Professional Interests: Biofeedback, Relaxation Training, Spinal Cord Injury. Research Interests: Program Development & Evaluation; Performance Improvement. Theoretical Orientation: Cognitive Behavioral. Licensed since 2003 in Illinois.

Jonathan Hessinger, Psy.D. – TBI/Polytrauma and Trauma Services Program
(Jonathan.Hessinger@va.gov)

Psy.D. from The Chicago School of Professional Psychology. Professional Interests: Evidence-based Psychotherapy, PTSD and co-occurring health conditions (i.e. TBI, Chronic Pain). Research interests: Program evaluation, treatment engagement, evidence-based psychotherapy for co-occurring conditions. Theoretical Orientation: Cognitive Behavioral. Licensed since 2016 in Illinois.

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

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. Licensed since 1994 in Illinois.

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

Ph.D. from Loyola University Chicago. Professional Interests: Post-Traumatic Stress Disorder, Evidence-Based Treatments for PTSD, Telemental Health Interventions, Substance Use Disorders, PTSD/SUD, Cultural Competence. Research Focus: Treatment Outcomes, Program Evaluation. Theoretical Orientation: Cognitive Behavioral. Licensed since May 2010 in Illinois.

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

Ph.D. in Clinical & Rehabilitation Psychology from Illinois Institute of Technology, Chicago. Professional Interests: Health Psychology, Rehabilitation Psychology, Disability, Chronic Pain Management, Motivational Interviewing, Geropsychology, and Ethics. Theoretical Orientation: Cognitive Behavioral. Licensed since 2010 in Illinois.

David Kinsinger, Ph.D., ABPP-CN – Neuropsychology Fellowship Training Director
(david.kinsinger@va.gov)

Ph.D. from the University of Miami. Professional Interests: Clinical Neuropsychology, Geriatric Neuropsychology, Mild Cognitive Impairment and Dementias. Theoretical Orientation: Cognitive Behavioral. Licensed since 2007 in Illinois.

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

Ph.D. from the University of South Dakota, Specialization in Disaster Mental Health. Professional Interests: Health Psychology, Integrated Care, Geropsychology, Neuropsychology, Short-Term Solution Focused Therapies. Research Interests: Telehealth Interventions, Health Risk Behaviors, Provider Burnout. Theoretical Orientation: Cognitive Behavioral, Integrative. Licensed since 2012 in Illinois.

INTERNSHIP BROCHURE

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

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. Licensed in Illinois 2012.

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

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. Licensed since 2004 in Illinois.

Scott Maieritsch, Ph.D. – Alcohol Treatment Program (scott.maieritsch@va.gov)

Ph.D. in Clinical Psychology from Western Michigan University. Professional Interests: Mood and Anxiety Disorders, Empirically Validated Treatments, Dialectical Behavior Therapy, and Substance Use Disorders. Research Focus: Treatment Outcome, Program Evaluation/Quality Improvement. Theoretical Orientation: Cognitive Behavioral. Licensed since 2005 in Illinois.

Jamie Mathews, Psy.D. – Primary Care Behavioral Health (jamie.mathews@va.gov)

Psy.D. from University of Denver, Graduate School of Professional Psychology. Professional Interests: Integrated Health Psychology, Geropsychology, LGBT Health, Complex Trauma. Research Interests: Mental Health Outcomes in Older Adults, Medical Provider Support and Education. Diversity Focus: LGBT Support and Advocacy, Cultural Competence in Psychotherapy. Theoretical Orientation: Integrative, Psychodynamic. Licensed since 2013 in Illinois.

Megan Mayberry, Ph.D. – Mental Health Clinic, Acute Recovery Center (megan.mayberry@va.gov)

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. Licensed since April 2010 in Illinois.

Meghan McCoy-Hess, Ph.D. -- Mental Health Clinic (Women's Mental Health), Hines Local Recovery Coordinator (meghan.mccoy-hess@va.gov)

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. Licensed since 2013 in Illinois.

Katherine Meyers, Ph.D.- Primary Care Behavioral Health (katherine.meyers@va.gov)

Ph.D. from the Illinois Institute of Technology. Professional Interests: Clinical Health Psychology, Integrated Care, Mood and Anxiety Disorders, Psycho-oncology, Circadian Rhythms, and Pain Management. Research Focus: Mood disorders, the relationship between physiological and psychological vulnerabilities, and ambulatory assessment. Theoretical Orientation: Cognitive-Behavioral, Integrative.

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

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. Licensed since 2004 in Illinois.

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

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. Licensed since 2012 in Illinois.

Golnaz Pajoumand, Ph.D. – Spinal Cord Injury (Golnaz.pajoumand@va.gov)

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. Licensed in Illinois in 2012.

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

Ph.D. from Purdue University. Professional Interests: Post-Traumatic Stress Disorder, Empirically Validated Treatments for PTSD, Supervision and Training. Research Focus: Predictors of Treatment Engagement; Outcomes and Program Evaluation. Theoretical Orientation: Cognitive Behavioral. Licensed since 2009 in Michigan.

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

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. Licensed since 2009 in Illinois.

Rene Pichler-Mowry, Ph.D., HSPP – **Practicum Coordinator; Medical Rehabilitation Program Supervisor**: TBI/Polytrauma Program
(rene.pichler-mowry@va.gov)

Ph.D. from Illinois Institute of Technology. Professional Interests: Health Psychology, Rehabilitation Psychology, Pain Management, Biofeedback, Relaxation Training, working with families of Veterans.

INTERNSHIP BROCHURE

Research Interests: Pain Management, Adjustment to Physical and Mental Illnesses. Theoretical Orientation: Primarily Cognitive Behavioral. Diversity Interests: Diversity issues within Psychotherapy. Licensed since 2006 in Indiana and since 2011 in Illinois.

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

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. Licensed in 2013 in Illinois.

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

Ph.D. from Northern Illinois University. Professional Interests: Substance Abuse, Trauma, PTSD, Eating Disorders, Individual and Couples Therapy, Relationship Issues and Dissociative Disorders. Research Focus: Psychosocial Rehabilitation. Theoretical Orientation: Cognitive Behavioral. Licensed since 1992 in Illinois.

Patrick Riordan, Ph.D., ABPP-CN – Neuropsychology (patrick.riordan@va.gov)

Ph.D. from the University of Mississippi. Professional Interests: Clinical Neuropsychology, Dementia, Mild Cognitive Impairment, Traumatic Brain Injury, Capacity Assessment. Theoretical Orientation: Cognitive Behavioral. Licensed since 2012 in Illinois.

Catherine Robertson, Ph.D. – Primary Care Behavioral Health (catherine.robertson2@va.gov)

Ph.D. from University of Louisville. Professional Interests: Biofeedback, Pain Management, Positive Psychology, Primary Care-Mental Health Integration, Health Behaviors and Serious Mental Illness. Research Experience/Interests: Personality and Individual Differences, Thought Disorder in Schizophrenia and Schizoaffective disorder. Theoretical Orientation: Integrative. License Anticipated Fall 2015

Julia Rubinshteyn, Ph.D. – Home Based Primary Care (Julia.rubinshteyn2@va.gov)

Ph.D. from Marquette University. Professional Interests: Health Psychology, Primary Care-Mental Health Integration, Pain Management, Behavioral Medicine, Insomnia Treatment, Evidence-Based Practice. Research Focus: Mental Health Stigma Among Minorities. Theoretical Orientation: Cognitive-Behavioral, Integrative.

Jeffrey Sieracki, Ph.D. – **Practicum Co-Coordinator**, Mental Health Intake Center
(Jeffrey.sieracki@va.gov)

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. Licensed since 2011 in Illinois.

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

Ph.D. from Emory University. Professional Interests: Substance Use Disorder program development and program evaluation, empirically supported treatments, training (including consulting on national EBP roll outs). Research Focus: Measurement of treatment outcomes,

INTERNSHIP BROCHURE

efficacy of SUD treatments, implementation of evidence based SUD treatment. Theoretical Orientation: Cognitive Behavioral. Licensed since July 2010 in Indiana.

Stephanie Skinner, Ph.D. – Program Manager, Acute Recovery Center (stephanie.skinner@va.gov)

Ph.D. from University of North Carolina at Greensboro. Professional Interests: Psychosocial Rehabilitation, Serious Mental Illness (Specifically Psychotic Disorders, Bipolar Disorder, and Personality Disorders), The Recovery Model. Research Focus: Stigma (Self-Stigma and Societal Stigma) and Its Effect on Mental Health, Social Relationships and Their Influence on Mental Health, and Diversity and Mental Health. Theoretical Orientation: Cognitive-Behavioral. Licensed since 2015 in Illinois.

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

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. Licensed since 2009 in Illinois.

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

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. Licensed since 2006 in Illinois.

Dana Weber, Ph.D. – Trauma Services Program (dana.weber.@va.gov)

Ph.D. from Arizona State University. Professional Interests: Posttraumatic Stress Disorder, Mood and Anxiety Disorders, Evidence-Based Treatments, Telemental Health Interventions, Family Systems, Couples Therapy, Substance Use Disorders. Research Interests: Psychotherapy Process and Outcome, Program Development and Evaluation, Barriers to Treatment. Theoretical Orientation: Cognitive Behavioral. Licensed in Illinois since April 2014.

Anne Wiley, Ph.D. – Neuropsychology (anne.wiley@va.gov)

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. Licensed since 2007 in Illinois.

Erin O. Zerth, Ph.D. – Primary Care Behavioral Health Program Manager, VISN 12 Primary Care Mental Health Integration Workgroup Lead (erin.zerth@va.gov)

Ph.D. from Southern Illinois University-Carbondale. Professional Interests: primary care mental health integration (PCMHI); health promotion disease prevention; pain management; weight management and binge eating disorder; program implementation, operations and outcome assessment; performance improvement and system redesign; legislative advocacy for Psychology. Research Focus: integrated care implementation, caregiver intervention. Theoretical Orientation: Cognitive Behavioral, Integrative. Licensed since August 2009 in Illinois.

INTERNSHIP BROCHURE

NON-STAFF PSYCHOLOGISTS (Licensed in the state of Illinois.)

Patricia Mumby, Ph.D. - Oncology – Loyola UMC
(pmumby@lumc.edu)

INTERNSHIP BROCHURE

ROTATIONAL SCHEDULING SUMMARY SHEET

	¼	½	FT	3 mos. only	6 mos. only	3 or 6 mos.
Acute Recovery Center (p. 32)	N	Y	N	Y	Y	Y
Blind Rehabilitation Program (p. 35)	N	Y	N	N	N	Y
CLC/Geropsychology (p. 39)	Y	Y	Y	N	N	Y
Health Promotion/Disease Prevention (p. 42)	N	Y	N	N	Y	N
Home Based Primary Care (p. 45)	N	Y	Y	N	N	Y
Inpatient Mental Health (p. 49)	N	N	Y	Y	N	N
Mental Health Clinic- (p. 52)	N	Y	N	N	Y	N
Mental Health Service Line Intake Center (p. 54)	Y	Y	N	N	Y	N
Neuropsychology (p. 58)	N	Y	Y	N	Y	N
Oncology (p. 62)	N	Y	N	N	N	Y
Outpatient/Residential Substance Use Disorder (p. 65)	N	Y	N	N	Y	N
Primary Care Mental Health Integration (PCMHI) (p. 68)	N	Y	N	N	Y	N
Psychology Training (p. 72)	Y	N	N	N	Y	N
Psychosocial Rehabilitation and Recovery Center (p. 74)	N	Y	Y	N	N	Y
Research (p. 77)	N	Y	Y	N	Y	N
SARRTP (p. 80)	N	Y	N	N	Y	N
Spinal Cord Injury Service (p. 82)	Y (RCF only)	Y	Y	Y	Y	Y
TBI/Polytrauma (p. 87)	N	Y	Y	N	Y	N
THRIV (p. 89)	N	Y	N	N	Y	N
Trauma Services Program (p. 92)	N	Y	Y	N	N	Y

Legend: Y = available N = not available

INTERNSHIP BROCHURE

ROTATION DESCRIPTIONS:

The following pages contain an alphabetical listing of the rotations available this training year. As noted above, new rotations are anticipated during the upcoming year.

ASSIGNMENT SUPERVISOR: Megan Mayberry, Ph.D., Stephanie Skinner, Ph.D.

ASSIGNMENT LOCATION: Acute Recovery Center
Building 12; Third Floor

ASSIGNMENT DESCRIPTION:

The Acute Recovery Center (ARC) program provides care for Veterans who are suffering from a severe worsening of mental health on a time limited basis; enrolling veterans MWF from 9am-12pm for three weeks. The aim of ARC is to help Veterans manage a recent crisis or exacerbation of symptoms, to prevent hospitalization when clinically indicated, or to help those who have recently been discharged from the hospital transition into outpatient care. ARC strives to manage acute crises of all diagnoses, teach vital mental health skills, address complex case management needs, facilitate a supportive community for Veterans, and help Veterans feel more confident and stable in their recovery process. The ARC program is comprised of both group therapy, which focuses on learning new mental health tools and creating a supportive community for recovery, and individual therapy, which allows for assessment of risk and current symptoms as well implementing empirically-based therapeutic interventions. The ARC curriculum is primarily drawn from empirically supported treatments including Dialectical Behavior Therapy, Cognitive Behavior Therapy, and Illness and Recovery Management. An interdisciplinary team works with the Veteran to formulate a treatment plan and after care plans that best fit the needs of the Veteran.

The ARC rotation aims to provide an opportunity for interns to work with a range of acute psychopathology from a recovery-based perspective in an outpatient setting. The overarching goal for this rotation is for interns to increase their confidence and skill in leading therapy groups and providing individual therapy within a recovery framework for Veterans in acute stress. Interns will learn to teach skills effectively, review practice homework, engage in problem solving to facilitate behavior change, and develop treatment plans based on case conceptualization and current research. The intern will collaborate with the ARC interdisciplinary team, consisting of social work, psychology, and psychiatry as well as across services within the mental health service line. The intern will be responsible for delivering clinical care to Veterans, including risk assessments, group therapy, and individual therapy.

NOTE: This rotation is a .5 time (ideally 6 months) focused on Intervention and Treatment with some opportunities for informal assessment.

GOALS:

1. Display competency to assess and treat veterans with acute mental health symptoms.
2. Display clinical competence in conducting risk assessments, recovery-focused treatment planning, and evidence-based interventions for Veterans in acute crisis.
3. Participate in the application of empirically-based treatments in both group and individual modalities.
4. Make progress toward development of professional identity as a psychologist

TRAINING OBJECTIVES:

1. Develop skills of risk assessment and case conceptualization
 - a. Meet with Veterans enrolled in ARC to assess symptoms and contextual factors contributing to current distress.
 - b. Present case conceptualizations to an interdisciplinary team to enhance treatment and treatment planning.

INTERNSHIP BROCHURE

Acute Recovery Center - Bldg 12; 3rd FL

Assignment Supervisor: Megan Mayberry, Ph.D., Stephanie Skinner, Ph.D.

Page 2

2. Enhance skills providing brief psychotherapeutic interventions
 - a. Meet with Veterans regularly to provide continued assessment of symptoms, clinically indicated interventions, and recovery principles.

 - b. Assist Veterans in identifying their personal goals for treatment using various techniques including motivational strategies and recovery oriented skills.

3. Improve group therapy skills
 - a. Co-facilitate psychotherapy groups drawing on evidence-based psychotherapies.

 - b. Facilitate a supportive community environment to help encourage growth and recovery.

4. Participate in program evaluation and development
 - a. Integrate Veteran and provider feedback to strengthen the program.

 - b. Update and innovate current curriculum to best meet the needs of Veterans and the mission of ARC.

SUPERVISION:

Supervision will consist of a weekly scheduled meeting in addition to as needed unscheduled supervision. The structure of supervision will be determined by the mutually developed goals of the intern and supervisor. Supervision will consist of feedback on written work, observed interventions, case conceptualizations, and professional issues.

APPROXIMATE EMPHASIS/TIME ON ASSESSMENT VS. THERAPY: 20% vs. 80%

IS UNSCHEDULED SUPERVISION FREQUENTLY AVAILABLE: YES X NO

OPPORTUNITY FOR WORKING WITH OTHER DISCIPLINES: YES X NO

WHICH DISCIPLINES: General Medicine, Psychiatry, Social Work, Nursing, Peer Support, Vocational Rehabilitation.

ASSIGNMENT IS OPEN TO PRACTICUM STUDENTS: YES X NO

ADDITIONAL COMMENTS: A six-month rotation is preferred, but a three-month rotation is also available. Caseload and assessment/intervention opportunities will be modified in accordance with length of rotation and intern's level of readiness.

KIND OF PRIOR EXPERIENCE REQUIRED OR RECOMMENDED: A willingness to work/consult with non-psychologists and to assist individuals with severe psychiatric rehabilitation needs is essential. Previous experience in cognitive-behavioral interventions is recommended. Group therapy experience is recommended but not required.

Acute Recovery Center - Bldg 12; 3rd FL
Assignment Supervisor: Megan Mayberry, Ph.D., Stephanie Skinner, Ph.D.
Page 3

ROTATION CREDITS:

	<u>Full Time</u>	<u>Part Time</u>
Intervention/Psychotherapy	3-4	2-3
Assessment without Formal Testing	1-2	0-1
Assessment with Formal Testing	0-1	0-1
Consultation	2-3	1-2

INTERNSHIP BROCHURE

ASSIGNMENT SUPERVISOR: **Jennifer Kiebles, Ph.D.**

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

ASSIGNMENT DESCRIPTION:

The Hines Blind Rehabilitation Center is a 34-bed residential treatment program. Veterans with visual impairment from 14 Midwestern states are referred here for comprehensive blind rehabilitation training. The patients range in age from 20 to 99 with the majority between ages 55-70. The full treatment program includes training in Orientation and Mobility, Living Skills, Manual Skills, Communication Skills, and Computer Adaptive Technology, and lasts from 6-14 weeks depending on the needs and abilities of the patient.

All new patients are assessed by psychology service for adjustment to vision loss, cognitive abilities, and overall psychiatric status. The most commonly encountered diagnostic groups include: Mood and anxiety disorders (including PTSD), adjustment disorders, and substance abuse. Approximately 10% have significant neuropsychological deficits, while less than 5% have been diagnosed with schizophrenia, bipolar disorder, and/or personality disorder. The psychologist develops treatment plans that address the specific needs of each patient and assists the other staff members in accommodating psychological and cognitive needs as appropriate.

The most common causes of vision loss 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 intern is expected to become knowledgeable about these conditions and the manner in which they may affect the patient's adjustment and progress in rehabilitation.

GOALS AND TRAINING OBJECTIVES:

1. Assessment and interviewing skills:
 - a. Review medical records, interview and assess a minimum of 30 new patients during the rotation.
 - b. Observe supervisor and facilitate clinical interviews with each new patient.
 - c. Assess the psychological functioning of each patient. This will include ICD-10 diagnoses, overall adjustment to vision loss and the quality of social support system.
 - d. Conduct neuropsychological screening at each new evaluation.
 - e. Produce a written product for each assessment in language which is technically correct and suited for medical and rehabilitation professionals.

Blind Rehabilitation Center- Building 113
Assignment Supervisor: Jennifer Kiebles, Ph.D.
Page 2

2. Individual psychotherapy skills, in brief time-limited format:

- a. Conduct supportive or growth oriented psychotherapy with a caseload of 2+ clients per week.
- b. Provide assessment feedback to each patient, as appropriate.
- c. Develop interventions and treatment goals that are specific for each patient and relevant within the rehabilitation setting to promote engagement in process and longer term independence back in home environment.
- d. Learn interventions that will enhance the individual's self-efficacy and confidence as they adapt to vision loss over time.

3. Consultation and communication skills to medical and rehabilitation staff:

- 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 patient staffing meetings, weekly. 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 a rehabilitation treatment team.

4. Enhance specialty knowledge-base with regard to vision loss and rehabilitation psychology:

- a. Each trainee will participate in the patient role in 8 hours of blind rehabilitation orientation training.
- b. Complete assigned readings in rehabilitation psychology, vision loss, eye and other medical conditions, and geropsychology.
- c. Complete assigned readings in related, non-psychology areas including blind rehabilitation and optometry/ophthalmology. Other readings may include legal, ethical and political issues as they pertain to blindness and disability.

INTERNSHIP BROCHURE

Blind Rehabilitation Center- Building 113

Assignment Supervisor: Jennifer Kiebles, Ph.D.

Page 3

- d. Become familiar with the role of the psychologist in rehabilitation settings.
 - e. Become familiar with the professional roles and philosophies of other rehabilitation team members.
 - f. Attend didactic seminars, as available.
5. Group Therapy Skills
- a. Facilitate psychoeducational groups with Veterans on health & wellness related topics, estimated 2x per month (rotating with other providers).
 - b. Facilitate one session of the Transitions (process-oriented) series, estimated 1x per week.

SUPERVISION:

1. Assessment

Extensive supervision is provided throughout this rotation. The intern begins by observing assessments conducted by the supervisor, then conducts independent clinical interviews. When the intern is unfamiliar with presenting medical or ocular conditions reading may be assigned either before or after the actual assessment. A continuing emphasis is placed on developing the intern's critical ability to adapt their assessment strategies before and during the interview/testing process.

2. Intervention and Consultation

Formal supervision of individual psychotherapy cases is scheduled for a minimum of 1.5 hours per week for a half-time rotation. This time may also be used to discuss consultation practices, unit dynamics, hospital dynamics and professional issues. Informal supervision time is also available as needed. Feedback on written work is provided as reports are completed. Supervision for group therapy work is conducted in pre- and post-group sessions.

APPROXIMATE EMPHASIS OR TIME ON FORMAL TESTING VS. THERAPY:

50% assessment - 50% therapy and consulting

IS UNSCHEDULED SUPERVISION FREQUENTLY AVAILABLE? YES X NO

OPPORTUNITY FOR WORKING WITH OTHER DISCIPLINES? YES X NO

Blind Rehabilitation Center- Building 113
Assignment Supervisor: Jennifer Kiebles, Ph.D.
Page 4

WHICH DISCIPLINES:

Blind rehabilitation specialists (Orientation and Mobility, Computer Adaptive Technology, Living, Manual and Visual Skills), Optometry, Medicine, Nursing, Recreation Therapy, Psychiatry, and Social Work.

ASSIGNMENT MAY BE PART OF SPLIT ROTATION: YES NO

ASSIGNMENT IS OPEN TO PRACTICUM STUDENTS: YES NO

KIND OF PRIOR EXPERIENCE REQUIRED OR RECOMMEND:

The trainee should have prior experience in individual and group therapy, and have some basic knowledge of medical conditions that are typical within the Veteran population. Also, a willingness to work within an inpatient rehabilitation setting and to consult with non-psychologists is essential.

ROTATION CREDITS

	<u>Part Time</u>
Intervention/Psychotherapy	1-1.5
Assessment without Formal Testing	1.5
Assessment with Formal Testing	0-.5
Consultation	1-1.5

INTERNSHIP BROCHURE

ASSIGNMENT SUPERVISOR: Michael Blacconiere, Ph.D.

ASSIGNMENT LOCATION: Community Living Center/Geropsychology

ASSIGNMENT DESCRIPTION:

The geriatric rotation covers four wards of patients which may range from 10-60 patients each at the Community Living Center (CLC). These patients represent four, sometimes overlapping groups. One group consists of long-term care patients, such as might be found at a nursing home. A second group consists of rehabilitation patients, who require more retraining than traditionally found in an acute setting. The third group is comprised of those who are receiving respite care; in this instance, the patient is functioning in the community under the care of loved ones. These patients are generally admitted to the CLC for a week or two. The fourth group is hospice patients. This last group may be transferred from a hospital (often our own) or home and are expected to stay to the end of their lives. We now have at Hines a unit dedicated to hospice care.

As might be expected, the needs and patient goals vary by group, as well as by individual. A basic theme is coping with major losses in terms of health, independence and functioning. Patients may also present with prior mental health problems or with new psychiatric diagnoses. Another important function of the psychologist in this setting is serving as a consultant to staff when patients present with behavioral problems. The psychologist also responds to consults regarding patient's competency to make medical and financial decisions.

GOALS:

The Geropsychology rotation affords interns experience in the diagnosis, assessment and treatment of geriatric and rehabilitation patients. Interns will initially see patients with direct supervision. Later, interns will interview patients independently and provide diagnosis and treatment planning. In some of these cases, the intern may proceed with a short-term intervention as decided by the intern and supervisor.

1. By the conclusion of the rotation, interns should be able to assign DSM-5 diagnoses, screen for neuropsychological impairment and develop treatment plans.
2. Interns will provide appropriate clinical feedback to other professionals, patients and their families.
3. Interns will progress toward establishing their professional identity as psychologists while working as members of an interdisciplinary team.

TRAINING OBJECTIVES:

Interns will perform the following activities:

1. Diagnostic interviewing to identify psychological problems and symptomatology
2. Administration, scoring, and evaluating objective psychological tests that contribute to differential diagnosis and outcome measurement
3. Documenting the process of assessment through progress notes
4. Writing reports that integrate clinically important aspects of physical diagnoses and psychological distress/diagnoses
5. Developing acumen at prognosis of psychological/psychiatric problems

Community Living Center/Geropsychology
Assignment Supervisor: Michael Blacconiere, Ph.D.
Page 2

6. Recommending treatment approaches and identifying potential challenges to successful treatment
7. Making recommendations regarding the competency of patients to make health and financial decisions
8. Providing verbal feedback to patients and families in the context of therapeutic assessment
9. Providing verbal feedback to staff that addresses referral questions
10. Becoming adept at computerized charting and locating varied information in paper and computer medical records (such as imaging study results, laboratory tests, and previous psychological/neuropsychological assessments)
11. Contributing to treatment planning in formal and informal settings
12. Gaining familiarity with the professional goals and identities of other members of the treatment team
13. Establishing a professional identity within a multidisciplinary team
14. Attendance at didactic sessions throughout the hospital

SUPERVISION:

Students will generally receive 1:1 supervision in which cases and professional issues are discussed. The focus is generally on the presenting symptoms of the patients, but issues of transference and counter-transference as discussed as applicable.

APPROXIMATE EMPHASIS OR TIME ON FORMAL TESTING VS. TREATMENT: 20%/80%

IS UNSCHEDULED SUPERVISION FREQUENTLY AVAILABLE: YES NO

COMMENT: A major part of this rotation will be tutorial, with frequent occasions to discuss what has been/is transpiring.

OPPORTUNITY FOR WORKING WITH OTHER DISCIPLINES: YES NO

WHICH DISCIPLINES: Nursing, Medicine, Social Work, Occupational/Corrective/
Physical Therapy, Psychiatry, Kinesiotherapy, Recreation Therapy

ASSIGNMENT MAY BE PART OF SPLIT ROTATION: YES NO

ASSIGNMENT IS OPEN TO PRACTICUM STUDENTS: YES NO

KIND OF PRIOR EXPERIENCE REQUIRED OR RECOMMENDED:

A willingness to work with non-psychologists is essential.

Interns - Some experience in psychological assessment and psychotherapy is strongly recommended.

INTERNSHIP BROCHURE

Community Living Center/Geropsychology
Assignment Supervisor: Michael Blacconiere, Ph.D.
Page 3

ROTATION CREDITS

	<u>Full Time</u>	<u>Part Time</u>
Intervention/Psychotherapy	1-2	1
Assessment without Formal Testing	2-3	1-2
Assessment with Formal Testing	1-2	1
Consultation	2	0-1

ASSIGNMENT SUPERVISOR: Matthew Davis, Ph.D., M.P.H.

ASSIGNMENT LOCATION: Health Promotion Disease Prevention
Primary Care (Patient Aligned Care Team or "PACT")
Buildings 1 & 228
Also Health Promotion Disease Prevention Program
Committee (throughout Hospital and possibly CBOCs)

ROTATION DESCRIPTION:

Health Promotion Disease Prevention (HPDP) 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 skillset 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 intern will collaborate with the facility's Health Behavior Coordinator (HBC) and an interdisciplinary HPDP Program Committee in the provision of a myriad of activities which include direct clinical care (individual and/or group) as well as several or all of the following components consistent with HPDP initiatives: medical staff education and training, consultative services, program development/management/evaluation, performance improvement, and various other health care leadership/administrative tasks. HPDP services are interdisciplinary in nature and highly integrated within Primary Care's Patient Aligned Care Team (PACT) and among other hospital programs.

On this rotation the intern will have the opportunity to engage in individual and group empirically based and time-limited interventions, such as motivational interviewing, health behavior coaching, problem solving therapy, CBT for Insomnia or Chronic Pain, Smoking Cessation counseling, and preparation for weight loss surgery. They may also have the opportunity to conduct biopsychosocially oriented health behavior evaluations (e.g., chronic pain coping, bariatric, transgender hormone 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 as well as mild-moderate mental health difficulties. The intern will serve as manager of the HPDP Wellness Workshop Series, a 24 week open-access, education and skill based group. This role will provide the intern with leadership responsibility to peers, supervision experience to externs, and close collaboration with a multidisciplinary staff. The intern may also assist in the provision of formal staff training programs aimed at mentoring interdisciplinary primary care clinicians in the appropriate utilization of empirically supported patient self-management approaches. Additionally, the intern may have the opportunity to 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. Furthermore, the opportunity to have a role in program development, management and evaluation through active participation in the activities of the Hines' HPDP Committee is available (e.g., participating on the HPDP LGBT and Minority Health, HPDP Outcomes, and/or HPDP Education and Promotion workgroups, developing 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, assisting in training and consulting with Public Health Masters level trainees, participation in various hospital health care committees, etc). As a participant on the HPDP Committee, the intern may also gain exposure to the spectrum of health promotion clinical services available throughout the hospital and may have opportunities to collaborate with those programs (e.g., MOVE! weight loss program, Tobacco Use Cessation Program, Infectious Disease/AIDS/HIV Program, Coordinated Care Home Telehealth, Rural Health, etc).

INTERNSHIP BROCHURE

Health Promotion Disease Prevention – Buildings 1, 200 and 228

Assignment Supervisor: Matthew Davis, Ph.D., M.P.H.

Page 2

TRAINING GOALS:

The overall goal of this rotation is to develop new or advance existing knowledge, skills, and abilities to function as a member of a large multidisciplinary team with the responsibility of population based care to help empower patients to engage in self-management of their health. Specifically:

1. Provision of specialty health psychology and integrated mental health assessment/intervention through participation in individual and group health promotion disease prevention programs and/or the Primary Care Behavioral Health team.
2. Participation in the training/coaching of primary care medical team members and other hospital 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 and integrated mental health
4. Participation in the medical center's Health Promotion and Disease Prevention Committee; and (shall supervisor/intern select as an additional goal) immersion in program development and outcome evaluation of disease prevention and chronic disease management programs

TRAINING OBJECTIVES:

1. Knowledge of and ability to effectively implement health behavior interventions for the promotion of general health and address health risk behaviors as part of disease prevention and chronic disease management and integrated mental health care
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 if mutually selected as a training objective by supervisor/intern)
4. 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
5. Develop skill in consulting with and supporting the other primary care, prevention and patient health education team members in conducting preventive medicine programs
6. Clarify and appropriately respond to requests for consultation in a timely manner
7. Demonstrate advanced skills in using time efficiently and managing resources in a manner that is respectful of the fast-paced primary care environment
8. 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 (if mutually selected as a training objective by supervisor/intern)
9. Use appropriate outcome measures to assess the efficacy of interventions

Health Promotion Disease Prevention – Buildings 1, 200 and 228

Assignment Supervisor: Matthew Davis, Ph.D., M.P.H. and Erin Zerth, Ph.D.

Page 3

SUPERVISION:

The intern will meet weekly for a minimum of one and a half hours with the supervising psychologist regarding core clinical, educational, consultative and program developmental competencies as well as overall intern professional development, with additional 'as needed' or curbside consultation. Congruent with the intern level of training, supervision of clinical experiences will be predominantly consultative in nature, with the intern guiding the supervision material to be discussed. The intern 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, etc.). Didactics provided by the rotation supervisor will include clinical guidelines, treatment manuals, a guide to relevant resources in HPDP, primary care, and integrated care, as well as guidance in completing online orientation programs when applicable.

This training opportunity may take place as a “major” (e.g., 50% time) rotation ½ time for 6 months.

APPROXIMATE EMPHASIS OR TIME ON FORMAL TESTING VS. THERAPY:
25%/75%

IS UNSCHEDULED SUPERVISION FREQUENTLY AVAILABLE: YES [X] NO []

OPPORTUNITY FOR WORKING WITH OTHER DISCIPLINES: YES [X] NO []

WHICH DISCIPLINES: Physician, Dietician, Pharmacist, Psychiatry, Social Work, Nursing, Research Department, other.

ASSIGNMENT MAY BE PART OF SPLIT ROTATION: YES [X] NO []

ASSIGNMENT IS OPEN TO PRACTICUM STUDENTS: YES [] NO [X]

ROTATION CREDITS:

	Full Time
Intervention/Psychotherapy	2-4
Assessment without Formal Testing	1-2
Assessment with Formal Testing	1-2
Consultation	2-4

INTERNSHIP BROCHURE

ASSIGNMENT SUPERVISORS: Ariel Laudermitth, Ph.D., Anne Day, Ph.D.

ASSIGNMENT LOCATION: Home-Based Primary Care (HBPC) Service
Building 228/Building 1; Community (patients' homes)
Inpatient/Outpatient follow-up, when appropriate

ASSIGNMENT DESCRIPTION:

On the Home Based Primary Care (HBPC) rotation, the Intern will work as part of an interdisciplinary treatment team (primary care physicians, nursing, psychiatry, pharmacy, social work, kinesiotherapy and dietetics) providing comprehensive services to veterans with complex and chronic, disabling medical disease(s), such as diabetes, COPD, CHF, cancer, morbid obesity, dementia, etc. HBPC aims to effectively manage chronic disease(s) and reduce inpatient days and total cost of care. The overwhelming majority of patients in the program are geriatric, but ages vary widely (25-100).

The Intern will provide ongoing HBPC team consultation services (i.e., participation in interdisciplinary team meetings, collaboration with HBPC providers, making joint home visits) and a full range of psychological services to HBPC patients. Services include screening; psychological, cognitive, and decision-making capacity assessments; psychotherapeutic intervention; medical rehabilitation, and prevention-oriented services. Mental health treatment and prevention-oriented services will emphasize time-limited, evidence-based and best practice approaches. The Intern will have the opportunity to address a broad range of clinical presentations such as anxiety and mood spectrum disorders, bereavement, somatic concerns, and adjustment difficulties (e.g., terminal illness, end-of-life issues); provide behavioral medicine interventions to manage pain, disability, address sleep problems, facilitate weight loss, promote smoking cessation, and enhance medical adherence; promote communication/interactions between medical team members, patients, and their families to facilitate the medical treatment process. The Intern will provide psychoeducational and supportive interventions for spouses, family members/caregivers, and others that are crucial to sustaining the veteran in the home environment. There are also opportunities to gain rural primary care experience through Hines satellite clinics (e.g., Joliet and Kankakee).

This rotation aims to provide a unique opportunity to refine the Intern's understanding of interdisciplinary collaborative care practice in the context of family and community, thus integrating Veteran's ecology into the interdisciplinary treatment planning. A portion of clinical services are provided via telephone, thus another component of the rotation will involve learning how to effectively practice via telehealth. The Intern may also have the opportunity to assist with program development within HBPC.

In order to maximize learning opportunities, driving time to/from Veteran's homes will be minimized as much as possible. When joint home visits are conducted, driving time will be utilized for consultation or supervision purposes. When appropriate, the Intern will have the opportunity to follow patients during their Hines VA hospitalizations and facilitate transition and adjustment to new living situations (e.g., assisted living facility).

TRAINING GOALS:

1. To develop advanced skills necessary to function as a competent collaborative practitioner who provides biopsychosocially-oriented care to patients in 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

**Home Based Primary Care – Buildings 228 and 1, Community
Assignment Supervisors: Ariel Laudermith, Ph.D., Anne Day, Ph.D.**

Page 2

3. To develop advanced skills in effective interdisciplinary functioning within the culture and goals of primary care

TRAINING OBJECTIVES:

The Intern 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., cognitive deficits)
- c. Show knowledge of and implement best practice guidelines, and use evidence-based 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 medicines and adherence strategies
- f. Provide health promotion/disease prevention/primary care lifestyle interventions

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, ATP)
- c. Evaluate outcomes of interventions and develops 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 consultations
- d. Be willing and able to assertively follow up with health care team members, when indicated
- e. Prepare and present brief presentations to HBPC staff
- f. Attend and actively participate in interdisciplinary team meetings

4. Documentation/administrative skills

- a. Document response to referral question in a timely manner
- b. Write timely, clear, concise chart notes indicating assessment results, objective, quantifiable goals for treatment, treatment response and patient adherence to homework
- 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 education

INTERNSHIP BROCHURE

**Home Based Primary Care – Buildings 228 and 1, Community
Assignment Supervisors: Ariel Laudermith, Ph.D., Anne Day, Ph.D.
Page 3**

SUPERVISION:

The Intern will be initially accompanied on home visits by the supervising psychologist. While the supervising psychologist need not physically accompany the intern on home visits as the intern displays appropriate level of competencies and assumes progressive responsibility for the care of veterans, the supervising psychologist will be at the parent VA facility and readily available at an agreed-upon, identifiable phone number for the duration of the time the intern is in the field making home visits.

Both formal and informal supervision will be provided. The Intern will meet for formal supervision weekly with the supervising psychologist regarding core competencies and overall professional development. An important focus of the supervision time will be on evidence-based practice in psychology. Using actual treatment cases, the supervisor and the Intern 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 Intern will be provided with a reference list of readings relevant to practicing in a primary care medical setting, with the geriatric population, and in a home setting, and some of these readings will be discussed in supervision. As needed, or "curbside" supervision is always readily available.

APPROXIMATE EMPHASIS OR TIME ON FORMAL TESTING VS. TREATMENT:

50%-60% (assessment/formal testing) / 40%- 50% consultation and therapy

IS UNSCHEDULED SUPERVISION FREQUENTLY AVAILABLE:

YES NO

OPPORTUNITY FOR WORKING WITH OTHER DISCIPLINES: YES NO

WHICH DISCIPLINES: Nursing, Medicine/Geriatrics, Social Work, Psychiatry, Dietetics, Kinesiotherapy, Pharmacy

ASSIGNMENT MAY BE PART OF SPLIT ROTATION: YES NO

Full time three or six-month rotation is possible, so is the six month part-time rotation; Part time three months rotation is not recommended.

ASSIGNMENT IS OPEN TO PRACTICUM STUDENTS: YES NO

KIND OF PRIOR EXPERIENCE REQUIRED OR RECOMMENDED:

- 1) Experience in behavioral medicine and working with medically ill patients is recommended.
- 2) A willingness to work as a member of an interdisciplinary team and willingness to work in the community are essential.

**Home Based Primary Care – Buildings 228 and 1, Community
Assignment Supervisors: Ariel Laudermitth, Ph.D., Anne Day, Ph.D.
Page 4**

ROTATION CREDITS

	<u>Full Time</u>	<u>Part Time</u>
Intervention/Psychotherapy	1-2	1
Assessment without Formal Testing	2-3	1-2
Assessment with Formal Testing	1-2	0-1
Consultation	2	1

INTERNSHIP BROCHURE

ASSIGNMENT SUPERVISOR: **Rebecca Graham, Ph.D.**

ASSIGNMENT LOCATION: **Inpatient Mental Health
Building 228; 2S**

ASSIGNMENT DESCRIPTION:

The Inpatient Mental Health rotation at the Hines VA aims to provide a unique opportunity to refine the intern's understanding of psychopathology in its most acute form through exposure to psychiatrically-hospitalized patients. The primary goal of the Inpatient Mental Health rotation is for the intern to develop the knowledge base and skill level needed to assess, care for, and treat seriously and acutely mentally ill veterans. Patients' presenting problems include: psychosis, suicidal behavior, parasuicidal behavior, severe mood disorders, severe anxiety disorders, substance use disorders and withdrawal, cognitive impairment, behavioral agitation, high imminent suicide risk, high imminent risk of violence to others, and personality disorders. Interns will learn to provide a thorough conceptualization of patients' difficulties and develop a psychological treatment plan with special attention to acute needs. Common psychological interventions involve suicide risk mitigation, other-directed violence risk mitigation, mental health education and relapse prevention, motivational enhancement, values clarification, treatment engagement, and behavioral skill building. Interns will also have the opportunity to function as part of a multidisciplinary treatment team and gain a comprehension of the role of an inpatient psychologist in relation to psychiatry, social work, and nursing. Other training opportunities include psychological testing, group psycho-education/psychotherapy, individual psychotherapy, psychological program development, treatment team rounds, and couple/family intervention.

Interns are expected to participate in multidisciplinary staff meetings, lead or co-lead groups, contribute to ongoing psychological program development, provide individual psychotherapy, conduct psychological assessments, and participate in the therapeutic milieu.

TRAINING GOALS:

1. Display competency to assess and treat veterans with acute serious mental illness
2. Learn and apply current empirical literature to the assessment and treatment of veterans with severe mental illness
3. Enhance knowledge and application of the recovery model and evidenced-based psychotherapies relevant to the inpatient mental health setting
4. Develop competency as a psychologist on an inpatient mental health unit

TRAINING OBJECTIVES:

1. Enhance psychological interviewing and assessment skills
 - a. Meet with assigned patient(s) regularly to assess symptoms and contextual factors contributing to current distress and dysfunction
 - b. Use relevant, useful, and empirically validated assessment tools to guide clinical conceptualization and treatment planning
 - c. Develop competency in the provision of relevant capacity evaluations (e.g. medical decision-making, discharge disposition decision-making)
 - d. Develop competency in mental status evaluation
 - e. Develop competency in risk assessment (e.g. suicide, violence)
 - f. Document work in a timely manner, appropriate to the needs of an acute inpatient unit

**Inpatient Mental Health -- Building 228; 2S
Rotation Supervisor: Rebecca Graham, Ph.D.
Page 2**

- g. Review literature to ensure appropriate care
 - h. Engage in regular supervision
2. Enhance skills providing brief psychotherapeutic interventions
- a. Meet with patients regularly and provide evidence-based, clinically indicated interventions in keeping with the recovery model
 - b. Document work in a timely manner, appropriate to the needs of an acute inpatient unit
 - c. Review literature to ensure appropriate care in keeping with the recovery model with special emphasis on relevant evidence-based psychotherapies
 - d. Engage in regular supervision
3. Enhance group therapy skills
- a. Lead or co-lead psychotherapy groups drawing on evidence-based psychotherapies in a manner consistent with the recovery model
 - b. Document work in a timely manner, appropriate to the needs of an acute inpatient unit
 - c. Contribute to the ongoing development of group psychotherapy programming on the unit with special attention to seamless transition of programming between levels of care
 - d. Engage in regular supervision
4. Enhance use of an interdisciplinary model
- a. Participate regularly in interdisciplinary meetings
 - b. Consult effectively with practitioners of other disciplines
 - c. Engage in regular supervision

SUPERVISION:

Direct supervision includes both scheduled and unscheduled weekly sessions. Supervision is conducted from a theoretically integrative perspective and draws heavily upon evidence-based treatments. The structure of supervision will be determined by the mutually derived goals of the intern and supervisor.

APPROXIMATE EMPHASIS OR TIME ON FORMAL TESTING VS. THERAPY:

10 % TESTING / 90% THERAPY

IS UNSCHEDULED SUPERVISION FREQUENTLY AVAILABLE: YES X NO

ASSIGNMENT MAY BE PART OF SPLIT ROTATION: YES NO X

OPPORTUNITY FOR WORKING WITH OTHER DISCIPLINES: YES X NO

WHICH DISCIPLINES: nursing, social work, psychiatry, physician assistant, recreation therapy

ASSIGNMENT IS OPEN TO PRACTICUM STUDENTS: YES NO X

ADDITIONAL COMMENTS: Full time rotation only.

KIND OF PRIOR EXPERIENCE REQUIRED OR RECOMMENDED:

INTERNSHIP BROCHURE

Inpatient Mental Health -- Building 228; 2S
Rotation Supervisor: Rebecca Graham, Ph.D.
Page 3

ROTATION CREDITS (per quarter):

	Full Time
Intervention/Psychotherapy	6
Assessment without Formal Testing	1
Assessment with Formal Testing	1
Consultation	n/a

ASSIGNMENT SUPERVISOR: Jonathan Sutton, Ph.D. and Scott Maieritsch, Ph.D.

ASSIGNMENT LOCATION: Mental Health Clinic - Building 228

ASSIGNMENT DESCRIPTION:

The Mental Health Clinic contains a multi-disciplinary team of psychologists, nurses, social workers, and psychiatrists serving a socio-economically and ethnically diverse population of psychiatric outpatient veterans. The intern will have the opportunity to work with veterans experiencing a wide range of problems including anxiety disorders, mood disorders, adjustment disorders (including adjustment to a variety of medical problems and employment/retirement issues), anger, personality disorders, and habit control issues. Although the Mental Health Clinic serves many veterans with PTSD and substance abuse issues, trauma-focused and substance use-focused treatment will not be provided as part of this rotation (specialty training in these areas is available elsewhere).

The psychotherapy provided on this rotation is typically conducted in an individual modality. Group psychotherapy may also be an option under certain circumstances. The primary emphasis of this rotation will draw from cognitive and behavioral approaches to case conceptualization, intervention, and treatment planning. However, the intern's own interests and theoretical orientation may be incorporated within the context of appropriate patient needs.

GOALS:

Display efficient and proficient interviewing and assessment skills

Display competent clinical judgment and therapeutic skills as applied to the diverse outpatient population served by the Mental Health Clinic

Participate professionally on an interdisciplinary basis within the MHC treatment team

Manage all clinical responsibilities in a timely and competent manner

OBJECTIVES OF TRAINING:

- 1- Further enhancement of interviewing and assessment skills
 - a- Complete an intake interview on all new patients incorporated within the intern's case load.
 - b- Select and repeatedly administer appropriate vulnerability and outcome (symptom, well-being) measures to assess current functioning and track therapeutic progress.
 - c- Complete one full case write-up (per Academy of Cognitive Therapy guidelines) during the rotation.
- 2- Further enhancement of individual psychotherapy skills.
 - a- Maintain an adequate caseload of MHC patients of approximately 7-8 active, ongoing cases weekly.
 - b- Maintain a treatment caseload consisting of veterans exhibiting a broad range of anxiety, mood, anger, relationship, habit, and adjustment issues.

INTERNSHIP BROCHURE

Mental Health Clinic – Building 228

Assignment Supervisor: Jonathan Sutton, Ph.D. and Scott Maieritsch, Ph.D.

Page 2

- c- Receive regular supervision of each case with a particular focus on treatment objectives, case conceptualization, selection of appropriate therapeutic techniques, and the intern's evolving treatment model.
- 3- Participation on an interdisciplinary level in diagnostic and disposition decisions related to MHC patients.
 - a- Participate in weekly MHC staff meetings (as scheduling permits).
 - b- Consult with other MHC staff who may be co-treating the intern's patients.
- 4- Management of all clinical responsibilities in a timely and comprehensive manner.
 - a- Submit all notes to the supervisor in a timely manner to be specified.
 - b- Schedule initial sessions quickly and respond to no-shows/cancellations effectively.

SUPERVISION:

Interns are expected to attend weekly scheduled supervision meetings; unscheduled supervision will be provided as clinically needed. Supervision is conducted from an integrative perspective that is heavily imbued by cognitive and behavioral emphases. Interns structure mutually with the supervisor a format which will optimally meet the needs of the intern.

APPROXIMATE EMPHASIS OR TIME ON FORMAL TESTING VS. THERAPY:

10%/90%

IS UNSCHEDULED SUPERVISION FREQUENTLY AVAILABLE: YES X NO

ASSIGNMENT MAY BE PART OF SPLIT ROTATION: YES X NO

OPPORTUNITY FOR WORKING WITH OTHER DISCIPLINES: YES X NO

WHICH DISCIPLINES: Social Work, Psychiatry, Nursing

ASSIGNMENT IS OPEN TO PRACTICUM STUDENTS: YES NO X

ADDITIONAL COMMENTS: Six-month rotation is available.

KIND OF PRIOR EXPERIENCE REQUIRED OR RECOMMENDED:

Previous experience in cognitive behavioral therapy is recommended, but not required. Supervision will thus be customized to meet the intern's skill level ranging from novice to advanced. Familiarity with time-limited/empirically based treatments is preferred, but not required.

ROTATION CREDITS (per quarter):

	<u>Half Time</u>
Intervention/Psychotherapy	2-3
Assessment without Formal Testing	1
Assessment with Formal Testing	0-1
Consultation	0

INTERNSHIP BROCHURE

ASSIGNMENT SUPERVISORS: Patrick Nowlin, Ph.D., Kristin Raley, Ph.D., and Jeff Sieracki, Ph.D.

ASSIGNMENT LOCATION: Mental Health Service Line Intake Center (MHSLIC)
Building 228

ASSIGNMENT DESCRIPTION:

This rotation is focused on providing the biopsychosocial assessment of veterans who are new to the Mental Health Service Line. The MHSLIC is the entry point for the majority of veterans seeking mental health services at Hines VA Hospital. Such services may include: emergent/urgent evaluation, treatment, and referral to a specific MHSL program/clinic. MHSLIC's mission is to:

- a. Provide quality care to eligible veterans within the scope of the services which MHSLIC offers. This will be provided in a way that promotes the safety of patient, staff and visitors as well as maintaining the dignity and confidentiality of each veteran.
- b. Provide education and supervised clinical experience for all trainees from various disciplines including medicine, nursing, and psychology.
- c. Perform triage/screening, assessment and/or treatment as well as subsequent referral/disposition for all patients seeking services from the MHSL. Such patients would be coming to MHSLIC on referral, as walk-ins, or as ER consults. Patients are referred, both from within the Hines VA medical center and outside of the medical center. Sources of referral may include other divisions of Hines VA Hospital, other VA Medical Centers, or healthcare facilities in the community.
- d. Provide emergent treatment services for patients in all MHSL clinics at Hines VA Hospital.

The intern will have the opportunity to participate in MHSLIC in the following ways:

- (1) Complete diagnostic evaluation and disposition for all patients requiring urgent, emergent or less urgent psychiatric services. A record of this evaluation will be maintained in the patient's computerized medical record. This document will include a comprehensive biopsychosocial assessment and disposition of initial interventions. This currently involves the completion of the MH Intake Screen/Psychosocial Assessment.
- (2) In conjunction with a prescribing psychiatrist, interns will provide assessment of need for hospitalization, also including involuntary hospitalization at a state facility or elsewhere in the community and disposition to the appropriate facility and/or unit.
- (3) Emergent and urgent consultations to emergency room, medical and surgical clinics, and other outpatient clinics (Hines VA Hospital non-psychiatric inpatient unit referrals are managed by the Psychiatry Consultation/Liaison Service)

INTERNSHIP BROCHURE

Mental Health Service Line Intake Center (MHSLIC)

Assignment Supervisor: Patrick Nowlin, Ph.D., Kristin Raley, Ph.D., and Jeff Sieracki, Ph.D.

Page 2

- (4) Interns may also be able to participate in performance improvement projects related to the MHSLIC assessment procedures.

- (5) Short-term time-limited evidence based psychotherapy, supervised by Dr. Sieracki

The intern can expect to be an integral part of MHSLIC, working closely with a multidisciplinary group, and interacting regularly with other professionals. The MHSLIC staff currently consists of one full-time psychologist, two psychologists that are also in the Mental Health Clinic, two social workers, two nurse practitioners, and three nurses. In addition, three psychiatrists are present at any given time, with a total of six different psychiatrists working in the MHSLIC. The program works closely with every program in the MHSL as we are the primary referral source for these programs. We also provide emergent MH assistance hospital-wide in cases of emergency, and work closely with the Hines Police in helping calm situations throughout the hospital. A weekly staff meeting with the MHSLIC team provides the opportunity to address issues, discuss specific cases, explore relevant research and literature, and generate ideas to promote programmatic improvement and quality assurance.

GOALS:

1. Demonstrate accurate diagnostic skills based on objective assessment and interview.

2. Demonstrate ability to triage patients quickly, efficiently, and competently.

3. Develop appropriate treatment dispositions/plans specific to the unique mental health needs of patients.

4. Exhibit competence in the administration of empirically supported treatments.

5. Learn to function autonomously and responsibly in handling all aspects of patient care, while working as an integral part of a multidisciplinary hospital team.

TRAINING OBJECTIVES:

Demonstrate accurate diagnostic skills based on objective assessment and interview.

- a. Review patient records and integrate information from diagnostic interview into an integrated MH assessment report.

- b. Demonstrate ability to determine appropriate level of care and disposition for each patient assessed.

Mental Health Service Line Intake Center (MHSLIC)

Assignment Supervisor: Patrick Nowlin, Ph.D., Kristin Raley, Ph.D., and Jeff Sieracki, Ph.D.

Page 3

- c. Utilize psychotherapy outcome measures (e.g., BDI, BAI, PTSD checklist) for quality assurance and treatment planning.
- d. Develop treatment dispositions/plans specific to the unique mental health needs of each patient.
- e. Incorporate data from assessment and interview in directing treatment options and disposition.
- f. Draft comprehensive treatment plans for each new patient; modify over the course of treatment as needed.

Demonstrate ability to triage patients quickly, efficiently, and competently.

- a. Learn to utilize limited assessment time efficiently, within the time limitations designated.
- b. Demonstrate competence in the biopsychosocial assessment of Axis I mental health disorders.
- c. Demonstrate ability to perform quick and competent suicide risk assessment, taking into account the patient's history, level of imminent risk, and protective factors.

Exhibit competence in the administration of empirically supported treatments.

- a. Select appropriate treatment manuals for the administration of empirically based treatments.
- b. Review and discuss literature relevant to the treatment being utilized, as well as the patient's particular psychopathology.
- c. Administer manualized treatments to at least two patients in individual psychotherapy.

Learn to function autonomously and responsibly in handling all aspects of patient care, while working as an integral part of a multidisciplinary hospital team

- a. Attend weekly staffing meetings with the MHSLIC treatment team.
- b. Submit reports and treatment notes in a timely manner.
- c. Schedule initial sessions quickly (within 48 hours when possible) and respond to no-shows/cancellations effectively.
- d. Coordinate multidisciplinary care through formal consultation and direct contact with other treatment providers.

INTERNSHIP BROCHURE

Mental Health Service Line Intake Center (MHSLIC)

Assignment Supervisor: Patrick Nowlin, Ph.D., Kristin Raley, Ph.D., and Jeff Sieracki, Ph.D.

Page 4

APPROXIMATE EMPHASIS OR TIME ON FORMAL TESTING/ASSESSMENT VS. THERAPY: 80%/20%

IS UNSCHEDULED SUPERVISION FREQUENTLY AVAILABLE: YES NO

ASSIGNMENT MAY BE PART OF SPLIT ROTATION: YES NO

OPPORTUNITY FOR WORKING WITH OTHER DISCIPLINES: YES NO

WHICH DISCIPLINES: Social Work, Psychiatry, Nursing

ASSIGNMENT IS OPEN TO PRACTICUM STUDENTS: YES NO

ADDITIONAL COMMENTS: Half-time or Quarter time rotation available. Six-month rotation is available.

KIND OF PRIOR EXPERIENCE REQUIRED OR RECOMMENDED:

SUPERVISION:

Supervision will consist of a weekly scheduled meeting with Dr. Sieracki, who will also be available for unscheduled supervision as needed. Supervision will consist of review of assessment profiles, treatment plans, and general case conceptualization. Dr. Sieracki will sit in on some assessments near the beginning of the rotation, with the intern able to more autonomously conduct assessments 3-4 weeks into the rotation. All assessments at the MHSLIC also need to be presented to an Attending Psychiatrist within the intake center. Tape review may also be utilized.

ROTATION CREDITS:

	<u>Half Time</u>
Intervention/Psychotherapy	1
Assessment without Formal Testing	1.5
Assessment with Formal Testing	0
Consultation	1.5

INTERNSHIP BROCHURE

ASSIGNMENT SUPERVISORS: David Kinsinger, Ph.D., ABPP, Amanda Urban, Ph.D, ABPP, Anne Wiley, Ph.D., and Patrick Riordan, Ph.D., ABPP

ASSIGNMENT LOCATION: Neuropsychology
Entire hospital, especially Neurology, Geriatrics, PM&R / TBI/Polytrauma and General Medical Services

ASSIGNMENT DESCRIPTION:

The intern will become familiar with the flexible-battery approach to neuropsychological assessment. This method emphasizes qualitative and quantitative data within the framework of a battery of tests which are designed to answer specific consultation questions. The intern will receive training and experience in the provision of assessment and consultation services to medically-based patient populations, as well as a psychiatric population. Neuropsychological services are provided to both an inpatient and outpatient population.. Referral sources include, but are not limited to, Neurology, Psychiatry, General Medicine, Geriatrics, Physical Medicine & Rehabilitation, TBI/Polytrauma, Neurosurgery, and Psychology. Consultations are requested by a variety of medical disciplines, including physicians, psychologists, social workers, rehabilitation specialists, and nurses for diagnostic purposes, dementia workups, treatment planning, future care management, rehabilitation, and/or evaluation of decision making capacity. Interns will also become familiar with CT and MRI reports, and how to correlate neuropsychological measures with neuroanatomical dysfunction. The intern can expect to develop proficiency with regard to clinical interviewing, test administration/selection, test interpretation, report writing and provision of feedback to patients, family members and providers. The intern will be exposed to a wide variety of neurocognitive disorders, including but not limited to: dementias, strokes and vascular disease, traumatic brain injury / polytrauma, toxic/metabolic disorders, aphasia, amnesic syndromes, and psychiatric disturbances. Most of the patients will be either in their late 60's and 70's or in their 20's or 30's but ages may range from 18 to 95. Patients come from a variety of socioeconomic, racial, and ethnic backgrounds. It is a prerequisite that interns have some background in neuropsychology.

The neuropsychological training provided at Hines VA adheres to the Houston Conference/Division 40 guidelines for training in clinical neuropsychology. Across their training year, the intern will gain exposure and experience in three main clinical areas 1) General Neuropsychology Service 2) TBI/Polytrauma Neuropsychology 3) Inpatient Neuropsychology Service. Opportunities to co-facilitate a twice monthly psychoeducational/support group for moderate to severe TBI patients may also be available. The intern will have the opportunity to rotate clinical supervisors during their training year so that they gain exposure to different styles and clinical assessment approaches.

GOALS:

1. Increased familiarity with the flexible-battery approach to Neuropsychology
2. Exposure to a consultant model of interacting with other disciplines
3. Exposure to and basic understanding of neuroanatomy
4. Increased familiarity with a variety of neurocognitive disorders, including but not limited to: dementias, strokes and vascular disease, traumatic brain injury/polytrauma, toxic/metabolic disorders, aphasia, amnesic syndromes, and psychiatric disturbances
5. An in-depth understanding of cortical and subcortical dementias
6. An in-depth understanding of traumatic brain injury

INTERNSHIP BROCHURE

Neuropsychology – Entire Hospital

Assignment Supervisors: David Kinsinger, Ph.D., ABPP, Amanda Urban, Ph.D, ABPP, Anne Wiley, Ph.D., and Patrick Riordan, Ph.D., ABPP

Page 2

7. Increased ability to correlate neuropsychological findings with brain imaging (i.e. CT, MRI) reports
8. Interns will progress toward establishing their professional identity as psychologists.

PRIMARY OBJECTIVES:

All interns in the neuropsychology rotation will be expected to accomplish the following:

1. Enriched understanding of neuroanatomy via readings, didactic presentations, and case discussions.
2. Complete assigned readings that cover neuropsychological assessment, the major neurocognitive disorders, dementia (cortical and subcortical types) and traumatic brain injury.

Additionally, the intern will initiate readings of a neuropsychological subject of particular interest to her/him and be able to summarize and present findings to supervisor (and other students as relevant).
3. Attendance and participation in weekly neuropsychology didactics. The intern will prepare, present and lead a minimum of 1 neuropsychology didactic
4. Clinical interviewing that aids in the formulation of neuropsychological diagnoses, as well as skill at establishing rapport and providing feedback to patients and families.
5. Competence in administration and scoring of a "core" group of neuropsychological instruments. An intern will complete approximately 20-25 assessments during a 3-month rotation.
6. Knowledge of the electronic medical chart, including familiarity with reading the chart, finding pertinent information, and entering documentation regarding patient contacts.
7. Learning to write neuropsychological reports that integrate qualitative and quantitative assessment findings. Although students will work on reports independently, they will not necessarily be expected to develop diagnostic impressions on their own. An intern will complete approximately 20-25 reports during a 3-month rotation.
8. Improved ability (but not necessarily mastery) to conceptualize evaluation findings and formulate defensible diagnostic impressions.
9. As appropriate, learning to make treatment recommendations based on evaluation results

Neuropsychology – Entire Hospital

Assignment Supervisor: David Kinsinger, Ph.D., ABPP, Amanda Urban, Ph.D., ABPP, Anne Wiley, Ph.D., and Patrick Riordan, Ph.D., ABPP.

Page 3

3. Integration of clinical and experimental neuropsychological research into the assessment process.
4. Demonstrate the ability to conduct neuropsychological evaluations independently, picking and choosing neuropsychological tests which are appropriate for a particular referral.
5. Demonstration of the ability to conceptualize quantitative and qualitative neuropsychological findings and formulate defensible diagnostic impressions independently.
6. The ability to arrive at and articulately communicate diagnostic impressions in the form of a written report independently.
7. The ability to provide verbal feedback to a wide variety of hospital staff regarding the referral question.
8. The ability to provide verbal feedback to patients and, if appropriate, family members with regard to neuropsychological findings.

SUPERVISION:

Supervision is geared toward the needs and experiences of the intern. With all students, we begin the rotation by working very closely with the student, such that initially, interns will essentially shadow us while we model interviewing and assessment techniques. Gradually, the intern will begin to operate more autonomously, first while we observe her/his performance and then, as adequate competence is developed in interviewing and testing, the intern will operate more independently. The rate with which this occurs varies depending on the experience and abilities of each individual student. From that point on, supervision occurs regularly, but is certainly not as ongoing as it was initially. Typically, we will meet with the intern before and after each neuropsychological assessment: beforehand, hypotheses about neurocognitive deficits will be generated and assessment alternatives will be explored; afterward, each case will be discussed and conceptualized. Critical thinking will be emphasized. The intern will also receive feedback on formal reports and progress notes. A minimum of two hours of individual supervision will be conducted each week, while several other hours of group supervision will be conducted with the intern and practicum students. In addition to case analysis, supervision time will also be devoted to exploring topics such as neuropathology, neuroanatomy, neuropsychological testing, geriatric issues, and other broad areas related to neuropsychology. The intern will typically have one primary supervisor at a given time. However, in order to increase exposure to different supervisory styles, the intern will rotate supervisors throughout the year.

APPROXIMATE EMPHASIS OR TIME ON FORMAL TESTING VS. THERAPY:

100% assessment

IS UNSCHEDULED SUPERVISION FREQUENTLY AVAILABLE: YES X NO

INTERNSHIP BROCHURE

Neuropsychology – Entire Hospital

Assignment Supervisors: David Kinsinger, Ph.D., ABPP, Amanda Urban, Ph.D., ABPP, Anne Wiley, Ph.D., and Patrick Riordan, Ph.D. ABPP.

Page 4

OPPORTUNITY FOR WORKING WITH OTHER DISCIPLINES: YES X NO

WHICH DISCIPLINES:

General Medicine, Neurology, PM&R/ Polytrauma/TBI Team, Psychiatry, Nursing, Social Work, ,
Speech Language Pathology

ASSIGNMENT MAY BE PART OF SPLIT ROTATION: YES X NO

ASSIGNMENT IS OPEN TO PRACTICUM STUDENTS: YES X NO

KIND OF PRIOR EXPERIENCE REQUIRED OR RECOMMENDED:

Neuropsychology background.

ROTATION CREDITS

	<u>Full Time</u>
Intervention/Psychotherapy	0-1
Assessment without Formal Testing	2-3
Assessment with Formal Testing	5-6
Consultation	0-1

ASSIGNMENT SUPERVISOR: Patricia Mumby, Ph.D.

ASSIGNMENT LOCATION: Oncology - Loyola
Cardinal Bernardin Cancer Center
Loyola University Medical Center
2160 S. 1st Avenue, Building 112, Rm B1
Maywood, IL 60153
708-327-2133

ASSIGNMENT DESCRIPTION:

The Cardinal Bernardin Cancer Center at Loyola University Medical Center is dedicated to cancer research, diagnosis, treatment and prevention. The Psychosocial Oncology Program provides psychological assessment and treatment services to adult oncology patients and their family members. The psychology intern will have the opportunity to learn about the psychological and behavioral factors that impact on patients' coping efforts and intervene with patients to improve coping, facilitate adjustment, and reduce emotional distress. Interns will gain experience in patient interviewing, report writing, cognitive-behavioral and supportive therapies, and application of behavioral medicine techniques to the psychosocial problems associated with a cancer experience.

Common presenting problems include: psychological reactions to a cancer diagnosis and/or treatment, such as, denial, anxiety, depression; maladaptive coping behaviors or coping skills deficit; difficulties managing role and lifestyle changes; altered self-esteem; changes in body image; non-adherence to medical recommendations; pain problems; cancer survivorship issues; end of life issues; and family concerns. The intern's time is divided between providing in-patient consultation and out-patient services. Patients undergoing aggressive cancer treatments, such as bone marrow transplantation, are evaluated by the Psychosocial Oncology service, and approximately 25% - 30% of these patients have a diagnosable psychological problem and require psychological intervention during and after their cancer treatment. Interns will gain experience with individual, family and group treatment approaches.

GOALS:

1. To develop assessment and intervention skills essential for working with cancer and other medical populations. To gain an understanding of the biopsychosocial model as it applies to the cancer patient's experience and health care.
2. To understand the health psychologist's role in an academic medical center setting and gain experience establishing and maintaining professional relationships with a multidisciplinary health care team.

OBJECTIVES:

Interns will have the opportunity to perform the following activities:

1. Diagnostic interviewing to assess psychological functioning of the patient and/or family members, identification of psychosocial issues and evaluation of patient's adjustment to the cancer diagnosis/treatment. Review of the patient's medical record. The intern will conduct an average of 2 – 4 interviews/assessments each month.

INTERNSHIP BROCHURE

Oncology - Loyola

Assignment Supervisor: Patricia Mumby, Ph.D.

Page 2

2. Administer, score and interpret objective psychological measures for the purpose of case conceptualization, treatment planning and outcome assessment.
3. Write a report for each patient interviewed; integrating information from the diagnostic interview, psychological testing, collateral information from family &/or oncology staff and review of the medical record.
4. Provide psychotherapy services to patient/family as indicated by clinical assessment findings. Maintain appropriate chart documentation of services provided.
5. Provide consultation and feedback to the treatment team (verbal and written); identify potential problems for the patient's medical management (e.g., patient at increased risk for depression, or non-adherence), educate staff regarding psychosocial issues important to the patient's care, make recommendations to staff to facilitate medical care, and identify patient strengths for staff to build upon.
6. Establish professional identity as a member of a multidisciplinary health team.
7. Attend grand rounds and other didactic sessions at the medical center. The intern will be assigned various independent readings regarding psychosocial oncology and participate in a psychosocial oncology journal club.
8. Interns may facilitate a cancer support group for caregivers of bone marrow transplant patients.

SUPERVISION:

Interns are scheduled for 1-2 hours of direct, individual supervision each week and group supervision every other week. In addition, interns are strongly encouraged to contact the supervisor for daily, informal supervision. The intern's prior experience and knowledge base is considered when determining patient assignments. The intern initially observes the supervisor conducting assessment interviews, then conducts interviews jointly, and as the intern's skills develop conducts interviews independently. Supervision time is used to discuss diagnostic assessments, psychotherapy cases, medical center dynamics, consultation issues, psychosocial oncology readings, and the psychologist's role as a health care provider.

APPROXIMATE EMPHASIS OR TIME ON FORMAL TESTING VS. THERAPY:

80% therapy – 20% assessment

IS UNSCHEDULED SUPERVISION FREQUENTLY AVAILABLE: YES

OPPORTUNITY FOR WORKING WITH OTHER DISCIPLINES: YES

WHICH DISCIPLINES: Medical and Surgical Oncologists, Nursing, Social Work, Chaplains, Psychiatry, Physical Therapy.

Oncology - Loyola

Assignment Supervisor: Patricia Mumby, Ph.D.

Page 3

ASSIGNMENT MAY BE PART OF SPLIT ROTATION: YES

ASSIGNMENT IS OPEN TO PRACTICUM STUDENTS: YES

KIND OF PRIOR EXPERIENCE REQUIRED OR RECOMMENDED:

1. Diagnostic interviewing and some assessment experience.
2. Interest in health psychology and behavioral medicine, with some experience preferred.
3. Interest and ability to work with non-psychologists.
4. Tolerance for working with medically ill patients.
5. Flexibility and moderate-high frustration tolerance.

ROTATION CREDITS

	<u>Half Time</u>
Intervention/Psychotherapy	1.5
Assessment without Formal Testing	1
Assessment with Formal Testing	0
Consultation	1.5

INTERNSHIP BROCHURE

ASSIGNMENT SUPERVISOR: Scott Maieritsch, Ph.D.; Amber Singh, Ph.D.

ASSIGNMENT LOCATION: Outpatient/Residential Substance Use Disorder Rotation
Building 228, 3rd & 2nd Floor

ASSIGNMENT DESCRIPTION:

Interns may be afforded the opportunity to participate in a joint Addictions Treatment Program (ATP) and Substance Abuse Residential Rehabilitation Treatment Program (SARRTP) rotation allowing for involvement in the full continuum of outpatient and residential treatment settings for substance use disorders (SUD). This rotation will be ½ time for 6 months and will include consultation, group therapy, and individual therapy in both settings.

ATP: The Addictions Treatment Program is a multidisciplinary outpatient program utilizing evidence-based treatments with a harm-reduction approach. Veterans predominantly receive treatment in a group-based treatment setting, with the opportunity for individual therapy and other adjunctive treatment services, while participating in the ATP treatment program based on the veteran's individual clinical needs. Evidence-based treatment informs the Program's structure. Veterans receiving treatment in ATP for the first time, typically begin by participating in Phase One programming. ATP Phase One treatment is a 6-week, 12-session group-based program designed to assist individuals in substance abuse recovery. Phase One is an empirically based treatment which utilizes the harm reduction model for substance abuse treatment and emphasizes the concepts of individual safety, distress tolerance, motivation, and various cognitive-behavioral strategies and concepts to promote an individual's recovery. After completion of the Phase One program, clients typically transition to a Phase Two group that is selected to best meet the veteran's ongoing clinical needs. Phase Two group options include: Coping Skills groups modeled on DBT and mindfulness training; Anger Management using a Cognitive Behavioral Therapy approach; Cognitive Behavioral Therapy, Twelve Step Facilitation; Dual Diagnosis; and Seeking Safety. Additional groups are available, as well as individual therapy dependent upon their individual treatment needs. Typical trainee activities will include conducting the standardized screening interview, participating in treatment team meetings, facilitating group treatment, and carrying an individual caseload.

SARRTP: In the SARRTP, interns will be involved in all aspects of the treatment program from the screening interview to discharge from the program. The SARRTP is a 25-bed unit with a 3 week curriculum of treatment groups that provide psychoeducation and skill-building utilizing empirically supported interventions (i.e., distress tolerance, relapse prevention, CBT). Typical trainee activities will include conducting the standardized screening interview, brief cognitive screening, participating in treatment team meetings that involve staffing referrals and Veterans' progress in treatment, facilitating group treatment, and carrying an individual caseload. Additional, optional, activities might include assessment, administrative projects (i.e., program development), program evaluation/outcomes analysis, and additional individual work utilizing Cognitive Behavioral Therapy for Substance Use Disorders (CBT-SUD). Interns will gain experience providing short-term treatment, developing relapse prevention plans with Veterans, and working closely with a multidisciplinary team.

GOALS:

1. This rotation seeks to provide a broad theoretical and clinical understanding of substance abuse as it impacts the client's cognitive and behavioral functioning as well as their family system and environment.
2. By the end of this rotation, an intern should be able to develop case conceptualization skills that integrate the various spheres of influence on the client's psychological functioning. Interns also should be able to effectively assess and provide short-term, addiction-focused psychotherapy that primarily utilizes a cognitive-behavioral approach for clients who present with a substance use

Outpatient/Residential Substance Use Disorder – BLDG 228, 2nd & 3rd FL

Rotation Supervisors: Scott Maieritsch, Ph.D.; Amber Singh, Ph.D.

Page 2

- disorder diagnosis. Interns should be able to write an accurately interpreted, conceptualized and integrated psychological test report that incorporates various psychological test measures and interns will develop skills necessary to function as a psychologist on an inter-disciplinary treatment team.
3. Clinical intervention experience may include intake interviews, serving as primary counselor for residents, providing individual therapy including CBT-SUD, facilitating interactive group therapy, providing group psycho-educational instruction, and conducting family psycho-education and therapy sessions.
 4. Assessment experience may include administering, scoring, and interpreting a brief self-report battery completed upon admission, which includes assessment of depression, anxiety, motivation, and distress tolerance. Additional opportunities for more in depth cognitive, personality and/or neuropsychological testing are available on a case by case basis.
 5. Consultation experience will be gained through ongoing consultation with SARRTP treatment team members regarding SARRTP residents. They will work closely with SARRTP social workers in developing aftercare plans for patients, which may include outpatient treatment or long-term residential treatment. Consultation with the outpatient addiction treatment program, the inpatient psychiatric unit, the consult-liaison psychiatric team, and trauma services may also be possible.

TRAINING OBJECTIVES:

1. The intern will provide individual and group therapy to patients in ATP. Interns will be expected to carry 5-6 individual therapy cases and serve as a co-facilitator for a time limited, addiction focused therapy group within a part-time, 6-month rotation (which is the preferred rotation schedule).
2. The intern may administer one or two full psychological test batteries, with an emphasis on clinical integration of test data and report writing.
3. The intern will function as an active member of the treatment team. The intern will develop interdisciplinary team skills and psychological consultation skills. The intern will attend the weekly team meeting for the ATP. The intern will consult with staff in other programs, both within the Mental Health Service Line and throughout the hospital, as necessary.
4. The intern will develop a treatment caseload that provides exposure to demographic and diagnostic diversity across the caseload.
5. The intern will manage clinic responsibilities in a professional manner. These responsibilities include treatment progress notes, treatment plans, assessments, consultation follow through, and scheduling.
6. The intern will take responsibility for outside reading of theoretical and scientific books and articles that advance knowledge of substance abuse and aspects of the cases being followed. The intern will focus on integrating theory/science with actual practice in treatment and assessment.

INTERNSHIP BROCHURE

Outpatient/Residential Substance Use Disorder – BLDG 228, 2nd & 3rd FL
Rotation Supervisors: Scott Maieritsch, Ph.D.; Amber Singh, Ph.D.
Page 3

SUPERVISION:

The intern will meet at least weekly for a minimum of one and a half hours with the supervising psychologist regarding core clinical, educational, consultative and program developmental competencies as well as overall intern professional development, with additional 'as needed' or curbside consultation. Congruent with the intern level of training, supervision of clinical experiences will be predominantly consultative in nature, with the intern guiding the supervision material to be discussed.

APPROXIMATE EMPHASIS OR TIME ON FORMAL TESTING VS. THERAPY:
25%/75%

IS UNSCHEDULED SUPERVISION FREQUENTLY AVAILABLE: YES [X] NO []

OPPORTUNITY FOR WORKING WITH OTHER DISCIPLINES: YES [X] NO []

WHICH DISCIPLINES: Physician, Dietician, Pharmacist, Psychiatry, Social Work, Nursing, Research Department.

ASSIGNMENT MAY BE PART OF SPLIT ROTATION: YES [X] NO []

ASSIGNMENT IS OPEN TO PRACTICUM STUDENTS: YES [] NO [X]

ROTATION CREDITS:

	Full Time
Intervention/Psychotherapy	2-4
Assessment without Formal Testing	1-2
Assessment with Formal Testing	1-2
Consultation	2-4

INTERNSHIP BROCHURE

ASSIGNMENT SUPERVISOR: Justin Birnholz, Ph.D., Matt Davis, Ph.D., M.P.H., Julie Horn, Ph.D., Jamie Mathews, Psy.D., Katherine Meyers, Ph.D., Irena Persky, Ph.D., Catherine Robertson, Ph.D., Erin Zerth, Ph.D.

ASSIGNMENT LOCATION: Hines Primary Care Mental Health Integration (PCMHI) Program “Primary Care Behavioral Health” (PCBH)

Primary Care’s Patient Aligned Care Team (PACT)
General Medical Clinics (Hines Main Campus Buildings 1, 200 and 228; CBOCs)

Women’s Health Special Population PACT (Bldg 200)

Geriatric PACT (Bldg 217)

Specialty Medical Clinics (e.g., Infectious Disease-Bldg 200, Hematology/Oncology-Bldg 200, MOVE! Weight Loss Program-Bldg 1)

Biofeedback Clinic (Bldg 228)

MOVE! Weight Management (Bldg 228 and Bldg 200)

ASSIGNMENT DESCRIPTION:

On this rotation, the Intern will work as a member of one or more interdisciplinary outpatient medical treatment teams through the nationally recognized Hines Primary Care Mental Health Integration (PCMHI) “Primary Care Behavioral Health” (PCBH) Program. 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. This psychology practice is consistent with the co-located collaborative integrated care component of the VA's Primary Care-Mental Health Integration initiative, and thus utilizes the latest empirically supported practice models. PCBH Psychology is housed within a fast-paced and primarily outpatient medical setting. Psychology plays an integral role within the interdisciplinary PCBH Team (comprised of psychology, psychiatry, social work, nursing and support staff), PACT (comprised of physicians, medical residents/fellows, nursing, nurse practitioners, pharmacy, dietetics, education service, medical social workers, and support staff), Medicine, and Geriatrics Service Lines in assisting medical providers manage the overall health and well-being of their respective patient panels. Interdisciplinary interaction takes place via participation in PCBH team meetings, medical team "teamlet" huddles and team meetings, and curbside and formal consultation.

PCBH provides same-day, open access behavioral medicine and behavioral health services via consultation with medical team providers as well as targeted evaluation and brief evidence-based treatment for patients with broad ranging clinical presentations such as anxiety and mood spectrum disorders, substance misuse and abuse and other behavioral addictions, chronic illness, chronic pain, neurocognitive disorders, sleep disorders, weight management and disordered eating (binge eating, night eating, emotional eating), stress management, adjustment disorders, bereavement, attaining and maintaining healthy lifestyles, somatic concerns, minority based stressors, gender and/or sexual identity development, relationship or family difficulties, and caregiver burden. PCBH serves as a front door to mental health for our outpatient medical coverage areas and thus also routinely participates in crisis management and management of patients with serious mental illness, particularly those patients in need of specialized mental health care but non-adherent to treatment recommendations. Psychology also

INTERNSHIP BROCHURE

Primary Care Mental Health Integration & Primary Care Behavioral Health – Entire Hospital Rotation Supervisors: Justin Birnholz, Ph.D., Matt Davis, Ph.D., M.P.H., Julie Horn, Ph.D., Jamie Mathews, Psy.D., Katherine Meyers, Ph.D., Irena Persky, Ph.D., Catherine Robertson, Ph.D., Erin Zerth, Ph.D.

Page 2

provides population-focused, stepped care approaches to behavioral and mental health class and group treatments for primary care and specialty clinic patients. Classes and groups are structured following empirically based treatment protocols to the extent available and largely emphasize improved mood, functional outcomes, and quality of life. Current group and class offerings including Living with Diabetes Group, Depression Secondary to Medical Illness Group, Minority-Based Stress and Resiliency Group, Transgender Veterans Group, Service and Pride! Discussion Group, Stress Management Group, Coping with Chronic Pain Class, Pain Cognitive Behavioral Therapy Group, Pain Acceptance and Commitment Therapy Group, Developing Healthy Sleep Habits Group, Cognitive Behavioral Therapy for Insomnia Group, and Binge Eating Disorder Group. Goals of the PCBH team are to increase patient accessibility to mental and behavioral health care and assist primary and other medical care providers and clinicians 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. Psychology also provides services to primary care's distinct Women's Health, OIF/OEF, and Geriatric clinics.

Interns will focus on developing proficiency in mental health/behavioral health/behavioral medicine 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 Interns will work collaboratively with primary care teams 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. Interns will be provided with medical knowledge sufficient to communicate with physicians and other primary care providers and to understand medical charts as well as to understand the relationship between health and behavior. Interns will also gain an understanding of health care systems and to learn to understand and appreciate how the functioning of other team members is essential to good patient care. Furthermore, Interns will focus on developing assessment skills with specific patient populations (e.g., patients with insomnia, patients with diabetes and adherence difficulties, cardiac patients with comorbiddepression) as well as assessment skills geared toward understanding how personality, psychopathology, and cognitive impairment can impact one's ability to optimally participate in their health care. Interns will have the opportunity to learn how medical illness may complicate the process of making psychological diagnoses as well as how psychological problems negatively impact one's ability to optimally participate in maintaining their physical well-being. Treatment is typically geared toward helping patients cope effectively with major medical illnesses and mild-moderate mental health concerns, promoting healthy lifestyles, encouraging treatment adherence, enhancing overall quality of life, and helping patients to cope with functional changes and changes in family roles that occur as a result of medical and/or behavioral health problems. Mental health crises management skills are often called upon to assist Primary Care team members navigate patient concerns such as disruptive patients, suicidality, homicidality, abuse/neglect, intoxication, active mania and psychoses. The majority of treatment is short-term, solution-focused, cognitive behavioral, ACT and/or problem solving focused, with significant motivational enhancement techniques utilized. There will be an emphasis on using empirically validated treatments for a spectrum of disease processes (e.g., CBT for Chronic Pain, CBT for Insomnia, Problem Solving Therapy, Motivational Interviewing, among many others).

In addition to the above general rotation description, optional experiences may be offered in a Community Based Outpatient Clinic (CBOC; metropolitan or rural), Infectious Disease Primary Care

**Primary Care Mental Health Integration & Primary Care Behavioral Health – Entire Hospital
Rotation Supervisors: Justin Birnholz, Ph.D., Matt Davis, Ph.D., M.P.H., Julie Horn, Ph.D.,
Jamie Mathews, Psy.D., Katherine Meyers, Ph.D., Irena Persky, Ph.D., Catherine Robertson,
Ph.D., Erin Zerth, Ph.D.**

Page 3

Clinic, Hematology/Oncology Department, MOVE! Weight Loss Clinic, Biofeedback Clinic, and via telehealth modalities (telemental health, telemental health to home, or video teleconferencing).

GOALS:

1. The primary responsibility of the Intern will be to develop advanced competence in providing clinical services to patients who are coping with acute and/or chronic medical and behavioral health conditions and to facilitate lifestyle change in those patients who are at risk for chronic emotional or physical disease.
2. Interns will conduct individual, couples, and group psychotherapy aimed at symptom reduction and increased compliance and adherence.
3. Interns will learn to develop and carry out evidenced-based behavioral medicine treatment plans.
4. Interns will develop advanced skills in serving as a consultant-liaison to the interdisciplinary treatment team in the primary care setting.
5. Interns will have the opportunity to spend a significant part of their rotation focusing on developing skills in program development and outcome studies. Interns will have research time to conduct literature reviews aimed at identifying empirically based treatments for specific medical conditions. Interns will also 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. Interns will also establish collaborative working relationships with medical residents and participate in educating medical staff on the impact that psychological functioning has on one's physical health.

TRAINING OBJECTIVES:

Interns 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, mental health disorders, adherence difficulties, cognitive status, social support, substance use/abuse, 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 all aspects of patient's treatment plans.

INTERNSHIP BROCHURE

Primary Care Mental Health Integration & Primary Care Behavioral Health – Entire Hospital

Rotation Supervisors: Justin Birnholz, Ph.D., Matt Davis, Ph.D., M.P.H., Julie Horn, Ph.D., Jamie Mathews, Psy.D., Katherine Meyers, Ph.D., Irena Persky, Ph.D., Catherine Robertson, Ph.D., Erin Zerth, Ph.D.

Page 4

SUPERVISION:

The Intern will meet weekly with supervising psychologists. A major focus of supervision will be on implementation of the PCMH model, evidenced-based practice in Primary Care Mental Health Psychology and Health Psychology, and measurement based care. Supervision time will also include focusing on professional challenges related to the role of integrated care psychologists within interdisciplinary medical teams. Additionally, there will be a didactic component, “Integrated Care Grand Rounds,” focused on helping interns to achieve advanced understanding of medical problems that present with psychological symptoms and/or how psychological diagnoses/maladaptive personality traits negatively impact one’s ability to participate optimally in their own health care.

APPROXIMATE EMPHASIS OR TIME ON ASSESSMENT VS THERAPY: 50% vs. 50%

IS UNSCHEDULED SUPERVISION FREQUENTLY AVAILABLE: YES [X] NO []

OPPORTUNITY FOR WORKING WITH OTHER DISCIPLINES: YES [X] NO []

WHICH DISCIPLINES: Primary Care Physicians, Physicians Assistants, Nurse Practitioners, RN’s, PharmD’s, Dieticians, Social Work, Psychiatrists, Medical Support Staff.

ASSIGNMENT IS OPEN TO PRACTICUM STUDENTS: YES [X] NO []

KIND OF PRIOR EXPERIENCE REQUIRED OR RECOMMENDED:

1. Strong interest in Integrated Care Psychology, some past experience in medical setting preferred.
2. Strong diagnostic interviewing skills
3. Familiarity with evidence-based, brief, and solution-focused approaches to treatment
4. Tolerance for working with medically ill/compromised patients.
5. Willingness to work with other health professionals

ROTATION CREDITS:

	<u>Full Time</u>	<u>Half Time</u>
Intervention/Psychotherapy	2-4	1-2
Assessment without Formal Testing	1-2	0-1
Assessment with Formal Testing	1-2	0-1
Consultation	2-4	1-2

ASSIGNMENT SUPERVISOR: Caroline Hawk, Ph.D.

ASSIGNMENT LOCATION: Psychology Training – Building 228

ASSIGNMENT DESCRIPTION:

This rotation provides an introduction to the responsibilities and roles maintained by the Psychology Training Director. Through a mentorial approach, the supervisee will gain an introduction to most activities directed by the Training Director. The trainee 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 a part-time experience that extends over a minimum six months period.

GOALS:

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

OBJECTIVES:

1. The trainee 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 trainee 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 trainee 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
4. coordination, policy and procedure development, and program evaluation through coordinated work activity with the Training Director.
5. The trainee 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.

INTERNSHIP BROCHURE

Psychology Training – Building 228
Assignment Supervisor: Caroline Hawk, Ph.D.
Page 2

SUPERVISION:

Supervision is regularly scheduled and mentorial. The trainee will shadow the Training Director as appropriate, and supervision sessions will focus on didactic education, review of trainee progress on assigned projects and tasks, and coordinated, conjoint work activity.

APPROXIMATE EMPHASIS OR TIME ON FORMAL TESTING VS THERAPY: n/a

IS UNSCHEDULED SUPERVISION FREQUENTLY AVAILABLE: YES NO

COMMENT:

Informal or unscheduled supervision hours are available as needed.

OPPORTUNITY FOR WORKING WITH OTHER DISCIPLINES: YES NO

WHICH DISCIPLINES: Nursing, Psychiatry, Social Work

ASSIGNMENT MAY BE PART OF SPLIT ROTATION: YES NO

ASSIGNMENT IS OPEN TO PRACTICUM STUDENTS: YES NO

ADDITIONAL COMMENTS:

It is preferred as a six month, quarter-time rotation.

KIND OF PRIOR EXPERIENCE REQUIRED OR RECOMMENDED:

Experience in program evaluation and/or outcome measurement is desirable, as is administrative experience.

ROTATION CREDITS:

	<u>Quarter Time</u>
Intervention/Psychotherapy	0
Assessment without Formal Testing	0
Assessment with Formal Testing (Optional)	0
Consultation	2

ASSIGNMENT SUPERVISOR: Marilyn Garcia, Ph.D. and Amanda Lyskawa, Ph.D.

ASSIGNMENT LOCATION: Psychosocial Rehabilitation and Recovery Center (PRRC)
Bldg. 13

ASSIGNMENT DESCRIPTION:

The PRRC is an outpatient, transitional learning center designed to support the recovery and community integration of Veterans living with serious mental illness (SMI; defined as diagnosis of Schizophrenia, Schizoaffective Disorder, Psychotic Disorder NOS, Bipolar Disorder, Major Depressive Disorder, or severe Posttraumatic Stress Disorder) as well as significant and persistent functional impairment (e.g., social, occupational). Services offered through the PRRC reflect the general principles that everyone has the capacity for growth and mental health recovery is possible. Evidence-based programming is delivered primarily in classroom format and aimed at teaching the requisite skills for realizing Veterans' self-chosen goals in various domains of life. The PRRC treatment team encourages and facilitates the active rehabilitation of Veterans in the program by providing opportunities for education, skills training, peer support, community linkage, and the coordination of services with other VA providers. Veterans select the classes they wish to attend in order to assist them in achieving their self-determined recovery goals.

The PRRC mission is to inspire and assist Veterans by instilling hope, highlighting personal strengths, teaching skills, and building the supports that will allow them to fulfill meaningful, personally-defined goals and purposes in life. Successful completion of the PRRC is designed to enable Veterans with SMI to become more independent and integrated into the community, with continued access to and utilization of mental health services and supports as needed.

The PRRC consists of an interdisciplinary staff from the fields of psychology, social work, and peer support who work closely with other providers in psychiatry, nursing, intensive case management, and vocational therapy to create a unified treatment team approach to recovery. As such, the psychology intern will likely collaborate with all members of this interdisciplinary treatment team. The intern will be responsible for delivering clinical care to Veterans and helping them to achieve their self-determined therapeutic goals through various services and resources: individualized assessment and recovery planning; classroom-based psycho-education and skills training for socialization, coping with illnesses, wellness management, and independent living; building of social support networks; consumer and family education/psycho-education on mental health-related issues; dual diagnosis treatment (if necessary); vocational assistance/employment in the community (if desired); and linkage to other resources as indicated. Additionally, the intern will have the opportunity to participate in outcome measurement efforts and possible program development projects, such as the writing and/or updating of course curriculum to ensure class materials reflect evidence-based/emerging best practices and current rehabilitation needs of the participants served.

GOALS:

1. Acquire specialized knowledge of the SMI population and skills for accurate diagnosis, recovery planning, and provision of psychosocial rehabilitation services in a VA setting.
2. Display clinical competence in conducting biopsychosocial assessments, recovery-focused treatment planning, and evidence-based interventions for individuals with SMI.
3. Function independently in a responsible, ethical manner while also serving as a key member of an interdisciplinary treatment team.
4. Make progress toward development of professional identity as a psychologist.

INTERNSHIP BROCHURE

PRRC – Bldg. 13

Assignment Supervisors: Marilyn Garcia, Ph.D. and Amanda Lyskawa, Ph.D.

Page 2

TRAINING OBJECTIVES:

1. Gain a general understanding of the recovery model for mental illness, the basic recovery components, and core principles and values of psychosocial rehabilitation.
2. Conduct comprehensive biopsychosocial assessments and individualized recovery plans based on Veterans' assessed needs, preferences, and goals across different psychosocial domains.
3. Assist Veterans with the identification and achievement of personalized goals through recovery coaching and use of specific cognitive-behavioral, learning, and motivational strategies.
4. Co-facilitate psycho-educational and evidence-based classes for SMI, such as Social Skills Training, Illness Management and Recovery, and Wellness Recovery Action Plan.
5. Attend and actively participate in PRRC treatment team meetings.
6. When clinically indicated, collaborate with other providers (e.g., Psychiatry, Mental Health Intensive Case Management, Compensated Work Therapy, Homeless Program) to ensure high quality care and continuity of services.
7. Communicate the PRRC mission, objectives, and expectations to prospective enrollees who demonstrate an interest in the program and other treatment/referring providers as needed.
8. Where appropriate, participate in program development projects, such as the writing and/or updating of course curriculum to ensure that class materials are user-friendly, rooted in evidence-based/emerging best practices for SMI population, and meeting the current rehabilitation needs of participants.
9. Demonstrate good clinical judgment and case conceptualization skills.
10. Manage all clinical responsibilities in a timely and competent manner.

SUPERVISION:

Interns will be expected to attend scheduled individual supervision sessions on a weekly basis. PRRC rotation supervisor will also be available for unscheduled supervision as needed. Supervision will initially involve direct observation and shadowing by interns followed by joint interviews during intake/orientation process and participation in classes. Interns will gradually become more autonomous over time through independently conducted intake assessments, co-facilitation of classes, and individualized recovery planning. Supervision will also consist of feedback on written work and observed interventions as well as discussion of cases and professional issues.

APPROXIMATE EMPHASIS/TIME ON ASSESSMENT VS. THERAPY: 10% vs. 90%

IS UNSCHEDULED SUPERVISION FREQUENTLY AVAILABLE: YES X NO

PRRC – Bldg. 13

Assignment Supervisors: Marilyn Garcia, Ph.D. and Amanda Lyskawa, Ph.D.

Page 3

OPPORTUNITY FOR WORKING WITH OTHER DISCIPLINES: YES X NO

WHICH DISCIPLINES: General Medicine, Psychiatry, Social Work, Nursing, Peer Support, Vocational Rehabilitation.

ASSIGNMENT IS OPEN TO PRACTICUM STUDENTS: YES X NO

ADDITIONAL COMMENTS: A six-month rotation is preferred, but a three-month rotation is also available. Caseload and assessment/intervention opportunities will be modified in accordance with length of rotation and intern's level of readiness.

KIND OF PRIOR EXPERIENCE REQUIRED OR RECOMMENDED: A willingness to work/consult with non-psychologists and to assist individuals with severe psychiatric rehabilitation needs is essential. Previous experience in cognitive-behavioral interventions is recommended. Group therapy experience is recommended but not required.

ROTATION CREDITS:

	<u>Full Time</u>	<u>Part Time</u>
Intervention/Psychotherapy	3-4	2-3
Assessment without Formal Testing	1-2	0-1
Assessment with Formal Testing	0-1	0-1
Consultation	2-3	1-2

INTERNSHIP BROCHURE

ASSIGNMENT SUPERVISORS: Research Supervisors selected upon interest and availability from Psychology Staff

ASSIGNMENT LOCATION: Research Rotation

Locations include but are not limited to the following clinics in the MHSL:

Trauma Services Program

Substance Abuse Residential Recovery and Rehabilitation Treatment Program (SARRTP)

Neuropsychology

Addiction Treatment Program

ASSIGNMENT DESCRIPTION:

Eduard Hines, Jr., VA Hospital (Hines VA) has an active research program. Commensurate with the overall mission of Hines VA, research conducted aims to advance our ability to provide exceptional health care to veterans and to improve their general health and well-being. The types of research typically conducted are clinical investigations of the cause, evaluation, assessment, treatment, or outcome of mental health interventions.

Interns will only be permitted to engage in clinical research, provided they have completed their dissertation or doctoral project. Additionally, please note that interns cannot be primary investigators on research projects, but must work under the auspices of full-time psychology staff. Interns may have the opportunity to participate in ongoing funded research projects, develop projects to evaluate current clinical practice and/or pilot and evaluate new clinical practices, and to develop projects from preexisting clinical datasets to answer research questions relevant to the care of veterans.

Examples of projects which interns may complete during the Clinical Research Rotation:

- Systematically evaluate a clinical intervention (e.g., efficacy of a group psychotherapy)
- Productively engage in or complete a program development or improvement project for a specific clinic
- Engage in a Quality Improvement project for Hines VA Mental Health Service Line
- Collect and analyze data for an ongoing research project with clinical intervention focus
- Participate in ongoing research studies or formulate a new mini-project with faculty
- Implement findings from existing research to improve current clinical activities or clinic functioning
- Conduct a needs assessment
- Plan and implement a project based on previous needs assessment that will benefit veterans across the Medical Center
- Literature review on a topic relevant to veteran care or mental health
- Use of available archival datasets for secondary data analysis

GOALS:

A final concrete product will be expected from all individuals completing this rotation:

1. A one hour talk during the intern seminar;
2. A written summary report OR a manuscript prepared for submission at a peer reviewed journal OR a poster prepared for a conference.

Clinical Research

Assignment Supervisor: Varies

Page 2

TRAINING OBJECTIVES:

Demonstrate knowledge of research principles and application in project development. Training objectives presented below are inclusive and may not apply to every project selected.

Generate research question and discuss feasibility of project within time frame

Present proposal to research supervisor of research project including:

- Literature review
- Hypotheses

Develop all required materials for VA Research and Development to approve research projects. R&D applications and materials include IRB committee approvals.

- Prepare all materials required for R&D and IRB approval
- Submit materials in a timely manner and consult with R&D and IRB regarding protocol questions
- May also need to consult with Security Office and Privacy Officer regarding projects

Implement research protocols with adherence to research principles and ethics, as well as R&D and IRB approved protocols.

- Adhere closely to IRB approved research protocol for the study for which you are collecting data
- Keep all required records and submit paperwork in timely manner

Exhibit competence in completion and interpretation of research results and to disseminate the information

- Complete all required training for research assessments
- Follow ethical principles of informed consent when recruiting and working with research participants

Complete presentation and write-up/publication of research findings

SUPERVISION:

Supervision will consist of weekly scheduled meetings with identified primary supervisor, who will also be available for unscheduled supervision as needed. The primary supervisor will serve as the primary investigator on research studies proposed by interns. Supervision may also include attending research meetings and/or additional supervision with additional research staff.

ADDITIONAL COMMENTS:

Interns will only be permitted to engage in this clinical research rotation provided they have completed their dissertation or doctoral project. Additionally, please note that interns cannot be primary investigators on research projects, but must work under the auspices of a full-time psychology staff member. Experience with research and other skills will impact the projects available to any given intern.

INTERNSHIP BROCHURE

Clinical Research

Assignment Supervisor: Varies

Page 3

Interns who wish to complete this rotation will work with the selected supervisor to discuss the feasibility of potential projects. A six-month quarter-time rotation is preferred.

APPROXIMATE EMPHASIS OR TIME ON FORMAL TESTING VS. THERAPY:

80/20 or depending on projects

IS UNSCHEDULED SUPERVISION FREQUENTLY AVAILABLE: YES NO

OPPORTUNITY FOR WORKING WITH OTHER DISCIPLINES: YES NO

WHICH DISCIPLINES: depends on project

ASSIGNMENT MAY BE PART OF SPLIT ROTATION: YES NO

ASSIGNMENT IS OPEN TO PRACTICUM STUDENTS: YES NO

ADDITIONAL COMMENTS: Dissertation must be defended in order to take this rotation.

KIND OF PRIOR EXPERIENCE REQUIRED OR RECOMMENDED:

Interns who wish to complete a research rotation must seek out the opportunities and work with selected supervisors to discuss feasibility of projects during the rotation time frame requested. Experience with research and other skills will impact the projects available to a given intern.

ROTATION CREDITS:

	<u>Full Time</u> (per quarter)	<u>Part Time</u> (per 6 month)
Intervention/Psychotherapy	2	2
Assessment without Formal Testing	2	2
Assessment with Formal Testing		
Consultation	0	0
Research	2	2

ASSIGNMENT SUPERVISOR: Amber Singh, Ph.D.

ASSIGNMENT LOCATION: SARRTP, Building 228, 2nd Floor

ASSIGNMENT DESCRIPTION:

Internship trainees will be involved in various aspects of treatment provided to veterans admitted to the Substance Abuse Residential Rehabilitation Treatment Program (SARRTP). 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 approximately 3-4 weeks (average LOS = 20 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, participate in an exercise program, and daily self-help groups. The treatment team is interdisciplinary consisting of a psychologist, a psychiatrist, 4 social workers, 2 nurses, 3 addiction therapists, a peer support specialist, and trainees (psychology, social work and nursing). Additional staff from other areas of the hospital also provides services and consult with staff, including: dietician technician, chaplain, recreation therapists, pharmacist, and vocational therapist.

Patients receiving treatment in the SARRTP come from a variety of referral sources including the Hines Psychiatric Inpatient Unit, Hines outpatient substance abuse treatment programs, Hines medical units, Hines Mental Health Intake Center, other VA hospitals, and self-referrals. The average age of residents is 50 years old (range 18-80 years old). Patients have a wide range of co-occurring psychiatric disorders including depression, PTSD, and SMI. Additionally, many of the patients are at high risk for suicide.

Interns may gain clinical, assessment, consultation, research, administrative, and supervision experience, with the balance of these determined by the interns specific training goals.

- Clinical intervention experience may include intake interviews, serving as primary counselor for residents, providing individual therapy including CBT-SUD, facilitating interactive group therapy, providing group psycho-educational instruction, and conducting family psycho-education and therapy sessions.
- Assessment experience may include administering, scoring, and interpreting a brief self-report battery completed upon admission, which includes assessment of depression, anxiety, motivation, and distress tolerance. Additional opportunities for more in depth cognitive, personality and/or neuropsychological testing are be available on a case by case basis.
- Consultation experience will be gained through ongoing consultation with SARRTP treatment team members regarding SARRTP residents. They will work closely with SARRTP social workers in developing aftercare plans for patients, which may include outpatient treatment or long-term residential treatment. Consultation with the outpatient addiction treatment program, the inpatient psychiatric unit, the consult-liaison psychiatric team, and trauma services may also be possible.
- Research experience is possible as there is a great deal of data available through VA data resources and outcome data collected at the local level.
- Administrative experience may include program development, program evaluation, development of administrative tools (access database).
- Supervision experience may be available for interested interns. The SARRTP has extern practicum trainees. Advanced interns may have the opportunity to supervise practicum trainees.

Interns in the Residential SA Treatment Program will have an individualized training year contingent upon the trainees goals. The individualized training plan may include experience in the following skills and activities:

- Delivery of evidence-based treatment for substance use disorders.
 - Group treatment

INTERNSHIP BROCHURE

SARRTP – Bldg. 228

Assignment Supervisor: Amber Singh, Ph.D.

Page 2

- Individual treatment
- Providing psycho-educational instruction regarding substance use and recovery
- Outcomes analysis/Program evaluation
- Program Development
- Exposure to psychological assessment:
 - Diagnostic interviewing
 - Personality assessment
 - Cognitive assessment
 - Integration of assessment results
 - Formulating written integrated summaries of results and recommendations to providers
- Consultation with a multi-disciplinary team with regard to optimal patient care:
 - Attend weekly staff meetings
 - Participate in staffing patients to address problem behaviors
 - Consult with the outpatient addictions treatment program and the inpatient psychiatric unit regarding referrals to the SARRTP
- Supervision of practicum trainees in the SARRTP

APPROXIMATE EMPHASIS OR TIME ON FORMAL TESTING VS THERAPY:

20%/80% (emphasis on assessment may be increased, if desired)

IS UNSCHEDULED SUPERVISION FREQUENTLY AVAILABLE: YES NO

COMMENT: Due to the residential nature of the program supervision often happens at unscheduled times.

OPPORTUNITY FOR WORKING WITH OTHER DISCIPLINES: YES NO

WHICH DISCIPLINES: Nursing, Psychiatry, Social Work, Pharmacy, Peer support, RT

ASSIGNMENT MAY BE PART OF SPLIT ROTATION: YES NO

ASSIGNMENT IS OPEN TO PRACTICUM STUDENTS: YES NO

ADDITIONAL COMMENTS: Half-time rotation available. Six-month rotation only.

KIND OF PRIOR EXPERIENCE REQUIRED OR RECOMMENDED: Experience with group therapy and SUD/SMI population will benefit trainees in the SARRTP; however, it is not a prerequisite.

ROTATION CREDITS

	<u>Half Time</u>
Intervention/Psychotherapy	2-3
Assessment without Formal Testing	1
Assessment with Formal Testing (Optional)	0-1
Consultation	0-1

INTERNSHIP BROCHURE

ASSIGNMENT SUPERVISORS: Azi Ghaffari, Ph.D., Golnaz Pajoumand, Ph.D., Courtney Cornick, Ph.D., and Scott Creamer, 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, Building 221**

ASSIGNMENT DESCRIPTION: Spinal Cord Injury Service (SCIS)

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 or patients receiving care in our MS or ALS clinics. 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 29 bed units with approximately 8 of those beds committed to acutely injured individuals undergoing intensive rehabilitation. The Residential Care Facility (RCF) houses 30 Veterans with spinal cord injuries that require long term residential care. Finally, SCI outpatients are seen for 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. There are four quarter time options – one on SCI-North acute rehabilitation inpatient, one on SCI-South medical inpatient, one in the SCI outpatient clinic and homecare population, and one at the RCF. Any of these rotations **must be combined** with another SCI rotation so that the intern is spending **at least 50% time** on SCI. We do not feel that a comprehensive training experience can be obtained through one quarter time rotation.

A. Rotation Description:

The spinal cord injury service 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, kinesiotherapy, recreational therapy, vocational rehabilitation, nursing, chaplain services, psychology, and other specialties. Interns will participate in weekly interdisciplinary discharge rounds, and have an option to attend weekly rounds with the physicians and psychologists. The workload activities on this rotation tend to be evenly distributed between consultation, assessment and individual therapy.

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. Veterans may present with medical complications associated with their spinal cord injury, acute/chronic medical conditions that require hospitalization, or sub-acute rehabilitation. Approximately 30% have some diagnosable psychological problem; most typically present with affective disorders, cognitive impairment, and/or substance abuse. Psychology interns will have opportunities to assess and treat both inpatients and outpatients for mood disorders, treatment compliance, delirium, dementia, adjustment to disability, obesity, pain, smoking cessation, and sexuality. The SCI psychologists provide assessment and individual counseling to all rehabilitation patients, coordinate psychological and psychiatric care with the patient's attending physician, and act as a consultant to the treatment team as necessary.

The hospital based SCIS consists of two 29 bed units: SCI-South (Acute Medical/Sustaining Care Inpatient) and SCI-N (Acute Rehabilitation Inpatient). The average length of stay for SCI-South Veterans can vary from very short stays to extended (over a year) stays, so interventions provided by

INTERNSHIP BROCHURE

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, Building 221

Assignment Supervisors: Azi Ghaffari, Ph.D., Golnaz Pajoumand, Ph.D., Courtney Cornick, Ph.D., and Scott Creamer, Ph.D.

Page 2

psychology vary from brief solution focused therapy to more extended psychotherapy. On the other hand, average length of stay for the acute rehabilitation program is 8-12 weeks. The Veterans range in age from 20 years to over 90+ 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 interns will have opportunities to assess and treat both inpatients and outpatients for mood disorders, treatment compliance, delirium, dementia, adjustment to disability, obesity, pain, smoking cessation, and sexuality. In addition, family therapy and caregiver support opportunities may also be available. Moreover, interns may have an opportunity to co-lead support/psychoeducation groups, and become involved in various projects, including those related to performance improvement.

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 and counseling, and consultation with clinic physicians and nursing staff. Patients who are initially seen in the outpatient clinic may therefore be seen for ongoing psychotherapy and behavioral health management. Moreover, opportunities are also available for interns to see geropsychology patients involved in the Mental Health Clinic as well as opportunities to see patients via CVT to the home (in-home telehealth).

As an interdisciplinary team member, the RCF psychologist provides a full range of therapeutic interventions to residents, incorporating empirically based treatments in both time limited and longer term psychotherapy. Assessment services provided by the RCF psychologist include screening for psychopathology and cognitive deficits; and assessment of decisional capacity. All residents are evaluated individually by each discipline within the team on a quarterly basis. During the weekly RCF interdisciplinary staffings, Psychology provides input regarding the residents' psychiatric diagnostic status, psychotropic medications, cognitive, and functional status. Moreover, the RCF Psychologist is available for "curbside consultation" and regularly collaborates with providers from each discipline outside of staffing for ongoing coordination of care. In addition, the psychologist facilitates a bi-weekly team building group for RCF nursing staff that is offered in two sessions to accommodate both the midnight shift as well as the day/evening personnel.

B. Rotation Goals:

1. To learn the roles and functions of a health/rehabilitation psychologist in a variety of settings including inpatient medical units, outpatient settings, homecare, and residential facilities.
2. To learn to function as a key member of an interdisciplinary treatment team, and develop an overall understanding of the role of a psychologist on an inpatient medical service working within an interdisciplinary team model.
3. To develop clinical skills allowing for differential diagnosis of pathology through assessment, consultation and treatment planning, crisis management, case management, and patient advocacy.

**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, Building 221**

Assignment Supervisors: Azi Ghaffari, Ph.D., Golnaz Pajoumand, Ph.D., Courtney Cornick, Ph.D., and Scott Creamer, Ph.D.

Page 3

4. To develop individual treatment skills to provide primarily individual interventions to help people cope with their disability and their emotional reaction to their disability.
5. To develop professional skills relevant to working collaboratively with medical providers and interdisciplinary rehabilitation professionals.

C. Rotation Training Objectives:

1. The intern will provide comprehensive psychosocial assessments of 4-6 individuals with SCI. These assessments include clinical interviewing and psychometric assessment when indicated.
2. The full-time intern will carry an overall caseload of approximately 6-8 medical inpatients. Clinical services provided to these patients will involve assessment and weekly individual therapy. Interns are expected to meet with their assigned patients at least once a week for follow-up and therapy.
3. The intern will provide evaluation and treatment services to medical inpatients having SCI/D. Clinical services include differential diagnoses, follow-up counseling, team consultation, and triage to specialty services (e.g. Psychiatry, Mental Health, Speech Pathology, etc.)
4. To develop skills in the assessment and treatment of varying levels of psychopathology, ranging from mild mood disturbance to severe Axis I and Axis II disorders.
5. To develop skills in working with the interdisciplinary team on both patient focused care issues, as well as conflict resolution between staff and patients.
6. To learn special therapeutic and assessment-related needs, specific to individuals with significant physical limitations.
7. The intern will attend the patient staffings, team meetings, and teleconferences.
8. The intern will be responsible for timely chart reporting, test reports, and treatment plans (preferably within one working day of seeing patients).
9. The intern will be responsible for reading and developing specialty knowledge in the areas of spinal cord injury, rehabilitation, adjustment, and caregiver stress. A reading list is provided.
10. If a full time rotation is elected and, if time allows, the intern may participate in ongoing performance improvement projects for the SCI service.

SUPERVISION:

Interns are scheduled for a minimum of 1 hour direct, individual supervision per week. In addition, interns are encouraged to utilize the direct access to the supervisor on an as-needed basis throughout the

INTERNSHIP BROCHURE

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, Building 221

Assignment Supervisors: Azi Ghaffari, Ph.D., Golnaz Pajoumand, Ph.D., Courtney Cornick, Ph.D., and Scott Creamer, Ph.D.

Page 4

day. The goal is for the intern to progressively develop more autonomy as the rotation progresses. Interns should become more involved until they develop the skills and confidence to be the primary provider. Initially, interns observe the supervisor then become more involved as they develop the skills and confidence to be the primary provider. Formal evaluation of written work and assessments is ongoing throughout the rotation.

APPROXIMATE EMPHASIS OR TIME ON ASSESSMENT VS THERAPY: 50%/50%

IS UNSCHEDULED SUPERVISION FREQUENTLY AVAILABLE: YES NO

OPPORTUNITY FOR WORKING WITH OTHER DISCIPLINES: YES NO

WHICH DISCIPLINES: Rehabilitation Medicine Service includes: Medicine, Physical Therapy, Occupational Therapy, Kinesiotherapy, Recreational Therapy, Vocational Therapy/Education Therapy, Social Work, Clinical Dietician, Nursing, Chaplain Services, Psychology/Psychiatry/Neuropsychology, and other specialties.

ASSIGNMENT MAY BE PART OF SPLIT ROTATION: YES NO

ASSIGNMENT IS OPEN TO PRACTICUM STUDENTS: YES NO

ADDITIONAL COMMENTS: The assignment does require an assimilation of specialized content area. Psychologists are accepted as active part of treatment team.

KIND OF PRIOR EXPERIENCE REQUIRED OR RECOMMENDED:

1. Some inpatient psychiatry and psychodiagnostics/interviewing experience.

KIND OF PRIOR EXPERIENCE REQUIRED OR RECOMMENDED:

1. Some outpatient mental health, inpatient psychiatry, medical population and psychodiagnostics/interviewing experience is suggested but not required.
2. Some psychodiagnostics/interviewing experience.
3. Experience working in an interdisciplinary setting.

We can adapt to the intern's level of experience in terms of the amount of formal/informal supervision and of having them work with us and/or engaging in independent activity.

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, Building 221

Assignment Supervisors: Azi Ghaffari, Ph.D., Golnaz Pajoumand, Ph.D., Courtney Cornick, Ph.D., and Scott Creamer, Ph.D.

Page 5

ROTATION CREDITS

Dr. Ghaffari -	<u>Half Time/Full Time</u>
Intervention/Psychotherapy	1-2
Assessment without Formal Testing	1-2
Assessment with Formal Testing	1-2
Consultation	1-2
Dr. Pajoumand -	<u>Half Time/Full Time</u>
Intervention/Psychotherapy	1-2
Assessment without Formal Testing	1-2
Assessment with Formal Testing	1-2
Consultation	1-2
Dr. Cornick -	<u>Half Time/Full Time</u>
Intervention/Psychotherapy	1-2
Assessment without Formal Testing	1-2
Assessment with Formal Testing	1-2
Consultation	1-2
Dr. Creamer -	<u>Half Time</u>
Intervention/Psychotherapy	1-2
Assessment without Formal Testing	0-1
Assessment with Formal Testing	0-1
Consultation	1-2

INTERNSHIP BROCHURE

ASSIGNMENT SUPERVISOR:

Rene E. Pichler-Mowry, Ph.D.

ASSIGNMENT LOCATION:

**TBI/Polytrauma Psychology Clinic
Mental Health Building 228**

ASSIGNMENT DESCRIPTION:

As part of the Traumatic Brain Injury (TBI) /Polytrauma Psychology clinic, interns 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 including TBI, soft tissue damage, auditory and visual impairments, amputations, along with comorbid emotional and psychological difficulties (i.e., depression, Post Traumatic Stress Disorder [PTSD], adjustment reactions). Therefore, a primary focus of the rotation includes the treatment of co-occurring mental health problems and chronic pain. The typical patient population in this rotation involves Veterans who have experienced a TBI and are suffering from concomitant PTSD symptomatology and/or other psychiatric conditions related to their service. Patients represent a full continuum of age, race, and ethnicity, as well as socioeconomic backgrounds. Interns can also expect to have opportunities to work with Veterans from combat eras other than OEF/OIF/OND.

Veterans are typically seen for a range of psychological disorders, including depression, anxiety, PTSD (including Military Sexual Trauma), substance abuse, personality pathology, and other mental health issues. Most Veterans experience difficulty in adjusting to civilian life post-deployment. In addition, TBI/Polytrauma Veterans often present for help with adjustment to medical conditions, such as TBI, amputation, spinal cord injury, cancer, sleep issues, and chronic pain. Treatment may be brief or long-term depending on the Veteran's presenting concerns, needs, goals, and progress in therapy.

Primary duties will include providing psychotherapy to TBI/Polytrauma patients. Typically, interns will meet with patients on a weekly basis. Treatment modalities include individual therapy, couples therapy, group therapy, and family therapy. Interns will learn various manualized treatments such as Cognitive Processing Therapy (CPT), Prolonged Exposure (PE), and will also have the opportunity to use therapy modalities such as Acceptance & Commitment Therapy (ACT), Motivational Interviewing (MI), and Cognitive Behavioral Therapy (CBT) for depression, anxiety, substance use disorders, and/or chronic pain. Interns also participate in the administration of the clinic, conduct psychological assessments (e.g., the Clinician-Administered PTSD Scale [CAPS]) and participate in the Family Empowerment Network (FEN). FEN is a subgroup of TBI/Polytrauma team providers working to provide support and education to Veterans, their families, and/or other adult supporters of Veterans. Interns attend weekly interdisciplinary TBI/Polytrauma staffings, monthly FEN meetings, and quarterly administrative meetings. Importantly, TBI/Polytrauma Psychology interns regularly communicate and consult with treatment providers from other departments and disciplines within the hospital to ensure quality patient care. Interns are provided the opportunity to meet with other providers and learn about the various services (e.g., Speech Therapy, Recreational Therapy, Occupational Therapy, Prosthetics) that the TBI/Polytrauma team provides to Veterans. Furthermore, interns will observe at least one TBI evaluation by the TBI/Polytrauma physician. Regular didactic training is offered for interns on topics such as pain management, CAPS administration, Prolonged Exposure therapy, and anger management. Lastly, as part of this rotation, interns may also have the opportunity to provide clinical supervision to other trainees (i.e., externs) in the clinic, under the direction of Dr. Pichler-Mowry.

GOALS:

1. Display clinical competence in conducting diagnostic interviews.
2. Display clinical competence in conducting various psychotherapeutic treatment interventions.

TBI/Poly Trauma Psychology Clinic – Building 228
Assignment Supervisor: Rene E. Pichler-Mowry, Ph.D.

Page 2

3. Develop competent writing skills.
4. Become comfortable and familiar with consultation within an interdisciplinary treatment team.
5. Become proficient in completing a risk assessment.
6. Become proficient integrating information about cognitive deficits (e.g., attentional problems, sensory deficits, etc.) and appropriately modifying delivery of services to best serve Veterans with traumatic brain injuries.

OBJECTIVES:

1. Interns will provide MH psychotherapy to the TBI/Polytrauma population.
2. Interns will complete clinically relevant progress notes and treatment plans.
3. Interns will communicate and collaborate with other TBI/Polytrauma team members regarding the patient's rehabilitation goals and progress.
4. Interns will be available to consult with other team members regarding psychological issues.
5. Interns will attend and participate in TBI/Polytrauma patient staffings & administrative meetings.

SUPERVISION:

Both formal and informal supervision will be provided. Interns will be required to attend 1-2 hours of formal supervision. Supervisor will be readily available for informal supervision.

APPROXIMATE EMPHASIS OR TIME ON FORMAL TESTING VS. THERAPY:

20%/80%

IS UNSCHEDULED SUPERVISION FREQUENTLY AVAILABLE: YES NO

OPPORTUNITY FOR WORKING WITH OTHER DISCIPLINES: YES NO

WHICH DISCIPLINES: Psychiatrists, Speech Therapy, Physical Therapy, Occupational Therapy, Kinesiotherapy, Recreational Therapy, Nursing, Nurse Educators, and Social Work.

ASSIGNMENT MAY BE PART OF SPLIT ROTATION: YES NO

ASSIGNMENT IS OPEN TO PRACTICUM STUDENTS: YES NO

INTERNSHIP BROCHURE

TBI/Poly Trauma Psychology Clinic – Building 228
Assignment Supervisor: Rene E. Pichler-Mowry, Ph.D.

Page 3

ROTATION CREDITS:

	Half Time
Intervention/Psychotherapy	2-3
Assessment without Formal Testing	0-1
Assessment with Formal Testing	0-1
Consultation	1

ASSIGNMENT SUPERVISOR: Irena Persky, Ph.D.

ASSIGNMENT LOCATION: Total Health, Resilience, and Improved Vitality (THRIV) Program – Entire Hospital

ASSIGNMENT DESCRIPTION:

On this rotation, the Intern will work as a member of the interdisciplinary Total Health, Resilience, and Improved Vitality (THRIV) team. The THRIV Program offers a variety of scientifically grounded approaches with the aim of cultivating health, happiness, and wellbeing among Veterans, families, and staff. The THRIV program offers a complement of interventions that enrich the body's physiology and the brain's neuroplasticity to foster a thriving mind and resilient body. The program emphasizes mind-body integration and moving beyond the traditional symptom/disease-focused practice to a whole person-in-context comprehensive approach. This systems oriented approach is consistent with the principles of Patient Centered VA Care and optimizes the potential for living a healthy and full life. The THRIV team is comprised of psychology, psychiatry, social work, nursing, peer support, a physical medicine and rehabilitation physician, and administrative support staff.

The rotation will present multiple opportunities for trainees interested in integrative evidence-based approaches to proactive health and wellbeing. Interns will focus on skill development in the clinical application of positive psychology and mindfulness interventions. Direct clinical opportunities will include co-facilitating individual sessions and workshops that have a strong experiential component. Workshops currently available include *The Mindful Path to Resilience and Wellbeing Workshop* (recurrent closed cohort 8 weeks), *Food and Mood Workshop* (recurrent closed cohort 4 weeks), and *Mindfulness Practice Group* (weekly ongoing). Several new workshops are in development and trainees will have opportunity to participate in program design, program development, and implementation.

This rotation offers opportunities for collaboration across disciplines and service lines, committee involvement, learning about VHA office of Patient Centered Care and Cultural Transformation initiatives. Additionally, the intern will have the opportunity to participate in outcome measurement efforts, performance improvement, and research projects.

GOALS:

4. Acquire specialized knowledge in positive psychology and mindfulness interventions and skills for planning and provision of such interventions in a VA setting.
5. Display clinical competence in delivering evidence-based clinical programming utilizing Patient Centered Care Principles.
6. Function independently in a responsible, ethical manner while also serving as a key member of an interdisciplinary treatment team.
4. Make progress toward development of professional identity as a psychologist.

TRAINING OBJECTIVES:

11. Gain a general understanding of positive psychology and mindfulness interventions in the delivery of patient centered care.
12. Deliver evidence-based interventions based on components of proactive health and well-being.

INTERNSHIP BROCHURE

THRIV – Entire Hospital

Assignment Supervisor: Irena Persky, Ph.D.

Page 2

13. Assist Veterans with the identification of what gives them a sense of meaning and purpose and how to design a personal health plan for thriving and resilient lives.
14. Co-facilitate workshops, such as *Mindful Path to Resilience* and *Wellbeing Workshop*.
15. Attend and actively participate in THRIV team meetings.
16. When clinically indicated, collaborate with other providers and programs to ensure high quality care and continuity of services.
17. Communicate the THRIV mission, objectives, and expectations to prospective enrollees who demonstrate an interest in the program and other treatment/referring providers as needed.
18. Where appropriate, participate in program development projects, such as the writing and/or updating of course curriculum to ensure that class materials are user-friendly, rooted in evidence-based/emerging best practices, and consistent with the principles of Patient Centered Care.
19. Demonstrate good clinical judgment and case conceptualization skills.
20. Manage all clinical responsibilities in a timely and competent manner.

SUPERVISION:

Interns will be expected to attend scheduled individual supervision sessions on a weekly basis. THRIV rotation supervisor will also be available for unscheduled supervision as needed. Supervision will initially involve direct observation and shadowing by interns followed by joint participation in workshops. Interns will gradually become more autonomous over time through independently responding to referrals, conducting screenings, co-facilitating workshops, and delivering individualized interventions. Supervision will also consist of feedback on observed interventions as well as discussion of cases and professional issues.

APPROXIMATE EMPHASIS OR TIME ON FORMAL TESTING VS. THERAPY:

25%/75%

IS UNSCHEDULED SUPERVISION FREQUENTLY AVAILABLE: YES [X] NO []

OPPORTUNITY FOR WORKING WITH OTHER DISCIPLINES: YES [X] NO []

WHICH DISCIPLINES: Physician, Dietician, Pharmacist, Psychiatry, Social Work, Nursing, Research Department.

ASSIGNMENT MAY BE PART OF SPLIT ROTATION: YES [X] NO []

ASSIGNMENT IS OPEN TO PRACTICUM STUDENTS: YES [] NO [X]

THRIV – Entire Hospital
Assignment Supervisor: Irena Persky, Ph.D.
Page 3

ROTATION CREDITS:

	Full Time
Intervention/Psychotherapy	2-4
Assessment without Formal Testing	1-2
Assessment with Formal Testing	1-2
Consultation	2-4

INTERNSHIP BROCHURE

ASSIGNMENT SUPERVISORS:

Jonathan Beyer, Ph.D
Holly Hunley, Ph.D.
Kelly Phipps Maieritsch, Ph.D.
Kurt L. Noblett, Ph.D.
Barbara Pamp, Ph.D.
Dana Weber, Ph.D.

ADDITIONAL CLINICAL STAFF: **Maryam Basmenji, LCSW (MST Coordinator)**
Jonathan Hessinger, Psy.D.
Chirag Raval, MD (Medical Director)

ASSIGNMENT LOCATION: **Trauma Services Program**
Building 228, 4th Floor

ASSIGNMENT DESCRIPTION:

The Trauma Services Program provides 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 (MST, non-military adult, or child), physical assault, and motor vehicle accident. Veterans may also be dually diagnosed with PTSD and substance use disorder(s). Patients include both men and women, representing all eras of service (e.g., Vietnam, Desert Storm, OEF/OIF/OND). The Trauma Services Program is a specialty program (previously referred to as the PTSD Clinical Team) whose primary mission is to treat veterans coping with posttraumatic reactions. Another key component of the program is training and consultation for other VA staff.

Interns rotating with Trauma Services will have the opportunity to participate in various aspects of this program. They can expect to administer individual trauma-focused psychotherapy and group psychotherapy. Individual trauma-focused treatments currently offered include Cognitive Processing Therapy (CPT) and Prolonged Exposure (PE). All psychotherapy groups are considered preparation for trauma-focused therapy; these groups include Skills Group, Anger Management, and Emotion Management. All Interns will also facilitate an introductory psychoeducation/orientation class, called CORE, providing information regarding trauma, trauma reactions, and therapy options to veterans. Finally, Interns will participate in the Assessment/Reassessment Clinic within Trauma Services, administering the Clinician-Administered PTSD Scale for DSM-5 (CAPS-5) to new patients. Interns are expected to use objective assessment measures (e.g., PHQ-9, PCL) for diagnostic and outcome purposes, as well as for treatment planning.

The Trauma Services Program staff currently consists of eight psychologists, one social worker, part-time psychiatry, and a full-time program assistant. Additionally, the clinic provides training for three to five Externs during the year. Weekly meetings with the treatment team provide the opportunity for case discussion and treatment planning. Attendance at weekly team consultation provides further training and consultation in the implementation of evidence-based practice. Interns will be assigned a primary supervisor and have opportunities for additional training with other clinical staff.

Trauma Services Program – Building 228

Assignment Supervisors: Jonathan Beyer, Ph.D., Holly Hunley, Ph.D., Kelly Phipps Maieritsch, Ph.D., Kurt L. Noblett, Ph.D., Barbara Pamp, Ph.D., Dana Weber, Ph.D.

Page 2

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 in both group and individual format.
4. Provide consultation with the Trauma Services Program treatment team and other staff members who provide multidisciplinary care to patients.
5. Function autonomously and responsibly in handling all aspects of treatment, tracking, and follow-up of patients.

TRAINING OBJECTIVES:

1. Demonstrate accurate diagnostic skills based on objective assessment and interview.

Select and administer appropriate assessment measures (e.g., CAPS, PHQ-9, PTSD Checklist, PAI, MMPI) specific to the patient's needs and for the purpose of accurate diagnosis and treatment planning.

Review patient records and integrate information from assessments and diagnostic interview into integrated reports (2 or 3 reports/month).

Utilize psychotherapy outcome measures (e.g., PHQ-9, Distress Tolerance Scale, PTSD Checklist) for quality assurance and treatment effectiveness evaluation.
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 and modify over the course of treatment as needed.
3. Exhibit competence in the administration of empirically-based treatments in both individual and group format.

Select appropriate treatment manuals for the administration of empirically-based treatments.

Administer manualized treatments to at least three patients in individual psychotherapy.

Co-facilitate a weekly psychotherapy group protocol (e.g., Anger Management) as needed.

INTERNSHIP BROCHURE

Trauma Services Program – Building 228

Assignment Supervisors: Jonathan Beyer, Ph.D., Holly Hunley, Ph.D., Kelly Phipps Maieritsch, Ph.D., Kurt L. Noblett, Ph.D., Barbara Pamp, Ph.D., Dana Weber, Ph.D.

Page 3

4. Provide consultation with the Trauma Services Program treatment team and other staff members who provide multidisciplinary care to the patients.

Attend weekly staffing meetings with Trauma Services Program treatment team.

Provide referrals for medication management and consultation to other staff members/programs as necessary.

5. Function autonomously and responsibly in handling all aspects of patient care.

Submit reports and treatment notes in a timely manner.

Schedule initial sessions quickly (within 48 hours) and respond to no-shows/cancellations effectively.

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

SUPERVISION:

Supervision will consist of weekly scheduled meetings with identified primary supervisor, who will also be available for unscheduled supervision as needed. Supervision will consist of review of assessment profiles, diagnostic reports, treatment plans, case conceptualization, and treatment protocol adherence.

APPROXIMATE EMPHASIS OR TIME ON FORMAL TESTING VS. THERAPY:

20%/80%

IS UNSCHEDULED SUPERVISION FREQUENTLY AVAILABLE: YES NO

OPPORTUNITY FOR WORKING WITH OTHER DISCIPLINES: YES NO

WHICH DISCIPLINES: Social Work, Psychiatry, Vocational Rehabilitation

ASSIGNMENT MAY BE PART OF SPLIT ROTATION: YES NO

ASSIGNMENT IS OPEN TO PRACTICUM STUDENTS: YES NO

ADDITIONAL COMMENTS: A six-month half-time rotation is typical.

KIND OF PRIOR EXPERIENCE REQUIRED OR RECOMMENDED:

Previous experience in cognitive-behavioral therapy is recommended; however, interest in learning how to implement treatments based on this theoretical orientation, regardless of experience, is welcome as well. Familiarity with time-limited/empirically-based treatments is preferred, but not required. Some experience with objective assessment (e.g., PAI) or structured interviews (e.g., CAPS, SCID) is desirable, but not required.

Trauma Services Program – Building 228

Assignment Supervisors: Jonathan Beyer, Ph.D., Holly Hunley, Ph.D., Kelly Phipps Maieritsch, Ph.D., Kurt L. Noblett, Ph.D., Barbara Pamp, Ph.D., Dana Weber, Ph.D.

Page 4

ROTATION CREDITS:

	<u>Full Time</u> (per quarter)	<u>Part Time</u> (per 6 month)
Intervention/Psychotherapy	N/A	3-4
Assessment without Formal Testing	3-4	1-2
Assessment with Formal Testing	2-3	1-2
Consultation	1-2	1-2

INTERNSHIP BROCHURE

ADMINISTRATIVE SERVICES:

Two full-time program assistants in Psychology Service provide limited clerical and sufficient administrative support to the interns. The interns 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, interns 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 interns use in their work vary somewhat across rotations. Each intern has an office setting within a room shared by the interns with their own desk, chair, telephone with voice mail and computer with internet and e-mail capabilities. Some rotations offer individual offices to the intern on rotation with the aforementioned furnishings and equipment. 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 exceptions of Primary Care and Health Promotion/Disease Prevention. The interns 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. More extensive renovation of our building is currently planned.

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 interns for knowledge and skills development.

HOSPITAL CARE LIABILITY:

Students will be provided emergency care for injuries or accidents on the job while at Hines. Other than emergency treatment, Hines assumes no responsibility for care or treatment of injuries if sustained at the hospital before or after scheduled working hours. Under these circumstances (as well as for general medical care and illness), the student and the student's medical insurance are responsible for health care coverage. Medical insurance is available through the VA.

MALPRACTICE LIABILITY:

Legal assistance for malpractice suits is provided by the VA for employees/ students in the execution of their assigned duties. This coverage does not extend to psychological services provided at non-VA facilities (except Loyola University Medical Center) or to professional activities which are not a part of the VA internship or are not within scheduled work hours.

ACCREDITATION STATUS

The Hines VA Clinical Psychology Internship Program is accredited by the American Psychological Association Commission on Accreditation (CoA) and adheres to the guidelines of the Association of Psychology Postdoctoral and Internship Centers (APPIC). Our last site visit was in 2012, and we obtained full accreditation for seven years, the maximum time that an internship setting can be accredited. Our Program has been APA-Accredited since 1976. Our next re-accreditation site visit is scheduled for late 2019.

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 1st Street, NE, Washington, DC 20002
Phone: (202)336-5979
E-mail: apaaccred@apa.org
Web: www.apa.org/ed/accreditation

GENERAL INFORMATION

Number of hours of supervised training required during internship = 2,080.

Stipend - \$26,342. (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, vision, dental and life insurance coverage are available to Psychology Interns in the VA system.

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

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

On-site day care center.

Personal computers with internet access in the intern office.

Full use of Hines and Loyola medical libraries.

ELIGIBILITY REQUIREMENTS

1. U.S. citizenship. VA is unable to consider applications from anyone who is not currently a U.S. citizen. Verification of citizenship is required following selection. All interns and fellows must complete a Certification of Citizenship in the United States prior to beginning VA training.

2. A male applicant born after 12/31/1959 must have registered for the draft by age 26 to be eligible for any US government employment, including selection as a paid VA trainee. Male applicants must sign a pre-appointment Certification Statement for Selective Service Registration before they can be processed into a training program. Exceptions can be granted only by the US Office of Personnel Management; exceptions are very rarely granted.

INTERNSHIP BROCHURE

3. Interns are subject to fingerprinting and background checks. Match result and selection decisions are contingent on passing these screens.
4. VA conducts drug screening exams on randomly selected personnel as well as new employees. Interns are not required to be tested prior to beginning work, but once on staff they are subject to random selection for testing as are other employees.
5. Doctoral student in good standing at an American Psychological Association (APA) or Canadian Psychological Association (CPA) accredited graduate program in Clinical, Counseling, or Combined psychology or Psychological Clinical Science Accreditation System (PCSAS) accredited program in Clinical Science. Persons with a doctorate in another area of psychology who meet the APA or CPA criteria for respecialization training in Clinical, Counseling, or Combined Psychology are also eligible.
6. Approved for internship status by graduate program training director.
7. Minimum 400 intervention hours plus 100 assessment practicum hours (APPIC Application)

APPLICATION REQUIREMENTS

1. **AAPI ONLINE APPLICATION** (available at the APPIC Web Site: <http://www.appic.org>)
2. **Three or four letters of recommendation.** We are primarily concerned with your clinical skills and abilities. We recommend that you submit only 1 letter from a professor who knows you only from your course work or research. The remaining letters should come from clinical supervisors. If you cannot provide a letter from a clinical site in which you completed 350+ practicum hours, please include an explanation within your cover letter.
3. **Cover letter.** Please note the following in your cover letter:
 - Whether you are applying to one of our two specialty tracks.
 - The rotations at our site that interest you most.
4. **Personal Interview** - by Invitation. Interviews will be scheduled in January, and are expected to be in person. If an applicant is unable to make it to our site due to uncontrollable circumstances (e.g., a cancelled flight), a phone interview may be substituted.

Deadline for receiving the COMPLETED Application: Thursday November 3, 2016.

Internships will start June 26, 2017.

DIRECTIONS

Hines 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.

Psychology Training and Education section is located right after you enter 3-S.

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).

INTERNSHIP BROCHURE

