CLINICAL PSYCHOLOGY POSTDOCTORAL FELLOWSHIP PROGRAM

2019-2020

Edward Hines, Jr. VA Hospital
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Psychology Service (116B)
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Applications due: December 31, 2018
Fellowship year begins: September 3, 2019

Emphasis Areas:

LGBT Health Care
Geropsychology & Integrated Care
Primary Care Mental Health Integration
Inpatient Medical Care Psychology
Trauma and Posttraumatic Stress Disorder
<table>
<thead>
<tr>
<th>TABLE OF CONTENTS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>3</td>
</tr>
<tr>
<td>Hines VA Hospital</td>
<td>3</td>
</tr>
<tr>
<td>Academic Affiliations</td>
<td>4</td>
</tr>
<tr>
<td>Psychology Service</td>
<td>4</td>
</tr>
<tr>
<td>Program Aim</td>
<td>5</td>
</tr>
<tr>
<td>Profession-Wide Competencies</td>
<td>5</td>
</tr>
<tr>
<td>Areas of Clinical Emphasis and Program Specific Competencies</td>
<td>7</td>
</tr>
<tr>
<td>Program Philosophy</td>
<td>7</td>
</tr>
<tr>
<td>Training Model</td>
<td>8</td>
</tr>
<tr>
<td>Rotation Structure</td>
<td>10</td>
</tr>
<tr>
<td>Illinois Licensure</td>
<td>11</td>
</tr>
<tr>
<td>Evaluation</td>
<td>11</td>
</tr>
<tr>
<td>Minimal Levels of Achievement</td>
<td>12</td>
</tr>
<tr>
<td>Requirements for Completion</td>
<td>12</td>
</tr>
<tr>
<td>Seminars, Case Conferences, Group Supervision</td>
<td>12</td>
</tr>
<tr>
<td>Supervision and Mentorship</td>
<td>13</td>
</tr>
<tr>
<td>Supervision Rights and Responsibilities</td>
<td>14</td>
</tr>
<tr>
<td>Teaching Requirements &amp; Opportunities</td>
<td>15</td>
</tr>
<tr>
<td>Administrative Project</td>
<td>15</td>
</tr>
<tr>
<td>Grievances and Discrimination</td>
<td>16</td>
</tr>
<tr>
<td>Advisement and Termination</td>
<td>16</td>
</tr>
<tr>
<td>Non-Discrimination Policy</td>
<td>17</td>
</tr>
<tr>
<td>Commitment to Diversity</td>
<td>17</td>
</tr>
<tr>
<td>Fellowship Selection</td>
<td>18</td>
</tr>
<tr>
<td>Interviews</td>
<td>19</td>
</tr>
<tr>
<td>Offers</td>
<td>19</td>
</tr>
<tr>
<td>Past Fellows</td>
<td>19</td>
</tr>
<tr>
<td>Psychology Service Staff Descriptions</td>
<td>25</td>
</tr>
<tr>
<td>Emphasis in Geropsychology &amp; Integrated Care</td>
<td>34</td>
</tr>
<tr>
<td>Primary Care Mental Health Integration</td>
<td>40</td>
</tr>
<tr>
<td>Emphasis in LGBT Health Care</td>
<td>45</td>
</tr>
<tr>
<td>Emphasis in Inpatient Medical Care Psychology</td>
<td>53</td>
</tr>
<tr>
<td>Emphasis in Trauma and Posttraumatic Stress Disorder</td>
<td>63</td>
</tr>
<tr>
<td>Administrative Services</td>
<td>70</td>
</tr>
<tr>
<td>Physical Resources</td>
<td>70</td>
</tr>
<tr>
<td>Accreditation Status</td>
<td>70</td>
</tr>
<tr>
<td>General Information</td>
<td>71</td>
</tr>
<tr>
<td>Qualifications</td>
<td>71</td>
</tr>
<tr>
<td>Eligibility for Psychology Training in the VA</td>
<td>71</td>
</tr>
<tr>
<td>Application Procedure</td>
<td>75</td>
</tr>
<tr>
<td>Directions</td>
<td>77</td>
</tr>
<tr>
<td>Map to Hines</td>
<td>78</td>
</tr>
</tbody>
</table>
INTRODUCTION

Thank you for your interest in postdoctoral training in Clinical Psychology at Edward Hines, Jr. VA Hospital. Hines VA was approved to offer postdoctoral training in Clinical Psychology beginning September 2008. Our Clinical Psychology fellowship program offers five emphasis areas within the umbrella of Clinical Psychology. These emphasis areas include: 1) Geropsychology & Integrated Care; 2) Primary Care Mental Health Integration; 3) LGBT Health Care; 4) Inpatient Medical Care Psychology; and 5) Trauma and Posttraumatic Stress Disorder. All fellowship positions are for one year. The Commission on Accreditation completed its first Site Visit for the purpose of initial accreditation by APA in October 2012 and awarded our Fellowship program 7 years of full APA Accreditation. Our next site visit will be in late 2019.

The Fellowship is organized within Psychology Service at Hines VA Hospital, which is a department within the Hospital’s Mental Health Service Line. The Fellowship year begins September 3, 2019, and ends August 28, 2020. Each Fellow participates in major and minor rotations within their area of emphasis. This structure is designed to ensure that all fellows receive training in all areas of our Program’s training objectives and competencies.

HINES VA HOSPITAL

The Edward Hines, Jr. Veterans Affairs Hospital, in suburban Chicago, is one of the largest and most diversified medical and surgical hospitals in the Department of Veterans Affairs system. Hines is located 12 miles west of downtown Chicago, on a 147 acre campus. The hospital is a tertiary referral center with many specialty services, including some that serve a large U.S. regional area. Hines is authorized to operate 471 hospital beds, and logged over 850,000 outpatient visits in Fiscal Year 2016. The hospital staff and students saw approximately 57,000 unique patients in FY 2016. Hines also supports six Community Based Outpatient Clinics in Joliet, Aurora, Hoffman Estates, Oak Lawn, Kankakee and LaSalle. Hines offers primary, extended and specialty care and serves as a tertiary care referral center (Level 1-A) for VISN 12. Specialized clinical programs include Blind Rehabilitation, Spinal Cord Injury, Neurosurgery, Radiation Therapy and Cardiovascular Surgery, Spinal Cord Injury Residential Care Facility, Geriatrics, Extended Care Center, Amputation, Care and Treatment Program, Automated Fabrication of Mobility Aids services, Palliative and Hospice Care, Interventional Radiology, Respite Care, and 33 separate programs within Mental Health Service Line (MHSL) such as Residential Substance Abuse, Trauma Services Program, Mental Health Intensive Care Management, Psychosocial Rehabilitation and Recovery Center, Inpatient Psychiatry, and more. Hines also serves as the VISN 12 Polytrauma Network Site. Hines also has one of the largest research programs in the VA system, with approximately 553 projects, 159 investigators, and an estimated budget of $20,000,000 (VA and non-VA).

The stated mission of our hospital is “Proudly serving our Veterans by providing compassionate, comprehensive care of the highest quality supported by education and research”. As a VA hospital, Hines is dedicated to the care of veterans whose injuries or medical conditions were obtained while in the military service of the United States. Hines is also authorized to serve all veterans who have limited financial resources and provide emergent services to those discharged under less than honorable conditions. The hospital serves a predominantly male, White and African-American population. A smaller but growing percentage of our population is Latino or Asian-American. Approximately 5,000 female veterans were treated in FY 2016 at Hines. There is significant diversity by ethnic origin, race, age, disability, religion, sexual orientation and education across our adult population. Opportunities exist to work with LGBT patients and
patients and family members/caregivers across the full spectrum of age from young adulthood to the elderly, as well as individuals with varying types of disabilities (i.e., sensory, physical, cognitive) and impairment levels (i.e., ranging from mild to severe). To afford opportunities to work with a diverse patient population, supervisors make significant efforts to provide a caseload of patients that is characterized by diversity. Our hospital staff is characterized by such diversity as well, and reflects the diversity of the Chicago area population.

ACADEMIC AFFILIATIONS

Hines is affiliated with approximately 70 colleges and universities for the education of undergraduate and graduate students in health care professions. Hines contributed to the training of 668 medical residents and 1243 associated health trainees (including seven Psychology interns and seven Psychology postdoctoral fellows) in fiscal year 2017.

Hines is institutionally affiliated with Loyola University of Chicago, Stritch School of Medicine, and also maintains affiliations with the University of Illinois-College of Medicine, Chicago, and Northwestern University Feinberg School of Medicine. Loyola University Medical Center, which shares a campus with Hines, is one of the largest medical centers in the Chicago area, with 471 licensed beds on a 70-acre campus. Loyola is a nationally recognized leader in many health care specialties, including cardiology, oncology, neurology, and organ transplant.

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

PSYCHOLOGY SERVICE

The Psychology Service at Hines VA Hospital is one of several departments in the hospital’s Mental Health Service Line. The Chief of Psychology Service, reports directly to the Mental Health Service Line Manager. Psychology Service is comprised of 54 doctoral-level psychologists, and two program assistants. The broad range of expertise, background and experience represented in the staff at Hines is also reflected in the diversity of their professional assignments throughout the hospital. Most are involved in the training program as clinical supervisors or presenters of didactics. There is a range in experience and theoretical orientation, as well as academic background. Supervisors are actively involved in professional psychology associations and organizations, may be actively engaged in research, program development and evaluation, and/or professional administrative and leadership functions in the hospital that reflect their expertise and that provide modeling experience to interns. Some supervisors hold faculty appointments at universities in the Chicago area and several serve as national trainers within their discipline.

The Psychology Service at Hines VA has enjoyed a long tradition of training future psychologists. The service presently maintains externship, internship and fellowship training programs that are designed to foster collaboration between Externs, Interns and Fellows. The externship program at Hines VA dates back to 1947 and we presently have 15 Externs training in 6 different clinical areas. Detailed information about our Externship Program is available on our webpage at: https://www.hines.va.gov/about/psychp.asp
The Psychology Internship Program was established in 1950 and has been formally accredited by APA since 1976. We currently have 7 funded positions. Our next site visit is slated for 2019. Information about our Internship Program is available on our webpage:
http://www.hines.va.gov/about/psychresidency/Psychology_Internship.asp

Finally, the Psychology Service maintains two fellowship programs: a traditional practice program in Clinical and Counseling Psychology (described here in this brochure) and a specialty practice program in Clinical Neuropsychology. The traditional practice program in Clinical and Counseling Psychology began in 2008 and was awarded seven years of full APA-Accreditation in 2012. Our next site visit is slated for 2019. This program consists of five, one-year fellowship positions, with areas of emphases in: Trauma and Posttraumatic Stress Disorder; Primary Care Mental Health Integration; Geropsychology & Integrated Care; LGBT Health Care; and Inpatient Medical Psychology. Detailed information about our Fellowship Program is available on our webpage at: https://www.hines.va.gov/about/Psych_Post.asp

The second fellowship program maintained by the Psychology Service at Hines VA is a two year specialty fellowship program in Clinical Neuropsychology. This program has two staggered positions, admitting one new Fellow each year. Our specialty fellowship program in Clinical Neuropsychology was awarded ten years of full APA Accreditation in April 2018. Detailed information about our Clinical Neuropsychology Fellowship Program is available on our webpage at: www.hines.va.gov/about/Neuropsych_Post.asp

PROGRAM AIM

The mission of the Hines VA Clinical Psychology Fellowship Program is to train psychologists to meet advanced practice competencies in psychology, and function effectively as professional psychologists in a broad range of roles and settings, including clinical services, research, and education. The structure of the Hines VA Fellowship Program fosters development across nine profession-wide competencies that are critical to the functioning of an independently functioning psychologist. We expect that Fellows will gain both breadth in competency, as well as depth within their particular area of clinical emphasis. Below are the competencies to be developed through a structured, coherent, and integrated training experience that is graded, sequential and cumulative.

PROFESSION-WIDE COMPETENCIES

1. **Research:** Fellows will demonstrate the ability to critically evaluate and disseminate research or other scholarly activities at the local (including host institution), regional, or national level. Fellows will demonstrate the ability to think critically about existing literature and apply scientific knowledge to clinical practice, as well as allow clinical practice to inform research questions. Fellows will develop skills in critical thinking, curiosity, and hypothesis testing.

2. **Ethical and Legal Standards:** Fellows will demonstrate the ability to respond professionally in increasingly complex situations with a greater degree of independence in accordance with the APA *Ethical Principles of Psychologists and Code of Conduct* and relevant laws, regulations, rules, policies, standards, and guidelines. Ethical and legal issues will arise in all areas of training, including confidentiality, legal obligation to warn of danger or report abuse, competency assessments, the right to refuse treatment,
assessments of dangerousness, informed consent, and publication credit. Fellows receive supervision and didactic training related to these issues and learn to recognize ethical dilemmas as they arise, apply ethical decision-making processes in order to resolve the dilemmas, and to conduct themselves in an ethical manner in all professional activities.

3. **Individual and Cultural Diversity**: Fellows will demonstrate the ability to conduct all professional activities with sensitivity to human diversity, including the ability to deliver high quality services to an increasingly diverse population. Fellows demonstrate knowledge, awareness, sensitivity, and skills when working with diverse individuals and communities who embody a variety of cultural and personal background and characteristics. Fellows will demonstrate sensitivity to patient cultural diversity, including race, ethnicity, religion, country of birth, gender, social class, age, sexual orientation, disability and health status, as well as other individual differences, integrating awareness and sensitivity into all professional roles. Issues related to diversity are discussed during supervision, as well as incorporated into all program wide didactics.

4. **Professional Values and Attitudes**: Fellows are exposed to professional role models who embrace the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others. Fellows are expected to demonstrate these values as they also engage in self-reflection regarding one’s personal and professional functioning, and engage in activities to maintain and improve performance, well-being, and professional effectiveness. Fellows are expected to actively seek and demonstrate openness and responsiveness to feedback and supervision. Fellows will demonstrate an increasing ability to respond professionally in increasingly complex situations with a greater degree of independence and autonomy as they progress through the training year. Fellows will demonstrate maturing professional identities and a sense of themselves as a "Psychologist".

5. **Communication and Interpersonal Skills**: Communication and interpersonal skills are the foundations of education, training, and practice in health service psychology. Fellows are expected to develop and maintain effective professional relationships, deal with conflict, negotiate differences, and understand and maintain appropriate professional boundaries with patients, colleagues, supervisors, and other health professionals. Fellows will also be able to produce and comprehend oral, nonverbal, and written communications that are informative and well-integrated, timely, appropriately reflective of the needs of the anticipated audience, and demonstrate a thorough grasp of professional language and concepts.

6. **Assessment**: Functional skills in assessment, diagnosis, and feedback are critical to the professional practice of clinical psychology. Fellows will develop competence in diagnostic interviewing, and will be able to appropriately assess, evaluate, and conceptualize a broad range of patients, including those with complex presentations and/or comorbidities. Fellows will receive training on the selection and use of evidence-based assessment tools and/or clinical interviews (including consideration of relevant diversity characteristics of the patient) required for a given area of emphasis, as well as skills related to medical record review, risk assessment, and provision of feedback in a manner that is clear and understandable by the patient. Fellows are expected to interpret and synthesize assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, and to communicate orally and in written documents the findings and implications of the assessment in an accurate and effective manner.
7. **Intervention:** Fellows will develop advanced case conceptualization skills that draw on theoretical and empirical knowledge, and formulate effective treatment plans. Fellows will demonstrate skills in implementing interventions that are evidence-based, in both individual and group formats, as well as managing risk issues. Fellows will demonstrate competence with the types of therapies required for a given track. Fellows are expected to choose and implement interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables. Fellows will demonstrate the ability to apply the relevant research literature to clinical decision making. Fellows are also expected to develop appropriate treatment goals and plans, evaluate intervention effectiveness, and adapt intervention goals and methods consistent with the ongoing evaluation.

8. **Supervision:** Fellows will demonstrate knowledge of evidence-based supervision models and practices and apply this knowledge in direct practice. Fellows will provide supervision to at least one psychology trainee who is more junior (i.e., intern, extern). Fellows will demonstrate advanced understanding of the complexity of the supervisor role including ethical, legal, and contextual issues. They will demonstrate an awareness of the current needs of supervised trainees, and on how to provide developmentally appropriate feedback to them. The fellows will receive close supervision and didactics on developing this formative skill.

9. **Consultation and Interprofessional Skills:** Fellows will develop advanced competence in the intentional collaboration of professionals in health service psychology with other individuals or groups. Fellows receive supervised experiential learning and didactics in these areas and will demonstrate skill in understanding the role of a psychologist and communicating and collaborating with other providers. This may be demonstrated by, for example, contributing to team meetings or case presentations through the communication of important information about patients, co-treatment, consulting directly with patients’ other providers (either effectively seeking consultation or offering consultation/teaching), being sensitive to and responding appropriately to the needs of other team members, and using skills as a psychologist to facilitate team functioning.

**AREAS OF CLINICAL EMPHASIS AND PROGRAM SPECIFIC COMPETENCIES**

Complementing our programmatic aim of preparing Fellows for advanced professional psychology practice, the Program also helps Fellows develop skills for practice in high priority areas of health care for veterans. The Program’s five emphasis areas of emphasis include: 1) Geropsychology & Integrated Care; 2) Primary Care Mental Health Integration; 3) LGBT Health Care; 4) Inpatient Medical Care Psychology; and 5) Trauma and Posttraumatic Stress Disorder. Through their training across a variety of clinical placements, Fellows develop general advanced professional-wide competencies as well as unique program specific competencies within each area of clinical emphasis. These unique program specific competencies, which are specific to each area of clinical emphasis, are described on the first page of each emphasis description.

**PROGRAM PHILOSOPHY**

Fellows’ training is consistent with our training program philosophy, as described below:
Hines Psychology embraces the scholar-practitioner training model (Peterson, Peterson, Abrams and Stricker 1997), in which science and practice inform each other. This training model reflects the “mutuality of science and practice” as described by Hoshmand and Polkinghorne (1992). Reflecting a focus on evidence based clinical practice, Fellows are encouraged to base their conceptualization, assessments and interventions on the available scientific knowledge and, when applicable, empirically validated therapies, while also acknowledging the real limits of our scientific knowledge and the complexities of people in our clinical practice. This productive integration of science and practice permeates the clinical work across our department and drives the training focus of our program. We also believe that effective integration of science and practice is best achieved through a concurrent ongoing focus on enhancement of skills in clinical conceptualization and critical thinking. The Program’s focus on productive integration of science and practice, development of skills in conceptualization and critical thinking, and exposure to various theoretical orientations, actualize our scholar-practitioner model. The Program’s encouragement of Fellows’ involvement in ongoing research and its requirements in program development and evaluation further support this training focus.

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

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

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

**TRAINING MODEL**

Following our philosophy, we embrace a training model in which Fellows work across a number of clinical settings that optimizes breadth and depth of the knowledge and skills set required for independent professional psychology practice. This training model affords the Fellow the opportunity to develop advanced practice knowledge and skills in a number of hospital settings with a wide range of patient problems and different supervisors. The development of knowledge and skills in an area of emphasis is supported by rotational placements within that emphasis and are further advanced through the Fellow’s pairing with a Mentor in the Fellow’s area of emphasis. Mentors, as well as other supervisors, model the integration of scholarly inquiry with clinical
practice. Mentors and supervisors further promote the Fellow’s initiative and self-direction in the Fellowship training year as the Fellow works toward achieving the knowledge, skills and identity necessary for independent professional practice in psychology. The training focus over the course of the year includes the following profession wide competencies, which all Fellows are expected to demonstrate mastery of at the level of independent advanced professional psychology practice by the end of their fellowship year:

1) Research  
2) Ethics and legal standards  
3) Individual and cultural diversity  
4) Professional values, attitudes and behaviors  
5) Communication and interpersonal skills  
6) Assessment  
7) Intervention  
8) Supervision  
9) Consultation and interprofessional/interdisciplinary skills

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

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

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

Although Fellows follow programmatically set major rotations, flexibility is afforded in selecting Fellowship activities that enhance skills within the area of emphasis and that enhance clinical skills across our Program’s training competencies. Our ability to provide both broad-based training in core clinical training competencies and emphasis training reflects our wealth of
training opportunities and supervisors available at Hines. An assessment of the Fellow's training needs will be made by the Fellow, the Fellow’s Mentor and the Training Director. Training assignments are made only after discussions between them.

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

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

**ROTATION STRUCTURE**

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

Each emphasis is comprised of Major and Minor Rotations. Major and minor Rotations are intended to complement one another and ensure that each fellow receives sufficient training across all 9 programmatic competencies over the course of the year.

The Fellowship year is technically divided into four 3-month quarters. Quarters exist primarily as set times in which: 1) A fellow may choose to change minor rotations and 2) quarterly evaluations are completed. Many of our Fellowship rotations require a two-quarter commitment (i.e., 6 months) to allow for greater depth in the training experience. In addition, many of our rotations allow a fellow to extend their training experience over several quarters if they are interested in doing so. Please read the program description for each emphasis area carefully to understand any unique rotational requirements for each of our fellowship positions.

Minor Rotations function as a flexibly designed component of the Fellowship Program whose purpose is to afford Fellows the opportunity to enhance their clinical skills in psychotherapy, assessment and consultation. Fellows are expected to allocate approximately six hours each week to Minor Rotations, which includes direct service, related work (e.g., progress notes, report writing) and supervision. The Fellow will select clinical opportunities that complement the training opportunities and demands of their Major Rotations. It is possible for the Fellow to rotate across several of minor these settings to ensure adequate exposure to psychotherapy, assessment and consultation experiences.
ILLINOIS LICENSURE

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

EVALUATION:

Supervisors complete a quarterly progress evaluation form, the Competency Assessment Form (CAF) for each Fellow. These evaluations are kept in our files. Supervisors discuss the evaluation with the Fellow at the end of each quarter when it is completed. During Psychology Orientation, the Fellow is familiarized with the CAF, which is used on all rotations, affording the Fellow an opportunity to see the bands of functioning across training competencies on which he/she will be assessed.

The CAF measures training objectives relevant to development of advanced practice knowledge and skills required for functioning as an independent psychologist, with a focus on the following competencies that operationalize our Program’s training goals and aims: 1) Research, 2) Ethics and legal standards; 3) Individual and cultural diversity; 4) Professional values, attitudes and behaviors; 5) Communication and interpersonal skills; 6) Assessment; 7) Intervention; 8) Supervision; and 9) Consultation and interprofessional/interdisciplinary skills.

Each item on the CAF is rated using the following scale:

1. Substantial supervision required on all cases or related work; limited to no autonomous judgment.
2. Supervision on most straightforward cases or related work; minimal autonomous judgment (Intern Entry Level).
3. Supervision on intermediate level cases or related work, or when learning a new skill area; autonomous judgment on routine cases.
4. Score represents readiness for practice at the entry level. Supervision on advanced cases or related work; autonomous judgment (Intern Exit Level/Postdoc Entry Level).
5. Consultation only expected on advanced, unusual cases or related work.
6. Score represents readiness at the entry level for advanced specialized practice. Consultation only expected on highly atypical, advanced cases or related work that requires focused knowledge; autonomous judgment (Postdoc Exit Level).
7. Clinical Psychologist at the expert level (e.g., ABPP level).

The CAF also measures competencies relevant to the Fellow’s area of Emphasis. These competencies are drawn from accepted or emerging standards of training in each of the Emphases.

As mentioned above, the supervisor completing the CAF reviews the evaluation of the Fellow with that Fellow at the end of each quarter. The Training Director also reviews these evaluations following each quarter to ensure that Fellows are progressing toward achievement of programmatic goals and competencies through the course of their training experiences. Fellows must receive a rating of 6 or higher on each item on the CAF by completion of the training year in order to successfully complete the program.

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

MINIMAL LEVELS OF ACHIEVEMENT

Consistent with APA accreditation requirements, we have identified clear minimum levels of achievement:

In order for Fellows to maintain good standing in the program they must:
- obtain a rating of at least a "4" or higher on each item on the CAF for quarter 1 and quarter 2 evaluations.
- Not be found to have engaged in any significant unethical behavior.

In order for Fellows to successfully complete the program, they must:
- Fellows must receive a rating of 6 or higher on each item on the CAF by completion of the training year.
- Not be found to have engaged in any significant unprofessional or unethical behavior.

REQUIREMENTS FOR COMPLETION

1. **Hours.** Fellows must complete 2080 professional hours within the 52-week training year in order to graduate from the Fellowship. Fellows are encouraged to maintain a record of their hours. Accrued paid leave time and authorized absences for professional development activities are counted toward the 2080 hour requirement. Extensions of the training year may be allowable under extraordinary circumstances, (e.g., cases of unavoidable extended family or medical leave).

2. **Competency Ratings.** In the beginning of the training year, Fellows are provided with performance criteria and the evaluation form their supervisors will be using to evaluate their performance across the year. Fellows are apprised that they must of achieve competency ratings equivalent to “readiness at the entry level for advanced specialized practice” or higher on all items in all nine competency areas by the end of the Fellowship year.

3. **Conduct.** Fellows are expected to conduct themselves in a professional and ethical manner. During working hours, interns must be mentally and physically capable of executing job functions. The APA ethical guidelines and HIPPA regulations must be strictly adhered to, especially in matters of confidentiality of information, non-exploitation of patients and avoiding conflicts of interests. Fellows are also responsible for conforming to all other Medical Center and Office of Personnel Management regulations concerning conduct and behavior.

SEMINARS, CASE CONFERENCES, GROUP SUPERVISION

Friday mornings are devoted to program-wide seminars (i.e., across all five areas of emphasis). There are two main seminar series that are presented during this time slot: 1) Cultural Diversity Seminars and 2) General/Comprehensive Seminars.
Cultural Diversity Seminars. This is a structured series of seminars that meets bi-weekly from October through February and covers 8 topics in cultural diversity. The Cultural Diversity Seminar Series is scheduled from 7:30am-9:00am on the first and third Fridays of the month. Attendance is required for all interns and fellows.

General/Comprehensive Seminars. These seminars are presented from February through August and focus on: 1) clinical topics applicable to all Fellows regardless of area of emphasis; 2) Program Development & Evaluation; and 3) professional development. Some seminars are presented in a series format in order to provide more comprehensive exposure to topics. The General/Comprehensive Seminar Series is scheduled from 7:30am-9:00 on the first and third Fridays of the month. Attendance is required for all Fellows.

Diversity Case Conference Series. This didactic series is a monthly lunch-time presentation series that is open to all psychology staff and required for all psychology trainees. Most typically, a staff member or a staff member and trainee will present a case that highlights an area of diversity. Active participation and discussion is encouraged from all attendees. Discussion focuses on the promotion of multicultural competence. This series meets on the 4th Wednesday of every month from 12pm – 1pm.

Emphasis Specific Seminars. Each area of emphasis offers its own series of additional didactics that is relevant to the area of clinical focus (e.g., Primary Care Ground Rounds; Inpatient Medical Care, Trauma Services Program). Fellows are required to attend the didactics within their area of emphasis, and welcome to join the didactics in areas other than their own.

Group Supervision/Case Conference. These meetings are facilitated by the Training Director. Fellows take responsibility for presenting cases, and are encouraged to bring cases that present challenging clinical and/or professional questions. Group Supervision/Case Conference is scheduled from 8:00am-9:30 on the second and fourth Fridays of the month. Attendance is required for all Fellows.

Supervision of Supervision Seminar. Seminars in this series provide Fellows an opportunity to discuss their own experiences in the provision of supervision as well as review models of supervision and issues in supervision. Fellows discuss readings related to developmental and competency based theories and methods of supervision. They may also introduce issues related to their current supervision of Interns or Externs, which affords opportunities for collaborative processing and problem solving. All Fellows are required to provide supervision to at least one Intern or Extern over the course of the year. “Sup of sup” seminar is scheduled from 12:00 – 1:00pm on the third Wednesday of the month. Attendance is required for all Fellows.

Lastly, Hines VA employees and trainees are also welcomed and encourage to attend other hospital didactics at Hines VA as well as didactics at Loyola University Medical Center (e.g., Psychiatry Grand Rounds). Psychiatry Grand Rounds topics vary, but generally include new psychopharmacological treatments from evidence-based practice, new and emerging therapy methodologies, and case conference presentations. Faculty also welcomes Fellows’ interest in presenting at Grand Rounds.

SUPERVISION AND MENTORSHIP
The Fellow will have one supervisor per rotation, and typically 2-3 for each quarter of the training year.

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

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

SUPERVISION RIGHTS AND RESPONSIBILITIES

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

All supervisors and trainees complete a formal Supervision Agreement at the start of each rotation. The agreement is reviewed by the supervisor and trainee at the start of the rotation, signed by both, with copies retained by both, and the Training Director. The Supervision Agreement provides helpful clarification of roles and responsibilities of supervisors and trainees, as well as serving as a point for discussion about the supervisory relationship with trainees. The Agreement includes items related to understanding, valuing and integrating issues related to cultural competence. The Training Director will retain a copy of the Agreement.

TEACHING REQUIREMENTS & OPPORTUNITIES

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

ADMINISTRATIVE PROJECT

Each Fellow is required to take on an administrative project for the year. This project may take the form of either program development or program evaluation. The administrative project will fall within each fellow’s area of clinical emphasis. The Fellow is asked to provide the training director with a description of the project by the end of the first quarter. This description should identify the scope of the project as well as the staff psychologist who is overseeing the project. At the end of the year the Fellow is expected to provide a formal 45 minute presentation on his or her project to psychology staff and trainees.

Projects from 2016-2017 training year:

- Trans Identity Education & Gender Pronoun Buttons for Staff: A Pilot & Evaluation
- Correlates of military sexual trauma in male veterans presenting to a VA PTSD clinic
- Assessing gains and losses among visually impaired Veterans
- Implementing Measurement-Based Care in Primary Care-Mental Health Integration
- TBI Survivor’s Network Group: From Conceptualization to Initial Outcomes
- A Mindfulness-Existential Group Intervention for Persistent Complex Bereavement

Projects from 2017-2018 training year:

- 2018 LGBT Needs Assessment
- Examining the Utility of Story Recognition Paradigm for the RBANS
- Race Based Stress & Resilience
- Liver Transplant Education
GRIEVANCES AND DISCRIMINATION:

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

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

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

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

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

A Fellow may be terminated from the Fellowship Program under a variety of serious conditions. A Fellow may be terminated when overall performance ratings remain below expectation in any core competency rated by the supervisor(s) in two consecutive quarters. A Fellow may also be terminated from the Program at any point during the year if the Fellow has demonstrated behavior that seriously conflicts with the APA Ethical Principles of Psychologists and Code of Conduct and/or Federal Employee Code of Conduct. Furthermore, a Fellow may be terminated if the Fellow demonstrates a pattern of dysfunctional behavior that interferes with acceptable practice of psychology and that appears unlikely to remediate by the end of the Fellowship year, as determined by two consecutive primary supervisors. Psychology Service maintains procedural policy should termination from the Program be recommended.

NON-DISCRIMINATION POLICY:

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

COMMITMENT TO DIVERSITY:

The Psychology Service at Hines VA is committed to fostering and upholding an inclusive community that welcomes and supports individuals from all social identity groups. We believe a multi-pronged approach to creating an inclusive and supportive environment within the Psychology Service at Hines VA is essential. Some of the ways in which we have sought to create an inclusive and affirming environment for all are:

- Cultivating and promoting an atmosphere of inclusion and acceptance, in which all individuals are supported and included within our work and professional environment.

- Welcoming honest and open discussion about issues in diversity
• Incorporating diversity as a central component of our clinical training and didactics
• Enhancing awareness of diversity issues through monthly case presentations
• Attracting psychology staff and trainees of diverse backgrounds to join our Psychology Service and our training programs Hines VA.

Within our Psychology Service, our efforts to promote diversity are led by our Psychology Diversity Committee – a group of staff psychologists who coordinate and oversee continuing efforts to build our community. The Psychology Diversity Committee serves the Psychology Service and the Mental Health Service Line (MHSL) in the following three primary ways:

1. **Education and Training**: Provide staff and trainees with opportunities to learn about and discuss a variety of diversity-related issues. These can include, but are not limited to: trainings for staff and trainees, trainings specific to trainees, trainings specific to supervisors, CE training for staff, case conferences.

2. **Consultation**: Provide consultation to individual staff members, clinics, and/or programs around diversity issues as it relates to Veteran care. This can include, but is not limited to: providing in-services/trainings to staff or Veterans in a clinic/program about a variety of diversity issues (e.g., microaggressions, language in the LGBT community) and helping staff find resources for a Veteran (e.g., transgender support groups in Chicago).

3. **Hiring**: To assist in ensuring cultural and professional diversity among Psychology externs, interns, postdoctoral fellows, and staff. This can include, but is not limited to: helping the Training Committee in recruiting diverse trainees and assisting the Psychology department in recruiting, hiring, and retaining diverse staff.

*VA, and this committee, define diversity in its broadest context to include all that makes us unique: race, color, gender, religion, national origin, age, disability status, culture, sexual orientation, gender identity, parental status, educational background, socioeconomic status, intellectual perspective, organizational level, and more.

**FELLOWSHIP SELECTION**

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

1. attended a Boulder-model scientist-practitioner doctoral program,

2. have broad-based training in our Program’s training objectives,
3. have demonstrated skills in the applicant’s emphasis area,

4. have academic exposure to diversity issues as well as clinical experience with a demographically diverse population,

5. have experience and accomplishment in research and extensive scientific and theoretical grounding in psychology, and

6. have letters of recommendations that attest to the applicant's strengths in conceptual thinking, personal maturity and responsibility, clinical judgment, and ethical behavior. Such applicants are seen as most likely to be well-prepared academically and through clinical training experience in these five relevant above-noted areas.

INTERVIEWS

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

Applicants who appear to fit well with our program and the area of emphasis to which they have applied will be invited for an in-person interview. These interviews will take place in mid-January 2019 and early February 2019. An interview is required for acceptance into the Fellowship Program. In person interviews are preferred. If necessary, interviews via phone or video conference can be arranged.

Applicants are typically interviewed by two staff members working in the applicant’s emphasis area. All applicants will have the opportunity to meet with the Training Director and ask questions about the structure of the program. Applicants are welcome to arrange, in advance, meetings with additional staff members who work in areas of interest to them. Applicants may email staff they would like to meet to schedule a time (staff email addresses are listed below). To facilitate coordination, applicants may prefer to ask the Training Director to schedule meetings with staff, especially when applicants would like to meet more than one staff member.

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

OFFERS

Hines VA will be following the APPIC Selection Guidelines for the 2018/2019 selection cycle. All offers will be extended on February 25, 2019 at 10am EST.

PAST FELLOWS

2017-18
Ivelisse Barriero-Rosado, Psy.D. (Inpatient Medical Care)
Psy.D.: Carlos Albizu University
Internship: Denver Health Medical Center
Initial Employment: Private Practice

Gregory Bartoszek, Ph.D. (Trauma & Posttraumatic Stress Disorder)
Ph.D.: University of Illinois – Chicago
Internship: Jesse Brown VA
Initial Employment: William Patterson University of New Jersey

Jocelyn Droege, Ph.D. (Integrated Care/Geropsychology)
Ph.D.: DePaul University
Internship: Hines HA Hospital
Initial Employment: Private Practice

Chantel Frazier, Ph.D. (Primary Care Mental Health Integration/PACT)
Ph.D.: Texas A & M University
Internship: VA Long Beach Healthcare System
Initial Employment: Houston VA

Hiram Rivera-Mercado, Psy.D. (LGBT Health Care)
Psy.D.: Carlos Albizu University
Internship: Boston University/Center for Multicultural Training in Psychology
Initial Employment: Houston VA

2016-17

Daniel Goldstein, Ph.D. (Primary Care Mental Health Integration/PACT)
Ph.D. Rosalind Franklin University
Internship: Hines VA Hospital
Initial Employment: Hines VA Hospital

Adam M. Lewis, Ph.D. (Integrated Care/Geropsychology)
Ph.D.: University of Iowa
Internship: Memphis VA Medical Center
Initial Employment: Alexandria VA Health Care System

Lynsey R. Miron, Ph.D. (Trauma & Posttraumatic Stress Disorder)
Ph.D.: Northern Illinois University
Internship: Durham VA Medical Center
Initial Employment: Minneapolis VA Medical Center

Darnell Motley, PhD (LGBT Health Care)
Ph.D. DePaul University
Internship: McGaw Medical Center of Northwestern University
Initial Employment: University of Chicago

Lamise N. Shawahin, Ph.D. (Inpatient Medical Care)
Ph.D.: Purdue University
Internship: Milwaukee VA
Initial Employment: Governor's State University

2015-16

Paige Baker, Psy.D. (LGBT Health Care)
Psy.D.: Nova Southeastern University
Internship: Captain James A. Lovell Federal Health Care Center
Initial Employment: Howard Brown Health Center, Chicago, IL

Maurice Endsley, Ph.D. (Integrated Care/Geropsychology)
Ph.D.: University of Missouri-St. Louis
Internship: Central Texas Veterans Health Care System
Initial Employment: VA St. Louis Health Care System

Jamie Walter, Psy.D. (Neuropsychology)
Psy.D.: Roosevelt University
Internship: Jesse Brown VA
Initial Employment: Private Practice in Chicago

Kristy Watters, Psy.D. (Trauma & Posttraumatic Stress Disorder)
Psy.D.: Hawaii School of Professional Psychology
Internship: West Palm Beach VA Medical Center
Initial Employment: G.V. Montgomery VA Medical Center

Walter Winfree, Ph.D. (Integrated Care/PACT)
Ph.D.: University of Memphis
Internship: University of Oklahoma Health Sciences Center
Initial Employment: VA Portland Health Care System

2014-15

Justin Birnholz, Ph.D. (LGBT Health Care)
Ph.D.: Illinois Institute Technology
Internship: University of Rochester Medical Center
Initial Employment: Edward Hines, Jr. VA Hospital

Danielle DeFreese, Psy.D. (Integrated Care)
Psy.D.: Chicago School Professional Psychology
Internship: Harry S. Truman Memorial Veterans' Hospital
Initial Employment: Aurora Health Care, WI

Jonathan Hessinger, Psy.D. (Trauma & Posttraumatic Stress Disorder)
Psy.D.: Chicago School Professional Psychology
Internship: W.G. Hefner VA Medical Center
Initial Employment: Edward Hines, Jr. VA Hospital

Rebecca Preston, Psy.D. (Integrated Care)
Psy.D.: Loyola University (Maryland)
Internship: Captain James A. Lovell Federal Health Care Center
Initial Employment: Battle Creek VA Medical Center

Jamie Walter, Psy.D. (Neuropsychology)
Psy.D.: Roosevelt University
Internship: Jesse Brown VA
Initial Employment: Edward Hines, Jr. VA Hospital 2nd year of Neuropsychology fellowship

2013-14

Scott Creamer, Ph.D. (Integrated Care)
Ph.D.: Washington State University
Internship: Syracuse VA Medical Center
Initial Employment: Edward Hines, Jr. VA Hospital

Katherine Dahm, Ph.D. (Trauma and Posttraumatic Stress Disorder)
Ph.D.: University of Texas at Austin
Internship: Michael E DeBakey (Houston) VA Medical Center
Initial Employment: Jesse Brown (Chicago) Medical Center

Tamara McKenzie, Psy.D. (Neuropsychology)
Internship: Bay Pines VA Healthcare System
Initial Employment: Defense & Veteran’s Brain Injury Center at James A. Haley VA

Kate Notch, Ph.D. (Medical Rehabilitation Psychology)
Ph.D.: Illinois Institute of Technology
Internship: Edward Hines, Jr. VA Hospital
Initial Employment: Northwestern University-Feinberg School of Medicine

Smriti Shivpuri, Ph.D. (Integrated Care)
Ph.D.: San Diego State University/University of California San Diego Joint Program
Internship: Alpert Medical School at Brown University
Initial Employment: Rush University Medical Center

2012-13

Timothy Baardseth, Ph.D. (Primary Care and Health Psychology)
Ph.D. – University of Wisconsin-Madison
Internship – Clement Zablocki VA Medical Center, Milwaukee
Initial Employment: Minneapolis VA Health Care System

Christa Marshall, Psy.D. (Medical Rehabilitation Psychology)
Psy.D. – Roosevelt University
Internship – Hunter Holmes McGuire VA Medical Center, Richmond
Initial Employment: Hunter Holmes McGuire VA Medical Center, Richmond

Tamara McKenzie, Psy.D. (Neuropsychology)
Psy.D. – American School of Professional Psychology, Washington, D.C.
Internship – Bay Pines VA Healthcare System
Initial Employment: Edward Hines, Jr. VA Hospital on 2nd year of fellowship
Kelly Moore, Ph.D. (Integrated Care and Behavioral Medicine)
  Ph.D. – Marquette University
  Internship – Southwest Consortium, Raymond G. Murphy VA Medical Center, Albuquerque
  Initial Employment: Minneapolis VA Health Care System

Dana Weber, Ph.D. (Trauma and Dual Diagnosis)
  Ph.D. – Arizona State University
  Internship – Edward Hines, Jr. VA Hospital
  Initial Employment: Edward Hines, Jr. VA Hospital

2011-12

Anjuli Amin, Ph.D. (Primary Care and Health Psychology)
  Ph.D. – Southern Illinois University at Carbondale
  Internship – Clement J. Zablocki VA Medical Center, Milwaukee, Wisconsin
  Initial Employment: Edward Hines, Jr. VA Hospital

Kathleen Matthews, Ph.D. (PTSD/Substance Abuse)
  Ph.D. – Idaho State University
  Internship – VA Ann Arbor Healthcare System, Ann Arbor, Michigan
  Initial Employment: VA Central Iowa Health Care System, Des Moines, Iowa

S. Cameron Sepah, Ph.D. (Integrated Care and Behavioral Medicine-temporary position)
  Ph.D. – University of California, Los Angeles
  Internship – UCSD and VA San Diego Medical Centers, San Diego, California

Benjamin Tallman, Ph.D. (Medical Rehabilitation Psychology)
  Ph.D. – University of Iowa
  Internship – Edward Hines, Jr. VA Hospital
  Initial Employment: St. Luke’s Medical Center, Cedar Rapids, Iowa

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

2010-11

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

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

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

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

2009-10

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

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

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

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

2008-09

David Cosio, Ph.D. (Primary Care and Health Psychology)
Ph.D. - Ohio University
Internship – University of Massachusetts-Amherst, Mental Health Services (UHS)
Initial Employment: Jesse Brown VA Medical Center, Chicago

Elizabeth Frazier, Ph.D. (PTSD/Substance Abuse)
Ph.D. – University of Alabama at Birmingham
Internship – San Francisco VA Medical Center
Initial Employment: James A. Haley Veterans Hospital, Tampa, Florida

Elizabeth Horin, Ph.D. (Medical Rehabilitation Psychology)
Ph.D. – DePaul University
Internship – Ann Arbor VA Healthcare System and University of Michigan Healthcare System
Initial Employment: VA Long Beach Healthcare System, Long Beach, California

Jessica Kinkela, Ph.D. (Neuropsychology-First Year)
Ph.D. – Ohio University
Internship – John D. Dingell VA Medical Center
Initial Employment: Battle Creek VA Medical Center, Battle Creek, Michigan
PSYCHOLOGY SERVICE STAFF DESCRIPTIONS

It should be noted that only licensed staff are eligible to serve as supervisors. However, unlicensed staff may provide adjunctive training (e.g., co-therapy, didactics).

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


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


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


Vickie Bhatia, Ph.D. – Mental Health Clinic (vickie.bhatia@va.gov)


Justin Birnholz, PhD. – Mental Health Center/Acute Recovery Center (justin.birnholz@va.gov)


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


Rodney Blanco, Ph.D. – Primary Care Behavioral Health (rodney.blanco2@va.gov)

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


Kate Colangelo, Ph.D. – Trauma Services Program, Mental Health Clinic: Women’s Team (kathleen.colangelo@va.gov)


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


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

Ph.D. from Texas A&M University; M.P.H. from Texas A&M Health Science Center. Professional Interests: health psychology, health-risk behavior, primary care-mental health integration, and program development and evaluation, with a special focus on wellness based intervention programming. Research/Diversity Focus: health risk behavior, health literacy, cultural health disparities, and evaluation of brief interventions for behavior change/psychological treatment. Theoretical Orientations: Motivational Interviewing, Cognitive Behavioral, Interpersonal. Licensed in Illinois since 2012.

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


Maurice Endsley, Ph.D. – Primary Care Behavioral Health (Maurice.Endsley@va.gov)

Marilyn Garcia, Ph.D., CPRP – webSTAIR/STAIR-Related Services & Bridge Programming (marilyn.garcia@va.gov)


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


Dan Goldstein, Ph.D. - Primary Care Behavioral Health/Mental Health Clinic (daniel.goldstein@va.gov)


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

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

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


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

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


Amy Horrex, PsyD., ABPP. – Home Based Primary Care (amy.horrex@va.gov)

PsyD. From Adler School of Professional Psychology, Chicago Campus. Professional Interests: Suicide Prevention, Geriatrics, Caregiver Support, Evidence-Based Practice, and Integrated Care, Theoretical Orientation: Individual Psychology/Adlerian. Licensed since 2009; Board Certified (ABPP) since 2016.

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


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


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


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

Ph.D. from the University of South Dakota, Specialization in Disaster Mental Health. Professional Interests: Health Psychology, Integrated Care, Geropsychology, Neuropsychology, Short-Term Solution Focused Therapies. Research Interests: Telehealth Interventions, Health

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


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


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

Ph.D. from University of Illinois at Urbana Champaign. Professional Interests: Emotional and Behavioral Regulation Difficulties, Trauma and Recovery; Family Therapy, Severe Mental Illness, and Substance Use. Research Focus: Treatment Efficacy and Effectiveness. Theoretical Orientation: Dialectical Behavior Therapy and Systems Theory. Licensed since April 2010 in Illinois.

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PhD from Auburn University. Professional interests: Post-traumatic Stress Disorder with special interest in childhood and sexual abuse, LGBT (Lesbian, Gay, Bisexual, Transgender) issues, Affective Disorders, Personality Disorders. Research interests: social stigma toward individuals with mental disorders and minority groups. Theoretical orientation: Integrative. Licensed in 2013 in Illinois.

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FELLOWSHIP WITH EMPHASIS IN GEROPSYCHOLOGY IN INTEGRATED CARE

This fellowship aims to provide focused and in-depth training experiences within older adult interprofessional teams. The fellow will have an opportunity to conduct a broad array of assessments (e.g., psychiatric, behavioral, safety, and cognitive) and interventions (e.g., short-term, behavioral, evidence-based treatments) with an older population and their caregivers/families. The fellow will serve as a psychological and behavioral consultant on various integrated healthcare teams across all rotations. The fellow in Geropsychology in Integrated Care will be prepared to enter the workforce as a leader in geropsychology with the ability to develop, implement, and evaluate psychological services in interprofessional geriatric teams. The fellow will gain skills necessary to provide services to a patient population that is often highly medically, emotionally, and cognitively complex. The fellow will become proficient in providing services within a variety of settings (outpatient, inpatient, and in-home) through participating in the following rotations:

• Major Rotation: 12 months: 2.5 days per week in Home Based Primary Care (HBPC)
• Minor Rotation: 12 months: 1 day per week in Geriatric Patient Aligned Care Team (Geri-PACT)
• Minor Rotation: 12 months: 1 day per week in Palliative Care Consultation Team (PCCT)

These rotations will allow the fellow to provide a variety of clinical services to patients and their families/caregivers. This includes psychological and behavioral assessment and intervention. The fellow will become familiar with a broad range of medical diagnoses and their psychological impact on the patient and their family. Fellows will also provide neuropsychological assessment and related psychoeducation to the patient and their families. The fellow will have considerable opportunities to serve as a member of interdisciplinary teams and provide consultation and cross-collaborative services to other healthcare professionals, including physicians, nurses, psychiatrists, social workers, physical therapists and kinesiotherapists, dietitians, and pharmacists.

Over the course of the year the Fellow is expected to attend and participate in monthly Integrated Care Grand Rounds. Other didactics the fellow may attend and participate in are Geriatric Grand Rounds and Schwartz Rounds (theschwartzcenter.org) and Loyola Psychiatry Grand Rounds. The fellow will provide direct supervision to psychology interns. There will also be ample opportunity for participation in administration, seminar presentations, program development, and outcome evaluation.

TRAINING GOALS:

The fellowship’s overall goal is to prepare ethical and culturally-sensitive future leaders in geropsychology with essential skills and knowledge of how to effectively work within a geriatric interprofessional team and provide services to Veterans and their families. Our program is designed to be consistent with the American Psychological Association Guidelines for Psychological Practice with Older Adults (2014), the APA Blueprint for...
Core training will include advanced skill development related to:

- Psychodiagnostic interviews and differential diagnosis with older adults who have complex medical, psychiatric, cognitive, and social comorbidities.
- Triaging patients’ needs (e.g., warm handoffs) and case management.
- Cognitive evaluations and recommendations to interdisciplinary teams, the patient, and families/caregivers.
- Evaluations of decision-making and other functional capacities.
- Identification and management of complex ethical and legal issues encountered in medical and geriatric care (e.g., decision-making, POAs, caregiver ability, consent).
- Implementation of evidenced-based therapeutic interventions with older adults in individual, group, couple, and family modalities.
- Confidence in collaboration and effective communication with multi- and interdisciplinary health care teams.
- Consultation and staff education on psychological/behavioral issues.
- Comprehension, application, and dissemination of a clinical geropsychology research base.
- Geropsychology program development and evaluation.
- Awareness of cultural and individual diversity in the aging process and how this information informs treatment and assessment.

TRAINING OBJECTIVES:

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

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

3. Development of a knowledge base consistent with a professional geropsychologist:
   a. Recognize how one’s personal attitudes and beliefs about aging and older adults affect one’s work with them.
   b. Develop understanding of interactions between age and cohort and other aspects of individual diversity that are critical for understanding the social context of an individual’s experiences in late life.
   c. Develop advanced knowledge of life span development relating to adult development and aging (e.g., normative changes).
   d. Demonstrate knowledge base of efficacy and effectiveness research to inform psychological interventions with older adults.

SUPERVISION:

Fellows are scheduled for a minimum of 3 hours of direct, individual supervision per week. Both formal and informal supervision will be provided. Additional supervision is always available as needed and can be scheduled on a regular basis. At the post-doctoral level, it is expected that supervision will be more consultative in format and that the fellow will be responsible for guiding supervision. A major focus of supervision will be on evidence-based practice in psychology and professional development. Supervision will also encompass a didactic component, focusing on literature relevant to practicing in primary care settings, with a geriatric population, and in the community. Formal evaluation of written work and assessments is ongoing throughout the rotation. Fellows are expected to become more autonomous as the year progresses and their skills develop.
MAJOR ROTATION: HOME BASED PRIMARY CARE

SUPERVISORS: Anne Day, Ph.D.; Ariel Laudermith Ph.D.; Michael Quant, Ph.D.

LOCATION: Home Based Primary Care (HBPC), a special population Patient Aligned Care Team; Building 1/Building 228; Community (patients’ homes & assisted living centers); Inpatient follow-up, when appropriate

ROTATION DESCRIPTION:

The fellow is expected to spend approximately 2.5 days per week on this year-long major rotation. On this rotation, the fellow will gain experience working as a member of an interdisciplinary Home Based Primary Care (HBPC) Program. HBPC is comprised of the following disciplines: medicine, nursing, pharmacy, kinesiotherapy, dietetics, social work, psychology, and psychiatry. The program provides a comprehensive array of services to Veterans with complex, chronic, and disabling medical diseases (e.g., heart disease, diabetes, cancer, stroke, dementia, motor neuron diseases such as ALS, etc.), who often present with co-morbid mental and behavioral health conditions. The overwhelming majority of patients in the program are geriatric, but ages vary widely (25-102). The Hines HBPC program is one of the largest in the country, with four psychologists, one psychiatrist, and five social work staff, all of whom are integral members of the treatment team.

HBPC Psychologists engage in Interdisciplinary Care, Collaborative Care and Patient Centered Care through ongoing collaboration with various team members. The fellow will also promote communication/interactions between interdisciplinary team members and patients and their families to facilitate the treatment process. The fellow will provide a full range of mental and behavioral health services using evidence-based and best-practice approaches that include biopsychosocial, cognitive, and capacity assessments, psychotherapeutic and behavioral medicine/rehabilitative interventions, and prevention-oriented services. Assessment and interventions will be provided through different modalities, such as direct in-person encounters and through telephone or telehealth mediums. In general, only 25%-35% of clinical services are provided by the Fellow in patients' homes. Though safety issues are rare in HBPC, it is always at the forefront of our supervision and clinical discussions. In order to maximize learning opportunities, driving time is minimized as much as possible.

The fellow will have the opportunity to address a variety of mental health conditions, including general mental health issues (e.g., subclinical and clinical depression and anxiety, substance abuse) as well as adjustment difficulties (e.g., adjustment to chronic or terminal illness, end-of-life issues), and behavioral medicine interventions (e.g., pain, sleep, weight loss smoking cessation, medical adherence). The fellow will also provide psychoeducational and supportive interventions for caregivers (i.e., spouses, family members) and couples, family and group interventions will also be provided across a variety of settings, including patients' homes (in both urban and rural communities), assisted living residences, outpatient hospital clinics, and inpatient hospital units (for continuity of care needs). This rotation emphasizes learning how to practice in the context of family and community and integrate the patient’s ecology into patient care.
MINOR ROTATION: GERIATRIC PATIENT AlIGNED CARE TEAM WITHIN PRIMARY CARE MENTAL HEALTH INTEGRATION

SUPERVISOR: Jaime Mathews, Psy.D.
LOCATION: Geriatric-Patient Aligned Care Team Primary Care Clinic

Building 200 and Building 228

ROTATION DESCRIPTION:

On this rotation, the fellow is expected to spend approximately 1 day per week functioning as a fully incorporated member of a VHA Office of Mental Health Operations Strong Practice recognized interdisciplinary Primary Care Mental Health Integration (PCMHI) team. At Hines VA Hospital, the PCMHI team is referred to as Primary Care Behavioral Health (PCBH), in order to emphasize the collaboration with medical providers and limit stigma for Veterans receiving services. PCBH Psychology provides co-located, collaborative, biopsychosocially-oriented consultation, assessment, and intervention services within Primary Care's "Patient Aligned Care Team" (PACT) and select specialty medicine clinics.

On this rotation, the fellow will gain experience within providing PCBH services within the Geriatric PACT clinic, providing targeted evaluation and brief treatment for older adults and their caregivers with broad-ranging clinical presentations such as depression, cognitive decline/dementia, chronic illness, chronic pain, adjustment disorders, caregiver stress, bereavement, attaining and maintaining healthy lifestyles, and somatic concerns. The fellow will focus on developing proficiency in health consultation, assessment, and interventions that are respectful of the complexities and interactions of the biopsychosocial model of health, particularly as they pertain to older adults. There will be an emphasis on both patient-centered consultation and interprofessional collaboration and well as knowledge and skill development around the ethical/legal issues encountered in a primary care setting (e.g., decision making, elder abuse). Additional emphasis will be placed on understanding how cognitive and functional impairment, medical illness, and psychopathology can affect the diagnostic process and impact one’s ability to optimally participate in health care and health maintenance.

Intervention is typically focused on helping patients cope more effectively with major medical illnesses and adjustment to cognitive and functional decline, encouraging treatment adherence, enhancing overall quality of life, and helping patients adjust to functional changes and shifts in family roles/dynamics that may occur as a result of aging and medical problems. The majority of interventions are short-term, solution-focused, and cognitive-behavioral in nature with an emphasis on using empirically-validated or evidence-based treatments. Additional training and clinical opportunities may be available based on the fellow’s areas of interest and schedule. Examples may include involvement with the Health Promotion Disease Prevention (HPDP) programming and behavioral medicine group treatment within PCBH.
MINOR ROTATION: PALLIATIVE CARE CONSULTATION TEAM

SUPERVISORS: Anne Day, Ph.D. and Ariel Laudermith Ph.D.
LOCATION: Palliative Care Inpatient Unit, Extended Care Center, Bldg 217

ROTATION DESCRIPTION:

The fellow is expected to spend approximately 1 day per week in this minor rotation. On this rotation the fellow will function year round as a palliative care consult (PCCT) member, attending palliative care rounds, taking psychology referrals for palliative care inpatients and outpatients, and providing consultation to other hospital disciplines caring for palliative and hospice-enrolled patients. Other disciplines on the PCCT include chaplains, social workers, nurses, and physicians. The patient population includes inpatient and outpatient Veterans with advanced, life-limiting and terminal illness and their families. The population is very diverse with respect to sociodemographic characteristics, disease states, mental health issues and life experience. The fellow’s role on the PCCT will include direct clinical service, consultation, interdisciplinary team participation, and staff support.

The fellow will gain expertise in psychological aspects of end-of-life care, including evaluation of mood and quality of life, and knowledge and treatment of common end-of-life psychiatric symptoms (including depression, anxiety, delirium, anticipatory grief, and sleep disorders). The fellow will work with Veterans and their caregivers on a full range of issues across the disease continuum from diagnosis to death. During the course of the year, fellows will develop a breadth of expertise in hospice and palliative care that will allow them to provide effective assessment, intervention (individual, family, group, staff), and interprofessional service delivery. The fellow will be encouraged to use current literature on evidence-based practices in planning and delivering services. The fellow will have the opportunity to be involved in a variety of program development and quality improvement projects. This unique opportunity will allow the fellow to be involved in shaping psychological assessment and intervention processes within the PCCT.
FELLOWSHIP WITH EMPHASIS IN INTEGRATED CARE PSYCHOLOGY/PRIMARY CARE MENTAL HEALTH INTEGRATION

In this special emphasis area, the Fellow attains competencies in behavioral medicine, primary care psychology and general professional practice within two nationally recognized best practice programs, Primary Care Mental Health Integration (PCMHI) and Health Promotion Disease Prevention (HPDP). The Fellow will develop advanced skills necessary to function as a competent collaborative practitioner who provides biopsychosocially-oriented care to patients in interdisciplinary primary care and related medical settings. Through clinical practice and supervision, the Fellow will develop advanced skills in the evaluation and treatment of biopsychosocial factors that affect patient health outcomes and functioning. In addition, the Fellow will acquire advanced skills in effective interdisciplinary consultation and collaboration within the framework of primary care. The Integrated Care special emphasis areas consists of a 12-month rotation in Primary Care Behavioral Health (PCBH), Hines’s PCMHI program, which is integrated with the facility HPDP Program. Additionally, the Fellow will complete a year-long minor rotation consisting of approximately six hours per week in a focused training area.
MAJOR ROTATION IN PRIMARY CARE MENTAL HEALTH INTEGRATION

SUPERVISORS: Rodney Blanco, PhD; Matthew Davis, Ph.D., M.P.H.; Maurice Endsley, PhD; Daniel Goldstein, PhD; Julie Horn, Ph.D.; Jamie Mathews, Psy.D.; Katherine Meyers, PhD, Catherine Robertson, Ph.D., and Erin Zerth, Ph.D.

LOCATION: Primary Care Clinics (Patient Aligned Care Teams or "PACT") and Specialty Medicine Clinics

DESCRIPTION:

On this rotation, the Fellow will work as a fully incorporated member of a VHA and Agency for Healthcare Research and Quality (AHRQ) strong practice recognized interdisciplinary Primary Care Mental Health Integration (PCMHI) team. At Hines VA Hospital, the PCMHI team is referred to as Primary Care Behavioral Health (PCBH), in order to emphasize the collaboration with medical providers and to limit stigma for Veterans receiving services. PCBH Psychology provides co-located, collaborative, biopsychosocially-oriented consultation, assessment, and intervention services within Primary Care's "Patient Aligned Care Team" (PACT), a variety of hospital health promotion disease prevention oriented services, and select specialty medicine clinics. PCBH Psychology plays an integral role within the interdisciplinary PCBH team (comprised of psychology, psychiatry, social work, mental health nursing, peer support) and Primary Care service (comprised of physicians, medical residents, nursing, nurse practitioners, physician’s assistants, pharmacy, dietetics, education service, medical social work, among many others) in assisting primary care providers and other medical clinics with early identification and intervention of maladaptive health behaviors and mental health difficulties. PCBH Psychology provides same-day, open access behavioral medicine services via consultation with primary care providers as well as targeted evaluation and brief treatment for patients with broad-ranging clinical presentations such as anxiety and mood spectrum disorders, substance misuse, chronic illness, chronic pain, adjustment disorders, caregiver burden, bereavement, attaining and maintaining healthy lifestyles, minority based stress and resilience, and somatic concerns across a diverse Veteran population. PCBH also provided same day crises intervention to our coverage areas and thus affords the Fellow significant experience with consultation, assessment and intervention in crises management. This Fellowship exposes trainees to the VHA blended model of PCMHI involving both co-located collaborative care and disease specific care management with the goal of introducing, and optimally, mastering, VHA PCMHI competencies (i.e., interpersonal communication, collaboration and teamwork, screening and assessment, care planning and care coordination, intervention, cultural competency and adaptation, systems oriented practice, practice-based learning and quality improvement, and business operations/informatics). Opportunity to obtain VHA PCMHI Certification during the Fellowship training year (at no cost to the trainee other than travel to a local training site) may be available.

This Fellowship is ideal for trainees looking to not only gain breadth and depth of experience within a traditional PCMHI setting, but also, specific training, mentorship and experience in PCMHI program administrative and facility leadership activities, health psychology and behavioral medicine oriented interventions, ethical and professional functioning, and cultural competency within PCMHI settings. There are also opportunities to participation in telemental...
health, community based outpatient clinic care (rural or suburban), biofeedback, health promotion disease prevention oriented activities, and integrated care within specialty medical clinics.

**ACTIVITIES IN CONSULTATION, ASSESSMENT, AND INTERVENTION:**

PCMHI consultation ranges from formal to informal and occurs across a variety of modalities (e.g., curbside, individual, team, face-to-face, telephone, chart note or consult, Skype, secure messaging, etc.). The fellow will focus on and respond to the referral question or presenting concerns. Consultation techniques in PCMHI often involved narrow, brief and clear focus in session and when giving feedback to team members. Fellows will also learn to solicit feedback and concurrence from team members. Assessment in PCMHI is generally brief (e.g., 30 minutes or less) and functionally based with focus on the 5 A’s model (e.g., assess, advise, agree, assist and arrange). PCMHI assessment opportunities often originate from a same day warm hand-off. In-depth health psychology/behavioral medicine assessment opportunities are also available to Fellows (e.g., bariatrics, disordered eating, weight management, sleep, pain, etc.). Intervention is generally brief (e.g., 1-6 sessions in accordance to the PCMHI model) and evidence based. Fellows will provide patient education, behavioral activation, referral to medication management, and evidence based therapy interventions such as cognitive behavioral, motivational interviewing, problem solving, acceptance and commitment therapy and related approaches. PCBH interventions are, to the extent possible, based on evidence, utilize stepped-care principles, collaborate with other team members, (flexibly) protocol based and consistent with the 5A model.

**ACTIVITIES IN SUPERVISION:**

The fellow will gain competence in provision of supervision to Psychology interns and/or externs or other interdisciplinary members of the PCBH team. Level of supervisory responsibility will be dependent on the skill set of the incoming Fellow and will likely evolve through the training year.

**STRUCTURE:**

Over the course of the training year, the Fellow is expected to complete a year-long major rotation within the PCBH program. This allows for immersion in clinical, administrative, and educational functions within clinic-based PCBH. The Fellow will be encouraged to attend (abundant!) relevant didactic opportunities available throughout Hines VA Hospital; the affiliated Loyola University Medical Center; or other area or VHA grand rounds, seminars, and workshops, as available.

The Fellow will also choose to complete two, six month long **minor rotations** that will comprise six hours/week. Minor rotations are designed to ensure the Fellow experiences a breadth of training experiences throughout the training year. The clinical activities of a the minor rotation should complement the clinical activities of the major rotation as opposed to duplicating them. Minor rotations are determined in collaboration with staff and trainees at the beginning of the training year and are based on training needs as well as staff and clinic availability. Supervisors can offer an exhaustive list of potential minors at the beginning of the training year; however, examples of previous/potential minors are listed below:
Health Promotion/Disease Prevention (HPDP)

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

Weight Loss and Bariatrics

PCBH staff partner with the VA’s MOVE! weight loss program to provide behavioral medicine-oriented treatment for Veterans seeking weight loss assistance or intervention for binge eating or night eating syndrome disorders. Opportunities include consultation on hospital policy, interdisciplinary collaboration, educational and group intervention, and individual assessment (e.g., bariatric pre-surgical evaluation, eating disorder assessment) and treatment.

Psychosocial Oncology

PCBH staff utilize the integrated care model in providing mental and behavioral health care to oncology settings around the hospital. Psychology team members work closely with medical providers in orienting new patients to treatment, screening for mental health difficulties, working closely with family members/caregivers, and providing evidence-based individual and group treatment for a variety of behavioral health (e.g., chronic pain, insomnia, nausea) and mental health (e.g., stress and anxiety, depression) concerns that are common in the cancer treatment setting. Psychology is also actively involved in consulting with the medical team in oncology regarding challenging patient concerns as they arise. Fellows may participate as a co-located, collaborative-care provider in the medical oncology clinic, infusion center, and in radiation oncology. Opportunities during a minor rotation include consultation with oncology treatment team members, mental health and behavioral medicine assessment and intervention with patients receiving oncology services, and facilitating the Coping with Cancer Class, an evidence-based group treatment intervention offered weekly at Hines.

Biofeedback

PCBH offers biofeedback services to a range of patient presentations within primary care and throughout the hospital including chronic pain, PTSD, anxiety, stress, and other medical and mental health conditions. Opportunities including learning multiple modalities of biofeedback treatment and implementing 1:1 with Veterans.

GOALS:

1. The primary responsibility of the Fellow will be to develop advanced competence in providing clinical services to patients who are coping with acute and/or chronic medical and mental health conditions and to facilitate lifestyle change in those patients who are at risk for chronic conditions.
2. Develop advanced understanding of the complex interrelationship between psychological and physical wellbeing, as well as the biopsychosocial components of health and illness.
3. Demonstrate the ability to provide consultation within integrated care settings and interact with fellow health care professionals in ways that facilitate improved treatment implementation and cultivate mutual understanding across disciplines.

4. Develop knowledge and skill in clinical and practice management (e.g., utilization of evidence-based treatments, application of population-based care, rapid problem identification, focus on functional outcomes).

5. Demonstrate advanced knowledge of psychotropic medications and the importance of adherence with various aspects of patients’ treatment plans.

6. Knowledge and skill in identifying and managing the distinctive ethical and legal issues encountered in primary care practice (e.g., capacity/decision making).

TRAINING OBJECTIVES:

The Fellow will demonstrate competency in the following areas:

1. The Fellow will conduct individual, couples and group psychotherapy aimed at symptom reduction and increased adherence.

2. The Fellow will develop advanced skills in serving as a consultant-liaison to interdisciplinary treatment teams in the Primary Care setting.

3. The Fellow will demonstrate advanced skills in using time efficiently and managing resources in a manner that is respectful of the fast-paced Primary Care environment. Further, the Fellow will clarify and appropriately respond to requests for consultation in a timely manner.

4. The Fellow 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.

5. The Fellow will use appropriate outcome measures to assess and measure the efficacy of interventions.

6. The Fellow will participate in the supervision of Psychology Service Interns and/or Externs.

SUPERVISION:

The Fellow will meet weekly with supervising psychologists. A major focus of supervision will be on evidenced-based practice in Integrated Care and Health Psychology. Supervision time will focus on the development/identification of outcome measures that may be utilized in empirically-based treatments, with subsequent monitoring of symptom change. Supervision time will also focus on professional issues related to the role that Integrated Care and Health Psychologists hold within interdisciplinary medical teams. Additionally, there will be a didactic component focused on helping the Fellow achieve advanced understanding of medical problems, and how underlying psychological symptoms and/or maladaptive personality traits may negatively impact one’s ability to optimally participate in health care. The Fellow will participate in monthly Integrated Care Grand Rounds. Additionally, the Fellow will engage in supplemental PACT Interprofessional Training opportunities alongside Psychiatry, Social Work, and Nursing PCMHI trainees.
**EMPHASIS IN LGBT HEALTH CARE**

This Fellowship affords an opportunity to join Hines’ commitment to addressing the health care needs of Lesbian, Gay, Bisexual and Transgender (LGBT) Veterans and reducing health disparities for them and members of other vulnerable communities. The training year for the LGBT Health Care Fellowship takes place in a combination of medical and mental health settings. At least 70% of the training year will consist of clinical activities (direct services as well as program evaluation, gap analyses, and/or needs assessment activities) and up to 30% of the training year will be spent in education and professional development activities. The Fellow will participate in the following assignments: a year-long major rotation in Integrated Care Psychology (e.g., Infectious Disease, Primary Care), a year-long minor rotation in Mental Health within the Mental Health Clinic, and a year-long minor rotation with the Health Promotion Disease Prevention (HPDP) program.

Hines VA Hospital is a proud to be recognized as a Healthcare Equality Index (HEI) leader in LGBT healthcare since 2014. This recognition is earned through protecting our LGBT patients and employees from discrimination, ensuring equal visitation, and providing staff training in LGBT patient-centered care. Hines is also pleased to have one of the VA’s most active and successful Employee LGBT/A Special Emphasis Programs (SEP). This committee, in partnership with the HPDP LGBT and Minority Health Subcommittee, has also helped sponsor events such as, “Do Ask Do Tell: Keeping Veterans and Service Members Healthy,” the first of such in the nation. Hines has an enthusiastic and committed staff, a range of LGBT programming, and hospital leadership support. Interprofessional staff will partner with the LGBT Fellow to continue to build our facility’s LGBT healthcare equality with a particular focus on development of integrated care and mental health clinical programming.

The overarching purpose of the Hines Fellowship program is to prepare postdoctoral clinical psychology Fellows for general advanced practice across a broad range of training objectives viewed as necessary for independent professional psychology practice. These training objectives include A) assessment, B) psychotherapy and intervention, C) consultation, D) program development and evaluation, E) supervision, F) teaching, G) strategies of scholarly inquiry and clinical problem-solving, H) organization, management and administration in psychology practice, I) professional, ethical and legal conduct, and issues of cultural and individual diversity relevant to the competencies noted in A-I. The long-range objective for each Fellow is to solidify the development of a sense of professional judgment, ethics, responsibility and identity, as well as compassion for others, consistent with independent professional practice as a clinical or counseling psychologist in both a generalist capacity and in the Fellow’s area of emphasis. Training objectives specific to the LGBT Health Care Fellow center around advanced preparation for a career committed to research, policy, and practice for LGBT and minority individuals and their families. To achieve such objectives, in addition to the clinical assignments outlined below, the Fellow will attend the Postdoctoral Fellowship Seminar Series, the monthly Diversity Case Conference, the monthly LGBT Fellowship national call, and a variety of local and web-based trainings. The Fellow will also be expected to present on related topics for the Postdoctoral Fellowship Seminar Series, Integrated Care Grand Rounds, and pending the Fellow’s interest and scheduling, as other opportunities present themselves throughout the year.
MAJOR ROTATION IN PRIMARY CARE BEHAVIORAL HEALTH (PCBH) – LGBT EMPHASIS

ASSIGNMENT SUPERVISORS: Jamie Mathews, PsyD

ASSIGNMENT LOCATION: Primary Care Clinics (Patient Aligned Care Teams or "PACT") Building 200, Building 228; Infectious Diseases Clinic, Building 200

ASSIGNMENT DESCRIPTION:

The Fellow is will spend approximately two days per week on this year-long major rotation. On this rotation, the Fellow attains competencies in both behavioral medicine and general professional practice with an emphasis in providing care to LGBT-identified Veterans. The Fellow will develop advanced skills necessary to function as a competent collaborative practitioner who provides biopsychosocially-oriented care to Veterans in interdisciplinary primary care settings. Through clinical practice and supervision, the Fellow will develop advanced skills in the evaluation and treatment of biopsychosocial factors that affect Veterans’ health outcomes and functioning. In addition, the Fellow will acquire advanced skills in effective interdisciplinary consultation and collaboration within the framework of primary care.

On this rotation, the Fellow will work as a fully incorporated member of the hospital’s Primary Care Behavioral Health (PCBH) team. PCBH Psychology provides co-located, collaborative consultation, assessment, and intervention services within Primary Care's "Patient Aligned Care Team" (PACT) and select specialty medicine clinics, such as the Infectious Diseases Clinic, where HIV is treated and Pre-Exposure Prophylaxis Treatment (PrEP) is provided. PCBH provides same-day, open access behavioral health services via consultation with primary care providers as well as targeted evaluation and brief treatment for patients with broad ranging clinical presentations such as depression, anxiety, PTSD, substance use, chronic medical conditions, pain, adjustment to life changes, grief, caregiver support, and relationship concerns. The Fellow will focus on developing assessment skills for specific patient concerns (e.g., HIV, insomnia, cross-sex hormone therapy, depression, sexual functioning), as well as brief, broad-based assessment focused on rapid problem identification and treatment planning. Additional areas of clinical attention include addressing internalized stigma, discrimination, and disclosure/coming out. While the majority of interventions are short-term and solution-focused in nature, treatment is individually tailored to support the needs and preferences of the care recipient(s), and there are opportunities for longer term therapy cases. On this rotation, the Fellow will also have opportunities to provide supervision to Psychology Interns and/or Externs. Level of supervisory responsibility will be dependent on skill set of incoming Fellow and will likely evolve through training year.

GOALS:

1. The primary responsibility of the Fellow will be to develop advanced competence in providing clinical services to LGBT-identified Veterans who are coping with acute and/or chronic medical and mental health conditions and to facilitate lifestyle change in those patients who are at risk for chronic conditions.
2. Develop advanced understanding of the complex interrelationship between psychological and physical wellbeing, as well as the biopsychosocial components of health and illness.
3. Demonstrate the ability to provide consultation within integrated care settings and interact with health care professionals in ways that facilitate improved treatment implementation and cultivate mutual understanding across disciplines.
4. Develop knowledge and skill in clinical and practice management (e.g., utilization of evidence-based treatments, application of population-based care, rapid problem identification, focus on functional outcomes).
5. Demonstrate advanced knowledge of psychotropic medications and the importance of adherence with various aspects of Veterans’ treatment plans.
6. Learn about the systemic and administrative components of the VHA, including how these interact with patient care, and how to advocate for LGBT-identified Veterans as they navigate this system.

TRAINING OBJECTIVES:

The Fellow will demonstrate competency in the following areas:
1. The Fellow will conduct individual, couples and group psychotherapy with LGBT-identified Veterans aimed at symptom reduction and increased adherence.
2. The Fellow will develop advanced skills in consultation with interdisciplinary treatment teams.
3. The Fellow will demonstrate advanced skills in using time efficiently and managing resources in a manner that is respectful of the fast paced primary care environment.
4. The Fellow 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.
5. The Fellow will use appropriate outcome measures to assess and measure the efficacy of interventions.
6. The Fellow will participate in the supervision of Psychology Service Interns and/or Externs.
7. The Fellow will develop clinical and cultural competencies working with LGBT-identified Veterans and serve as a point of contact for providing both formal and as-needed training and education to PCBH team members and other identified staff members.

SUPERVISION:

The Fellow will meet for at least one hour of weekly supervision with their supervising psychologist and engage in frequent supervision/case consultation in between scheduled supervision meetings. A major focus of supervision will be on developing integrated care competencies with an emphasis on LGBT-identified Veterans. Additionally, ample time will be spent addressing the therapeutic relationship, treatment engagement, and specific examination of biopsychosocial factors and health disparities influencing LGBT-identified individuals. Supervision time will also focus on professional development.
MINOR ROTATION IN MENTAL HEALTH CLINIC– LGBT EMPHASIS

ASSIGNMENT SUPERVISORS:  Kristin Raley, PhD

ASSIGNMENT LOCATION:  Mental Health Clinic, Building 228

ASSIGNMENT DESCRIPTION:

The Mental Health Clinic (MHC) is a general clinic serving an ethnically and socioeconomically diverse population with a wide variety of presenting problems. Mental health issues addressed in this clinic include mood disorders, PTSD, anxiety disorders, personality disorders, adjustment disorders, and relationship problems. This year-long minor rotation (approximately 8-10 hours/week) will emphasize the assessment, diagnosis, and treatment of a wide-range of mental health issues in the LGBT and non-LGBT-identified Veteran population. Opportunities for individual and couple’s psychotherapy are available, and if the Fellow has an interest in utilizing evidence-based practices for PTSD (Cognitive Processing Therapy or Prolonged Exposure), they may have an opportunity to provide these treatments as appropriate. Referrals of LGBT-identified Veterans for individual therapy from specialty clinics not offering those services, or LGBT-identified Veterans in specialty programs whose sexual orientation and/or gender identification are a significant factor in their psychological functioning, are also possible.

The Fellow will have the opportunity to provide consultation to mental health providers in MHC and specialty mental health clinics regarding issues pertinent to LGBT-identified Veterans. A formal, educational presentation to providers in MHC related to LGBT mental health is required. The Fellow will be expected to adhere to a recovery-oriented approach to mental health treatment. This will involve the utilization of evidence-based practices when applicable, as well as researching and utilizing available community resources.

GOALS:

1. To develop skills in assessment and diagnosis of psychiatric disorders in both LGBT and non-LGBT-identified veterans.
2. To develop skills in providing recovery-oriented treatment to Veterans with a range of presenting problems.
3. To develop consultation skills by being available to providers in MHC and specialty mental health clinics for case consultation related to LGBT mental health.
4. To develop presentation skills by offering educational seminars to providers regarding developments in LGBT mental health assessment and treatment.
5. To better understand the recovery model and how it impacts mental health treatment.

TRAINING OBJECTIVES:

1. The Fellow will be proficient at providing individual psychotherapy with LGBT-identified Veterans aimed at symptom reduction and improved psychological functioning.
2. The Fellow will assist in the development of treatment plans and goals that are commensurate with a recovery-oriented approach to mental health treatment.
3. The Fellow will demonstrate advancement in clinical and cultural competencies working with LGBT-identified Veterans and serve as a point of contact for providing both formal
and as-needed training and education to MHC team members and other identified staff members.

4. The Fellow will maintain a professional identity as an advocate for LGBT-identified Veterans within the Mental Health Service Line and throughout the medical center.

SUPERVISION:

The Fellow will meet for at least one hour of individual supervision per week with the supervising psychologist. Supervision will be designed to further build upon knowledge and skills developed during the pre-doctoral internship. Supervision will focus primarily on clinical work; however, professional identity development will also be incorporated into supervision. The Fellow is expected to become more autonomous as the year progresses and to seek opportunities to further develop professional interests.
MINOR ROTATION IN HEALTH PROMOTION DISEASE PREVENTION- LGBT AND MINORITY VETERAN HEALTH

ASSIGNMENT SUPERVISORS: Jamie Mathews, PsyD; Collaborators: Lorry Luscri, MPH, RD – LGBT Veteran Care Coordinator; Mandi Evanson, LCSW; Justin Birnholz, PhD

ASSIGNMENT LOCATION: Whole Hospital

ASSIGNMENT DESCRIPTION:

Health Promotion Disease Prevention (HPDP) is a VA initiative launched in recognition that maladaptive health behaviors affect the development and maintenance of chronic disease. This year-long minor rotation (approximately one day/week) will predominantly consist of a leadership role with the HPDP LGBT and Minority Health Subcommittee. On this rotation, the Fellow will collaborate with the Subcommittee Co-chairs and the Health Behavior Coordinator. The Fellow will participate in support groups for LGBT-identified individuals and may also assist with wellness-based programming offered through HPDP. The Fellow will provide formal staff training programs aimed at LGBT and minority health disparity education. Opportunities to have a role in program development, management and evaluation through active participation in the activities of the Hines' HPDP Committee and various subcommittees are available and can often be designed to support the Fellow’s clinical and/or research interests.

GOALS:

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

1. Provision of specialty LGBT health psychology assessment/intervention through participation in individual and group health promotion/disease prevention programs
2. Participation in the training of primary care team members and other medical center clinicians in evidence-based methodologies to effectively communicate with, motivate, coach and support LGBT health promotion and disease prevention
4. Provision of curbside and formal consultation with interdisciplinary primary care team members and others in supporting LGBT patient health promotion and disease prevention
5. Participation in the training/coaching of primary care medical team members and other hospital clinicians in evidence-based methodologies to effectively communicate with, motivate, coach, and support health promotion and disease prevention. Trainings include specific LGBT and health disparity education for staff.

TRAINING OBJECTIVES:

1. Develop knowledge and skills to effectively develop and implement health behavior interventions for the promotion of general health and address health risk
behaviors as part of disease prevention and chronic disease management for LGBT-identified individuals

2. Demonstrate ability to serve as a lead clinician in LGBT behavioral health programs

3. Clarify and appropriately respond to requests for consultation in a timely manner

4. Develop skills in consulting with and supporting the other primary care, prevention and patient health education team members in conducting LGBT preventive medicine programs

5. Contribute to the training of primary care team clinicians and others in evidence-based methodologies to more effectively communicate with, motivate, coach, and support patients in increasing awareness about relevant health risks, assisting patients in clarifying personal goals for HPDP programs, and developing individualized patient self-management plans

**SUPERVISION:**

The Fellow will meet regularly with the supervising HPDP LGBT and Minority Health Co-Chairs regarding core educational, consultative and program developmental competencies, as well as the Fellow’s overall professional development. Additionally, the Fellow will meet weekly with the supervising psychologist to address the clinical and professional development aspects of this rotation. The Fellow will also be expected to participate in regular hospital committee meetings associated with health promotion/disease prevention and will be required to actively participate in several aspects of such meetings such as updating committee on program development, presenting relevant research literature reviews and/or providing a case presentation or staff in-service.
EMPHASIS IN INPATIENT MEDICAL CARE

The Inpatient Medical Care emphasis provides the opportunity to conduct assessment and intervention with a broad range of individuals with chronic medical conditions and disabilities that may include physical, sensory, neurocognitive, emotional and/or behavioral components. The Hines VA Hospital is fortunate to have several distinct medical and rehabilitation units within which psychology service provides assessment, treatment, and consultation in highly collaborative and interdisciplinary settings. These programs include: The Blind Rehabilitation Center, the Inpatient Acute Rehabilitation unit, the Geriatric Transitional Care unit, the TBI/Polytrauma Program and the Spinal Cord Injury/Disorders Service. The Blind Rehabilitation Center, Inpatient Acute Medical Rehabilitation, and the Spinal Cord Injury Service are all CARF accredited programs.

The Fellow will develop comprehensive knowledge of chronic medical conditions, disabilities, and principles consistent with interdisciplinary care of individuals in healthcare and rehabilitative settings. Major rotations make up approximately 28 hours per week and minor rotations are estimated 6-8 hours per week; additional time is spent in mandatory didactics and supervision. There are three major rotations to choose from: the Blind Rehabilitation Center, the Inpatient Acute Medical Rehabilitation Program, and the Spinal Cord Injury Service. The Fellow is able to choose from one of the above three major rotations to complete half-time 12 months and the remaining two rotations will be completed half-time for 6-months each. For example, a fellow may choose from any of these arrangements:

1. A full 12 months on SCI, with 6 months on acute rehab and 6 months at the BRC.
2. A full 12 months at BRC, with 6 months SCI and 6 months acute rehab.
3. A full 12 months on acute rehab, with 6 months BRC and 6 months SCI.

In addition to the major rotations listed above, the Fellow will complete either one 12-month long minor rotation or two 6-month long minor rotations of his or her choosing (minor rotations are listed on page 72). Drs. Ghaffari, Kiebles, and Pichler-Mowry are available as Mentors in this emphasis area.

Over the course of the year, the Fellow will provide a variety of clinical services, including psychological and brief neuropsychological assessment, counseling, psychotherapy, and psychoeducation to Veterans and their significant others (e.g., family members, caregivers). The Fellow will have considerable opportunities to serve as a member of interdisciplinary teams and provide consultation and cross-collaborative services to other healthcare professionals, including physicians, nurses, social workers, physical and occupational therapists, speech language pathologists, dietitians, recreational therapists and blind rehabilitation specialists. There will be ample opportunity for participation in interdisciplinary didactics, administration, teaching, program development, supervision of trainees (interns and externs), and outcome evaluation.

The Fellow is expected to attend and participate in monthly didactics offered through the Medical Rehabilitation psychology staff. These didactics are intended to enhance the Fellow’s clinical knowledge in providing care to medical populations such as participating in didactics on adjustment to chronic illness, pain management interventions, disability as diversity, ethics and decision-making capacity, to name a few examples. These didactics are in addition to the other learning opportunities provided by the overarching Fellowship Program. Those learning opportunities include didactics across Neuropsychology, Geriatrics, Primary Care Mental Health Integration, as well as Loyola’s psychiatry grand rounds.
TRAINING OBJECTIVES

1. The enhancement of assessment and interviewing skills:
a. Review medical records, interview and assess Veterans during the year on a variety of inpatient medical care settings.

b. Assess the psychological functioning of each Veteran. This will include possible DSM-5 diagnoses, overall adjustment and the quality of social support system.

c. Conduct mental status screening during each assessment. Utilize other neuropsychological screening devices as appropriate per consultation request.

d. Produce a written product for each assessment that is suited for family members as well as medical professionals.

2. The enhancement of psychotherapy skills:

a. Conduct individual, couples, and family therapy using supportive, evidence-based and growth-oriented psychotherapy.

b. Provide assessment feedback to each Veteran and appropriate family members.

c. Refine and adapt their own therapy model for working with a Veteran in a healthcare setting to better understand medical, social and environmental barriers to full community integration.

d. Develop interventions and treatment goals that are specific for each Veteran.

3. The enhancement of skills of consultation skills:

a. Develop a familiarity with models for the provision of psychological consultation in medical care settings.

b. Provide independent consultation to members of the professional staff directly working with a Veteran. This may be done on an emergency or routine basis.

c. Participate in interdisciplinary meetings, including Veteran/family team meetings. Present findings and recommendations based on the results of the psychological assessment. While maintaining patient-centered philosophy, develop objective, data driven treatment plans.

d. Understand and consider the dynamics of the institution, culture of medical care settings, team dynamics, the institutional policies and other influences on the treatment program.

e. Establish individual professional identity as part of the medical treatment team.

4. Develop a specialty knowledge base with regard to chronic medical illness, adjustment to disability, chronic pain, aging, and complex medical issues:

a. Become familiar with relevant readings and research to increase knowledge of the practice of psychology in medical environments.

b. Become familiar with legal and political issues as they pertain to aging and disability.

d. Become familiar with the professional roles and philosophies of other medical professionals.

f. Attend didactic seminars and workshops as available led under a variety of disciplines throughout the hospital.

SUPERVISION:
Supervision is designed to facilitate the postdoctoral Fellow's professional identity with emphases on support, collaboration, honesty, and excellence. Fellows to instruct and to supervise pre-doctoral interns and/or externs.

Fellows are scheduled for a minimum of 3 hours direct, individual supervision per week on a full-time rotation. Both formal and informal supervision will be provided. Additional supervision is always available as needed and can be scheduled on a regular basis. At the post-doctoral level, it is expected that supervision will be more consultative in format and that the Fellow will be responsible for selecting the work material that is to be discussed. Assessment and intervention strategies will be addressed, but broader issues of personal and professional identity are just as likely to be a focus. Formal evaluation of written work and assessments is ongoing throughout the rotation. Fellows are expected to become more autonomous as the rotation progresses and their skills develop.

**ROTATION DESCRIPTIONS:**

The Fellow’s responsibilities and activities in the Inpatient Medical Care area of emphasis afford training across a range of competencies as described in the Goals and Objectives above.

**Blind Rehabilitation Center**

This is a rotation supervised by Dr. Jennifer Kiebles, who is specialized in rehabilitation psychology. The Hines VA Hospital Central Blind Rehabilitation Center (CBRC) is a 34-bed residential rehabilitation center offering a rich interdisciplinary rehabilitation training environment for Fellows. Staff psychologist will mentor the Fellow consistent with the standards, principles and practice of rehabilitation psychology in this setting. Veterans with visual impairment or complete blindness (VI/B) come from 14 Midwestern states and are admitted for comprehensive blind rehabilitation training. Veterans present with a wide variety of comorbid medical conditions and ages range from 22-102 (mean=69). The intensive rehabilitation program includes training in the following skills areas: Orientation and mobility, daily living, manual, vision, and computer adaptive technology. Veterans also work with clinical services embedded within the BRC, including: Optometry, Medicine, Nursing, Nutrition, Social Work, Recreation Therapy, and Psychology. Blind rehabilitation training lasts from 6-14 weeks depending on the needs and abilities of the Veteran upon admission, which allows for continuous psychotherapy throughout the Veteran’s rehabilitation training.

Psychology service meets and evaluates each new Veteran admitted to the BRC. Consistent with the rehabilitation psychology tradition, the psychologist and Fellow assess several functional and psychological domains, including, but not limited to: adjustment to visual impairment, coping behaviors, cognitive functioning, and psychiatric symptomatology. The most commonly encountered psychiatric diagnoses are related to mood, adjustment to medical conditions including vision loss, substance use, PTSD and other anxiety disorders. Polytraumas, including traumatic brain injury, amputation, chronic pain and PTSD, are present in a subset of Veterans and Active Duty Service Members presenting to our facility. Approximately, 15% of the Veterans have mild to major neurocognitive deficits, while an estimated 10% have been diagnosed with schizophrenia, bipolar disorder, borderline personality disorder, narcissistic and/or antisocial personality disorder. The psychologist assesses and develops treatment plans that address the specific needs of each Veteran and assists the BRS staff members in adapting their program to meet the needs of each Veteran in the program.
The most common causes of blindness are age-related macular degeneration, glaucoma, diabetic retinopathy, retinitis pigmentosa, and traumatic injury (e.g., explosives). Several other ocular disorders are also represented. Most Veterans have significant medical and physical conditions, which may or may not be related to their vision loss (e.g., diabetes mellitus, coronary artery disease, CVA, osteoarthritis, hypertension, renal failure, etc.). The Fellow is expected to become knowledgeable about these conditions and ways in which they may affect the individual’s adjustment to medical conditions, disability, health behaviors, and participation in rehabilitation programming and in his/her community setting.

The Fellow has the primary responsibility for the assessment, treatment and management of psychological issues presented by the Veterans on their caseload. The scope of practice is based on Psychology Best Clinical Practices in VA Blind Rehabilitation Centers (Horin, Heinz, Kiebles & Peters, 2017). The Fellow would also be encouraged to develop his/her own experience by seeking out and applying relevant literature to clinical practice/training. The BRC Rehabilitation Psychologist provides clinical supervision to the Fellow, during scheduled supervision time and curbside, as needed.

In addition to individual assessment and intervention, the Fellow will provide consultation on a regular basis to the BRS staff (i.e., Master’s level instructors) and the clinical staff, as needed and within psychology’s scope of practice. The Fellow will have the opportunity to consult with other sections of the hospital to obtain consultation from other psychologists and mental health professionals with other specializations (i.e., psychiatry, addictions, trauma services), as appropriate. The Fellow will participate in team meetings and the development of individual rehabilitation and discharge plans. In some cases, coordination with at home MH providers and Visual Impairment Service coordinators is warranted.

Additional duties and responsibilities: facilitating group education centered on primary, secondary and tertiary prevention, participating in a group series focused on adjustment to vision loss, participating in family counseling and family training program, facilitating a psychology seminar with the blind rehabilitation interns, and selecting and implementing one special project that is clinically relevant to our population. The special project is required and helps to broaden the Fellow’s experience in this setting, while meeting a clinical need and, preferably, aligning with the Fellow’s area/s of interest.

**Inpatient Acute/Subacute Medical Units**

This is a rotation supervised by Dr. Erin Kube, serving Veterans hospitalized on one of two inpatient medical units: The Physical Medicine and Rehabilitation acute medical unit (11E-RM) and the subacute Geriatric Transitional Care (11W-TC) unit. Each of these units provides inpatient medical services to a socio-economically and ethnically diverse group of Veterans. The 10-bed 11E-RM unit is dedicated to Veterans in need of intensive short-term, acute rehabilitative services to gain strength, mobility, and functional capacity following major medical events and/or procedures, such as joint arthroplasty, stroke, amputation, or traumatic brain injury (TBI). The 18-bed 11W-TC unit also houses Veterans in need of improvements in physical strength and mobility, but with a focus on subacute rehabilitation and intensive medical management, as these Veterans are typically more medically complex and require a modified therapy schedule and longer hospital stay. The 11W-TC unit also offers hospice care to some Veterans.

The psychologist works as an integral part of both 11E-RM and 11W-TC inpatient interdisciplinary teams, including disciplines such as: medicine, nursing, physical therapy,
occupational therapy, recreational therapy, speech and language pathology, social work, and pharmacy. Psychological services are provided on a consult basis and include individual and group psychotherapy; psychological assessment (including brief cognitive testing and medical decision-making capacity evaluations, as needed); psychoeducation to providers, Veterans, and families; and consultation services. Neuropsychological screening measures used most often include the MoCA, RBANS, TMT, CDT, and WAIS-IV subtests, to name a few. Psychological issues present in these populations may include adjustment disorders, post-traumatic stress disorder, mood disorders, neurocognitive disorders, personality disorders, substance abuse, and pain disorders. Therapy modalities involve the flexible use of empirically-supported treatments based on presenting problem, clinical need, and length of stay, and may include cognitive-behavioral, acceptance-based, motivational, and/or solution-focused approaches.

The Fellow will be involved in the psychological assessment and treatment of Veterans residing on 11E-RM and 11W-TC medical units to manage mood, behavior, and adherence during their inpatient medical stay. They will be expected to read literature provided by supervisor, seek out new and relevant literature, and attend didactic seminars to familiarize themselves with the wide variety of medical conditions they will encounter during this rotation, as well as to increase their knowledge of appropriate psychological treatments and approaches. The Fellow is expected to attend interdisciplinary staff meetings and participate in treatment and discharge planning, including coordination of outpatient mental health services for Veterans in need of continued treatment following discharge. The Fellow will be expected to provide consultative services to other team members as needed, including psychoeducational didactic seminars for staff, as well as consult with other mental health professionals within the hospital to enhance coordination of care.

**Spinal Cord Injury Acute/Subacute Unit**

This is a rotation supervised by Dr. Azi Ghaffari. The Hines Spinal Cord Injury Service (SCIS) is a regional center that provides acute rehabilitation, medical and sustaining care, long-term residential care, home care, and outpatient care to Veterans having a spinal cord injury or Veterans receiving care in our MS or ALS clinics. The Veteran population tends to be bi-modal in age with younger Veterans acquiring traumatic injuries due to accidents, etc. and older Veterans acquiring SCI due to progressive disease or injuries related to falls, etc.

The hospital-based SCIS consists of two 29 bed units with approximately 6-8 of those beds committed to acutely injured Veterans undergoing intensive rehabilitation. The Residential Care Facility houses 30 Veterans with spinal cord injuries and who require long term residential care. Finally, SCI outpatients are seen for follow-up in the acute hospital setting as well as in the home-based care program. The Fellow will primarily be working on the SCI-North (Acute/Subacute Rehabilitation Unit), but opportunities exist to broaden one’s training to follow Veterans on the SCI-South (Acute Medical/Sustaining Care Inpatient) unit.

As mentioned above, the hospital based SCIS consists of two 29 bed units: SCI-South (Acute Medical/Sustaining Care Inpatient) and SCI-N (Acute Rehabilitation Inpatient). The average length of stay for the acute rehabilitation program is 8-12 weeks. On the other hand, the average length of stay for SCI-South Veterans can vary from very short stays to extended (over a year), so interventions provided by psychology vary from brief solution focused therapy to more extended psychotherapy. The Veterans range in age from 20 years to over 80 years so the opportunity to treat Veterans in a broad range of life stages is available.
Approximately 10% have a head injury or dementia that impacts their cognitive function. SCI-North sees both newly injured and old injury Veterans. Fellows will have opportunities to assess and treat both inpatients and outpatients for mood disorders, treatment compliance, delirium, dementia, adjustment to disability, obesity, pain, and sexuality. In addition, family therapy and caregiver support opportunities may also be available. Moreover, Fellows may have an opportunity to co-lead support/psychoeducation groups, and become involved in various projects, including those related to performance improvement.

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

Overall, SCIS is a multidisciplinary program focusing on medical as well as psychosocial functioning throughout the patient’s inpatient and outpatient care. The treatment team consists of medicine, occupational therapy, physical therapy, social work, nutrition, educational therapy, recreational therapy, speech language pathologist, vocational rehabilitation, nursing, chaplain services, psychology, and other specialties. Fellows will participate in weekly interdisciplinary discharge rounds, and have an option to attend weekly rounds with the physicians and psychologists. The workload activities on this rotation tend to be evenly distributed between consultation, assessment, and individual therapy.

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. Psychology Fellows will have opportunities to assess and treat both inpatients and outpatients for mood disorders, treatment compliance, delirium, dementia, adjustment to disability, obesity, pain, and sexuality. The SCI/D psychologists provide assessment and individual counseling to all Veterans, coordinate psychological and psychiatric care with the patient’s attending physician, and act as a consultant to the treatment team as necessary.

MINOR ROTATIONS

The Fellow could choose from the following list of possible minor rotations. The Fellow will complete either one 12-month long minor rotation or two 6-month long minor rotations of his or her choosing with training activities that complement (and do not duplicate) those of the Fellow’s major rotations to ensure sufficient training is received in psychotherapy, assessment, and consultation across the year. As noted above, minor rotations require six to eight hours per week.

**MS/ALS Clinic**

The MS and ALS Clinics use a primary care/interdisciplinary approach to provide services to Veterans with Multiple Sclerosis (MS) and Amyotrophic Lateral Sclerosis (ALS). Veterans treated in these clinics are followed by a neurologist, nurse, speech language pathologist, social worker, and psychologist. Psychological diagnoses treated in the clinics may include mood
disorders, anxiety disorders including PTSD, adjustment to MS/ALS and/or medical problems, adjustment to aging, marital/family problems, psychoses, personality disorders, and substance abuse. Opportunities to conduct brief cognitive screenings are prevalent. Fellows may also have an opportunity to co-lead the monthly MS Health & Wellness group, as well as, participate in monthly national MS calls.

Supervisors: Courtney Cornick, Ph.D. and Azi Ghaffari, Ph.D.

**Organ Transplant**
The VA transplant program offers solid organ (kidney, liver, heart, lung, kidney/pancreas, heart/lung) and bone marrow/stem cell to Veterans. There are a variety of psychological issues that may present throughout the transplant process, which can include mental health concerns, adherence issues, substance use, adjustment, and limitations with adequate social support. The psychologist serves a consulting member of several multidisciplinary transplant teams and conducts the psychological pre-transplant evaluation. This evaluation covers domains including: the Veteran’s current mental status, psychological functioning, social history, current social support structure, and substance use history. The integrated psychological report includes findings from the clinical interview of the patient and caregiver, results from psychological testing, the summary of findings, and recommendations for the Veteran and transplant team. The Fellow has an opportunity to see up to one case per week, during the rotation, which serves to supplement his/her skills in assessment and team consultation.

Supervisors: Courtney Cornick, Ph.D.

**SCI Outpatient Clinic**
The Fellow will focus on developing assessment and intervention skills targeted to patients with spinal cord injuries and related disorders following discharge from the inpatient and/or acute rehabilitation units. Veterans referred to the outpatient program have diagnoses including PTSD, mood disorders, anxiety disorders, marital/family issues, psychoses, substance abuse, personality disorders, and adjustment disorders, including adjustment to disability and to aging. Moreover, the Fellow may also have the opportunity to provide behavioral health interventions, including improving treatment adherence, managing chronic pain, smoking cessation, insomnia, weight management, and enhancing overall quality of life. Assessment skills are also geared towards understanding how personality, psychopathology, and cognitive impairment can impact one’s ability to optimally participate in health care. There is an emphasis on utilizing empirically validated or evidence-based treatment approaches, including cognitive-behavioral, acceptance and commitment therapy, and other solution focused treatments. The Fellow may also have the opportunity to see patients via CVT-to-home (in-home telehealth), especially to those Veterans who live in remote and/or rural areas. Opportunities include assessment, treatment planning, individual/couples/family psychotherapy as well as team consultation.

Supervisor: Julia Rubinshteyn, Ph.D.

**SCI Residential Care Facility (RCF)**
Gaining experience in a long-term SCI residential setting and enhancing skills to effectively function as a multidisciplinary team member is the primary focus of the RCF minor rotation. Psychology Fellows will have the opportunity to provide a full range of therapeutic interventions to residents, incorporating empirically based treatments in both time limited and longer-term psychotherapy. Behavioral health related consults such as chronic pain, sleep disorders, medical non-compliance, and smoking cessation/substance abuse are common in the RCF. Whereas the opportunity to gain experience addressing existential concerns, end of life issues,
grief/bereavement, and personality disorders are also available. Assessment services provided by Fellows may include screening for psychopathology and cognitive deficits; as well as decisional capacity and a structured SCI annual evaluation specifically for SCI Veterans living in VA long term care units. All residents are evaluated individually by each discipline within the team on a quarterly basis. During the weekly RCF multidisciplinary staffing, Psychology Fellows have the opportunity to provide input regarding the residents’ psychiatric diagnostic status, psychotropic medications, cognitive functioning, and functional status. Moreover, the Fellow is encouraged to both be available for and initiate “curbside consultation” to facilitate collaboration with other RCF providers outside of staffing for ongoing coordination of care.

Supervisor: Monica Stika, Ph.D.

**TBI/Polytrauma Psychology Program**

This is a 6-month, minor rotation supervised by Drs. Rene Pichler-Mowry & Jonathan Hessinger. Polytrauma is defined as two or more injuries sustained in the same incident that affect multiple body parts or organ systems and result in physical, cognitive, psychological, or psychosocial impairments and functional disabilities needing rehabilitative services from two or more disciplines from the TBI/Polytrauma team. Blast injuries (i.e., improvised explosive devices (IED’s) resulting in Polytrauma and Traumatic Brain Injury (TBI) are among the most frequent combat-related injuries from Operation Enduring Freedom (OEF), Operation Iraqi Freedom (OIF), and Operation New Dawn (OND). TBI frequently occurs as part of the Polytrauma spectrum in combination with other disabling conditions, such as amputations, burns, pain, fractures, auditory and visual impairments, posttraumatic stress disorder (PTSD), and other mental health conditions. When present, injury to the brain is often the impairment that dictates the course of medical treatment due to the nature of the cognitive, emotional, and behavioral deficits related to TBI. Other areas that are impacted and require attention include assessment and treatment of chronic pain, sleep issues, and adjustment to medical issues.

Hines is a Polytrauma Network Site (PNS). As a PNS, Hines provides key components of post-acute rehabilitation care for Veterans with Polytrauma and TBI including, but not limited to inpatient and outpatient rehabilitation. A dedicated interdisciplinary team of medical professionals, including but not limited to Physiatry, Physical Therapy, Occupational Therapy, Speech and Language Pathology, Social Work, Psychology, Neuropsychology, Psychiatry, and Nursing, provides services to Veterans that include comprehensive evaluation and treatment of TBI, development and management of a rehabilitation and community re-integration plan, as well as mental health services. When Polytrauma and TBI patients are admitted for inpatient care, the PNS team will assume an active role in the development and management of the plan of care. Hines is also dedicated to providing support to family members of TBI/Polytrauma Veterans through family therapy and the Family Empowerment Network (FEN). The FEN is a subgroup of TBI/Polytrauma team providers that create and offer quarterly educational and supportive workshops to Veterans and their adult caregivers. The Fellow would be involved with monthly FEN meetings and offered the opportunity to create and/or assist with a workshop(s).

As part of the TBI/Polytrauma Psychology Program, the Fellow will learn how to work as part of an interdisciplinary team dedicated to evaluating and treating Veterans who have sustained multiple, and/or possibly life-threatening combat related injuries. 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).

Primary duties will include providing psychotherapy to the TBI/Polytrauma Veterans. Typically, the Fellow will treat the Veterans on a weekly basis. Treatment modalities include individual
therapy, couples therapy, family therapy, and potentially group therapy. The Fellow will create an appropriate treatment plan with goals, interventions, etc.

The Fellow will have the opportunity to attend weekly TBI/Polytrauma interdisciplinary patient staffings and quarterly administrative meetings. Interdisciplinary opportunities are necessary with providers from other departments/disciplines to ensure quality comprehensive patient care.

The Fellow may have the opportunity to use relaxation skills and biofeedback in an outpatient mental health setting. Additionally, there is opportunity to learn and implement evidence-based treatments such as CPT, PE, ACT, CBT-D, CBT-CP, etc.

Supervisors: Jonathan Hessinger, Psy.D. and Rene Pichler-Mowry, Ph.D., HSPP
FELLOWSHIP WITH EMPHASIS IN TRAUMA AND POSTTRAUMATIC STRESS DISORDER

The Trauma Services Program provides specialty treatment for veterans who have experienced trauma and its sequela, with a focus on using evidence-based practices throughout. We also treat a significant number of patients with comorbid PTSD and substance abuse, as well as other behavioral health and mental health disorders. We follow the recovery model, which emphasizes values assessment, systems and family issues, and patient choice. Participation in our Program requires and fosters advanced and broad knowledge of the research and theoretical underpinnings of PTSD, along with its etiology (including attachment theory, biopsychosocial theory, and cognitive strengths and weaknesses); its physical, intellectual, behavioral, and emotional concomitants; and its relationship to comorbidities.
TRAUMA AND POSTTRAUMATIC STRESS DISORDER

ASSIGNMENT SUPERVISORS:

Jonathan Beyer, Ph.D.
Kate Colangelo, Ph.D.
J.D. Hessinger, Psy.D.
Holly Hunley, Ph.D.
Kurt Noblett, Ph.D.
Barbara Pamp, Ph.D.
Annie Tang, Ph.D.
Dana Weber, Ph.D.

ASSIGNMENT LOCATION:

Trauma Services Program,
Building 228, 4S

ASSIGNMENT DESCRIPTION:

The Fellow serving in this Emphasis area will focus on providing education, assessment, and psychotherapy for veterans who have experienced trauma and manifest trauma-related symptoms and/or problems with functioning; patients do not have to meet full criteria for the PTSD diagnosis. Veterans may have experienced all types of trauma, including but not limited to combat, sexual assault, physical assault, motor vehicle accidents, and natural disasters. They may also have the dual diagnoses of PTSD and Substance Use Disorder or other mental health diagnoses. Patients consist of men and women representing all eras of service (e.g., Vietnam, Desert Storm, and OEF/OIF/OND). The Fellow will be expected to have strong conceptualization skills and the ability to integrate various theoretical models in individual treatments for PTSD. The Fellow will have awareness of individual differences, along with the ethnic, cultural, and gender diversity of a veteran population, and will routinely integrate these into standard practice.

The Fellow will serve his or her entire Fellowship year within the Trauma Services Program, with major focus on achieving advanced knowledge and skills appropriate for independent licensed professional practice. Responsibilities include provision of services, interdisciplinary consultation, administration, teaching, program development, and outcomes evaluation using standard outcome measures (e.g., the PCL). The Fellow will have the opportunity to participate in all aspects of the program, with the primary goal of obtaining training in a range of core competency areas and to augment this training with minor rotations that foster depth and breadth of training. The Fellow will complete two minor rotations based on sub-populations and/or co-occurring diagnoses, and focus on expanding skills in related competency areas (e.g., dual diagnosis, behavioral health integration). Additional time will also be afforded to complete research and/or administrative projects.
The Fellow will provide empirically-based individual therapies for PTSD and other trauma sequelae, including but not limited to Cognitive Processing Therapy (CPT) and Prolonged Exposure (PE). It is expected the Fellow will have experience providing these therapies on Internship or in previous practicum settings. Along with staff and other trainees, the Fellow will facilitate veterans’ initial orientation and assessment sessions, which involve psychoeducation, program overview, in depth assessment, and treatment planning driven by a shared decision-making approach. In all aspects of clinical service provision, the Fellow is expected to employ objective assessment and self-report measures for both diagnostic and outcome purposes, as well as for treatment planning. He or she will also receive training in using the Clinician Administered PTSD Scale (CAPS).

The Trauma Services Program currently consists of nine psychologists, one social worker, and a part-time psychiatrist. Weekly staffing meetings with the entire treatment team provide the opportunity for consultation, case discussion, and treatment planning. Weekly consultation meetings provide further training and consultation in the implementation of evidence-based practice, along with discussion of peer-reviewed research related to PTSD and special topics. The Fellow will provide consultation and teaching via these meetings as well as in other settings (e.g., Intern seminars) during the fellowship year, and may also provide training and consultation for other VA staff. Finally, the Fellow will provide direct supervision of Psychology a practicum student. The Fellow will also be trained in various methods of supervision and will receive supervision of supervision.

In sum, the Fellow in the PTSD Emphasis area will focus on developing his or her skills across a range of competencies, captured in the broad Goals and specific Objectives listed below.

**GOALS:**

1. Demonstrate accurate diagnostic skills based on objective assessment and interview (Assessment/Scholarly Inquiry).

2. Develop treatment plans specific to the unique mental health needs of each patient (Assessment/Therapy/Scholarly Inquiry).

3. Exhibit competence in the administration of empirically based treatments (Therapy).

4. Provide consultation with and to other staff members who provide multidisciplinary care to patients (Consultation).

5. Provide and participate in didactics for the Internship/Externship training programs (Teaching).

6. Follow and document patient activity in accordance with Trauma Services standard operating procedures (Professional Conduct).
7. Function autonomously and responsibly in handling all aspects of patient care (Professional Conduct).

8. Demonstrate the skills, knowledge and self-confidence necessary to supervise psychology externs in their work with PTSD patients.

9. Demonstrate knowledge of racial, ethnic, and gender factors related to diagnosis, treatment and recovery in PTSD.

10. Demonstrate an ability to plan, implement and analyze research related to PTSD.

OBJECTIVES:

1. Demonstrate accurate diagnostic skills based on objective assessment and interview. Select and administer appropriate, psychometrically sound assessment measures (e.g., CAPS) specific to patients’ needs. Review patient records and integrate information from the chart and diagnostic interview into comprehensive reports. Utilize psychotherapy outcome measures (e.g., PHQ-9, BAI, PTSD checklist) for quality assurance and treatment planning.

2. Develop treatment plans specific to the unique mental health needs of each patient, incorporating data from assessment and interview to direct treatment strategies. Draft detailed treatment plans for each new patient and modify these over the course of treatment as needed.

3. Exhibit competence in the administration of empirically-based individual treatments, including but not limited to Prolonged Exposure and Cognitive Processing Therapy.

4. Demonstrate familiarity with integrated treatments for comorbid PTSD and behavioral health problems.

5. Provide consultation to other staff members who provide multidisciplinary care to patients. Attend weekly clinical staffing meetings with Trauma Services treatment team. Provide referrals for medication management, pain management, or other services as appropriate.

6. Prepare and present formal scholarly, clinical, or professional development presentations. This includes participating and presenting at least once in the Consultation series for the Interns and Externs within Trauma Services. In addition, provide at least one didactic presentation regarding professional development and one on a scholarly topic or clinical case for Hines’ Internship training seminar series.
7. Provide accurate and timely follow-up to patient activity through phone contact, electronic database maintenance, and charting of treatment documents and outcome assessment.

8. Function autonomously and responsibly in handling all aspects of patient care by completing reports and treatment notes in a timely manner. Schedule initial sessions quickly and respond to no-shows/cancellations effectively and within the designated timeframe of Trauma Services’ standard operating procedures. Coordinate multidisciplinary care through formal consultation and direct contact with other treatment providers.

9. Provide one hour weekly supervision to Psychology Extern(s) rotating in Trauma Services. This will include supervision of an Extern on at least one individual treatment case.

10. Participate in Fellowship year training activities regarding diversity issues and incorporate that knowledge in the provision of all services in TSP.

11. Complete one research, program development, or program evaluation project within Trauma Services Program with publication draft, poster, or internal report as final work product.

In addition to the rotation-specific training goals and objectives noted above, the Trauma Services Program track will provide opportunities for the fellow in all 9 profession-wide competencies identified by APA.

1) **Research:** Fellows will become familiar with the current state of the science pertaining to trauma and its treatment and use this to inform their clinical practice throughout the training year.

2) **Ethical and Legal Standards:** Fellows will identify and address ethical dilemmas with their supervisors. Supervisors model ethical behavior and help Fellows develop their own understanding of mental health ethics and law.

3) **Individual and Cultural Diversity:** Fellows will interact with a diverse Veteran population in this program, varied in age, sex, race/ethnicity, sexual orientation, SES, trauma history, religion, and other factors. Fellows will work with their supervisors toward independent application of their knowledge and effective work with diverse individuals while utilizing evidence-based approaches for trauma-related problems.

4) **Professional Values, Attitudes, and Behaviors:** Supervisors model professional behavior and facilitate the fellow’s development of their own professional identity.

5) **Communication and Interpersonal Skills:** Fellows will have opportunities to develop relationships and interact with a diverse multidisciplinary team of clinicians and support staff. Fellows will also further hone skills with regard to
effective documentation of clinical encounters and communicating clinical impressions to other clinical providers.

6) **Assessment**: Fellows will conduct diagnostic clinical interviews of Veterans referred to the Trauma Services Program and will become proficient with the Clinician-Administered PTSD Scale (CAPS). The Fellow has the opportunity to hone skills with accurate and efficient clinical interviewing, mastery of DSM-5 diagnostic criteria, case conceptualization, and treatment planning.

7) **Intervention**: Fellows have the opportunity to carry an individual psychotherapy caseload. Opportunities for training and supervision in PE, CPT, COPE, and more general CBT focused on trauma and PTSD are all available. Fellows may also have opportunities to participate in relevant psychoeducational and/or other therapeutic groups depending on interest and clinical need.

8) **Supervision**: Fellows will have the opportunity to directly supervise a junior trainee regarding their provision of individual psychotherapy services throughout the training year. Fellows will be supported with supervision of their supervision to aid in the transition to a supervisory role.

9) **Consultation and Interprofessional/Interdisciplinary Skills**: Fellows will have opportunities to consult with other healthcare providers within and outside the field of psychology, and to work with team members to coordinate effective care. Fellows may also have opportunities to provide direct consultation to other teams and individual providers pertaining to their selected minor rotations within the TSP track.

**SUPERVISION:**

Supervision will be provided to the Fellow in accordance with APA licensing guidelines for the state of Illinois. The Fellow will have 3.5 hours of supervision divided among three areas. The Fellow will have a primary supervisor who will meet with the Fellow for 1.5 hours each week to provide supervision of all work with individuals and groups. The Fellow will also have one hour each week of supervision of the supervision that the Fellow is providing to an Extern. The Fellow will also have one hour each week of supervision of the minor rotation. These three focus areas may be supervised by two or three separate TSP staff, depending on supervisors and rotations involved. Supervision will be available via weekly meetings and on an as-needed basis. In addition, the Fellowship program requires each Fellow to have a Mentor who will meet monthly with the Fellow to ensure progress through the program overall; the Mentor may be a staff member in TSP or in another area of the Psychology services. Supervision and Mentorship notwithstanding, the Fellow will be expected to function independently as an active member of the psychology staff.

**MINOR ROTATION OPTIONS:**

The Fellow’s responsibilities and activities in the Trauma Services Program afford training across a range of competencies as described in the Goals and Objectives above.
Fellows will also complete two six-month minor rotations to further focus on specific sub-populations or competency areas. Minor rotations require six to eight hours per week of specialty assessment and clinical care. The following minor rotations are available:

**Substance Use Disorder / PTSD comorbidity**
Dr. Jonathan Beyer is the Substance Use Disorder specialist for the Trauma Services Program and provides direct services to veterans struggling with comorbid PTSD and substance use disorders. This minor rotation will offer the opportunity to enhance assessment and psychotherapy skills with patients with complex clinical presentations. The Fellow will learn about and implement Concurrent Treatment of PTSD and Substance Use Disorders Using Prolonged Exposure (COPE). The Fellow will have the opportunity to practice these skills primarily within TSP. The Fellow can also typically develop skill in consultation with Substance Use Disorder treatment programs within the Hines mental health service line (i.e., Substance Abuse Residential Rehabilitation Program, Addiction Treatment Program, and Opioid Treatment Program), with the potential for additional collaboration and clinical experiences in providing care to Veterans with comorbid PTSD/SUD diagnoses through these SUD programs.

**Telemental Health**
All providers in Trauma Services, including the Fellow provide evidence-based therapies (CPT and PE) to at least one patient via telemental health systems, either between Hines and the Community-Based Outpatient Clinics (CBOCs) or between Hines and veterans’ homes. Under the guidance of Dr. Hunley and/or Dr. Weber, the Fellow can focus more intensively on the implementation of traditional assessment and psychotherapy to new modes of service. The Fellow may also participate in the administrative aspects of coordinating care through TMH (e.g., working with technical support staff, participating in hospital-and VISN-level strategic planning, program development) and quality assessment and improvement. This rotation will also afford the Fellow the opportunity to see a broader range of individual patients, including veterans in rural settings.

**Women’s Mental Health**
In this minor rotation, the Fellow will provide bridging services for female Veterans in the Mental Health Clinic who present with complex clinical presentations (i.e., co-morbid psychiatric conditions, psychosocial stressors, gender-linked medical conditions) and/or barriers (e.g., ambivalence or coping skills) to consistent engagement in EBPs for PTSD. The Fellow will have the opportunity to provide individual psychotherapy focusing on co-morbid conditions, DBT, or other skills-based interventions with the goal to transition female Veterans to trauma-focused psychotherapy. The Fellow will work closely with interdisciplinary staff on the Women’s Mental Health team in MHC. Other opportunities in this minor rotation include participation in a peer-support led group for female Veterans called Confident & Courageous, attending Women’s Health Advisory Board meetings, and consultation to the MST Consult team in collaboration with the MST Coordinator, Brooke Greco, LCSW. The Fellow may also be involved in program development and/or research using a clinical data repository collected by Women’s Mental Health team. Dr. Kate Colangelo will provide supervision for this minor rotation in her split role between Trauma Services and Women’s Team in MHC.
Behavioral Health/PTSD Treatment Integration

Research has highlighted the interaction of PTSD/trauma sequelae with such behavioral health problems as smoking, obesity, insomnia, and pain. This minor rotation will give the Fellow a chance to gain experience in providing integrated interventions for PTSD and the conditions noted above. In addition, the Fellow will be expected to be involved in developing programming for this collaboration between the Trauma Services Program and other health programs. Dr. Hessinger will supervise this minor rotation.
ADMINISTRATIVE SERVICES:

Two full-time program assistants in Psychology Service provides limited clerical and sufficient administrative support to the Fellows. The Fellows have access to the Test Library and can request items be purchased within the limits of the budget for Psychology or the hospital. Support services available include EAP services if desired, VA legal assistance available to all VA employees, library resource services, computer and telephone technical support, and hospital day care (although usually wait-listed if not sought in advance). As federal employees, Fellows have malpractice liability covered through the protection of the Federal Tort Claims Act. Psychology Service provides additional technical services (e.g., computer trouble-shooting, software access) and some clerical support within Psychology and the Mental Health Service Line (e.g., educational registration, travel memoranda, new employee preparation).

PHYSICAL RESOURCES:

The facilities that the Fellows use in their work vary somewhat across rotations. Each Fellow has an office setting within a room shared by the six Fellows with their own desk, chair, telephone with voice mail and computer with Internet and e-mail capabilities. Some rotations offer individual offices to the Fellow on rotation with the aforementioned furnishings and equipment. Each Fellow maintains a cell phone. Psychology Service and the Mental Health Service Line have conference rooms that are sufficiently spacious to accommodate our educational programming and administrative activities. Treatment/assessment rooms in Psychology are available on a reserved basis for use by trainees. Additional rooms for treatment and assessment are also available in all rotational areas with the exception of Primary Care and Health Psychology. The Fellows providing clinical services on those rotations provide those services in the reserved treatment/assessment offices in Psychology.

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

ACCREDITATION STATUS

Our Postdoctoral Fellowship Program began in 2008. The Commission on Accreditation completed its first Site Visit for the purpose of initial accreditation by APA in October 2012 and awarded our Fellowship program 7 years of full APA Accreditation. Our next site visit will be in late 2019.

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

Office of Program Consultation and Accreditation
American Psychological Association
750 First Street, N.E.
Washington, DC 20002-4242
GENERAL INFORMATION

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

Stipend - $50,937 (less deductions, plus FICA), paid every two weeks for 26 pay periods.

13 days of vacation leave and 13 days of available sick leave, in addition in addition to all Federal Holidays that fall within the training year.

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

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

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

On-site day care center.

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

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

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

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

ELIGIBILITY FOR PSYCHOLOGY TRAINING IN THE VA

There are several important eligibility requirements for participating in Psychology Training in the VA. Applicants are strongly encouraged to review the information on the following webpage below prior to applying: https://www.psychologytraining.va.gov/eligibility.asp

This webpage provides specific information regarding eligibility requirements and information regarding the process of being appointed to a VA position following the selection process. Although the following eligibility and appointment information is taken from the webpage referenced above, it still advised that all applicants visit the website and review the information presented there as well.

QUALIFICATIONS
Applicants must meet the following requirements for admission to the Postdoctoral Fellowship Program:

1. Have a doctoral degree that meets one of the following criteria:
   a. A doctoral degree in psychology from a graduate program in psychology accredited by the American Psychological Association (APA), the Psychological Clinical Science Accreditation System (PCSAS), or the Canadian Psychological Association (CPA) at the time the program was completed. The specialty area of the degree must be consistent with the assignment for which the applicant is to be employed; or
   b. Have a doctoral degree in any area of psychology and, in addition, successfully complete a respecialization program (including documentation of an approved internship completed as part of the respecialization program) meeting both of the following conditions:
      i. The respecialization program must be completed in an APA or CPA accredited doctoral program; and
      ii. The specialty in which the applicant is retrained must be consistent with the assignment for which the applicant is employed.

AND

2. Successfully completed an internship that meets one of the following criteria:
   c. An internship that was accredited by APA or CPA at the time the program was completed and that is consistent with the assignment for which the applicant is employed; or
   d. New VHA psychology internship programs that are in the process of applying for APA accreditation are acceptable in fulfillment of the internship requirement, provided that such programs were sanctioned by the VHA Central Office Program Director for Psychology and the VHA Office of Academic Affiliations at the time that the individual was an intern; or
   e. VHA facilities that offered full-time, one-year pre-doctoral internships prior to PL 96-151 (pre-1979) are considered to be acceptable in fulfillment of the internship requirement; or
   f. Applicants who completed an internship that was not accredited by APA or CPA at the time the program was completed may be considered eligible for hire only if they are currently board certified by the American Board of Professional Psychology in a specialty area that is consistent with the assignment for which the applicant is to be employed. (NOTE: Once board certified, the employee is required to maintain board certification.)

3. Are documented citizens of the United States of America

4. Male applicants born after 12/31/1959 must have registered for the draft by age 26

*** Failure to meet these qualifications could nullify an offer to an applicant.
MATCHED POSTDOCTORAL RESIDENTS ARE SUBJECT TO THE FOLLOWING ADDITIONAL REQUIREMENTS:

The Department of Veterans Affairs (VA) adheres to all Equal Employment Opportunity and Affirmative Action policies. As a Veterans Health Administration (VHA) Health Professions Trainee (HPT), you will receive a Federal appointment, and the following requirements will apply prior to that appointment.

1. **U.S. Citizenship.** HPTs who receive a direct stipend (pay) must be U.S. citizens. Trainees who are not VA paid (without compensation-WOC) who are not U.S. citizens may be appointed and must provide current immigrant, non-immigrant or exchange visitor documents.

2. **U.S. Social Security Number.** All VA appointees must have a U.S. social security number (SSN) prior to beginning the pre-employment, on-boarding process at the VA.

3. **Selective Service Registration.** Male applicants born after 12/31/1959 must have registered for the Selective Service by age 26 to be eligible for U.S. government employment, including selection as a paid or WOC VA trainee. For additional information about the Selective Service System, and to register or to check your registration status visit [https://www.sss.gov/](https://www.sss.gov/). Anyone who was required to register but did not register before the age of 26 will need to apply for a Status Information Letter (SIL) and request a waiver. Waivers are rare and requests will be reviewed on a case by case basis by the VA Office of Human Resources Management. This process can take up to six months for a verdict.

4. **Fingerprint Screening and Background Investigation.** All HPTs will be fingerprinted and undergo screenings and background investigations. Additional details about the required background checks can be found at the following website: [http://www.archives.gov/federal-register/codification/executive-order/10450.html](http://www.archives.gov/federal-register/codification/executive-order/10450.html).

5. **Drug Testing.** Per Executive Order 12564, the VA strives to be a Drug-Free Workplace. HPTs are not drug-tested prior to appointment, however are subject to random drug testing throughout the entire VA appointment period. You will be asked to sign an acknowledgement form stating you are aware of this practice. See item 8 below.

6. **Affiliation Agreement.** To ensure shared responsibility between an academic program and the VA there must be a current and fully executed Academic Affiliation Agreement on file with the VHA Office of Academic Affiliations (OAA). The affiliation agreement delineates the duties of VA and the affiliated institution. Most APA-accredited doctoral programs have an agreement on file. More information about this document can be found at [https://www.va.gov/oaa/agreements.asp](https://www.va.gov/oaa/agreements.asp) (see section on psychology internships). Post-degree programs typically will not have an affiliation agreement, as the HPT is no longer enrolled in an academic program and the program is VA sponsored.

7. **TQCVL.** To streamline on-boarding of HPTs, VHA Office of Academic Affiliations requires completion of a Trainee Qualifications and Credentials Verification Letter (TQCVL). An Educational Official at the Affiliate must complete and sign this letter. For post-graduate programs where an affiliate is not the program sponsor, this process must be completed by the VA Training Director. Your VA appointment cannot happen until the TQCVL is submitted and signed by senior leadership from the VA facility. For more information about this document, please visit [https://www.va.gov/OAA/TQCVL.asp](https://www.va.gov/OAA/TQCVL.asp)
a. **Health Requirements.** Among other things, the TQCVL confirms that you, the trainee, are fit to perform the essential functions (physical and mental) of the training program and immunized following current Center for Disease Control (CDC) guidelines and VHA policy. This protects you, other employees and patients while working in a healthcare facility. Required are annual tuberculosis screening, Hepatitis B vaccine as well as annual influenza vaccine. *Declinations are EXTREMELY rare.* If you decline the flu vaccine you will be required to wear a mask while in patient care areas of the VA.

b. **Primary source verification of all prior education and training** is certified via the TQCVL. Training and Program Directors will be contacting the appropriate institutions to ensure you have the appropriate qualifications and credentials as required by the admission criteria of the training program in which you are enrolled.

8. **Additional On-boarding Forms.** Additional pre-employment forms include the Application for Health Professions Trainees (VA 10-2850D) and the Declaration for Federal Employment (OF 306). These documents and others are available online for review at [https://www.va.gov/oaa/app-forms.asp](https://www.va.gov/oaa/app-forms.asp). Falsifying any answer on these required Federal documents will result in the inability to appoint or immediate dismissal from the training program.

9. **Proof of Identity per VA.** VA on-boarding requires presentation of two source documents (IDs). Documents must be unexpired and names on both documents must match. For more information visit: [https://www.oit.va.gov/programs/piv/_media/docs/IDMatrix.pdf](https://www.oit.va.gov/programs/piv/_media/docs/IDMatrix.pdf)

Additional information regarding eligibility requirements for appointment as a psychology HPT can be found at the end of this brochure.

**Additional information regarding eligibility requirements (with hyperlinks)**

- Selective Service website where the requirements, benefits and penalties of registering vs. not registering are outlined: [https://www.sss.gov/Registration/Why-Register/Benefits-and-Penalties](https://www.sss.gov/Registration/Why-Register/Benefits-and-Penalties)

**Additional information specific suitability information from Title 5 (referenced in VHA Handbook 5005 – hyperlinks included):**

(b)**Specific factors.** In determining whether a person is suitable for Federal employment, only the following factors will be considered a basis for finding a person unsuitable and taking a suitability action:

1. Misconduct or negligence in employment;
2. Criminal or dishonest conduct;
3. **Material**, intentional false statement, or deception or fraud in examination or appointment;
4. Refusal to furnish testimony as required by § 5.4 of this chapter;
5. Alcohol abuse, without evidence of substantial rehabilitation, of a nature and duration that suggests that the applicant or appointee would be prevented from performing the duties of the
position in question, or would constitute a direct threat to the property or safety of the applicant or appointee or others;  
(6) Illegal use of narcotics, drugs, or other controlled substances without evidence of substantial rehabilitation;  
(7) Knowing and willful engagement in acts or activities designed to overthrow the U.S. Government by force; and  
(8) Any statutory or regulatory bar which prevents the lawful employment of the person involved in the position in question.

(c) Additional considerations. OPM and agencies must consider any of the following additional considerations to the extent OPM or the relevant agency, in its sole discretion, deems any of them pertinent to the individual case:  
(1) The nature of the position for which the person is applying or in which the person is employed;  
(2) The nature and seriousness of the conduct;  
(3) The circumstances surrounding the conduct;  
(4) The recency of the conduct;  
(5) The age of the person involved at the time of the conduct;  
(6) Contributing societal conditions; and  
(7) The absence or presence of rehabilitation or efforts toward rehabilitation.

APPLICATION PROCEDURE

To apply, the following materials must be uploaded in the APPA CAS for the Hines VA Fellowship program designations:

1. A cover letter that includes in detail the following elements:
   a. A statement indicating clearly which area of emphasis/track you are applying to.
     * If you are applying the Trauma and Posttraumatic Stress Disorder emphasis/track you may apply only to that one track.
     * If you are applying to the Geropsychology & Integrated Care, Primary Care Mental Health Integration, LGBT Health Care, or Inpatient Medical Care emphasis tracks you may apply to a maximum of TWO fellowship positions. Please clearly state which Fellowship position is your primary choice and which Fellowship position is your secondary choice.
   b. Previous clinical, educational and research experience in the area of emphasis/track to which you have applied.
   c. A description of your career goals and the way in which the Fellowship will advance them.
2. Curriculum Vitae

3. A completed Hines VA Psychology Postdoctoral Fellowship Training Program Application Form. A link to this form can be found on our fellowship program website: http://www.hines.va.gov/about/Psych_Post.asp

4. Official transcripts from graduate school (including awarding date of doctoral degree). If the doctoral degree has not yet been awarded, we will require an official transcript with awarding date before admission to the Fellowship Program.

5. Three letters of recommendation, including: one from your dissertation Chair, one from a clinical supervisor who is especially familiar with your work in your area of emphasis/track, and one from another clinical supervisor who is very familiar with your clinical work. At least one of these letters should be from an internship supervisor. The letter from your dissertation Chair should note the status of your dissertation and anticipated completion date, if your doctoral degree has not yet been awarded.

6. A fourth letter from your psychology internship training director discussing your progress on internship and anticipated completion date. If your training director is also writing you a letter of recommendation as a clinical supervisor, please ask that this letter be separate from the letter of recommendation.

Except under very unusual circumstances, all application materials must be submitted through APPA CAS. Our application deadline is December 31, 2018.

Applicants who appear to be a good fit with our program will be invited for an in-person interview in late January 2018 or early February 2018.

The 2019-2020 fellowship year will begin on September 3, 2019. The stipend is $50,937.

Please contact Caroline Hawk, Ph.D. by phone or email if you have further questions. We enthusiastically look forward to your application!
DIRECTIONS

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

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

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

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

From the Far Western suburbs.

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

From Downtown Chicago:

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

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

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

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