

**HINES VA HOSPITAL PSYCHOLOGY PRACTICUM TRAINING
PROGRAM**

**HINES VA HOSPITAL
PSYCHOLOGY SERVICE (116B)
EDWARD HINES JR. HOSPITAL
5000 S. 5TH AVE.
HINES, IL 60141**



<http://www.hines.va.gov/about/PsychP.asp>

**Please submit all application material to:
Hinespsychologypracticum@va.gov**

**Dr. Rene Pichler-Mowry & Dr. Jeff Sieracki
Practicum Training Co-Coordinator**

**Questions about the application process can be directed to
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HINES HOSPITAL

Hines Hospital is one of the largest and most diversified medical and surgical hospitals in the Department of Veterans Affairs system. The hospital is a tertiary referral center with many specialty services including some that serve a large U.S. regional area. The Psychology Service operates as an independent department within the larger Mental Health Service Line and has good working relationships with wide-ranging medical disciplines within the hospital, including Psychiatry. The units and patient programs served by Psychology Service include Primary Care, Blind Rehabilitation, Cardiac Care, Substance Abuse Rehabilitation and Recovery Treatment Program, Extended Care (Geriatric), Infectious Disease, Inpatient and Outpatient Psychiatry, Intensive Care Medicine, Neurology, Oncology, Physical Medicine and Rehabilitation, Trauma Services Program, Polytrauma/TBI program, Spinal Cord Injury, and many more.

As a VA hospital, Hines gives priority 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. A high proportion of our patients are from ethnic minority groups, thereby enriching the cultural atmosphere of the hospital.

The Hospital is accredited by the Joint Commission on Accreditation of Health Care Organizations (JCAHO) and the Commission on Accreditation of Rehabilitation Facilities (CARF), and has affiliations with numerous universities.

The Hospital and its academic affiliates conduct many symposia, workshops and consultant presentations on a broad range of topics from many health care fields, and these in turn are available to trainees.

PSYCHOLOGY SERVICE

The Psychology Service at Hines represents a health care model in keeping with the ideal set forth by the American Psychological Association, i.e., an independent clinical service directly responsible to the Chief of the Mental Health Service Line. At Hines, Psychologists are privileged providers with membership on the Medical Executive Committee.

The Psychology Service includes 48 doctoral-level psychologists. The broad range of expertise, background and experience represented in the staff is also reflected in the diversity of their professional assignments throughout the Hospital.

Psychologists work in traditional psychiatric and rehabilitation settings, as well as in neuropsychology, family therapy, and health psychology specialties such as pain management, primary care, home-based health care, oncology, heart disease, and HIV consultation.

PROGRAM DESCRIPTION:

Hines VA Hospital offers extended eleven- and twelve-month practica in one of seven clinical areas. The practicum at Hines VA Hospital begins in early July and ends in late May or late June. Practicum students are expected to complete 700+ hours within this time frame. Furthermore, students are expected to work at least 16 hours per week, with a typical workday beginning at 8:00 a.m. and ending at 4:30 p.m. although some rotations may require alternate hours. Students will work on one rotation for the entire year, although exposure to different supervisors is included in some rotations.

During their practicum experience, students will be closely supervised by a doctoral-level psychologist with a specialty in that particular area of the rotation. A minimum of one hour of formal individual supervision will be provided by all rotations. However, additional supervision, consultation, and didactic activities are available for most rotations and are training-area specific (e.g., neuropsychology grand rounds, integrated care grand rounds, etc.). Because Hines VA Hospital also has an APA-approved internship program consisting of seven intern slots, we are very familiar with providing excellence in training. We also offer a post-doctoral program with six specific specialties. Toward this end, we stress education, supervision, and training. Students are not treated as technicians. Practicum will allow students to apply classroom theory in a practical setting, to develop greater confidence in their clinical skills, and to mature as professional psychologists.

AVAILABLE PRACTICUM ROTATIONS:

Neuropsychological Assessment (Assessment Only): Dr. Kinsinger, Dr. Riordan, Dr. Urban, and Dr. Wiley ---- 4-5 students per year

Substance Abuse Residential Rehabilitation Treatment Program (Mixed Therapy and Assessment): Dr. Singh ---- 1 student per year

TBI/Polytrauma Outpatient Clinic (Therapy and Minimal Assessment): Dr. Pichler-Mowry and Dr. Hessinger ---- 2 students per year

Trauma Services Program (Mixed Therapy and Assessment): Dr. Baer, Dr. Beyer, Dr. Hunley, Dr. Maieritsch, Dr. Noblett, Dr. Pamp, and Dr. Weber ---- 3-4 students per year

Primary Care/Behavioral Health Integration (Therapy and a combination of Formal & Informal Assessment): Dr. Birnholz, Dr. Davis, Dr. Horn, Dr. Mathews, Dr. Persky, Dr. Robertson, and Dr. Zerth ---- 1-3 students per year

Spinal Cord Injury Program (Therapy and Minimal Assessment): Dr. Creamer, Dr. Pajoumand, and Dr. Ghaffari ---- 1 student per year

Psychosocial Rehabilitation and Recovery Center Rotation (Therapy and Minimal Assessment): Dr. Garcia ---- 1 student per year

DESCRIPTION OF PRACTICUM ROTATIONS:

1. **NEUROPSYCHOLOGICAL ASSESSMENT.** On this rotation, students will rotate between several supervisors, and may spend a portion of the year working with the Neuropsychology Post-Doctoral Fellow. This rotation is designed for an advanced practicum student and/or a student who has a strong interest in Neuropsychology.

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

Description:

The practicum student 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. Practicum students 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 in predominantly outpatient settings. Referral sources include, but are not limited to, Neurology, Psychiatry, General Medicine, Geriatrics, Physical Medicine & Rehabilitation / Polytrauma, Neurosurgery, and Psychology. Consultations are utilized by a variety of medical disciplines, including physicians, psychologists, social workers, rehabilitation specialists, and nurses for diagnostic purposes, dementia workups, future care planning, rehabilitation, and/or determination of capacity. Students will also become familiar with neuroimaging and lab results relevant to neurocognitive conditions. Practicum students can expect to develop proficiency with regard to clinical interviewing, test administration/selection, test interpretation, and test report writing. Family contact is frequent, particularly with outpatients, and education/supportive services are common. The student 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, aphasias, 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 (newly returning Veterans), but ages may range from 18 to 95. Patients come from a variety of socioeconomic, racial, and ethnic backgrounds. It is a prerequisite that students have some background in neuropsychology.

Students in the Neuropsychology practicum will gain experience in the following skills and activities:

1. Increased familiarity with the process-oriented/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, aphasias, amnesic syndromes, and psychiatric disturbances
5. An in-depth understanding of cortical and subcortical dementias
6. An in-depth understanding of traumatic brain injury
7. Practicum students will progress toward establishing their professional identity as psychologists.

2. SUBSTANCE ABUSE RESIDENTIAL REHABILITATION TREATMENT PROGRAM

Supervisor: Amber Singh, Ph.D.

Description:

Externs 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. The SARRTP has a three week curriculum; however, actual length of stay varies dependent on clinical factors and aftercare plans. Veterans participate in intensive, primarily group, treatment drawing from CBT, Motivational Interviewing, Anger Management, Coping Skills, Seeking Safety, Relapse Prevention, and 12-step facilitation. Veterans also attend psycho-education classes daily, recreation therapy, spirituality groups, and have the opportunity to participate in an exercise program. The treatment team is interdisciplinary consisting of a psychologist, a psychiatrist, 4 social workers, 7 nurses/nursing assistants, 3 addiction specialists, recreational therapists, chaplain services, peer support specialists, a dietician, and a number of trainees (social work, psychiatry, recreation therapy, nursing).

Veterans receiving treatment in the SARRTP come from a variety of referral sources including the Hines Psychiatric Inpatient Unit (~60%), Hines outpatient substance abuse treatment programs (~20%), Hines medical units (~10%), Hines Mental Health Intake Center (~5%), and other VA hospitals (~5%). The average age of residents is ~50 years old (range 19-83 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 (24%).

Externs may gain both clinical and assessment experience, with the balance of clinical/assessment driven by the extern's training goals. With regard to clinical experience, externs will be involved in the intake process/interview, serve as primary counselors for residents providing individual therapy on an as needed basis, facilitate interactive group therapy, and provide group psycho-educational instruction. They will work with SARRTP social workers in developing aftercare

plans for patients, which may include outpatient treatment or long-term residential treatment. Assessment experience will include administering, scoring, and interpreting a psychological battery completed upon admission, which includes assessment of depression, anxiety, PTSD, anger, motivation, alcohol use, and drug use. Cognitive screening instruments (SLUMS) are often administered upon screening for the program and/or admission to assess baseline cognitive functioning. Additional opportunities for more in depth cognitive, personality and/or neuropsychological testing are available on a case by case basis.

Students in the SAR RTP will gain experience in the following skills and activities:

- Increased familiarity with evidence-based treatment for substance use disorders.
- Facilitation of evidence-based group treatment for substance use disorders
- Providing psycho-educational instruction regarding substance use and recovery
- 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 SAR RTP

3. TBI/POLYTRAUMA PSYCHOLOGY OUTPATIENT CLINIC PSYCHOTHERAPY ROTATION Trainees will conduct psychotherapy and some assessment with Veterans being followed by the Edward Hines, Jr. VA Hospital's Traumatic Brain Injury (TBI)/Polytrauma Team. This rotation is designed for an advanced practicum trainee and/or a trainee who has a strong background in psychotherapy and medical rehabilitation. Due to working with the TBI population, trainees with an interest in neuropsychology have also been a good fit for this rotation.

Supervisors: Jonathan Hessinger, Psy.D.
Rene Pichler-Mowry, Ph.D., HSPP

Description:

The TBI/Polytrauma Team is an interdisciplinary team from the following disciplines: amputation specialists/prosthetists, blind rehabilitation, chaplaincy, neuropsychology, nursing, nurse educators, occupational therapy, physical therapy, physical medicine and rehabilitation, psychiatry, psychology, recreation therapy, social work, speech and language pathology, and vocational rehabilitation. As part of the Traumatic Brain Injury (TBI) /Polytrauma Psychology clinic, externs 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 to civilian life post-deployment, substance use disorders). Therefore, a primary focus of the rotation includes the treatment of co-occurring mental health problems and medical rehabilitation. In addition, Veterans may present for help with adjustment to medical conditions, such as traumatic brain injury, amputation, spinal cord injury, 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.

Polytrauma and TBI Veterans are a diverse populations of young Veterans returning from Afghanistan and/or Iraq following their service in Operation Enduring Freedom, Operation Iraqi Freedom, and Operation New Dawn (OEF/OIF/OND). The TBI/Polytrauma clinic may also serve Veterans from other eras as well as a number of active duty service members (most of who are currently in the reserves).

While on this rotation, trainees will regularly assess symptoms (e.g., depression, post-traumatic stress), risk, and provide individual psychotherapy services to Veterans, couples, and families, with the opportunity to integrate assessment data (e.g., personality tests, brief cognitive screens, information from neuropsychological and/or TBI evaluations) to guide their clinical decisions. Occasional opportunities to conduct group work are also available. Externs 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. Externs also participate in the administration of the clinic, conduct psychological assessments (e.g., the Clinician-Administered PTSD Scale [CAPS]). Additionally, trainees in the TBI/Polytrauma Psychology clinic provide education and consultation regarding mental health issues to the TBI/Polytrauma staff, Veterans, and Veterans' family members. Trainees also typically participate in the Family Empowerment Network (FEN), a smaller subset of the TBI/Polytrauma team members who design and provide supportive, educational programming for the adult supporters (e.g., family members, spouses) of Veterans. The members of

the TBI/Polytrauma Psychology clinic also participate in interdisciplinary collaboration with TBI/Polytrauma treatment team members. Trainees are required to attend and participate in TBI/Polytrauma staffing and administrative meetings.

Staff in the TBI/Polytrauma Psychology clinic includes licensed clinical psychologists (Drs. Rene Pichler-Mowry & Jonathan Hessinger) as well as trainees at various levels of training (i.e., postdoctoral fellows, predoctoral interns, and predoctoral externs). Psychology externs will receive at least one hour per week of individual supervision from Dr. Pichler-Mowry. In addition to clinical supervision, trainees receive education about clinical topics in the following formats: TBI/Polytrauma Psychology (as scheduled) and Medical Rehabilitation Psychology (monthly) didactics (i.e., psychological assessment and intervention for chronic pain, Prolonged Exposure [PE], professional development, etc), Polytrauma Grand Rounds, Social Work inservice meetings, and Loyola University Medical Center Grand Rounds.

Psychology trainees will spend two days per week (16 hours/week) in the TBI/Polytrauma Psychology clinic, which is an outpatient clinic designed to serve the mental health needs of Polytrauma and TBI Veterans. In contrast to other HVAH psychology practicum rotations, the TBI/Polytrauma practicum will begin in early July and be completed at the end of June. Also, this rotation has a required tour of duty of 7:00 a.m. – 3:30 p.m with Wednesdays being a required day in the clinic.

Primary Goals:

Trainees in the TBI/Polytrauma Psychology rotation will gain experience in the following skills and activities:

1. Increased exposure to various clinical phenomena, including TBI, PTSD, mood disorders, anxiety disorders, chronic pain, sleep difficulties, substance use disorders, physical injuries, risk factors (e.g., suicide, homicide, etc.) and other presenting problems.
2. Learn to administer and interpret various assessment instruments relevant to the common presenting problems of this population, including: the Clinician Administered PTSD Scale for DSM-5 (CAPS-5), PTSD Checklist (PCL), and Beck Depression Inventory-II (BDI-2).
3. Utilize supervision in order to help conceptualize presenting problems and select appropriate treatment goals and intervention strategies.
4. Learn how to flexibly apply empirically based intervention modalities, including: Cognitive Behavioral Therapy (CBT), Motivational Interviewing (MI), Cognitive Processing Therapy (CPT), Acceptance and Commitment Therapy (ACT), Behavioral Activation, Pain Management, and supportive therapy.
5. Learn to write succinct, clinically relevant notes.

6. Exposure to a consultant model of interacting with other disciplines.
7. Become comfortable and familiar with consultation within an interdisciplinary treatment team.

4. TRAUMA SERVICES PROGRAM CLINICAL AND ASSESSMENT TRACKS

Supervisors : **Sheila Baer, Ph.D.**
 Jonathan Beyer, Ph.D.
 Holly Hunley, Ph.D.
 Kelly Phipps Maieritsch, Ph.D.
 Kurt Noblett, Ph.D.
 Barbara Pamp, Ph.D.
 Dana Weber, Ph.D.

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, adult sexual assault, or child sexual assault), 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.

Externship in the Trauma Services Program focuses on providing evidence-based treatments to Veterans coping with posttraumatic reactions. As such, the externship year is structured to afford comprehensive training in the theory and assessment of PTSD and in the treatment of PTSD and trauma-related sequelae via evidence-based therapies. For example, the extern will be trained in assessment of trauma-related sequelae using various methods including but not limited to: structured interviews (e.g., CAPS), personality assessment (e.g., MMPI, PAI), and other relevant self-report assessments (e.g., PCL, BDI).

Externs will have the opportunity to learn evidence-based individual treatments, including Prolonged Exposure Therapy and Cognitive Processing Therapy. Externs will also learn to facilitate our psychoeducation and orientation course that is provided to all Veterans who enter the Trauma Services Program. Finally, externs may have the opportunity to facilitate such groups as Skills, Emotion Management Group, and Anger Management Group, depending on days of

onsite and the needs of the Program. Externs will serve as group co-facilitators with staff/or other trainees.

In select cases, an extern may complete an assessment-focused experience with correspondingly less emphasis on providing individual therapy and increased focus on developing assessment skills. Externs interested in this option will likely have minimal previous therapy experience.

Students in the Trauma Services Program practicum can expect to be an integral part of the Trauma Services Program, which currently consists of seven psychologists, one social worker, and one part-time psychiatrist. The program works in close connection with the Mental Health clinic, as well as with the rest of the Mental Health Service Line. All staff and trainees attend weekly staffing/business meetings (Note: Thursday is a mandatory day for all TSP externs) during which cases are presented and assigned and relevant administrative information is disseminated. In addition, all staff and trainees attend weekly Consultation (also on Thursdays), which affords further training and consultation in the implementation of evidence-based practice through case presentation and discussion, as well as the exploration of relevant research literature. In select cases, externs may participate in small archival data research projects with an eye toward presenting a poster or paper at a conference. In all cases, externs will learn by engaging in tasks that increase in intensity, complexity, and difficulty over time, and by observing and interacting with other psychologists. It is expected that externs will engage in clinical work that is grounded in theory and research, and shaped by reflection on its every aspect.

In sum, externs participating in the Trauma Services Program will gain experience in the following skills and activities:

1. Develop accurate assessment and diagnostic skills based on objective assessment and interview.
 - Develop the ability to select and administer appropriate assessment measures (e.g., PAI, CAPS, MMPI, PCL) specific to the patient's needs.
 - Develop the ability to review patient records and integrate information from diagnostic interview into integrated reports.
2. Exhibit competence in the administration of psychoeducation courses for patients with PTSD and other trauma-related sequelae.
 - Co-facilitate our psychoeducation and orientation course titled CORE.
3. Exhibit competence in providing evidence-based therapies for PTSD and associated problems
 - Participate in trainings for EBTs
 - Facilitate at least 3 individual cases of EBTs/ or facilitate multiple EBT groups.

4. Provide consultation with the Trauma Services Program treatment team and other staff members who provide multidisciplinary care to the patients.
5. Attend weekly TSP staffing meetings with Trauma Services Program treatment team.
6. Attend weekly consultation meetings with Trauma Service Program treatment team.

5. **PRIMARY CARE BEHAVIORAL HEALTH PROGRAM**

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

Description:

This practicum is 2 full days per week and one of those days must be on a Wednesday.

The practicum student will work as a member of a nationally recognized interdisciplinary Primary Care Behavioral Health (PCBH) program. The PCBH provider team includes a variety of disciplines including Psychology, Psychiatry, Social Work and Nursing as well as other trainees with diverse educational backgrounds. PCBH is focused on providing co-located collaborative and biopsychosocially-oriented mental health and behavioral medicine consultation, assessment, and intervention services within Primary Care's "Patient Aligned Care Team" (PACT). The PACT team is comprised of a Primary Care Provider (i.e., Physician, Physician's Assistant, or Nurse Practitioner), Nursing, Medical Social Work, Pharmacy, Nutrition, and a PCBH provider. The practicum student will be exposed to primary care psychology competencies with a focus on time-limited and population-focused evidence-based practice models. Interdisciplinary interaction takes place via participation in PCBH team meetings, PACT huddles, and curbside and formal consultation with PACT and PCBH providers. Additional didactic opportunities are available including biweekly integrated-care grand rounds.

Primary Care Behavioral Health Psychology provides same-day, open access mental health and behavioral medicine services via consultation with primary care providers as well as targeted evaluation and brief treatment for patients with broad ranging clinical presentations such as anxiety and mood spectrum disorders, substance misuse, chronic illness, chronic pain, adjustment disorders, bereavement, attaining and maintaining healthy lifestyles, and somatic concerns.

Psychology also provides behavioral and mental health group treatment for primary care and specialty clinic patients and groups are structured following empirically-based treatment protocols and emphasize adjustment to illness and management of emotional difficulties secondary to medical problems. Goals of the PCBH Team are to increase patient accessibility to mental health care and assist primary care staff with early identification and intervention of maladaptive health behaviors and mental health difficulties. On average, the typical Hines VA Primary Care clinic patient is male, over age 50 and ethnically diverse although Psychology also provides services to primary care's distinct Women's Health, geriatrics, infectious disease, and oncology clinics. This practicum experience is primarily clinical treatment oriented but will involve some assessment and there may be opportunities for involvement in research-related activities.

Students in the Primary Care Behavioral Health practicum will gain experience in the following skills and activities:

1. The primary responsibility of the practicum student will be to develop and/or increase competence in providing clinical services to patients who are coping with mild to moderate mental health difficulties and/or acute or chronic medical conditions. While these skills are focused on the primary care setting, many of the training opportunities will prepare one to work in a variety of integrated medical settings. More specifically, trainees will develop skills in:
 - a. Conducting diagnostic interviewing aimed at assessing the full spectrum of problems/difficulties that may impact one's physical and behavioral health including, but not limited to, mood and anxiety disorders, difficulties with adjustment to illness, compliance issues, risk assessment, cognitive status, social support, substance use/abuse, and subclinical symptoms.
 - b. Conducting individual and group psychotherapeutic interventions aimed at symptom reduction and increased compliance and adherence.
 - c. Developing and carrying out evidenced-based mental health and behavioral medicine treatment plans.
 - d. Developing skills in serving as a consultant-liaison to the interdisciplinary treatment team.

Other training opportunities include:

2. Developing skills in initial assessment and outcome measurement in Primary Care Psychology.
3. Deepening one's understanding of the complex interrelationship between psychological and physical well-being.
4. Developing skills in using time efficiently and managing resources in a manner that is respectful of the fast-paced primary care environment.

5. Developing psychotherapy skills that are respectful of a short-term, solution-focused, and evidenced-based practice model with a focus on functional outcomes as well as health promotion/disease prevention.
6. Increased awareness of military and Veteran culture as well as more broadly-defined cultural competency.

6. SPINAL CORD INJURY SERVICE (SCIS)

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

Description:

Hines SCIS is a regional center that provides acute rehabilitation, medical and sustaining care, long-term residential care, home care, and outpatient care to Veterans with a spinal cord injury or patients receiving care in our MS clinic. 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 8 of those beds committed to acutely injured individuals undergoing intensive rehabilitation. The Residential Care Facility houses 30 veterans with spinal cord injuries and provides 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. The spinal cord injury service is a interdisciplinary program focusing on medical as well as psychosocial functioning throughout the patient's inpatient and outpatient care. 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. The treatment team consists of medicine, occupational therapy, physical therapy, kinesiology therapy, speech language pathology, social work, nutrition, educational therapy, recreational therapy, vocational rehabilitation, nursing, psychology, chaplain, and other specialties. The practicum student will work as a member of an interdisciplinary team alongside these various disciplines. Moreover, practicum students on this rotation will participate in weekly interdisciplinary discharge rounds, and have an option to attend weekly rounds with physicians and psychologists. The practicum student will be exposed to consultation, assessment, and individual therapy. Moreover, students will also have the opportunity to see individual therapy patients through the Mental Health Clinic as

part of the Geropsychology Team as well as participate in an Acceptance and Commitment (ACT) therapy group and the MS Health and Wellness Group.

Students in the Spinal Cord Injury Service practicum will gain experience in the following skills and activities:

1. Conducting diagnostic and comprehensive psychosocial assessments of individuals with SCI and related disorders.
2. Evaluation and provision of evidenced-based treatment for individuals on the inpatient, outpatient and rehabilitation units. Clinical services including differential diagnoses, follow-up counseling, team consultation, and triage to specialty services (i.e., Psychiatry, Mental Health, Speech Pathology, etc.).
3. Development of professional skills relevant to working collaboratively with medical providers and interdisciplinary professionals.
4. Development of skills in assessment and treatment of various levels of psychopathology, ranging from adjustment to injury to severe psychopathology.
5. Participation in weekly interdisciplinary team meetings, as well as reading current and relevant research related to the field and relevant treatment techniques.

7. PSYCHOSOCIAL REHABILITATION AND RECOVERY CENTER (PRRC) ROTATION This rotation is designed for a practicum trainee who has a strong interest or background in serious mental illness (SMI).

Supervisor: Marilyn Garcia, Ph.D.

Description:

Practicum trainees will spend 2 full days (16 hours total) per week in the PRRC, an outpatient, transitional learning center designed to support the recovery and community integration of Veterans living with SMI (i.e., Schizophrenia, Schizoaffective Disorder, Unspecified/Other Psychotic Disorder, Bipolar Disorder, Major Depressive Disorder, severe Posttraumatic Stress Disorder) and significant functional impairment related to their psychiatric condition. Services available through the PRRC reflect the general principles that everyone has the capacity for growth and recovery from mental illness is possible. The PRRC offers evidence-based programming, delivered primarily in classroom format, aimed at teaching the requisite skills for realizing Veterans' self-chosen goals in various domains of life. The trainee will work alongside an interdisciplinary PRRC staff from the fields of Psychology, Social Work, and Peer Support, who collaborate closely with other providers in Psychiatry, Nursing, Mental Health Intensive Case Management (MHICM), Compensated Work Therapy (CWT), and other healthcare areas, to create a unified treatment team approach to recovery.

Additionally, the PRRC provides training experiences to interns in the Psychology pre-doctoral and Social Work master's programs who also function as integral members of the PRRC team.

The PRRC population consists of a diverse group of male and female Veterans of various service eras, ranging in age from early 20s to early 90s, although predominantly male between 51 to 60 years of age. Besides having a primary SMI diagnosis, individuals referred to the program present with a wide range of co-morbid medical and psychiatric issues, including chronic passive and/or active suicidal ideation, past suicide attempts and inpatient psychiatric hospitalizations, substance use disorders, and military/non-military trauma histories. Common psychosocial challenges found among this population are long-standing employment problems, unstable housing, limited social support, and poor adherence to treatment.

While on the PRRC rotation, the trainee will become familiar with the various rehabilitation and recovery resources available to participants in the program via education, skills training, Peer Support, community linkage, and the coordination of services with other VA providers. The trainee can expect to be involved in all aspects of the PRRC enrollment process, following a referral from the initial contact and program introduction to the intake assessment and completion of symptom/baseline measurement. The trainee will carry a small caseload of 2-4 Veterans and have the opportunity to assist PRRC participants with individualized recovery planning and treatment for their identification and attainment of goals related to improved socialization, understanding and coping with symptoms, wellness management, support utilization, work/school functioning, independent living, and community involvement. Additionally, the trainee will gain exposure to psychoeducational and skills-based classes in the PRRC, such as orientation classes on the fundamentals of recovery from mental illness and evidenced-based classes for SMI. As Inpatient Psychiatry is a major PRRC referral source, the trainee will be able to participate in "warm handoffs" by providing education on PRRC services to Veterans on the inpatient unit and facilitate/co-facilitate one to two weekly PRRC Bridge groups.

Primary Goals:

Trainees in the PRRC rotation will gain experience and skills in the following areas:

1. The mental health recovery model, basic recovery components, and core principles and values of psychosocial rehabilitation.
2. SMI diagnoses and various co-occurring conditions and psychosocial issues.
3. Diagnostic interviewing, symptom assessment, and individualized recovery planning with an outpatient SMI population in a VA setting.

4. Evidence-based programming for SMI, such as Social Skills Training (SST) and Illness Management and Recovery (IMR).
5. Program education to PRRC referrals on the Inpatient Psychiatry unit and facilitation of psycho-educational/skills training classes as part of the PRRC Bridge programming.
6. Consultation with an interdisciplinary team of providers.
7. Involvement in local and national PRRC program evaluation efforts and treatment outcome measurement.

DIRECTIONS

Hines VA Hospital is easily accessible by car, and also by public transportation.

BY CAR:

Hines Hospital is located in Chicago's western suburbs, at Fifth Avenue and Roosevelt Road, adjacent to the towns of Maywood and Broadview.

From the North or South:

Take 1-294 (Tri-State Tollway) - to 1-290 (Eisenhower Expressway).
East on 1-290 (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 1-88 - to 1-290
East on 1-290 - to Exit #20
Follow directions above from Exit #20.

From Downtown Chicago:

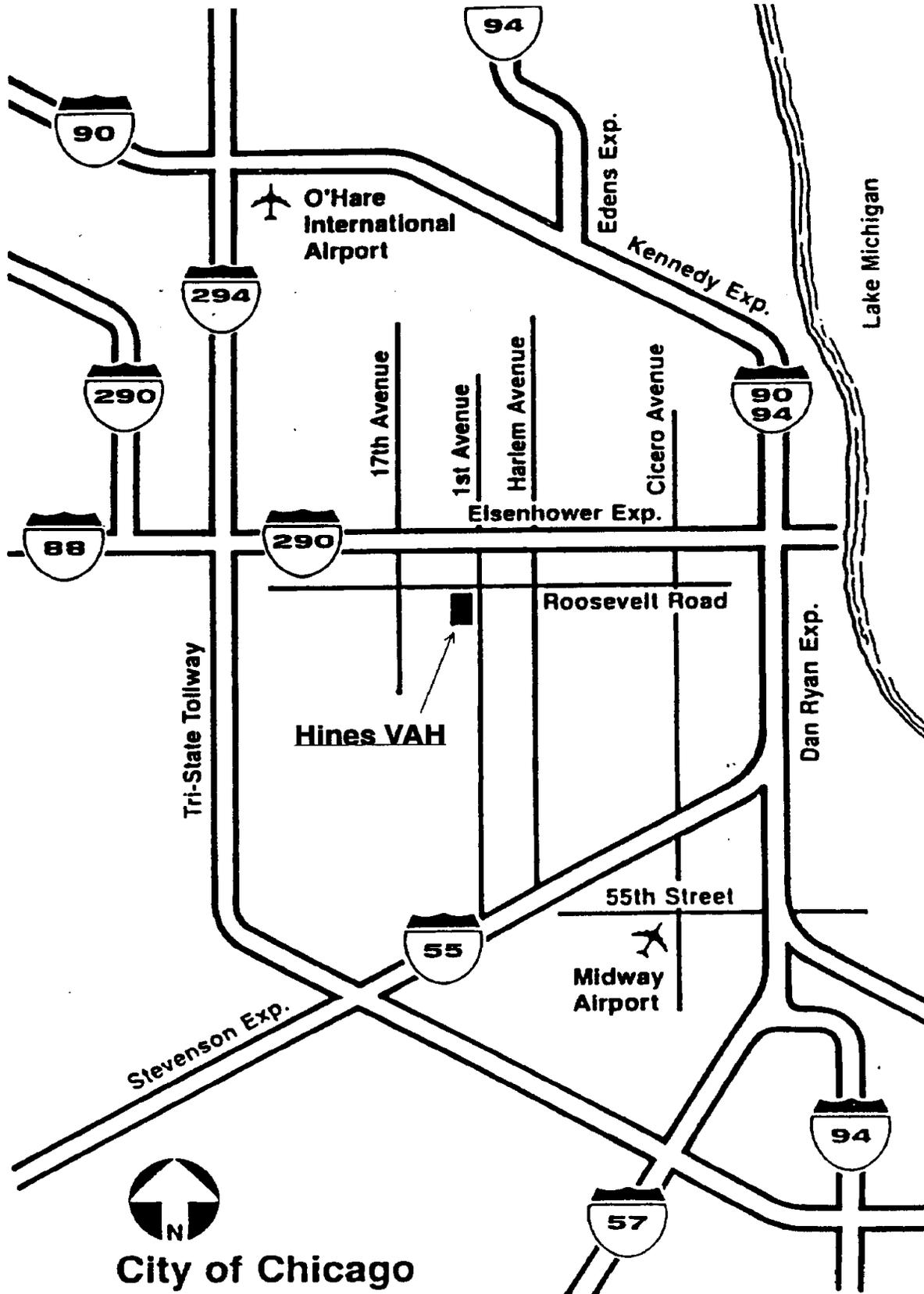
Take 1-290 (West) - to Exit #20
Turn left (South) on First Avenue.
Follow directions above from Exit #20.

BY PUBLIC TRANSPORTATION:

The closest El stop is the Forest Park station, which is the end of the Blue Line. From there, you can take a bus to Hines VA Hospital, including the 308 line. Please check with the CTA/Pace for other bus lines and routing information to the hospital.

ONCE YOU ARE ON THE HINES CAMPUS:

Psychology Service offices are located in Building 228 (Mental Health Building) and visitor parking is available in the parking lots directly east of Building 228 (Kentucky Parking Lot). Once you are in the lobby area of building 228, take the elevators to the 3rd floor and look for signs to 3South and Psychology Offices. You can wait in our waiting room, which is Room 3055.



City of Chicago