

**EDWARD HINES, JR. VA HOSPITAL**  
**PSYCHOLOGY PRACTICUM TRAINING PROGRAM**

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



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

Please submit all application material to:  
[Hinespsychologypracticum@va.gov](mailto:Hinespsychologypracticum@va.gov)

Rene Pichler-Mowry, Ph.D., HSPP  
Practicum Training Co-Coordinator

Katherine Meyers, Ph.D.  
Practicum Training Co-Coordinator

Questions about the application process can be directed to  
Dr. Rene Pichler-Mowry  
Phone: (708)202-2937  
Email: [Rene.Pichler-Mowry@va.gov](mailto:Rene.Pichler-Mowry@va.gov)

**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. The units and patient programs served by Psychology Service include Primary Care, Blind Rehabilitation, Cardiac Care, Substance Abuse Residential Rehabilitation 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 healthcare 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 55 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.

**DIVERSITY STATEMENT:**

As a Psychology Service, we are aware that we function within a larger culture that has often ignored and shunned the needs of people of minority statuses. We are deeply committed to righting the systemic inequities for oppressed groups. In this process, we

vow to work on having a continued awareness of the ways in which we actively facilitate processes or policies that have suppressed minority groups and the individuals who belong to these groups. We welcome having our eyes opened to what we have ignored. Collectively, we seek to further inclusion and equity for all Veterans, all staff members, and all people. This is daily, effortful, and never-ending work. This is our unwavering pledge to work towards forging a more just world.

**PROGRAM DESCRIPTION:**

Hines VA Hospital offers extended twelve-month practica in one of seven clinical areas. The practicum at Hines VA Hospital begins in late June and ends in mid-June with the 2-day mandatory orientation on June 22<sup>nd</sup> & June 23<sup>rd</sup>, 2020. 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 tracks may require alternate hours. Students will work on one track for the entire year, although exposure to different supervisors is included in some tracks.

**LEAVE:**

Two weeks (or the equivalent of 4 days) vacation is allotted for the 12-month practicum. Vacation requests should be made to the trainee's direct supervisor at least two weeks in advance, although further notice is preferable. Special accommodations may be made for those going on internship interviews or other unique circumstances. Trainees are encouraged to discuss this directly with their supervisors. Two weeks (or the equivalent of 4 days) of sick leave is allotted for the 12-month practicum. If trainees take all vacation and sick leave, then this leaves 48 weeks of clinical training time, or 768 hours. A minimum of 768 hours is expected; should additional time off be arranged with one's supervisor, this time must be made up.

Any extended sick leave (beyond 1 week) must be accompanied by a doctor's explanation. Trainees are required to call their supervisors directly if they are late or need to use sick leave. Excessive tardiness and/or absences is unacceptable and may mean that a practicum would be considered incomplete. In these cases, consideration of special arrangements and/or termination of the practicum would be discussed between Hines VA Hospital and a trainee's academic program. Trainees are expected to track their own leave (sick and vacation) days and plan accordingly if additional days will need to be made up.

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

**ELIGIBILITY:**

1. U.S. citizenship may be required, though specific visas are sometimes considered at the practicum level. Please reach out to practicum coordinators with any questions
2. Trainees are subject to fingerprinting and background checks.
3. 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.

**SUPPORT/CHAIN OF COMMAND:**

It is expected that trainees will raise any concerns they may have (about professional, clinical, or personal issues relevant to practicum work) with their direct Hines VA supervisor. In the case that one would like to raise any issue with someone other than their Hines VA supervisor, trainees may approach Dr. Rene Pichler-Mowry (Practicum Co-Coordinator) or Dr. Katherine Meyers (Practicum Co-Coordinator) for assistance. If needed, other options for assistance (higher in the chain of command) include Dr. Hawk (Director of Training, Hines VA Psychology) and Dr. O'Donnell (Chief of Psychology, Hines VA Psychology).

**PAST TRAINEES HAVE BEEN FROM THE FOLLOWING ACADEMIC PROGRAMS**

Adler University  
DePaul University  
Fuller Graduate School of Psychology  
Illinois Institute of Technology  
Loyola University Chicago  
Midwestern University  
Northern Illinois University  
Roosevelt University  
Rosalind Franklin University of Medicine & Science  
The Chicago School of Professional Psychology  
University of Illinois at Chicago  
University of Illinois at Urbana-Champaign  
Wheaton College

**AVAILABLE PRACTICUM TRACKS:**

- \_\_\_ Complex Medical Care (formerly TBI/Polytrauma) (Therapy and Minimal Assessment):  
Dr. Jeffries & Dr. Pichler-Mowry (2 students per year)
  
- \_\_\_ Health/Rehabilitation Psychology: Emphasis in Spinal Cord Injury Track (Therapy and Minimal Assessment):  
Dr. Niznikiewicz and Dr. Stika (1-2 student per year)
  
- \_\_\_ Integrated Care/Health Psychology Track (Therapy and a combination of Formal & Informal Assessment):  
Dr. Dolgin, Dr. Endsley, Dr. Goldstein, Dr. Horn, Dr. Meyers, and Dr. Zerth (1-2 students per year)
  
- \_\_\_ Neuropsychological Assessment Track (Assessment Only):  
Dr. Kinsinger, Dr. Riordan, Dr. Urban, and Dr. Wiley (3-4 students per year)
  
- \_\_\_ Psychosocial Rehabilitation and Recovery Center (PRRC) & Skills Training in Affective and Interpersonal Regulation (STAIR) Services Track (Therapy and Minimal Assessment):  
Dr. Cano and Dr. Garcia (1-2 student per year)
  
- \_\_\_ Trauma Services Program (Mixed Therapy and Assessment):  
Dr. Beyer, Dr. Colangelo, Dr. Hessinger, Dr. Noblett, Dr. Pamp, Dr. Perera, and Dr. Tang (3-4 students per year)

## **DESCRIPTION OF PRACTICUM TRACKS:**

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

**Supervisors:**            **Amanda Urban, Ph.D., ABPP**  
                                  **Patrick Riordan, Ph.D., ABPP (Patrick.Riordan@va.gov)**  
                                  **David Kinsinger, Ph.D., ABPP**  
                                  **Anne Wiley, Ph.D., ABPP**

The trainee 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. Trainees 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 predominantly provided in outpatient settings, but some inpatient assessment opportunities may be available as well. 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. Trainees will also become familiar with neuroimaging and lab results relevant to neurocognitive conditions. Trainees can expect to develop proficiency regarding 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 trainee 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 older adults or younger Veteran in their 20's and 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 students have some background in neuropsychology.

Trainees 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, 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
7. Trainees will progress toward establishing their professional identity as psychologists.

**2021-2022 COVID-19 Changes:** The COVID-19 pandemic may dictate changes in the neuropsychology practicum experience for the 2021-2022 training year. Specific changes are difficult to anticipate and may vary as a result of evolving hospital, state, and/or national guidelines, but may include provision of clinical services through telehealth modalities, remote training and supervision, and limited on-site hours.

## **2. INTEGRATED CARE/HEALTH PSYCHOLOGY TRACK**

**Supervisors:** Ron Dolgin, Ph.D.  
Maurice Endsley, Ph.D.  
Daniel Goldstein, Ph.D.  
Julie Horn, Ph.D.  
Katherine Meyers, Ph.D. (Katherine.Meyers@va.gov)  
Erin Zerth, Ph.D.

This practicum is 2 full days per week for 12 months and one of those days must be on a Wednesday. The trainee will work as a member of a nationally-recognized interdisciplinary Primary Care Behavioral Health (PCBH) program which provides integrated care and behavioral medicine services in primary care and throughout the hospital.

The PCBH team provides co-located, integrated care services in primary care and some subspecialty programs (e.g., oncology and infectious disease), as well as hospital-wide behavioral medicine services (e.g., pain and sleep classes and groups, general wellness/prevention, weight loss services, and coping with various medical illnesses). Psychology provides same-day, open access mental

health and behavioral medicine services via consultation with medical 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. Behavioral and mental health group treatments follow 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.

Trainees will gain exposure to diverse, interdisciplinary team members. 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. The Patient Aligned Care Team (“PACT”) 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.

We typically accept two trainees per year, with one trainee focusing more broadly on integrated care and the other who will spend much of the training year with the women’s health team. Both trainees will be exposed to primary care psychology competencies with a focus on time-limited and population-focused evidence-based practice. Interdisciplinary interaction takes place via participation in PCBH team meetings, PACT huddles, and curbside and formal consultation with medical and PCBH providers. Formal didactic opportunities are available including monthly integrated-care grand rounds and invitations to a number of certified continuing education events that take place on campus and at Loyola University Medical Center. This practicum experience primarily focuses on treatment but will also include opportunities to complete several brief functional assessments. There may be opportunities for involvement in scholarly, research-related activities as well.

Trainees in the integrated care/health psychology 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 and oncology settings, 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 mood and anxiety disorders, difficulties with adjustment to

illness, compliance issues, risk assessment, cognitive status, social support, substance use/abuse, and other 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 medical 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.

**3. PSYCHOSOCIAL REHABILITATION AND RECOVERY CENTER (PRRC) & SKILLS TRAINING IN AFFECTIVE AND INTERPERSONAL REGULATION (STAIR) SERVICES TRACK**

**Supervisors:** Patricia Cano, Ph.D. (Patricia.Cano@va.gov)  
Marilyn Garcia, Ph.D., C.P.R.P. (Marilyn.Garcia@va.gov)

This track is designed for a trainee who has a strong interest or background in serious mental illness (SMI). Additionally, the trainee will gain experience using manualized, skills-based protocols for persistent/complex trauma symptomatology (e.g., depression, anxiety, PTSD, emotional and social/interpersonal difficulties) as well as exposure to bridge programming on inpatient psychiatry unit and with Women's Mental Health.

Trainees will spend 2 full days (16 hours total) per week in the combined PRRC & STAIR Services track. The PRRC is an outpatient, transitional learning center designed to support the recovery and community integration of Veterans living

with SMI (e.g., Major Depressive Disorder, Bipolar Disorder, severe Posttraumatic Stress Disorder, Schizophrenia, Schizoaffective 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, emotional and relationship difficulties, poor coping, and non-adherence to treatment.

While on the PRRC & STAIR Services track, 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 (PRRC and STAIR) 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, such as orientation classes on the fundamentals of recovery from mental illness and evidenced-based classes for SMI and persistent/complex trauma. 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 while co-facilitating one to two weekly bridge groups. The trainee will receive formal VA training, consultation, and supervision from a Social Skills Training (SST) and STAIR

trainer/consultant and gain exposure to other bridge programming available in collaboration with Women's Mental Health and other recovery-oriented services.

**COVID Guidelines:**

“During the pandemic, all PRRC classes are being offered via telehealth (video and teleconferencing) due to COVID-19 emergency measures. For individual recovery coaching sessions, Veterans are offered the options of being seen face-to-face, via video, or by telephone. Safety precautions are being taken during individual in-person sessions including wearing of masks by both provider and Veteran, using hand sanitizer, and social distancing. STAIR services and supervision have also transitioned to virtual platforms for reducing risk of COVID-19 exposure. Class/individual sessions are offered via VVC and telephone with licensed provider participating in the encounter. Opportunities for STAIR and SST training/consultation continue to be available via live observation/co-facilitation of services by track supervisor (trainer/consultant) in telehealth format.”

**Primary Goals:**

Trainees in the PRRC & STAIR Services track 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), Illness Management and Recovery (IMR), and Skills Training in Affective and Interpersonal Regulation (STAIR).
5. Program education to potential referrals in inpatient and outpatient mental health settings for facilitating engagement and reducing barriers to treatment.
6. Individual psychotherapy and psycho-educational/skills training classes for women Veterans as part of STAIR-related services/bridge programming.
7. Consultation with an interdisciplinary team of providers.
8. Involvement in local and national PRRC and STAIR-related program evaluation efforts and treatment outcome measurement.

#### **4. HEALTH/REHABILITATION PSYCHOLOGY: EMPHASIS IN SPINAL CORD INJURY TRACK**

**Supervisors:**        **Michael Niznikiewicz, Ph.D.**  
                                  **(Michael.Niznikiewicz@va.gov)**  
                                  **Monica Stika, Ph.D.**

This practicum is 2 full days per week for 12 months.

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 while they are in the acute hospital setting, on an outpatient basis either in person (COVID-19 safety considerations allowing) or via telehealth. The spinal cord injury service is an interdisciplinary program focusing on medical as well as psychosocial functioning throughout the patient's inpatient and outpatient care. Veterans 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, kinesiotherapy, speech language pathology, social work, nutrition, educational therapy, recreational therapy, vocational rehabilitation, nursing, psychology, chaplain, and other specialties. The trainee will work as a member of an interdisciplinary team alongside these various disciplines. Moreover, trainees on this track will participate in weekly interdisciplinary discharge rounds, and have an option to attend weekly interdisciplinary rehab meetings (depending on trainee schedule). The trainee will be exposed to consultation, assessment, and individual therapy.

Trainees 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. Development of skills in his health and rehabilitation psychology.
6. Participation in weekly interdisciplinary team meetings, as well as reading current and relevant research related to the field and relevant treatment techniques.

#### **COVID-19 RELATED CHANGES:**

All SCI clinics have had to adapt within the current climate of COVID-19. As we continue to move forward, all supervisees may experience some modifications to the structure of the rotation and this may change at any time as new information is gleaned. Many of our inpatient and residential care services continue to be provided in-person, and most of our outpatient services have moved to telehealth or phone. As long as trainees are permitted to be on campus, supervisees will be provided with the necessary personal protective equipment (face shield, goggles, mask, gowns, gloves, etc.). Depending on hospital rules for externs and SCI directives, trainees may or may not be subject to regular COVID testing. It should be noted that it is not always possible to maintain 6 foot distance from patients and other staff in this rotation setting. Supervisees should not feel compelled to see patients face-to-face if they feel unsafe in this environment even with the protective gear. Also depending on hospital directives, externs may only be site for a fraction of the week, completing administrative/training activities and potentially low-risk clinical activities while working remotely. Training will be provided on remotely accessing VA records and systems. Ongoing, open communication between trainees, SCI Psychology staff, and the Training Director will remain vital as we navigate this challenging time.

#### **5. COMPLEX MEDICAL CARE TRACK (Formerly TBI/Polytrauma)**

**Supervisors:** Emily Jeffries, Ph.D.  
Rene Pichler-Mowry, Ph.D., HSPP ([Rene.Pichler-Mowry@va.gov](mailto:Rene.Pichler-Mowry@va.gov))

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 track 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 track. This is a 12-month 2 days per week track with Wednesdays being a mandatory day with hours 7:00am to 3:30pm (Not available on Thursdays).

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, trainees 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 track 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 population from a multiple war conflicts. The TBI/Polytrauma clinic may also serve a number of active duty service members (most of who are currently in the reserves). Most of the Veterans seen within this track have Mild TBI co-occurring diagnoses.

While on this track, 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. Trainees 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. Trainees 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 & Emily Jeffries) as well as trainees at various levels of training (i.e., postdoctoral fellows, predoctoral interns, and predoctoral trainees). Psychology trainees 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.

**Primary Goals:**

Trainees in the TBI/Polytrauma Psychology track 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 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.

**COVID Changes:**

During the 2020-2021 training year thus far, externs in the Complex Medical care track are on campus one day per week and teleworking the other day. They completed all necessary training for conducting virtual care to our Veterans. The externs are fully trained about how to contact their supervisors in the event of a high risk situations. We provide proper PPE for our externs in the even they are providing clinical care in person. We will follow all CDC and Hospital guidelines to ensure the safety of our Veterans, trainees, and staff alike.

**7. TRAUMA SERVICES PROGRAM TRACK**

**Supervisors :** Jonathan Beyer, Ph.D.  
Kate Colangelo, Ph.D.  
Jonathan Hessinger, Psy.D.  
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**COVID-19 NOTE:**

The Trauma Services Program (TSP) has long had a commitment to delivering services via telemental health (TMH). During the COVID-19 pandemic, we are adapting and incorporating these services into the training year. TMH services may include delivery of EBPs for PTSD and offering appointments by telephone or VA Video Connect (VVC) modalities. As long as COVID-19 restrictions apply, Externs will be provided training in the delivery of telemental health, with focus on implementation of CPT and PE via technology. TSP is also using virtual modalities to support such program activities as supervision, weekly team meetings, and didactic trainings. Staff will continue to coordinate with the Training Director, VHA guidelines, and Hines leadership to determine when and how face-to-face care will be delivered by Externs. If an Extern is to provide face-to-face care, TSP and Hines will provide appropriate personal protective equipment (PPE), and follow all safety guidelines regarding social distancing in the clinic setting. The above measures will remain in place for the duration of the COVID-19 pandemic and some may remain thereafter, as appropriate.

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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. They may also have such comorbidities as Major Depression and substance use disorders. TSP patients include both men and women, representing all eras of service (e.g., Vietnam, Desert Storm, OEF/OIF/OND).

The Externship year is structured to provide comprehensive training in the cognitive-behavioral theory of PTSD, and in the assessment and treatment of PTSD and trauma-related sequelae using evidence-based therapies. In terms of assessment, Externs will be trained in the use of the Clinician Administered PTSD Scale (CAPS) and such self-report measures as the PTSD Checklist (PCL-5), Patient Health Questionnaire-9 (PHQ-9), Alcohol Use Disorders Identification Test (AUDIT), Drug Abuse Screening Test (DAST), and the Columbia Suicide Severity Rating Scale (C-SSRS) both for diagnosis and treatment planning. Externs will also learn to provide evidence-based individual trauma-focused treatments, including Prolonged Exposure Therapy (PE) and Cognitive Processing Therapy (CPT). Externs will receive one hour per week individual supervision, along with bi-weekly or monthly group supervision.

Externs in the Trauma Services Program practicum can expect to be an integral part of the team, which currently consists of 10 psychologists and one part-time psychiatrist. The program also 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 (Externs, Interns, and Fellow) attend weekly staffing/business meetings. Note: Thursday is a mandatory day for all TSP trainees, as that is when we have our team meeting, during which cases are presented and assigned and relevant administrative information is disseminated. In addition, all staff and trainees attend weekly Consultation on Thursdays, which focuses on the implementation of evidence-based practice through case presentation and discussion, as well as the exploration of relevant research literature. In select cases, an Extern 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, diagnostic, and treatment planning skills based on objective assessment and interview.
  - Develop the ability to select and administer appropriate assessment measures (e.g., CAPS, PCL, etc.) specific to the patient's needs.

- Develop the ability to review patient records and integrate information from diagnostic interview and self-report measures into report writing, case formulation, and treatment planning tasks.
  - Develop skill in using a Shared Decision-Making process with new patients to collaboratively determine appropriate treatment goals and therapy options (i.e., CPT, PE, etc.).
2. Attain competence in providing evidence-based therapies for PTSD and associated problems
    - Participate in trainings for evidence-based PTSD therapies
    - Carry a caseload of at least five individual patients and provide either CPT or PE, as clinically appropriate.
  3. Gain experience working with a diverse veteran population, which varies in age, gender, race/ethnicity, sexual orientation, SES, trauma history, religion, and other factors.
  4. Develop effective clinical documentation skills through routine note and report.
  5. Develop effective professional interpersonal skills through routine interaction with fellow trainees, patients, professional staff, and support staff.
  6. Attend weekly TSP staffing meetings with the Trauma Services Program treatment team.
  7. Attend weekly consultation meetings, which include trainee case presentations, research and other topical presentations, and group supervision.

### **COVID-19 Related Changes to Practicum Program**

Given the fluid nature of the COVID-19 pandemic, it is difficult to anticipate the exact modifications that may be implemented within each track that is a part of our practicum training program. For the 2020-2021 training year, we increased use of telehealth and technology-based platforms across all training activities (seminars, telesupervision, team/staff meetings). Some areas have been able to accommodate provision of all clinical services via telehealth while others, namely inpatient rotations, have not. We have attempted to provide a brief description of COVID related training changes for each track. If need be, we will continue to have increased use of telehealth and technology-based delivery platforms in the 2021-2022 training year.

During the 2020-2021 training year so far, our externs are in clinic one day per week and teleworking the other day. Telework typically involves completion of administrative duties and participation in seminars, team meetings, and telesupervision from home. Telework **may** also include provision of telehealth services from home. Teleworking holds significant challenges even for seasoned clinicians and makes it harder to access needed support in standard and emergency situations. Externs are provided with instruction regarding the use of the telehealth equipment at the outset of the training year. No trainee will be permitted to provide telehealth services without first completing all required trainings. Under no circumstances will a trainee be allowed to provide clinical services across state lines. All patient care is conducted via secure network videoconferencing and telesupervision is only conducted via approved platforms (i.e. Webex, VVC). The VA Enterprise Service Desk is available to help with all Technical difficulties that cannot be resolved through local troubleshooting.

### **Facility Safety Procedures**

The following COVID related safety measures have been implemented at Hines VA Hospital:

- Pre-screening of Veterans the day prior to their scheduled Face to Face appointment
- Restricted Access/limited entrance points to the hospital
- Screening of all staff and visitors for COVID related symptoms, including temperature check
- Mandatory face mask policy for all staff and visitors
- Protective eye wear for provision of face to face care
- Increased use of telehealth technologies and services when appropriate
- Environmental changes to promote social distancing
- Use of video conferencing amongst staff to promote social distancing

### **Commitment to Training**

Despite the numerous challenges the pandemic has presented, we remain committed to providing the best and most robust training we can while keeping our Veterans, trainees, and staff members safe.

**DIRECTIONS BY PUBLIC TRANSPORTATION:**

The closest EI 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 in Building 228 (Mental Health Building) and visitor parking is available in the parking lots directly east of Building 228 (Visitor Parking Lot E). Once you are in the lobby area of building 228, take the elevators to the 3<sup>rd</sup> floor and look for signs to 3South and Psychology Offices. You can wait in our waiting room, which is Room 3035.

**Edward Hines, Jr. VA Hospital**  
5000 S. Fifth Avenue • Hines, Illinois 60141  
708-202-8387 • www.hines.va.gov

**Building Directory**

<b>1</b>	Administrative/Services
<b>9</b>	Auditorium/Recreation/Voluntary
<b>14</b>	Cooke's Manor
<b>17</b>	Human Resources
<b>45</b>	Retail Store
<b>53</b>	Bishop Goedert Residence
<b>100</b>	Fisher House
<b>113</b>	Blind Center
<b>128</b>	Spinal Cord Injury
<b>200</b>	Main Hospital
<b>217</b>	Extended Care Center
<b>221</b>	Residential Care Facility
<b>228</b>	Clinical Areas, Prosthetics

**Driving Directions**  
Exit I-290 at 1st Avenue.  
Head south on 1st Avenue.  
Turn right (west) on Roosevelt Road.  
Turn left (south) on 5th Avenue (second light).

**Parking**  
Hines is proud to offer FREE Valet parking to our Veteran patients. As you enter the campus through the main gate at 5th Avenue and Roosevelt Road, follow the signs to our Valet parking. Visitors and patients are welcome to park in any parking lot on the campus, keeping in mind that some individual spots have been designated specifically for individuals with disabilities, hospital volunteers or for drop-off and delivery.

**Mass Transit**  
Hines VA Hospital is served by the #301, #308 and the #331 PACE buses. For more information about public transportation in Chicago, call the Regional Transportation Authority at 312-836-7000.

**For more transit information:**  
Contact Regional Transportation Authority Travel Information Center, 836-7000 in all Chicago area codes, or 312-836-7000 from anywhere else.

**Legend**  
 Bus Stop
 Handicapped Parking

**Map**

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