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

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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 44 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 five 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. 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. Supervision is typically provided at least 2 hours per week. Because Hines VA Hospital also has an APA-approved internship program consisting of six intern slots, we are very familiar with providing excellence in training. We also offer a post-doctoral program with five 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 ---- 2 students per year

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

Primary Care/Behavioral Health Integration (Therapy and Minimal Assessment): Dr. Davis, Dr. Horn, Dr. Mathews, Dr. Moore, Dr. Persky, Dr. Zerth ---- 1-3 students per year

Community-Based Outpatient Clinic Psychotherapy Rotation (at Oak Lawn VA CBOC; Therapy and Minimal Assessment): Dr. Sieracki ---- 1 student 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.
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 CT and MRI reports, and how to correlate neuropsychological measures with neuroanatomical dysfunction. 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, amnestic 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. Many patients are of a lower socioeconomic status and reflect a variety of 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, amnestic syndromes, and psychiatric disturbances
5. An in-depth understanding of cortical and subcortical dementias
6. An in-depth understanding of traumatic brain injury
7. Increased ability to correlate neuropsychological findings with CT and MRI reports
8. 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. Patients 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 be available on a case by case basis.

Students in the SARRTP 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 SARRTP

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 interest in neuropsychology have also been a good fit for this rotation.

**Supervisor: 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. 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. The majority of the Polytrauma and TBI Veterans are young Veterans returning from Afghanistan and/or Iraq following their service in Operation Enduring Freedom and/or Operation Iraqi Freedom (OEF/OIF), respectively. The clinic also sees a smaller number of Veterans from other eras as well as a number of active duty service members, mostly individuals who are currently in the reserves. Veterans are typically seen for a range of psychological disorders, including depression, anxiety, post-traumatic stress (PTSD), substance abuse, personality pathology, and other mental health issues. 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.

While on this rotation, trainees in the clinic will regularly assess symptoms (e.g., depression, post-traumatic stress), risk, and provide 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. 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. As these meetings are scheduled on Wednesdays, this is a required day in the clinic.

Staff in the TBI/Polytrauma Psychology clinic includes a licensed clinical psychologist (Dr. Rene Pichler-Mowry) as well as trainees with 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 didactics (i.e., psychological assessment and intervention for chronic pain, Prolonged Exposure (PE), professional development, etc), Polytrauma grand rounds, Social Work inservice meetings, Loyola University Medical Center Grand Rounds, TBI/Polytrauma staffing and administrative meetings.
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, and other presenting problems common to the OEF/OIF population.

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.

4. TRAUMA SERVICES PROGRAM CLINICAL AND ASSESSMENT TRACKS

Supervisors: Kelly Phipps Maieritsch, Ph.D.
Kurt Noblett, Ph.D.
Holly Hunley, Ph.D.
Barbara Pamp, Ph.D.
Laurie Wiedeman, Psy.D.

Description:

We offer two externship tracks in the Trauma Services Program. Both clinical and assessment tracks focus on working with veterans who have experienced trauma and manifest trauma-related symptoms and/or problems with functioning. The Trauma Services Program, is a specialty program (previously referred to as the PTSD Clinical Team) whose primary mission is to provide psychoeducation and evidence-based treatments to veterans coping with posttraumatic reactions. Veterans may have experienced all types of trauma including but not limited to: combat, sexual assault, physical assault, homicide survivor, Patients consist of both men and women, representing all eras of service (e.g., Vietnam, Desert Storm, OEF/OIF). A key component of the program is training and consultation for VA staff. Additionally, staff in the program have obtained grant-funding for various research projects.

The extern can expect to be an integral part of the Trauma Services Program, currently consisting of five psychologists, one social worker, and part-time psychiatry. The program works in close connection with the Mental Health clinic, as well as with the rest of the Mental Health Service Line. We also offer training
experiences for our internship program and postdoctoral fellow program. Weekly consultation meetings are held for the TSP team and provide the opportunity to discuss specific cases, explore relevant research literature, and generate ideas to promote programmatic improvement and quality assurance. Attendance at weekly group consultation provides further training and consultation in the implementation of evidence-based practice. Externs will also attend weekly staffing meetings for either or both the TSP treatment team and Research teams.

Clinical Track
The extern will have the opportunity to participate in various aspects of this program. 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). The extern will also learn to facilitate our psychoeducation and orientation course that is provided to almost all veterans who enter the Trauma Services Program. Externs will have the opportunity to learn the various evidence-based treatments provided in the TSP including: Prolonged Exposure Therapy, Cognitive Processing Therapy, Dialectical Behavior Therapy (Skills Training), PTSD Motivational Interviewing Group, and Seeking Safety. They will have the option of learning these treatments in individual and group formats; externs will serve as group co-facilitators with other staff and trainees.

Assessment Track
Externs will participate as evaluators for grant-funded treatment outcome studies. These evaluations are detailed batteries including structured-interviewing [e.g., SCID I, Clinician Administered PTSD Scale (CAPS)]. We have multiple treatment outcome studies and externs will be an integral member of the research team. They will also have the opportunity to complete assessments in the Trauma Services Program, where they will be able to learn how to select various assessments specific to the presenting problems of our veterans. These assessments will include assessing for common conditions comorbid with PTSD.

Students in the Trauma Services Program practicum will gain experience in the following skills and activities:

Clinical Track
1. Accurate diagnostic skills based on objective assessment and interview.
   - Develop the ability to select and administer appropriate assessment measures (e.g., PAI, CAPS) 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 the facilitation of evidence-base therapies for PTSD and associated problems
   -Participate in trainings for EBTs
   -Facilitate at least 3 individual cases of EBTs/ or facilitate multiple EBT groups.

Assessment Track

1. Demonstrate accurate diagnostic skills based on objective assessment and structured interview
   -Learn how to administer with fidelity structured interviewing instruments (e.g., CAPS, SCID) in treatment outcome research studies.
   -Select and administer appropriate assessment measures (e.g., PAI, CAPS) specific to the patient’s needs.
   -Review patient records and integrate information from diagnostic interview into integrated reports.

2. Participate ethically as a research team member
   -Competently consent participants into research studies
   -Accurately summarize and enter data into research database

Both Tracks:

- Provide consultation with the Trauma Services Program treatment team and other staff members who provide multidisciplinary care to the patients.
  - Attend weekly TSP staffing meetings or weekly research staff meeting with Trauma Services Program treatment team.
  - Attend weekly consultation meetings with Trauma Service Program treatment team. Topics discussed and reviewed include didactics regarding evidence-based treatments for PTSD and other trauma-related issues

5. PRIMARY CARE BEHAVIORAL HEALTH PROGRAM

Supervisors: Matthew Davis, Ph.D., M.P.H., Julie Horn, Ph.D., Jamie Mathews, PsyD, Kelly Moore, PhD, Irena Persky, Ph.D., Erin Zerth, Ph.D.

Description:

The practicum student will work as a member of a nationally recognized interdisciplinary Primary Care Behavioral Health (PCBH) program alongside Psychology, Psychiatry, Social Work and Nursing. PCBH provides co-located collaborative 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. 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. The Hines VA Primary Care general clinic patient population is primarily male, over age 50 and ethnically diverse although Psychology also provides services to primary care’s distinct Women’s Health, geriatrics, and OIF/OEF clinics. This practicum experience is primarily clinical treatment oriented but will involved some assessment functions.

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. This includes:

   a. Conducting diagnostic interviewing aimed at assessing the full spectrum of problems/issues that may impact one’s physical health including, but not limited to, Axis I and II diagnoses, compliance issues, cognitive status, social support, substance use/abuse, subclinical symptoms.

   b. Conducting individual and group psychotherapeutic interventions aimed at symptom reduction and increased compliance and adherence.

   c. 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 in the primary care setting.

2. Practicum students will be exposed to outcome measurement in Primary Care Psychology.

3. Practicum students will develop understanding of the complex interrelationship between psychological and physical well being.

4. Practicum students will develop skills in using time efficiently and managing resources in a manner that is respectful of the fast-paced primary care environment.

5. Practicum students will 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. **COMMUNITY-BASED OUTPATIENT CLINIC (CBOC) PSYCHOTHERAPY ROTATION**
   (This practicum rotation will take place solely at the Oak Lawn CBOC: 10201 S. Cicero Avenue, Oak Lawn, IL 60453. However some initial Human Resources paperwork/fingerprinting will likely be required at the Hines VA Hospital.)

**Supervisors: Jeff Sieracki, Ph.D.**

Externs on this rotation will have the opportunity to provide individual and group evidence-based psychotherapy in an outpatient setting. The clinic serves a diverse population of Veterans from all eras and externs will be exposed to a variety of presenting problems including depression, anxiety, PTSD, relationship difficulties, and anger management. Because of the nature of the CBOC, externs can expect to treat a wide variety of presenting problems and obtain a solid foundation of outpatient psychotherapy experience. Externs can be expected to carry a caseload of individual therapy clients and assist in running time-limited therapy groups (i.e., anger management, CBT for depression, chronic pain). Externs will also be expected to participate in the mental health clinic orientation designed to socialize Veterans to time-limited empirically supported interventions and to assist with treatment dispositions following the orientation. Depending on the clinical interest of the extern, there may also be limited opportunities for couples counseling and family therapy and opportunities to assist in creating new time-limited therapy groups. The clinic offers the opportunity to be part of a multidisciplinary team of a psychologist, social workers, psychiatrists, nurses, primary care physicians, and dieticians.

The practicum is 2 full days per week (16 hours total); **one of the two days cannot be on a Wednesday**. Individual supervision and didactics are provided by a licensed clinical psychologist on a weekly basis. There will also be a weekly
didactic seminar on implementation of various treatment techniques and monthly professional development seminars.

This rotation is located at the Oak Lawn Community-Based Outpatient Clinic (CBOC). CBOCs were created by the VA in order to provide primary care services to individuals that may not live close to a main hospital. The Oak Lawn VA CBOC is one of 6 CBOCs associated with Hines (and the closest one to the city). Oak Lawn is a southwest suburb of Chicago, approximately 45 minutes from downtown Chicago via car. In addition, the CBOC is a 10-15 minute walk from a Metra station which provides transportation to downtown Chicago.

The Oak Lawn CBOC tends to serve a general population, and externs will be exposed to a variety of presenting problems. Experience in a community-based clinic at the extern level would be beneficial for a student interested in pursuing future opportunities at a community mental health care clinic (CMHC), a private practice setting, or a VA hospital. Please note that apart from very occasional trainings or meetings this rotation is located entirely at the Oak Lawn CBOC and not at the Hines VA main hospital.

Trainees in the Community-Based Outpatient Clinic Psychotherapy rotation will gain experience in the following skills and activities:

1. Clinical exposure to a variety of presenting problems, including but not limited to depression, bipolar disorder, anxiety, PTSD, relationship concerns, social/adjustment issues, psychosis, Axis II conditions, and anger management
2. Implementation of evidence-based practices for outpatient treatment (e.g., cognitive-behavioral treatment for depression, prolonged exposure for PTSD, behavioral activation, cognitive-behavioral treatment for generalized anxiety disorder and panic disorder, anger management) in both individual and group modalities
3. Writing clinically relevant and succinct notes
4. Structuring the therapy session, setting an agenda, assigning homework, and establishing clinically relevant and appropriate treatment goals
5. Identifying clinically relevant referrals to various programs within and outside of the VA
6. Outreach to agencies within the community in order to promote relevant clinical programming (e.g., vet centers, Community Colleges, VFW Halls, etc.)
7. Participating in weekly treatment team meetings with a multidisciplinary team (e.g., psychologists, psychiatrists, and social workers) and other administrative meetings as necessary
8. Reading current and relevant research related to treatment techniques
7. **SPINAL CORD INJURY SERVICE (SCIS)**

**Supervisors:** Scott Creamer, Ph.D., Azi Ghaaffari, Ph.D., and 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 27-bed units with approximately 6-8 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 multidisciplinary 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, social work, nutrition, educational therapy, recreational therapy, vocational rehabilitation, nursing, psychology, 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.

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.

8. **PSYCHOSOCIAL REHABILITATION AND RECOVERY CENTER ROTATION (PRRC)** 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). 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, intensive case management, vocational therapy, 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 program and social work masters program 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 late 70s, 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. 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. The trainee will gain exposure to the various psychoeducational and skills-based classes in the PRRC, including orientation classes on the fundamentals of recovery from mental illness and evidenced-based classes for SMI. The trainee will have the opportunity to serve as a class co-facilitator with other PRRC staff and to assist PRRC participants with individualized recovery planning 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.

**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 SMI population in a VA setting.
4. Evidence-based programming for SMI, such as Social Skills Training (SST), Illness Management and Recovery (IMR), and Wellness Recovery Action Plan (WRAP).
5. Co-facilitation of psychoeducational and skills training classes.
6. Provision of program education to PRRC referrals on an inpatient psychiatric unit.
7. Consultation with an interdisciplinary team of providers.
8. Involvement in local and national PRRC performance improvement 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.